

BULLETIN

**"TCDS President and
First Lady on vacation"**



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In This Issue...

Presidential Message.....	3
Editorial	5
What's Happening	8
Dr. Ehrler to be Installed as CDA President.	9
Dental Anecdote.....	9
Special Day at Western University CDM	10
Final rule includes Medicare Advantage Providers	12
You Created a Blog, Now What?	13
Short Abstracts.....	15
News For Dentists	18
Unclassifieds	20
Welcome New Members.....	22

Mission Statement

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

In a Member City...

Do you know where this is?
 See page 12 for answer.



Featured Cover Photo

TCDS President Dr. Ross Rossopoulos and his wife, Dr. Oariona Lowe relax in Thessaloniki, Greece. Building in background is called the "White Tower." Dr. Lowe will be installed as CDA Trustee in November.

Presidential Message



At a Glance :

Doctor Rossopoulos, while relaxing in the shadow of Mt. Olympus, reflects on important things in the life of a dentist. He cites influence, family, ethics, mentorship, and value as traits he found in a fellow dentist's life example.

"It's All Greek To Me - V"

Evangelos Rossopoulos, DDS

Toooooot"! The little boat's horn is warning those rushing to it that it is time to jump on as it starts its engines. It is Saturday morning and I am sitting on our hotel balcony, enjoying the morning breeze and watching the people doing their morning walk or getting ready to take the boat to one of the nearby beaches. Across the harbor, I see the shadow of Mount Olympus, and to my left the "White Tower," the symbol of my hometown Thessaloniki. Why somebody would call these moments "daydreaming" and a "waste of time" is all "Greek to me." I take another sip of my Greek "frappe" coffee and start philosophizing on Dentistry. There is no doubt that Dentistry has been good to most of us. It has provided us with the necessary opportunities to enjoy life and we should all be proud to be a part of this great profession.

As dentists we have the opportunity to affect the lives of those around us, such as our family, our staff, our friends, our neighbors, and have a great impact on our society in general. But, the lives that we can influence most, are those of our patients.

On July 6th several of our members attended the memorial for Dr. William Taylor, one of our peers,

who unfortunately passed away recently. As it happens during most memorials it was time to take a moment out of our busy schedule, reflect on life, celebrate his accomplishments, and the impact that he had on other people. Dr. Taylor was a devoted family man, an outdoorsman and a great American. As a dental professional, Dr. Taylor could easily be considered a "dentist's role model."

Putting his patients at ease with his jokes, providing them with outstanding clinical work in the most ethical way, and considering them a "family member" are only a few of the characteristics that we should all strive to have. When I searched his name at a certain "business review and rating" social media site, I expected to find it filled with great reviews and a 5-star rating. It was a big surprise to discover that there was no rating and actually no reviews. But during his memorial when the question came up "who was one of Dr. Taylor's patients," about

half of the people attending raised their hands! Respect and loyalty are the only "true" ratings that our patients can provide us. Why society puts so much weight and is led into making healthcare decisions based only on ratings on the social media sites is "all Greek to me."



Continued on pg 4

Two more concepts come to my mind when I think about Dr. Taylor: “mentorship” and “value.”

It might have not been known to him, but he was a mentor to those dentists around him, setting a great example of a caring, competent, ethical and well-rounded professional. I have had the opportunity to treat some of the patients that he referred to our office over the past several years and it has been a great learning experience for me. They were all well informed, appreciative, compliant, and prevention oriented. Our patients are not born that way! Why we don't take the time to educate them properly about the benefits of properly caring for their oral cavity, is “All Greek to me!”

Dr. Taylor had the reputation of being extremely “frugal.” However, despite the misconception of so called “high dues,” he had been a member of TCDS for many years. He understood the “value” of membership! There are so many benefits of being a member. The ability to make a call to TCDS or CDA and ob-

tain an answer to any dental practice related question is actually “priceless.” Why everybody doesn't realize this is “all Greek to me!”

It's hard to believe that September is already here! Schools are open and our lives are getting back to their normal rhythm. In TCDS, we are looking forward to continuing our improvement efforts and to a strong finish to this year. See you all on September 11 at our annual membership meeting.



Dr. Rossopoulos stands in front of a Monastery on Mount Athos in Greece. For one to visit this place you must be a male over the age of 18 years of age. <https://en.wikipedia.org/wiki/Mount>



Dr. Rossopoulos on Mt. Athos. Tradition says the Virgin Mary visited this island and blessed it.

TCDS ANNUAL MEETING



September 11

10 AM - 2 PM

Mini Golf Go Karts Lazer Tag Waterslides Amusement Rides Roller Skating

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At a Glance : *What would it be like, if there was a draft for dentists similar to the draft used in sports.*



Dentist Draft...

Daniel N. Jenkins, DDS, CDE-AADEJ

2083 is the year. Excitement is in the cold spring air surrounding the ADA building in Chicago, Illinois. Throughout the city all of the hotel rooms are filled in preparation for Dentist Draft number XXX. The various health news agencies' reporters have been scouring the hotels, the ADA building, and dental schools across the country to get a scoop on stories about the dentists to be picked by the competing dental corporations, military, National Health Service, Native American tribes, foreign countries, dental schools seeking faculty, and even associate-seeking private practices. The big question is, "Who will be drafted first in the first round?"

At this point, all of the news networks are covering the Dentist Draft. This annual event has grown each year since its inception in 2053 when the CCCP (Controlling Consortium of Corporate Practices), combined and agreed to a way to choose new dentists through a draft process similar to sports. Prior to the CCCP formation corporate practices would each send recruiters to sign up dental students for their group – even offering sign-up bonuses. The students would later learn more about what they signed up for and wished they had known more of what they were getting in to. Some would file lawsuits claiming misrepre-



sentation of what life working in a corporate office was like. Of course, even if they obtained release from the contract they would still have to pay the money back that had been given to them during school.

The CCCP, with very little competition, was able to be more open about their operations. Students were very deep in debt and needed money right after graduation. The CCCP told the students that they would not have a choice over the quality of materials they would use – let alone the equipment, quality of assistants, or type of CE courses they would receive from the CCCP.

Just as in sports, there are now scouts who roam from dental school to dental school watching the dental students throughout their whole time in school. Due to large grants from the CCCP they are allowed to observe over the shoulders of the students and evaluate their quality, but most of all their efficiency of treatment. They also carry around stop watches and time the students for molar root canals and crown preps. The CCCP has also arranged for the students to go through a "Group Practice" block of training where the student uses eight operatories with 2 assistants who are interns from a local 3 week training assisting school and equipment that breaks down daily.

Continued on pg 6

This helps the CCCP scout to evaluate how well the student will adapt to the CCCP member clinics.

The higher the student's scores in efficiency, minimum quality, Group Practice Block adaptability, and agreement to a lower bonus amount, will determine how high on the draft they will go. As in the baseball draft, if there are two players on a comparable level, if one will agree ahead of time to a lower signing bonus then they will be chosen ahead of the other. As for baseball, for the CCCP this means they have more money to sign up other dentists. With all of the transparency of the CCCP clinics other things have developed. Some students decide to choose the military. As a result of the CCCP bonuses the government decided they needed to up their bonuses, grants, and pay for those choosing military or National Health Service to compete. With their casinos doing so well, Native American tribes also offer bonuses and elevated pay – along with foreign countries seeking American dental graduates. Even dental schools are competing for future faculty members through incentives – including higher pay. They are now able to afford this from the extra funds from the CCCP.

An interesting development has been that the

dental materials division of 3M dwindled to the extent that 3M, as well as other dental materials companies, have been sold off and merged since the CCCP controls most of the buying of materials to keep the prices low. As a result there has not been any new dental materials developed since shortly after the formation of the CCCP. The CCCP holds that the majority of the public does not want to spend extra money for new types of materials.

Those dentists who are still maintaining solo dental practices are limited to those few patients who desire better quality materials and service. Those patients have been educated to better materials, technology, and service. The solo practitioners say they really like practicing with these patients as they seem to value the way they practice dentistry. These patients understand the need for higher fees and are even more reliable to keep their appointments – and arrive on time! These solo practitioners seem to like the adventure of being on their own instead of the security of having a “dental job.”

Well...it's time for the announcement of the #1 dentist draft pick of 2083. “The number one draft pick by the ‘Taco Bell Dental Group’ is...” Could he or she be YOUR grandchild?

TCDS Bulletin Going Digital!

As of January 1, 2017, we are considering having the TCDS Bulletin emailed directly to members instead of a printed mailer. This digital copy will also be available to access and download electronically via www.tcds.org.

Check your email for a digital copy of this issue, and share your thoughts. We welcome your input!

P.S. Now is the time to update your email contacts with us.
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Life Active	104
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Life Retired	158
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Disabled	7
Military/Public Health	4
Provisional	66
Hardship	3
Pending Applications	12
TOTAL	1878

Toll-Free Numbers

ADA.....	(800) 621-8099
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Extension 21 – Alexandra@tcds.org

HMO Consumer Complaint Hotline

(800) 400-0815

State Dept. of Corporations Consumer Services division



What's Happening?

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

Day/Date	Event Details
Sun. Sep. 11	Annual Meeting and Family Fun Day Fiesta Village 1405 East Washington St., Colton, CA 10:00 AM to 2:00 PM (Lunch Included)
Tues. Sep. 13	Board of Directors Meeting TCDS Office 6:45 PM to 8:00 PM
Thurs. Sep 15	Continuing Education Meeting TCDS Office Seminar: 7:30 AM to 12:40 PM (Includes Breakfast) "Infection Control and California Dental Practice Act" Leslie Canham 4 CEU's – SEATING IS LIMITED!
Fri. Oct 14	A Shredding Event TCDS parking lot 12:00 PM to 4:00 PM Must register online to attend



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Former TCDS President, Dr. Clelan (Butch) Ehrler to be Installed as CDA President

By Daniel N. Jenkins, DDS, CDE-AADEJ

On November 13, 2016, Dr. Clelan “Butch” Ehrler will be installed as the President of the California Dental Association at the conclusion of the annual House of Delegates meeting. The meeting will be held from November 11-13 at the Newport Marriott Hotel & Spa in Newport Beach.

One advantage for TCDS members is that the meeting is in southern California this year. Attendance at the installation is open to members to support and congratulate Butch.

Dr. Ehrler was president of TCDS in 2003 and later served as a CDA Trustee representing TCDS for two terms. After that he successfully ran for CDA Treasurer. After he “termed out” as Treasurer, he was talked into running for Secretary of CDA, which put him in the succession of “chairs” to become CDA President.

Butch’s opinions are often sought after by other CDA officers and he graciously has continued to sit in on the TCDS board meetings to offer his wisdom, experience, advice – and wit on various topics.

When asked for a quote on his upcoming installation, Butch responded, “What was I thinking?” But, we know he will do his usual outstanding job and TCDS is proud to share him with the rest of the CDA organization.



DENTAL ANECDOTE

Daniel N. Jenkins DDS, CDE-AADEJ

During a course in full mouth reconstruction, the student dentist had “dry seated” the lower arch of 14 porcelain crowns and veneers to check the fit. After making some short notes, he turned around and noticed that a veneer on a lower incisor was missing! He called out to everyone, “Don’t move!” He quickly placed some cotton rolls on top of the remaining restorations and had the patient close down lightly, while he searched for the missing veneer.

He and his assistant were quickly down on their knees looking for the veneer. His instructor even joined in on the “veneer hunt.” Then, they had the patient gently check her clothing and slowly get out of the chair – no joy. The assistant even suggested that the patient check her undergarments! It wasn’t there either.

At last, it was decided to cement the rest of the restorations and then take a new impression for the missing veneer. As the dentist was removing the restorations for cementation he spotted the missing veneer – under her tongue! (Not sure why he didn’t look in the mouth first?)

Case of the Missing Veneer



A Special Day for the Western University of Health Sciences and its College of Dental Medicine

John Fields, Executive Director

On Saturday, August 6, I had the pleasure of attending two important and significant ceremonies for the Western University of Health Sciences - College of Dental Medicine Class of 2020. These included the 2016 Convocation and White Coat Ceremony.

Despite the fact that I had attended a rather spectacular Armenian wedding the night before, I arrived at the Sheraton Fairplex Hotel and Convention Center in Pomona at 7:30 AM sharp. As I entered the VIP Breakfast room at the California Ballroom, I was immediately greeted by Dr. Stephen Friedrichsen, Dean of the College of Dental Medicine. While eating breakfast, I had the opportunity to chat with Sue Friedrichsen, the Dean's wife, and several members of the faculty.

After breakfast, I was shuttled over to the building where all of the faculty members from all the colleges were donning their full academic regalia. There were caps and gowns, and shields and hoods, and robes and tams of every color. This is where I found some members of our TCDS leadership team, past and present, including: Dr. Jeffrey Lloyd, Dr. Paul Simetey, and Dr. Robert Stevenson. I also spent some time chatting with Dr. Robert Hasel and Dr. Jeffrey Turchi, both members of the College of Dental Medicine faculty.

As I entered the main hall of Bldg #4 for the Convocation, I was escorted up to the front row, sitting next to Dr. Philip Pumerantz, President Emeritus, and his wife, Harriet. Western University takes very good care of our Tri-County Dental Society! This was a special year to be present at this ceremony, as this was the first year, since the University's founding, that Dr. Pumerantz was not officiating as President. Last year I was fortunate enough to be present as Dr. Pumerantz presided over his last Convocation and announced his retirement.

At 8:30 AM, the ceremony began with the grand procession of the faculty up the middle aisle to their seats

on the stage behind the dais. At the end of the procession, the new university president, Daniel R. Wilson, MD, PhD, his wife, Sandra, and their daughter were greeted by the faculty.

After the processional, the ceremony opened with Ms. Christina McNair, a vocalist from Victorville, singing a moving rendition of the National Anthem and Dr. Jana Webb Delone providing the invocation. New University President Wilson and his wife gave a very warm welcome to those present and paid special honor to Dr. and Mrs. Pumerantz.

Dr. Richard Bond, Chairman of the Board of Trustees and member of the first graduating class of Western University in 1982, greeted the assembly and welcomed Dr. Wilson on board.

President Wilson introduced Keynote Speaker, Bruce A. Chernof, MD, FACP, who is the President and Chief Executive Officer of the Senior Care Action Network Foundation (SCAN). Dr. Chernof shared highlights from his varied and interesting career and reached out to the Class of 2020, urging them to excel in all their endeavors and to serve their communities.

Provost and Chief Operating Officer, Gary M. Gugelchuk, PhD, introduced the Deans and the 2016 Entering Classes, and also provided an overview presentation of the University, past, present, and future.

The next portions of the ceremony included faculty awards and welcoming remarks from Pat Callard, DNP, CNL, RN, the faculty representative; Kaitlin Flavin, DPM Class of 2019, the student representative; and C. Colby Gage, DMD, DHEd, the alumni representative. (Please see the photo of Dr. Gage)

The ceremony ended with President Wilson officially opening the academic year and then the grand recessional as the faculty left the stage and paraded

down the main aisle.

But this wasn't the end of this day's grand ceremonies and important rites of passage...

At about 10:00 AM, I walked across the fairgrounds to the California Ballroom #1 and at 10:30 sharp, the Western University - College of Dental Medicine initiated its White Coat Ceremony. Family and friends were already seated as both faculty members, speakers, and the 70 brand new members of the Class of 2020 proceeded up the center aisle and took their seats.

Steven W. Friedrichsen, DDS, Professor and Dean of the College of Dental Medicine opened the ceremony with a cordial welcome to all present. In addition, he introduced all the speakers sitting on the stage and those sitting in the VIP section, including: Yours Truly. As I said earlier, the Western University – College of Dental Medicine takes very good care of our Tri-County Dental Society!

TCDS's own Dr. Jeffrey Lloyd took to the podium and gave the welcome from Organized Dentistry. The CDA/TDIC welcome was given by Blair Tomlinson and Dean Friedrichsen shared some inspiring remarks with the Class of 2020 and all present. (Please see the photo of Dr. Lloyd)

The amusing and entertaining keynote address was given by Captain Samantha "Sam" J. Westock, USN, DDS, MS, FACP. She talked about the history of the "white coat" and shared her exciting experiences as a Naval Dental Officer. She talked about her specialty of prosthodontics and her passion of geriatric dentistry.

Next, although Capt. Westock had shared some comments about the history of the White Coat, David A. Lazarchik, DMD, Associate Dean for Patient Care and Clinical Education, gave an extensive explanation of the history and significance of the White Coat.

And now it was time to connect those fresh faces with their own brand new individual white coats... Beginning from the front row of chairs, each row of students lined up and as they approached the stage, they stepped up to the microphone and gave their

name and where they were from. (Please see the photo of the Class of 2020.)

What a diverse group! Gender was split roughly down the middle and although there were many Californians, there were also many other US states represented and several other countries around the world. After they introduced themselves each new student walked across the stage and was assisted with putting on their white coat. Tiny white coats and large white coats and thankfully as Dean Friedrichsen shook their hand and took a photo with them, he also helped with misaligned buttons and turned up collars.

Bradley S. Henson, DDS, PhD, Associate Dean of Research and Biomedical Sciences, officiated as all the right hands in all those new white coats were raised for Pledge of Commitment. Robert W. Hasel, DDS, Associate Dean for Simulation, Immersion and Digital Learning, did the same for The Dentist's Pledge.

Dean Friedrichsen finished the day's activities with closing remarks and I was happy and honored to be a part of these two moving ceremonies, launching these 70 fresh new partners of TCDS in organized dentistry.



Office for Civil Rights will not delay Sec. 1557 final rule

Final rule includes Medicare Advantage providers

By Jennifer Garvin

Washington — The U.S. Department of Health and Human Services Office for Civil Rights said Aug. 15 that it will not delay enforcement of the final rule issued under Section 1557 of the Affordable Care Act.

Sec. 1557 prohibits entities that receive federal financial assistance from discriminating on the basis of race, color, national origin, age, disability and sex. In health care, the final rule applies to recipients of certain funding from HHS. Compliance requirements include requiring covered entities to "provide meaningful access to individuals with limited English proficiency" as well as providing qualified interpreters and translators.

In July, the Association requested an extension of the implementation deadlines, noting that while the ADA strongly supports nondiscrimination, it was concerned that the final rule "risks further limiting patient access to care." The Association also urged OCR to take into account the financial and other burdens that the rule will impose on small businesses.

In OCR's response, Director Jocelyn Samuels told ADA President Carol Gomez Summerhays and Executive Director Kathleen T. O'Loughlin that because the effective date (July 18) was "set by operation of the final rule" OCR is not able to make exceptions. Ms. Samuels also said OCR had devoted "substantial resources" to the development of the estimate of the burdens and benefits posed by the regulation.

"We believe the estimates in our impact analyses are sound, and we are unaware of any data or other evidence that would undermine our conclusions. Thus, we decline your request to revise the analysis of the burdens and benefits of the regulation that we have conducted and published," wrote Ms.

Samuels.

While Sec. 1557 does not apply to Medicare Part B, OCR did clarify that the final rule does apply to any provider who receives reimbursement for Medicare Part C, Medicare Advantage, regardless of whether the plan reimburses the dentist or the patient.

"This approach is consistent with the application of longstanding federal civil rights laws, such as Title VI and Section 504," wrote Ms. Samuels.

In conclusion Ms. Samuels thanked the Association for its commitment to "compliance with Section 1557" and "strong support of equal access to health care."

For dental practices that receive certain federal financial assistance from HHS, the Sec. 1557 final rule will require that they post notices of nondiscrimination as well as taglines in the top 15 non-English languages spoken in the state indicating that free language assistance services are available.

The compliance date for the notices is Oct. 16. The rest of the rule went into effect July 18.

The notices must be posted in the dental office, on the website and in any significant publications and communications. For smaller items, such as postcards and tri-fold brochures, the practice may use a shorter nondiscrimination statement and taglines in the state's top two non-English languages spoken.

To minimize the administrative burden for member dentists who are covered entities, the ADA has prepared resources to aid in compliance with the rule, including an FAQ and checklist. Visit ADA.org/1557. There are also sample materials available on the OCR's website at www.hhs.gov/ocr.

For more information, visit the OCR's website and search Section 1557.

Member City Name and Location

San Manuel Stadium is home to the Inland Empire 66ers single A baseball team – and an affiliate of the Los Angeles Angels Major League Baseball team. In March of 2012, this stadium in which the 66ers have called home since 1996 was renamed San Manuel Stadium. TCDS has held events at San Manuel in the past – and most likely will in the future!





At a Glance: Austine told us last time about how to build a Blog. Now she tells us what to put in it.

You Created A Blog, Now What?

Austine Etcheverry

Our last article focused on how to create a blog. This time we are going to focus on the content that you put on your blog, and how to enhance readership utilizing your other social media sites.

Blog posts are a great way for you to get information out to patients. Blog posts can be lengthy, they can have pictures, or they can tell a story. There are multiple platforms for blogs, some of the most used our BlogSpot, Weebly blog, and Blogger. Any of these platforms have distinctive templates you can use in order to set up your blog and post differently.

But now that you have your blog set up, what do you write? How long should your posts be? How do you get followers? Do you even want followers? These are all questions we are going to focus on in this article.

Blog posts should be differentiated in content to keep your readers interested. You will want some that are informational, for example, you could share with patients new technologies you are using in the office, products that allow you to stand out, and/or information on procedures and specialty services you provide for patients. Your information should be unique in voice, (showcase your way of speaking to patients) and should serve to tell patients something they may not already know. When you are trying to think of content you want to share, you may want to start with questions you hear patients ask you, or think about a procedure you have completed lately and why you chose that procedure. These make great blog post content.

For other posts, you may want to focus on something



fun, interesting, or facts about your office. For example, you could write about a new recipe you tried or shared in the office, or showcase a birthday celebration for an employee. Blog about the conference you and your team went to, or you may also consider blogging about a special you are running in your office.

Items should be posted at least 2-3 times a month. This will help offset the content of your blog and create diversity from informational to fun.

Your blog posts should have a unique spin and tell something patients don't already know. Prior to writing a post, think about what type of specialty skills or qualities you bring to the table that may make your information different from everyone else's. Is there a whitening tip you give patients to help them improve their smile? Or is there a particular reason you recommend patients whiten their teeth that may be different from other dentists.

When writing your blog, there are a few technical items to keep in mind. You want to include an opening sentence and title that will grab an individual's attention right away, something that is going to get them interested and wanting to read what you have to say. Your blogs should contain information that align to your views. You do not want to post an article on oil pulling, and the positives, if you are not in agreement with what oil pulling does for patients. You do not want to talk about a procedure that other dental offices are providing if you are not able to provide that same service or procedure. Your blog serves to engage patients in conversations with your office, so keep the focus on what procedures you do and

Continued on pg 14

what you feel is important for patients to know.

Your blog can include information gathered by other agencies. For example, if there is a new statistic out on the number of individuals who are impacted by dental decay, it is okay to tell people that number and your source. You will want to include a link to the original article to help increase readership. You may want to find a quote from an expert that helps provide evidence and support what you are saying. While, you may want to include information from other sources, you do not want your blog to only be a re-creation of what other people have said. It should still have original content and ideas.

If you are struggling to come up with original content, you may want to consider a theme for the month. For example, you may want to have June as a summer theme. Everything you discuss in your blog in June will focus on summer. This may be a summer special you are running, the impact the sun has on your smile, or procedures that restore someone's smile in order for them to be ready for summer photos. Your post could also focus on accidents that are more likely during summer activities, or the importance of hydration. Creating posts around a theme can help to add cohesiveness to your blog so it does not feel all over the place.

When you have decided what to write, you will want to keep your posts around 300 – 450 words. This keeps them long enough and thorough with the content you are providing, but gives your readers the ability to read it in a relatively short amount of time. Too much information or technical jargon can lose your patients. If you are going to use a technical name for a tool or a procedure, make sure the explanation is clear. There is no reason to provide content to patients if they are not able to understand what information you are trying to share.

When you decide on the theme and then the content of your blog, you can then change your blog up by doing a paragraph style blog and then next time write a blog that has 5 techniques or tips to improving your oral health. You can have a short couple of sentences with a picture next to it, or you can set up

your blog to tell a story and have a paragraph, photo, quote, or paragraph. Whichever, template or content style is going to meet the needs of that specific blog post. It is important to change up the template and style of the blog occasionally in order for your blog not to become stale.

Also remember to provide clear and beautiful photos that catch your patient's attention. You want your blog to stand out – up against thousands of other blog sites. The photos should be a decent size, and not get in the way of the content or block the content in anyway. You can click on the preview button in order to see the layout of your page prior to posting the blog. Once you have composed your blog posts and posted don't forget to create a link to your other social media sites using Hootsuite in order for people who are following you to be able to find your blog post. You do not want to have too many photos that take over your blog posts unless you are only doing a caption, but you want enough photos to keep people interested. A good rule to live by is 1-2 photos for a 300-450-word post. You also have the benefit once you have created a few blogs, to send it out as an online newsletter to your patients. This helps to build readership.

Don't forget the title. The title along with a photograph helps to capture the attention of your readers. They may be surfing through hundreds of blog posts and you want your title to be something short and catchy. A title should describe what the blog is going to be about but also intrigue your reader. This may be a statement or a question that the blog is going to answer.

Navigating social media sites can be difficult and does not come with a guarantee; however, following these few simple rules can help you be on your way to a successful media platform. Great social media takes effort. Take time to work on your practice regularly to build quality communication and strengthen your results.

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

SHORT ABSTRACTS

NEW IMPLANT MATERIAL:

3 parts Titanium 1 part Gold

Eteri Svanidze, Tiglet Besara, et al, High hardness in the biocompatible intermetallic compound -Ti3Au, Science Advances, 20 Jul 2016: Vol. 2, no. 7, e1600319

DOI: 10.1126/sciadv.1600319

The search for new hard materials is often challenging, but strongly motivated by the vast application potential such materials hold. Ti3Au exhibits high hardness values (about four times those of pure Ti and most steel alloys), reduced coefficient of friction and wear rates, and biocompatibility, all of which are optimal traits for orthopedic, dental, and prosthetic applications. In addition, the ability of this compound to adhere to ceramic parts can reduce both the weight and the cost of medical components. The fourfold increase in the hardness of Ti3Au compared to other Ti–Au alloys and compounds can be attributed to the elevated valence electron density, the reduced bond length, and the pseudogap formation.

Review of Silane Applications for Dental Bonding Tomotaro Nihei, Dental applications for silane coupling agents, J Oral Sci 58, 151-155, 2016, 58(2):151-5. doi: 10.2334/josnusd.16-0035 Silane coupling agents alter the properties of material surfaces, which are modified by means of an organic functional group of specific silanes. This review describes the use of hydrophobic silane compounds for surface modification of silica-based and other materials. (This abstract has free pdf download of whole article: www.jstage.jst.go.jp/article/josnusd/58/2/58_16-0035/_article)

Systematic Review Shows Moderate Evidence for Steroid with Third Molar Ext

Moderate evidence to recommend submucosal injection of dexamethasone in reducing post-operative oedema and pain after third molar extraction.

Freda, Keenan, Evid Based Dent. 2016 Jun;17(2):58-9. doi: 10.1038/sj.ebd.6401174.

The electronic databases searched included: PubMed/MEDLINE, Cochrane Central Register of Controlled Trials (Central) and Web of Science until June 2015. Randomised and prospective controlled trials that compared the effect of submucosal injection of dexamethasone with that of placebo after impacted third molar surgery in humans were chosen. Study selection, data extraction and quality assessment (risk of bias) were assessed by two reviewers. All disagreements were resolved through discussion. A meta-analysis was performed for all continuous variables (oedema, pain and trismus) when at least two of the studies analysed the same data type. Eight studies involving a total of 476 patients of which six were included in the meta-analysis. All of the surgical procedures were performed on the lower molars, submucosal injections of dexamethasone were used in concentrations of 4 mg, 8 mg, or 10 mg, and saline was used as a control. Antibiotic medications were administered prophylactically before surgery or by continuous use after the procedure. Seven of the eight studies identified the impactions according to the Pell and Gregory Classification. Oedema was measured using facial contours of pre-established reference points. The meta-analysis presented a mean difference (MD) of -2.20 (95% CI -2.70 to -1.70), with a statistically significant difference favouring dexamethasone ($P < 0.00001$). Trismus (assessed using inter-incisal distance upon maximum opening) had a MD of -2.92 (95% CI -7.13 to 1.29) and showed no statistically significant difference between groups. Pain was assessed using both visual analogue scales and number of analgesic taken; however, only studies including a VAS were used for meta-analysis. Pain presented with a MD of -1.79 (95% CI -3.28 to -

Continued on pg 17

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0.30) and showed a statistically significant difference favouring dexamethasone.

Conclusions: The review found moderate quality evidence that submucosal injections of dexamethasone reduced post-operative oedema and pain compared to a placebo following impacted mandibular third molar surgery. There was no significant difference, in regards to trismus, between placebo and dexamethasone. PMID: 27339243 DOI: 10.1038/sj.ebd.6401174

Accuracy of Visual Caries Detection: Throw Out the Explorer?

Hoskin, Keenan, Can we trust visual methods alone for detecting caries in teeth? Evid Based Dent. 2016 Jun;17(2):41-2. doi: 10.1038/sj.ebd.6401165.

Electronic Databases searched in PubMed, Embase and Scopus. Unpublished literature was traced through OpenSIGLE, annals of IADR/AADR (International and American Associations for Dental Research) and ORCA (European Organisation for Caries Research) from 2003-2014. Studies were limited to English. Studies involving visual inspection for detection of primary coronal caries lesions in primary or permanent human teeth were considered. All papers needed to include a clearly defined reference standard and the reporting of absolute numbers of true positives, false positives, true negatives and false negatives or a presentation of sufficient data to calculate these figures.

Reference methods considered appropriate were histologic evaluation, operative intervention, direct visual inspection after temporary tooth separation and radiography. A meta-analysis was performed. Data were used to calculate the pooled sensitivity, specificity, diagnostic odds ratio and summary receiver operating characteristics curve. Heterogeneity of the studies was also assessed. A total of 102 manuscripts and one abstract were included.

The analysis demonstrated that the visual method had good accuracy for detecting cari-

ous lesions. Clinically obtained specificity was higher. Also observed was moderate to high heterogeneity and evidence of publication bias. Studies employing well known visual scoring systems were significantly more accurate than those that used their own criteria. The pooled specificity calculated was high in most of the groups and ranged from 0.573 to 0.992 mostly > 0.90; the lowest was in the occlusal initial caries lesions in primary teeth. The sensitivity ranged from 0.274 to 0.77; the lowest from clinical studies in proximal surfaces in permanent teeth, the highest from three studies evaluating the occlusal initial caries lesions in permanent teeth. Most of the pooled sensitivities were around a low level.

Conclusions: Visual caries detection method has good overall performance. Although the studies together had high heterogeneity and risk of bias, the use of detailed and validated indices seems to improve the accuracy of the method.

PMID: 27339234 DOI: 10.1038/sj.ebd.6401165

FYI Editors Note: Sensitivity (also called the true positive rate, or the recall in some fields) measures the proportion of positives that are correctly identified as such (e.g., the percentage of sick people who are correctly identified as having the condition).

Specificity (also called the true negative rate) measures the proportion of negatives that are correctly identified as such (e.g., the percentage of healthy people who are correctly identified as not having the condition).

Continued from pg 14

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.

News for *Dentists*

CDA Presents - San Francisco September 8-10, 2016

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From ADA Huddle: Analysis Finds Most Insurers Lost Money During First Full Year On ACA Exchanges.

On continuing coverage, Politico (7/20, Diamond) reports a new analysis conducted by the Commonwealth Fund revealed that most insurers lost money during their first full year on states' Affordable Care Act exchanges, although their "losses were blunted by reinsurance." Data show "insurers underestimated medical claims by 5.7 percent in the individual market in 2014, the first full year of Obamacare implementation."

The Hill (7/20, Ferris) reports that some 33 percent of health insurers made a profit during their first full year on the exchanges, according to the analysis. Data show that although "insurers made nearly twice as much money from healthcare premiums in 2014, overall profits 'diminished noticeably' because of higher payouts."

Congressional Quarterly (7/20, Evans, Mer-shon, Subscription Publication) reports that these findings "highlight challenges for the Obama administration, which hopes to keep insurance companies participating in a fluctuating and complicated marketplace as a way to



increase competition and keep premiums low." The piece points out that some insurers, including UnitedHealth Group, have said they will exit the exchanges due to significant losses. The Washington Examiner (7/21, Cunningham) also provides coverage.

Junk Mail a "Keeper?"

Jay Geier in Dr.Bicuspid.com on July 20, 2016, "The reason you should keep your junk mail," suggested that dentists keep their junk mail. He writes dentists should pick their favorite ads and use those ideas for their own marketing.
<http://drbicuspid.com/redirect/redirect.asp?itemid=320087&wf=37>

20% of Dentists in 2030 Will Have Been Trained Where?

ADA President, Dr. Carol Gomez Summerhays in an interview with the American Association of Dental Editors and Journalists "The Communicator," Aug, 2016, stated that by the year 2030 over 20% of dentists in the USA will have been trained in other countries.

ADA Requests Extension For ACA Mandate.

ADA News (7/19, Garvin) reports that the Association has asked the Office of Civil Rights (OCR) to delay "the implementation deadlines" for Section 1557 of the Affordable Care Act. According to OCR, Section 1557 is "the first federal civil rights law barring discrimination on the basis of sex in health care." Imple-

mented July 18, the rule “applies to health care providers who receive certain funds through the U.S. Department of Health and Human Services, including Medicaid and the Children’s Health Insurance Program,” although it is unclear if it applies to dentists receiving reimbursement under Medicare Part C. In a letter to Jocelyn Samuels, OCR director, ADA President Carol Gomez Summerhays and Executive Director Kathleen T. O’Loughlin wrote, “The ADA respectfully requests a delay in the enforcement date until there is sufficient time to allow for our members to meet the requirements.”

Cutting Sugar Rapidly Improves Heart Health Markers

By RACHEL RABKIN PEACHMAN - JULY 19, 2016 NY Times

Obese children who cut sugar from their diets saw improvements in markers of heart disease after just nine days, a study in Atherosclerosis found. For the study, researchers evaluated 37 children ages 9 to 18 who were obese and at high risk for heart disease and Type 2 diabetes. The children were given food and drinks totaling the same number of calories, fat, protein and carbohydrates as their typical diets.

<http://mailview.bulletinhealthcare.com/mail-view.aspx?m=2016072001ada&r=6964571-10e0&l=026-fd3&t=c>

Implant Grinding with N2O2 = Fire in Patient - Patient fire during dental care *A case report and call for safety*

Case Description

A 72-year-old woman received second-degree facial burns from a fire that ignited near the nasal hood supplying a nitrous oxide–oxygen mixture. The presumed ignition source was heat generated during the preparation of a titanium post with a high-speed, irrigated carbide bur. The patient was transferred to the local emergency department and subsequently discharged after possible pulmonary complications were ruled out. The patient was then transferred to a regional burn unit and was discharged home with second-degree burns.

Conclusions and Practical Implications

When the source of a fuel cannot be removed from the immediate area, soaked with water, or covered with a water-soluble jelly, the dentist should stop the open flow of oxygen or nitrous oxide–oxygen mixtures to the patient for 1 minute before the use of a potential ignition source, and intraoral suction should be used to clear the ambient atmosphere of oxidizer-enriched exhaled gas.

Tri-County Dental Society Office Staff Extends Service Hours

By John C. Fields, Executive Director

We know that during the hours that your practice is open, it may be difficult to break away and contact our office. Because of this, we realized you may need to contact our TCDS staff early in the morning and/or after 5 PM.

So, effective June 1, 2016, our TCDS Office has been manned from 7:00 AM to 5:30 PM, Monday through Friday. This change will provide our members with more effective service and increase accessibility to our staff from 40 to 50 hours of service per week. That’s a 25% increase!

Use your TCDS membership! These extended hours are just one example of increasing service to our members! Tell us how we can maximize service to you! Email me with your suggestions at john@tcds.org. I look forward to hearing from you soon and often! Thanks, John

Unclassifieds

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

Upland Practice For Sale - Ideal location on a main avenue, with a beautiful view of Mt. Baldy. Long established. 2,395 Sq. Ft. Five operatories, Two digital X-ray units, Two Bathrooms, Two offices, Large Front Office work space, Lab with work area. Please call Arce Ramos at 909-816-7642.

CEREC Omnicam, MCXL mill, Programat CS Oven - CEREC 2013 Omnicam SW 4.4, 2012 MCXL mill, 2012 Ivoclar Programat CS Oven. Excellent working condition. Supported and transferable Patterson Service Club Membership. Please email Daniel at danieldtn@yahoo.com for details and make best offer.

Dental Assistant Needed - (RDA) Preferred - A Pedodontist office in San Bernardino seeks a Dental Assistant. Pedo office and managerial experience desirable. Ability to speak Spanish, also desirable. Fax Resume to: 909-891-1132.

Dentist Needed – Child-friendly Dentist needed for Pedo office. PT/FT. Email resume for an interview to: officemanager.drko@gmail.com.

Share a space - Modern 6 operatory dental office in Redlands, available to share. Panorex, small lab, sterilization area. Ample convenient parking. Please make inquiries by calling Dr. Sharlyn Ziprick at 909-793-6700 or 909-557-4232, or via email at skziprickdds@gmail.com

RDA back office Children's Dental Office - This is a pediatric dental office looking for a highly motivated and enthusiastic registered dental assistant for the back office to work Mondays, Wednesdays and Fridays 8-5. RDA certificate is a requirement for this position. This is a new, upscale PPO-only dental office in beautiful Rancho Cucamonga. This is a dream job for the right candidate. Email your resume to: contactchildrensdentistry@gmail.com

Office For Rent - Dental office for rent in Riverside. Plumbed for 5 operatories. Second office plumbed for 3 operatories. Prime Location. Well maintained. Excellent parking. Call Mina Boyd for more information. (909) 241-8907.

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(Most committees meet only 1-3 times per year and require as few as 2-8 hours of your time)

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Welcome New Members



Tiffany Beale, DDS
General Practitioner
Loma Linda University, 2013
No Practice Address Listed

Ehsan Eslami, DDS
General Practitioner
Loma Linda University, 2016
No Practice Address Listed

WonJoon Lee, DDS
General Practitioner
Loma Linda University, 2015
No Practice Address Listed

Hengameh Safarcherati, DDS
General Practitioner
Loma Linda University, 2016
No Practice Address Listed

Nataliya Vorobets, DDS
General Practitioner
Loma Linda University, 2016
No Practice Address Listed

Mohamed El-laham, DDS
General Practitioner
Indiana University School of
Dentistry
No Practice Address Listed

Sara Abolmaali, DDS
General Practitioner
Loma Linda University, 2016
No Practice Address Listed

Cean Thompson, DDS
General Practitioner
USC, 2014
No Practice Address Listed

Minyoung Cho, DDS
General Practitioner
Loma Linda University, 2016
No Practice Address Listed

Alexa Elliott, DDS
General Practitioner
USC, 2016
Riverside

Suraj Sharma, DDS
General Practitioner
International, 1981
Riverside

Shabbir Makati, DDS
General Practitioner
New York University, NY, 2004
San Bernardino

Juhee Park, DDS
General Practitioner
Loma Linda University, 2016
No Practice Address Listed

Ladan Abolmoluki, DMD
General Practitioner
Western U, CDM, 2016
No Practice Address Listed

Davit Harutyunyan, DMD
Periodontic Resident
Western U, CDM, 2016
UCSE, 2019 (Perio)
No Practice Address Listed

Sameh Bekhit, DDS
General Practitioner
Loma Linda University, 2016
LA VA, 2017 (GPR)
No Practice Address Listed

Michael Cervantes, DDS
General Practitioner
Loma Linda University, 2016
No Practice Address Listed

Mariko Oda, DMD
General Practitioner
Western U, CDM, 2016
No Practice Address Listed

Omran Bishbish, DDS
General Practitioner
Loma Linda University, 2016
LA VA, 2017 (GPR)
No Practice Address Listed

Tammam Sheabar, DDS
General Practitioner
Boston University, 2016
No Practice Address Listed

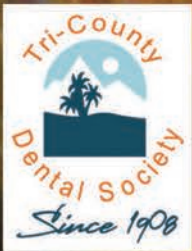
Paul Quinto, DDS
General Practitioner
Loma Linda University, 2016
No Practice Address Listed

Mitul Amin, DDS
General Practitioner
University of Colorado, CO,
2013
No Practice Address Listed

Enrique Melgoza, DDS.
General Practitioner
Ohio State University, 2016
No Practice Address Listed

Devon Lowry, DDS
General Practitioner
Loma Linda University, 2012
Rialto

William Jacobson, DDS
General Practitioner
Case Western University, OH,
2015
USC, 2016 (GPR)
No Practice Address Listed



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