MONTEREY BAY

SmileLine

The Newsletter of The Monterey Bay Dental Society

Winter 2009

Inside This Issue

MONTEREY BAY
SMILELINE

NOTES FROM OUR PRESIDENT...

Dear colleagues,

My first year in practice was in Sacramento. I had finished my Pediatric Residency in Connecticut, and the contacts to come back to California were slim. Not knowing anyone in town, I decided I needed to start with my immediate colleagues, and the logical path was the Sacramento District Dental Society. I met some enthusiastic and dynamic members that year, and as I finished the year I had developed friendships that continue to this day.

That was nine years ago. Following a wonderful opportunity with what is now the Central Coast Pediatric Dental Group, I came to practice in Salinas. One of the first things I did was to join our Dental Society. Once again, I have met many talented dental professionals who have inspired me with their ability to give to their community.

The Monterey Bay Dental Society, our Dental Society, is more than just a professional organization. It is a time and place to meet and take interest in what affects the practice of dentistry. It is also a time and place to contribute to our community, to find support for our practices, to learn skills that will lead us in work and life, and to nurture lifelong friendships. It is my goal that all of our members take ownership of our Society this year and see it as an extension of their families and friends.

I look forward to working with all of you this year!

With best regards,

Marielena Murillo, D.D.S.

A Terrific Opportunity To Share Your Knowledge

February is Dental Health Month. I am looking for volunteers across the entire MBDS to give short oral health presentations to elementary school classes.

Schools in our area make their requests in December and January. We then match up dentists and hygienists to those K through 6th classrooms by February 1st. A typical presentation can last 20-40 minutes, depending on the grade. Once the dentist/hygienist has been matched to a class or multiple classes, we provide the teacher's contact information so a date and time can be scheduled by the volunteer. We have props and presentation guides available in Monterey and Santa Cruz.

We have been sending volunteers to classrooms for the past two years and have spent time in over 100 classrooms. If you are interested, please contact Alison Jackson at alisonkjackson@gmail.com or 831-662-2900. It's fun!

Thanks,

Alison Jackson

Monterey Bay Dental Society

Board of Directors for 2010

Marielena Murillo, DDS	President
Nannette Benedict, DDS	President Elect
Corrine Cline-Fortunato,DDS	Vice President
Mona Goel, DDS	Secretary/Treasurer
Geralyn Menold, DDS	State Trustee
Chad Cassady, DDS	Immediate Past President
Drs. Catherine Brennan, DDS	County Director
Tim Griffin, DDS	County Director
Carl Sackett, DDS	County Director
David Shin, DDS	County Director
Lloyd Nattkemper, DDS	Publications
Bruce Donald, DDS	Fluoridation Committee
Mark Joiner, DDS	Community & Public Relations
Nannette Benedict, DDS	Legislative & Cal D Pac
Carl Sackett, DDS	New Dentist Committee
Drs. Daniel Pierre, DDS	New Dentist Committee
Alison Jackson, DDS	Dental Health Committee
David Shin, DDS	Ethics Committee
Nannette Benedict, DDS	Dental Care Committee
Richard Kent, DDS	Peer Review Committee

In This Issue

The Smileline is published by the Monterey Bay Dental Society, 8 Harris Court, #A2, Monterey, CA 93940 (831) 658-0168. This newsletter solicits and will publish, space permitting, signed articles relating to dentistry but will assume no responsibility for the opinions or validity of the theories contained therein.

Subscription rate for non-MBDS members is $15.00 per year. Acceptance of advertisements in no way constitutes professional endorsement by the MBDS.
This publication is printed by Sir Speedy, Monterey, CA 93940.

Cover photo by Dr. Bruce Donald DDS
Design by Robert Packard

From The Editor - What's The Point Anyway ?

Lloyd Nattkemper, DDS, Editor

Each of us, perhaps at a low point in our career, or at certain critical junctures, or every year, or every day, or several times each day, is going to wonder about, yup, the meaning of our life. Our meaning as dentists. As parents, sons or daughters, as professionals, as members of our community, as single individuals amid the six billion eight hundred million four hundred thirty-five thousand, five hundred eighty-seven other folks (projected population for 1 December 2009) on this planet. What IS the point, anyway? Do we matter? I will admit that there have been times when I have been mired around 4:30 pm at the junction of the 5 and 405 north of LA, wondering how there could be so many people driving so many cars and how could they all matter—to loved ones, people they work with, to our human community, to our time, to history.

It is pretty clear to me that focusing ones' life on making an impression on society, trying to get in the history books, or trying to influence others in order to get recognition or material gain, is a short-lived enterprise that results in nothing more than others becoming disenchanted and disinclined to invest in whatever we are about. It is also clear that there are lots of folks who might question what the meaning of their life is and be quite content with answers from their subconscious like, "to be the best dad I can be," "to drive this truck as safely as I can," "to teach kids what I know about science."

I know something else. As dentists, it's pretty unlikely we're going to get into the history books. Think about it. The ONE dentist who really did, John Henry Holliday, wasn't famous because of his dentistry at all. Personally, I would have preferred to let a badly decayed molar go untreated than have a tuberculin, alcoholic, trigger-happy Old West dentist cough on me at close range. Doc Holliday made history because he was a devoted and loyal friend to Wyatt Earp (all right, he was pretty dang good with a gun too). Wyatt, for what it's worth, made history not just because of a gunfight (there were lots of them back then and still are, unfortunately) but because, at least during and for several years following his stint as sheriff of Tombstone, he remained fiercely loyal to his personal ethics, his brothers and his job.

So I look at it this way. If making a mark in history is important to you, you're better off doing something other than dentistry. If on the other hand you'd like to live each day feeling good about your life, and maybe a while from now, long after you've retired and you're spending a lot more time looking back than looking forward, you'll be deeply grateful to have discovered the key. The thing about the profession we have chosen is this: you have the opportunity, every day, to serve. You have wonderful skills, intelligence, knowledge. Marian Wright Edelman said, "Service is the rent we pay to be living. It is the very purpose of life and not something you do in your spare time." And in serving, you can find meaning.

Maybe you think this concept is a waste of time. Maybe you think you are on your way to a comfortable life, a life you envision where you can kick back and do absolutely nothing if that's what it is you have in mind for a particular day, or week, or year. Have no worries, know that you are set. If you just keep on the present course, and don't get distracted with responsibilities that don't pertain to your own needs. Besides, "serving" just sounds like something a waiter does. Maybe you envision yourself as the owner of that imaginary restaurant, anyway! Or, maybe you envision a far more humble life. Something attracting less attention—maybe you are just, well, just a dentist. You have a job, just like the next guy. Period. OK. If you are either of these dentists, I'll leave you alone. Please pass the next few paragraphs and proceed to the next article (unless that article is asking you to volunteer for something!)

Let me offer another quotation that may intrigue those of you still with me. Clinton Davidson wrote, "If you want to become the greatest in your field, no matter what it may be, equip yourself to render greater service than anyone else." Think about it. What distinguishes the restaurant or restaurants you frequent the most—on the assumption that the food at local competitors is comparable? Service. What is a common thread among the best experiences you have had with various businesses, be they banks, accountancy firms, car rental agencies, shoe stores, or golfing supply stores? Service. Face it. To the public, dentists are pretty-much about the same, even if some have bigger or fancier ads in the Yellow Pages. There will be consumers who are impressed with plush office surroundings, with special deals, with the latest gadgetry. But most, even the stodgiest WW II vet who seems pretty dissatisfied with most everyone and everything, will respond to exceptional service provided by you and your staff. He will trust you. He will come back to get his teeth cleaned, maybe even for the bridge or that implant you feel is the best option so he can get rid of the flipper he has worn, and repaired and worn, for the last ten years. The service you provide becomes an avenue through which you improve the quality of your patients' lives.

Let's jump to another level. Service this time is about improving the lives of our colleagues and our community. And here, I am going to get personal. I want to offer examples of two individuals who I look up to as truly embodying the concept of service in their lives—and who are leading rich, rewarding, exciting lives at least in part because of that service. Both are MBDS members (one since 1961, the other since 1964). Both have retired from practice. Both, however, are still extremely active in contributing to your wellbeing as professionals, to our community, and to the knowledge and growth of individuals with whom they interact. Both happen to live in Santa Cruz.

From The Editor- What's The Point Anyway ?

Bruce Donald practiced dentistry in Santa Cruz for 42 years, retiring in 2006. He loved doing dentistry, and was dedicated to providing the best care possible to his patients. During that time, he served on the MBDS Board first as a member of the Ethics Committee (which later evolved into the Peer Review Committee) and was actively involved with Peer Review for at least 25 years (serving as head of the committee during many of those years). He passed through each of the "chairs" (V.P., President Elect, President, Imm. Past President), founded the Fluoridation Committee in 1998 (over which he still presides), and has served as the MBDS State Trustee for the past six years. Bruce spearheaded successful fluoridation campaigns in Santa Cruz and Watsonville (he will be the first to point out that he had help from others, including the late Teran Gall, Cynthia Matthews [former mayor of Santa Cruz] and Betsy McCarty [head of the Santa Cruz County Health Services Agency]. He would even insist that they deserve "most of the credit". In contradiction to Bruce's self-effacing comments, he and is considered by many (including individuals who have served on the executive Board of the ADA) to be one of the most effective and knowledgeable dentists in the country with regards to fluoridation in our communities. Our society presented him with our "Dentist of the Year" award, according to our own Carole Hart, "for his years of service to the society"—in 1998. Bruce provides all of us who serve on the Board a wonderful mentor, a superb example of enthusiasm for dentistry at every level, and a link to who and what matters in our profession. I would ask that you notice who provided the photograph for the cover of this newsletter—and for several previous SmileLines. Bruce.

John Stenovich started his practice in Capitola in 1961, moving his office to Aptos in 1965. He practiced until 2001. He has served on the MBDS Board in various functions, currently serves on the Board for Dientes Community Dental Clinic, and on the Cabrillo College Dental Hygiene Advisory Committee. I had the pleasure of sitting with him and his wife Judy at the Inn at Spanish Bay the evening he was awarded the MBDS "Dentist of the Year" award. But there's a lot more. John studied part-time during his first years of practice, earning a teaching credential in 1971. Shortly after, he developed and began teaching a course in oral medicine at Cabrillo College for their Dental Hygiene Program. Wednesdays, 1 – 2. John has taught in the Dental Hygiene Program at Cabrillo continuously since then. Pharmacology. Oral pathology. Care of special-needs patients. Nitrous oxide analgesia. Going on 39 years. Cabrillo hygiene students he has taught consistently score among the highest in the country in these subjects on their national board exams. Classes I have taught with John have consistently voted for him as their finest, or favorite, or "most memorable" instructor. Since "retiring" from practice, he needed something else to do—so now is also teaching pharm and path at Western Career College Dental Hygiene Program on his "free" days. This man has provided multiple generations of dental hygienists up-to-date knowledge—knowledge that they remember and use every day. He is a consistent role model of professionalism, humor, sincerity, and insight--firmly based in literature and experience—to students, other faculty and everyone who meets him.

So what's the point of all of this anyway? Simply this. You have been given gifts, some you were born with, others acquired through teachers, through practice, through experience. If you use them, all of your life, for the joy of improving others' lives, you will be rewarded, all of your life, right up to the end. And you will know that you mattered.

Preventing Periodontitis Reduces Head And Neck Cancer Risk

Chronic periodontitis, a form of gum disease, is an independent risk factor for head and neck squamous cell carcinoma, suggesting the need to increase prevention and treatment efforts. "Prevent periodontitis; if you have it already, get treatment and maintain good oral hygiene," said Mine Tezal, DDS, PhD, assistant professor in the Department of Oral Diagnostic Sciences, School of Dental Medicine, University at Buffalo, and NYS Center of Excellence in Bioinformatics and Life Sciences at the University of Buffalo. She is also a research scientist in the Department of Dentistry and Maxillofacial Prosthetics at Roswell Park Cancer Institute (Buffalo), which is where the study was conducted. Results of this study are published in Cancer Epidemiology, Biomarkers & Prevention, a journal of the American Association for Cancer Research. Chronic periodontitis is characterized by progressive loss of the bone and soft tissue attachment that surround the teeth. The researchers assessed the role of chronic periodontitis on head and neck squamous cell carcinoma, as well as the individual roles on three sub-sites: oral cavity, oropharyngeal and laryngeal. They used radiographic measurement of bone loss to measure periodontitis among 463 patients; 207 of whom were controls. Findings showed that chronic periodontitis might represent a clinical high-risk profile for head and neck squamous cell carcinoma. The strength of the association was greatest in the oral cavity, followed by the oropharynx and larynx. When they stratified the relationship by tobacco use, they found that the association persisted in those patients who never used tobacco

This article appeared in the September 9, 2009 Medical Device Daily's Oncology Extra

Internship Providers Needed!

By Debbie M. Reynon

Good news! The Santa Cruz County Dental Assisting Program began its' new full-time program format on August 26, 2009 with twenty-six inspired students seeking new dental career opportunities in preparing to one day serve our dental community!

Our goal is simple, to articulate our dental assisting students in a dental office environment that will enhance and encourage our students abilities for "hands-on" participation in all aspects of a chairside dental assistant as well as their work performance, work ethics, and professionalism.

Whenever a dental office contacts me regarding employment opportunities, they ask for dental assistants who have clinical chairside experience. In many cases, it can be difficult for graduates of a Dental Assisting Program to seek employment when one of the requirements is "work experience." In order to provide our students with "work experience," we need your support in helping us to provide the "hands-on" clinical chairside training.

This year we have begun to place students in preliminary internship participation beginning November 2009 to introduce our students to the dental office environment. Our student's scope of practice will include taking alginate impressions; basic dental laboratory procedures; infection control procedures; dental charting and patient record keeping; and introduction to dental front office procedures. These preliminary procedures will prepare the student for the chairside clinical training portion of internship beginning January 2010.

Students are required to complete a minimum of 240 clinical internship hours up to 265 hours based on clinical competency skills for entry-level employment.

As one of three local dental assisting programs, we rely on the support of our dental community, and we appreciate all those individuals who have supported and provided clinical internship experiences for our dental assisting students.

Our dental assisting programs provide temporary, part-time, and full-time employees for the dental community! Please help us so that we can continue to serve the dental community!

If you should have any concerns or questions, please feel free to contact me. It has been my pleasure in serving the dental community. Without your continued support, we would not be a success!

Respectfully yours,

Debbie M Reynon, CDA RDA AA AS
Instructor
Santa Cruz County ROP – Dental Assisting Program
400 Encinal Street
Santa Cruz, CA 95060
(831) 262-8617 cell or (831) 466-6760
Email contact: alliemae1956@aol.com

Look! Martha! It--It COULDN'T BE!

It's The New MBDS Membership Directory!

By: Mark Joiner, D.D.S.
Community and Public Relations Chairperson

It's been useful to you for many years, but it's finally time to discard that old MBDS Members Directory. The new directory is out—but don't look for it in your mailbox! The new directory is only available online.

The last Members Directory was published back in 2001(?), so a more up-to-date directory was clearly overdue. New photographs of many members were taken at various Dental Society meetings and events in the mid-2000's, but the expense and time of getting it assembled, printed and delivered were daunting. Finally, the Board of the Dental Society realized that hey!—we're in the 21st century! Dentists have computers and high-speed broadband internet connections! An online directory can be updated at any time so that information is always current; a printed directory is out of date as soon as it's off the press. If a member dentist wants a hard copy of the directory, he/she can print it right off of the website.

I invite you to check out the new Members Directory. It can be found at the Dental Society website at www.mbdsdentist.com. Once you're in the home page of the website, you'll need to enter your user name in the Member Login section; your user name is the first two letters of your first name and your entire last name (no break), so John Doe's user name would be jodoe. Your password, at least right now, is mbdsdds. Once you're in the "Secure login" page, you can change your password if you'd like. You'll also see a link allowing you to edit your profile (Edit Profile), and I encourage you to check to see if your information is correct. We used a database provided by CDA to create the directory, but you may find that some of your information is out of date or just plain wrong. Please update where appropriate! It's especially critical that we know your current email address, as we intend to make more use of email rather than "snail mail". If you have an office website, let us know!

To access the directory, just click on the "Members List" link, and up pops the Member Listing page. If you want to see the entire membership directory (subdivided by alphabet), just click on "View All". On the other hand, if you want to search by city, specialty, or name, click on "Search" after entering the information you're seeking. If you want to print all or some of the directory so it is at your fingertips at your desk without your having to go online, this functionality should be available by the time you read this.

As you will see, we don't have photographs for many of our members! Are you one of them? Stay tuned for information on how to rectify this—we may ask members to provide a photograph via an email attachment. Do we have your photo in the directory, but it no longer looks like you? Yeah, that happens to all of us, doesn't it?

Falling Through the Cracks

By Judy Goldman

'Falling between the cracks'. I've often wondered where this expression came from. My imagination wants to bring a picture of gold dust falling between the floorboards in a saloon during the California Gold Rush, like in the movie "Paint your Wagon". In the dental office, when we hear 'Falling between the cracks' we're referring to lost patients. Finding those patients and fitting them into the cracks in the schedule would certainly be worth a lot of Gold?

The problem comes from many sources, but can be identified in one common habit, shortcuts. As we hurry through the day, shortcuts help us to keep up with the workload. "I'll call her later to schedule her next appointment." "Let me send you that cost estimate and you can call me when you're ready to start treatment." "Just send me a check when you get the bill." We continue to put off those little things that make a dental practice successful. To compound the problem, the more disagreeable tasks, such as collection calls and reactivating past due patients are put off indefinitely. Time gets in the way, and by procrastinating; we jeopardize the very business that supports us. By changing this pattern and dealing with each patient to completion, we could eliminate this problem completely.

Dismissing each patient should include each facet of the patient's care and accounting. Follow the next sequence in order:

- Give the patient a cost estimate for any diagnosed clinical treatment and have them sign a financial agreement.
- Schedule that treatment appointment
- Post today's treatment, collect amount due today, including any remaining balance.
- Schedule the next hygiene appointment.
- Then, schedule other family members in need clinical or preventive care.

Not only will this eliminate the follow-up of scheduling undone treatment or collecting balances owed, but think of the image your patient will get from this excellent customer service.

The first key in making this work is in changing your role from the 'accommodating receptionist' to the 'Director of Services.' The difference is simply in changing your vocabulary from "When would you like to come in?' to "Doctor would like to see you next week. Would Tuesday or Thursday be better?" From "How would you like to pay for that?" to "That will be $285.00 for today." As the director, we decide what is best for the patient and the practice and present it in a positive statement. The secret to making this work comes from your attitude, commitment and tone of voice.

Another tool that eliminates the "Falling Through the Cracks" syndrome is a date-specific task list journal. I like to refer to this jewel simply as the 'personal journal.' Use this day-at-a-glance calendar/notebook for tracking patients, payments and task. Start each day with the journal at the answering machine or voice mail and write down all messages. Each phone call taken throughout the day can also be listed with the name of the caller as well as any follow up needed with their particular concern. Any patient who missed an appointment and did not call to reschedule should be tracked with the journal. At the end of the day, any task left undone gets transferred to tomorrow's list.

By making journal entries in the patient chart when contacts are attempted or completed, patient tracking becomes systematic and can prevent not only 'falling through cracks' but can also eliminate those multiple phone attempts that make you look needy and some patients will consider 'harassment'.

Crossing each task off after completion gives you such a felling of accomplishment and control. All of this is possible with the right attitude and the right tools. Be the 'director' and eliminate the shortcuts. Use your personal journal for staying on top and preventing your patients from falling through the cracks.

Judy Goldman is President and Owner of Practice Development Associates. She has been consulting, lecturing and publishing articles to help dentist create reality from their dreams for the past 30 years. For the past three years, it has been Judy's previlidge to be listed in Dentistry Today as one of the industries "Leaders in Dental Consulting". She can be reached at 619-691-7990 or email to Judy@PDA-JudyGoldman.com.

GOT X-RAY STUFF?

If you are converting to digital radiography and have analog equipment or supplies no longer being used, Cabrillo College Dental Hygiene is looking to help you. Please consider donating functional equipment, film, developer, fixer etc.! Any such items are eligible as charitable donation income tax write-offs.

Contact Aud Kennedy at (831) 477-5269 or aukenned@cabrillo.edu

Our Author of "Compounding Corner" Fesses Up About His Past!

By David Smith

I have written articles about pharmacy compounding for dental problems for the last three editions of the MBDS Smile Line. Many of you do not know who I am—so your editor and I thought it might be time for you to know something about myself, my pharmacy specialty, and my pharmacy.

I graduated from the University of the Pacific School of Pharmacy with a Doctor of Pharmacy degree in 1981. I spent 15 years as a pharmacist for Longs Drugs in Santa Cruz, and another 7 years for an independent pharmacy in Santa Cruz, Medical Clinic Pharmacy. At Medical Clinic Pharmacy we compounded topical dermatological medications for the Dermatology Department at the Santa Cruz Medical Foundation and I also did on-call pharmacy work consulting as well as starting and overseeing IV's at Sutter Maternity and Surgery Center.

I am a member of CPhA, served on the Board of Trustees of the California Pharmacists Association, 2002-2003, was Past President of the Tri-County Pharmacists Association 1993, APhA, NCPA and IACP (International Academy of Compounding Pharmacists).

In December 2003, I bought A & O Clinic Pharmacy. A & O was founded in 1976, by the original owner/pharmacists Akira Aoyama and John Osterillo. (Hence the name "A & O"!)

A & O Pharmacy has always been known for carrying hard-to-find medications, pain medications, drugs used in chemotherapy, injectables, and compounded medications. Akira never turned away a prescription and welcomed the challenge of taking care of patients with complex medical problems.

Akira still works with me. We are members of Pharmacy Compounding Centers of America (PCCA), based in Houston, Texas. PCCA provides high grade chemicals, equipment, devices, marketing, business consultants, formulas, education, training and pharmacy consultants. PCCA's philosophy is based on a triad relationship between the Practioner, Patient and Pharmacist and working together to solve medication problems.

Our space for compounding at A & O Clinic Pharmacy was small and confined when I first came on board. We had very limited room, as well, for medical/therapeutic equipment. In 2006, I opened up A & O Compounding Pharmacy just down the street at 680 E. Romie Lane, which specializes in Pharmacy Compounding and Medical Equipment, including such items as wheel chairs, walkers, bath equipment, diabetes shoes, ostomy and wound supplies, breast pumps and prosthetic bra replacement. We have a 440 sq ft, state-of-the-art Compounding Lab and an Iso 7 Clean room.

The equipment we have in the lab helps us to make outstanding products; Ointment Mill for creams and ointments, EMP (Electronic Mortar and Pestle) for creams and lotions, Branson Sonicator for making injectable suspension, V-Blender for mixing of powder triturates, a 300 capsule machine, autoclave and convection oven for sterilizing products and 2 powder containment hoods for weighing and mixing powders.

For safety and inventory purposes, Akira and I have incorporated Bar Coding for all chemicals and ingredients. Each ingredient is scanned and recorded when a medication is formulated. We have also networked our Ohaus scales (extremely accurate electronic scales) with our computer system so that all chemical weights are recorded directly into the formula worksheets.

On many occasions, prior to dispensing medication to the patient, we will send our final product to a third party laboratory so they may analyze for sterility or potency. These have become part of our Policy and Procedures for Quality Assurance.

When it comes to patient medication issues, a Compounding Pharmacist wants to improve therapeutic outcomes by solving the problem. This solution may include avoidance of dyes, preservatives, fillers or additives typically found in a multitude of medications, formulation of palatable liquid medications, or provision of a dose, dosage form or unusual medication commercially unavailable. The result: a unique dosage form designed for a specific problem provided in a cost-effective manner.

I would like to invite you to come by and see our operation. I think you will be impressed and I believe we can provide a service to you and your dental patients. I look forward to meeting you!

Editor's Note:
David Smith takes it upon himself to contribute to our newsletter and is available to help answer questions and develop solutions related to dental/medical theraputics. He can be reached at 758-0976.

Magdalenian Girl Shakes Up Current Theories About The Origin Of Third Molar Impaction

Corrine Cline-Fortunato, DDS

"Why do we have 'wisdom teeth'?" This is one of the most common questions asked by patients of all ages during the course of a third molar evaluation. Throughout dental history many theories have ebbed and flowed in and out of favor:

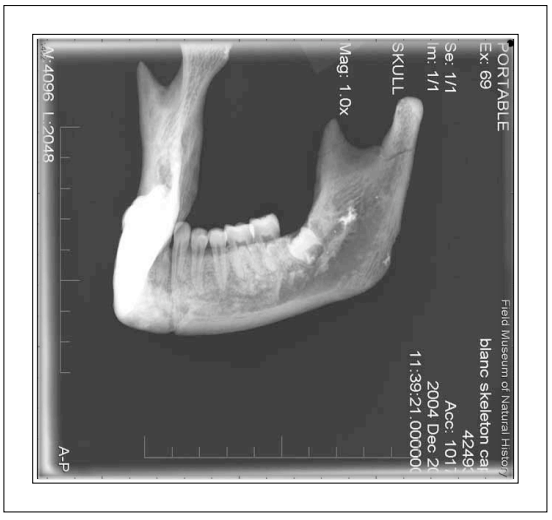
*They are ancient vestiges of our prehistoric ancestors possessing smaller cranial vaults and larger masticatory structures…

*They are simply delayed odontogenic replacement components, timely erupting to fill the voids our primitive precursors surely suffered by the end of their second decade of life without basic dental hygiene…

*They are the result of an unfortunate genetic mismatch between gnathic development and tooth size inheritance…

Current physical anthropologists postulate that the rough diet of early humans resulted in excessive wear of their teeth. Normal drifting of the teeth to compensate for this wear ensured that space was available for most third molars to erupt by late adolescence. The modern diet, which is much softer, and the popularity of orthodontic tooth straightening procedures have produced a fuller dental arch. They further imply that this combination of occurrence quite commonly doesn't leave room for third molars to erupt, thereby setting the stage for problems when the "final four" molars enter the oral cavity.

The earliest recorded case of impacted third molars belongs to the renowned "Magdalenian Girl", named for the period during which she lived. This nearly complete 13,000 to 15,000 year-old skeleton was excavated in the Southwestern region of France in 1911 and acquired by The Field Museum of Chicago in 1926,



1Digital radiograph of the mandible of Magdalenian Girl Courtesy of The Field Museum ©2007, All Rights Reserved

where it continues to be on display to the public as part of the museum's Evolving Planet exhibit. The skeleton is the most complete Upper Paleolithic skeleton available for study in North America.

It was discovered in the Cap Blanc rock shelter, famous for its magnificent decorative frieze of sculpted horses, bison and deer. This wonder is available for tourist view and The Field Museum has returned a cast of the original skeleton for exhibit at Cap Blanc.

Frieze of Cap Blanc

Horse from Frieze of Cap Blanc

There is a great deal of lore surrounding Magdalenian Girl:

*She was a sculptor who designed the horse themed frieze in her tomb…

*After being stabbed with an "ivory point" she stumbled back to die with her master piece…

*She was killed by the spear of her jealous lover…

*Her bones were smuggled from France in 1926 by Henry Field, the P. T. Barnum of his time, who hid them in a coffin masqueraded as the body of a deceased American soldier killed in battle…

continued on page 10

For years this rare, anatomically modern human skeleton was thought to be that of a girl because her third molars had not erupted, an event that typically occurs between 17 and 22 years of age during the post-adolescent "years of wisdom"…hence the term "wisdom teeth". New analysis of Magdalenian Girl's bones, however, has lead Field Museum scientists to conclude that she was not a girl, but actually a 25 to 35 year old woman at the time of her death.

Examination of the skeletal remains utilizing CAT scans, digital radiology and DNA analysis revealed that while the third molars were in fact impacted, and had thus failed to erupt at the expected time, the skeletal age is actually that of an adult. This is significant as up until this discovery the impaction of third molars was generally thought to be the result of dietary changes associated with much later developments in human culture. Impaction was unknown during the stone ages, scientists said,

due to the coarse diet of the period. The coarse diet would have required greater chewing and bite forces, which could have stimulated additional jaw growth and resulted in more room for the third molars to erupt. The discovery of the Magdalenian Girl's older age recently altered this theory. While scientists still believe third molar impaction is related to a softer diet, they now believe that this is due to reduced masticatory wear of the dentition rather that evolutionarily diminished jaw size. They are also re-examining their view of ancient dietary habits and the possibility that early humans utilized fire for the heating and resultant softening of foods earlier than originally suspected. ,

William Pestle, Field Museum Collection Manager and Primate Bone Specialist, is relieved by the findings, "There has always been some tension between the young age suggested by the state of the dentition and the much older age suggested by a number of developmental and degenerative changes in the rest of the skeleton." Robert D. Martin, Field Museum Provost and Primatologist states, "Finding impacted wisdom teeth 15,000 years ago indicates that the human diet may have already changed earlier than previously thought or played less of a roll in the impaction phenomenon than previously speculated."

For now, all that we can confidently conclude is that third molar impactions have been troubling the human race far longer than we ever imagined.

Dr. Cline-Fortunato is an oral surgeon practicing in Scotts Valley.

RED FLAGS RULE

BY JOHN S. FINDLEY, DDS (PRESIDENT, ADA)

Statement by ADA President Ronald Tankersley on Passage of HR 3763, a Bill Exempting Most Dental Practices and Other Small Businesses from the FTC's Red Flags Rule

"On behalf of the 157,000 members of the American Dental Association, I want to thank the principal sponsors of HR 3763 for the introduction and overwhelming House passage of this legislation. The bill, introduced by Rep. John Adler (D-N.J.), Rep. Mike Simpson (R-Idaho) and Rep. Paul Broun (R-Ga.), will exempt small businesses, including most private-practicing dentists, from the Federal Trade Commission's 'Red Flags Rule.'

"After listening to health care providers from across the country, lawmakers confirmed that the original Red Flags legislation was not meant to apply to small businesses like the vast majority of dental practices, but rather it was intended to encourage large businesses like banks, credit firms and national retailers to implement best practices to protect customers' from identity theft.

"Over the past year, the ADA worked with numerous health care organizations and small business groups in urging Congress to quickly fix this problem. We hope that the Senate acts with similar speed to protect dentists and other small businesses from being forced to work under the yoke of an FTC rule that was never intended to apply to them."

ADA communication 10/23/09

By Carla Christensen

Risk Management Analyst, TDIC

What can I do when I discover a patient has posted defamatory comments online ?

In today's ever expanding and developing use of technology, the application of the Web as a communication tool is expanding faster than regulations designed to limit potential abuse of this social media. Web sites like doctoroogle.com, healthgrades.com, ddsreviews.com, and localsearch.com are gaining in popularity and are examples of online venues that encourage users to rate or review dentists. The tendency for health care professionals to challenge these postings is increasing in response to the growing number of patients who choose the Internet as a public means of expressing personal dissatisfaction with services provided. In January 2009, a San Francisco chiropractor successfully settled a lawsuit against a patient who posted inaccurate statements about his office billing practices on yelp.com. The same Web site permitted parents to post claims against a pediatric dentist and, as a result, she has filed a defamation suit against the individuals. The dentist also attempted to sue yelp.com; however, the federal Communications Decency Act provides protection for Web sites that publish third-party information.

Dentists should have a plan of action to address defamatory comments patients may post online. Defamation is a false statement of fact about an individual to a third party in such a way that the statement has the potential to "tarnish the person's morality or integrity, or even to discredit the person's financial standing in the community." Slander is defamation by the spoken word. Libel is defamation by the written word, and publishing by posting in a public forum, such as a newspaper or online, is the communication of defamatory statements.

There are specific actions dentists and their staff can take to reduce the likelihood of a patient posting a negative review online. Apply interpersonal skills such as listening and repeating back in your own words patient comments, concerns or questions when treating individuals or advising parents or guardians about a patient's treatment plan. The Journal of the American Medical Association (JAMA) reported in 2007 that breakdown in communication is a causative factor in up to 80 percent of all professional liability lawsuits. The Internet gives unhappy patients a free and unfettered forum for venting displeasure rather than taking legal action. If a patient's interactions in the dental office—from the introduction to the practice, to clarification of clinical and financial expectations—are consistent, respectful and responsive to patient concerns, the chance of the patient finding fault with how he or she was treated is greatly reduced.

Documentation is an excellent defense against defamatory statements. Charting should be chronological, factual and objective, and provide anyone who reviews the patient record with clear insight into how staff responded to that person's specific concerns. It is appropriate to have members of the staff document interactions with the patient. For example, if the office manager is the only one to hear a patient comment about how unhappy he is with the treatment he received, he or she should record it in the patient's chart and immediately notify the dentist. It is the dentist's responsibility to follow up with the patient and record both the discussion and outcome in the chart.

If dentist and staff strive for good communication and documentation, yet a patient still chooses to write a negative posting online, apply the following guidelines:

- Do not attempt to publicly respond or refute the claim on the Web site. There is a common misconception that once the patient has divulged private information his or her disclosure protects you from violating the patient's privacy rights if or when you reply. Do not fall prey to that error. You may inadvertently breach patient confidentiality (e.g., John Doe has hepatitis C) or make a libelous statement (e.g., Sally Smith never pays her bills on time) in return.
- Check to see if the Web site has a written policy or protocol for removal of potentially libelous postings. Follow the process to request removal of the information.
- Ascertain who posted the negative comments then review chart documentation to determine whether information exists that may either corroborate your position or contradict the poster's claim.
- Seek legal advice to determine what type of recourse may be available.

Under section 230 of the Communications Decency Act of 1996, specific protections are afforded Web sites that publish or post information from a third-party online; so there is no direct legal remedy available against Internet domains that post libelous information. A Strategic Lawsuit Against Public Participation (SLAPP) is intended to intimidate defamation defendants into withdrawing their comments by the threat of a costly lawsuit; however, Anti-SLAPP statutes have been passed in Arizona, California, Hawaii, Illinois, Minnesota, Nevada and Pennsylvania to prevent misuse of SLAPP litigation. Anti-SLAPP regulations allow defendants the opportunity to file a special motion to have a court determine whether the comments posted fall under the right of petition or free speech.

It has been suggested dentists have patients sign a document prohibiting the individual from posting defamatory claims on the Internet. Think carefully about what kind of message this sends. The patient may become curious as to whether the practice has received a bad review and speculate that the only reason the dentist has requested he or she sign an agreement is because of

RM Matters - War of Words

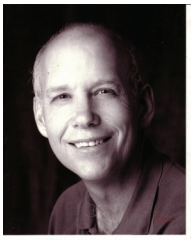
poor patient relations or service in the past. Also, the patient may feel the dentist is unfairly requesting the individual give up a basic First Amendment right – freedom of speech. While a dentist may believe this is a proactive step to combating abuse of the online rating and review system, patients may see it as a license to practice bad dentistry without the threat of disclosure.

Patients pleased with the care they receive will refer friends and acquaintances to the practice, while less-than-satisfied individuals may complain openly about perceived poor service and care to anyone who will listen. Whether the complaints are slanderous or libelous in nature, the best protection a practice can offer itself is to effectively communicate with patients, colleagues and the dental team, and to document these interactions accurately and objectively.

If you are unsure about how to handle a situation, please call TDIC's Risk Management Advice Line at 800.733.0634, where a risk management analyst can assist you with finding a solution.

Secrets for Dental Success in Life

By Doug Carlsen, DDS



Martin Edelston, founder of Bottom Line Personal magazine, wrote in the March 2009 issue of his secrets for a successful life. This article is patterned on his model.

Seek out the top experts and get their advice:

I joined the R.V. Tucker Study Clubs in 1991, wishing to upgrade my skills in restorative dentistry. We established a local study club in Albuquerque with a fine mentor, Dr. Ron Gusa. Beyond that, I requested and received permission to travel to Ferndale, WA to watch Dr. Richard Tucker, the mentors' mentor, in live action for a day. Seeing a true genius operate was one of the touchstones of my dental career. I always grabbed any chance to learn from top clinicians in any phase of dentistry.

A nephew of mine, and now a newly minted M.D., Jason Degani, initiated an interest in black holes, worm holes, and exotica of cosmology while in middle school. For several years I could answer his questions easily, yet by Jason's junior year in high school, I was stumped. We needed an expert. My first choice would be Steven Hawking, yet his physical impairment makes it difficult for him to communicate and his time is extremely valuable. Second in line in the world is Kip Thorne of Cal Tech. I emailed Dr. Thorne with several pages of Jason's

Secrets for Dental Success in Life

questions with the title, "What Do I Do with This Kid?" I had a detailed reply within an hour! Reputably the second smartest man in the world was extremely kind to parse the material and provide two physicist collaborators for Jason. The point here is that often the most gifted humans go out of their way to assist us mortals.

Think big, plan carefully, execute with intention:

In 1991, I wished to make-over my practice. My wife interned at a prosthodontist's office for several months to learn basic lab technology. Meanwhile, we reformulated our practice vision to provide the highest quality restorative dentistry. We redesigned our schedule with blocks, redefined assistant functions, and deleted perio surgery, extractions, and dentures from my dental arsenal. [Aside: this is not deemed wise in the current economic climate. Addition of new procedures to your practice is most prudent today!] I cut staff positions by two. In other words, we designed a more lean practice devoted to the work I loved. We accomplished the transition in two months without a hitch with assistance of a top consultant. My restorative practice bloomed and dentistry was a passion for the rest of my career.

Keep it simple:

Office billing: My front desk person and I viewed each account with a balance at the end of the month. For anything over 60 days, I hand wrote on the statement, "Over 60 days, please remit." For over 90 days, "Over 90 days, please pay promptly to avoid further action." Over 120 days, "Over 120 days, please pay in full by (ten days out) or account will be sent to collections." I initialed "DC" after each note. If a patient ever asked, the front desk could tell the patient the doctor wrote the note. That was our collection system. No calling, no letters. I always had accounts receivable of 15-20 days of production.

Never compromise integrity:

I staked my reputation on accuracy in my dental work, my staff's accuracy in billing and scheduling, my hygienists' expertise, and my assistants' efficient setups. If anything ever went wrong, and it certainly did at times, responsibility was taken by the appropriate party, any recourse was negotiated, and we went on.

If ever a dental procedure was problematic, either it was redone promptly for no charge or a referral was made for a redo with full refund, including the lab fee. We solved every problem quickly with the benefit of the doubt always given to the patient. This not only prevented legal problems, but helped me sleep at night.

Douglas Carlsen, DDS, retired at age 53 from a 25-year private dental practice and clinical lecturing at the UCLA School of Dentistry. He writes, lectures, and consults nationally on retirement, personal finance, practice scheduling, and cash flow. If you would like him to lecture to your group or provide consultation, please contact at 303-658-0666 or drcarlsen@gmail.com. Visit his web site at www.golichcarlsen.com

Is it A Guessing Game in Your Practice?

By Sally McKenzie

"I think." "I guess." "I believe." "I presume." Do you ever find yourself starting a sentence with those phrases. For example, "I think someone explained to Nicole how to properly answer the phone" or "I would guess Ann has been trained how to collect from patients and handle insurance claims" or "I presume Katie understands how to use the scheduling system."

Well, I don't have to guess, nor do I need to presume, in fact I know that in virtually every case in which dentists think staff is prepared to handle day-to-day tasks and challenges, they are losing both money and patients with every assumption.

Oftentimes, dentists don't comprehend the impact that lack of training or poor training has on the practice. They don't realize that the daily scheduling problems occur because the appointment coordinator doesn't know more than the basics about the scheduling system. Dentists don't see the link between their astronomical accounts receivables and the business employee who routinely asks patients if "they'd like to be billed for today's services." They don't see the connection between multiple cancellations in the schedule and the patient coordinator who confirms appointments by asking patients if they "would like to keep their appointment on such and such a date."

Meanwhile the employees, most of whom genuinely want to perform well, are frustrated.

At McKenzie Management's Advanced Training Center right here in La Jolla, we see dental team members all the time who genuinely want to do a good job. They want to know how to better manage collections, how to schedule to meet production objectives, how to present treatment plans and financial arrangements that will benefit both the practice and the patient. They want a strategy for monitoring and improving patient retention. In every case, the employees have just been waiting for the opportunity to learn how they can help the practice and the doctor reach their goals. But they haven't been given the number one tool to succeed - training.

It's not that dentists don't recognize the value of training. But they often talk themselves out of sending employees to professional training for fear that it will cost too much in both time and money So they rely on staff to learn on their own or train each other, which is costing practices a fortune in lost productivity. Fortunately, with both local one-on-one and small group dental training opportunities as well as online training opportunities available, practices have multiple options. In fact, some online courses can save practices 70-80% in training costs. These have become a popular choice for many dental teams, allowing both the employees and the doctor to become familiar with a few of the key practice systems.

For example, in roughly 30 minutes, a front desk employee can point and click through a tutorial on the causes and remedies of broken appointments. She/he can review a course on reducing accounts receivables. The hygienist can click through a lesson on patient tracking. And the doctor can learn the latest on conducting salary and performance reviews. In just a few short sessions, doctor and team have a much better concept of some of the critical practice systems. They also can better gauge if they are on the right track or if they need to take additional steps to shore up these systems further.

Although the single, biggest contributor to practice inefficiency and mismanagement is a poorly trained team, multiple affordable and convenient options in the dental marketplace are readily available to dentists and teams.

If you think, if you guess, if you presume, if you believe your team members are as well trained as they should be, wouldn't you really rather know?

Sally McKenzie, Certified Management Consultant, is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available on its website, www.mckenziemgmt.com. In addition, the company offers a vast array of Practice Enrichment Programs and team training. Ms. McKenzie is the editor of the e-Management newsletter and The Dentist's Network newsletter sent complimentary to practices nationwide. To subscribe visit www.mckenziemgmt.com and www.thedentistsnetwork.net. She is also the Publisher of the New Dentist™ magazine, www.thenewdentist.net. Ms. McKenzie welcomes specific practice questions and can be reached toll free at 877-777-6151 or at sallymck@mckenziemgmt.com.

Work with Your Dental Lab to Face the Challenge

By Carol Pilmer, "R" Dental Ceramics

These are economically challenging times we encounter for a number of reasons. Offices and labs alike are faced with lower profit margins, thus making cutting costs a high priority. One of the first areas often targeted is the dental lab.

This article's information is based on the assumption that a dentist-lab relationship has been established, the lab is giving the dentist consistently good restorations, and suddenly financial considerations threaten this relationship.

From a lab's perspective, it is much easier and rewarding to work with a current client than it is to find a new one. So, before dismissing a lab because of budgetary reasons, consider other alternatives.

With co-operation and creative thinking the solutions offered may serve to ease financial stresses and allow the working relationship to grow even stronger.

MOST IMPORTANTLY

OPEN THE DIALOGUE, discuss the financial situations, you will find that Dental Labs and Dental Offices are sharing similar situations.

PRE-BOOK CASES

This will allow the lab to schedule the technician's time and work, thus avoiding overtime and ensuring prompt delivery of the finished case.

"ADD ON'S"

"Add On's" can add considerable cost to a crown. If a lab adds an additional charge for Buccal Porcelain Margins, consider a Porcelain-to-Metal Margin.

CHANGING MATERIALS

All Ceramic Restorations can be made of several different materials, some more expensive than others, discuss the final outcome/goals with the technician/ceramist and ask for their recommendation regarding the material that would best fit into your budget.

Metal compositions offer a wide range of prices. A lab owner can provide insight regarding which metals are most suitable to meet the needs of the patient and honoring the limits of the budget.

PICK UP AND DELIVERY CHARGES

Normally, pick up and delivery of a crown and bridge case can run an additional $10.00 to $15.00, even higher for removable appliances or rush cases.

If a staff member travels within the vicinity of the dental lab, consider delivering the case to the lab. The lab could discount the invoice and at the same time the relationship between office and lab staff continues to grow.

CUSTOM SHADES

Help eliminate the need for custom shades by meeting with the ceramist to learn the techniques used for determining, mapping out and communicating shades.

You may want to consider participating in a porcelain manufacturer's "Lunch and Learn Program" for solving shade problems.

PERFECT IMPRESSIONS, BITES, AND TEMPORARIES

It goes without saying that offices that send perfect impressions and bites are the joy of any technician's day. The same goes for good temporization. When accuracy is accomplished, there's no need for returning the case to the lab (incurring additional pick up, delivery, modelwork or any other type of additional charge).

Allow the technician some input regarding problems you may be experiencing; consider involving your impression manufacturer's technical rep to help solve problems.

LET'S TALK "CREATIVE FINANCING"

Frank discussions about the status of your practice will help your lab understand your needs. If your fee-for-service practice is now accepting insurance patients, consider discussing the percentage of loss per unit when covered by insurance. The lab may consider sharing the loss for these insurance cases.

Another approach is to request a discount for early payment of the statement or for regular bi-weekly payments of invoices. The regularity of cash flow to a lab may permit the discounting of invoice totals in exchange for early or more frequent payments.

A few dollars, while continuing to serve the best interests of the patient, the Dental Office and Lab, go a long way a towards little less financial stress and a relationship made stronger.

Carol Pilmer is now the Immediate Past President of the Dental Lab Owners Association of California, after having served an unprecedented eight-year term as the organization's President. She is the CDA Board of Trustees ADHP Guest and will serve as a CDA ADHP Delegate to the 2008 House of Delegates. Currently, she and her husband Bill own and operate "R" Dental Ceramics dental lab in Solana Beach. Contact her at 858-259-2436 or email rdental@sbcglobal.net

Is Amalgam Safe?

Brian Shue, DDS

Almost 200 years ago, Louis Nicholas Regnart did something unimaginable. He took D'Arcet's Mineral Cement—a dental restorative material that had to be boiled, liquefied and then poured into the tooth of the ever-trusting patient—boldly added mercury and voilà, amalgam and controversy was born.

How radical was amalgam to our predecessors? Very inflammatory. In 1843, the American Society of Dental Surgeons (predating the American Dental Association) stated any restoration with mercury was "hurtful both to the teeth and every part of the mouth"and "the use of amalgam constitutes malpractice" and required all of its members to sign a pledge that they would never use it, or face expulsion from this first national dental society (now defunct).

After years of use and research of this incredible blend of mercury, silver, tin and copper, people are still asking— forget about marginal microleakage or creep factors—is amalgam safe?

Enter the Moms Against Mercury group- a name like that kind of states their position on amalgam— who recently settled a lawsuit against the Food and Drug Administration (FDA). When I hear "settlement" and "amalgam" in the same sentence, the first thing that comes to my mind is California Proposition 65. But as the CDA website assures us in the "Prop 65 FAQ for Dentists", the warning we are required to post if we have more than nine employees "does not state that the dental products or procedures cause cancer or reproductive harm. It states only that the products or procedures may expose the patient to "chemicals known to the state" to cause cancer or reproductive harm". It is subtle wording in the posting that has major significance. "Cause" and "may expose" have two different meanings.

Because of the recent settlement, the FDA agreed to revise their website information about amalgam and finish the reclassification process for dental amalgam by July 2009, which may include "special labeling" of amalgam to protect those claiming to be mercury- sensitive. The newly revised FDA webpage "Questions and Answers on Dental Amalgam" now says "dental amalgams contain mercury, which may have neurotoxic effects on the nervous systems of developing children and fetuses."

Now, where did the FDA get the "may have neurotoxic effects" from? Why is the FDA saying that dentists may be hurting our children with amalgams when the evidence is to the contrary? Could it be based on opinions and not facts? The questioned safety of amalgam has indeed appeared as opinion in widely-read medical journals.

As dentists, are we held to do no harm, except to developing children and fetuses? When I go back to work and place, carve, and finish a routine MOD amalgam on Letter K of a typical six-year old in my practice (typical— unfortunately, the declining caries rate in the United States hasn't quite caught up to my neck of the woods), am I setting up my patient for neurological trauma and (shudder to think) irreversible damage? Is amalgam harmful? I don't think so.

The ADA doesn't think so, either. A press release from the ADA from June 17, 2008 states "The American Dental Association (ADA) is concerned and will seek clarification from the Food and Drug Administration (FDA) about recent quotes. "People depend on the FDA and other government health agencies to help protect their health. It's critically important that public health recommendations are based on sound scientific evidence," states ADA President Mark J. Feldman, DMD".

Wait a minute, the ADA essentially said. Where is the science? In fact, the FDA statements are contrary to published peer-reviewed scientific studies.

There have been several such recent studies that show the miniscule levels of mercury vapor released from amalgams does not adversely affect children's or adult's health. These studies show amalgam does not affect such measurable factors like memory, attention/ concentration, motor/visuomotor, nerve conduction velocity, or IQ.

The FDA should base its decisions on such evidence and should cooperate with the ADA to explain its recent quotes and produce the scientific evidence it used to formulate its conclusions.

So is amalgam safe? Yes. The July 2008 revised ADA statement on dental amalgam states "the ADA continues to believe that amalgam is a valuable, viable and safe choice for dental patients."7

When I get back to work on another six-year old with carious lesions at the mesial and distal of letter K, am I going to reach for my Dispersalloy? You bet. I am confident that I will be

doing no harm by placing amalgam restorations. The ADA agrees. The National Institutes for Health agrees. The US Public Health Service agrees. The Centers for Disease Control and Prevention agrees. The World Health Organization agrees . . .

References available upon request

Business Cost Cutting

By Brett L. Tholborn, CPA

Keeping costs under control is crucial in today's challenging business environment. But how do you reduce costs, keep up with good customer service, and maintain a pleasant workplace without going too far? Without a doubt, one of the quickest ways for a business to cut costs is through staff reduction. Wages, payroll taxes, and health and worker's compensation insurance are typically all reduced as staff is cut back. But cutting jobs is not always the best cost-cutting strategy. Drastic job cuts can lead to a vicious cycle of reduced productivity, followed by even slower growth and decreased profitability. When the economy eventually gets better, skilled workers may be difficult to find, leaving your company to struggle and lag behind the competition.

Here are some alternative cost-control strategies that you may want to consider:

Look at the cost of your office or facilities. If the company owns expensive office space, consider moving to a less costly location that will not mean losing clients or business. If a move is out of the question, consider sharing office space with a compatible company. What you save in shared operating costs goes directly to the bottom line (after taxes, of course).

Consider sale-leaseback arrangements, which enable the company to generate funds for operations and transfer the burden of ownership to the buyer from whom you rent back the office space. Keep in mind that commercial property values have also taken a "hit" over the past several years, so your property may not be worth as much as you think it is worth.

Review employee benefits. Do your employees realize benefits similar to what is paid by other companies in your same industry? Review both health and worker's compensation insurance to insure that there are not significantly less expensive plans that offer similar benefits. Keep in mind that you do not want to have a policy with a company that may be out of business in a few months, check the rating.

Review the cost of supplies and inventory. Analyze the cost of materials and supplies. Are you stocking too much too far in advance? If supplies are readily available, do you really need six months of materials on hand? Reducing ordering quantities can help with cash flow and can actually help maintain vendor relationships, because you will deal with them more often.

Periodically conduct a competitive review of suppliers, and select those who can deliver good quality and service at the lowest cost possible. Also, you may not have to pay full price; inquire about volume discounts.

Cut back on interest expense. If you own your building, is it time to refinance to a lower rate? Loans are extremely difficult to get these days, but some effort should be put into it if you are currently paying a high rate of interest. Of course, this applies to business equipment, as well. Credit card debt should be paid monthly, if at all possible, due to their typical high rates of interest.

Outsource some processes. Consider outsourcing certain activities that either consume a great deal of time and resources or are prone to errors. For example, you may be able to have bookkeeping or payroll processing done by a local vendor at a fraction of the current cost to you.

For help reviewing possible cost-control strategies for your business, give your accountant a call and find out how to start lowering operating costs.

Brett L. Tholborn, CPA

Brett L. Tholborn is a Stockton CPA practicing at 1743 Grand Canal Blvd., Suite 17, Stockton, CA 95207. If you have questions, please call Brett at 209-474-3375 or e-mail him at Brett@Tholborn.com.

Nickel Titanium Rotary Files In Endodontics

By Callin Lee DDS

One of the most significant changes in the way we perform endodontics today is the use of nickel titanium rotary files. Introduced in the early 1990s, it has provided a more efficient and consistent method to provide root canal treatment. With any new change, there also come challenges. One of the biggest challenges in using rotary files is instrument breakage but with a few simple rules, they can be used in a safe and efficient manner.

Rotary files commonly break in two ways; torsional stress and cyclic fatigue. Torsional stress is when a file is twisted until it breaks. For example, when a file tip binds and the file continues to turn, it produces a twisting motion. Hence, larger diameter rotary files are more resistant to torsional breakage. On the other hand, cyclic fatigue is when a file is bent back and forth until it weakens and breaks. This situation is created when a file is passed through a curve as it rotates, being bent back and forth with each rotation. Therefore, the more flexible the file, the less likely it will break when bent repeatedly.

To avoid both torsional stress and cyclic fatigue, one should follow a few simple rules. The first rule is case selection. Although rotary files can be used in almost every case, depending on the clinician's familiarity with using rotary files, certain cases should be avoided. The second rule is straight line access. Early removal of any coronal obstructions to the apical portions of the root will eliminate additional stress on the file. The third rule is create a glide path. Before placing a rotary file into a canal, use hand files to negotiate a glide path first. The glide path should be of sufficient size to receive the rotary file, usually the size of a #20 hand file. The fourth rule is keep the rotary file moving. Using a light touch and keeping the rotary file in constant motion will help to prevent the file from binding. Other considerations to reduce the friction created between the file and the canal walls are using a lubricant, preferably in liquid form, and keeping the file flutes clean. In addition, participating in well-organized continuing education courses and practicing on extracted teeth will provide you the skills to use rotary files with confidence.

The use of nickel titanium rotary files has improved the way we provide conventional root canal treatment today. Taking certain precautions will help to avoid pitfalls inherent with their use.

By Callin Lee DDS Valley-Hill Dental Group 909 W Roseburg Ave #A Modesto, CA 95350

(209) 526-3815

Hello Fellow New Dentists!

Charles ("Carl") Sackett, DDS

I hope 2009 finds everyone well. Time sure does fly, doesn't it? First off, I must begin by saying that I have definitely enjoyed being the Chair of the New Dentist Committee this past year. From my experiences meeting my fellow MBDS New Dentists, I have come to find that we have a great group of eager, young doctors in our area. The amount of enthusiasm that my fellow new dentists have shown has been unbelievably impressive. I'm so glad to be able to call them my colleagues, and work alongside them here in the Monterey Bay.

As you may or may not know, a new dentist is one that has graduated within the last ten years from dental school. That being said, we hold an undeniably unique position in our profession. Many would say that we represent, at least in some way, the future of what dentistry can or will become. Based on the caliber of new dentists I have met in our area, I think we can all rest assured that we are in good hands. I'm so excited to share a common vision with so many of these professionals, and to see that they are just as excited about being a New Dentist as I am.

I would also like to give a warm welcome to Dr. Dan Pierre, who will be joining me as New Dentist Committee Co-Chair for the upcoming year. Dr. Pierre is originally from Green Bay, WI., and began his dental education in 1997 at Marquette University in Milwaukee. Following dental school, he practiced as a general dentist in Dallas, TX for three years and, in 2007, completed an endodontics residency at the University of California, San Francisco. He now practices exclusively in his Monterey office, as one of our exceptional Monterey Bay endodontists: www.centralcoastendodontics.com.

I am very proud to have Dan join me on this committee. With his efforts and energy, and your continued interest and excitement, we can turn the New Dentist Committee into a wonderful venue for young dentists to meet and learn from one another.

Thanks also to all of you who attended the Nov. 12th meeting at Pasadera. It was a great evening, and hopefully beneficial to all involved. Keep your eyes peeled for more New Dentist events in the upcoming year. Have a wonderful holiday season, and thanks again so much for entrusting me with this position this past year.

Best wishes,

Charles ("Carl") Sackett, DDS

Associate Pediatric Dentist - CCPDG

New Dentist Committee Chair

AB2637 Changes Dental Assisting Scope, Education and Licensure

LaDonna Drury-Klein, RDA, CDA, BS

On September 28th, 2008, Governor Schwarzenegger signed into law a comprehensive bill defining scope, oversight, education and licensure for all dental assisting categories. This landmark legislation repeals all previous bills, four of which occurred in the past four years, and became effective January 1, 2009.

The introduction of AB2637 was in response to all the frustration, confusion and inaction by establishing categories of dental assisting that made sense to all those most impacted – dental assistants and dentists. When given the opportunity to "wave the magic wand" and start anew, it became evident very quickly that the current process was not working and a fresh perspective needed to be applied to the miles of regulation and legislation. With a blank piece of paper, a clear view of the most recent history in the rearview mirror, and a conceptual vision enhancing the future, the new bill satisfies many of the wants and needs of the dental assisting profession and the direct-care needs of our patients today! With the California Dental Association and the Dental Assisting Alliance working closely together in a newly energized, collaborative way, the new scheme reached into the bag and grabbed a hold of the most progressive duties we could think of incorporating without compromising patient safety.

The first step - eliminate the three specialty categories of registered assisting – the Registered Orthodontic Assistant, the Registered Surgery Assistant and the Registered Restorative Assistant – and the work experience pathway to these licensure categories that caused so many problems for all involved. The response - insert two specialty permits that unlicensed assistants can obtain without having to complete an 800-hour program!

Unlicensed DAs wishing to perform orthodontic procedures that have been previously designated to the RDA may obtain, through mandatory education, a special permit, called the Orthodontic Assistant Permit – or OAP. While many of us realize that unlicensed assistants have been performing many of the ortho functions in this permit category for many years, the bill creates a permit process that either a licensed or an unlicensed assistant may obtain, legally, and allow for the performance of many of the duties currently being performed, illegally, via an educational pathway that may be obtained through a Board-approved provider.

This move is the first of its kind – allowing for specialty permits in an unlicensed dental assisting category previously devoid of regulation or laws for illegal practice yet still seeing the need for a legitimate pathway that does not require obtaining a RDA license. The educational requirement for the OAP is 84 hours via a Board-approved program or provider. OAP programs are currently undergoing review by the Board and should become available early in 2010.

The bill also established the same permit for surgical assistants or those working in a general practice whose doctor is permitted to perform general anesthesia or sedation procedures. A specialty category that oral surgery has fought long and hard to see occur in California has finally made its debut in a specialty permit category called the Dental Sedation Assistant Permit – or DSAP. As with the OAP, the DSAP placed into statute the duties and functions of the surgery setting that many unlicensed assistants have been performing illegally for many years. All prior attempts at creating a specialty licensure category and the regulations to support it became incredibly top-heavy. AB2637 creates a permit process that either a licensed or an unlicensed assistant may obtain, legally, and via an educational pathway through a Board-approved provider. Similar to the OAP, the DSAP allows for the performance of sedation-related functions by an unlicensed assistant without the need to maintain or obtain a RDA license. Most all other surgical procedures have been placed into the unlicensed DA category. The DSAP educational requirement is a 110-hour program via a Board-approved program or provider.

Both specialty permits (DSAP and OAP) will require successful completion of mandatory education in infection control (8 hours), basic life support (4 hours) and dental practice act (2 hours), successful completion of a state-administered written examination, biennial permit renewal fees, and continuing education (25 units) consistent with all other licenses and permits issued in the dental profession. Each permit will be renewable every two years or the assistant will not be allowed to perform the functions of the permitted category.

Another big change to the unlicensed category of assisting is the statutory requirement that unlicensed DAs who are in a dentist's continuous employment 120 days or more must complete, within a year of the date of employment, a course in basic life support, a board-approved course in infection control that must be no less than eight (8) hours, and a board-approved course in the California Dental Practice Act no less than two (2) hours. The new Business and Professions Code of the Dental Practice Act (B&P Section 1750) also mandates that the employer of a dental assistant shall be responsible for ensuring that the dental assistant maintains certification in basic life support.

The three main categories of assisting remain consistent – unlicensed DAs, licensed RDAs, and licensed RDAEFs. The work experience pathway to obtaining an RDA license remains – however, the time frame for eligibility has been increased from 12 months to 15 months effective 1/1/2010. Unlicensed DAs wishing to begin a Board-approved program in the duties of the DSAP or the OAP may not do so until he/she has completed a minimum of six (6) months work experience and will not be

continued on page 19

AB2637 Changes Dental Assisting Scope

eligible to sit for the DSAP or OAP examinations until they have completed the program and 15 months work experience.

The RDA written and practical examination will remain, although reworked, along with the addition of a written examination in Law and Ethics, consistent with the dentists and hygienists exam of the same subject area. Successful completion of this additional examination will not become effective until 1/1/2010.

The educational programs approved by ADA-CODA and the Dental Board will be required to expand their hours to meet the new educational statutes and the added duties/content areas of their licensure categories. RDA programs will be expanded from 720 hours to 800 hours and RDAEF programs an additional 80 hours.

The duties and functions of the DA, RDA and RDAEF have been expanded while specifically allowing for more restorative procedures in the RDA and RDAEF categories. Much of the specialty-related duties of ortho and surgery have been placed in the DA category with a few exceptions. With the addition of two specialty permit categories, the DA performing these advanced procedures will have a much-needed vehicle to legal performance of these advanced functions without the necessity of completing an RDA program.

There is so much more to the new legislation impacting our profession. Therefore, we encourage all dental healthcare professionals to review the full version of the bill by going to www.leginfo.ca.gov and entering Assembly Bill 2637 into the search grid. A synopsis of the most important aspects of the bill has been written for you and your staff and will be made available to all (component name) members. If after reviewing the bill/synopsis you have any questions, please contact your component executive director, (name) , and your questions will be forwarded to me.

In the meantime, dental assisting educators will be working hard over the next year to establish meaningful and approved educational tools for your staff in order to meet all the new requirements. It has been my pleasure to have worked on this bill with dental assisting and CDA to bring progressive laws to dental assisting in such a meaningful way. Now, it's up to all of us to support our educational providers in developing great tools and access to appropriate education in order to enhance the dental assisting profession!

Respectfully,

LaDonna Drury-Klein, RDA, CDA, BS

President – California Association of Dental Assisting Teachers

What Unlicensed Dental Assistants Need to Know

LaDonna Drury-Klein, RDA, CDA, BS

Much has been written and many rumors abound regarding the necessary mandatory education requirements for all unlicensed dental assistants in California via the passage of AB2637. Here is a brief synopsis of the requirements beginning 1/1/2010.

Unlicensed DA's: beginning 1/1/2010, all unlicensed staff that participate in or are responsible for the allowable duties (both intraoral and extraoral) of a dental assistant must complete the following:

- 8-hour Board approved course in Infection Control (4 hours lecture, 2 hours lab, 2 hours clinical from a Board-approved provider) – on-the-job training does not comply with the law!
- 2-hour Board approved course in California Dental Practice Act
- A Heart Association or Red Cross Basic Life Support (CPR) course for healthcare providers (BLS-C) – may not be an online course.

Dental offices should assess the duties and functions of front office staff who also serve as assistants to the clinical team to determine their required compliance with the new mandatory education laws. Many front office staff participate in room clean-up, sterilization help, lab procedures and radiographic exposures that place them into a category requiring the use of PPE or materials – this is the rule of thumb for classification of employees for OSHA and should be used as the rule for determining who amongst your staff must, after 1/1/2010, attend mandatory education in order to continue serving the office in any clinical capacity.

Unlicensed assistants must begin the new mandatory education requirements within 180 days of employment and have up to one year to complete the three required courses but must begin the process within the 180 day requirement. The law does not exempt those already working as unlicensed dental assistants prior to enactment of the law, regardless of the length of current employment. The law does not require the employer to provide the mandatory education courses; rather that the employer is legally responsible to ensure completion of coursework has occurred and that documentation for certification in CPR is maintained.

There is so much more to the new legislation impacting our profession. Therefore, we encourage all dental healthcare professionals to review the full version of the bill by going to www.leginfo.ca.gov and entering Assembly Bill 2637 into the search grid. In the meantime, dental assisting educators have been working hard to establish meaningful and approved educational tools for your staff in order to meet all the new requirements. Now, it's up to all of us to support our educational providers in developing appropriate education in order to enhance the dental assisting profession!

Respectfully,

LaDonna Drury-Klein, RDA, CDA, BS

What's New @ Peer Review

By Richard Kent, DDS: Committee Chair

The Peer Review System for CDA members was established by the CDA House of Delegates in 1976 as a benefit of membership. It is not affiliated with the state licensing Dental Board of California as some may have thought. I consider it to be unique as an unbiased representative of both the dentist and his/her patient. For over 30 years the local committee has decided cases after the society's executive director had gathered the necessary paperwork from the patient and dentists involved. Often the director (Carole for MBDS) would have difficulty acquiring the appropriate records and cases would easily take well over six months to resolve. Enter the lawsuit! CDA was sued for taking a case past its statute of limitations, after which the plaintiff was unable to litigate. CDA lost the lawsuit along with their liability insurance for peer review. It was only after CDA agreed to centralize their peer review process and more closely oversee cases that another insurance company agreed to indemnify them at a much higher premium.

On July 1, 2009 the Monterey Bay Dental Society completed the final stage for centralizing the peer review process. Currently, when Carole gets a complaint from a patient regarding a member's treatment, she refers the person to CDA central and they handle the collection of paperwork and records directly from the patient and the involved dentist or dentists. Then it is e-mailed to Carole and the Chairperson. From there the case proceeds nearly the same as before July 1. With the new system, however, our committee has no more than 90 days from the time they receive the case from CDA to complete the evaluation and write the Resolution Letter and Clinical Addendum. The guidelines for language used in the two documents is available in pre-written forms supplied by CDA, but the actual draft the dentist and patient receive is somewhat subjective. We've discovered that no matter how carefully we have been in writing the letters, the CDA council always has changes they offer in order to conform more closely to the specifications of their legal department. Letters are e-mailed back and forth until we (the committee) and CDA agree on the final form. It's a truly beautiful and enriching experience for all involved! Well….not exactly! While we learn from each case write-up, we spend so much time on them that it's hard not to take it personally when they make drastic changes or cuts. Ultimately, we on the local MBDS peer review committee are proud to be serving the greater good for our members and the community at large. We have to remain philosophical in the process. No matter how we decide each case, at least one of those involved will be disappointed!

As for the committee, we're still learning new tricks and Carole is delighted because she is relieved of the many pressures that come with rounding up the data for each case. Oh she still has plenty to do, but now it is more reasonable. Thanks CDA and thank you Carole.

What's News @ CDA Peer Review Council

By Richard Kent, DDS: Committee Chair

Oh no! Another Peer Review article! Well… Last night our dental society installed new officers for the next year. When Dr. Murillo took over the gavel, she gave many thanks to people in our leadership. She graciously mentioned our local Peer Review Committee with glowing remarks. I had just written an article for Smileline about the local changes in Peer Review. During her remarks it occurred to me that there was a greater change in Peer Review that brought about my current position of responsibility. Translation: Yes that's a bulls-eye on my back!

Our fearless leader in 2008, Dr. David Stein from Salinas, was asked to join CDA's Peer Review Council. I think this was reported already in last Smileline or the one prior. None-the-less Dave has increased his responsibility at the State level and has been impressive as one of the new lecturers at calibration meetings statewide. I say impressive because I heard him present part of the course here in Monterey in July. He was succinct and clear in teaching about some of the mistakes we as committee members often make in preparing our resolution letters and addendums. I am very proud that we have such an asset to Peer Review here in our own back yard. Sacramento is greater for it and yet we haven't lost much of anything. I've been able to trick him into more training at an upcoming Committee meeting. We didn't lose a Chairman, we gained a Councilman. Thanks Dave!

MONTEREY COUNTY, CALIFORNIA - Long established GP with 35 years goodwill. Easily accessible, this efficiently designed 3 op office is conveniently located near a main street. Collections exceed $340,000. Practice Transition Partners, 888-789-1085, www.practicetransitions.com.

2003 Cerec 3D with milling unit and all accessories. Latest software and hardware updates. Excellent condition. $37,500 or best offer. Call Dr. Gregory Ocampo at (831) 724-7400 office, or (831) 728-2455 home

Volunteer Now!!

Donated Dental Services (DDS) is a program of the California Dental Association (CDA) and the National Foundation of Dentistry for the Handicapped in which volunteer dental professionals provide one or two treatment plans to an often overlooked and at-risk population of elderly individuals who cannot afford treatment or qualify for government sponsored dental programs. A DDS coordinator is responsible for determining eligibility of applicants, linking patients with nearby volunteer dentists, monitoring each patient's progress through their treatment plan, and coordinating specialist and laboratory services. Patient acceptance and treatment options are at the discretion of each volunteer.
Seniors in your community are waiting for your assistance!
If you would like more information, would like to volunteer, or know someone in need of dental assistance contact Tahira Bazile, Donated Dental Services Program Administrator at 1.800.CDA.SMILE (232.7645) Ext. 4971 or visit the CDA website at: http://www.cda.org/member_benefits_&_resources/donated_dental_services

Retired dentist is available for one day a week to do hygiene, exams, take and read x-rays, ect. I am also willing to do exams and read x-rays for your hygienist's patients on the same day. You, the dentist, can take that day off and play golf or go to the spa with no worries. Please contact Jenay at (831) 336-2036 or via e-mail at katkowsky@earthlink.net.

FOR SALE: GX 770 xray unit, Ritter J chair, Pelton/Crane Light Fantastic pole-mount light, model trimmer, Rx Honer. Dr. Chris Manke 624-3740 Carmel.

Job Opportunity: Instructional aid needed, must have a minimum of four years as a DA or RDA for MTROP -Salinas, CA. For more information call: Minerva Zepeda, Instructor 831-295-4271.
Email:minervaloveslife@gmail.com.

Need a license? In three weekends you can be certified for Dental X-ray. Location:.MTROP-Salinas,CA. Mandatory orientation: Dec 11 at 1pm.Fee $325. For more information call: Minerva Zepeda, Instructor 831-295-4271.
Email:minervaloveslife@gmail.com.

Minerva Zepeda, RDA, is an instructor for Mission Trails ROP teaching dental x-ray and for Santa Cruz ROP at Watsonville High teaching Dental Occupations.
She has this to say in regards to her work as a teacher: during my twenty eight years of experience working in the dental field I have learned listening, interpersonal skills and much more. Teaching provides me the opportunity to share my experiences, challenges, skills and abilities with aspiring dental assistants in the program.
I also teach workshops twice a year for Santa Cruz ROP for Dental Assistants introducing students to digital x-ray, software, and equipment management.
I too am an ROP graduate many moons ago so I know the challenges that may come up! So sharing my stories, obstacles and challenges can motivate and set the example to students in a supportive way. I traveled the journey of a Registered Dental Assistant, walked the path and now I am excited to be an instructor. There are no limits to one's personal and professional growth working in the dental field—so reach high!
Many smiles, Minerva

Need an experienced, qualified dental hygienist? Members of the Monterey Bay Dental Hygienists Association who are available full or part-time register with a local agency run by Kathy Siqueiros, RDH. This is a free service to MBDS members.

Contact Kathy at (831) 750-6326 or at Watsonvillehills@aol.com

She will need to know which days or hours you are looking for and a phone number hygienists can call regarding a position.

MONTEREY BAY
SMILELINE
8 Harris Court, #A2
Monterey CA 93940

Return Service Requested

NON-PROFIT
ORGANIZATION
US POSTAGE
PAID
PERMIT #152
SALINAS, CA