APEX

Publication of the Stanislaus Dental Society

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Practice Support
You Asked For It!

Also Inside: Opioids-What to do, What to do?

Content

Articles

Backyard

Published by the Stanislaus Dental Society

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Your contributions in the form of articles, photos and/or ideas are greatly appreciated. The APEX editorial staff is interested in articles of general membership interest. This can include an accomplishment, interesting hobby, innovative idea, volunteer effort, etc. Please feel free to submit an article or call for an interview. All articles are subject to editorial review.

Presidential Pondering

Dr. Dean Brewer, SDS President

When I first got involved with organized dentistry, I had no idea how such organizations were impacting me directly. I joined Stanislaus Dental Society as the Continuing Education Chair in 2011 with the view that getting involved and joining SDS, CDA, and ADA was just the right thing to do. Boy has my experience been rewarding and eye-opening! Did you know there is a concentrated attack on the way we do business? As most of you know, the most recent battle CDA has been fighting involves Delta Dental and their attempted fee reductions. While we have won a short-term legal victory, you can bet that Delta is not going to give up so easily.

We are at a crossroads in the profession of dentistry. If we roll over and let dental benefit plans dictate how we practice, the model of the solo practitioner will die, just as it did in general medicine. This year, as I close out my term as president of Stanislaus Dental Society, I want to make sure you are informed about what SDS, along with CDA, is doing to protect your way of business—and also how you can help.

We need to stand together with the CDA in this long-term fight over autonomy and freedom to practice quality dentistry, particularly for those who choose to be providers of Delta's dental benefits. And Delta is certainly not the only dental benefit company whose reimbursements are either dropping, or are incompatible with providing quality dental care while still operating a successful sole provider practice.

Dental benefit plans became widely accepted in the 1970's. The maximum annual coverage was about $1,000 at that time. Dental premiums have consistently and massively risen since then without a corresponding rise in coverage. By comparison, medical plans must spend 80 percent of premium dollars on patient care—no such requirement exists for dental plans. As a result, many plans spend less than 50 percent of premium dollars on patient care, with some spending less than 4 percent!

Recently, CDA has created a task force to specifically research and propose recommendations on how to best combat the unfriendly landscape of inadequate dental reimbursements from dental plans.

CDA is sponsoring SB 1008 by Senator Nancy Skinner, which addresses ensuring adequate value from commercial dental plans. The opposition to this bill by dental plan providers is sure to be extraordinary, so CDA is asking its members to visit www.cda.org/sb1008 and fill out a form to submit a letter to their state senator supporting the legislation.

Specifically, SB 1008 would:

· Require all commercial dental benefit plans to provide their beneficiaries with a uniform summary of benefits and coverage – showing how much the plan spends on patient care along with other plan details, including its limitations, exceptions and anticipated out-of-pocket costs for the patient.

· Enact a "dental loss ratio" (DLR) standard, requiring dental plans to spend at least 70 percent of premium revenue on patient care (as opposed to administrative overhead costs).

It's time to stand together and fight. Organized dentistry is our best, last hope to preserve the model of dentistry that best serves us and our patients.

Consider becoming involved and joining the fight. Stanislaus Dental Society is heavily involved in CDA and is highly respected by the other components. Did you know that we have had more CDA Presidents come out of SDS than any other component? We are starting the search for a new board member for 2019; maybe that could be you! Another way to become involved is to join us as the Community Health Chair, a rewarding position that helps us give back to the residents in our local area.

Thank you for the opportunity to serve our profession on a local level, and thank you for supporting the Stanislaus Dental Society!

The objective of the Stanislaus Dental Society shall be: "To encourage the improvement of the oral health of the public, to promote the art and science of dentistry, to encourage the maintenance of high standards of professional competence and practice, and to represent the interests of the members of the dental profession and the public which it serves."

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Welcome to the Newest Members of the 2018 Stanislaus Dental Society Committee Chairs!

Media Chair
Elizabeth Demichelis, DDS

Dr. Demichelis is a Past President of the Stanislaus Dental Society and serves as the President of the Stanislaus Dental Foundation (SDF). She is an elected state representative to the ADA House of Delegates and was inducted as a member into the International College of Dentists and the Pierre Fauchard Academy as well as the American College of Dentists. Dr. Demichelis is also proud to serve as a member of the CDA Cares Management Team. Her areas of interest are cosmetic dentistry and implants and most recently clear aligner therapy (invisible braces).

In her spare time Dr. Demichelis is active in the Modesto Sunrise Rotary. You can usually find her serving breakfast at the Salvation Army with her fellow Rotarians every fourth Saturday. Dr. Demichelis also gives back to the community by conducting third grade dental screenings and dental talks at some of the local schools and coordinating dental treatment for the local Salvation Army Dental Clinic. Dr. Demichelis is an avid basketball fan and during the season can be found rooting on the Tigers from her undergraduate alma mater the University of the Pacific! Dr. Demichelis also enjoys reading, traveling, participating in church activities and spending time with family and friends.

Continuing Education Chair
David Walls, DDS

Dr. Walls is both a physician and dentist with specialty training in oral and maxillofacial surgery. He is board certified in oral and maxillofacial surgery and has active medical and dental licenses.

Dr. Walls was born and raised in Nashville, TN. He completed his bachelor of arts in economics and philosophy at Columbia University in New York and attended dental school in Nashville at Meharry Medical College School of Dentistry. He then returned to New York to earn a degree in medicine at New York University School of Medicine and a general surgery internship at NYU. He completed his and oral and maxillofacial surgery residency at NYU where he was trained in the full scope of the specialty including general anesthesia and surgical care for both adult and pediatric patients.

Dr. Walls has a continuing interest in the most current practice of oral and maxillofacial surgery with a focus on dental implant surgery, bone graft reconstruction of the jaws, pathology including jaw cysts and tumors, and facial trauma surgery. Dr. Walls has also presented at the prestigious American Association of Oral and Maxillofacial Surgeons Annual Meeting. He has privileges at Doctor's Medical Center and Memorial Medical Center in Modesto.

Stanislaus Dental Society Trustee Report

CDA Board of Trustees Meeting: March 9-10, 2018
John L. Sulak, D.D.S.
Stanislaus Dental Society, Trustee

The California Dental Association Board of Trustees met on March 9th and 10th of this year in Sacramento to address some of the many issues and challenges that have an impact on our profession and the communities we serve. It is customary for the board to meet 5 to 6 times a year, attend the House of Delegates, and hold teleconferences as needed.

The initial part of the March 9th and 10th meeting focused on board member development and review of our duties to help strengthen relationships, improve communication, and foster a spirit of teamwork so that we, as board members, can serve our components more effectively and efficiently.

Detailed discussions were held on the progress being made at TDSC Marketplace. As more CDA member dentists utilize this valuable money-saving benefit in their practices, The Marketplace continues to grow and make more products available. Check out The Marketplace on the CDA website, compare prices, and see how much you could be reducing your dental supply costs.

The Delta Dental Litigation is in its final stages and members should be receiving notification very soon about the settlement and how it will affect them. For further updates, you can visit

http://deltadentalofcaliforniasettlement.com.

Much time and debate were dedicated to Peer Review Mediation. In January of 2014, the Council on Peer Review began a comprehensive review of the program. Mediation was put in place in March of 2017 and has been an effective part of peer review ever since. The board was tasked with finding additional ways to improve peer review. This included reducing costs, staff management, and reducing the time and effort spent by components to provide peer review. The board approved to continue mediation and peer review as it exists while continuing to evaluate the program for potential changes to improve efficiency and reduce costs.

Direct-to-Consumer Dental Services are making an appearance in the dental marketplace. Consumers need not see a dentist to receive a certain dental service (orthodontics, appliances, etc.). The CDA board is working with the ADA, the Dental Board of California, and the Department of Managed Health Care to review and better understand the operations of these services.

An update was given by Dr. Richard Nagy, the chair of the Innovations in Membership Models Task Force. This task force was established in 2016 to address the needs of future members and membership models that will attract dentists who practice in a non-traditional setting. Additional updates and recommendations will be given at the June Trustee meeting.

The CDA Board of Trustees is always looking for ways to better serve the CDA membership. New issues arise that challenge our profession, our patients and our communities. All of us, as CDA members, can work together to address these issues to improve the way we serve our patients.

Don't forget CDA Cares, Modesto October 26th and 27th.

Support TDSC Marketplace.

The Almighty Zirconia! (or not…)

By Charles Kim DDS, APEX editor

With advancements in material sciences and improved engineering abilities, we are truly living in the age of the high tech dentistry.

Although EMAX is a beautiful material, the strength of any and all types of zirconia restorations are being heavily marketed as the silver bullet that would make PFM restorations the thing of the past. It is common to see zirconia marketing materials not only in virtually all dental offices but also some being directly marketed to consumers as well. Almost all full zirconia restorations have compressive strengths of anywhere between 1000 to 1600Mpa. The hammer test videos on zirconia restorations are floating all over the youtube scene.

The idea strength of EMAX is only achieved when bonded to the tooth structure, ideally done with light and/or dual curable resin cements with perfect isolation utilizing rubber-dam for moisture or other contaminant control. Depending on how you look at it, bonding EMAX correctly to the tooth is an additional hassle to a clinician. On the other hand, any traditional cement materials maybe used for zirconia. There's no way anyone can bond zirconia to the tooth making it pointless to bond it in the first place. On top of that, for most clinicians it is always easier and quicker to cement restorations with traditional cements including resin reinforced glass ionomers (RMGIs).

Zirconia also comes with added benefits of radio-opacity unlike any other material when checked on the radiograph. Even if there are discrepancies in the margin – it literally will make any and all preps to look better sealed than PFM that was made for the same prep. This maybe good or bad depending on how you look at it.

One of the crucial edge that zirconia material has against all other indirect restoration materials are its price point. The drastic increase in zirconia restorations has a lot to do with the ever increasing prices of high noble and noble metals combined with ever decreasing imbursements from dental insurance companies.

The esthetical elements of full zirconia, porcelain fused to zirconia, even EMAX fused to zirconia are constantly improving on a daily basis, zirconia are looking better than ever. With added benefits of impeccable compressive strength, easy cement ability, radio-opacity making it look great on all preps on radiographs, and the inexpensive material costs involved, is zirconia the material of choice for all? Not so fast…

Based on evidence, we all know that even if material had compressive strength of 1millionMpa, other crucial factors such as tension and torsional forces matter just as well in terms of longevity of material especially in environments full of moisture. In fact, many fractured zirconia restorations (especially fixed bridges) normally crack at the junction between most distally located abutment tooth and the pontic tooth. And tension and torsional forces has to do a lot with how it fractures on these specific location even when ideal laboratory standards are achieved as far as size of the junction and the firing temperatures.

Depending on the region, 60-75% of dentistry is performed on a tooth that already had a previous restoration meaning that it is only a matter of time before we have to start cutting through all of these zirconia restorations being cemented on due to recurrent caries underneath it. Zirconia cutting specialty burrs as well as fine diamonds with very light to no pressure with high water will help us to cut through it, but it is still a very difficult task compared to cutting through PFMs or gold restorations.

Zirconia turns out to be a tough material on our wrists, hands, and our high-speed hand pieces but especially on the pulp of the tooth when having to cut through it. When adjustments and or removal of zirconia restorations are done after cementation, seeing white opaque sparks from intense heat is a common place. Applying focused-intense heat to the tooth is exactly what you want to do if you want to kill the pulp of a tooth.

There are also studies being done about zirconia's weakness under moisture over long periods of time beyond its first 3—5 year mark. It might be interesting to see how zirconia restorations age over time compared to time-tested materials such as PFMs, especially gold restorations in oral flora.

We shall see as a profession if significant increase in zirconia restorations usage in the past decades going forward was a great decision down the road. As always, the clinician should be well aware of not only the heavily-marketed benefits of the material but also its disadvantages before making proper material selection for the patients. And it is always wise to remember that there is no such material that "never" breaks, especially in the field of dentistry.

CDA Cares in Your Backyard!

The first CDA Cares happened in Modesto in 2012 and by now you know it is coming back to Modesto October 26-27, 2018! Much has changed about Cares since that first event and if you haven't attended many since I expect you will be surprised and happy with the changes which have made the event much more patient and volunteer friendly. The one thing that hasn't changed is the commitment needed from our local and neighboring Dental Team members and the community. As the local arrangements chair I have put together an all-star team of local dental and community leaders to raise the needed $300,000, gather needed supplies, and provide community outreach to ensure accurate and up to date information on the event is given out. The Local Arrangements Team is composed of:

- John Anderson
- Robin Brown (SDS ED)
- Elizabeth Demichelis, DDS (LAC Chair)
- Clarke Filippi, DDS
- RJ Heck, MD
- Victor Pak, DDS
- Peter Soderstrom, DDS
- Jake Barber, DDS
- Gene Carillo
- Nick Dennehy (Schein)
- Kenni Friedman
- Mark Lowery (Schein)
- Doug Ridenour (Modesto City Council)
- Bruce Valentine, DDS (LAC Financial Donations Lead)
- Terry Withrow (Stanislaus County Board of Supervisors)
- Andy Soderstrom, DDS (LAC Supply Acquisitions Lead and Representative for America's Dentists Care)

CDA Cares routinely provides over $1 million in donated dental care to approximately 2,000 patients with the help of 1,900 volunteers at each event. Typically CDA Cares events occur twice a year with the last one being in Anaheim a few weeks ago and the one following us slated for a return to Solano. Patients, who line up for long hours for care, are not asked for ID or verification of citizenship and depending on the length of the line are given either 1-2 services for the day. Getting through the clinic for a patient involves stops at Medical and Dental triage and a post-radiograph exam to finalize the treatment plan for the day before they actually reach the Dental Treatment chair—all the while community guides help the patients to navigate the clinic floor. By the time a patient completes their treatment they will typically spend 4 hours in the actual clinic. Although we do provide limited food and drink for patients, we do ask that they bring snacks and any needed medications for the day. Patients who do not pass medical triage are not seen but rather given information on community resources. The services provided in the clinic are anterior stay-plates, a limited number of Larrell Dentures (patient must have been edentulous for 6 months prior), anterior root canals, fillings, and gross debridement. Each dental team member will be asked to volunteer for one area of their choice with oral surgeons given preference for serving in the surgery area. We ask that you be flexible in regards to working in the area where you are most needed. Many dentists find it advantageous to volunteer with their assistants, however assistants will be available if you need and will also be needed in sterilization and central supply. CDA Care will provide you with all the equipment and supplies you need including PPE. All volunteers will be issued t-shirts at the event that correspond to their role within the clinic and volunteers will be provided with meals during their shift. So how can you help now?:

- Donate money-$500 will recognize you as a chair sponsor but any donation is welcome (ask Robin for details)
- Sign up on line at CDA Cares Modesto to volunteer (link provided soon)
- Recruit your entire team to volunteer (Hygienists, assistants, front office – front office can help with data entry and exit interviews)
- Invite me to speak at any clubs/groups you belong to about the event (please do not do this by yourself as CDA has a specific message they like delivered about Dental Care in California)
- Advise the LAC via Robin or myself if you might have a local contact that we may find beneficial (If we do need them we will work with them through you)
- Get the word out to your patients and friends about volunteering (must be at least 18 years old and shifts are typically 4 hours each. Help is also needed the day prior to the clinic for set up and immediately after the clinic for tear down – teenagers can help with set up and tear down)
- Ask myself or Robin if you have any questions!

Modesto set the initial bar for CDA Cares – let's set a new bar and make this CDA Cares the BEST EVER!

Thank you!

Elizabeth Demichelis, DDS
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Silver diamine fluoride covered under Denti-Cal with CDA-sponsored bill

Reprinted with permission from California Dental Association

CDA is sponsoring new legislation that if passed would allow dentists who provide care in the Medi-Cal dental program to be reimbursed when using silver diamine fluoride as a caries arresting agent.

With the passage of Senate Bill 1148 (Richard Pan, D-Sacramento), SDF would be placed in dentists' tool belts as an evidence-based option to manage dental caries when used as part of a comprehensive treatment plan, particularly beneficial with patients who present challenges to receiving traditional treatment because of their age, behavioral issues or medical conditions.

"The Medi-Cal dental program is testing SDF now in one of the Dental Transformation Initiative domains. While that program will provide good information when the pilot ends, we know that SDF is very effective and we should make it more widely available now," said John Blake, DDS, CDA Government Affairs Council chair.

SDF is a topical medication used to slow down or stop dental decay in primary and permanent teeth. The colorless liquid contains both silver, which has antibacterial properties, and fluoride, which has the ability to remineralize damaged tooth enamel. Together, silver and fluoride can be used to stop the progression of tooth decay and stabilize the tooth until the dentist determines further dental treatment is needed.

The topical medication became available in the United States in 2014 when it was approved by the U.S. Food and Drug Administration to be used as a desensitizing agent, paving the way for its introduction to the U.S. dental market. The main advantages of SDF include its ability to kill the cariogenic bacteria, to provide caries arrest without requiring the use of local anesthesia or caries excavation and to promote remineralization, according to an article published in the January 2018 issue of the *Journal of the California Dental Association*. (Read part 1 of the two-issue series on SDF at cda.org/journal.)

These advantages are particularly appealing in the care of people with disabilities, frail elderly patients, young children and children with special health care needs who are not able to receive traditional restorative treatment. Gary D. Sabbadini, DDS, explains in his February 2018 CDA *Journal* article "Silver Diamine Fluoride: A Clinical Perspective From a Pediatric Dentist" how he incorporated SDF into his practice. He has used SDF to treat patients of all ages, including an adult with Down syndrome who was not a good candidate for oral conscious sedation or in-office IV sedation due to her poor airway.

"The public is looking for low-cost, safe, nonsurgical methods to treat children's teeth. While SDF is not a remedy for all dental caries, I am glad that I have a nonsurgical option to offer to parents," stated Sabbadini.

- **CDA will update members** on the status of this legislation on cda.org and in the CDA *Update.* For more information about SDF, see the January and February 2018 CDA *Journal* at cda.org/journal.

February General Membership Meeting

Jon Stabbe from the California Employers Association presented information to SDS members on 2018 CA Labor Law and Employment updates at the February General Membership Meeting. Good food, important information, and lots of great peer interaction makes for an enjoyable evening. Raffle prizes opportunities don't hurt either!

RM Matters

Safe and Sober: Managing employees who are under the influence

By TDIC Risk Management Staff

Your practice needs the entire team to be sharp and focused for the schedule to run smoothly. So, if you've ever had an employee show up in the morning unable to perform duties, you can expect to have both a hard conversation and a long day. The impact of an employee's substance abuse on a practice extend beyond impaired performance and productivity. Substance abuse leads to higher rates of absenteeism, workplace accidents and patient injuries — all of which impede safety and increase practice liability.

Since every situation is unique, it's best to exercise an abundance of caution when dealing with employees who appear to be intoxicated or under the influence. The Dentists Insurance Company's Risk Management team advises dentists to contact their human resources specialists or an employment attorney for counsel specific to their situations. However, there are some essential steps you can take, and a few actions to avoid, if faced with this challenge.

It starts before you even experience an incident. TDIC recommends that every practice has a detailed drug-free workplace policy, either as part of the employee manual or as a stand-alone document signed at the time of hire. The policy should cover rehabilitation/counseling options and disciplinary actions, including grounds for dismissal. If you intend to conduct reasonable suspicion fitness for duty testing, this should be detailed as well. Contact your attorney for advice specific to your practice.

In addition to having a specific policy in place, the practice owner and the individual who performs human resources duties should both be trained on how to handle these types of sensitive situations. The U.S. Office of Personnel Management (OPM) publishes an online guide at opm.gov entitled Alcoholism in the Workplace: A Handbook for Supervisors, which can be a helpful training tool.

If an employee does come in to work displaying unusual behavior, observe carefully for the following signs:

- Breath smell
- Bloodshot eyes
- Slurred speech
- Lack of balance

In a case reported to TDIC, a dental assistant came into work on more than one occasion smelling of alcohol. Her performance and interactions with colleagues and patients was declining, and she was using language and a tone inappropriate for the workplace. During one incident when she was acting highly emotional and erratic, the dentist talked to her and addressed the behavior, and then gave her the day off to take care of personal issues. The situation escalated as the employee continued to demonstrate unprofessional behavior, absenteeism and declining performance. The office did not have a drug and alcohol policy in place. Without knowing how to pursue the matter, the dentist contacted TDIC for advice and was referred to an employment attorney.

If an employee in your practice exhibits unusual behavior, document your observation in an objective manner and note only the observable facts in the employee's file. Making a diagnosis or accusation can heighten an already stressful situation and open the practice up to liability. Rather, express concern for patient and coworker safety and state the facts in a manner such as "I am concerned. I have observed you slurring your speech." As there are situations in which an employee behaves erratically due to a prescription medication or a health issue, addressing the underlying behavior and workplace safety is prudent.

(cont. page 11)

(cont. from page 10)

Chris Onstott, an employment attorney at Kronick Moskovitz Tiedemann & Girard in Sacramento, Calif., emphasizes the importance of having an additional person at the practice observe and address the uncharacteristic behavior.

“Two individuals in management positions in the practice who have training in recognizing signs of Impairment, ideally the dentist and the office manager, should take the employee to an area where they can observe and speak to the employee together without creating a disturbance,” advises Mr. Onstott. “If the managers observe behaviors that support a reasonable suspicion of intoxication or impairment, then the next steps can be taken as appropriate to the practice’s drug-free workplace policy.”

If your drug policy includes fitness for duty testing, and the employee refuses to comply, the employee’s refusal may lead to a finding that he or she is being insubordinate. But regardless of an employee’s willingness to comply with the testing, you should help provide him or her a safe ride home. Document the interaction and its outcome in the employee’s file, along with the employee’s behaviors which led to the reasonable suspicion and all of the actions and outcomes that followed.

Every member of the dental team should have a clear understanding of the practice’s expectations and the gravity of the drug policy. The role of a practice leader is not to diagnose an alcohol problem but to exercise responsibility in dealing with performance or conduct problems, hold the employee accountable, refer to the practice policies and take appropriate disciplinary actions. This role is crucial to a safe and productive team.

Questions? Call TDIC’s Risk Management Advice Line at 800.733.0633.

California Employers Association

A #MeToo Checklist

With recent highly publicized sexual harassment allegations and the #MeToo movement well under way, employers need to take steps now to prevent workplace harassment from occurring. Do you know how to respond appropriately if a harassment complaint is made? CEA has you covered with a #MeToo checklist, a poster and trainings on-line, via webinar and on-site. (links)

#MeToo Checklist to prevent harassment in the workplace:

- √ Provide companywide training on all forms of harassment. Include additional training for those in leadership positions.
- √ Update and republish your company’s policies on preventing and reporting harassment.
- √ Make sure your reporting procedure is well publicized and that it includes the ability to report to more than one person in a leadership position and not limited just to their own supervisor.
- √ Emphasize that your company takes all complaints of harassment seriously and that retaliation against employees who experience, witness, report, or participate in a harassment investigation is prohibited.
- √ Hold leadership accountable for their conduct, no matter what their role or position in the company.
- √ To show you take these matters seriously, post this notice, or a similar one in your workplace so that employees understand what they can do.

If you’re ready to schedule your harassment training, or just need some guidance, give us a call. We’re here to help you make sure your workplace is safe and respectful for everyone.

California Employers Association
800.399.5331 | www.employers.org

Opioids: What to do – What to do?

Dan Jenkins DDS, FIAPA, CDE-AADEJ

With the attention growing about the Opioid epidemic what are dentists to do? I've mentioned educating ourselves and our patients but we should also educate the parents of our minor patients and society as well. Giving talks to as many groups such as religious groups, schools, service clubs, and even political groups will help to let people know it is a problem for society.

There are more and more politicians repeating the term "Opioid crisis" now and calling it an epidemic. A year ago, most of the politicians could not even say "Opioid" let alone spell it properly!

Dentistry promotes prevention fervently. While the CURES prescription monitoring program is another pain for dentists to go through when writing a prescription, it can prevent someone from getting multiple prescriptions from multiple doctors. All states now have some type of prescription monitoring program.

You should educate your team, your patients, and your family on destruction of unused drugs and their safe storage. (Remember that statistic of children under 6 overdosing?) Nearly 70 percent of prescription opioid medications kept in homes with children are not stored safely, a new study finds.[1]

Can we minimize the pain a patient has? Perhaps attending CE courses that will allow us to do procedures with less resulting pain. Also, utilizing newer materials and equipment as well might help prevent severe pain.

If a patient asks for an opioid after having (for example) a routine prophy – just say "No!" I've started telling patients that it might get me in trouble. They smile.

You should consider keeping Narcan in your office just in case someone needs it.

In an Opioid webinar by the ADA last fall Paul Moore, DMD, PhD, MPH stated the following recommendations for non-Opioid pain relief in dentistry:

Mild: Ibuprofen 200-400mg q 4-6 hours: prn pain.

Mild-Moderate: Ibuprofen 400-600mg q 4-6 hours: fixed interval for 24 hours.

Moderate –Severe: Ibuprofen 400-600mg plus APAP 500mg, q 6 hours: fixed interval for 24 hours.

Severe Pain: Ibuprofen 400mg plus APAP 650/hydrocodone 10mg q 6 hours: fixed interval for 24-48 hours.

Bear in mind that the maximum ibuprofen per 24 hours is 2,400mg to prevent kidney damage and maximum of acetaminophen is 3,000mg per 24 hours to prevent liver damage.

I'm pleased to say that I have used this protocol since I heard of it last summer and I have yet to write an Rx for an Opioid – and I take out a lot of impacted third molars. I've had no follow-up phone calls requesting stronger pain med.

If a patient is in need of an Opioid you might consider writing enough for one or two days and have them come back in for a post-op to determine if they need more Opioids or if a combination of ibuprofen and acetaminophen would be appropriate.

[1] https://www.sciencedaily.com/releases/2017/02/170220084159.htm#.WKxTl4eFe8g.email

(Reprinted with permission by Dr. Dan Jenkins, member and the Editor of the Tri-County Dental Society's Connection Newsletter)

Gain the caution and control to navigate past potential employment violations such as pregnancy discrimination, termination and sexual harassment through our C.E.-eligible seminar. Even better, **take the online seminar** at your convenience and earn a **5% Professional Liability premium discount for two years.***

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Protecting dentists. It's all we do.®

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TDIC policyholders who complete a seminar or elearning option will receive a two-year, 5% Professional & Dental Business Liability premium discount effective their next policy renewal. To obtain the two-year, 5% Professional & Dental Business Liability premium discount, California dentists must successfully complete the seminar by April 28, 2018. Any eLearning tests received after the deadline will not be eligible for the discount. Nonpolicyholders who complete a seminar or eLearning option and are accepted for TDIC coverage will also be eligible for this discount.

California Employers Association

Is There Dating in Your Workplace?

Valentine's Day was last month, and if Cupid shot some love arrows in your office (and even if he didn't), it might be a good idea to establish a dating policy. Included in many employee manuals, dating policies help ensure that everyone is on the same page about relationships at work.

Why is a dating policy important?

In most cases, employees spend more time in the office than at home, so close relationships with coworkers are expected. Although often no problem, some relationships among employees can create problems, including:

- Morale issues, perceived (or real) favoritism among staff and distractions can run hand-in-hand with staff dating.
- When a relationship doesn't last, there can be issues of awkwardness, bad feelings, and potentially claims of sexual harassment.
- In situations where there is a subordinate/supervisor relationship there can be a risk of conflicts of interest due to the supervisor's access to sensitive information, and their ability to affect the terms and conditions of employment of individuals in subordinate positions.
- As companies continue to try to cultivate professional environments free of sexual harassment, relationships in the workplace can blur those lines and impact the professional standards necessary for keeping the workplace free of inappropriate behavior.

A well thought out dating policy (also known as a Non-Fraternization Policy) can provide guidelines on expectations of behavior and relationships within the workplace. Key parts of such policy should include:

Required Disclosure: Employees should come to management if a dating relationship begins so that management can ensure the proper controls within the company and adjust working responsibilities if necessary.

Proper Conduct Requirements: Make it clear that the relationship should not have an impact on the workplace.

Stricter Requirements for Supervisors: Because of the risk related to supervisor/subordinate relationships, there can be additional requirements for supervisors-in some cases requiring transfer or termination should the relationship create an improper working situation.

Questions about a creating a dating policy or want to have your policy reviewed? Call our 800# and speak with an HR Director today!

California Employers Association
800.399.5331 | www.employers.org

SDS Goes to the Nuts!

Lots of happy faces
with the Nuts mascots!

SDS Secretary Dr.
Samer Hamza with his little!

Emily was the winner of the first pitch!

Dr. Eric Dixon and Family

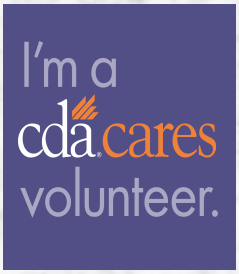
Drs. Charles Kim (Editor) and Victor Pak (Treasurer)

Robin's Relevant Remarks

SDS Executive Director

Within these walls are articles based on questions I have been asked by members and staff multiple times and some you haven't yet; but you might!

In the next few months you're going to hear from me…..a lot so I'm just preparing you now. With CDA Cares coming to our home October 26-27 there is much work to be done. Rest assured the event is in capable hands. Lead by Dr. Elizabeth Demichelis as Event Chair, Dr. Bruce Valentine as Financial Donation Chair (you're going to be hearing from him a lot too), and Dr. Andy Soderstrom who serves on the America's Dentist Care board, as well as event Procurement Chair, all of them have years of CDA Cares experience. There is much work to do to make this a success event and be able to help as many people as we can. And as with any important event, many team members will be needed. This is where you come in to play.



This could be your Facebook profile!

The recent CDA Cares in Anaheim provided $1,537,951 in charitable dental services to 2,019 people.

During the two-day event, dentists and dental professionals provided more than 11,858 procedures, including fillings, extractions, cleanings and oral health education. Volunteer technicians in the clinic's dental lab area also worked to provide 181 complete and partial dentures and repairs.

Nearly 2,000 volunteers donated their time and services at the event, including health professionals — dentists, dental hygienists, dental assistants, nurses and lab technicians — and hundreds of community volunteers who assisted with registration, translation, data entry, and guiding patients.

We are hoping to accomplish at least those numbers when Cares comes to Modesto October 26-27. We will need your help to make this happen. We will need many, many volunteers of all abilities; dentists, assistants, hygienists, and lots of general volunteers (staff, family, friends).

In addition to your talents we also need help financially. The bulk of the financing for Cares events falls to the dental component that is sponsoring the event. We are responsible for raising approximately $300k. While we will have some support from our regular sponsors, it won't be enough to finance the entire event. If you are able to help by becoming a chair sponsor (or any level!), you can go to the following CDA Foundation site, https://ebusiness.cda.org/ebusiness/fundraising. When you get to this page you have to select "One-time donation" then an amount before it gives you CDA Cares Modesto as an option. You can also contact me at the SDS office to make payment arrangements.

Every $100 donated allows us to provide approximately $1,100 in care. Plus, all chair sponsors receive a CDA Cares scrub jacket and recognition on event signage, CDA Foundation publications, and the Foundation's annual report.

Updates and reminders will be coming on a regular basis from the SDS office. With your support, we can make this the best CDA Cares event yet!

... SDS members: preserving the dental health of the earth's population, one patient at a time!

CDA Cares - Anaheim

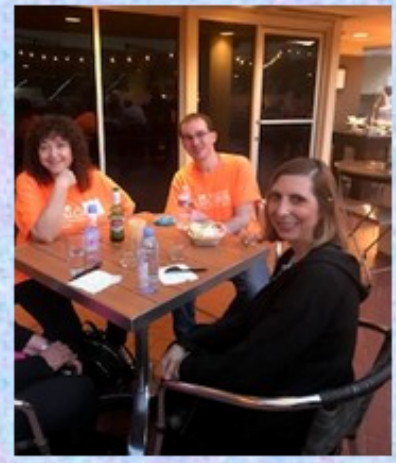
And so it begins. Some of the patients already in line. Help is on the way!

The fearsome threesome! SDS Member Dr. Elizabeth Demichelis with Drs. Ken Wallis and John Pisacane. All working to help make the clinic run just right!

A mom's work is never done. Dr. Demichelis' mom, Irma Demichelis always willing and ready to help!

Recognize him? SDS member, Dr. Michael Cadra serving in dental triage.

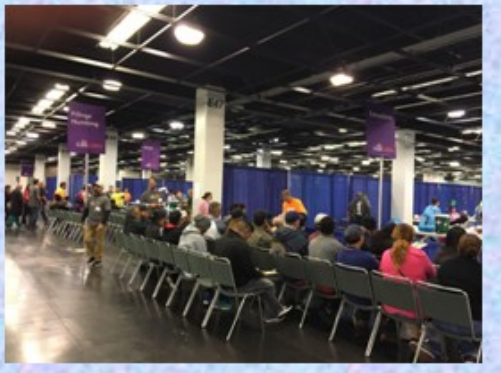
I'm a cda cares volunteer.



Taking a much deserved break, SDS ED Robin Brown, CDAF Kevin Lewis and Dr. Demichelis

All in the family: Irma and Dr. Demichelis, Drs. Neal and Michael Cadra and SDS ED, Robin Brown

Dr. Demichelis and mom, Irma. A great hard-working team!



Next! Patients wait in rows for their turn to receive donated dental care. Busy, Busy!

CDA legislation calls for more value and transparency from dental plans

Reprinted with permission from California Dental Association

New legislation sponsored by CDA and introduced by Sen. Nancy Skinner (D-Berkeley) is working to increase value and transparency of dental benefit plans. Senate Bill 1008 calls for the establishment of a minimum dental loss ratio (DLR) for individual, small and large group dental benefit products and requires increased transparency for consumers who purchase dental savings or dental discount products by requiring standardized disclosures of what a dental benefit plan does or does not provide.

"With SB 1008, we will be able to work toward establishing a reasonable loss ratio for dental benefit plans and require greater plan transparency so consumers can make purchasing decisions knowing more about how their health care dollars are spent," said CDA President Natasha Lee, DDS.

Under current law, all medical insurance plans must adhere to a "medical loss ratio" (MLR) standard requiring them to disclose how they spend insurance premium dollars and to spend a certain percentage directly on patient health care rather than administrative overhead and profits.

Medical plans for large groups (over 100 employees) must spend 85 percent of all premium dollars on health care; 80 percent is required for small group and individual products. This standard exists for all medical plans in the commercial market, while Medicaid managed care plans, including dental managed care plans, will be required to spend 85 percent in 2019.

The MLR requirement ensures a minimum value for consumers and holds insurance companies accountable for how they are spending patients' dollars. However, there is currently no standard for assuring value in commercial dental benefit plans. To address this disparity, CDA in 2014 sponsored Assembly Bill 1962, also introduced by Skinner, an assemblymember at the time, to create a standardized requirement for dental plans to annually disclose to state regulators and the public how they spend patient premium dollars. After three years of reporting, the plan-reported data showed that too much of dental plan premiums are spent on overhead costs such as executive salaries and profits.

According to the data, there was a wide variation in dental loss ratios by product type and market with some plans falling as low as 4 percent spent on patient care. Only 15 percent of dental products achieved an MLR of 80 percent or more, while the average DLRs ranged from 52 percent for individual plans to 60 percent for small group plans and 70 percent for large group plans.

Under SB 1008, discount dental plans or discount savings plans would be excluded in the calculation of DLR to ensure a more accurate reflection of the dental plans' expenditures on patient care. Dental plans would also be required to utilize a standardized and uniform Summary of Benefits and Coverage disclosure template that provides the DLR of the product, along with plan deductibles, annual maximums, common dental services, anticipated patient out-of-pocket costs, plan limitations, exceptions and other important information.

"CDA believes that patients deserve the same protections and value from their dental plans that they receive from their medical insurance plans," said Lee. "If passed, SB 1008 would protect patients and move California further down that path."

CDA will keep members up to date on the status of this legislation on cda.org and in the CDA *Update.*


say
hello
to buying power.
Save 20% on dental supplies today.*
Say hello to the TDSC Marketplace, a shopping site exclusive to CDA members, which offers the supplies you use every day at discounts that really add up.
• Negotiated discounts for exceptional savings
• 25,000+ items from your favorite vendors
• Free shipping on every order and fast delivery
• No fees, no minimum order size, no hassle
Ready to make your practice competitive and efficient? Start shopping today and explore other powerful solutions from The Dentists Service Company.
Get started at tdsc.com or call 888.253.1223.
*Price comparisons are made to the manufacturer's list price. Actual savings on the TDSC Marketplace will vary on a product by product basis.
tdsc

How Dentists Can Start Attracting More Patients by Using Public Speaking

By Dr. Edward Martin

Are you having trouble finding new patients for your dental practice? Well, using public speaking in your marketing plan can really help build your practice.

Imagine how many new dental patients you could attract if you give between fifty to one hundred speeches each year. For example, let's say that you spoke twice per week to different groups that had between 50 to 100 people in the audience. This would result in you giving 100 speeches in a year and this would give you exposure to anywhere between 5,000 to 10,000 potential new patients in a year. Some dentists even decide to speak at much larger groups. In addition, some dental offices also send other staff members to speak out in the community - dentists, dental assistants, hygienists and office managers can all be out there giving their own speeches. This can result in attracting many new patients to your dental office. Also, the people in each audience will see you as an authority figure in your field. In addition, most groups will allow you to speak between 30 to 60 minutes. This will give you enough time to gain their trust and answer many of their questions.

Now you might be thinking; if public speaking is such a great marketing method, what is the reason that most dentists don't use public speaking to market their dental practice? Well, actually there are two main reasons:

1. Public speaking is one of the most common fears that people experience.
2. Most people were never told that public speaking was a great way to market for new patients so they never looked into using public speaking as a strong marketing tool that could help build their dental practice.

It is important to point out that there are five very important factors that dentists will need to learn and apply, if they want to use public speaking successfully. These factors include:

#1 A Specific Goal or Reason for Giving Speeches Is Required: Here, dentists will need to decide on a specific goal or reason for giving speeches. For example, you might have a goal of attracting 300 new dental patients each year, as a result of giving speeches. Each dentist might have a different goal, but it is important to have a "specific" goal to aim at.

#2 A Slow and Safe Way To Practice Your Speeches Is Needed: Dentists need a slow and safe way to get use to being a public speaker. This will require practicing or rehearsing very short speeches in small groups or seminars. As you become comfortable with one or two minute speeches you will have the confidence to try longer speeches. Here, you will find that traditional public speaking classes make the mistake of putting a new speaker in front of a large group of people for 15 to 30 minutes. This is the reason that those classes have a very high dropout rate. It is much more effective to practice public speaking on dental topics in small groups that allow each person to develop public speaking skills at their own pace.

#3 The Intention or Willingness to Use Public Speaking on A Regular Basis: A dentist needs to have the intention or willingness to give between 50 to 100 speeches each year. At this point, you will need to commit to giving a specific number of speeches each week, so you can attain your yearly goal. Also, if your schedule is very busy, your other staff members can give some of the speeches.

#4 The Business Factor Or Business Side Of Public Speaking: This point deals with the need for dentists to think about strategies that will make their speeches more profitable. Here, a dentist will need to start thinking about the following questions:

a. 1. Where are the best places to speak?
b. 2. What types of groups are the best "target market" for my speech topic?
c. 3. Should I speak to certain kinds of associations, corporations, organizations, conferences, conventions, colleges, churches, government groups, different industries, non-profit organizations, associations and organizations for different kinds of professionals, elementary schools, high schools, PTA Groups, various groups for disabled people, etc.? You also have to learn how to approach these different types of groups.

(cont. page 21)

(cont. from page 20)

d. Does my speech topic interest the kinds of groups that I plan to speak to? How can I change the speech to get them interested?

#5 The Decision That You Will Use Public Speaking As Part Of Your Marketing Plan: This factor is where you make a commitment to either use public speaking or not use public speaking in your marketing plan to bring in new dental patients.

So, make the decision to become a successful and well known dentist by using public speaking. It does take a lot of effort, but the results can be great!

Dr. Edward Martin is a motivational speaker and a public speaking & marketing coach. He is the author of the forthcoming book, "How To Attract More Clients And Customers By Using Public Speaking". Dr. Martin offers public speaking and marketing seminars, as well as individual coaching sessions for dentists and other kinds of professionals. He also offers coaching sessions on the phone for professionals around the country. For more information contact Dr. Martin at - 818-314-2054. You can also write to him at: edwardm77@gmail.com

THE HOUSE MODESTO

Hope Medivan

Looking for Hope!

The Hope Free Clinic's mobile dental van is in great need of staffing. They are in need of Dentists, assistants, medical doctors, nurses, and administrative people to help register their patients. The Hope Dental Van has been serving low-income families in Stanislaus County for four years and are able to provide basic services including composite fillings, extractions, ultrasonic debridement, cleanings, and patient education. Nine months out of the year, they work at rotating locations every Saturday morning. Contact Sarah at 209-529-7346, ext. 313 if you are interested. If you have any questions, please contact Dr. Corey Acree at (209) 529-0674.

Are You in Compliance?

June 14, 2027: Replace Amalgam Separators
Dental facilities with amalgam separators on June 14, 2017 must replace that separator by this date and comply with documentation requirements. Separators must be compliant with either the American National Standards Institute (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) With Technical Addendum (2011) or the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least a 95 percent removal efficiency.

July 14, 2020: Install Amalgam Separators
Dental facilities without amalgam separators on June 14, 2017, with exceptions, must install an amalgam separator by this date and comply with documentation requirements. Separators must be compliant with either the American National Standards Institute (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) With Technical Addendum (2011) or the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least a 95 percent removal efficiency.

Jan. 1, 2019: Enroll or opt-out of Medicare
Dentists who treat or refer Medicare enrollees or prescribe medication to Medicare patients through the Medicare Part D program must either enroll in Medicare as a provider, or opt-out of enrollment. To assure one's status with Medicare and ensure patients' Medicare benefits do not lapse, dentists should allow sufficient time for processing whichever form is submitted.

Aug. 30, 2018: Replace three Prop. 65 signs with single sign
Proposition 65 regulations were amended in 2016, allowing dental practices to replace multiple notices with one notice or provide the warning as part of the written informed consent. A dentist employing 10 or more employees and using one or more of the chemicals on the Proposition 65 list must provide a warning notice. CDA strongly encourages dental offices with fewer than 10 employees to post the sign or use the warning notice, because the definition of employee is broad and dentists should err on the side of caution. The new regulation is effective Aug. 30, 2018. However, dental practices may choose to comply with the new regulations now and they will be considered in compliance. The posting of the old Proposition 65 warning notices for restorative materials, nitrous oxide and bisphenol A is deemed compliant until the effective date of the new regulation. CDA has developed a resource guide that includes frequently asked questions and Prop. 65 notices in numerous languages.

February 15, 2018: Implement New Tax Withholding Tables
On Jan. 11, 2018, the IRS issued revised tax withholding tables for employee paychecks. To comply with IRS Notice 1036, employers should implement the 2018 withholding tables as soon as possible, but no later than Feb. 15, 2018. The notice provides early release copies of the new percentage method tables for income tax withholding. To learn more about your tax responsibilities as an employer, refer to Publication 15 and recent developments at irs.gov.

January 1, 2018: Display New Mandatory Poster on Transgender Rights
California recently passed a new law SB 396 that requires all California employers to post a “Transgender Rights in the Workplace” poster starting January 1, 2018. The new poster must be displayed along with other mandatory workplace notices in a prominent and accessible location in the workplace. View, download and print the Transgender Rights in the Workplace poster provided by the Department of Fair Employment and Housing.

November 1, 2017: Post Safety and Health Notice
The Division of Occupational Safety and Health under the California Department of Industrial Relations, commonly known as Cal/OSHA, has updated the Safety and Health Protection on the Job notice with a poster print date of October 2017. All employers are required to print and post this notice in an area frequented by employees where it may be easily read during the workday.

(cont. page 22)

(cont. from page 21)

October 1, 2017: City of Berkeley Minimum Wage and Paid Sick Leave changes
For all employers in the city of Berkeley, Calif., minimum wage increases to $13.75 and increased paid sick leave requirements also become operative effective Oct. 1, 2017. Detailed information and posting requirements about minimum wage requirements can be found on the City of Berkeley's website. As part of paid sick leave requirements, covered employees accrue one paid sick leave hour for every 30 hours worked; the ordinance is silent with regard to front-loaded allowances. For small businesses, which employ fewer than 25 employees, there is a cap of 48 hours per year; for all other businesses, the cap is 72 hours, though employers can set a higher cap or no cap. Accrued but unused leave carries over from year to year — whether calendar or fiscal year — but cannot exceed the cap. Employers who don't meet the minimum requirements may still be required to update their written paid sick leave policies.

Sept. 18, 2017: Employers must use revised I-9 form
Beginning Sept. 18, employers must use the revised I-9 form with a revision date of 07/17/17 N. From July 17–Sept. 17, they are permitted to use the previous form with a date of 11/14/16 N. The new version brings very subtle changes to the form's instructions and a list of acceptable documents, which were created with the goal of making the form easier to navigate. Current storage and retention rules have not changed. Visit the United States Citizenship and Immigration Services website at uscis.gov/I-9.

July 14, 2017: Install Amalgam Separators
With some exceptions, new dental facilities opened on or after June 14, 2017 (does not include purchase of existing dental facility) must install an amalgam separator by this date and comply with documentation requirements. Separators must be compliant with either the American National Standards Institute (ANSI) American National Standard/American Dental Association (ADA) Specification 108 for Amalgam Separators (2009) With Technical Addendum (2011) or the International Organization for Standardization (ISO) 11143 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least a 95 percent removal efficiency.

July 1, 2017: Provide notice of protected leave for domestic violence, sexual assault or stalking
Under AB 2337, California employers with 25 or more employees must provide written notice to employees of their rights to take protected leave for domestic violence, sexual assault or stalking. The notice should be provided to new employees and to other employees by request. The notice can be downloaded from the Department of Industrial Relations.

"Your plaque build-up has better coverage than your dental plan."

PMP – Prescription Monitoring Program

Re-printed with permission from the Tri-County Dental Society and CDA

In the effort to minimize the Opioid epidemic programs to monitor who is prescribing, who is receiving, and who is getting too many drugs most states now have prescription monitoring programs (PMP) to track prescribing. Before computers dental patient drug abusers could go from dentist to dentist in an area with an abscessed tooth picking up a prescription from each dentist. Then they would go from pharmacy to pharmacy to get the drugs. There was no routine way to know what they were doing.

The PMP in California is called CURES for Controlled Substance Utilization Review and Evaluation System. All licensed dentists who prescribe controlled substances must, (interpreted as: HAVE TO.) register with CURES – the California PMP.

The CDA has frequently published information about CURES and below I have copied some questions and answers published by CDA. In case you still have not registered I assure you the registration process is easy and will not take very much of your time.

These are the four steps for online registration:

Registration—Step 1:

1. Select User Role.
2. Select License Issued by:
   - California DCA or
   - An Agency outside of California
3. Enter email address.
4. Re-enter email address.
5. Click "Submit."

Registration—Step 2:

Once applicant clicks the link, they are navigated to the User Registration Form.

1. Complete the registration form.
2. Set up Security Questions and Answers.
3. Complete the CAPTCHA.
4. Click "Next."

Registration—Step 3

The CURES 2.0 Registration Form Review page is displayed with the applicant's information.

Click "Submit."

The CURES 2.0 Registration Confirmation page displays:

- Confirmation number
- Applicant information
- Print button

Registration—Step 4

At this stage of the process, the registration form is in the validation and vetting cycle. An approval or denial notification will be sent via email.

You're registered with CURES - now what?

All prescribers in California with U.S. Drug Enforcement Administration (DEA) registrations are required to register by July 1 to access California's prescription drug monitoring program, known as CURES 2.0 (Controlled Substance Utilization Review and Evaluation System). Additionally, prescribers must have updated browsers to access the system. Prescription drug monitoring programs are used in most states to aid prescribers and dispensers to identify fraudulent or drug-seeking activity by a patient. Dentists are strongly encouraged to consult CURES when considering a controlled substance prescription for a new patient or a patient suspected of drug dependency.

Available at oag.ca.gov, the Department of Justice has training videos, FAQs and a User Guide that is particularly helpful for first-time CURES users. The User Guide includes information on how staff members may assist with record searches, how to save searches, how to receive patient activity alerts, how to communicate with other prescribers and dispensers, and much more.

Following are some common questions and answers related to the use of CURES:

What CURES functions may I delegate to staff?

Staff officially registered with CURES as a "delegate" to the "parent" prescriber or dispenser user may initiate a search for the patient activity report (PAR). The actual report, containing the patient's history, can only be viewed by the "parent" prescriber or dispenser user.

From their own user profile, prescribers and dispensers can view, add and remove delegates.

May the patient get a copy of the report?

CURES records are maintained by the Department of Justice and patients can obtain their CURES records by making a direct request to the Department of Justice pursuant to the California Information Practices Act (civ:1798-1798.1). Should a patient request a copy from you, the patient can be referred to the CURES general mailbox, cures@doj.ca.gov, to request information on how to obtain copies of their records. (cont. page 24)

(cont. from page 23)

Am I required to report what I prescribe, administer or dispense to CURES?

You are not required to report to CURES what you prescribe and administer to patients. However, prescribers must file reports of dispensed controlled substances through the state Department of Justice's third-party vendor, and not through CURES. Dispensing prescribers should refer to the CURES website for information.

Who monitors the use of the CURES database?

The state Department of Justice is tasked with auditing the database and its users. Dissemination or distribution of the controlled substance history information to anyone other than the registered user is prohibited. HIPAA and all confidentiality and disclosure provisions of state law cover the information contained in the database. All users of the information must comply with state and federal health information privacy laws. Disciplinary, civil or criminal actions will be taken by the Department of Justice and/or the appropriate licensing agency for any misuse or inappropriate access of patient data.

What type of browser do I need to register for CURES?

To access CURES 2.0, dentists are required to use Microsoft Internet Explorer Version 11.0 or greater, Mozilla FireFox, Google Chrome or Safari. The Department of Justice says dentists must have up-to-date browsers within the first half of this year to regain access to the CURES database.

What am I required to do if I move or change my name?

You must update the information on your account no later than three days after the effective date of the change.

Should I use CURES to report the loss or theft of my prescription forms?

Yes, within three days of the discovery and after you have filed a police report and have the report number in hand, you can log into your CURES account to report the loss or theft of prescription forms. For information concerning how to report lost or stolen prescription pads or forms, please contact the Security Prescription Printer Program at SecurityPrinter@doj.ca.gov.

Do I have to renew my CURES registration at any point in the future?

Yes. All CURES 2.0 users are required to renew their accounts on an annual basis. Users receive renewal notifications on the renewal date and 30 days after the user's one-year renewal date.

www.cda.org/NewsEvents/Details/tabid/146/ArticleID/3259/Youre-registered-with-CURES-now-what.aspx

May General Membership Meeting

SDS President Dr. Dean Brewer and speaker Dr. Ben Dyches

Drs. Chun Huang and Soe Wynn

Drs. Jeff Uhrik and Mary Fitzpatrick

SDS Treasurer, Dr. Victor Pak and visiting Yosemite Dental Society member, Dr. Eric Cheung

Participating Vendors Legally Mine and Kettenbach

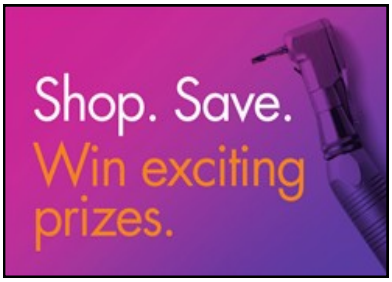
SDS Secretary, Dr. Samer Hamza and new member, Dr. Michael Chan

The Dentists Service Company

Focus on finding savings for your most-used supplies

Also known as “the law of the vital few,” the Pareto principle, named after an Italian economist, is often expressed as 80 percent of effects coming from 20 percent of causes. You’ve likely observed this phenomenon in your own practice — whether it’s a large percentage of revenue coming from a relatively small number of procedures or a high percentage of new patients coming in from one of your many marketing efforts. However, one of the areas in which the Pareto principle is most evident is in your dental supply budget.

While the percentage of overhead allocated to supplies continues to rise in response to innovative tools and tech, roughly 20 percent of your inventory is still used 80 percent of the time. Lower-dollar products that are used in large quantities can add up significantly over the year.



The TDSC Marketplace, an online source for dental supply savings designed specifically for CDA members, sees disposables and infection control at the top of both its most-searched and best-selling product rankings. To date, Marketplace shoppers have ordered more than half a million dollars in infection control products alone. They continue to see big savings in the supplies they use in high volume.

Powder-free gloves that retail for $6.49 are only $3.59 through the site — a 45 percent savings. In fact, glove category savings are up to 58 percent off manufacturers’ suggested retail prices. Earloop masks that retail for $6.99 are only $2.98 — a 57 percent savings. And savings in the mask category are as high as 60 percent on some products. By multiplying this level of discounts across your practice’s usage level, you can calculate aggregate savings that make a real difference.

Here are a few steps you can take to make your hardworking everyday supplies more affordable and efficient:

- Compile your current invoices and identify supplies used in highest volume. Visit tdsc.com, search for your current essentials and see opportunities to save. The site’s quick-compare feature will allow you to easily evaluate features and pricing between similar products, so you may be able to find new favorites at even more savings.
- After identifying your most-used items, you can create one or multiple saved lists at tdsc.com to make reordering fast and easy. If you tend to order the same gloves, wipes and sterilization pouches regularly, this can reduce the process to a couple of minutes and clicks.
- “Stockpiling” treatment areas may lead to inefficiency in overall inventory control. It impedes a clear view of on-hand quantities, can result in the waste of products with expiry dates and a reluctance to try new supplies. Keep central inventory adequately stocked and conveniently reorder with free shipping and fast delivery so you don’t run out of essentials or incur unnecessary fees.

Remember that economization should never compromise infection control protocol. Get your whole team on board with your practice’s expectations around appropriate supply use and safe disposal. Reduce the supply cost per patient through savvy shopping and efficient sterilization processing without impacting care. Set aside time to evaluate the 20 percent of dental supplies you rely on every day. By reducing costs on high-volume products, you’ll gain more control over your practice’s overhead.

Explore the Marketplace, compare products and see savings at tdsc.com. For assistance getting your practice set up to shop, contact TDSC Sales Representative Ashley Reich at 916.554.5378 or by email.

***Note**: As of May 10, 2018 members have reaped $1 million in savings!

Who the SDS Office goes to for some answers!

California Dental Association
1201 K Street, Sacramento, CA 95814
800.232.7645 | cda.org

CDA Practice Support Experts

While our resources at cda.org/practicesupport resolve many of your questions, we know there are times you'd prefer to speak directly with a person. So we've made it easy for you to ask an expert. The same team of dedicated professionals that develops our online content is available to share the perspective and information you need to make smart decisions.

Denise Martinez
Dental Benefits Analyst
denise.martinez@cda.org
916.554.4994

Denise has extensive experience in dental benefits and contracting. She specializes in resolving member concerns regarding claims and contracting issues with dental benefit plans. Her areas of expertise include claims processing, dental Medicaid fraud investigation, administration of government plans and implementation of HIPAA regulations.

Teresa Pichay, CHPC
Regulatory Compliance Analyst
teresa.pichay@cda.org
916.554.5990

Teresa specializes in the many regulatory compliance issues that impact dental practices, including occupational and environmental safety and health, waste management, wastewater, licensure, HIPAA and dental materials regulations. She also develops many of the resources used in CDA Practice Support.

Cindy Hartwell
Dental Benefits Analyst
cindy.hartwell@cda.org
916.554.5941

Cindy brings more than 20 years of experience in the dental industry. After working as an RDA and office manager in private practice, she enjoyed a 16-year career in the commercial and state government divisions of a large dental benefit organization. Her expertise includes customer service, claims processing, administration, training and professional relations.

Michelle Corbo, PHR, PHRca
Practice Analyst
michelle.corbo@cda.org
916.554.4968

Michelle specializes in both human resources and practice management. She has a long history in private practice and more than 11 years of experience with Peer Review and Practice Support at CDA. Her wide range of expertise includes practice transitions, marketing, employment laws and regulations, hiring and firing protocols, office policy manuals and employee performance reviews.

California State Mandated Reporting

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Under California law each person licensed by the Dental Board of California is a "mandated reporter" for known or suspected abuse or neglect of a child, elder and dependent adult, and incidents of violence. Mandated reporters must report known or suspected cases to the county department for child protective services or for adult protective services or to local law enforcement.

All mandated reporters must sign a statement acknowledging this responsibility. The statement and a copy of Penal Code sections 11165.7, 11166 and 11167 are to be provided by the employer. Employers are strongly encouraged to provide employees with training associated with the responsibility of being a mandated reporter. Whether or not employers provide employees with training, the lack of training does not excuse a mandated reporter from his or her responsibility to report. No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. The law, however, allows for establishment of internal procedures to facilitate reporting.

A mandated reporter who fails to make a report may be found guilty of a misdemeanor. A mandated reporter who makes a report in accordance with the law has protection from liability. Under certain circumstances mandated reporters may seek reimbursement from the state crime victims fund for legal expenses.

AA report first must be made by telephone to local law enforcement or to the county department responsible for child protective services and/or adult protective services. The telephone call reporting **known or suspected child abuse or neglect** must be followed within 36 hours with the submission of a completed form to the reporting agency. Suspected Child Abuse Report Form SS 8572 may be available on county child protection agency web sites. Following the initial telephoned report of **known or suspected injury of an adult or child**, a mandated reporter must submit a report on a form, Mandated Suspicious Injury Report CalEMA Form 2-290, to the agency within two days. Both of these forms are on the state Department of Justice web site, http://oag.ca.gov/childabuse/forms.

Elder Abuse – http://ag.ca.gov/bmfea/reporting.php

Suspected Child Abuse Report Form – http://ag.ca.gov/childabuse/forms.php

Suspicious Injury Report – http://ag.ca.gov/childabuse/forms.php

Below is a "Statement Acknowledging Reporting Obligations As A Mandated Reporter" and a copy of Penal Code sections 11165.7, 11166 and 11167. Employees can sign this statement, which is retained by the employer.

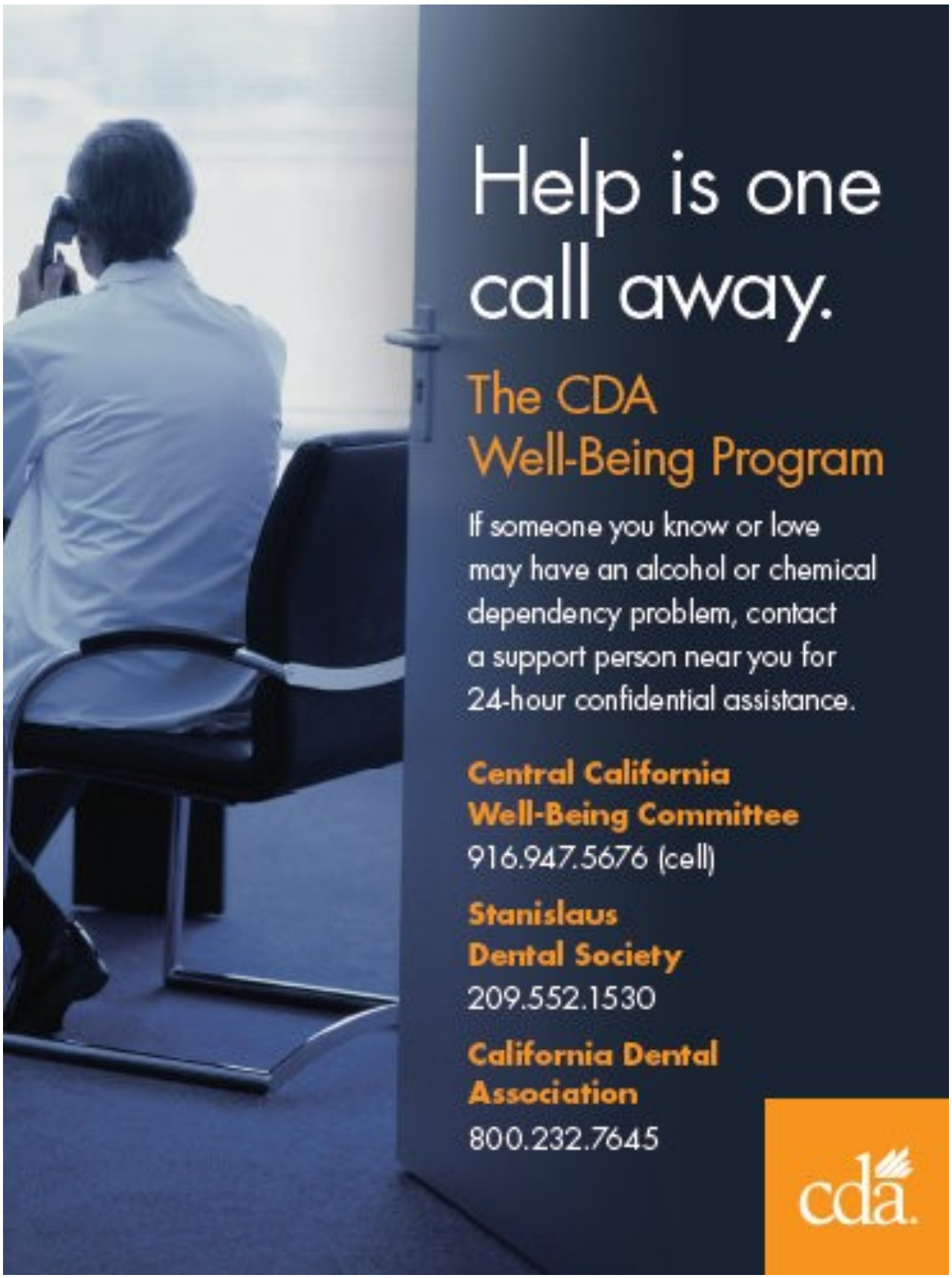
Training Resources

Child Abuse Mandated Reporter Training – California Department of Social Services

http://mandatedreporterca.com/training/generaltraining.htm

*__Sidebar from the SDS office:__ Department of Health and Human Services has a fillable .pdf form for reporting Dependent Adult/Elder Abuse,

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC341.pdf.


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.
Central California Well-Being Committee
916.947.5676 (cell)
Stanislaus Dental Society
209.552.1530
California Dental Association
800.232.7645
cda.

SDS Calendar - 2018

May	16-19	Thur-Sat	CDA Presents - Anaheim - (office closed)
	24	Thurs	LDC Meeting (Robin in Sacto-office closed)
	28	Monday	Memorial Day (office closed)
June	1	Friday	BLS renewal
	22	Friday	SDS Summer Dental Symposium
July	4	Wednesday	Independence Day (office closed)
	5	Thursday	SDS Board meeting
August	17	Friday	SDS CE course - Pearls of the Practice
September	3	Monday	Labor Day - (office closed)
	6th-8th	Thurs-Sat	CDA Presents - S.F. - (office closed)
	11	Tuesday	SDS Board meeting
	28	Friday	LDC Meeting (Robin in Sacto-office closed)
	13	Thursday	Staff Appreciation
October	18	Thursday	SDS General Membership Meeting
	19	Friday	SDS CE Course - TBD
	26th-27th	Fri-Sat	**CDA Cares - Modesto (office closed)**
November	1	Thursday	SDS Board meeting
	9th-11th	Thur-Sun	HOD - Anaheim (office closed)
	15	Thursday	SDS Board Orientation
	22-23	Thurs-Fri	Thanksgiving holiday - (office closed)
December	6	Thursday	SDS Member/Spouse Holiday Mixer
	Dec 22-Jan 1	Sat-Tues	Winter Holiday - (office closed)

Welcome New Members!

Sonia Arevalo, DDS
Pediatric
In practice with Mital Patel, DDS
2561 3rd St. Ste. B
Ceres, 538-9297
Tufts University, 2015

Scott Blackhart, DDS
General Dentist
In practice w/ Drs. Albertoni & Corso
1419 W. F St.
Oakdale, 847-0309
Boston University, 2009

Apolinar Madrigal, DDS
General Dentist
In practice w/ Dr. Glenn Takanaga
3801 Pelandale Ave Ste B9
Modesto, 812-3802
Loma Linda University, 2012

Ruben Villa, DDS
General Dentist
Smile Care
2900 Standiford Ave Ste 2
Modesto, 577-5008
Mexico-Universidad De La Salle, 2017

Grace Woo, DDS
Orthodontist
Hoybjerg Family Orthodontics
1212 12th St
Modesto, 238-9700
Loma Linda University, 2017

SDS Members by the Number

Total: 284

Active – 227
(Recent graduate-Reduced dues members)
RDO – 0 / RD – 8 / RD2 – 6
Life Active-20 / Life Retired – 42 / Retired – 4
Affiliate – 5 / Permanently disabled – 4

Did you know?.....

In addition to posting a classified ad on the SDS website and APEX Newsletter, CDA also has a classified section where you can post jobs, dental equipment, practice sales, etc. Free to CDA members (must login to post)! Go to….

www.CDA.org/jobs

Classifieds

•**Associate Dentist** Looking for an Associate General Dentist for a busy, modern, multidisciplinary dental practice. Needs to be a team player, detail oriented to exceptional dental work and have great communication skills. Having experience in CEREC is a must. Trained in placing implants. Prefer at least five years of experience. Competitive compensation package, health benefits and many more items to discuss. Please send your resume to set up interview. Phone 209-524-4763

The above Classified ads are also listed on the SDS website, stanislausdental.org.
SDS offers its members free advertising related to their practice including, member employment, equipment to buy or sell and practice sales or purchases.
For more information, contact Robin at the SDS office, 522-6033.

Summer Dental Symposium!

Friday, June 22, 2018

Memorial Education Center
1700 McHenry Ave. Modesto

Brochure and Registration Form can be downloaded from the front page of the SDS website:
www.stanislausdental.org