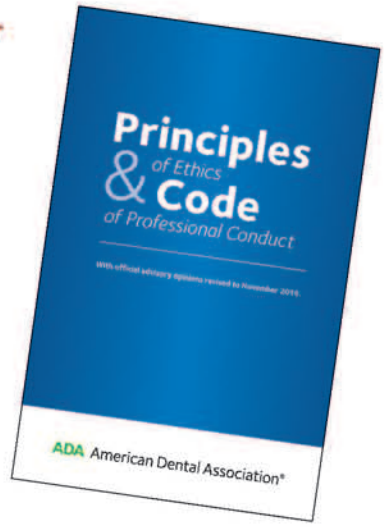
BULLETIN OF THE SAN FERNANDO VALLEY DENTAL SOCIETY

Dental DimensionS

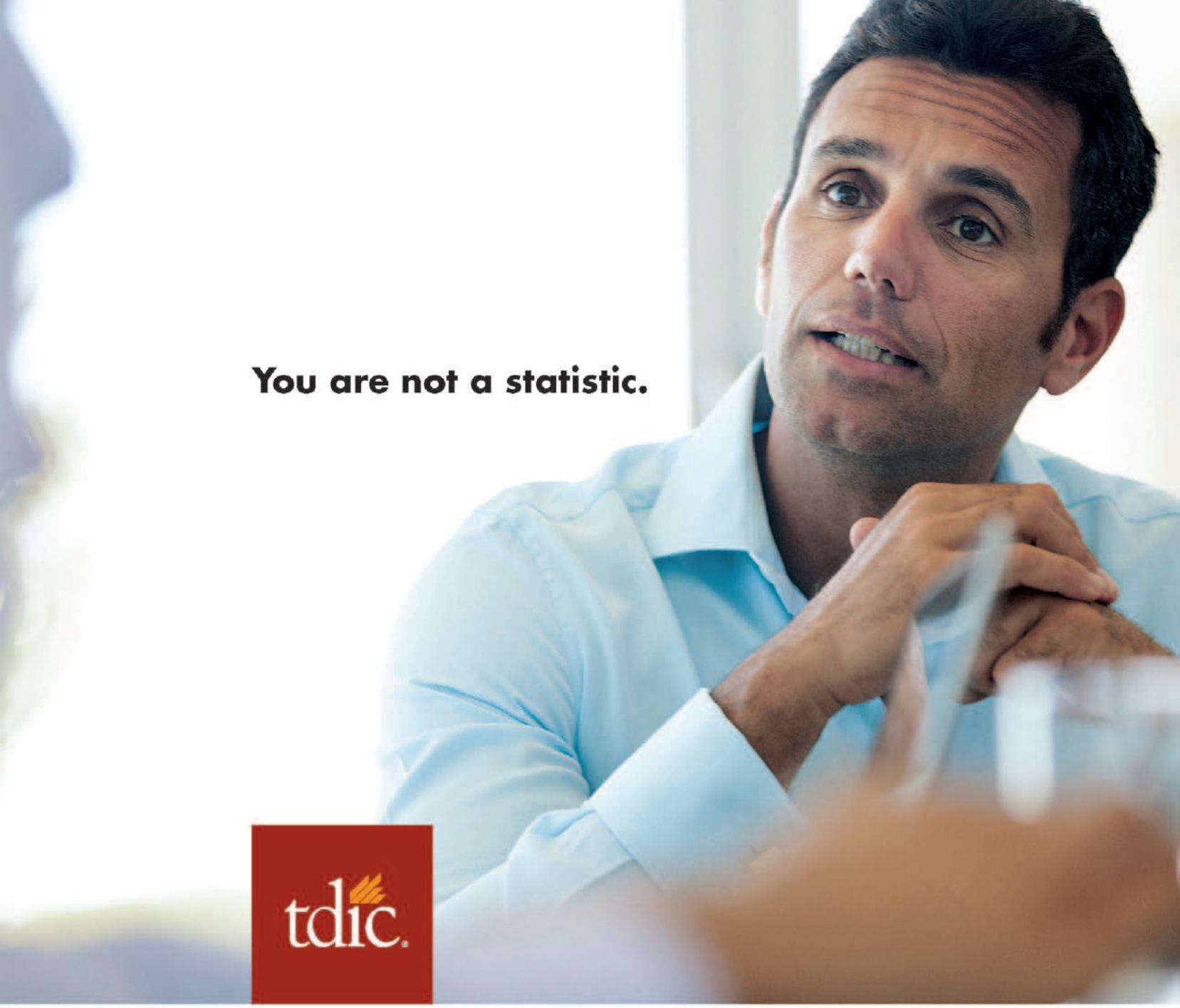
Spring 2017
WWW.SFVDS.ORG

Claims of Superiority



GOT ETHICS?

- Informed Refusal
- Managing Practice Expenses
- CDA's 2017 Major Issues & Priorities



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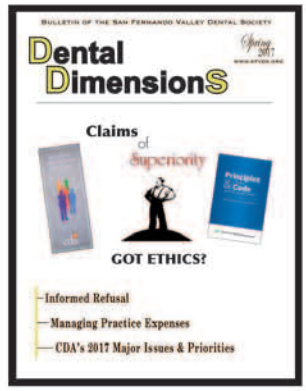
In this issue

Call for Submissions

Do you have an unusual case study or an interesting article you would like to have published? Dental Dimensions is looking for articles from our members so we can share our collective knowledge. Articles should be 500-1000 words with references where applicable and photos if possible. Send your submissions to:
shukandds@gmail.com
or contact the dental society office at 818-576-0116



On The Cover.....

Claims of Superiority are clear violations of both the ADA and CDA Code of Ethics, the pamphlets of which are shown on the cover.

(see page 20)

From the Desk of the Editor

Shukan Kanuga DDS, MSD.

Silver Diamine Fluoride;

The silver bullet in dentistry

Introduction

While most of us have heard about Silver Diamine Fluoride (SDF) treatment from various sources including patients/parents, some of us are still wondering "what's all the buzz about SDF after all?" The use of silver in dentistry dates back to the early 20th century. Case studies of silver nitrate use date back to the 1800s in the literature; however, there was no mention of it in ADA's Council on Scientific Affairs reports on 'Non-Fluoride Caries Preventive Agents' or 'Managing Xerostomia and Salivary Gland Hypofunction'. Silver nitrate application was sequentially combined with fluoride varnish in the past for caries arrest.

In 2014 the Food and Drug Administration (FDA) approved SDF to reduce tooth sensitivity and since April 2015, SDF has been available in the US, marketed as 'Advantage Arrest' by Elevate Oral Care LLC (West Palm Beach, Fla). Silver diamine fluoride (38% w/vAg(NH3)2F, 30% w/w) is a colorless topical agent comprised of 24.4-28.8%(w/v) silver and 5.0-5.9% fluoride at pH 8-10. Currently, the use of SDF for caries prevention or arrest is off label, similar to fluoride varnish.

Mechanism of Action

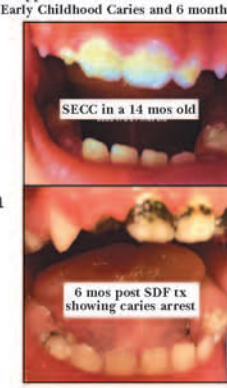
Caries arrest results because cariogenic bacteria are killed by the silver compounds, with their anti-microbial properties and colonization is reduced because the pathogens are unable to form a biofilm on SDF treated dentinal surfaces. The fluoride ion facilitates remineralization, with formation of fluorapatite from the original hydroxyapatite crystals. The insoluble crust, which forms after treatment, also serves as a fluoride reservoir for reducing the impact of acid challenges and increases dentin hardness.

Based on some randomized clinical trials, SDF appears to be almost twice as effective as fluoride varnish for caries arrest as it is unique in both killing the bacteria and hardening the teeth, thus both arresting and preventing caries. SDF presents the highest fluoride delivery system available at 44,800ppm of Fluoride. The caries lesion stains black due to the release of silver oxide.

Here are a few clinical examples of its indicated application-

1. A pre-cooperative child with 'Early Childhood Caries' who is either too young to undergo treatment under IV sedation or the parents are not on board with IV sedation due to various reasons.

SDF application on a 14 month old with Severe Early Childhood Caries and 6 months after.



SDF becomes a cost-effective and viable alternative to buy time in this case in contrast to monitoring with frequent fluoride varnish applications combined with diet modification and improved home care, or even 'Interim Therapeutic Restoration'. Studies have shown that SDF treated demineralized dentin is more resistant to caries bacteria than treated sound dentin.

2. A special needs or medically fragile patient who cannot undergo extensive restorative treatment in an office setting.

3. A teenager with multiple interproximal caries lesions that would benefit from caries arrest prior to definitive treatment down the road.

4. Hypoplastic molars with caries to reduce sensitivity prior to restoring the tooth.

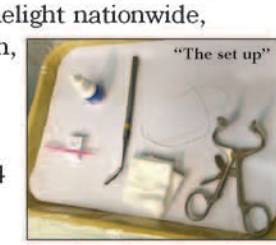
Countless patients would benefit from conservative treatment of asymptomatic active carious lesions.

5. Difficult to treat caries lesions like at the bridge margin or root caries.

Of course SDF would not be the treatment of choice in deep caries lesions close to the pulp with symptoms of irreversible pulpitis as it is a pulpal irritant. It is being used either as a stand-alone treatment or followed by future restorations including resin modified glass ionomer or composite resins.

Application protocol

The most effective treatment was 38 percent SDF twice per year which led to a nearly 80 percent reduction in both caries progression and subsequent caries on treated teeth based on a review of multiple randomized controlled trials. The famous UCSF study published in the CDA Journal in Jan 2016, which brought SDF into limelight nationwide, recommends twice per year application, only to carious lesions without excavation, for at least the first two years.



The CDT code for treatment is D1354 (Interim caries arresting medicament application)

Continued on page 5

Informed Consent

A thorough informed consent is the key to this treatment just like any treatment plan in dentistry. It is important for parents to understand that carious lesions will be stained black after treatment with SDF. Including pictures as visual aids helps reiterate and set the expectations correctly. While some parents may object to the black discoloration in their infant or toddlers' anterior teeth, the choice is to put up with the staining but control the disease or face the consequences of untreated progressive dental caries like abscesses and eventual extractions, and/or extensive treatment with sedation.

Below is a sample consent form, courtesy of the UCSF School of Dentistry, that you can modify for use in your own practice.

References:

Nelson et al; Silver Diamine Fluoride in Pediatric Dentistry Training Programs: Survey of Graduate Program Directors; PEDIATRIC DENTISTRY V 38 / NO 3 MAY / JUN 16

Horst et al; UCSF Protocol for Caries Arrest using Silver Diamine Fluoride: Rationale, Indications and Consent; CDA Journal V34/ No 1 Jan 16/ pg 17-28

Cheng L; Limited evidence suggesting silver diamine fluoride may arrest dental caries in children, JADA February 2017Volume 148, Issue 2, 120–122

Rosenblatt et al; Silver diamine fluoride: a caries "silver-fluoride bullet", J Dent Res. 2009 Feb;88(2):116-25. doi: 10.1177/0022034508329406.

Crystal et al; Silver Diamine Fluoride Treatment Considerations in Children's Caries Management, Pediatr Dent. 2016 Nov 15;38(7):466-471

UCSF Dental Center Informed Consent for Silver Diamine Fluoride

Facts for consideration:

- Silver diamine fluoride (SDF) is an antibiotic liquid. We use SDF on cavities to help stop tooth decay. We also use it to treat tooth sensitivity. SDF application every six to 12 months is necessary.
- The procedure: 1. Dry the affected area. 2. Place a small amount of SDF on the affected area. 3. Allow SDF to dry for one minute. 4. Rinse.
- Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics. Additional procedures will incur a separate fee.
- I should not be treated with SDF if: 1. I am allergic to silver. 2. There are painful sores or raw areas on my gums (i.e., ulcerative gingivitis) or anywhere in my mouth (i.e., stomatitis).

Benefits of receiving SDF:

- SDF can help stop tooth decay.
- SDF can help relieve sensitivity.

Risks related to SDF include, but are not limited to:

- The affected area will stain black permanently. Healthy tooth structure will not stain. Stained tooth structure can be replaced with a filling or a crown.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them. Color changes on the surface can normally be polished off. The edge between a tooth and filling may keep the color.
- If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm, cannot be washed off and will disappear in one to three weeks.
- You may notice a metallic taste. This will go away rapidly.
- If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such as repeat SDF, a filling or crown, root canal treatment or extraction.
- These side effects may not include all of the possible situations reported by the manufacturer. If you notice other effects, please contact your dental provider.
- Every reasonable effort will be made to ensure the success of SDF treatment. There is a risk that the procedure will not stop the decay and no guarantee of success is granted or implied.

Alternatives to SDF, not limited to the following:

- No treatment, which may lead to continued deterioration of tooth structures and cosmetic appearance. Symptoms may increase in severity.
- Depending on the location and extent of the tooth decay, other treatment may include placement of fluoride varnish, a filling or crown, extraction or referral for advanced treatment modalities.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND ALL MY QUESTIONS WERE ANSWERED:

_____(signature of patient) _____(date)

_____(signature of witness) _____(date)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4778976/figure/F4/

From the Desk of the President

Karin Irani, DDS

Students are our future.

There is no doubt about that.

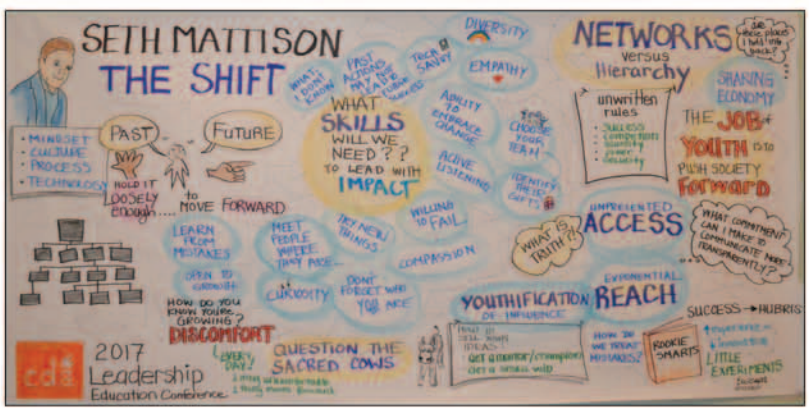
Recently SFVDS leaders attended CDA's 2017 Leadership Education Conference (LEC). 60 students from all six California dental schools were among the attendees.

Many organizations are struggling with staying relevant and providing benefits to the new generation of our profession. The keynote speaker at the CDA LEC meeting, Seth Mattison, put it in the best way. We shouldn't just give everybody a seat at the table; we should also listen to them. What is the point of having great ideas brought to the table if they are dismissed right away!

I am very happy to see that SFVDS has always been encouraging younger members to participate in decision making and listens to their suggestions. We encourage younger members to be involved with our committees and our board and its committees. As things move forward we thrive to stay relevant and use technology to facilitate communication and participation. SFVDS has always been in the forefront of innovation and accepting the change.

Seth used audience feedback and outlined some of the skills needed to lead with impact such as active listening, ability to embrace change, willingness to fail, curiosity, diversity, choosing the team, identify their gifts and finally #meetpeopleweretheyare!

Finally, how do we know that there is growth? Seth said that is when you feel discomfort, when you have that feeling in your stomach that makes you uncomfortable and uneasy, but you are willing to take the risk and try something new.



As we are moving forward this year, it is important to listen to our younger members and be willing to change. The key to success is to respect both experience and innovation, embrace our differences and mix strengths.

SFVDS board members also attended the biennial board retreat in January 2017. At our board retreat, it is important to review the strategic plan and make changes as necessary (The SFVDS mission statement, vision and the new strategic plan are available for review on SFVDS.org). Our board works very hard and is dedicated to the betterment of our profession and protection of our members and the public and this is reflected in the dental society's strategic plan.

Many members ask how they can be involved with the limited time that they have. Balancing professional and personal life has always been important to us. Participation in volunteer programs brings a personal fulfillment and sets a great example for our children. Our volunteers have always been donating their time for GKAS and have been an example of philanthropy. This year has not been any different. 11 SFVDS volunteers visited 14 schools and child care centers and screened more than 880 children (and referred them for follow-up care as needed).

As a volunteer, you decide how much time you are able to donate. Task forces and smaller projects don't require that much time. Committees meet 3-4 times/ year. CDA and ADA leadership positions can be reviewed on the CDA website: cda.org/leadership. The deadline for application for CDA positions is May 31 and ADA delegation application will be open Dec 1, 2017 - Jan 15, 2018.

The following SFVDS programs and committees can currently benefit from your participation:

- Smiles from the Heart
- Veterans Smile Day
- Editorial committee
- Digital Media committee
- New Dentist committee
- Media Relations committee

The choice is yours.

Karin Irani, D.D.S.
President, San Fernando Valley Dental Society
Chair, CDA Leadership Development Committee

SAN FERNANDO VALLEY DENTAL SOCIETY

2017-2021 Strategic Plan

MISSION

The San Fernando Valley Dental Society is a professional organization committed to serving its members in their mission to provide oral health services to the community with excellence, integrity and compassion.

VISION

The San Fernando Valley Dental Society will be a model organization committed to the betterment of dentistry for its members and the communities it serves.

VALUES

The San Fernando Valley Dental Society promotes and adheres to the values of excellence, integrity and compassion.

GOALS

1. Strong Membership 2. Advocacy 3. Community Service 4. Effective Communications
5. Maintain a Viable Organization

STRATEGIES

1. Strong Membership (Membership, New Dentists, Leadership and Program Committees, and Antelope Valley and Foothills Liaisons)
    - A. Membership Retention
        1. Zone Meetings to strengthen bonds with members in outlying areas
        2. Member benefit events
            - a. Shred-a-thon
            - b. Social events
            - c. Non-dental, new dentist programs
        3. Develop additional local membership benefits
            - a. Strengthen Ambassador program to greet new members in person
            - b. Communicate member benefits to members on a regular basis
    - B. Recruitment
        1. Strengthen and track Member events that encourage members to bring non-members along
            - a. Zone Meetings that encourage a member to bring a non-member
            - b. Member bring a non-member to General Meetings
            - c. Member bring a non-member to all member events
        2. Dental Dean, faculty and student outreach
            - a. Collaborate with other dental societies
            - b. Collaborate with ASDA
            - c. Using sponsor or grant money, encourage CDA and ADA to increase student recruitment funding for components.
    - C. Development/Education
        1. Conduct live demo/hands-on sessions
        2. Plan member meetings/events at central office and other geographical areas of the component
        3. Establish and implement mentorship programs, including collaboration with the Ambassador Program
    - D. Market Share
        1. Encourage membership committee and staff to develop metrics to measure SFVDS market share and focus on increasing the current market share level.
2. Advocacy (Legislation Committee, Council on Dental Care and Val-D-PAC)
    - A. Increase Issue Awareness
        1. Develop viable alternative options to increase "Access to Care"
        2. Educate SFVDS membership about changes to Dental Benefit Plans and growth of corporate dentistry models.
    - B. Collaborate with other components and stakeholders
    - C. Increase Legislative Outreach Efforts
    - D. Local PAC
        1. Increase Fundraising by the PAC Committee including increased contributions by the SFVDS membership.
        2. Promote value of Val-D-PAC to the membership through the dissemination of PAC information to the membership through all available channels.

Continued on page 18

Trustees' Report

By: Martin Countney, DDS

CDA vs Delta Dental on behalf of Delta Premier Providers settlement is a significant win for CDA Dentists! After a long legal battle against Delta Dental, CDA achieved a favorable outcome on behalf of dentists regarding Delta's attempt to reduce Premier Provider reimbursement rates. In a letter to members, CDA President Clelan Ehrler, DDS, MS, outlines the successful outcome and provides a summary of settlement details. Go to CDA.org for details.

CDA and TDIC Complete the acquisition of DBC, DBIC and NORDIC. This is a historic growth step for TDIC and the entire CDA organization. It will make the organization stronger for our members and enable us to serve even more members of the profession. And it further strengthens our already solid relationships with ISDA, ODA and WSDA.
Actions of the Board of Trustees

Summary of the board of trustees meeting of March 11-12
The board of trustees (board) met on March 11-12 in Sacramento. The next board meeting is scheduled for May 19-20. The following actions were taken and discussions were held.

CDA Foundation: The CDA Board of Trustees voted to remove all existing CDA Foundation Board members and replace the Foundation board with a single director, Dr. Ron Mead. A task force is being created to evaluate the CDA Foundation governance structure and make recommendations to the CDA board. The CDA Cares Management Committee and the Local Arrangements Committee are in place and in full stride for CDA Cares San Mateo. CDA has every confidence that CDA Cares San Mateo will be a success and is fully supported by CDA.

Minutes and Appointments: The board approved prior meeting minutes after approving corrections brought forth by Dr. Courtney. The board also ratified the presidential appointments to the judicial council, council on membership (COM), CDA Presents board of managers and guests to COM for 2017 without discussion.

2017 Management Objectives: The board approved the revised 2017 management objectives for the CDA executive director without discussion.

At-Large Trustee Positions on the Board of Trustees: The board approved the establishment of a task force to evaluate the recommendations from the new dentist task force and make recommendations regarding the composition of the CDA board. Discussion revolved around whether to form a task force or return to debate of the recommendations of the New Dentist Task force.

Erin Aaberg Givans Memorial Scholarship Funding: The board ratified a contribution of $25,000 to the Erin Aaberg Givans Memorial Scholarship Fund. Discussion revolved around whether it is appropriate for CDA to provide funds that will be distributed only to women.
California Health Care Coalition Funding: The board approved funding to support CDA's participation in a health care coalition to address California's health care funding issues.

Membership Out of Jurisdiction Audit: The Board approved grandfathering in the 963 members coded in Aptify (the association membership software) that do not have a transfer exceptions into their current component without having to request a transfer exception. Additional issues discovered by the audit will be forwarded to the Innovations in Membership Task Force for further consideration.

Discussions
Organizational Highlights: Peter DuBois provided the board with an update on key organizational activities.
Integrated Care Model: Dr. John Snyder, Permanente Dental Associates (PDA), presented the board with the PDA and Kaiser Foundation Health Plan integrated care model.
Strategic Planning Timeline: The board received updates and a timeline to discuss potential revisions to the mission and strategic plan for approval by the House of Delegates in November 2017.
The board also received verbal updates on activities associated with the leadership development committee and the TDIC/TDIC Insurance Solutions board of directors.

My opinion
The CDA BOT continues to work through all the additional responsibilities resulting from the decision of the CDA House of Delegates to make the BOT the final authority. Two task forces were created at this board meeting that both have to do with governance issues. As CDA and all membership organizations move forward there will be changes in function, but respecting the member volunteer's time and efforts will continue to be a top priority.

Correction: In the Trustee's Report of the Winter, 2017 issue, the term and tenure for the proposed Trustees is two, three year terms for a total of six years. It was incorrectly listed as three, three year terms totaling nine years. If a member serves as an At-Large Trustee and a Component elected Trustee, he/she can serve a total of 12 years not 18 years.

Legislative Committee Report

By: Jim Mertzel, DDS

MEDI-CAL
DENTI-CAL ELIGIBLE
PARTICIPANTS CONTINUE TO INCREASE.

The latest statistics indicate that presently 60 percent of all children and one-third of all adults in California are now eligible for Medi-Cal/Denti-Cal healthcare services. However, according to a recent state audit more than half of those eligible are not receiving any dental care. The majority of counties do not have sufficient Denti-Cal providers.

CDA has made considerable effort during the past year to increase the fees paid to dental providers under the Denti-Cal program. CDA was effective in eliminating the 10% fee cut that had been imposed. In addition CDA was one of the leaders in encouraging voters to vote for Proposition 56, the $2.00 tax increase for a package of cigarettes, legislation which was passed by the voters. One of the provisions in the bill was that some of the money raised would be used to increase the fees for services provided by health care providers. However Governor Brown, in his latest budget proposal, did not include that provision, refusing to raise the fee schedule. Bottom line: More people have Medicaid insurance but fewer people are getting health-care. The state's Little Hoover Commission recently completed a review of Denti-Cal and called it one of the state government's greatest deficiencies, that has thoroughly alienated the dental profession with reimbursement rates among the nation's lowest, with an abundance of restrictive rules and reliance on outdated paper based administrative processes. The number of Denti-Cal providers has declined 15% while six-million more Californians have enrolled in the program.

Some providers believe that the state has not been thorough enough in their investigation as to the actual financial need of some Medicaid applicants. There are others that believe that healthcare is a right, and that the government should provide every individual with healthcare. The issue of health-care is now being played out on a national level and by each individual state. As health-care providers, each of us has a responsibility to communicate with our federal and state representatives, discuss with them your experiences and your views. Not only is your profession at risk, but in addition, the health of you and your family is at stake.

PEDIATRIC DENTAL ANESTHESIA:

Last year AB 2235 was enacted to strengthen the safeguards for children being treated under general anesthesia for dental procedures. There were added requirements for informed consent and improved data collection procedures when adverse outcomes occur. The Dental Board made certain recommendations supported by CDA to ensure the safest standard of care. However CDA has some concern about other recommendations including a proposal to require an anesthesiologist to administer the general anesthesia separate from the treating dentist along with an anesthesia assistant trained in pediatric advanced life support in any case involving a child under seven years of age. This would significantly increase costs and reduce access. CDA is closely monitoring any legislation addressing the Dental Board's recommendations.

DENTAL PLAN ACCOUNTABILITY
-AB 1962 IMPLEMENTATION

Under the federal Affordable Care Act and current state law, all medical insurance plans must adhere to a medical loss ratio (MLR) of 80% of premium, meaning that a minimum of 80% of the premium the patient pays must be spent on patient care and only 20% for administrative costs. There is no such DLR for dental insurance plans. AB 1962 created a standardized reporting system to monitor dental insurance plans. Based on the information collected the plan was to enact legislation establishing a DLR. As there is new federal health care legislation being proposed CDA is waiting to see what will evolve before proposing DLR legislation at this time.

SUGAR SWEETENED BEVERAGE LABELING –SB 300

CDA supports SB 300 which would require labeling stating "Drinking beverages with added sugars contribute to obesity, type 2 diabetes and tooth decay", for any beverage sold in California that contains added sweeteners and 75 calories or more per 12 ounces. Soda is the most consumed beverage in the US, and more than 60% of teenagers drink at least one sugar-sweetened beverage per day.

DALIGHT SAVING TIME

For a number of years I have questioned the practice of setting the clocks back in the fall with the reasoning that it is important to have more daylight in the morning. One of the reasons advocates in favor of this practice stated, was that it was safer for children so children would not have to walk to school in the dark. Other advocates said it would be safer for people to drive to work in the daylight.

As a parent of four children, my experience was exactly the opposite.

1. For two to three weeks during that period of the time change the children were not attending school. School was closed during the winter holiday/NewYear break.
2. A large percentage of children participate in after school activities. Those activities were curtailed in sports such as soccer (which is probably the number one sport at that time of the year), due to the fact that most parks do not have outdoor lighting.
3. Children participating in soccer, or basketball or after school activities are now compelled to walk home after dark.

Continued on page 23

General Meeting Review

Marc Geisberger, DDS

February 22, 2017 - Restorative/Esthetic Dentistry

Dr. Geisberger presented that an artistic approach to aesthetic dentistry is essential. He covered new techniques that have been developed to aid patients in visualizing potential aesthetic modifications of their dentition and outlined ways to involve the entire team in the treatment planning and delivery phases of aesthetics restorations.
This program also described changes that have occurred over the last several years in the esthetic area and discussed patient factors that could significantly impact clinical success. New developments in technology and techniques were outlined and demonstrated, as were strategies and future trends that can keep you on the "cutting edge". Additionally, Dr. Geisberger's top 10 list of things to have or do in order to be competitive in the esthetic arena were shared.

Timothy Bizga, DDS

March 29, 2017 - Unleashing the Power of the 89%: How Supercharging Your Hygiene Program can Supersize Profits

Dr. Bizga discussed the most common strategies used by experts to optimize results in boosting the bottom line in your practice. Dr. Bizga, demonstrated key insights to clinical practice success. enhanced practice profitability and effective workplace partnerships. Attendees learned about: current trends is today's general practice; gained a better understanding of the market we exist in today; discussed the "real-world" approach to treatment planning and the benefits of "co-diagnosis"; gained an understanding of how certain materials and techniques save time and increase profits; and, provided attendees with an effective method for greater case acceptance

Diane Morgan Arnes, RDH

April 26, 2017 - CA Dental Practice Act and Infection Control

This all-in-one seminar met the requirements set forth by the Dental Board of California to renew a professional dental license. Each segment of the class provided the most-up-to-date information in a dynamic, informative and interesting presentation.
The infection control portion of this program provided participants with the latest infection control concepts for lowering the number of pathogens, stopping the cycle of cross-contamination, disinfection and sterilization protocol and processes, and the use of Universal and Standard Precautions. Additional topics included exposure control plan, chemical surface disinfectants, hand-washing techniques, dental waterline guidelines, personal protective wear and step-by-step procedures to alleviate patient concerns regarding infection control practices within an office.
The California Dental Practice Act segment of this seminar discussed information and updates to the Dental Practice Act regulations and other statutory mandates relating to the dental practice. This included utilization and scope of practice for dentists and auxiliaries, laws governing the prescribing of drugs, requirements for the renewal of a license, Injury and Illness Prevention Plan, advertising guidelines and citations, fines, revocation and suspension acts that are in violation of the Dental Practice Act.

General Meetings -2017

June 28, 2017 Parag Kachalia, DDS: Separating Fact From Fiction of Today's Dental Materials

September 20, 2017 Todd Snyder, DDS: The Art of Aesthetics and Occlusion

October 25, 2017 Ron Kaminer, DDS: High Tech, Minimally Invasive Endo for the GP

November 15, 2017 Peter Jacobsen, DDS: Fighting Dental Disease: Drugs, Bugs and Dental Products Live Long and Prosper – Lifestyle Medicine in Dentistry

CDA Major Issues & Priorities

2017

1. **Medi-Cal/Denti-Cal.** Nearly 60 percent of children and one-third of adults in California are now eligible for the state's Medi-Cal and Denti-Cal programs, however the state continues to struggle with providing adequate access to care. According to a recent state audit, more than half of enrolled children are not receiving any dental care and the majority of counties have an insufficient number of Denti-Cal providers. The state has taken positive steps in recent years with the partial restoration of adult dental benefits, the reversal of a 10 percent reimbursement rate cut for Denti-Cal providers, and passing Proposition 56 to raise additional Medi-Cal funding through a tobacco tax increase. However, much work remains. The Governor's 2017-18 budget proposal disregards the provision in Proposition 56 to allocate revenue for increased provider reimbursements and instead directs funds to pay for general cost increases in the Medi-Cal program. CDA is urging that Proposition 56 funding be used as intended. A recent report by the Dept. of Health Care Services found that since 2008, the number of Denti-Cal providers has declined 15 percent, while 6 million more Californians have enrolled in the program. The state's Little Hoover Commission recently completed a review of Denti-Cal and called it one of state government's "greatest deficiencies" that has "thoroughly alienated the dental profession with reimbursement rates among the nation's lowest, an abundance of restrictive rules and reliance on outdated paper-based administrative processes." CDA worked closely with the state to make Denti-Cal a priority during the renegotiation of California's Medicaid contract with the federal government (the Medicaid 1115 waiver) and under the latest agreement, California is receiving $740 million in new money over five years as a part of the Dental Transformation Initiative for children's dental care. This is funding, for example, new provider incentives for preventive services and continuity of care.

2. **Pediatric Dental Anesthesia.** The use of general anesthesia during a dental procedure is necessary in certain cases and California has long-required a variety of safeguards for these cases along with written informed consent of the associated risks. Last year, AB 2235 (Thurmond) was enacted in response to a tragic incident involving the use of general anesthesia in a dental office for a pediatric patient. The final version of the bill, supported by CDA, improved data collection procedures when adverse outcomes occur, added language to the required written informed consent provided to families before a procedure involving anesthesia, and called for a Dental Board review of existing state policies on pediatric dental anesthesia. The Dental Board released the findings of its review in December, which included a number of recommendations supported by CDA to ensure the safest standards of care, such as creating new permit categories, additional training, and further strengthening enforcement and data collection. However, CDA has concerns with other recommendations, including a proposal to require an anesthesiologist to administer general anesthesia separate from the treating dentist, along with an anesthesia assistant trained in pediatric advanced life support in any case involving a child under 7 years of age. This would significantly increase costs, reduce access and create a false impression of added safety. CDA will be closely monitoring any legislation addressing the Dental Board's recommendations this year and will continue to advocate for an evidence-based approach to ensuring the safest standards of care.

3. **Dental Plan Accountability – AB 1962 Implementation.** Californians deserve to know the value of their dental insurance plans and receive the same protections that apply to medical plans. Under the federal Affordable Care Act and current state law, all medical insurance plans must adhere to a medical loss ratio requiring at least 80 percent of premium revenue to be spent on patient care, as opposed to administrative costs. However, no dental loss ratio (DLR) standard exists for dental insurance plans. Prior to the enactment of CDA-sponsored legislation in 2014 (AB 1962), dental plans were self-reporting spending as little as 38 percent of premium revenue on patient care. AB 1962 created a standardized reporting system for dental plans to annually and uniformly disclose how they spend premium revenue. The data reported for 2014 and 2015

Continued on page 12

shows a wide range of premium revenue spent on patient care, with the average DLRs ranging from 52 percent for individual plans, 60 percent for small group plans and 72 percent for large group plans. Some dental plans, however, fall as low as 10 percent, and these egregiously low DLRs raise serious questions about what value these plans provide to consumers for their premium dollars. CDA is working to ensure continued DLR reporting established by AB 1962 and exploring opportunities for establishing a suitable DLR standard for dental plans. While the state must be cautious moving forward at a time of great uncertainty around health care reform at the federal level and its impact on the health insurance market, dental plans ultimately need to be held accountable for providing adequate value to their enrollees.

4. **State Office of Oral Health – Proposition 56 Funding.** CDA's Access Plan to reduce barriers to oral health care prioritizes the need for a comprehensive state oral health program led by a state dental director. The state began providing ongoing funding for a dental director and office of oral health (based in the Dept. of Public Health) in the 2014-15 budget for the first time in decades, and Jay Kumar, DDS, MPH was appointed to the position in 2015. Dr. Kumar came to California with more than 25 years of experience in the New York State Bureau of Dental Health, where he also held the position of state dental director and developed the first comprehensive state oral health plan for New York. Over the past year, Dr. Kumar and stakeholders including CDA have been developing a state oral health plan for California, which includes objectives such as building community-clinical linkages, expanding access to water fluoridation and dental coverage, and developing programs that promote oral health literacy and healthy habits. These efforts will receive a strong boost from the passage of Proposition 56, which includes an annual $30 million for the state oral health program – a tenfold funding increase and the first time the program has ever had a dedicated revenue source. CDA is advocating for flexibility with the Proposition 56 funding that will allow the office of oral health to enter multi-year contracts and to contract directly with local entities.

5. **Kindergarten Oral Health Assessment – SB 379 (Support).** A key goal of the state oral health plan overseen by the dental director is to establish an ongoing oral health data collection system to assess needs and monitor progress statewide. CDA sponsored legislation in 2005 (AB 1433) to establish the Kindergarten Oral Health Assessment, which aimed to ensure a dental check-up for all children by the end of their first school year. Schools provide a form to students to verify that they have received a check-up and report the data. Reorganization of K-12 funding has made the program optional. However, as the assessment can be an important data collection tool for the state, working in collaboration with the dental director we have identified some changes to improve this tool. CDA is sponsoring SB 379 (Atkins) this year to: add "caries experience" (cavity history) to the reported data (this is currently collected in the assessments, but not reported), make on-campus assessments easier for schools to conduct by allowing passive consent for screenings, and streamline data analysis by directing schools to report data directly to the Dept. of Public Health.

6. **Sugar-Sweetened Beverage Labeling – SB 300 (Support).** Sugar-sweetened beverages (SSBs) are the single largest source of added sugar in the American diet and a primary cause of dental decay – the most common chronic childhood disease, experienced by more than two-thirds of children in California. Soda is the most consumed beverage in the U.S. and over 60 percent of teenagers drink at least one SSB daily. The frequency of consumption, along with the combination of high levels of sugar and acid, make these beverages exceptionally damaging to teeth. SSBs are also displacing consumption of milk, the principle source of calcium in the diet, which is critical to the development of healthy teeth. CDA is supporting SB 300 (Monning), which would require beverages sold in California that contain added sweeteners and 75 calories or more per 12 ounces to display a label that reads, "Drinking beverages with added sugar(s) contributes to obesity, type 2 diabetes, and tooth decay." The bill would promote informed purchasing decisions by highlighting the scientifically proven health risks of SSB consumption.

SFVDS-Political Action Committee

By: James Jensvold, DDS
SFVDS PAC Chair

The San Fernando Dental Society has had a Political Action Committee (PAC) for several years. I became the chairman of the PAC after the passing of my good friend, Dr. Jerry Gelfand.

In the 2017 Los Angeles City Council elections, the PAC contributed to two successful candidates, both incumbents: Bob Blumenfield (Council District #3) and Paul Koretz (Council District 5). Both are within our component's jurisdiction.

A PAC is organized for the purpose of raising and contributing money to educate and elect candidates to public office. The CDA and ADA have PACs that contribute to state and federal candidates respectively. The SFVDS PAC focuses its attention on local politics. With each year come new and serious challenges to the way we practice. This means SFVDS must remain visible and the concerns of dental professionals must be known by officials. Educating local lawmakers is a full-time job. Your ability to treat and perform needed services as you have been trained to do must be preserved without needless interference and unnecessary regulation.

The purpose of a healthy PAC is to allow our dental society to educate legislators who are involved in issues important to you and your patients. If we don't do it, who will?

Having an active PAC gives SFVDS the opportunity to be a player in the very competitive arena that is California and Los Angeles politics. Personal contact with lawmakers in their districts is always extremely beneficial and allows the establishment of relationships with elected officials and their staff that can last years. I urge you to meet your local elected officials and attend public events where that is possible. It is common for elected officials to move from one level of government to another, and the initial establishment of relationships at the local level can have lasting benefits for the dental profession in the future should politicians move from office to office.

Please consider contributing to the SFVDS-PAC, directly or with the payment of your dues. In the near future, we hope to have an easy and convenient way to contribute to the PAC on the SFVDS website. Since the dues billing cycle is now completed, please either call the central office at 818.576.0116 to make a contribution with your credit card, or simply mail a check payable to the SFVDS Political Action Committee to the central office.

Thank you and please feel free to contact me through the central office if you would like to join the PAC committee or if you have any questions.

Practice Transitions Step 3

Preparation for the new dental associate starts with a well thought out plan of action which culminates in an 'Associate Agreement'. The agreement will take into consideration that the dental associate will have keys to the office, access to fee schedules, daily production schedules and access to all dental records.

When you bring in a new person to the practice, they must have some idea of their responsibilities to the practice in the event that they buy the practice or in the event that they do not work out and leave the practice.

Within the agreement, the dental associate will be signing a document that assures them that the files and data belong to the practice. In the event they are separated from the practice, for whatever reason, the files / data must stay with the practice. The paragraph will use specific nomenclature to assure an understanding that they must not take data off premises without notification. The agreement will spell out the financial penalty associated with action contrary to the written agreement.

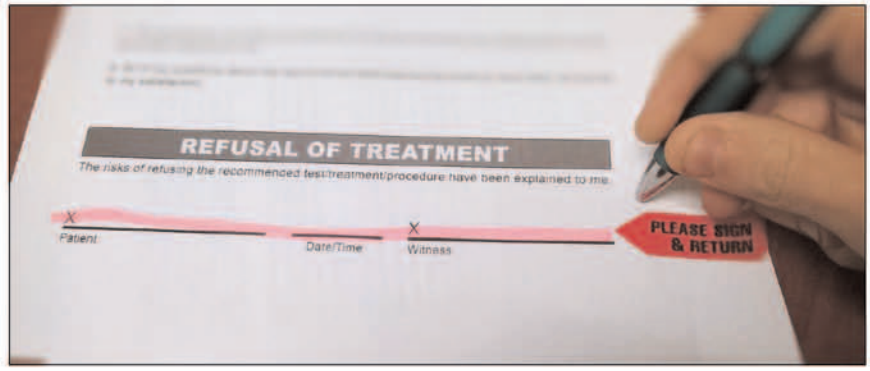
The agreement will be specific in terms of time and experiences that will be shared with them during their tenure with the practice. Such things as patient information, charts, employees, data and other items will be covered. There should be no misunderstanding about the intent to purchase the practice in the event they fulfill their obligations to the practice.

Since the new associate is also encouraged to bring new patients to the practice, the addition of those new patients will make the practice more valuable. There should be a formula which spells out the increased value due to their continued efforts to bring in new patients. A clear marketing program relating to efforts of staff and marketing campaigns itself should be taken into consideration.

This thinking will assure continued loyalty and efforts to bring new patients at the same time not increasing their contributed value of the practice at purchase deadlines.

Informed Refusal

By: Donna Klauser, DDS, DABP
Member, CDA Judicial Council



"I don't want to take any X-rays this year. Just clean my teeth." Do we submit to our patients' wishes, should we have them sign an "informed refusal" form, or something else?

A patient who declines recommended dental treatment may be doing so because of a lack of understanding about their dental care, financial concerns, radiation exposure concerns or concerns about the proposed treatment plan. The issue of not taking radiographs is usually anchored in the erroneous assumption about the dangers of radiation exposure. In anticipation of an appointment, an anxious patient may collect information from multiple sources including family, friends, neighbors, and of course, the Internet. These well-meaning patients arrive at our offices ready with the poignant statement, "I don't need X-rays this year doc." So, the consummate professional must outline, with veracity, that one obtains more radiation in a transatlantic flight than in one full set of X-rays. After the eloquent explanation of the dentist, the average patient will exercise their autonomy and hopefully make the decision to concede — recognizing the value of dentist-directed treatment guidance. Our medical colleagues agree that oral health is extremely important to a patient's overall health and we took an oath to protect and improve our patients' oral health.

Dentists must respect their patients' autonomy, however not at the detriment of their oral health. Informed consent is invaluable to help our patients make sound decisions about their oral health.

Section 1D of the CDA Code of Ethics states in part, "Fully informed consent is essential to the ethical practice of dentistry and reflects the patient's right of self-decision." Advisory Opinion 1.D.1. Explanation of Treatment further clarifies, "A dentist has the obligation to fully explain proposed treatment, reasonable alternatives, and the risks of not performing treatment to the patient. The dentist shall explain treatment in a manner that is accurate, easily understood, and allows patients to be involved in decisions affecting their oral health or their participation in a research project."

Our patients may not understand that declining radiographs impairs our ability to clinically diagnose dental pathology, such as caries, periodontal disease, endodontic lesions, pathologic lesions, etc. Similar to informed consent, it is a dentist's responsibility to inform patients of the potential consequences of refusing recommended treatment. In these situations, a dentist may choose to have the patient sign an informed refusal form, which should include the patient's prognosis, as well as the risks, limitations and what may be missed by refusing dental X-rays. It is also good practice to have the patient, dentist and a witness sign the form.

Informed refusal forms should be used with caution, however. The Judicial Council recommends dentists consult with their malpractice insurance carriers if considering using an informed refusal form. If a disease condition is diagnosed or a patient has a history of dictating treatment, it may be in the dentist's best interests to dismiss the patient to avoid engaging in sub-standard treatment. Such decisions must be made on a patient-by-patient basis.

We do not want to be in violation of the ethical principal competence, which is described in the CDA Code of Ethics in part as follows: "The competent dentist is able to diagnose and treat the patient's oral health needs and to refer when it is in the patient's best interest. Maintaining competence requires continual self-assessment about the outcome of patient care." We are in an enviable position to have the privilege of caring for our patients' oral health and it is our duty to do so.

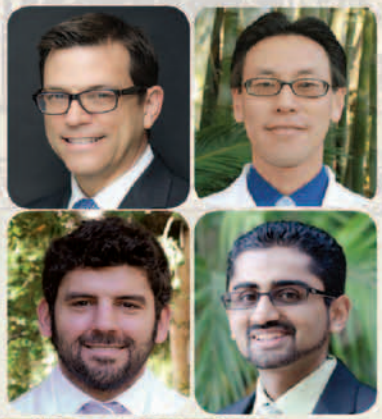
For further guidance, contact Britney Ryan, CDA judicial council manager, at 800.232.7645

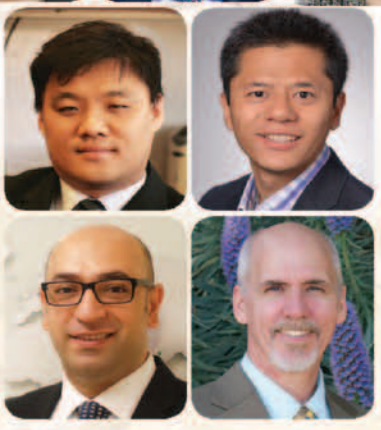
UCLA Hawaii Symposium 2017

The Fairmont Orchid Resort, Hawaii

July 3-7, 2017 CDE Credits: 24 | Fee: $920 | 8:00 am - 12:30 pm daily

Our 27th Annual UCLA Hawaii Symposium will be held at The Fairmont Orchid in the beautiful Kohala Coast area of Hawaii's 'Big Island'. This 5 day conference will take place between 8 am and 12:30pm each day, allowing you and your family plenty of time to relax and enjoy the resort. We have assembled an outstanding line-up of world-class speakers on the hottest topics in dentistry. In addition, Wednesday will have an extended afternoon session on practice/patient management.





Dean
Paul Krebsbach, DDS, PhD

Program Chairs
Todd Schoenbaum, DDS
Paulo Camargo, DDS

Speakers

Richard Stevenson, DDS, FAGD, ABOD
Eric Sung, DDS

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Mohammed Husain, DDS

Flavia Pirih, DDS, PhD
Paulo Camargo, DDS, MS, MBA, FACD
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Mo Kang, DDS, PhD, MS
Jonathan Do, DDS

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Perry Klokkevold, DDS, MS, FACD

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Taking Inventory to Safeguard Your Practice

By: TDIC Risk Management Staff

Take a quick moment to reflect on your practice. Imagine the space — the patient lounge, reception area, operatory and back office. Now, consider all of the many moving parts that come together to make your practice function — computer systems, phone systems, delivery systems, digital imagery, autoclaves and the list goes on and on. Lastly, name each piece of equipment you own, including the model number, serial number, purchase date and estimated value.

Not so easy, is it?

Relying on memory alone to recount your business assets is an exercise in futility. While most dentists have a general idea what they own and how much it's worth, not all have a thorough, detailed inventory of their office contents. Unfortunately, failing to document all items of value can lead to a shortage of insurance coverage should a loss occur.

The Dentists Insurance Company, TDIC, reports many cases in which dentists have failed to conduct accurate inventories of their office contents, and subsequently did not purchase enough coverage. In one case, a dentist purchased only $580,000 in coverage for a practice with 12 operatories, which had a value of at least $1.2 million — not including the value of the reception area, break room or sterilization room. In another case, the building in which a dentist housed her practice suffered a fire, and while her property was unaffected, she was forced to relocate. But with four operatories and 1,600 square feet, her $287,000 coverage was hardly enough to rebuild her practice in a new location.

Waiting until after a loss occurs to conduct an inventory can slow down the claims process and dentists risk inaccurate reimbursements should items be overlooked and unaccounted for. Policyholders are encouraged to conduct thorough inventories preemptively to avoid additional and unnecessary stress that comes following a loss. Being proactive, rather than reactive, means a smoother claims process and a reimbursement that is more in line with the true value of the loss.

While a manual, pen-and-paper method can suffice, taking inventory of your property has never been easier with the introduction of apps and software designed especially for this purpose. Tools marketed for conducting home inventories can also work well for documenting business personal property. Many are free or low cost, and they walk users through the process step-by-step, storing the information securely online. Following are three of the most popular, though it should be noted that none are endorsed by TDIC.

Encircle

With a photo-based interface, Encircle allows users to take a visual inventory of their belongings. Items are organized by room and prepopulated checklists prompt users to enter detailed information on each item. Encircle also allows for multiple users, with entries synched seamlessly. Data can be exported to PDF or Excel. Available for iPhone, iPad, Android and Blackberry 10.

Sortly

Sortly allows users to take photos and videos of each item, along with documentation such as serial numbers, values and links to product manuals. These entries can then be organized into individual folders and subfolders. Entries can be autosaved to Evernote or PDFs can be exported to Dropbox. The app features automatic backups and allows users to sync devices through a secure cloud. Available for iPhone and iPad.

Know Your Stuff

Developed by the Insurance Information Institute, this app allows for multiple properties. Photos, item details and receipts can be downloaded into easy-to-read reports and data is stored via Amazon Web Services. Detailed policy information can also be stored within the app and an at-a-glance feature allows users to see their data in graph, chart and table form. Available for iPhone, iPad and Android.

If you are a TDIC policyholder, refer to your declaration insert to determine how much coverage your policy offers. Policyholders can make adjustments by contacting a TDIC agent who can work with them to assess the value of their office contents and develop a coverage plan that ensures they are not under- or over-insured. To request a property evaluation by phone, email the TDIC Service Department at insuranceinfo@cda.org. If you are not a TDIC policyholder, please contact your insurance carrier.

Ensure your practice — and everything in it — is taken into account. Failing to document all contents can mean major headaches should a loss occur. Taking complete and regular inventories of your office contents allows you to purchase the coverage that's right for you and ease the process of filing a claim.

TDIC's Risk Management Advice Line at 800.733.0634 is staffed with trained analysts who can answer consumer and other questions related to dental practice.

Tips for managing practice expenses effectively

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With the new year already well underway, practice owners should already have reviewed their variable expenses. Variable expenses can include supplies, lab fees, staffing costs and equipment. Variable costs can change month to month, depending on the practice's volume and treatment modalities. The great news is that the dental team can manage these costs proactively. Understanding and managing variable costs within the practice is critical to monitoring any overspend or waste.

Here are some tips to consider for managing your variable expenses.

Supplies: Many offices do not track their inventory and ordering. Having a process in place for inventory management and ordering helps ensure supplies are not being overstocked. Know, for example, how many boxes of gloves and 2x2's are in the supply closet. Be mindful of how much inventory is on the shelves and only order what is needed. The more inventory available, the more opportunity there is for waste. Practice owners can designate a back office leader to manage inventory and take ownership of the supply order by monitoring invoices to confirm accuracy and avoid unnecessary charges. Establishing these processes will allow the practice to have a firm handle on expenses.

Lab fees: A good first step concerning management of lab fees is to cultivate a relationship with the lab. This means understanding what the lab charges for services and when, as well as knowing when charges should not apply. Monitoring shipping and pick-up costs, including rush fees, is essential, as rush-shipment of cases can add up quickly. In addition, scheduling patients and communicating proper time frames for completed treatment will go a long way toward keeping lab charges on target. A team member can be assigned to check cases in and out, which will help catch potential mistakes on case invoices and scheduling issues, in turn making the lab reconciliation statement much more organized.

Staffing costs: Building a schedule that fits with the practice's staffing ratios is key to managing staffing costs effectively. Inefficient scheduling can lead to unnecessary overtime and affect not only expenses but staff morale. Another effort to consider is maximizing dental team members' scope of practice to the full extent of their license ability. Verify that team members are properly classified under the state's employee classification regulations and utilize staff to their fullest capacity. This includes identifying ways to become more efficient and setting expectations around scheduling, roles and responsibilities.

Equipment: Poor maintenance is the biggest killer of dental equipment. Practice owners should make room in the budget for maintaining larger equipment to eliminate any surprise purchases. The questions to ask are, "Why is this piece of equipment in need of repair?" and "What is happening as part of the current maintenance process that is allowing the equipment to malfunction?" Repair costs should be considered along with the cost of a newer item, and return on investment should always be tracked.

In summary, keeping an eye on variable costs is a great way to manage expenses in the practice, and what better time than now to implement a new or improved process.

- Find resources and information at cda.org.

 Continued from page 7

3. Community Service (Council on Dental Health & SFVDS Foundation)
    A. Encourage member participation in SFVDS Foundation programs (deleted references to GKAS)
    B. Encourage CDA Cares participation by the membership
    C. Community Events/Patient Education
        1. Health Fairs
        2. Career Days
        3. Develop Oral Health Literacy programs
    D. Promote SFVDS Foundation
4. Communications (Media Relations, Membership, New Dentist, Digital Media and Editorial Committees)
    A. Website, including mobile platform
    B. Dental Dimensions
    C. Social Media
        1. Facebook
        2. Twitter/Text
        3. Other social media opportunities
    D. Email Blasts
    E. Increase dissemination of Printed and On Line Materials for the Public/Media
        1. Develop broadcast commercial(s)
        2. Identify ADA/CDA print materials to be used
        3. Create and distribute a media kit
            a. Determine purpose and develop appropriate content
    F. Promote the Speakers Bureau
        1. Be proactive and reactive
        2. Increase SFVDS media visibility for all dental society events
        3. Identify and target other groups and institutions to develop awareness of DS policies, activities and programs
    G. Media Training for SFVDS Leadership
    H. At Member Events
    I. Continue to Improve and Update Current Marketing efforts to Members and Non-Members
5. Maintain a Viable Organization (Ex Com, Leadership Development, By-laws and Employee Oversight Committees)
    A. Leadership Development
        1. Continue with a leadership retreat as needed
    B. Financial Planning
        1. Short term solvency
            a. Develop non-dues revenue sources
        2. Long term solvency
            a. Build up a six-month operating reserve
            b. Pay down building mortgage as feasible
    C. Review Governance Documents and Update as Needed
        1. By Laws (Annual Reviews by the By-Laws Committee)
        2. Policy Manual (Annual Reviews by the Board of Directors as needed)
        3. Office Manuals
            a. Personnel Policy (Annual Reviews by the Executive Director, the Employee Oversight Committee and Board of Directors)
            b. Operations Manual
                1. Continuously develop and update operations manuals by staff position
            c. Update Disaster manual as needed
    D. Ongoing Staff Assessment
    E. Strategic plan bi-annual review by the full board
        semi-annual and annual review by ExCom
    F. Expand committee participants from among SFVDS membership in order to groom future leadership from committee memberships

NOTE: Office staff are assumed to be involved and in support of all committee work. Time lines for start and completion dates to be determined at a later date.

Be cautious of offering incentives for Facebook 'likes'

like us on facebook

CDA recently received a call from a member regarding whether they could ask their patients to "like" their Facebook page in exchange for free teeth whitening trays.

Based on guidelines from the Federal Trade Commission (FTC), a "like" on Facebook could be considered an endorsement. CDA recommends dentists avoid incentivizing positive endorsements so as not to be in violation of FTC regulations.

FTC's explanation (https://www.ftc.gov/tips-advice/business-center/guidance/ftcs-endorsement-guides-what-people-are-asking) is as follows:

"Using these features to endorse a company's products or services as part of a sponsored brand campaign probably requires a disclosure. We realize that some platforms — like Facebook's 'like' buttons — don't allow you to make a disclosure. Advertisers shouldn't encourage endorsements using features that don't allow for clear and conspicuous disclosures. However, we don't know at this time how much stock social network users put into 'likes' when deciding to patronize a business, so the failure to disclose that the people giving 'likes' received an incentive might not be a problem. An advertiser buying fake 'likes' is very different from an advertiser offering incentives for 'likes' from actual consumers. If 'likes' are from non-existent people or people who have no experience using the product or service, they are clearly deceptive, and both the purchaser and the seller of the fake 'likes' could face enforcement action."

Essentially, dentists shouldn't give a patient something of value for their endorsement (even a Facebook page "like"), without it being disclosed.

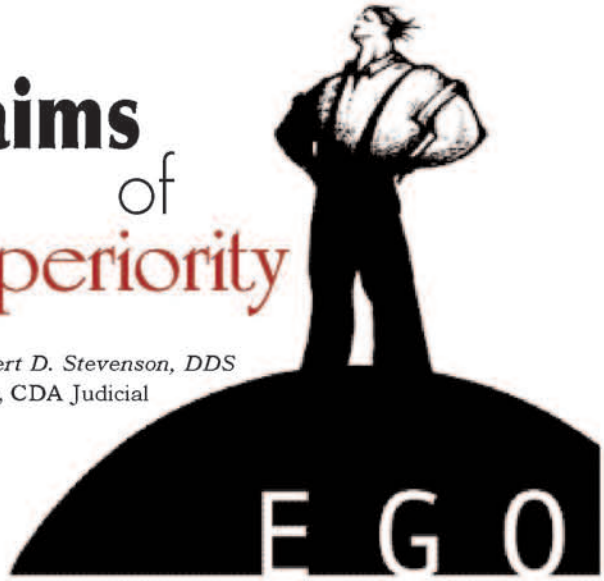
According to CDA Practice Support's Dental Practice Marketing and Advertising 101 resource (http://www.cda.org/LinkClick.aspx?fileticket=lycyf8w9-hg%3d&portalid=0), a false, fraudulent, misleading or deceptive statement, claim or image includes a statement or claim that does any of the following:

- Contains a misrepresentation of fact.
- Is likely to mislead or deceive because of a failure to disclose material facts.
- Includes any statement, endorsement or testimonial that is likely to mislead or deceive because of a failure to disclose material facts.

The Dental Practice Marketing and Advertising 101 resource provides basic and essential information on dental practice marketing and advertising. The basic information consists of general descriptions of how to start the marketing process and different marketing methods. Dentists can find expanded information on the marketing process and methods through the abundance of available marketing resources — journal articles, books, blogs and consultants. The essential information in this resource, which few organizations can provide, is the laws and ethics of dental practice marketing and advertising in California. This resource discusses how dentists should consider the Dental Practice Act, California and federal privacy laws, federal marketing laws and the CDA Code of Ethics in their marketing activities.

For further guidance on this issue, members can contact CDA Practice Support at cda.org/practicesupport.

Claims of Superiority



By: Robert D. Stevenson, DDS
Member, CDA Judicial Council

The public has never been better informed about health care options; however, they lack the specialized knowledge and experience that dentists possess. This can sometimes lead to confusion over a dentist's qualifications and expertise.

Advertising is a common point of confusion. Marketing is vital to the continued growth of a practice, but many promotional statements may be misunderstood by the potential patient.

It is not uncommon to see statements in advertising such as "Voted Best Dentist in Alpine County." In this instance, the advertisement may be in violation of Section 651(b)(8) of the California Business & Professions Code, which stipulates that a statement, endorsement or testimonial is likely to mislead if it fails to disclose materials facts. Therefore, if a dentist advertises that they were "voted best dentist", they must cite the source of the claim in their advertisement. For example, a statement such as "Voted 2016 Best Dentist by XYZ Newspaper" would be acceptable.

Another common issue in advertising is claims of superiority. Statements such as "Most state-of-the-art dental office" or "Superior training and expertise" may be in violation of the California Business and Professions Code Section 1680i, which prohibits the advertising of either professional superiority or the advertising of performance of professional services in a superior manner.

It is helpful to turn to the CDA Code of Ethics (the code) for direction. Section 6A of the code gives the following guidelines for advertising: "It is unethical for a dentist to mislead a patient or misrepresent in any material respect either directly or indirectly the dentist's identity, training, competence, services, or fees. Likewise, it is unethical for a dentist to advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect."

This emphasizes the importance of veracity, the ethical principle of being honest. It may also be unwise to create unrealistic expectations through advertising.

Advisory Opinion 6.A.1.c clarifies that "A statement or claim is false or misleading when it … is intended or is likely to create false or unjustified expectations of favorable results."

Thus, even with the best intentions, advertising may be unethical if it is likely to create unjustified expectations.

The dentist who desires to practice ethically should proceed with caution when marketing himself or herself. Highlighting what makes your practice a great choice among many options is critical in a competitive marketplace, and can be tricky. The ethical principles of veracity (honesty), integrity and non-maleficence (do no harm) provide excellent guidance in marketing and sustaining a successful practice.

When in doubt, contact your component ethics committee before you sign off on that new ad.

For further guidance, contact Britney Ryan, CDA judicial council manager, at 800.232.7645.

Editor's Note: The SFVDS has invited Dr. Robert Stevenson to our component to conduct an ethics seminar/review with our members on June 13, 2017 at the central office in Chatsworth. We encourage members to attend this fun and interactive presentation that will give you an opportunity to discuss various ethical dilemmas with your colleagues, under Dr. Stevenson's guidance. Watch your emails for further details or call 818.576.0116 to register for this event.

SFVDS *Foundation*

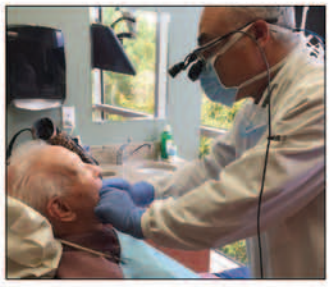
thank you to our volunteers

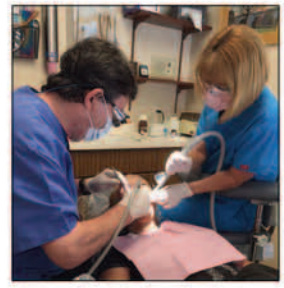
Veterans Smile Day

Karin Irani, DDS
Michael Simmons, DMD
Afshin Mazdey, DDS
Mehran Abbassian, DDS
Nita Dixit, DDS
Anita Rathee, DDS
Sean Naffas, DDS - Non-Member
Elham Partovi, DDS - SBVCDS Member
George Maranon, DDS
Jorge Alvarez, DDS
Mahrouz Cohen, DDS
Thomas Rennaker, DDS - Non-Member
Philomena Oboh, DDS
Gib Snow, DDS

Give Kids a Smile

Kahn Le, DDS
Anetter Masters, DDS
Roya Shoffet, DDS
Henide Arias, DDS
Kevin Gropp, DDS
Sarkis Aznavour, DDS
Randi Oyama, DDS
Hyungrim Oh, DDS
Basel Herbly, DDS – Non-Member
Ingrid Scoble, DDS



Smiles from the Heart

The San Fernando Valley Dental Society Foundation and the patients that have been served by its Smiles From the Heart program, wish to express their warm and heartfelt thanks to those members who have voluntarily worked to alleviate their pain and restore their dental functionality and smiles.

Mehran Abbassian, DDS - Valencia
Nooshi Akavian, DDS - Tarzana
Jorge Alvarez, DDS - Tarzana
Henide Arias, DDS - Reseda
Mark Amundsen, DDS - Woodland Hills
Sarkis Aznavour, DDS - Newhall
Emad Bassali, DDS - Sherman Oaks
Rex Baumgartner, DDS - Newhall
Mahrouz Cohen, DDS - Encino
Martin Courtney, DDS - Northridge
Nita Dixit, DDS - Studio City
Mahfouz Gereis, DDS - Panorama City
Gary Herman, DDS - Valley Village
Birva Joshi Jones, DDS - West Hills
Rambod Kamarava - Encino
Andre Kanarki, DDS - Palmdale
Joshua Kang, DDS - Valencia
Shukan Kanuga, DDS - West Hills
Kavian Kia, DDS - Encino
Bob Kogen, DDS - Newhall
Chi Leung, DDS - Glendale
Serge Lokot, DDS - Encino
Randy Lozada, DDS - Palmdale
George Maranon, DDS - Encino
Afshin Mazdey, DDS - Northridge
Jim Mertzel, DDS - Sunland
Jorge Montes, DDS - N. Hollywood
Philomena Oboh, DDS - Van Nuys
Sarah Phillips, DDS - Santa Clarita
Anita Rathee, DDS - West Hills
Teresa Romero, DDS - N. Hollywood
Phillip Sacks, DDS - Woodland Hills
Sean Sakhai, DDS - Woodland Hills
Michael Seastrom, DDS - Tarzana
Michael Simmons, DMD - Tarzana
Gib Snow, DDS - Palmdale
Mark Stein, DDS - Encino

Our programs are looking for additional volunteers to help those in need. The Foundation pays all required lab fees and volunteers provide the expertise in their own offices. Call Wendy at the central office, 818.576.0116, to sign up and help a patient who has no means to pay for desperately needed dental treatment.

Antelope Valley Report

By: Andre Kanarki, DDS

On March 2, 2017, the Dental Society presented Dr. Stewart Balikov speaking on "Unlocking Claim Confusion" in a zone meeting at Gino's restaurant in Lancaster. 35 members (including their staff) from the Antelope Valley attended this lecture and learned about the proper documentation required to get insurance claims processed.

The details of working with third party payers, including the proper use of ADA's dental claim forms were reviewed with an eye toward submissions that expedite claim processing, as well as submissions that will slow down processing or even result in rejection by the third party payer.

Additional details that were reviewed included pre-determinations, pre-authorizations, denied claims, appeals, alternate benefits provisions, CDT coding, bone grafts, perio, general anesthesia, narratives, when medical coding is appropriate, and the proper documentation required with a variety of submission.

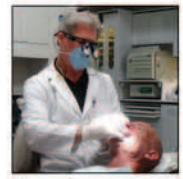
Next up will be a Schlep and Shred event on May 20 in Santa Clarita. Remember to watch your email for details on the exact date and location.

Glendale-Foothills Report

By: Chi Leung, DDS

We will continue to have zone meetings in the Glendale/ Foothills area, although the next one is not scheduled until September, 2017 in LaCanada.

While we planned on having a CPR recertification course in mid-February for member dentists and their staff, not enough people signed up, so the class was postponed. We will reschedule this CPR course, to take place, hopefully before the summer. This is a valuable member benefit at a much reduced price, but we need more people in the Glendale/Foothills area to sign up. Please watch your emails and if your certification is due to expire, sign up to take advantage of this reduced price class in our area.



The Smiles From the Heart, Give Kids a Smile and the Veterans Smile Day programs still need volunteer dentists to help in our area, so please contact the dental society office to sign on for at least one, maybe two or three patients during the course of the year - it's your choice how many patients you are willing to see. The SFVDS Foundation pays for all lab costs and you can work in the comfort of your own office to help someone who does not have dental insurance and no other means to pay for their much needed dental work.

Welcome New Members

Kyung Hugh, DDS
General
Columbia University, 2015

Encarnacio Guerrero, DDS
23206 Lyons Ave
Newhall, CA 91321
661.799.0363
General
International, 2002

Alaa Abdel-Maqsoud, DDS
2625 W Alameda Ave Ste. 508
Burbank, CA 91505
818.563.4668
General
UOP, 1984

Firouzeh Manesh, DDS
15720 Ventura Blvd. Ste. 300
Encino, CA 91436
818.788.6684
International, 1991

David Hwang, DDS
General
USC, 2006

Zarrin Golshani, DDS
General
Univ. of Texas-Houston, 2011

Sheeva Ahmadian, DDS
18607 Ventura Blvd. Ste. 209
Tarzana, CA 91356
617.528.0044
General
Tufts, University, 2016

Kevin Porres, DDS
25880 Tournament Rd. Ste. 101
Valencia, CA 91355
General
University of Louisville, 2016

Siamak Bayat-Mokhtari, DDS
44407 Challenger Way
Lancaster, CA 93535
Endodontic
Universidad De La Salle, 2015

Legislative Committee Report

Continued from page 9

4. As a commuter we are much more alert in the morning driving to work in the dark than we are at night, driving home in the dark

Assemblyman Kansen Chew has submitted a bill to eliminate daylight saving time changes in the fall season. It is my understanding the bill would permit the change to be placed on the ballot as an initiative for the public to vote on. If the legislature does not approve the proposal to be placed on the ballot, then the only alternative would require a certain percentage of individual signatures from the public. That would be a much more costly procedure. Hawaii and Arizona have eliminated Daylight Savings. A number of state legislatures, (Alaska, Florida, Idaho, Illinois, Michigan, Missouri, New Mexico, Oregon, Texas, Utah, Washington) are considering the change.

If you agree with me, I suggest that you call, write, email, text your state legislator.

As I have urged you in prior articles, get involved. Don't stand on the sidelines waiting for things to happen. Things may happen of which you do not approve.

CLASSIFIED ADS

GREAT OPPORTUNITY TO SERVE THE UNDERSERVED Conejo Valley Free Clinic opening May 2017 2 new operatories, new equipment, new computers. Need Dentists Hygienists, and Assistants. Choose when and how much time to volunteer.

For Sale: Air Techniques AT/2000XR x-ray processor Professionally maintained and in good working order. I went digital. $495 OBO Bob Kogen, DDS (661) 259-2311

Unique Clinical & Lab Services in Oral Pathology and Orofacial Pain. We provide the following services for your patients: 1. Microscopic diagnosis for the biopsies submitted by dentists; 2. Diagnosis and therapeutic management of oral mucosal lesions, such as chronic ulcers; vesiculobulous disorders; burning or dry mouth, etc.; 3. Diagnosis and management of orofacial pain disorders including TMD; 4. Diagnosis of ambiguous white/red lesions(oral cancer/precancer) and clinical follow-up programs; 5. Comprehensive care of prior/post radiotherapy for head/neck cancers.
Lan Su, DMD, PhD, Diplomate, American Board of Oral & Maxillofacial Pathology
31332 Via Colinas, Suite 109 Westlake Village, CA 91362 Telephone: 818-865-1039 www.oralpathmed.com

San Fernando Valley Dental Society
9205 Alabama Ave., Suite B
Chatsworth, CA 91311

DATED MATERIAL