



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

Connection

Lake Hemet
Summer

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What's Happening at Tri-County

Day/Date	Event Details	Day/Date	Event Details
Thur. Jul. 19	Continuing Education Program (FREE to TCDS Members & Two Staff) TCDS Office Registration/Social Hour: 5:30 PM Seminar: 6:30 PM – 8:30 PM "Tweaked, Cracked, & Loaded – A Profile of the Addicted Dental Patient" Ronni Brown, D.D.S./MPH 2 CEU's – Seating is Limited	Sat. Sep. 15	Continuing Education Program (FREE to TCDS Members & Two Staff) TCDS Office Registration/Continental Breakfast: 7:00 AM – 8:00 AM Seminar (First Half): 8:00 AM – 12:00 PM Lunch: 12:00 PM – 1:00 PM Seminar (Second Half): 1:00 PM – 5:00 PM "Transforming into the Modern Dental Practice" Todd Snyder, D.D.S. 8 CEU's – Seating is Limited
Thur. Aug. 9	Continuing Education Program (FREE to TCDS Members & Two Staff) TCDS Office Registration/Social Hour: 5:30 PM Seminar: 6:00 PM – 9:00 PM "CPR/Basic Life Support" STAT CPR Solutions 3 CEU's – Seating is Limited	Wed. Sep. 19	Board of Directors meeting TCDS Office 6:45 PM
Wed. Aug 15	Continuing Education Program (FREE to TCDS Members & Two Staff) REGIONAL Loma Linda University – School of Dentistry – Prince Hall 11092 Anderson Street, Loma Linda, California 92350 Registration/Social Hour: 5:30 PM – Rm. # 1101/1102 Seminar (Lecture Portion): 6:30 PM – Rm. # 1101/1102 Seminar ("Hands-On" Portion): 7:30 PM – Rm. # 1112 "Use and application of Sodium Diamine Fluoride (SDF)" Anna Chen, D.D.S. 2 CEU's – Seating is Limited	Fri. Oct. 5	Shredding Day (FREE to TCDS Members) REGIONAL Assistance League of the Foothill Communities 8555 Archibald Ave, Rancho Cucamonga, California 91730 12:00 PM – 4:00 PM SPACE IS LIMITED!
Thur. Aug 23	Continuing Education Program (FREE to TCDS Members) REGIONAL Crush and Brew Restaurant 28544 Old Town Front St #103, Temecula, CA 92590 Registration/Social Hour: 5:30 PM Seminar: 6:30 PM – 8:30 PM "The Dentists' Service Company – New Developments and Opportunities" Michael Perry, D.D.S. 2 CEU's – SEATING IS LIMITED TO THE FIRST 15 REGISTERED!	Thur. Oct. 11	Continuing Education Program FREE to TCDS Members & Two Staff) TCDS Office Registration/Continental Breakfast: 7:00 AM – 8:00 AM Seminar: 8:00 AM – 12:00 PM "Infection Control & the California Dental Act" Nancy Dewhirst, RDH 4 CEU's – Seating is Limited
Sun. Sep. 9	Annual Family Fun Day (FREE to TCDS Members, \$10 Additional Guests 5 & over) Fiesta Village Family Fun Park 1405 E. Washington St, Colton, CA 92324 10:00 AM – 2:00 PM	Thur. Oct. 25	Continuing Education Program FREE to TCDS Members & Two Staff) REGIONAL Western University of Health Sciences – College of Dental Medicine 795 East Second Street, Pomona, California 91766 Registration/Social Hour: 5:30 PM – Room to be determined Seminar: 6:30 PM – 8:30 PM – Room to be determined "How to Think Like a Radiologist: Improve your 2D/3D Skills" Setareh Lavasani, D.D.S. 2 CEU's – Seating is Limited





Wayne Nakamura, DDS

On behalf of Tri-County Dental Society and as president, I wish to recognize and offer my heartfelt congratulations to two very special dental school student representatives, Diana Heineken and Mahelet Negash on their graduation from the Western University of Health Sciences – College of Dental Medicine and the Loma Linda University – School of Dentistry, respectively.

I have had the honor and pleasure to interact and work with Diana and Mahelet and have witnessed their dedication and commitment to serving TCDS. Thank you for your help; I foresee a very bright future for both of you. Congratulations also to all of the new graduates from our six California dental schools: Western University, Loma Linda University, UCLA, USC, UOP, and UCSF. Best wishes for all of your continued successes and achievements.

Board Update

The TCDS Board of Directors and I have been busy! In late March, fellow board Dr. Mauricio DosSantos and I joined executive director John

Fields and membership manager Shehara Gunasekera in a very productive meeting with Robert Handysides, DDS, Loma Linda's new Dean of the School of Dentistry. Dr. Handysides was a gracious host and we left the meeting grateful and optimistic for future collaborations between Loma Linda and TCDS.

In preparation for the CDA Foundation's CDA Cares event in Anaheim on April 28-29, several TCDS members and board members received detailed instruction and certification to fabricate and deliver Larell prefabricated full dentures. These would be given to patients who had unsalvageable teeth removed at CDA Cares events six months previously. Dr. Allen Wong, a UOP professor of diagnostic sciences who traveled at his own expense from San Francisco, and TCDS past-president, Dr. Evangelos Rossopoulos, who donated the use of his office and his time, provided the didactic and hands-on instruction to the doctors who would be treating those CDA Cares patients. We couldn't have done it without their knowledge and expertise! Many thanks.

Once again, TCDS members and board members generously volunteered their time (along with many other CDA dentists from throughout California), to provide free dental care to approximately 1,950 men, women and children at the CDA Cares event, in Anaheim in April. Many of the people seeking care waited patiently in long lines for many hours to receive this gift of dental treatment and they expressed their gratitude to the volunteers. If you have

not volunteered or had the chance to participate at a CDA Cares event I would strongly encourage you to consider becoming a volunteer. In 2019 CDA Cares will be held in San Bernardino. So, mark your calendars now and join us. Having the knowledge and skill to make a difference to a person's health is a gift and a privilege many of us take for granted. The feelings of goodwill and gratitude from those we have helped more than repaid me in the volunteering of my time.

Advocacy

In May TCDS board members traveled as advocates to State Legislators representing the Inland Empire on the following four proposed bills:

Senate Bill 1008 Dental Plan Transparency: requires that commercial dental plans to disclose how much of the premium received is spent on patient care versus administrative costs or (the dental loss ratio - DLR) and to provide a summary of benefits. A study showed that 25% of all commercial dental plans spend less than 50% on patient care, with some falling as low as 10%. So the need for dental plan transparency is necessary for all to be able to evaluate dental insurance plans. This bill was supported by TCDS and CDA.

Senate Bill 1148 Silver Diamine Fluoride: requires Department of Health Care Services to pay dentists for using silver diamine fluoride as part of their comprehensive treatment plan. Silver diamine fluoride is a topical medication

used to slow down or stop dental decay in both primary and permanent teeth. TCDS and CDA support this bill.

Assembly Bill 2643 General Anesthesia Coverage: expands health plan coverage for general anesthesia provided in a dental office for children under age 7, people who are developmentally disabled, and people of any age with physical or medical conditions that require general anesthesia for the provision of dental care. TCDS and CDA support this bill.

Assembly Bill 3087 Provider Rate Regulation: establishes a state government commission of 11 political appointees to set provider payments based on a percentage of Medicare rates.

TCDS and CDA along with physicians and hospitals strongly opposed this bill because 1) It does not address the underlying health care cost drivers, and 2) It decreases access to care due to fee limitations that may cause an exodus of health care workers and hospital closures from California.

As of this newsletter's deadline date, this bill has been shelved in the Appropriations Committee with the likelihood that it will not receive any funding and therefore will die in committee. This rejection is a strong testament and example of the importance of organized dentistry through your membership in TCDS and CDA. The power and influence from CDA and the combined 32 components was able to inform state legislators of the flaws and nega-

tive ramifications of this bill.

Our annual convention, CDA Presents, May 16 to 19 in Anaheim, allowed TCDS the opportunity to sponsor and host a hospitality suite at the Hilton Hotel for members, and staff, board and committee members to meet and network.

Committee Updates

Membership Committee: Led by Dr. Michael Mashni, the committee is considering the following suggestions to improve upon the Hospitality suite experience for 2019. Suggestions include: earlier hours on Friday and Saturday, chair massages, TCDS photo backdrops social media exposure, and continuing education and membership signs for increased awareness and exposure of upcoming events. The membership committee also discussed the possibility of hosting more regional events such as shredding events in Palm Springs and Rancho Cucamonga - and more member networking opportunities, e.g., bowling and casino nights, are being considered.

The Continuing Education Committee: Chair, Dr. Katherine Cooke shared with us potential topics and speakers for this year and next. In late 2018, the committee will offer a hands-on course for Silver Diamine Fluoride, its benefits and use. Looking to 2019, a dental business MBA program consisting of four courses, and an Academy for Sports Dentistry(ASD) hands-on course on mouth guard fabrication taught by two former ASD presidents are scheduled. The committee is currently considering and evalu-

ating 1) a full day lecture featuring an internationally known expert on TMJD and occlusion and 2) a dental company-sponsored, hands-on materials course. and 3) to host the required infection control and California Law course at additional locations, i.e., Palm Springs and Temecula. Dr. Cooke has been doing fantastic work on next year's Continuing Education Programs and wishes to remind all members that all of our CE courses are at no charge to our members and to two of their staff members. It's another added benefit of your TCDS membership! I encourage you to take advantage of it!

I hope you all enjoyed a wonderful July 4th holiday and I wish you a great Summer.

Dr. Wayne Nakamura

President, Tri-County Dental Society



Are you good enough.....



Dan Jenkins DDS, FIAPA, CDE-AADEJ

of the professionals in the first round!

Up until last year Rafael Nadal was coached by his Uncle, Toni Nadal. "Uncle Toni" was interviewed last year after Rafael won his tenth French Open. Concerning his coaching over the years of Rafael he said he had spoken to him after Rafael's early successes and had said, "It is difficult to improve when you are completely satisfied."

Uncle Toni knew that while Rafael had been winning many tournaments he could be better – he could improve. But, he knew that if Rafael was satisfied with where his game was at then, he would not feel he needed to improve his play. He might have been feeling he knew enough and could play well enough as he was at the time.

match when we face it again.

The State of California requires us to complete fifty-two hours of continuing education with each license renewal. There are topic requirements such as California Law and OSHA. However, there are no requirements for the quality of the CE taken. So many dentists seek to find the cheapest, or even free, CE courses – no matter how boring they may be or whether they really learn something or not. Unfortunately, many dentists do this due to the increasingly high overhead of a private practice or the low, or no, pay received from an associateship that would allow them the finances to pay for better CE. I do encourage all of us to evaluate the advantages of free CE – especially those presented by commercial endeavors who might want you to purchase their products or services. There is that old saying, "You get what you pay for!"

For those of you who have read my editorials for the Tri-County Dental Society and submit my ramblings to memory you will remember my comparing dentistry to the game of Tennis. One of my main comparisons was the uniqueness in sports in that the opponents help each other warm up prior to a match – just as

**"It is difficult to improve when you are completely satisfied."
Uncle Toni Nadal**

dentists help each other from time to time. Today, as I watched the French Open tennis final match, won by Rafael Nadal, another comparison came to my mind.

Rafael Nadal has now won the French Open eleven times. No one would dare say he does not know how to play tennis. The remarkable thing is that over the thirteen years since he won his first French Open, he does not play tennis the same way he did at first. Yet, to win the French Open has been the goal of many professional tennis players and I'd dare say that any of them would deem themselves successful tennis players to win just one final. (I'd consider myself a success if I even won one point off any

When we graduate from dental school we may feel like we have learned enough about dentistry. When we receive our license, we may feel like we are good enough to be a dentist. After practicing a few years we may feel confident enough that we don't feel we have to learn anything more – we're good enough.

Of course, just like Rafael Nadal found out, we might lose a "match" from time to time and wish we knew more. This may be a difficult case or a difficult patient – or, a difficult insurance claim. Thus our reaction to any failure we may have we should take that as inspiration to accept that we were not "good enough" for that situation and then seek out the education we need to win the

Personally, I have paid over \$1,000/per day for CE I felt was needed to improve my game – and, it paid for itself in financial rewards as well as rewards in confidence.

The Tri-County Dental Society presently is making available many CE courses –and all the courses are "FREE" to TCDS members and two of their staff. The truth is, you are still paying for them. These CE courses are paid for from the dues collected for membership in the ADA, CDA and TCDS. The TCDS board felt it would be worthwhile to our members. These are quality courses. TCDS has the unique position of being near two dental schools with many educated and experienced specialists and researchers to present topics important to each den-

tist. In addition to local experts, other renowned experts have been asked to make presentations.

I encourage each member to take advantage of the many CE courses on the schedule – check the TCDS.org website. You have already paid for all of the courses – get your money’s worth!

So, what is your answer to my question in the heading? Are you good enough? No! Do not be completely satisfied with where you are.

I wish you success and peace.



Picture I took of Rafael Nadal and Uncle Tony Nadal on the practice court at the 2016 U.S. Open Tennis tournament in New York, NY.

"Roll Out Those Lazy,



John C. Fields

Fifty five years ago, back in good ole 1963, Mr. Nat King Cole released an album and title song called, "Roll Out Those Lazy, Hazy, Crazy Days of Summer!" It seemed the perfect title for this article, as TCDS moves into this new season.

TCDS has a busy summer and fall planned with many excellent opportunities for our members to take advantage of a variety of FREE informative programs and interesting events. This year we will be expanding our approach to regionalize our services. What does this mean for you? For starters, Riverside is no longer the center of the universe when it comes to membership activities (such as Shredding Events) or FREE continuing education. All these programs will begin to be offered in other Tri-County cities, including: Temecula, Palm Springs, Victorville, and Pomona.

And this year we've sweetened the pot even more, providing FREE CE programs to, not only our TCDS members, but also to two of their staff members. In case you haven't noticed, we've expanded our FREE continuing education into 15 programs per year and we've already begun regionalizing them as well. If you consider that the value of each of these 15 programs is at

least \$50, then you have FREE access to \$750 worth of CE on an annual basis. That's nearly double the \$390 per year our members pay in annual dues to TCDS. In addition to the 12 programs we offered (or will be offering) from our TCDS office this year, we have scheduled three others to reach out to our TCDS who live outside of Riverside. These regional programs will include:

- A 2-hr. "hands-on" course covering the use and application of Sodium Diamine Fluoride (SDF) to be presented at **Loma Linda University on Wednesday, August 15** by Dr. Anna Chen.
- An exclusive 2-hr. seminar covering all the new developments and financial benefits of The Dentists' Service Company (TDSC) to be **presented in a private dining room at the Crush & Brew Restaurant in Temecula on Thursday, August 23** by Dr. Michael Perry. (Limited to the first 15 registrants)
- A special 2-hr. course covering Dental Radiology to be **presented at Western University of Health Sciences on Thursday, October 25** by Dr. Setareh Lavasani.

Congratulations to TCDS Immediate Past President Dr. Judy Wipf and Dr. Dan Jenkins, TCDS Editor of this publication, who were recently inducted as fellows into the Pierre Fauchard Academy. They join the ranks of other TCDS members who are fellows of this prestigious organization. These include: Dr. Leif Bakland, Dr. Michael Boyko, Dr. John Brown, Dr. William Coffman, Dr. William Domb, Dr. Butch Ehrler, Dr. Mervin Ellstrom, Dr. Arthur Forrest, Dr. Louis Herbers, Dr. Gerald Middleton, Dr. Michael Miller, Dr. Richard Rynearson, Dr. David Secombe, Dr. Philip Shaver, Dr. Robert Stevenson,

Dr. Daniel Tan, and Dr. Myron Winer.

According to the Pierre Fauchard Academy website, the academy is an honorary dental service organization that was founded in 1936 by Dr. Elmer S. Best, a Minnesota dentist. Troubled by the proprietary nature of many dental publications, he wanted to help the profession gain control of its own literature and assure its independence from commercial interests. His passionate concern for the search for knowledge and the raising of professional standards laid the ground work for the beginning of the Academy. This attracted outstanding dental researchers and teachers to its ranks and led to a continuing role in fostering dental science.

The Academy is named after Pierre Fauchard of France (1678-1761), who is recognized as the "Father of Modern Dentistry" for raising dentistry to a profession. He wrote a book named "Le Chirurgien Dentiste au Traite des Dents" which was the first true textbook of dentistry. The Constitution of the Pierre Fauchard Academy laid out a series of objectives honoring Dr. Best's focus on integrity and ethics. An objective adopted by the Academy awards distinguished members and role models for their contributions to the field of dentistry. A primary objective at the time of its founding, to help the profession take control over its own literature, still remains an important activity of the Academy. This includes the publication of **Dental Abstracts**.

Once again, according to the website, "Our mission as Fellows in the Pierre Fauchard Academy is to recognize and grow leaders in the dental profession, their communities and society. We accomplish this by consistently focusing on pro-

Hazy, Crazy Days of Summer!"



professionalism, integrity, and ethics worldwide, by our own conduct as worthy role models, by the advancement of dentistry to the highest level, by supporting and honoring colleagues for their distinguished work, research, contributions, and public service, and by providing excellence in programs, education, and leadership in oral health care."

Fellowship in the Academy is by nomination and is designed to honor past accomplishments in the field of dentistry and encourage future productivity. Professional leaders select fellows based on contributions to dental literature, service to the profession of dentistry, and service to the general community, thereby bringing credit to dentistry, are among the criteria sought in recruiting new members. The Academy has its own publication program with *Dental World* and *Dental Abstracts* and has always encouraged its fellow members to contribute to dental education and dental literature. Through its Foundation, it offers financial support to various dental projects that increase access to care for underserved populations and scholarships to dental students.

The Pierre Fauchard Academy is currently comprised of over 10,000 Fellows divided into 120 sections, 55 in the United States and another 65 in many other parts of the world, including South America, Europe, Asia, Africa and Australia. The membership is comprised of dentists who are among the most outstanding leaders in various fields of dentistry. Fellowship is by invitation only and must have the approval of the Section in which the candidate resides or practices.

The Academy is administered by a Board of

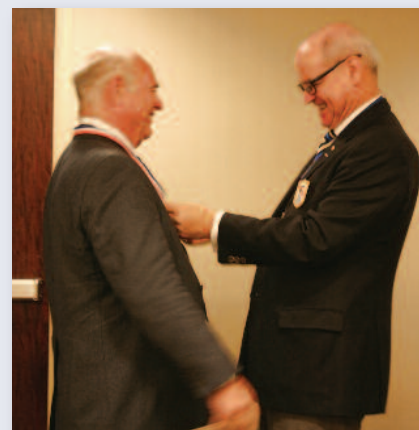
Trustees consisting of four Officers and ten Trustees from around the world. Each section organization includes a Chairperson and such other officers or committee members as the Section may elect. The administrative office of the Academy is located in Logan, Utah, U.S.A.



Simon Hong from Western U and Wendy Gegorius from LLUSD receive Teachers of the Year honors from PFA



Kevin Fang, Western University and Dimitri Haber, accepting the award for Austin Owen, LLUSD), display the Pierre Fauchard Foundation Student Awards.



Dan Jenkins receives his PFA lanyard from PFA International President, Richard Sawers.



Judy Wipf with Southern California, PFA Chairperson, John Taylor.



CDA Executive Director, Peter Dubois received his PFA Honorary Fellowship from Denise Hapjan, Past Chair PFA Southern California Section and John Taylor, Chair, PFA Southern California Section.



by, Joan Dendinger, DDS

Peer Review....Stay Safe Out

uing education and peer review. Before I stray too far into a dissertation on the value of membership in organized dentistry, I would like to concentrate on the benefit of Peer Review, to provide guidance on how to avoid it and explain how it works should you find yourself on the proverbial hot seat.

Peer Review is arguably the benefit of mythical proportions. We like to believe we police ourselves in order to protect the public from bad actors who might besmirch the profession. The

1% of the membership, and that is a high percentage when you compare it to other components that go years without one case. The statewide average is closer to .2% of membership. It is unarguably an expensive benefit. The average administrative cost for a single case opened is close to \$4,000, and if it proceeds through to a full evaluation, the cost is over \$8,500. Quite often, the costs to evaluate a claim, when looking at administration and staff hours, is much more than the amount disputed. Peer Review cases have ranged between \$290

"Peer review is not a disciplinary program."

Q

uick, off the top of your head: "Why do you belong to the dental society?" What are the benefits of

membership? If you take your time, you can give an eloquent dissertation on how the American Dental Association has been the force over time that elevated the dental trade to a highly respected profession; advocating for research into best methods and best materials; how the ADA has maintained the accreditation of dental schools to best serve the public by insuring well-educated dentists. You can mention how CDA came to the rescue in the 1980's when there was a crisis in the professional liability market and we created TDIC. You can talk about federal and local lobby efforts regarding issues like water fluoridation. We are the good guys! But, why do you belong? Frequent snap answers are contin-

public demands "someone" come to their aid when they have been harmed, but whom? The Dental Board? The Dental Board is tasked with investigating violations of the Dental Practice Act and does not facilitate refunds to patients. The patient can sue. If it's a big deal, a lawyer will take the case, but only if there is something in it for the lawyer. The patient's alternative, could be Small Claims Court if the damages are less than \$10,000. Try defending your perfect margins to a judge with no dental background! I shiver to think about it. Peer Review is like a first line of defense for resolving treatment disputes and, as such, it quite possibly keeps your TDIC premium lower.

So, why do I say it is of mythical proportions? Last year TCDS had 18 Peer Review cases. We have close to 2,000 members. That is less than

settlements to \$48,000. A portion of our annual dues goes toward funding this program. But for this investment, we can enjoy knowing CDA has our back if a case is brought forward. Peer Review is there to help when communication between patient and dentist becomes too difficult. Which way do Peer Review decisions tend to fall? After weeding out about one third of complaints that are not appropriate for review, the outcomes for evaluative review are about 50/50 in favor of the patient and dentist.

Efforts to reduce costs have been made, and continue to be investigated. Mediation is now part of the process, in which trained staff at CDA talk to patients and doctors and see if dollars refunded would make everyone happy. If an agreement is reached, the patient signs a settlement agreement and release, which provides

There!

protection for the dentist. Going through an evaluative review is both time consuming and gut wrenching. For some members, providing a goodwill refund and being able to resolve the issue quickly and be protected is worth it. Mediation holds great promise and is already solving many cases, but it is not the same as Peer Review. In mediation, no evaluation is made regarding the merits of the complaint.

If no resolution is reached in mediation, the case will move forward to evaluative Peer Review – the traditional process most of us are vaguely familiar with. Records are collected from the dentist under review and any other dentists the patient has seen. Those records are reviewed by the local panel of at least three trained volunteers. The patient is given an ap-

pointment to be examined and the dentist has an opportunity to be interviewed. The Peer Review trained examiners review the treatment in question based on CDA's Quality Evaluation Guidelines. Dentists performing the evaluation fill out standardized forms and describe exactly what they see. All that data is distilled into a decision, and everything is sent to be reviewed by a member of the CDA Council on Peer Review.

Recently the CDA Board of Trustees discussed the possibility of reducing the Peer Review program in favor of informal mediation. They voted overwhelmingly to continue mediation and peer review evaluation.

Peer Review is not a disciplinary program. It is

an alternative dispute resolution program. Peer review has the option of referring a dentist who does not comply with a request for records, a request for a refund, or for rendering grossly unacceptable treatment to Judicial Council, but these instances are rare.

What are the biggest lessons I have learned as a Peer Review examiner and Council member? Document, document, document, and keep communicating. I have hardly read a single patient complaint that did not stray into the "Susie at the front desk was rude to me," or "The doctor didn't care when I told him it hurt," or "My bill was never right" neighborhood. A recent case landed at CDA with a 300 page tome of the patient's complaint. Really?



ADA

Video Of Pediatric Dentist's Magic Tricks For Patient Goes Viral.

The [ADA News](#) (6/6, Manchir) reports that "Dr. Eyal Simchi and his staff regularly post videos on Facebook of cheerful interactions he has with patients at his pediatric practice." While his videos usually receive a couple thousand views, a recent video that he and his office manager Rachel, who is also his wife, posted in late May has gone viral, with more than 35 million views. The video shows Dr. Simchi using "magical" thumb lights to mesmerize a two-year-old patient. Dr. Simchi and the [video](#) have received positive coverage from numerous outlets, including [NBC Nightly News](#). When asked what suggestions he has for dentists who may hesitate to treat children, Dr. Simchi recommended trying to understand how children think. "Get on their level. Find out what works for them," he said. "Kids are not always like little adults. They have to be spoken to differently. I sit on a little chair and talk to them eye-to-eye."

The video making the rounds sits on the homepage of Dr. Simchi's practice website, [riverfrontsmiles.com](#). To see other videos of Dr. Simchi with patients, visit [Facebook.com/RiverfrontSmiles](#).

Mandatory e-prescribing is growing – what about California?

POLITICO Morning eHealth

Mandatory e-prescribing comes into its own
By [ARTHUR ALLEN](#)

06/04/2018 10:00 AM EDT

With help from Darius Tahir and Mohana Ravindranath

WHY THE OPIOID CRISIS IS GOOD FOR HEALTH IT, CHAPTER TWO: Our sector is starting to look like Exhibit A in the lecture about how crisis can lead to technological innovation. We've already described how the legislative struggle with opioid



overdoses has led to [expansion of telemedicine](#). Well here's a second area of our beat that's been chivvied along by fear of opioids: electronic prescribing of controlled substances.

... With state legislators, some pharmacies and health systems leading the way, and Congress following in the slipstream, the move to e-prescribing is accelerating nationwide.

... Such digital transmissions have only been legally possible since 2010, but with the opioid crisis continuing to batter the country, policy-makers and the health care sector have become increasingly intrigued by routing prescriptions through electronic pathways, our Darius Tahir reports this morning. Only 21 percent of controlled substance prescriptions were delivered

electronically in 2017, according to Surescripts, a national e-prescription network, but that's up from 11 percent just one year earlier.

... It's easier and cheaper to control prescriptions sent digitally rather than by paper, says Geisinger's chief pharmacy officer, Mike Evans. His hospital system has mandated e-prescriptions for controlled substances, and is preparing to expand that to all pharmaceuticals, controlled or otherwise, by the summer.

... The mandating of e-prescriptions received a kickstart from the New York legislature in 2016, and Arizona, Iowa and North Carolina have since passed mandates scheduled to take effect in the coming years. Walmart announced May 7 that it would require e-prescriptions for opioids by 2020.

... Both chambers of Congress have introduced the Every Prescription Conveyed Securely Act of 2018 (hr3528), which requires e-prescriptions for controlled substances in Medicare Part D by January 1, 2020; the House version was approved by voice vote in the Energy and Commerce Committee May 9. The Senate version is still in committee. Read the details in Darius' story [here](#).

"My broken, decaying teeth are fixed and I can eat again."

Will you see ONE to CHANGE a life?
WillYouSeeONE.org

You can *change* a life

From clearing up painful dental infections and being able to eat again to rejoining the workforce – volunteering with Dental Lifeline Network's Donated Dental Services program will make a life-changing difference for the people we serve.

Dental Lifeline Network

About this issue's cover...

Fred Lamb has designed and published Tri-County Dental Society's Bulletin, now the Connection, since 2001. Evolving from his successful career in advertising and graphic design, Fred became an avid landscape photographer and has melded his photography skills with his graphic arts talent to master an emerging art form... Photographic Art, which utilizes proprietary digital techniques developed over the past 20 years to achieve a soft water color look. Fred's landscape portfolio can be seen at [fredlambartprints.com](#)

This issue's cover captures the landscapes of Garner Valley in mid summer.

Disappearing act: Has your employee abandoned you?

Disappearing act: Has your employee abandoned you?

(This article first appeared on CDA website:

www.cda.org/NewsEvents/Details/tabid/146/ArticleID/4333/Disappearing-act-Has-your-employee-abandoned-you.aspx)

Employees miss work for myriad reasons, but what happens when an employee is a no-show and has not communicated with the employer about his or her absence?

There are no telephone calls, emails or texts — the employee has made no contact of any kind with the employer. While this can be a frustrating situation, it is not a “free ticket” to terminating the employee.

Job abandonment occurs when an employee does not intend to return to the job and has not notified the employer of his or her intention to quit. But because job abandonment has no legal definition, it is helpful if job abandonment is defined in a practice policy. Neither California nor federal law regulates the amount of time an employer must hold a job open for an employee who neither appears for work nor calls in to explain their absence.

“As the employer, your actions are controlled only by your practice’s policy,” says Michelle Corbo, HR practice analyst with CDA Practice Support.

Ideally, every employer has an employee handbook that contains clear attendance and communication policy expectations. And ideally, employees will have acknowledged these expectations and will follow them when the need to be absent from work arises. This generally allows employers to adjust schedules to accommodate the absence. Employers should develop a policy that clearly states the consequences of no-call, no-show behavior by defining how many days of absence will be considered job abandonment. In California, three no-call, no-show days are commonly considered job abandonment. But whatever the number of days established by practice policy, the employer has a responsibility to try to make contact with the absent employee and to document all attempts to do so, as there are situations, described below, that may prevent employees from following practice policy. Why do employees abandon their jobs?

Common reasons for job abandonment include the employee is too embarrassed or afraid to resign in person, the employee has received a better offer with another employer and the employee is unable to



meet the job requirements.

However, job abandonment and voluntary termination of employment can also occur when an employee is unaware of the employer’s absenteeism policy. The employee may not even fully realize how their absence from work will affect their employer. “Give your employee the benefit of the doubt,” Corbo says.

And occasionally, but importantly, medical situations, incarceration, natural disasters and other situations of personal crisis do occur that can prevent an employee from making timely contact. Prior to terminating employment, employers should consider that the employee may be protected under the law by, for example, paid sick leave, protected family or medical leave (FMLA/CFRA for employers of 50 or more), school or child care leave or victims leave.

While the employee certainly could be disciplined for failure to follow practice policies on attendance and communication, termination should be a last resort in the above situations.

As a best practice, employers should indicate in their employee absence/job abandonment policy that exceptions may be made for emergencies. Communication protocols should be established as part of this policy. A well-defined communication policy includes who to contact and what methods of contact are acceptable, e.g., emails, texts or telephone calls. Employers should keep up-to-date emergency contact information in the employee’s personnel record and should follow practice attendance, discipline and termination policies consistently. As part of any new policy or handbook update, employees should be required to read and acknowledge the job abandonment policy.

Some absences are protected by law, and there are no one-size-fits-all answers to situations that arise. It is advisable to seek advice from an employment attorney prior to initiating any employee termination. CDA Practice Support has several resources to assist employers with developing practice policies and managing employees, including a Sample Employee Manual (updated in March 2018), Notice to Employee: Change in Relationship, Termination Checklist and Practice Policy Revision: Employee Acknowledgement Template.

For the resources cited in this article, visit cda.org/practicesupport. Or submit an employment related question via the “Ask an Expert” link to receive a response from HR Practice Analyst Michelle Corbo within one business day.

Science News



University of Pennsylvania School of Medicine. "Half of hepatitis C patients with private insurance denied life-saving drugs: Both private and public insurers continue to deny coverage for drugs at high rates." ScienceDaily. ScienceDaily, 7 June 2018. www.sciencedaily.com/releases/2018/06/180607082608.htm

The number of insurance denials for life-saving hepatitis C drugs among patients with both private and public insurers remains high across the United States. Private insurers had the highest denial rates, with 52.4 percent of patients denied coverage, while Medicaid denied 34.5 percent of patients and Medicare denied 14.7 percent.

Researchers from the Perelman School of Medicine at the University of Pennsylvania reported in a new study published in the journal *Open Forum Infectious Diseases*.

June 8, 2018

Desensitizing gel for bleach-induced tooth sensitivity will not harm whitening

Desensitizing gel made with 5% potassium nitrate and 5% glutaraldehyde can lower the risk and severity of dental sensitivity without harming whitening results. The finding is from a study published in the April issue of *The Journal of the American Dental Association*.

Authors designed the triple-blind clinical trial to measure the risk and intensity of bleaching-induced tooth sensitivity (TS) by using a desensitizing gel made with potassium nitrate and glutaraldehyde. The study was a split-mouth, placebo-controlled, randomly controlled trial with an equal allocation ratio.

A total of 42 study participants were at least 18 years old and did not report any type of TS.

Researchers used desensitizing gel made with 5% potassium nitrate and 5% glutaraldehyde in a hydroxyethylcellulose gel. The placebo was the same but without the desensitizing agents.

All patients received the same bleaching treatment. Researchers first isolated the gingival tissue of bleached teeth, then light-cured them

from Research organizations

for 10 seconds. They placed a light-cured gingival barrier between the central incisors to prevent contact between the gels.

Operators placed the gel made with 5% glutaraldehyde and 5% potassium nitrate in 1 side of the maxillary arch and placebo gel in the other side, and then left them undisturbed for 10 minutes. The gel was applied on enamel, not dentin.

Operators agitated each dental surface with a rubber cup mounted in a slow-speed hand piece for 10 seconds, and then removed the gels with an aspirator tip and water rinsing. They bleached both sides of the patients' maxillary arches with a 35% hydrogen peroxide gel in 3 separate 15-minute applications in accordance with the manufacturer's directions. Researchers refreshed the in-office bleaching agent every 15 minutes during the 45-minute application period. They performed 2 bleaching sessions 1 week apart.

Researchers used a numeric rating scale and a visual analog scale to measure TS intensity for each side of the maxillary arch. They used a digital spectrophotometer and a value-oriented shade guide to measure color.

Researchers recorded color at baseline, 1 week after the first bleaching session, 1 week after the second bleaching session, and 1 month after the end of the bleaching treatment. Because researchers waited a week after each session to measure color, dehydration and demineralization were not a factor.

The researchers compared the absolute risk of developing TS for both groups with the use of the McNemar test. They calculated the relative risk, the 95% confidence interval (CI) for the effect size and the number needed to treat. They also compared bleaching-induced TS intensity (numeric rating scale data) of the 2 groups at each assessment points with the Wilcoxon signed rank test.

Researchers found a statistically significant difference ($P < .0001$) in the risk of developing bleaching-induced TS between the desensitizing gel group (31.7%, 95% CI, 19.6 to 46.9) and the placebo group (70.7%; 95% CI, 55.5 to 82.3%). They also noted a statistically significant difference ($P < .001$) in pain intensity in the first 24 hours. They found no statistically significant difference in color change between teeth treated with desensitizing gel or placebo. [Read the original article here.](#)

Become a Donated Dental Services Volunteer

Join Dr. Jerry Middleton as a volunteer with the Donated Dental Services (DDS) program! Dr. Middleton has been a volunteer since 2004, and is a member of the Dental Lifeline Network • California Leadership Council. As a DDS volunteer, you will improve the oral health of people with disabilities or who are elderly or medically fragile and have no other way to get help.



Dr. Middleton shares more with DLN about why he volunteers:

DLN: Why is DDS important to you?

Dr. M: If I can eliminate [a DDS patient's] dental disease and give them a confident smile, they have one less thing to worry about. Many of them have medical issues for which they cannot receive care due to their dental disease. If I can contribute in any way to help relieve their suffering, I'm happy to help.

DLN: Was there a particular moment that made you realize why you volunteer with DDS?

Dr. M: There have been so many times that I have realized why I do this. The hugs and tears of many grateful patients.

DLN: Why should other dentists volunteer with DDS?

Dr. M: The profession of dentistry has been very good to me. I've been able to live a healthy comfortable life doing what I enjoy doing. I feel it's the right thing to do; give back to the profession that has given so much to me by helping those most vulnerable in need.

DLN: Why do you think in California it is especially important for programs like DDS to exist?

Dr. M: With a Denti-Cal system that is so poorly funded, there are so many people in need of treatment with no means of accessing it. Without this program and others like it, there would be a lot more individuals suffering unnecessarily. Still there are plenty. In our area

alone, we have a waiting list of patients in dire need of care with not enough providers to give it.

DLN: What has your experience throughout DDS brought to your office as a whole?

Dr. M: These patients are a joy to work with. Our team loves working and interacting with them. They are so grateful for the care we give.

DLN: What would you say to another dentist who is considering volunteering for DDS?

Dr. M: Please do. You won't regret it. Just try one patient. You'll see for yourself how rewarding this experience is. Then you'll want to see another.

Will you see one patient through DDS? Join California's network of 578 volunteer dentists and 339 volunteer laboratories who have provided care to over 2,100 patients since 1995. For more information and to sign up to volunteer, visit WillYouSeeOne.org.

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TCDS Membership Status Report

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Retired	23
Life Retired	183
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Faculty	49
Disabled	10
Military/Public Health	3
Provisional (not counted by CDA)	0
Hardship	3
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Pending Applications	11
TOTAL	2582

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From the Social Media



Oh you mean a dental hygienist or dental assistant because you aren't old enough to be a dentist.

I go to so and so dentist and my entire family goes to him but, his charges are so expensive. Can you offer me a discount?

Oh ... I go to Mexico for my dentistry.

Where do I practice and when did I graduate.

They close their mouth or inquire about insurance.

Invariably they will tell how gruesome and scary, it is for them to visit the dentist!

"I am a dental student"

"Oh. Like, to become a hygienist"

"No. Like to become a dentist"

"Oh, I hate the dentist" or they show me a tooth in the front, or ask me where my practice is."

They mention some distant relative on the other side of the country who is a dentist and ask if I know them.

How old are you? (They couldn't believe I am really a dentist.)

I usually say I'm a porn star. It's less awkward.

They close their mouth...

My dentist husband tells them he's in construction.

Nothing personal, but I hate the dentist. I reply often... I feel the same way, I hate most patients. That breaks the ice.

When meeting people socially for the first time, what's the most common reaction you get when they learn you are a dentist?

I once was mistaken for "the wife of a dentist" and that I don't have to work, that I stay home and have all kinds of time to volunteer to do the 'fill in the blank' at school. Oh the look on their faces when I said "No, I work full time, I am a dentist too." My husband is also.

So, you remove six month old spaghetti in between teeth?

My wife and I try not to tell sales-people I'm a dentist, because as soon as it comes out I see dollar signs in their eyes.

I try to avoid leading the conversation that way, and sometimes I don't tell them. Some of my friends only found out 4 years after they met me.

Oh you mean a dental hygienist or dental assistant because you aren't old enough to be a dentist.

You look like you just graduated high school.

They say omg you've probably been staring at my teeth this whole time

I hear the "Why I hate the dentist." story.

You know when I went to my last dentist-she charged me \$400 for a crown! And, I have insurance! How much do you charge

I'll avoid the question because I have zero interest in having a conversation about dentistry with people not in the field.

Bartender asks me what I go to school for. I say I'm in dental school then he BENDS OVER the counter to show me where he's getting his implant placed the following week.

I presumptively do exams and hand out cards to avoid annoying questions? Why do people feel obligated to say they'll come to your office when they meet you? Who needs them?

Their jaw drops.

The efficacy and uses of silver diamine fluoride in older adults

An estimated 19% of the U.S. population will be 65 years or older by 2030. Untreated coronal tooth caries is present in 19% of community dwelling seniors in the United States. Silver diamine fluoride (SDF) is an emerging caries preventive management strategy that is cost-effective, safe, and readily available. Although SDF has been shown to be efficacious in caries prevention and arrest in children, few randomized controlled clinical trials have been published regarding its effectiveness in older populations. A study was conducted as a systematic review to evaluate the use of SDF for root caries prevention and arrest in older adults. The results were published in the July 2017 issue of Gerodontology.

<https://onlinelibrary.wiley.com/doi/full/10.1111/ger.12294>

On August 15th a seminar and hands-on workshop will be available to TCDS members and two of their staff at no charge. The course will be in Prince Hall on the LLUSD campus. This will be presented by Jung-Wei “Anna” Chen, DDS, MS, MS, PhD, program director, Advanced Specialty Education Program in Pediatric Dentistry, at LLUSD.

This program is a real opportunity for TCDS members to learn from a real expert on Silver Diamine Fluoride uses in your office – and, receive hands-on training for yourself and two staff members. If you are not providing this valuable service for your patients to help them reduce sensitivity and caries issues you may be losing out on production while your patients are losing out on preventive care.

If you have questions about this seminar, contact the TCDS office. www.tcds.org or call (951) 787-9700

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Hwuk Chan Woo, DDS
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Jessica Wyrstok, DDS
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No Practice Address Listed

won kyung Yang, DDS
General Practitioner
LLU/SD, 2018
No Practice Address Listed

Ody Zuma DDS
General Practitioner
LLU/SD, 2018
No Practice Address Listed



Help is one call away.

The CDA Well-Being Program

If someone you know or love may have an alcohol or chemical dependency problem, contact a support person near you for 24-hour confidential assistance.

Southern California Well-Being Committee

818.437.3204 (cell)

Tri-County Dental Society

951.787.9700

California Dental Association

800.232.7645

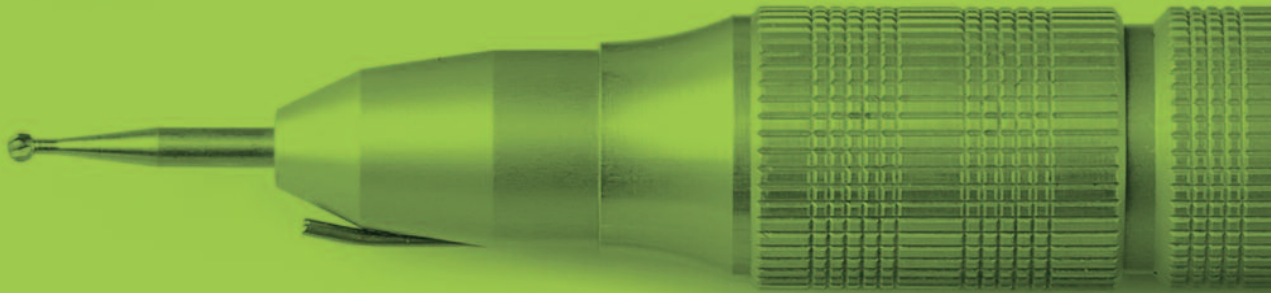


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