



Inside: Dental Team, how to find them and how to keep them!
HELP IS ON THE WAY!!

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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. Eric Dixon, SDS President

Dear Stanislaus Dental Society Members,

We are certainly glad to be getting back to in person events within the dental society. We invite you to join your Stanislaus Dental Society Board at these events as we begin to reengage. We are thankful to each of you for renewing your membership in the dental society. We value your commitment to organized dentistry.

I would like to review with you many of the benefits of membership in the Stanislaus Dental Society:

SDS Membership Benefits

- Continuing education courses with reduced fees
- Patient referrals
- Camaraderie and support from colleagues
- CPR renewal certification courses (Offered 1x/mo January-June)
- Licensure Renewal Courses (OSHA/CA Dental Practice Act/Infection Control)
- Representation at all levels of government
- General Membership meetings that include CEU's and meals (included as part of annual membership dues)
- SDS website information resources
- Classified section on website for job placement for associates and dental-related office and equipment sales
- Stanislaus Medical Society Phone Exchange privileges
- Website SDS membership directory with specialty reference for referrals
- Social events with colleagues
- Opportunity to be a dental provider for the Stanislaus Foundation for Medical/Dental
- Practice Management direction from the SDS office
- Guidance to services provided by the [ADA](#), [CDA](#) and many other organizations
- Service with a SMILE! 😊

Here are some upcoming events that we invite you to attend:

- * August 19 – Continuing Education course - Pearls of the Practice
- * September 15 – Staff Appreciation
- * October 19 – General Membership meeting
- * October 20 – Continuing Education course
- * December 8 – Holiday Member/Spouse Mixer

The Stanislaus Dental Society appreciates your membership and looks forward to helping make your practice a success!

Respectfully,

Eric Dixon

2022 SDS Board of Directors

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Secretary / Treasurer

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Quick Contacts

ADA. . . (800) 621-8099

CDA. . . (800) 232-7645

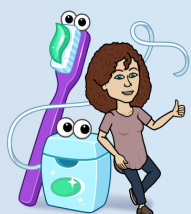
TDIC . . . (800) 733-0634

TDSC . . . (800) 253-1223

Denti-Cal Referral

.....(800) 322-6384

SDS Board Meeting attendees hard at work!



Robin's Relevant Remarks

SDS Executive Director



Besides the, “how much longer do we have to wear these masks!” question that I receive on a regular basis, is the one, “Do you have any resumes for” Mostly, my answer is...sorry! As much as I like to be the person you can count on to find the for answers to your problems, this one is beyond my capabilities. You will notice that the ‘Classified’ section I included in the member email blasts has been pretty scarce of resumes. I send them when I get them. There is hope on the horizon though. Make sure to read the article on Page 8. This is the start of something pretty big that will affect members here in Stanislaus County and with it’s success, have the potential to grow into something even more comprehensive. We hope that you will be onboard and support this program as much as possible as this was created as a benefit for you!

In the pages ahead you’ll notice more photos of those who sponsor our continuing education courses than you’re used to seeing. During the first two of years of COVID, most companies didn’t have access to dentists, either in their office or through events held by dental societies. This was not beneficial for either the sponsors or those of us who count on their help to provide events and courses for our members; particularly for smaller components like ours. (We may be small, but we are mighty!). Thankfully, with the relaxing of some of the recommendations from the ‘powers that be’ (sorry, not masks yet), we are slowly returning back to our previous practice of meeting in person for our courses and with that, the return of our sponsors who are eager to connect with our members. Without their financial support, we would be hard-pressed to provide the quality of course speakers that we do or the frequency with which we hold them. Their mentions on the pages ahead are our way of thanking them. Please keep them in mind when you are in need of product. With so many advances in technology, dental-related product is growing in leaps and bounds and they welcome the chance to connect with you and share their expertise (and deals!). They know what I know, that.....

...SDS members (and team) are preserving the dental health of the earth’s population, one patient at a time!



Dental Therapists & Advanced Dental Therapists

Mid-level provider expansion throughout our nation

by Charles C. Kim DDS, SDS Editor

There's a bill that is about to get approved in Colorado called "The Dental Therapist Bill" (<https://leg.colorado.gov/bills/sb22-219>). This prompted me to write an article about a mid-level provider model in dentistry.

I know we all have different views about this topic, but I will try to have you all think about this subject for a few minutes here. I will try to stay as neutral as I can on this topic so that each one of you may think what is best individually.

Currently, the states of Minnesota, Maine, and Alaska and possibly Colorado allow dental therapists and advanced dental therapists to practice limited scope of dentistry under direct or indirect supervision of the dentist with treatment including: fillings and simple extractions.

The access to care issues has been one of the main problems the proponents of dental therapists brought up as a solution. More specifically, the limited access to care brought on by problems caused by lack of geographical distribution of the dentists. In fact, that topic brought 10+ more dental schools to open its doors since 2006 and many to follow suit. (But that is entirely different discussion that I would not go into here.)

I am curious to find out where all my dentist and surgeon friends think of the expansion of dental therapists. Do we need to expand dental therapists in our country? Will having more dental therapists improve the oral health conditions of our country? Is this going to make dentistry for the better or worse down the road?

I wonder if there's a different way to solve lack of distribution issues of dentists such as increasing/incentivizing reimbursements of fees in rural areas for the dentists that serve in these areas. My apologies for not providing a solution to this topic that I presented, but my goal was to have more of us be aware of what is happening regarding dental therapists.

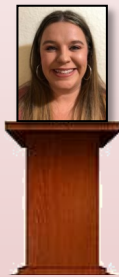
In the end, it is up to the dental professionals like us collectively thinking, deciding and acting on what is best for our profession that will form the type and quality of care our patients receive from whomever we allow to practice dentistry.

Now my question to all of you is, what do you think about dental therapists and advanced dental therapists in our field?

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.

May General Membership Meeting



Speakers from The Dentist Insurance Company presented 2022 Risk Management updates to SDS members on at the General Membership Meeting. Good food, important information, and lots of great peer interaction makes for an enjoyable evening. So great to meet in person! Raffle prizes opportunities don't hurt either!





Changes to the CDA Board

by Dr. Matt Swatman, Board of Component Representatives (formerly CDA Trustee)

The board is the managing body of CDA, vested with the fiduciary duties of the association including implementation of the strategic plan, fiscal management, governance oversight, and implementation of policies established by the House of Delegates; together they govern the association.

The 2019 House of Delegates considered a recommendation to create a small board of directors and a component board of advisors to replace the current Board of Trustees and Executive Committee. The proposal addressed findings that guided development of a board composition to prepare CDA for the future, minimize organizational risk, and increase the board organizational influence to serve all components.

The current process in which components elected trustees gave a false impression of component representation on the Board of Trustees. Although components elected the trustee, they served as a fiduciary to CDA and had a legal duty to act in the best interest of CDA. **The Board of Trustees held significant discussion on the proposal and recommended the creation of a 32 member Board of Component Representatives (BCR) and establishment of a 17-member Board of Directors to replace the executive committee and the 50-member Board of Trustees.**

The 32-member Board of Component Representatives adds a formal body and representative structure for discussion of component issues throughout the year. The BCR is able to voice component perspectives on organizational issues and take on the responsibility of component representation regarding membership issues and consider membership recommendations that require CDA board or house action.

The BCR will offer a forum for components to collaborate with one another and CDA on component leadership development programs in a method that has not been previously possible. The creation of the BCR provides the organization with an opportunity to enhance the effectiveness of the House of Delegates. It is a formal mechanism to allow components to collaborate with one another in advance of the House of Delegates. Like the CDA board, the BCR will also provide input on its own leadership development to support its members in getting the necessary skills and experience for other leadership positions such as the Board of Directors. The elected chair of the BCR is one of the 17 board members.

The proposal to change the board composition was adopted at the 2021 House of Delegates. The new CDA board is composed of 17-directors and 2-non-voting participants. In most components, a current trustee transitioned to the BCR position. The component representative to the BCR can be changed by the local component Board of Directors at any time.

Director Name	Position
Dr. Ariane Terlet	President
Dr. Max Martinez	Secretary
Dr. Steven Kend	Treasurer
Dr. Wallace Bellamy	At-large Director
Dr. John Blake	At-large Director
Dr. Robert Hanlon	At-large Director
Dr. Kevin Kai	At-large Director
Dr. Sunjay Lad	At-large Director
Dr. Cindy Lyon	At-large Director
Dr. Carliza Marcos	At-large Director
Dr. Joan Otomo-Corgel	At-large Director
Dr. Lindsey Robinson	At-large Director
Dr. James Sanderson	At-large Director
Dr. Judee Tippet-Whyte	At-large Director
Dr. Benson Wong	At-large Director
Mr. Peter DuBois	Ex Officio Director, CDA Executive Director
Dr. Virenchandra Patel	Ex Officio Director, Board of Component Representatives Chair

New Dental Assisting Program!

by SDS Member, Elizabeth Demichelis, DDS

When you visit any of the social media boards exclusive to a dental office, you are almost guaranteed to find the most current comments have to do with either insurance reimbursement or employment issues – specifically, finding qualified employees. Many of the more senior members of the local dental community will tell you that when MJC closed the dental assisting program, we lost a community gem that provided not only a great career path for many but also our direct pipeline for well-qualified team members. Thanks to the continued efforts of SDS Members, Dr. Bruce Valentine and Dr. Dennis Hobby, along with the late Dr. Andrew Soderstrom, MJC heard our needs and has now reached out to recreate a dental assisting program.



The program will not be a carbon copy of the one from the past but with some creative ingenuity, we have been able to create a program that we feel will serve our current needs in the dental office while at the same time provide a pathway to meaningful employment for those in our community. This will not be an RDA program to start but could grow to become one in the future. What we will have is a DA program that will allow the student at their completion to have met the requirements to sit for the RDA exam. This pathway will take a bit longer than a standard DA program with a private institution to allow for the hours required, however we are aiming to make it a cost-effective alternative so the student can maintain any employment needed to meet family obligations as they pursue this path to licensure while at the same time strive to meet our local workforce needs.

Joy Brack, RDA has been hired to implement the initial steps for the Dental Assisting program. Along with an all-star team at MJC led by Bianca Cavazos, Joy Brack has created a PATCH (Professional Advancement Toward Clinical Health) program that will allow students an introduction to a career in allied health. Although the emphasis will be on a career as a dental assistant, the program will introduce the student to other careers in the health industry to help them make an informed decision if they choose to pursue the dental assisting path. Students who successfully complete the four-week PATCH program will earn their BLS certification, gain valuable information on basic infection control and HIPPA protocol, and gain preferred status for enrollment in the Dental Assisting program. Thanks to local funding, the PATCH program is being offered at no cost to Stanislaus County residents.

The Dental Assisting program is on target to start for the Fall semester and will be a combination of virtual and in-class learning. A dental assisting training lab has been set up in Empire with classes being conducted in the evening. The initial training will not involve immediate patient care; however after some training, we will be reaching out to our local dental offices to participate in our internship program. Interns will complete approximately 15 hours weekly in-office in addition to their evening courses. This will allow students to practice skills they have learned in the classroom while honing their skills under the watchful eye of our local offices. (We will be reaching out to all of you to help us with internships in the near future.)

This is not the MJC program of the past. This is an innovative solution to meet the needs of today's student while addressing the needs of the local dental workforce. The goal will be to graduate a student who will be able to successfully sit for the RDA exam and return to our offices with the skill and professionalism that we historically appreciated with our past MJC graduates.

If you would like to help with the program, please reach out to myself or Robin Brown. We welcome your input and participation in what will hopefully be the new successful MJC DA program!

Are you looking for a career in
Allied Health?

Dental assisting is one of today's fastest
growing careers according to the
US Bureau of Labor Statistics!

Join our PATCH to get started!



Professional Advancement Towards Clinical Health



Receive technical training and
hands-on learning!

Join a cohort of students for a 4-week
intensive Bootcamp to amplify your
soft skills, practice customer service,
get BLS Certified and get ready to
jump into an Allied Health Program.

Successful completion of the PATCH Bootcamp will grant students a
Certificate of Completion in 'Professional Development in Allied Health' &
a Basic Life Support Certification that would be valid for the next two years!

**PATCH Bootcamp students will have first place eligibility in
the upcoming Dental Program at MJC this FALL 2022!**

PATCH Bootcamp Runs

July 11th - August 5th, Mon-Fri 8:30AM-1:00PM

Tom Changnon Education Center - 1325 H St. Modesto, CA 95354

Call (209) 575-6201 to apply now!



Brought to you in Partnership by Modesto Junior College &
Stanislaus County Office of Education.
Seats are Limited, Call Today!



Overtime, Paydays, and Wage Statement Refresher



Overtime or Off The Clock Work - Do you have an agreement with your employees that if they clock out to finish up charting and stay a 'little later' that you will give them some comp time on another day? This is not allowed in the vast majority of businesses in California, including the dental industry. Overtime must be paid when an employee works more than eight hours in a day and more than forty regular hours in a workweek. Overtime wages must be paid no later than the next regular payday following the payroll period in which the overtime wages were earned.

Paydays - In California, wages must be paid at least twice during each calendar month on the days designated in advance as regular paydays. The employer must establish a regular payday and is required to post a notice that shows the day, time and location of payment. Wages earned between the 1st and 15th days must be paid no later than the 26th day of the month during which the labor was performed. Wages earned between the 16th and the last day of the month must be paid by the 10th day of the following month.

Other payroll periods such as weekly, biweekly or semimonthly when the earning period is something other than between the 1st and 15th, and 16th and last day of the month, must be paid within seven calendar days of the end of the payroll period within which the wages were earned.

Wage Statements - Timely paychecks must be accompanied by a wage statement at least semi-monthly. The wage statement must include distinct pieces of information for each employee:

- gross wages earned;
- total hours worked (with the exception of exempt salaried employees);
- the number of piece-rate units earned and any applicable piece rates if employee is paid on a piece rate basis;
- all deductions;
- net wages earned;
- the inclusive dates of the pay period;
- the employee name and either the last four digits of the social security number or an employee ID number;
- the name and address of the legal entity that is the employer; and
- all hourly rates in effect during the pay period and the corresponding number of hours worked at each hourly rate.
- Paid Sick Leave (can be on separate notice)

Failure to pay employees in accordance with state law, pay overtime correctly or provide proper wage statements can be costly for business owners. Are you confused about the proper way to pay your employees? We are here to help! If you have any questions or need guidance, call the SDDS HR Hotline at 888-784-4031 and an HR Director will assist you!

Reprinted with permission from California Employers Association

Adventures in Dentistry!

SDS Member, Dr. Gladys Gesicho served at an orphanage in Africa last December.

I had gone on a previous medical mission and saw how much dental services were needed which is why I formed a 503© to be able to go once a year and help. In the midst of COVID, a small group of dentists and assistants from the KenyaAmerica Rural Dental Outreach (the organization also offers free dental services to kids in the United States) traveled to Kenya to provide free preventive dental services to five selected orphanages in the rural villages of Kisii. I am from Kisii which has many villages and many orphanages, but we could not see all the kids in all the orphanages due to limited resources. Five orphanages were selected and about 400 children were treated which included visual exams, prophylaxis, sealants, and oral health education. The services were provided outside under trees using portable rechargeable prophylaxis handpieces.

We are grateful for the donations from Patterson Dental Supply Company among others that helped.

Kenya has many parks with wildlife and birds and beautiful beaches. We would take breaks to visit the beach, the parks to see the animals, watch flamingos, and for the golf lovers, enjoyed a round of golf.

The next trip is scheduled for the end of December through January 2023. We welcome anyone interested to join us or to help in any way!



Ogembo Orphanage



Grace Group

5 TIPS TO OVERCOME Recruiting Roadblocks



Jessica Mirabile,
Recruiting Director for CEA



Clear and concise job postings help weed out unqualified applicants.

Employers today seeing many applicants that do not have the right qualifications for the job. As you consider your hiring needs and marketing strategy to attract quality candidates, it is important to be very clear on what each role will require in terms of skills, experience, and education. Candidates demand clarity on job responsibilities in their new roles. An effective and compelling job posting is essential when advertising career opportunities on job boards.

Keep candidates updated to reduce “ghosting”.

The most effective recruiters continually keep candidates apprised of their progress as they traverse through the hiring process. When a candidate does not hear back from a company in a timely manner they will often move on to another opportunity. Ask your job candidates about their communication preferences and remember to use the contact trifecta (emailing, texting and phone calls) as you keep them updated.



Think of each interview as a first date.

Provide a favorable, easy and memorable hiring experience for every candidate you choose to interview. Whether it's a phone interview, a zoom interview, or an on-site interview, it's important to make a great impression. Think of each interview as a first date. By putting your best foot forward, candidates will have a positive experience and glimpse into your organization.



In a world of uncertainty, job seekers value clarity, respect and assurances. Provide a potential employee with all of the details they need to be prepared for interviews and assessments. Never surprise a candidate with unexpected testing. Be empathetic. Times are tough and moving jobs is scary even for top talent.

Prepare in advance with well thought out interview questions that demonstrate the importance of this open position. This will help you to assess and confirm whether a candidate has the skills and experience needed for the role.



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5 TIPS TO OVERCOME Recruiting Roadblocks



Jessica Mirabile,
Recruiting Director for CEA

Sell your organization in 500 words or less.

Your job posting is an advertisement of your company. Think of the posting from a job candidate's point of view; help them determine "what is in it for me". Grab their attention and making the job posting compelling by selling the benefits of working at your company. Remember to ask your marketing folks to help you with this part of the process. Is your website current and user friendly? Does your ad differentiate your company from others?

Reader fatigue is common for candidates as they search opportunities on job boards. Make your words impactful by keeping your posting to 500 words. As you attempt to convince a candidate to come and work for your company, consider these questions:

- Are you proud of your work culture?
- Does your company embrace diversity, equity and inclusion in the workplace?
- Are there remote work opportunities?
- Is your company committed to employees' well-being, growth and development?

Now is the time to sell all of the great features, benefits and perks about your organization.



A skilled recruiter will save you valuable time.

Hiring the right person can take some time. When we ask managers to become recruiters something will fall through the cracks if they already have full time jobs. Consider having a skilled recruiter handle your search. A skilled recruiter understands how to get the best candidates available as quickly as possible by keeping the process moving, maintaining contact with the candidate, so that the hiring manager stays on task. We live in a "right now" world and expectations regarding the hiring process has changed. If you move too slowly in the hiring process you will lose talented candidates.



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CDA Board of Directors Meeting Summary: June 10 – 11

Executive Director Remarks: Executive Director, Peter DuBois provided opening remarks, briefing the board on the following:

The signing of AB 35, revising the state's medical professional liability law (MICRA), which will take effect January 1, 2023. For more information, [click here](#).

- 2022 membership renewal numbers continue to remain strong, aligning with 2020/2021 renewals.
- Work of the Diversity, Equity, Inclusion and Belonging (DEIB) Workgroup including primary objectives such as putting forth a DEIB policy for consideration by the 2022 House of Delegates, assembling a DEIB publication, and providing feedback and support regarding DEIB member programming for the fall.
- CDA's focus on business partner engagement, including endorsed programs.
- Preliminary approval of the state's legislative budget.
- Update regarding donations received through the CDA Foundation Ukraine Fund.
- Overview of CDA's annual wellness survey, which indicates high regard for CDA as an employer.
- Exploration of cybersecurity educational opportunities for CDA members.

Organizational Overviews: The board received organizational overviews of The Dentists Insurance Company, the CDA Foundation and CDA Political Action Committee, highlighting their purpose, areas of responsibility and recent/upcoming activities. The board will receive information regarding the TDIC Growth Plan and CDA Foundation Strategic Plan in August.

Dental Benefits Overview: The board received an overview of CDA's historical and current activities related to dental benefits including litigation and advocacy, as well as ongoing support from CDA's practice support team. Additionally, as a reference, the board was provided with the Dental Benefits and Economics Task Force and Medicare Task Force reports, which were presented to the CDA House of Delegates in 2019.

CDA Presents Report: The board received an update regarding CDA Presents Anaheim, including attendance data, attendee and exhibitor post survey results, and expense and revenue data. To further CDA's understanding of the attendance data, additional surveys are being distributed to 2019 Anaheim attendees who were not in attendance this year.

Strategic Planning/Financial Forecasting Workgroup Update: The board received information pertaining to CDA's financial forecast, including work currently being conducted by the workgroup to bring recommendations forward for the board's consideration. These recommendations will help guide the board's strategic planning efforts this fall.

Board of Directors/Officer Elections Process: The board reviewed the elections process and timeline for CDA director, director liaison, officer and speaker of the house positions. Additionally, the board discussed the secretary position serving as a training ground for members who are interested in serving as president.

13th District General Operating Principles Amendments: The board approved revisions to the general operating principles of the 13th district delegation, which reflected necessary changes as a result of Resolution 1, Board Composition, and recent operational and administrative changes of the delegation.

CDA Journal Update: The board received an update regarding the CDA Journal and planned publication enhancements to improve access, engagement and readership.

Financial Update: The board received a financial overview, highlighting membership dues, non-dues revenue sources, total reserves and budgets for CDA and The Dentist Insurance Company as of March 2022. Additionally, the board reviewed the 2021 consolidated audit results, conducted by Crowe LLP.

Overview of 2020 Financial Recommendations: The board received an overview of the 2020 financial recommendations and work that is currently underway by the financial forecasting workgroup. The purpose of the overview was to ensure all board members are familiar with the recommendations prior to being asked to consider them in August.

The board took additional actions of an operational nature, which are reflected on the meeting agenda and will be recorded in the official minutes.

RESTORATIVES

Glass Hybrid

- Buy 2 EQUIA Forte® HT Products, **Get 1 FREE!***



- Buy 3 EQUIA Forte® HT or EQUIA Forte® Products, **Get 1 GC CAPSULE APPLIER V FREE!***
- Buy 4 EQUIA Forte® Products, **Get 1 FREE!***
- Buy 2 EQUIA Forte® HT Products, **Get 1 MI Paste® ONE 10-Tube Package FREE!***

Glass Ionomer

- Buy 3 GC Fuji® Automix LC Starter Kits or Sets, **Get 1 Set FREE!***
- Buy 2 GC Fuji LINING™ LC Products, **Get 1 FREE!***
- Buy 4 Glass Ionomer Restorative Products, **Get 1 FREE!***
- Buy 3 Glass Ionomer Restorative Products, **Get 1 GC CAPSULE APPLIER V FREE!***

Composite

- Buy 2 **NEW** G2-BOND Universal Kits, **Get 1 FREE!***



- Buy 2 **NEW** G2-BOND Universal Refills, **Get 1 G-aenial™ BULK Injectable Refill FREE!***
- Buy 3 G-aenial Sculpt®, G-aenial™ Universal Injectable, G-aenial™ BULK Injectable, G-aenial™ Flo X, or G-Premio BOND™ Products, **Get 1 FREE!***
- Buy 3 GRADIA® DIRECT Products, **Get 1 FREE!***
- Buy 3 everX Flow™ Products, **Get 1 FREE!***

In-Office Milling

- Buy 2 **NEW** GC Initial® LiSi Block Packages, **Get 1 FREE!***



- Buy 6 CERASMART® 270 or GC Initial® LRF Block Packages, **Get 1 G-CEM ONE™ System Kit FREE!***
- Buy 3 CERASMART® 270 or GC Initial® LRF Block Packages, **Get 1 FREE!***
- Buy 3 **NEW** GC Initial® LiSi Block Packages, **Get 1 G-CEM ONE™ Starter Kit FREE!***
- Buy 5 **NEW** GC Initial® LiSi Block Packages, **Get 1 GC Initial® IQ Lustre Paste NF Kit FREE!***
- Buy 4 CERASMART® Packages, **Get 1 FREE!***
- Buy 5 CERASMART® 270 Packages **AND** 1 OPTIGLAZE™ color Complete Set, **Get 1 The Light 405 FREE!***

CEMENTS

Resin Modified Glass Ionomer

- Buy 2 GC FujiCEM® Evolve Products, **Get 1 FREE!***



- Buy 3 GC Fuji PLUS®, GC Fuji ORTHO™ LC or GC Fuji ORTHO™ BAND Products, **Get 1 FREE!***
- Buy 4 GC FujiCEM® 2 Products, **Get 1 FREE!***

Resin

- Buy 2 **NEW** G-CEM ONE™ Products, **Get 1 FREE!***
- Buy 3 G-CEM LinkForce® Refills, **Get 1 FREE!***
- Buy 3 **NEW** G-CEM ONE™ System Kits or Refills, **Get 1 CERASMART® 270 Package FREE!***



PREVENTIVE

- Buy 2 **NEW** MI Paste® ONE Kids, MI Paste® ONE, MI Paste® or MI Paste Plus® 10-Tube Packages, **Get 1 FREE!***



- Buy 3 MI Varnish® Packages, **Get 1 FREE!***
- Buy 3 GC Dry Mouth Gel Packages, **Get 1 FREE!***
- Buy 2 GC Fuji TRIAGE® EP Packages, **Get 1 FREE!***

IMPRESSION MATERIALS

- Buy 4 EXA Advanced™, EXAFAST™, EXAMIX™ or EXAJET™ Products, **Get 1 FREE!***
Excludes 32-packs and 80-packs
- Buy 4 EXAlence™ 370 Products, **Get 1 FREE!***
Excludes bulk and clinic packs



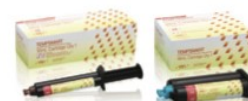
EQUIPMENT

- Buy 4 Capsule Intro Kits or Refills, **Get 1 CAPSULE MIXER CMH™ FREE!***
Must order from one category
- Buy \$1,250 of Restorative and Cement Products, **Get 1 The Light FREE!***
Excludes GC Fuji IP powder/liquid, GC Fuji ORTHO™ products, G-COAT PLUS™, GC ORTHO GEL CONDITIONER and UniFil® Bond products
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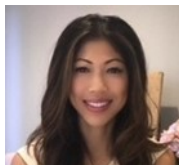
8 TIPS TO HELP YOU KEEP YOUR HEAD WHEN RECRUITING

By: Christine Sison, BA, MS



Since the pandemic, the recruitment landscape has felt different. Despite the very evident shift in the hiring climate, many offices continue to use the same approaches and expectations prior to COVID. Below are some thoughts and tips for those thinking of, or in the middle of the hiring process. Take what works for you and at the end, remember, you're not alone.

1. Protect your time and manage your expectations. No-show rates as high as 50% still continue for some positions particularly dental assistants. Depending on the position you're recruiting for, minimize loss of potential production where you can and schedule for efficiency. For example, if you're a provider doing the interview, consider blocking off no more than 15 minutes for your interview. You should aim to get enough information or feel for a candidate at that time to see whether a working interview should be offered. Ideally you have a non-producing team member doing the initial interview.
2. Start to design your office toward the future. Experts are predicting that in about 10 years, roughly half of the working population will not be available for full-time work. The next generation of workforce wants more flexibility and autonomy regarding their work-life balance. We will see more people having a more diverse working portfolio. Even now, about half of millennials already have a second part-time job or are working on a passion or side project. As the needs of the workforce change, dental practices will need to redesign how we staff and train employees if they are to remain competitive. There is tremendous value loss every time there is turnover. Consider having some sort of continuous training program available for your team. Many practices use coaches or sign up for programs with ongoing CE opportunities. Invest in building better systems and using technology to automate where you can.
3. Minimize the loss IP when a team member leaves. Consider building an infrastructure that utilizes off-site team members or companies. The gold standard has typically been an on-site team member and not surprisingly, most offices prefer this. However, the challenge comes when there are staffing changes and the knowledge leaves with a team member. Working with a company to institutionalize that knowledge and to manage tasks that can be done effectively off-site is a competitive advantage for a practice and helps create continuity in your workflow.
4. Be open to new compensation models for your team and where incentives are aligned. Everyone wants to make more money, but it needs to come from somewhere. Consider base plus bonus models where possible. For example, some offices are already considering this for hygiene positions. We are also seeing practices explore equity models for their team.
5. Attract. Retain. Develop. Remember, it is not just attracting the talent anymore. It's also retaining the talent and developing the talent once they're with you. Be intentional about an employee's journey with you. Curate what the next year or two with your office will look like for them.
6. Remember, good culture is always in vogue. How much you pay a candidate and having a competitive salary are now just table stakes. Finding ways to help candidates find their purpose and realize that through your practice can create synergies and support retention. Remember, the economic value of a job (e.g. hourly rate) is often very transparent, and candidates can easily compare one position for another. And yes, sometimes they leave a job for just \$1/hour more. If you want to make your job more attractive and less transactional in nature, focus on what the social value of your position offers and the culture of your practice.
7. Use the working interview to help you assess how much training a candidate will need and what resources you need to provide to get them there. While most of us want a "plug and play" person, the reality is that even the most experienced people will need to be trained. The question is, "How much training?"
8. Lastly, remember, you're not alone. Yes, it's hard. Yes, it may take longer to find the right person. But remember, there are always good people looking. As the owner, your job is not to do everything. It is to make sure everything gets done.



Christine Sison is the CEO of Swiss Monkey, a staffing and virtual front office services company. She has built and has managed a dental practice for over 10 years and has her Bachelor of Neurobiology from UC Berkeley and a Master of Health Policy and Management from the Harvard School of Public Health.

Audits, collections and dropping dental plan contracts: What dentists need to know—May 4, 2022



(Article provided by CDA and abbreviated to remove references to past CDA Presents Anaheim-2022)

CDA's Dental Benefits Analyst Lisa Greer answers member calls and emails Monday-Friday on a range of topics, from appeals to coordination of benefits. But she says most of the questions she fields fall into three areas: audits, collections and contract terminations.

Understanding dental plan audits

"Dental benefits plan audits are common occurrences," Greer says.

One question she receives frequently from members is "What will the auditor look for?"

California's Knox-Keene Act and a dental plan's contract with its network providers both give dental benefits plans the authority to conduct dental office assessments. The assessment enables a dental plan to demonstrate to state regulators that it is providing quality care to its enrollees and that the overall provider network is adequate to ensure timely care for plan enrollees.

An on-site assessment, a structural review and an assessment of the patient care process may occur.

The structural review encompasses accessibility and access to appointments and emergency services, the quality and maintenance of the facility and equipment, the existence of emergency procedures and equipment and compliance with sterilization and infection control requirements.

During an assessment of the patient care process, auditors will review documentation in patient files, such as medical history information, dental history and treatment progress notes, quality of care categories, existence of a treatment plan and treatment outcomes.

Greer also encourages members to log in to their CDA accounts to access the following resources to improve their understanding of audits in the dental practice, including whether the auditor has the authority to access patient records and what happens if the practice "fails" a quality assurance audit.

[Dental Benefit Plan Handbook, Chapter 11
Conducting a Self-Audit
Patient Records – Requirements and Best Practices](#)

Dropping dental plan contracts

Dentists who are considering terminating a contract with a dental plan want to know how that decision will affect their patients and their practice.

Implementing a plan withdrawal usually takes six months to a year from the time the decision to terminate a plan provider agreement is made.

"It is critical that you have sound financial policies in place for your practice and address any issues related to case presentation before you move forward," Greer says. "This means you need to follow a set of actions for each step of the process: before, during and after termination."

For example, during the termination process, the practice should develop a communication plan that includes patient messaging and team training. It should also expect a call from the plan's representative once the termination notice is received and be prepared to discuss how the decision to terminate may impact enrolled patients. The practice should anticipate and mitigate loss of some patients due to the change.

What You Need to Know about Dropping Dental Plan Contracts provides a checklist of termination actions to take and also includes customizable sample letters for notifying the dental plan of termination and informing patients that the dentist is no longer contracted with the patients' plan.

(cont. Page 19)

Additionally, chapter 2 of [CDA's Dental Benefit Plan Handbook](#) will help dentists understand plan contracts and fees and includes a section to help the plan evaluate its participation in existing dental plans and whether that participation presents any challenges.

CDA members can log in to their accounts to access both resources.

Collect with confidence

Managing patient collections in the dental office requires confidence, knowledge and strong billing practices and tools — starting with the current edition of the CDT code book published annually by the American Dental Association.

“Your front office sets the stage for managing patient collections and strong billing practices,” says Katie Fornelli, senior practice management analyst at CDA. “If your practice has implemented clear and defined collection and billing systems, your day runs efficiently, and patients understand payment expectations.”

Fornelli says dentists sometimes fear that they will lose patients when the practice establishes financial policies.

“In fact, the majority of patients will appreciate and abide by the policies,” Fornelli says. She suggests CDA members log in to review [Patient Financial Protocols](#), a thorough resource that explains how to determine patients’ financial options, the role of the financial coordinator, financial consultation and the ins and outs of collection.

More dental benefits plan resources from CDA

Log in to your CDA account to access dozens more [resources on dental benefits plans](#).

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1. Workforce Shortages/Dental Office Staffing

Even prior to the COVID-19 pandemic, dental practices in California were struggling with staff shortages, specifically a lack of dental assistants. First-year enrollment in dental assistant programs has declined 50% over the last 10 years. In recent months, the need to recruit dental staff has become even more prevalent as practices recover from the pandemic. Dental practices are stabilizing and have been able to rehire most team members, but staffing remains well below demand. Recent survey data shows that nearly 90% of practices have greater challenges in recruiting and hiring dental assistants than before the pandemic, and 44% of practices report that it's limiting their ability to see more patients.

CDA is pursuing both immediate and long-term solutions through recruitment and training programs, state budget funding and legislation:

- CDA strongly supports the governor's proposed investments in health care workforce expansion, which includes significant funding for the High Road Training Partnership, Health Care Workforce Advancement Fund, Multilingual Health Initiatives and the new Health Workforce and Education Training Council. CDA is advocating for these programs to include targeted investments focused on dental team pipeline development and apprenticeship programs. This builds upon existing funding for initiatives like CDA's [Smile Crew of California](#), designed to highlight careers in dental assisting and create a pool of qualified candidates.
- CDA is sponsoring AB 2276 by Assemblymember Wendy Carrillo (D-Los Angeles) to expand the scope of practice for dental assistants to include coronal polishing and placement of sealants under direct supervision if they have obtained the appropriate certifications. Currently, DAs can enroll and complete certification courses through the Dental Board of California to perform coronal polishing and apply sealants, but they cannot actually perform these tasks until they receive registered dental assistant licensure. Allowing DAs to perform duties to the limits of their certifications balances the needs of dental practices that are struggling to hire dental team members while also protecting patients by ensuring DAs are appropriately trained and supervised to perform these tasks.

2. AB 35: Medical Injury Compensation Reform Act (MICRA) – Support

California's health care community, including CDA and The Dentists Insurance Company (TDIC), has reached an agreement that will extend the long-term predictability and sustainability of MICRA, the state's medical professional liability law. This agreement settles a decades-long divide on the issue and will result in the withdrawal of a [November 2022 ballot measure](#) that would dismantle the MICRA law.

The agreement keeps in place MICRA's essential cost-control guardrails while protecting the rights of injured patients. The MICRA coalition and the ballot measure sponsors are jointly supporting new legislation (AB 35) to codify the agreement, and the sponsors will remove the measure from the ballot when the legislation is signed into law.

AB 35 includes several provisions that would update MICRA while continuing its medical liability protections. The most central provision would change the cap on noneconomic damages from the current \$250,000 to:

- Cases not involving a patient death: \$350,000 starting Jan. 1, 2023, with an incremental increase over the next 10 years to \$750,000.
- Cases involving a patient death: \$500,000 starting Jan. 1, 2023, with an incremental increase over the next 10 years to \$1 million.
- After 10 years, an annual 2% adjustment would apply to the limits.
- These new limits would only apply to cases filed Jan. 1, 2023, or later; they would not apply retroactively.

More details can be found [here](#).

3. Health Equity and Access Budget Proposals

Recognizing the state's significant budget surplus, this year CDA is requesting one-time funding for two strategic investments in dental workforce and infrastructure to increase access to care for underserved, rural and vulnerable populations:

- \$50 million to build new and expand existing special needs dental clinics and outpatient surgery centers through a grant program that would be operated by the California Health Facility Financing Authority. The funds can be allocated to pay for the construction, expansion or adaptation of dental surgical clinics or specialty dental clinics in California to increase access to oral health care for specialty populations. This expansion of settings will significantly expand access to dental care for individuals who are unable to undergo dental procedures in traditional dental offices due to special health care needs or the complexity of care needed.
- \$10 million to fund the development of new and enhanced community-based clinical education rotations for dental students to improve the oral health of underserved groups in California. The Health Resources and Services Administration reported in 2021 a need for additional dental practitioners to meet the oral health needs of 2 million Californians living in dental health professional shortage areas (DHPSAs). The investment will be administered by a nonprofit foundation in collaboration with dental schools and will allow hundreds of dental students per year to serve in community settings in designated DHPSAs. This community-based education model is self-sustaining because the revenue generated by dental students providing treatment is sufficient to defray the cost after one year of implementation, so a one-time allocation can create sustained increases in access to care and permanent expansion of the dental workforce.

4. Medi-Cal Dental Program

More than half of children and a third of adults — over 14 million Californians — rely on the state's Medi-Cal program for their medical and dental coverage. Historically, Medi-Cal patients have faced major barriers to care including long delays for appointments, trouble finding specialists and traveling long distances to receive care. A primary reason has been a lack of providers able to participate in the program due to administrative and enrollment barriers as well as reimbursement rates that had been among the lowest in the nation.

Making the Medi-Cal program functional has been a critical priority for CDA, and over the last five years the Medi-Cal dental program has made tremendous progress that the state must continue to build upon. This is a result of (1) improved reimbursement rates following the passage of Proposition 56 (2016), a tobacco-tax increase co-sponsored by CDA; (2) enhanced federal funding through the Medicaid waiver process that is continuing through the California Advancing and Innovating Medi-Cal (CalAIM) program; (3) restoration of adult dental benefits the state had eliminated during the Great Recession; and (4) improvements to administrative and enrollment barriers for providers. These changes have increased dental provider enrollment by 20% since 2017.

CDA is engaged on a number of Medi-Cal-related budget items this year including:

- Gov. Newsom's budget proposal to backfill Prop. 56 tobacco tax declining revenues with general fund money, demonstrating a commitment to maintaining the program's recent progress long-term and ensuring the state can maintain its supplemental rate increases for Medi-Cal providers, which were made permanent in last year's budget.

5. AB 1982: Protection of Patient Choice in Teledentistry – CDA Sponsor

The use of telehealth has significantly increased since the onset of the COVID-19 pandemic. While telehealth has proven to be an effective model of delivering care, third-party corporate telehealth providers operate in a completely virtual environment and generally have no relationship or interaction with a patient's in-network provider. Last year, Gov. Newsom signed AB 457 (Santiago), which requires health plans and insurers to comply with specified notice and consent requirements if the plan or insurer offers a service via a third-party corporate telehealth provider. However, dental benefit plans were exempt from the requirements of AB 457 despite also steering patients to use third-party corporate telehealth providers. Telehealth is a useful tool in dentistry to triage patients experiencing pain or discomfort, but almost no dental care can be provided remotely. These triage appointments can unknowingly impact a patient's visit frequency limitations and annual maximums before the patient even sees a dentist in person for necessary treatment. This year, CDA is sponsoring AB 1982 by Assemblymember Miguel Santiago (D-Los Angeles), which will ensure patients also have the ability to make an informed decision about how to access their dental care, as they do for their medical care, by removing the dental exclusion from statute and direct dental benefit plans to provide a disclosure of the impact of third-party telehealth visits on a patient's benefit limitations. This bill will ensure patients receive quality telehealth services, protect the patient-provider relationship and provide better integration of care.

6. Dental Plan Accountability & Transparency

Over the past several years, CDA has worked to improve the transparency and value of dental benefit plans, hold dental plans accountable for how they spend premium dollars and level the playing field for dentists and consumers. Furthermore, the COVID-19 pandemic highlighted the ability of medical and dental plans to make record profits during a public health emergency by collecting the same amount in premiums while paying fewer claims, as patients were receiving care less often. Since the onset of the pandemic, costs of personal protective equipment (PPE) have skyrocketed and been incredibly unpredictable, issues exacerbated by product scarcity, supply chain disruptions and price gouging. Many providers are still paying in the range of \$10 to \$25 per patient for medically necessary PPE, adding up to thousands of dollars of extra costs every month. Dental plans did not share in the burden of these costs in any substantial way, worsening the longer-term trend in which payments from plans remain stagnant while the cost of providing care continues to rise. CDA has advocated for [a number of bills](#) signed into law in recent years that strengthen transparency and accountability of dental plans.

7. Direct-to-Consumer Orthodontic Consumer Protections

Providing dental care that involves the movement of teeth without a proper evaluation, including X-rays, can lead to serious patient harm, such as loose or cracked teeth, bleeding tongue and gums, gum recession or a misaligned bite. With the emergence of direct-to-consumer (DTC) business models offering various dental services that are ordered without an in-person clinical examination, it is imperative that dental treatment continues to meet a uniform standard of care regardless of whether a dentist provides treatment through telehealth or in person. CDA continues to advocate for consumer protections that ensure that DTC orthodontic business models have the same level of dentist oversight and patient safety as the virtual dental home model and in-person dental care. CDA will continue to work with the appropriate enforcement entities, including the dental board, to push for increased patient safety while pursuing improved statutory and regulatory enforcement.

Help is one call away.

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Central California Well-Being Committee

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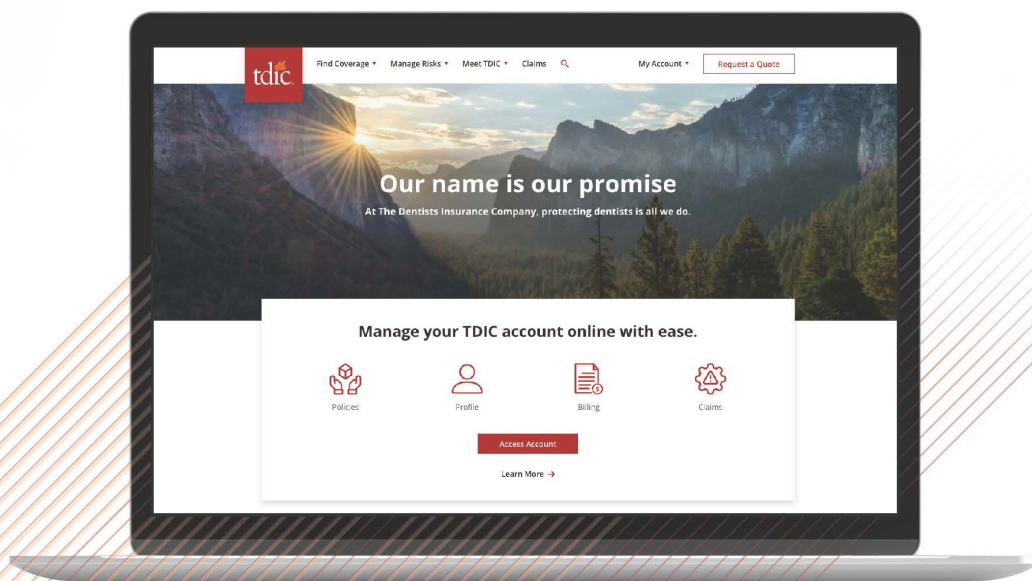
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Resources for Managing the Dental Team

Guidelines for Practice Success



We have compiled online resources for Guidelines for Practice Success, Managing the Dental Team to make it easier for you to locate the additional information, samples, and resources discussed throughout the module.

[Background checks](#) [PDF]

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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 human being. 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.



Ann Milar

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Ann provides strategic direction for Practice Support's resources and initiatives while leading the team of expert analysts. She is also responsible for identifying and analyzing emerging issues for policy development and implementation on behalf of CDA's 27,000 member dentists. Ann has worked with CDA for more than 13 years and her health care experience spans 20 years of working with associations, health plans and advocacy organizations.



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Teresa specializes in regulatory compliance, including information verification, documentation strategies and referral to legal references. For more than 20 years, she's worked with CDA members in the areas of occupational and environmental safety and health, HIPAA, California Dental Practice Act and other business regulations.



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Michelle specializes in employment practices, including employee management, policy development and wage and hour compliance. She began her dentistry career as an assistant, quickly becoming an office manager, and now brings 18 years of private practice management experience, plus another 13 years supporting CDA members.



Katie Fornelli

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Katie specializes in dental practice management and marketing. For more than 18 years, she's worked with dentists and their teams in areas such as scheduling, collections, front office systems, case presentation, patient management, practice transitions, and dental practice marketing.



Cindy Hartwell

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Cindy specializes in consulting with practices on dental benefit plans, navigating the benefits system and advocating for providers. She brings more than 20 years of experience, including RDA and office manager roles in private practice before working in a large dental benefit organization's commercial and state government divisions.



Lisa Greer

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Lisa specializes in several aspects of dentistry, including working with dental benefit plans, dental billing, accounts receivable, community marketing, human resources, practice management and regulatory compliance. As a Practice Analyst, she brings more than 20 years of dental industry experience to CDA, including having served as a regional collections specialist for a dental support organization that supported 70-plus California offices.

Invest in interviewing to reduce risk of bad hires

TDIC's Risk Management



For an attentive employer, the interviewing process can be a good predictor of a future employee's potential for success – or barriers to it. When one interviewer asked a candidate how long they worked at their last place of employment, the candidate responded, "I'd say my biggest weakness is my listening skills." Responses like this illustrate why looking out for red flags is essential to the interviewing process.

While recent dental staffing shortages may make it tempting to offer a position to the first person who turns in an application, a measured, thoughtful approach to hiring is recommended. The time and planning that you invest to develop your practice's hiring process will save you money, maintain consistency and reduce the potential risks of "warm body hiring."

The interview portion of your hiring process should take place after [careful screening of potential candidates](#) through clear job descriptions and applications. If you are fortunate enough to have many applicants, conducting brief phone interviews and screening can help to narrow the field. When meeting with candidates virtually or in-person, use the opportunity to both learn more about the personality behind the resume and to put your best foot forward as a potential employer. Be mindful that each candidate is essentially interviewing you as a potential boss.

Interview best practices

The Dentists Insurance Company's Risk Management analysts often field questions from dental practice owners dealing with employment challenges. Here are a few of their recommendations for conducting effective interviews:

- Prepare for each interview by reviewing the candidate's application and resume and making notes of any specific questions that need to be addressed.

- Create a list of questions that will be asked of all candidates to determine their experience and competencies. This will arm you with fair and adequate comparisons of those interviewed. Be mindful of the critical employment laws that exist through the U.S. Department of Labor (DOL) and your state labor bureaus as you do so. California Dental Association members have access to a list of [appropriate sample questions](#) through a library of employment practices resources.

- Keep the interview organized by explaining the process at the beginning. For example, let the candidate know you will be sharing a bit about the practice, your team dynamics, and will have a list of questions for them. Make sure to provide time for the candidate to answer any questions they might have about your practice and team, as well.

- Ask open-ended questions to establish rapport and to assess the candidates' experience and qualifications.

- After each interview, file your list of questions and other information collected during the interview and selection process in an applicant's file to avoid allegations of discrimination.

To comply with state law, employers should limit requests for information during the interview and selection process to those details essential to determining a person's experience and qualifications to do the job (with or without reasonable accommodations). Employers are prohibited from requesting information, either verbally or through an application form, that identifies an applicant's membership in protected groups. As one question leads to another, the conversation may veer into subjects prohibited in the employment context. It is never acceptable to ask candidates about:

- Race / color
- Sexual orientation
- Pregnancy / breastfeeding / fertility
- Gender / gender identity / gender expression
- Current or prior compensation (including benefits)
- Criminal history

(cont. page 27)

Navigating working interviews

A unique aspect of the hiring process for dental practices is the clinical or working interview for dental associates or hygienists. These working interviews may be beneficial in the decision-making process by allowing candidates to demonstrate their skills in a clinical setting and observe how the practice owner conducts their office. For practice owners, working interviews are the best way to observe a candidate's technique and see how they interact with patients and staff.

TDIC's Risk Management analysts caution both practice owners and candidates to be mindful of the scope of liability coverage during working interviews. Sometimes owners mistakenly believe the interviewing dentists will be covered under the owner's existing professional liability policy. This is not likely the case. Candidates should [contact their insurer](#) to request a binder for a working interview. Do not conduct a working interview without verifying the candidate's coverage.

A working interview case study

A recent call to TDIC's Risk Management Advice Line illustrates the importance of liability coverage in these situations.

As reported by the practice owner, a candidate for an associate dentist role was invited to spend the day treating patients as part of a working interview. One of the treatment scenarios was a patient who presented for an extraction. The patient's original treatment plan was to extract Nos. 16 and 7-10. No. 11 had guarded prognosis and the short-term plan was to monitor this tooth. The candidate noted circumferential bone loss associated with tooth No. 11 and believed that a better option would be to extract this tooth. The candidate then proceeded to extract #11 without first consulting with the patient or the owner dentist.

Later that day, the patient's wife called when she noted this deviation from the original treatment plan and capitalized on this "error." She stated that the dentist did not have her husband's consent for the additional extraction. The patient's wife claimed to have guidance from another dentist recommending that to address the loss of #11, an implant would be required and would include additional restorative treatment. She ended the phone call by saying: "You and that new, young dentist will be paying for your mistake."

The analyst who took the call discussed the potential for a claim to be made against both the practice and the hiring candidate. The analyst offered that this experience was a good opportunity to review their procedures for working interviews and to set parameters for how the candidate might be observed and supervised. The analyst also suggested discussing the expectations when the candidate was performing in this role, especially if there was the potential for a change in the treatment plan. Ultimately, this situation created risk for both parties that would require placing their liability carriers on notice of a potential claim. Fortunately, the practice had secured information on the candidate's liability insurance in advance of the interview. The claims representative for the insurance carrier agreed to reach out to the patient and his wife and attempt to amicably resolve the matter.

Even after a new hire is thoughtfully onboarded and trained to join your team, it is difficult to forecast who will be the best long-term fit. However, you can greatly improve the odds of a "good hire" with attention to details and mitigating risks during the interview process. You can always reach out to the Risk Management Advice Line for guidance in interviewing, hiring, and other employment issues.

Hiring decisions are among the most important ones you will make as a practice owner. Your choice of candidates will affect your staff, the well-being of your practice and the welfare of your patients.

TDIC's Risk Management Advice Line is a benefit of CDA membership. [Schedule a consultation](#) with an experienced risk management analyst or call 800.733.0633. Reprinted with permission from the California Dental Association, copyright May 2022.

Thank you to those who participated at our recent SDS Goes to the Nuts event. We had a crowd of 118 and our guest who was chosen to throw out the first pitch got it right over the plate!

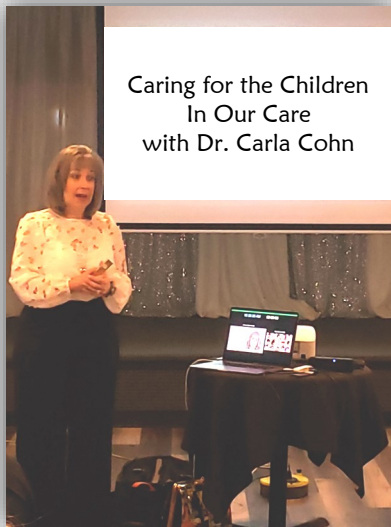


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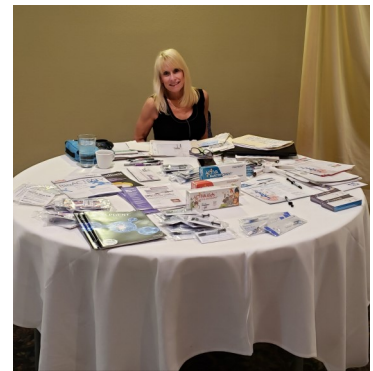




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Practice interruptions
Local ordinances & regulations
Infection control
Dental billing & telehealth
Employee communication
Scheduling & appointments
License renewal & C.E.
Sick leave policies
HIPAA considerations
Informed consent forms

NEW & COMPLEX QUESTIONS?

Today, the countless sources and rapid pace of news make it more challenging than ever to navigate the business side of dentistry. That's why CDA's Practice Support analysts have developed new tools to guide members through COVID-19. Access 24/7 online resources and tap into specialized expertise on practice management, compliance, employment and dental benefits.

TRUSTED ANSWERS.
cda.org/practicesupport



Employment needs

Since the inclusion of several Facebook employment group sites, the SDS office no longer has received any resumes. Those seeking to fill employee positions or job seekers posting their availability have been utilizing the options below:

Facebook has several employment group sites where job needs can be posted:

- [Dental Staff of Stanislaus County and Beyond](#)
- [Dental Staff of San Joaquin County](#)
- [Modesto Area Jobs Board](#)

Other alternatives for those seeking prospective employees:

- [Gurnick Academy](#)
- [Dental Assisting Institute](#)
- [CDA Career Center](#)

Disabled patient care

The following SDS members may be local resources for you. Contact [UCSF](#) for complicated cases.

Dr. Lance Bautista—pedo 523-5437 (children only)

Sami Smiles Pediatric Dentistry & Orthodontics 549-2400 (children only)

Dr. Gurneet Chahal—Oakdale Kids Dentist & Orthodontics 322-3174 (children only)

Hebert Family Dentistry 527-5455—limited care

Dr. Brian Hutto 522-5238—oral surgery issues

Salida Surgery Center—543-9299 (Children only. Takes Denti-Cal/has anesthesiologist)

The following is a corporate office but they are willing to treat developmentally disabled patients who age out.

Children's Choice Dental, 2057 Tully Road, Modesto 353-3300 treats mostly children, but they provide sedation and hospital dentistry for handicapped patients of any age.

If you or a member you know will treat developmentally disabled patients, please contact Robin at the SDS office, sdsdent@thevision.net.



SDS Calendar - 2022

July	4	Monday	Independence Day Observed (office closed)
	5	Tuesday	SDS Board meeting
	18-22	Mon-Fri	Office closed (vacation)
August	19	Friday	CE-Pearls of Dentistry
September	5	Monday	Labor Day - (office closed)
	6	Tuesday	SDS Board meeting
	8,9,10	Thurs-Sat	CDA Presents-San Francisco
	15	Thursday	Staff Appreciation
October	20	Thursday	SDS General Membership Meeting
November	8	Tuesday	SDS Board meeting
	11	Friday	Veteran's Day (office closed)
	18-19	Fri-Sat	HOD-Sacramento (office closed)
	24-25	Thurs-Fri	Thanksgiving holiday - (office closed)
December	8	Thursday	SDS Member/Spouse Holiday Mixer
	Dec 23- Jan 1	Fri-Sun	Winter Holiday - (office closed)

Welcome New Members!

Monica Duarte, DDS

General Dentist
New graduate
No practice address
Western University, '22

Lamaso Sada, DDS

General Dentist
New graduate
No practice address
UCSF, '22



Arreguin-Gonzalez, Guillermo

General Dentist
No practice address
International, '21

Roger Wei, DDS

General Dentist
Affordable Dentures and Implants
2225 Plaza Pkwy Ste. C12 Modesto
New York University, '13

Hashmat Khorsand, DDS

General Dentist
1st year grad
No practice address
University of Louisville, '21

Sarah Wong, DDS

General Dentist
New grad
Working on Oral SX degree UCSF
No practice address
UCSF, '22

SDS Members by the Number

Total: 273

Market Share: 84.4%

(Total # of dentists in Stanislaus County who are members of the tripartite (ADA, CDA, SDS))

Active – 175

(Recent graduate-Reduced dues members)

RD0 – 1 / RD1 – 4 / RD2 – 10 / RD3 – 6 / RD4 – 7

Life Active – 22 / Life Retired – 45 / Retired – 0

Permanently disabled – 1

Non-members in county - 61