



BULLETIN

**Diana Liao presents to the Class of
2019 Student Orientation at Western
University - College of Dental Medicine**



Sep-Oct 2015 — Volume 62 No 5

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

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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 Site

Mt. Rubidoux. The hill was once a popular Southern California tourist destination and is still the site of the oldest outdoor non-denominational Easter Sunrise service in the United States. *Special thanks to our Editor, Dr. Dan Jenkins, for hiking up the hill and taking this outstanding photo of the Cross.*



Featured Cover Photo

Diana Liao, DMD '18, Student Representative to CDA and TCDS speaks to the Class of 2019 at Western University – College of Dental Medicine (69 of our newest members!)

Presidential Message

At a Glance :

Besides the margins on fillings and crowns, a dentist needs to strive for appropriate profit margins in the business part of their practice. The CDA has now set up The Dentists Service Company, (TDSC), to assist members in keeping their margins in good shape.



Margins

Douglas M. Brown, DDS

In dental school, we all learned about margins. While learning and practicing our skills of restoring lost tooth structure, we all saw our share of ditched margins, open margins, short margins and maybe even a few grossly overhanging margins. We practiced and practiced until we could get it just right. Creating a margin between restoration and tooth, that was almost imperceptible by feel with an explorer, was a beauty to behold, and it gave us great satisfaction. It still does. That is the artistic side of dentistry.

What was glossed over in dental school was the profit margin of a dental practice, and how to get that just right. As opposed to restorative margins, creating a highly perceptible margin between income and expense is also a beauty to behold, and it also gives us great satisfaction. That is the business side of dentistry.

Providing quality dentistry and running a dental practice can be challenging. Providing quality dentistry and running a dental practice that is also financially rewarding is an even greater challenge. I had the privilege of first working in my father's general dental practice that was well established, with systems that were honed to provide a good margin between income and expense for the treatment that was provided. I made sure that I learned as much as I could about the business side of that practice before I struck out on my own.

Once established in my specialty practice, I found that much of what I had learned from the general dental practice was still applicable, but not everything. In order to fine-

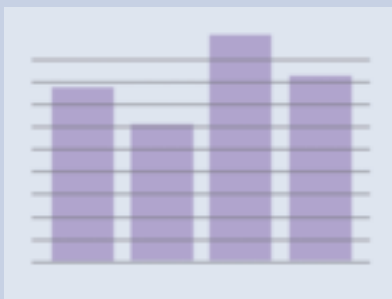
tune my practice, I turned to practice management consultants. At that time, it was a big pill to swallow, since consultants don't come cheap, and the profit margin of my practice was pretty slim. Nevertheless, it paid off handsomely in the long run.

As you know, small businesses, and especially dental practices, are facing some real challenges as far as profit margins are concerned. The push for increased minimum wages, mandated paid sick-leave, and reduced reimbursement rates from major dental insurance companies are putting the squeeze on profits. If you find your profits are shrinking, and the challenges of running your practice are becoming greater than the rewards, don't lose hope!

First, I would highly recommend that you turn to a practice management consultant for advice. I offer one word of caution. When considering who to engage as a consultant, do your due diligence, since there are several consultants out there that will propose changes to your practice that border on the unethical. For those of you who could surely benefit from the advice of a consultant, I have the perfect solution for you, namely The Dentists Service Company (TDSC).

Several years ago CDA leadership could foresee that solo dental practices would be facing some major economic challenges in the near future. They began to work on a solution to the anticipated problems. Their hard work resulted in the formation of a new company, TDSC, just this past June. One of the major components of TDSC will be practice management consultation, and I anticipate that the fee for that service will be very competitive compared to independent consultants.

Second, I recommend that you do what you can to minimize the cost of supplies. This brings up another great advantage of TDSC. The new company is al-



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Editorial

At a Glance :

When several older ladies were murdered, the headlines were not as focused on the killer's occupation as we have seen against dentistry over a lion being killed.



The Granny Serial Killer – Small Headlines

Daniel N. Jenkins, CDE-DDS

Over 20 years ago, one of my patients was murdered. She was a nice lady in her eighties. She had just been in for her check-up and was murdered in her condo a few days later. The community was in shock. Shortly after that, another lady, in her upper 60's, was murdered in a local mobile home park. The community, as well as an adjacent retirement community, went on alert – and panic. My patients from that retirement community refused to come for their appointments until the killer was caught. The killer was dubbed “The Granny Serial Killer.” Before the killer was caught there was an attempted murder in another town close by, as well as a third murder in the retirement community. The murderer was a woman, a registered nurse! There is a book written about her so I won't go into detail here. However, I thought about this situation with the recent death of a lion by a dentist while hunting in Africa.

When the Granny Serial Killer was caught, most people were surprised upon learning she was a registered nurse. In retrospect, I don't remember the press making a big deal about her occupation. When people discussed her, they hardly gave any comment about her being a nurse. The news agencies did cover her story, but never referred to her as “The nurse serial killer.” I certainly never heard anyone saying, “Well that figures. After all, everyone knows nurses are used to jabbing and poking people in pain with needles. They are also used to being around dead people. I've always hated nurses!”

I have been following the many comments about the lion hunter dentist on social media and the Internet. I can understand people being upset about a protected lion being killed – whether by luring out of safety or misrepresentation of a legal hunt. Of course, hunting itself is not approved by many people in society these days. I remember reading writings by a very conservative co-founder of a familiar church in the nineteenth century who wrote to her despondent husband that he should take time off and go hunting. That would not go over well these days!

What is interesting is that in many social media posts people are wanting to shoot and skin the dentist; throw him into a lion's den; torture him for forty hours; wipe out his whole family; or, all of the above. There are also many who dwell on his being a dentist. They say they hate dentists; they don't trust dentists; and that dentists are all out for the money. One article complained about how dentists can make so much money to afford to pay over \$50,000 for a lion hunt.

It's been difficult in considering how to respond to some of these negative comments about dentists. I would have liked to reply that most dentists don't make as much as is frequently published. In fact, most dentists I have known spend quite a bit of “extra” money on charitable activities. It is also difficult to read these kind of ignorant comments from journalists who I know are writing this in an exciting inflammatory manner in order for their article to be published so they can make more money!

You may have had patients come into your office and make snide comments like, “Have you killed any lions this week?” Or, maybe you have worried about what they might say. They might say, “Is this crown so expensive so you can go out and hunt lions?” You have probably pondered what to

say to them. You may have even held an office meeting to discuss this situation.

I have seen some posts and blogs by dentists that are being pro-active in countering these attacks on dentists. They are posting about their lives away from the dental office in regards to community work and volunteer dentistry. They are showing their community that they are good people. However, there will always be those who will still feel that they are being over charged or are not getting the care they think they should have. I have noticed that many of those that harbor the most hatred for dentists do not have a very good dentition. (Just an observation!)

One of the reasons a dental organization was formed over 150 years ago was to promote dentistry as a reputable profession. The term "profession" has certainly changed over the years to the point that some people who are called "professionals" look more like gang members and make millions of dollars each year while playing a game. The term professional should include ethical standards to disassociate personal feelings and finance from interfering with providing a service. It also means to consider the needs of the patient without consideration of personal gain. It also means for the professional to work together with fellow professionals in a way to help each other as a family – you would not usually bad mouth a family member – at least, not to someone outside of your family!

This recent incident with a fellow dentist gives dentistry a chance to show what a professional is and that dentists are indeed true professionals. If you have pictures of any volunteer activity it is time to prominently display it throughout your office. If you participated in the CDA CARES events make sure your team talks about it to your patients. If you are not signed up for any upcoming CDA CARES event then sign up now – and have your team talk about how you will not be available on certain dates because you are participating in a charitable event with a few thousand other dentists! You can also bring up how you participated in the many Give Kids A Smile events that have been held over the years. Of course, if you have not been able to participate in these activities yourself you could mention that many of your fellow dentists in your dental society participate in various volunteer ac-

tivities. If they ask if you have participated in these activities you can explain your situation to them.

Dentistry is a real profession. Most dentists are extremely altruistic and family oriented. I'm proud to be a dentist. This recent incident has certainly made it difficult for many of us to say that in social media. The media may soon find some other profession to pounce on. The next person may be a PhD, a preacher, a teacher, an attorney, or – another nurse. The media may not pounce on them as they have dentists but we still need to maintain our professional demeanor and activities outside of our office - and thus defend our profession.

By the way – besides the first murder victim being my patient; the Granny Serial Killer was also one of my patients!

TCDS HAS SUPPLIES

For members hosting a free
Give Families A Smile clinic.



Please contact us for further details

(951) 787-9700

Alexandra@tcds.org

Nominating Committee Selects Slate for 2016

(Revised and corrected August 20, 2015)

In the last issue (July-August 2015) of the TCDS Bulletin magazine, the following information from the TCDS Nominating Committee was mistakenly printed with some errors. Corrections have been made and the official slate (as originally approved by the TCDS Nomination Committee on March 3, 2015), is presented for your information. Thank you for your patience and understanding, John Fields, Executive Director.

As required by the Tri-County Dental Society Bylaws, the Nominating Committee is presenting its recommendations for the officers to serve on the board of directors for 2016. The committee, chaired by Dr. Gerald M. Middleton, presents the following slate:

President:	Evangelos Rossopoulos	Other board members who remain on the board are;
President-Elect:	Judy Wipf	Douglas M. Brown, Immediate Past President
Vice President:	Wayne S. Nakamura	Deborah M. Hutton, Director
Secretary-Treasurer:	Michael Mashni	Denine T. Rice, Director
Director:	Michael Clapper	Gerald M. Middleton, CDA Trustee
Director:	Katherine Cooke	Daniel N. Jenkins, Editor
Director at Large:	Paul Simeteys	Steven W. Friedrichsen, Dean, WUHS/CDM
CDA Trustee	Kenneth Harrison	Ronald Dailey, Dean, LLU/SD

Additional nominations for officers and directors 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 October 10. (Note: This date has been extended due to the correction)

Candidates nominated for an office or to serve as a director, if unopposed, shall be declared elected at the close of the 30-day nominating period and will take office on January 1, 2016. In contested elections, voting will be held by mail ballot.

Presidential Message Continued from pg 3

ready in the process of forming a buyer's group to obtain discounted prices from major dental supply companies. I would anticipate that, once a large share of CDA members sign up for the buyer's group, the discounts will be substantial. If you have not yet been contacted by CDA with an offer to join please contact them as soon as possible.

In closing, I will leave you with one final note about how CDA is making an effort to support you and your practice. I am sure that you are aware how CDA stepped to the forefront when Delta Dental announced an anticipated, and substantial, reduction in reimbursement rates for most dental procedures. A similar move by Delta in the state of Washington had a significant nega-

tive impact on dentists, reducing their rates by 15%. So far, CDA has been able, through legal proceedings, to block Delta's planned rate reduction. CDA has also been successful in their efforts to have the state reverse the cuts to the Denti-Cal reimbursement fees, although those fees are still woefully low.

I, for one, am certainly grateful for all of the support that CDA has given dentists in the past, and for their continuing efforts to ensure our future success. It certainly has not been marginal, to say the least.

ADA

ADA Activity in Government

August on the Hill

Even though this is the time of year lawmakers should be working on spending bills, that all-important legislation is seemingly stalled as the 114th Congress begins its August recess. While appropriations measures have mostly passed in the House, the Senate is bogged down in partisan disagreements over spending levels.

Congressional action on the National Defense Authorization Act has been postponed until September. The stalemate is mostly over two issues, one dealing with personnel matters and one over the ADA-supported retention of a two-star general officer rank for the military dental corps.

The Senate Finance Committee passed legislation that includes ADA-supported language extending the Sec. 179 capital equipment depreciation provision for another two years. The bill would maintain the maximum amount and phase-out threshold for expensing capital investment—\$500,000 and \$2 million respectively—in 2015 and 2016 to the levels in effect for the prior two years. It would also extend the definition of Section 179 property to include computer software.

The full Senate has yet to act. The House is likely to consider a similar—but not identical—package of tax extenders after the recess. It's likely that this legislation will be rolled into larger tax packages that will have to be worked out in conference.

Senate Passes OAA Reauthorization that Includes ADA-Supported Oral Health Funding

The Senate last month passed the Older Americans Act (OAA) reauthorization, which would fund 56 state and 629 area agencies on aging, which provide services to help older Americans remain healthy and independent. Services provided by the aging agencies may include meals, transportation, job training, and preventive health care services.

For the first time since the OAA's 1965 enactment, the statute would specifically reference oral health. The new provision would allow state and area aging agencies to use funds for oral disease prevention and health promotion, and to conduct oral health

At a Glance :

One of the things our ADA does is work with government officials and monitor what is happening that affects dentist members. Here is a report from the ADA on its recent activity.

screenings. The ADA supports reauthorization with the new dental language as an important first step. Oral health screenings are a critical precursor to the more comprehensive preventive and restorative care that can improve and even save lives.

Congress's Summer Break: Town Hall Meetings Still Popular

Party leadership and campaign donors notwithstanding, successful lawmakers never forget that if people don't pull that lever, mark that box or push that button in the voting booth, they will not be returning to office.

Ironically, the long August break is one of the busiest times for a member of Congress, even when (like this year) he or she is not faced with a November midterm election. Incumbents want to talk to the voters, to listen to their problems and show that they care. That is what makes this a great time to meet your lawmaker, to discuss issues of importance to you as a health professional or as a small business owner.

According to a Congress Management Foundation (CMF) survey, more than half of members of Congress meet with their constituents during site visits on a weekly basis while in their districts. This should encourage you to invite your representative to your practice or clinic to see the delivery of dental care up close. Of particular interest to lawmakers are charity events where the underserved receive needed dental care.

If the lawmaker won't come to your site, you can always go to his or hers. The survey showed that 46 percent of members of Congress meet with constituents by appointment at their district offices. Further, 33 percent of lawmakers attend community events in their districts at least weekly, while 28 percent report holding press conferences back home.

CMF, a nonprofit and nonpartisan organization dedicated to educating the public about Congress, recently published an article explaining that town hall meetings are still extremely popular with lawmakers and constituents. The organization offers some key tips when attending town hall meetings:

- **Go early and connect with staff.** It's easy to think

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of D.C. staff as a lawmaker's most important staff, and for some policy matters that may be true. But district office staff are the important players in connecting the member with his or her constituents. When advocating your position, writes CMF President and CEO Bradford Fitch, it helps to have local staffers on your side.

- **Bring talking points.** Have all of your important points ready to discuss with a member of Congress. A verbal fumble or omission of critical fact can weaken your position. Leave-behinds reiterating the position can be helpful too. If 50 people show up at a town hall meeting and only you bring documents about your issue, you are more likely to be remembered.
- **Bring friends.** Unruly constituents intent on intimidating members of Congress do not usually succeed in winning them over. On the other hand, Fitch writes, "nothing says 'listen to me' to a politician more than a small mob."
- **Be polite.** Members of Congress are human, and they respond to kindness and rudeness the same way anyone would. If you want to attract a lawmaker's attention, and get him or her to think about your issue, be courteous, even if you heartily disagree with his or her political position. It reflects well on you and on your profession.

Lawmakers, particularly members of the House, are extremely interested in connecting with their constituents. Dentists can help their profession and their patients by meeting with their representatives, educating them about dental health issues and perhaps forging long-term relationships.

Congress Inching Toward Repeal of Medical Device Tax

The House of Representatives last month passed the Protect Medical Innovation Act (H.R. 160), which would repeal the 2.3-percent excise tax on medical devices included in the Affordable Care Act (ACA). The action now moves to the Senate, which will likely consider it later in the year, possibly part of a larger health care reform bill.

The ADA sent an action alert to its members, asking them to contact their Senators in favor of repeal. ADA members responded quickly and enthusiastically, resulting in 6,500 messages sent to senators. Members who have yet to take action on this issue may visit the action alert page.

ADA Urges Congress to Maintain FDA's Authority over All Tobacco Products

The ADA was one of 42 health organizations signing onto a letter sent last week to members of the House Appropriations Subcommittee on Agriculture. The letter urged them to strip away language from the subcommittee's appropriations "discussion draft" that would exempt many non-traditional tobacco products from FDA regulation.

The language, the signatories argued, would "leave FDA with far fewer tools to take prompt action to protect children from the thousands of fruit and candy flavored e-cigarettes and little cigars that flooded the market in recent years."

The Association is already on record opposing H.R. 2058, a stand-alone bill that would do exactly the same thing as the discussion draft language. Both letters are online at <http://ada.org/advocacy>.

Lecturer:	Angela Barnett, RDH, BS
Course Name:	Hands-On Local Anesthesia Update and Workshop
Total Continuing Date:	Education Hours: 6 CE units
Time:	Friday, October 16
Online Registration:	9:00 am - 4:00 pm (lunch included)
Cost:	http://www.sjvc.edu/programs/continuing-education
	\$100

Course Description:

This course will provide an update of alternative anesthesia nerve blocks and identify common landmark mistakes. It will provide instruction to the newly modified Malamed IANB, lingual nerve block and AMSA nerve block.

Course Learning Outcomes - Upon completion of this course the student will be able to:

1. Differentiate old IANB landmarks from new landmarks
2. Administer the newly modified Malamed IANB, Lingual Nerve block and AMSA
3. Identify common landmark errors when administering local anesthesia

Delivery Mode - Live classroom lecture followed by hands-on workshop in clinic.

Completion Requirements - Attendance for full course hours required to receive Dental Board of California Continuing Education credits



Practice Support

Where **smart dentists**
get smarter.®

REMINDER: Use professional judgment when disclosing protected health information
HIPAA allows the use of professional judgment when determining whether to disclose protected health information to a patient's family or friends. It is not necessary to have the patient's authorization to speak with those involved in the patient's care or payment for that care. For more information on HIPAA requirements, log onto www.cda.org/compass and go to http://www.cda.org/LinkClick.aspx?fileticket=2oKFSMz43_M%3d&portalid=0.

Social Media: Google Plus



Austine Etchevery, ClickBits Creative Media.

At a Glance :

Austine takes us from being a Twit for Twitter to ogling over Google Plus in our search for optimum exposure on the Internet. She takes us down the primrose path in how to set it up and how to use it in dentistry.

Last time I focused on the importance of twitter and how to set-up your twitter account. We discussed how you could create photos that help patients see another side of you. This time we are going to focus on Google Plus.

Google is a vast open world that allows you to learn about the weather half way across the world or learn about a new dental technology in another state. Google plus also allows patients to know your reputation before they ever visit your office. This provides you with an amazing opportunity to share pictures, important information and update your patients on any pertinent dental information. Google plus opens up a door for your practice other social media sites do not have. The more worthy Google views you are, the higher your practice moves up in the Google line.

So, what does this mean to you? Google works by finding terms in your posts that people are searching for. As your information or post fit the needs of the public your information begins to pop up more often when people are searching for topics. Your main goal or focus of Google plus is finding and acquiring new patients.

You can do a blog about five ways to find floss that fits your needs or a photo of a patient review. Google plus allows you to have, "hangouts," with other professionals where you can share dental information or trade referrals for different services. You can move up the Google ranks by creating and posting on a local page. This allows Google to determine whether the information you are sharing is relevant and interesting to individuals.

In order to set up a Google plus page you start with signing up for a Google email. If you already have a Gmail account you can skip this step and move forward

in setting up your Google plus page. In order to locate your Google business page, log into your account and click on the three lines that bring up more Google applications. Choose Google plus when you click on the button. It will then prompt you to log into your Gmail account if you are not already logged in. Once you have logged in and are on your Google Plus page you can now begin to set-up and create your account.

The first box is called story. In this section you'll want to share information about you as a professional. If you have a biography on your website you can take some of the information from there and add it to your story. The first box is a tagline. You will want to add one or two words separated out between colon's in order for Google to pull the words from your site when people search those particular words.



Don't kid yourself the words you use in your tag's matter. Some examples for tags are searching Google using words, general dentist, cosmetic dentistry, cosmetics, and broken or chipped teeth. Next, is the introduction box. This does not need to be lengthy. You just need to share who you are and information that helps you to stand out from the crowd.

An option of privacy settings is allowed next to both the tagline box and introduction box. When you click on the privacy box options of, "your circles," will pop up, these are groups you are a part of and or are following. It is recommended to leave the setting for your introduction as public in order to allow new patients to read and learn about you without having to be added to your circle. Below story you'll see a box called, "people." This usually has a number next to it. There are, "people in your circle." These are people who you are choosing to follow their posts. Below that are a number of people that have you in their circle. This number is a number of individuals who are following you or have added you as someone they want to follow. This is not editable.

Below this box is work. The box has a pencil in the right hand corner, which allows you to open up the box and edit your occupation and specifics of your occupation. If you have a specialty focus, this is a fantastic place to share this information with new patients. This box allows you to add other employments if you desire.

Your education and location are the next two boxes, along with basic information and contract information you do not need to add your business webpage URL because in the box, "links," below you can add links to your Twitter, Instagram, Facebook, Website, LinkedIn and any other sites you have business pages on. It is critical to save your page and double check to make sure your pages work and are linked correctly.

Now that you've added all relevant information, don't forget the picture a round, small picture is all you have available. You may need to crop your image in order to have a small photo that best represents your business or team.

Next to the About Button is a posts icon. This button allows you to add a blog post about a specific topic. You can add as many words as you want but when writing a blog post you may want to keep it under five hundred words. You can also at this point change who has access to read your post. At the bottom of your screen you can choose to add a nice photo to support your topic or add a photo of your team. You are able to add any links to the post. Consider adding your website here in order to allow patients an easy way to get in contact with you to set up an appointment or to learn more about your practice. The upside teardrop with a white dot button will allow you to add a location

Your blog posts can be a short five hundred words that discuss a new procedure you are doing or you can add a photo that shows you or your team enjoying lunch. You want to utilize Google plus to build up your team but you also want to stay away from constantly trying to sell your business to everyone.

The purpose of any social media is to build up an extended relationship beyond the walls of your practice. If you or your team is doing something fun or celebrating an event snap a few photos and upload to your Google plus page.

Utilizing Hootsuite you can schedule posts out. This website allows you to connect to your Google plus page, add a post, photo or quote and schedule it to go to your Google page at a time and date in the future.

What to share and what not to share on Google plus is similar to the rules of posting on your other sites. While your personal political views are important they can turn away potential patients stick to a photo that reminds people to vote if you are passionate about voting. Build a presence but not in a nagging mom way. You are an amazing dentist, you can share that with patients without shoving it down their throat. Don't forget the fun. It's okay to post pictures of you and your team having a good time. Google plus can be your greatest relationship tool, use it wisely.

Social Media takes time to build. For more information on the Do's and Don'ts of your social media contact AustineEtcheverr at Clickbitscreativemedia@gmail.com

Austine Etcheverry is a positive, dedicated professional with over 10 years of experience in the dental field. Austine has a keen eye for designing websites and blogs. She has experience in social media and search engine optimization.

MEET ALEXANDRA!



TCDS is pleased to welcome Alexandra Hernandez to our team. Alexandra will serve as our Programs Coordinator/Receptionist, focusing primarily on continuing education, community

outreach, and peer review. We look forward to making great progress with our team back to full capacity. Please give Alexandra a warm TCDS welcome the next time you call the office or come by to visit us.



CDA and TCDS Orient Western U's Freshman Class of 2019 to the World of Organized Dentistry

On Friday, August 7th the California Dental Association held an orientation on organized dentistry for the incoming Western University College of Dental Medicine class of 2019. Carrie Harcharik from CDA said, "The Freshmen Orientations are our first meeting with the students and it's a great opportunity to help them begin to understand what we do for them, events they can attend, resources available to them through organized dentistry, etc."

Tri-County Dental Society Executive Director, John Fields, and TCDS Membership Coordinator Shehara Gunasekera, gave a brief presentation regarding TCDS and our desire to assist them in their journey into dentistry. TDIC Rep. Samson Landeros introduced the students to the CDA's liability insurance programs. Carrie Harcharik gave them an overview of CDA and the ADA tripartite. The sixty nine students were very enthusiastic and receptive. They became the most enthusiastic when Western U's Student Rep. Diana Liao (See cover photo) spoke with enthusiasm about her experience as a Student Rep. to CDA. I'm sure some lucky TCDS member will snap her up upon graduation to get their office excited as well!

At the close of the meeting, each student walked down to the front of the room to receive a bag full of CDA information, candy bags from TCDS, and their own personal copy of the TCDS Bulletin, handed to them by our ED John Fields. (Please see the collage of pics on the next page.)

If you see any of the dental students at TCDS meetings,
PLEASE be sure to welcome them to
organized dentistry.





**Senator Connie M. Leyva
and Supervisor Josie Gonzales**
in partnership with the
Inland Empire Healthcare Group

invite you to a

FREE Community Health and Resource Fair

**Saturday, October 3, 2015
10:00am to 2:00pm**

**Ayala Park
18313 Valley Blvd.
Bloomington, CA 92316**

Program will include a legislative update, health screenings, dental and vision screenings, nutrition information, community resources and more.

**Please RSVP to Henry Castillo at 909-888-5360 or
henry.castillo@sen.ca.gov**

Any information, materials, or services provided at this event are the sole responsibility of the provider of the information, materials or services and not the California State Senate.

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tdic

You are also not a sales goal or market segment. You are a dentist. And we are The Dentists Insurance Company, TDIC, where business is about doing what's best for you, our policyholders. Here, you receive the respect and care deserving of a member of your profession. You have access to an in-house claims team, razor-sharp legal team, and industry-leading resources to manage risk. Why go to such lengths? Because with us, protecting dentists is all that matters.

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Dental Society

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Short Abstracts

Mechanical, antibacterial and bond strength properties of nano-titanium-enriched glass ionomer cement.

Garcia-Contreras R, Scougall-Vilchis RJ, Contreras-Bulnes R, et al, J Appl Oral Sci. 2015 May-Jun;23(3):321-8. doi: 10.1590/1678-775720140496.

The use of nanoparticles (NPs) has become a significant area of research in Dentistry. The aim of this study was to investigate the physical, antibacterial activity and bond strength properties of conventional base, core build and restorative of glass ionomer cement (GIC) compared to GIC supplemented with titanium dioxide (TiO₂) nanopowder at 3% and 5% (w/w). Specimens were bonded to enamel and dentine, and tested for shear bond strength in a universal testing machine. Specimens were incubated with *S. mutans* suspension for evaluating antibacterial activity. Results Conventional GIC and GIC modified with TiO₂ nanopowder for the base/liner cement and core build showed no differences for mechanical, antibacterial, and shear bond properties ($p > 0.05$). In contrast, the supplementation of TiO₂ NPs to restorative GIC significantly improved Vickers microhardness ($p < 0.05$), flexural and compressive strength ($p < 0.05$), and antibacterial activity ($p < 0.001$), without interfering with adhesion to enamel and dentin.

Conclusion: GIC supplemented with TiO₂ NPs (FX-II) is a promising material for restoration because of its potential antibacterial activity and durable restoration to withstand the mastication force.

Response of Human Pulps to Different In-Office Bleaching Techniques: Preliminary Findings..

Roderjan DA, Stanislawczuk R, Hebling J, Braz Dent J. 2015 May-Jun;26(3):242-8. doi: 10.1590/0103-6440201302282.

This study evaluated a whitening effect and the likely side effect (tooth sensitivity and pulp response) of human teeth subjected to different in-office bleaching (IOB) techniques and materials - mainly the presence of calcium in the IOB materials. Calcium-free (CF) and calcium-containing (CC) 35% hydrogen peroxide (HP) gels were evaluated. The CF

was refreshed every 15 minutes, three times (CF 3-15) or in a single 45-min application (CF 1-45) at one bleaching appointment. The CC was used only in a single 45-min application (CC 1-45). Each technique was applied on 5 mandibular incisors scheduled for extraction for different patients. In control group, no tooth bleaching was performed. The tooth color (TC) and tooth sensitivity (TS) were recorded at baseline and after IOB. The teeth were extracted 2 days after the application of IOB and subjected to histological analysis. The changes of TC were similar between groups and statistically different from the control ($p < 0.05$). However, TS of groups bleached with CF was statistically higher than that recorded for CC and the control ($p < 0.05$). In CF 3-15 and CF 1-45 groups, the coronal pulp tissue exhibited partial necrosis associated with tertiary dentin deposition. In the CC 1-45 group a smaller area of necrosis occurred only in three bleached teeth in which tertiary dentin deposition was observed. The calcium containing 35%HP gel could be preferable for in-office bleaching because it caused less tooth sensibility and pulp damage.

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How Does MICRA Work?

California's Medical Injury Compensation Reform Act (MICRA) is landmark legislation that ensures injured patients receive fair compensation while preserving access to health care by keeping dentists, physicians, nurses and other health care providers in practice and hospitals and clinics open. How does MICRA do this?

- 1. MICRA protects against rising health care costs.** In 2014, voters rejected Proposition 46, a measure that proposed quadrupling the amount of non-economic damages allowed under MICRA from \$250,000 to more than \$1 million. According to the state's former non-partisan Legislative Analyst, that increase would have raised health care costs in California by at least \$9.9 billion annually, which translates into more than \$1,000 per year for a family of four.
- 2. MICRA protects patient access to health care—especially in regions and among demographics that need these services the most.** California's safety-net providers serve millions of uninsured patients, the majority of whom are women and children. Unable to shift higher costs to their patients, community clinics and health centers will have no alternative but to reduce services, staff, operating hours, or services offered. Additionally, undermining MICRA will jeopardize access to care for low-income patients who receive services from county and UC health systems that are self-insured, as these providers would have to redirect funds from patient care to pay for increased medical liability costs.
- 3. MICRA ensures injured patients receive fair compensation while preserving access to health care.** Not only do MICRA's provisions work to protect patient access to care, but they also ensure fair compensation when patients have justifiable claims, including:

UNLIMITED	Economic damages for all past and future medical costs.
UNLIMITED	Economic damages for lost wages, lifetime earning potential and for any other conceivable economic losses.
UNLIMITED	Punitive damages, which seek to punish a defendant.
ADDITIONAL	Up to \$250,000 available for non-economic damages, sometimes called pain and suffering awards.

In addition, MICRA limits attorney's fees so patients, not lawyers, receive more from awards.

- 4. MICRA has been critical in keeping liability costs affordable for California health care providers.** Enacted in California's legislature in response to rising costs that were driving health care professionals out of the state, MICRA stabilized medical liability premiums, allowing more dentists, physicians, nurses and other health care providers to continue practicing in California.

Californians Allied for Patient Protection (CAPP), the California Dental Association and Tri-County Dental Society proudly advocate for protecting MICRA. CAPP's members include more than 1,000 organizations representing dentists, physicians, community clinics, health centers, emergency providers, public safety organizations, local governments, patient advocates, nurses, hospitals, health facilities, labor unions and women's health advocates, among others.

Please visit us at www.micra.org and sign up for e-mail updates about our efforts to protect MICRA.

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At a Glance: *If you are considering selling your practice or relocating and need to assign your lease, here are some points to be aware of.*

Commercial Lease Assignments for Dental Tenants

Jeff Grandfield and Dale Willerton - The Lease Coach

Commercial Leases & Renewals For Dummies, the most common reason for assigning a lease agreement is to facilitate the sale or purchase of your practice. The assignment clause is one of the most vital organs of a lease agreement and should be included in the offer to lease. Read this carefully. Just because the landlord agrees to give assignment rights to a tenant doesn't mean they can't build in many tricky and dangerous conditions that can trip you up or cost you money later.

One dental tenant selling a practice and assigning or transferring their lease agreement to another dental tenant is not typically a benefit to the landlord. As a best-case scenario to the landlord, the assignment or transfer of the lease agreement represents a lateral move. In the worst-case scenario, the dental tenant sells their practice to a new tenant who runs it into the ground and can't pay the rent. This is the reason why landlords want to check out and approve anyone you sell your practice to and also assign your lease agreement.

The second reason for assigning a lease agreement is if you want to move because you need to downsize or expand your practice. If this is the case, then you will look to assign your lease agreement to a company in a different type of business altogether. Landlord approval and consent to the stated use or the change of use is essential in such a case. Don't just assume that you can assign your lease agreement to just any other tenant; even if the landlord doesn't also agree to the Permitted Use.

The key wording to include in an assignment clause is that the landlord will not unreasonably withhold their consent to the lease assignment. Another point to look at closely is the fee the landlord will charge to process the assignment. This can range from

\$0 to over \$2,000, depending on the landlord. Finally, ensure that there's a timeline for the landlord to either grant or deny your assignment request. We have seen situations where the practice sale falls apart simply because the landlord took too long to respond to the assignment request. 10 – 20 days is a reasonable timeframe, but much longer and the buyer might walk away. This is all negotiable, so don't just automatically accept the landlord's standard assignment clause if the term seems unreasonable.

Although there are a few basic points The Lease Coach ensures that your assignment clause includes, we are always wary of other terms that may have negative implications on your business or the sale of your practice. Here are some common pitfalls:

- **Landlord's right to terminate:** In some cases, as an alternative to granting the assignment request, the landlord has the option to terminate your lease, simply for requesting an assignment. While this may be good news if you're assigning your lease because you're relocating to a bigger or smaller space, it can be devastating if you're selling your practice, and you've just lost your location.
- **Landlord's right to adjust the rent:** Your lease may also state that when you assign the lease, the rent can be adjusted by a certain percentage or index amount – or increased to a fair market value. Again, this can have a major impact on the sale of your practice.
- **Requirement to sign a new lease:** The lease may require that the new tenant sign a new lease agreement and, depending on these terms, it can derail the process (this is common if the landlord has changed).
- **Deposit increase:** The landlord may want the buyer of your practice to increase or supply a substa-

tial deposit or personal guaranty in order to gain landlord approval.

- **Removal of terms:** In some cases, an assignment results in the new tenant losing renewal options, exclusive use provisions, or any other terms that were negotiated for your benefit. Caution should be part of the due diligence during the lease assignment process as existing terms may not always be directly inherited or assumed by the new assignee. This can kill any deal to sell your practice or even lead to future lawsuits.

For a copy of our free CD, Leasing Do's & Don'ts for Dental Tenants, please e-mail your request to DaleWillerton@TheLeaseCoach.com.

Dale Willerton and Jeff Grandfield - The Lease Coach are Commercial Lease Consultants who work exclusively for tenants. Dale and Jeff are professional speak-

ers and co-authors of Negotiating Commercial Leases & Renewals For Dummies (Wiley, 2013). For more information call 1-800-738-920 or, e-mail DaleWillerton@TheLeaseCoach.com or, visit www.TheLeaseCoach.com.



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What's Happening?

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

Day/Date	Event Details	Day/Date	Event Details
Mon. Sep. 7	Labor Day Holiday TCDS Office Closed	Thurs. Oct 1	CPR & AED TCDS Office 6:15 to 8:30 p.m. Jim Rybicki 2 CEUs- Seating is limited
Tue. Sept. 8	TCDS Board Meeting TCDS Office 6:45 PM	Oct. 2-3	CDA Cares Fresno Fresno Convention Center
Fri. Sep. 18	Continuing Education Meeting TCDS Office Seminar: 8:30 a.m. – 12:40 p.m. "Infection Control & CA Dental Practice Act" Leslie Canham, CDA, RDA 2 CEUs – Seating is Limited	Tues. Oct. 13	TCDS Caucus TCDS Office 6:45 PM
Thurs. Sep. 24	Continuing Education Meeting CDS Office Social Hour: 5:30 p.m. Seminar: 6:15 – 8:30 p.m. "Mini Dental Implants" Dr. David R. Powers 2 CEUs – Seating is Limited	Oct. 16-18	CDA House of Delegates Sacramento
		Tues. Oct. 27	22nd Annual Dental Exhibitors Fair Loma Linda University 6:30 p.m.
		Nov. 6-10	ADA Annual Session Washington, D.C.



BULLETIN

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Regenerative Endodontics and Dentists Business Forum



Dr. Mahmoud Torabinejad, Loma Linda University School of Dentistry will discuss the pros and cons of pulp regeneration and the alternative treatments for teeth with pulp necrosis and open apices. This session runs from 8:00 a.m. - 10:30 a.m. and offers two and a half (2.5) CEUs.



Bob Phillips, principal at Phillips Accountancy Corporation which currently represents about 450 dentists throughout California, will be facilitating a business forum on issues impacting dentists in both their professional practice and personal lives. This session runs from 10:30 a.m. - 12:30 p.m. and offers two (2) CEUs.

When:	Where:	Pricing:	Register:	Contact:
Saturday, October 17, 2015 8:00 am to 12 pm	Sheraton Cerritos Hotel 12725 Center Court Dr. Cerritos, CA 90703	\$175 for CSPD Members (must sign-in to receive member price) \$250 for Non-CSPD Members	http://bit.ly/1hGxUr0 <i>Continental breakfast included at the beginning of the course and an assortment of food during the session break</i>	Stacie Lewis slewis@cspd.org Phone: 916-231-2142

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