

# Dental Dimensions

*Spring*  
2018

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# Dental Dimensions

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9205 Alabama Ave., Suite B  
Chatsworth, CA 91311  
Office: (818) 576-0116  
Fax: (818) 576-0122  
E-mail: [exec.sfvds@sbcglobal.net](mailto:exec.sfvds@sbcglobal.net)  
Web Site: [www.sfvds.org](http://www.sfvds.org)

## Executive Committee

Gib Snow, D.D.S.  
President (661) 273-1750

Karin Irani, D.D.S.  
Immediate Past President  
[ddsusc03@gmail.com](mailto:ddsusc03@gmail.com)

Mahfouz Gereis, D.D.S.  
President-elect (818) 989-3357

Chi Leung, D.D.S.  
Treasurer (818) 243-3677

Michael Whang, D.D.S.  
Secretary

Shukan Kanuga, D.D.S., M.S.D.  
Editor (818) 346-6282  
E-mail: [shukandds@gmail.com](mailto:shukandds@gmail.com)

Martin Courtney, D.D.S.  
CDA Trustee (818) 886-6696

George Maranon, D.D.S.  
CDA Trustee (818) 990-5500

T. Andris (Andy) Ozols, MA, MBA  
Executive Director  
E-mail: [exec.sfvds@sbcglobal.net](mailto:exec.sfvds@sbcglobal.net)



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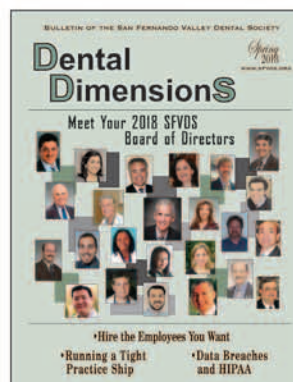
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## Call for Submissions

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:  
[exec@sfvds.org](mailto:exec@sfvds.org)  
or contact the dental society office at 818-576-0116



## On The Cover.....

A collage of the 2018  
SFVDS Board of Directors,  
who are responsible for  
guiding the SFVDS through  
policies, member benefits  
and relationships with the  
CDA and ADA. More details  
on individual board members  
can be found on page 8.



# From the Desk of the Editor

Shukan Kanuga DDS, MSD.



## 'Recipe' Please!

Anyone of us who has gone through the ordeal of starting a practice from scratch knows it is as tough as moving mountains. I, myself have been involved with starting my practice during the past few months and found myself scrambling for a 'recipe book' of some sort that has the list of 'ingredients', and step by step 'directions'. A 'no limit' budget may allow you to avoid many of those headaches, but if you are trying to be cost conscious, you have no choice but to shop around for the 'ingredients', put them all together and figure out the steps that will yield that perfect 'concoction' that you had envisioned! While the process is daunting, the end result is rewarding.

## Need CPR Re-Certification?



The San Fernando Valley Dental Society provides reduced cost, CPR re-certification for members' entire dental offices. The nominal cost of \$35 per person, which includes a \$5 donation to the SFVDS Foundation, is offered as a member benefit to all SFVDS members and their staff.

Scheduled classes take place in Chatsworth, the Santa Clarita and Antelope Valleys, and the Glendale/Foothills area. With nine or more students, our contracted CPR instructors will even come to your office.

For more information and to sign up for CPR re-certification, call:

**Chatsworth/Santa Clarita/Glendale/Foothills areas:** Bella Penate @ 818.576.0116  
**Antelope Valley area:** Eric Sarkissian @ 661.273.1750

Beginning with phase 1, which at a minimum involves finding the right place, negotiating a lease, - and finding that perfect contractor for the build-out, to deciding on the practice management software, imaging systems, hiring employees, buying equipment and signing up with insurances; the list is anything but limited! There are multiple options at every step of the way and while it is nice to have those options, it can be quite challenging to make an informed decision after weighing all the choices. While you are debating whether you want to choose a server-based or a cloud-based practice management system, you will find yourself presented with more than a dozen different options with a variety of features, each claiming to be the best one out there in the dental universe! And once you nail one down, you will be out shopping for the appropriate hardware to support your practice needs.

With phase-1 achieved to your utmost satisfaction, phase-2 becomes ever more critical and involves getting your name out in the community (both the real and the 'virtual/digital'), and getting patients to see you. Dental marketing is an industry that ranges from individual consultants, start-ups, large established firms and the big brand name dental suppliers that are all eager to help you and grow their own business in the process. It is easy to fill up your daily calendar with meetings and conference calls, many of which will be about seemingly logical algorithms that hold the promise of higher ROIs for your marketing monies. When working with these dental marketers, you'll be educated on why it makes sense to invest at least an X amount of dollars to ensure you get the Y amount of revenue in Z amount of time. Additionally, in this day and age, how can you ignore social media, 'the best friend or the worst enemy', and its temptations on 'boosting your high performing posts' by paying a certain dollar amount periodically? Lastly, while you are trying to get a grip on all of this, you still have to continue seeing patients at your current practice(s) and juggle your duties on the home front, with the kids, your own personal life, etc!

While I'd like to think this summarizes the last several weeks of my life, this is barely the tip of the iceberg. I have to admit that the entire process of a new practice start-up is full of life lessons and business lessons, that empowers you with skill sets you'd never acquire otherwise. I have been blessed to have a business partner who shares the brunt of the work that will transform our vision of a pediatric dental practice into a reality - a happy place where the children in the community can find a dental home!

I would be delighted to share my experiences with anyone from the membership who needs help or has a question regarding a practice start-up. After all, at SFVDS, we are one big family that thrives on the benefits of each others' experiences and camaraderie!

Cheers to bright new beginnings!

Yours truly,  
Shukan





Gib Snow, DDS

## From the Desk of the President

We are all certainly fortunate to be counted among the membership of the San Fernando Valley Dental Society. The advantages stretch throughout all levels of the tripartite: ADA, CDA and particularly on the local level, at the SFVDS. Members of your board performed well in Sacramento advocating for you at the last CDA House of Delegates. Following a wise suggestion from Dr. Mike Bromberg, the SFVDS was able to pass a resolution aimed at reducing the frustrations you and I constantly experience: facing the unfair policies of insurance carriers. The resolution passed and CDA has now creating a task force, comprised of CDA members, whose charge it is to devise ways to use the clout of the 27,000 members of CDA to try and influence insurance companies to improve their practices, policies and procedures that insurance companies currently employ that interfere with the proper and efficient dental care we crave for our patients and practices. Presently, you can call CDA and ask for help with questions and concerns you have regarding your insurance relationships.

There are 24 dedicated volunteers on your board of directors of the SFVDS, freely giving their time to you. There is also a staff of three full-time talented people dedicating their time and efforts on your behalf. Still, we need your input. Feedback is the 'breakfast of champions'. We need regular feedback from you telling us how we can better serve you.

We also need your time so please let us know if you would like to serve on a committee or as a chairperson of a committee. Please contact the central office or email me ([gib@drsnow.com](mailto:gib@drsnow.com)), or Andy (818-576-0116 or [exec.sfvds@sbcglobal.net](mailto:exec.sfvds@sbcglobal.net)) with your suggestions. We are here for you.

Let me emphasize another great program. In addition to the General Meetings there are the Dental Business Success Seminars, of which there are seven during the year. These have been particularly outstanding. I attended last year and I am attending this year. In the last seminar, we learned about new ways to receive considerable savings on our taxes under the new tax law. We were also exposed to clever ideas about money

management. I highly recommend these classes. They will be well worth your time.

You have undoubtedly seen the promotions from the Smile Direct Club (SDC). It is advertised that the patient need not see a dentist nor would X-rays be taken. In my orthodontics office, we had a patient come in a couple of weeks ago for a consultation. The patient asked if he should use SDC. Dr. Michael told him he was a perfect example of why he shouldn't use SDC. The patient had moderate to severe bone loss. Obviously the periodontium was compromised. The patient needed periodontal treatment and then a go-ahead from a periodontist before getting braces. During orthodontic treatment, he would then have to be closely monitored. Our association has made complaints to dental boards throughout the country regarding SDC. I have been told that more than 30 states now are investigating SDC. The point is, once again, our association is providing help that we can't do on our own.

The list goes on. Too much to list here. However on all three levels, a tremendous amount of benefits lay at our disposal. Don't forget what CDA did for us that are 'premier program' providers regarding Delta Dental. Refunds are being issued now and fees were maintained at their higher levels during the litigation period, bringing in added income that otherwise would have been lost.

Once again, please send in your input indicating how we can improve what the SFVDS is doing for you.

Our membership is just over 1400 members. That is between 60 & 70% of the total dentists in our area. Any dentists that you know and that are not members, should be encouraged by you to join. After all, if you bring in a new member, ADA pays you \$100 and CDA gives you a \$100 credit to be used when you buy any dental supplies through TDSC.

Your 2018 President,  
Gib Snow, DDS



Delta Dental settlement information available online

*Reprinted with permission from California Dental Association*

Dentists seeking information regarding CDA's amended settlement agreement with Delta Dental can find all related information posted at [www.DeltaDentalofCaliforniaSettlement.com](http://www.DeltaDentalofCaliforniaSettlement.com).

Under the settlement agreement, Delta Dental must pay \$65 million to Premier Providers whose rates were impacted by an inflationary guard. Not every Premier Provider had his or her fees reduced by this procedure, but those who did will receive some proportionate reimbursement.

A hearing on final approval of the agreement was scheduled for late April in the San Francisco Superior Court.

Learn more about the settlement at [DeltaDentalOfCaliforniaSettlement.com](http://DeltaDentalOfCaliforniaSettlement.com).



# Trustees' Report

By: Martin Countney, DDS



## Official Summary of the Board of Trustees Meeting

March 9-10, 2018

Prior to the CDA Board of Trustees (board) meeting, trustees and officers participated in a board development session in an effort to strengthen relationships, improve communication and foster a spirit of teamwork within the board. This board development will continue throughout the year.

**Establishment of Task Forces:** Based on the direction of the 2017 House of Delegates (house), the board approved the establishment of two taskforces, the 'Dental Benefits and Economics Task Force' and the 'Dental Office Staffing Task Force'. These task forces will begin their work in the coming weeks, with progress reports to the board and house this year.

**TDSC Update:** The board held a thorough discussion on the TDSC Marketplace and growth strategy. This discussion was held in closed session as it contains proprietary information that is not appropriate to discuss externally due to the competitive nature of TDSC's market. Trustees are encouraged to engage in discussions with members promoting purchasing in the Marketplace and the value and potential savings that it offers to their practices. The Ambassador Program resources are available online at [cda.org/board](http://cda.org/board) under 'presentations and supporting documents'.

**Delta Dental Litigation:** The board received an update regarding the Delta Dental litigation. This update was held in closed session to protect attorney/client privilege; however, trustees may report that the hearing for final approval is set for April 25, 2018 and answers to frequently asked questions can be found at <http://deltadentalofcaliforniasettlement.com/>.

**Peer Review Mediation:** In January 2014, the council on peer review (council) began a comprehensive review of the peer review program including the concept of mediation (conflict resolution facilitated by a professionally trained mediator), which was rolled out to components between August 2016 and March 2017. Since CDA has been using mediation in addition to the existing peer review process for over a year, the board was asked to consider how best to proceed with the program (evaluative and mediation, or mediation only). The board considered perspectives that the evaluative portion of the program is thorough and has

benefits for the program's alternative dispute resolution; however, the board also understands that the program can be cumbersome, expensive and time consuming for both components and CDA. Following discussion, the board approved to continue both the mediation and evaluative phases of peer review with the understanding that the council would continue to evaluate the program for potential changes to improve efficiency and reduce costs.

**Direct-to-Consumer Dental Services:** The board received an update on emergent direct-to-consumer dental services (orthodontics, apps, etc.). This update was held in closed session. Trustees may report that CDA is engaged in discussions with ADA, and regulators including the Dental Board of California and Department of Managed Health Care, to review and better understand the operations of these services.

**Innovations in Membership Models Task Force:** In 2016, the board approved the establishment of the innovations in membership models task force to consider options to address the needs of future members and membership models that will attract dentists who practice in non-traditional settings. Dr. Richard Nagy, chair of the task force, provided the board with an update on the work to date, and advised that recommendations will be presented at the June board meeting for consideration.

**Emerging Issues Presentations:** The board received presentations on the federal healthcare landscape, California's political landscape including SB 562 (single payer healthcare), and national dental workforce issues. Supporting resources are available online at [cda.org/board](http://cda.org/board) under 'presentations and supporting documents'.

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

### HELP!!!!

The SFVDS has pushed for CDA to help with the seemingly ever increasing burdens that Dental Insurance Companies impose on providers submitting routine claims. A task force has been created to examine the problems and find solutions. I have been selected to be one of the two CDA Trustees on the task force. Help the Task Force gather information by sending all rejected claims to the CDA Practice Support Center [cindy.hartwell@cda.org](mailto:cindy.hartwell@cda.org) with a brief summary of the rejection. CDA Practice Support Center can also be reached by phone 1-800-232-7645.





By: Jim Jensvold, DDS

# PAC Committee Report

I hope you will see the benefits of having a SFVDS Political Action Committee (PAC) and will support it with your contributions. 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. Will you help?

You can make an easy online contribution at [www.sfvdspac.org](http://www.sfvdspac.org).

The San Fernando Dental Society has had a Political Action Committee (PAC) for several years. A PAC is organized for the purpose of raising and contributing money to educate and elect candidates to public office. The SFVDS PAC focuses its attention on politics affecting the membership of the SFVDS, which do not always have the same concerns as the collective memberships of the CDA and ADA, which also have PACs. 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. Your ability to treat and perform needed services as you have been trained to do, must be preserved without needless interference and unnecessary regulation.

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. We also contributed to the successful campaign of now-Senator Henry Stern (CA SD27).

On this page you will see a picture of our SFVDS president, Dr. Gib Snow (center) and his wife Wendi, with Senator Stern at a March 29, 2018 reception organized by Californians Allied for Patient Protection (CAPP). The SFVDS has been a supporting member of CAPP because they have successfully worked to maintain the MICRA (Medical Injury Compensation Reform Act of 1975) caps on non-economic damages (pain and suffering) in health-care malpractice lawsuits. MICRA has been an enormous help in keeping our malpractice insurance premiums under control.

Having an active PAC gives SFVDS the opportunity to be a player in the very competitive arenas that are 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 when 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 your dental profession in the future.

You may also consider contributing to the SFVDS-PAC directly by mail or with the payment of your dues. Again, please go to [www.sfvdspac.org](http://www.sfvdspac.org).

Please feel free to contact me through the SFVDS office if you would like to join the PAC committee or if you have any questions.

Jim Jensvold, DDS  
Chair, SFVDS PAC



(l-r) Senator Henry Stern,  
Dr. Gib Snow, President, SFVDS, Wendi Snow.



# Meet Your 2018 SFVDS Board of Directors



**Mehran Abbassian, DDS - Chair, Program Committee**  
Dr. Abbassian is a graduate of the University of the Pacific. He practices general and cosmetic dentistry in Valencia.



**Jorge Alvarez, DDS, Board Member at Large**  
Jorge A. Alvarez, graduated from Universidad Nacional Autonoma de Mexico, Escuela de Odontologia, in 1973. He has practiced in Tarzana since 1983. He is a member of the ADA, CDA, SFVDS, American College of Dentists, Hispanic Dental Association Past President and National Trustee, SFVDS Past President 2009, Dental Foundation of California Past President, Delegate for CDA and ADA House of Delegates, UCLA Lecturer, Department of Public Health and Community Dentistry, and he likes to practice Yoga and swimming.



**Mark Amundsen, DDS, Chair, By Laws Committee**  
Dr. Mark Amundsen is a native of the Los Angeles area. He graduated from Chatsworth High School and he received his Bachelor's Degree in biology from California State University Northridge. Dr. Amundsen graduated from the University of Southern California School of Dentistry, and he has practiced general dentistry in Woodland Hills for more than 30 years. He is a past-president of the San Fernando Valley Dental Society, and he has either served on or chaired several committees.



**Rozheh Babaan, DDS, Chair, Legislation Committee**  
A Southern California native and UCLA Bruin by heart, Dr. Babaan graduated dental school from NYU College of Dentistry. He returned back home to practice general/cosmetic dentistry. After two years, he decided to pursue his passion in the field of orthodontics in Denver, Colorado,

He then returned to the greater Los Angeles area where he now owns a boutique style private orthodontic practice in Montrose, CA, while maintaining part-time teaching duties as an orthodontic instructor at UCLA. In his spare time, Dr. Babaan loves spending time with his wife and son and doing anything outdoors. He is a foodie, an avid sports fan and can recall random sports trivia at any time.



**Emad Bassali, DDS, Chair, Ethics Committee**

Dr. Bassali has been a member of the ADA/CDA/SFVDS tripartite since 1994. He has been in leadership positions with different ethnic dental associations for more than 10 years in various roles, including president, CE chair & social events. He feels that it is an honor to be part of very dedicated group of board members, committed to serving the members of the SFVDS in their mission to provide oral health services to the community. He would like to encourage every member to participate in serving the SFVDS organization in any capacity possible to help the SFVDS to continue to be a model organization committed to the betterment of dentistry.



**Mike Bromberg, Chair, Council on Dental Practice**

Mike Bromberg, DDS, graduated from UOP in 1964. He has held all offices in SFVDS including President and CDA Trustee in the 80's. His first House of Delegates was in 1973 when the North (CDA) and the South (SCDA) unified to become the CDA we know today. My message to the membership is that now more than ever, we need concerned, active members who are willing to become involved in dealing with entities which are attempting to significantly impact the manner in which we practice dentistry, much to the detriment of our patients and the public, as well as, our practices.



**Mahrouz Cohen, DDS, Board Member at Large**  
Dr. Cohen is a board certified Endodontist who practices in Encino, where she has been

in private practice since 1995. Mahrouz is a graduate of the USC School of Dentistry and a past president of the San Fernando Valley Dental Society and Foundation. She was a clinical instructor in the Advanced Endodontics Clinic (USC) 1993-2008 and a delegate of San Fernando Valley Dental Society at the CDA House of Delegates.



**Martin Courtney, DDS, CDA Trustee from SFVDS**

Dr. Courtney graduated from the USC Dental School in 1983. He has been a member of the tripartite since 1985. He is also licensed to practice dentistry in Montana and holds an adult, oral conscious sedation permit. Dr. Courtney has a long list of accomplishments in organized dentistry including chairmanships of the 'SFVDS' speakers' bureau, by laws, programs, long range planning and employee oversight committees. He has also held the SFVDS officer positions of secretary, treasurer, vice-president, president-elect, president and SFVDS Trustee to CDA. In addition, he has served on the CDA Judicial Council, has chaired a CDA House of Delegates Reference committee and is currently on the CDA Audit Committee. Martin has two daughters, Harmony and Madisen, and one son, Jesse. His hobbies include computers, snow skiing, snowboarding, golfing, hiking and following UCLA sports



**Nita Dixit, DDS, Chair, Leadership Development Committee**

Nita Dixit graduated from USC Dental School in 1991 and rejoined the dental society after the previous staff was replaced in 2008. I have served in leadership positions at CDA and SFVDS for 16 years. It has helped me tremendously personally and professionally and I would encourage all members to get involved in some capacity depending on their time availability and interests.





**Ted Feder, DDS, Member-at-Large**

Dr. Ted Feder grew up in the San Fernando Valley graduating from El Camino Real High School. He then attended UCLA graduating with a bachelor's degree in biology. Then on to Chicago, the windy (and cold!) city, for a dental degree from Northwestern University School of Dentistry. Dr. Feder then returned to the west for his Oral & Maxillofacial Surgery training at Harbor UCLA Medical Center. Dr. Feder is married with three children. He enjoys spending time with his family and tinkering with cars.



**Mahfouz Gereis, DDS, President-elect, SFVDS**

Dr. Gereis graduated from Cairo University in 1973 and attended UCLA Extension and obtained his California dental license in 1978. He has been in private practice in the San Fernando Valley since 1980. Mahfouz has served as SFVDS treasurer, secretary, chair of the CDA Dental Forum, chair of the SFVDS Ethics Committee, ADPAC District 13 rep for the SFV, CDA District 13 Delegate to the ADA House of Delegates, the CDA Board Of Managers, an SFVDS Delegate to the CDA HOD and a CDA HOD reference committee. He is also a member of the SFVDS PAC, Legislative and Membership Committees. He is a life member of ADA, the president and founder of the Arab-American Dental Association and a host of a cable TV program. His hobbies include: walking, reading, fishing and volunteering to serve the community.



**Karin Irani, DDS, SFVDS Immediate Past-president**

Karin graduated from USC Dental School in 2003. She is the Veterans Smile Day co-founder, an ADA Institute for Diversity in Leadership Alumni, an ADA/Kellogg Executive Management Program graduate, and a CDA Leadership Development Committee member. Karin's hobbies include: skiing, traveling, horseback riding, learning and helping people.



**James Jensvold, DDS, Chair, Political Action Committee**

Dr. Jim Jensvold obtained his dental degree at UCLA School of Dentistry, which he attended after graduating from UC Berkeley. He received his oral and maxillofacial surgery training at UC San Francisco Medical Center under Dr. William Ware, one of the innovators and pioneers in modern oral and maxillofacial surgery. He has practiced in Woodland Hills for more than 30 years.



**Shukan Kanuga, DDS, MPH Editor**

Shukan had her dental training in India and graduated with a BDS followed by a DDS from UCLA School of Dentistry. She trained at Ranch Los Amigos National Rehabilitation center for GPR, followed by pediatric dentistry residency at UW School of Dentistry, Seattle in 2009. Shukan is a board certified pediatric dentist in private practice in and around the San Fernando Valley. She has served as the associate editor followed by editor of Dental Dimensions for the past four years and serves on the board of directors at the California Society of Pediatric Dentistry. She lives with her husband and two children. She enjoys traveling with family, reading, writing, cooking, and Zumba in her spare time.



**Alan Lewis, DDS, Chair, Peer Review Committee**

Dr. Lewis, DDS graduated from the USC, Herman Ostrow School of Dentistry in 1979. He is a general practice dentist in Encino.



**George A. Maranon, DDS, CDA Trustee from SFVDS**

Dr. Maranon has served in all leadership positions in the San Fernando Valley Dental Society. Dr. Maranon is a past president of the UCLA Dental Alumni Association and a Founding member of the UCLA Apollonian Society. He has a long history volunteering in community health centers including the MEND Clinic in Pacoima. Dr. Maranon has provided pro bono dental care all over California through the CDA Cares clinics and

Remote Access Medical (RAM) clinics. He has served on the CDA Cares Management Committee. Dr. Maranon's desire to care for patient has even taken him to Africa. He is actively involved in organized dentistry. Dr. Maranon currently serves as a member of the California Dental Association Board of Trustees and has served the CDA as a delegate to the American Dental Association. Dr. Maranon's is a fellow of the American Board of Oral and Maxillofacial Surgeons and a member of the American Association of Oral and Maxillofacial Surgeons (AAOMS), the California Association of Oral and Maxillofacial surgeons (CALAOMS), a Fellow of the American College of Dentists and the International College of Dentists. He currently serves as chair of the CALAOMS Anesthesia Committee. His interests are his family, his patients, outdoor activities and cooking. Dr. Maranon received his dental degree from UCLA, his medical degree from New York Medical College, and his oral and maxillofacial certificate from the Westchester County Medical Center. His office is located in Encino. Dr. Maranon is married to his dental school classmate, Dr. Melanie Gullett. They have a son, Casey and a daughter-in-law, Julie. He is blessed to be able to share his family with his mom, Mimi and mother-in-law, Retta.



**Anette Masters, DDS, Chair, Membership Committee**

Dr. Masters graduated from the Loma Linda University Dental School in 1993. Anette has two wonderful children, Samantha-a junior at UC Irvine and Cody -a 7th grader. She served as president of the SFVDS in 2006. She has been an active volunteer at both CDA and ADA, and has served as a CA Dental Board Examiner. The San Fernando Valley Dental Society has allowed her to continue to bring out her passion for dentistry by serving its members. As your current membership committee chair, we will continue to strive and create an experience of value and attainable benefits for our membership.



# Meet Your 2018 SFVDS Board of Directors



**Afshin Mazdey, DDS,  
Chair, Media Relations  
Committee**

Dr. Mazdey received his DDS degree from the USC School of Dentistry in 1993. He has been in private practice for 10+ years in San Fernando/Sylmar area until 2005, after he received his certificate in endodontics from the USC School of Dentistry in 2005 he has been in private practice limited to endodontics and endodontic microsurgery in Northridge. His list of accomplishments include: SFVDS Program Chair from 2013-2014; SFVDS New Professionals Chair; SFVDS Secretary in 2009; SFVDS Treasurer in 2010; SFVDS President-elect in 2011 and SFVDS President in 2012; He has been a delegate to the CDA House of Delegates since 2009; and, a member-at-large for the SFVDS Board of Directors from 2015-2016. He was also a board member of the Dental Foundation of California from 2011-2012.



**Philomena Oboh, DDS,  
Chair, Council on Dental  
Health**

Dr. Oboh took and passed her dental board exams at USC in 1993 and holds Ca License #41121. She attended the University of Benin Dental School in Benin City, Nigeria and graduated 1986. She has been in private practice in the San Fernando Valley since 1996 and previously practiced with both corporate dentistry and the County of Los Angeles' underserved community. She completed a General Practice Residency Program at the beginning of her career and more recently completed a mini residency in Orthodontic Treatment for General Dentists. She has added orthodontic care to the cadre of services provided in her office. Dr. Oboh received special pediatric dental care training through the California Dental Association Pediatric Oral Health Access Program, after which she implemented several programs for children in her practice including the Los Angeles

Pediatric Oral Health Access Program. Philomena is also the co-founder of California Oral Care and Wellness Inc. and has been a contract dentist for LA County since 2014. She is the Chaplain of the Angel City Dental Society and Dr. Oboh has been nominated as one of "America's Best Dentists" for the past five years as well as "Who's Who Among Dental Professionals".



**Michael Rabizadeh, DDS,  
Antelope Valley Liaison**

Dr. Rabizadeh was born and raised in the San Fernando Valley. He is a graduate of the University of California, San Francisco School of Dentistry. He earned his certificate in Orthodontics at the Arizona School of Dental and Oral Health.



**Sean Sakhai, DDS, Chair,  
Committee on the New  
Dentist**

Dr. Sakhai received his dental degree, with a specialization in Periodontics, from the University of California San Francisco (UCSF). During that time he also received a Master's Degree in Oral and Craniofacial Sciences from UCSF. Dr. Sakhai is board certified and a Diplomate of the American Board of Periodontology. He currently practices in Woodland Hills and is faculty at the UCLA School of Dentistry. He is an active member of the American Academy of Periodontology and the California Society of Periodontists.



**Michael Simmons, DMD,  
MSc, Board Member at  
Large**

Michael Simmons DMD, MSc, is currently a MPH student at UCLA as well as teaching at UCLA's dental school. Dr. Simmons also provides clinical care in private practice in Encino and Palmdale specializing in Sleep and TMJ disorders. Dr. Simmons is a graduate of the University of Pennsylvania School of Dental Medicine, received a Fellowship in Pain

Management at UCLA's School of Medicine and a MSc in Sleep Medicine from the University of Sydney School of Medicine. He has served on the SFVDS board for more than 10 years in various capacities including President. His goal is to help dentistry expand its scope of practice to include sleep medicine as a daily part of care provided by dental offices.



**Gib Snow, DDS, President,  
SFVDS**

Dr. Snow and his wife Wendi have 7 children with 23 grandchildren. One son is a general dentist another is an orthodontist. Two daughters and one granddaughter are dental hygienists. Dr. Snow has offices in the San Fernando Valley, Santa Clarita Valley, Victor Valley, Antelope Valley and Indian Wells Valley. He is the founder and president of the High Desert Childrens' Dental Clinic. Gib is a past director of the Pacific Society of Orthodontics and was program chairman for the 2010 AAO national meeting in Wash DC. He is a life member of ADA, CDA and SFVDS, and a member of the AAO, PCSO, and CAO. Dr. Snow is also on the executive committee of the Antelope Valley College Foundation and is a veteran of the US army reserves. His hobbies include: houseboating, water and snow skiing, playing tennis, and he and his wife Wendi work out regularly at the gym.



**Michael Whang, DDS,  
SFVDS Secretary**

Dr. Whang received his D.D.S. from the University of Southern California in 2003 and followed that with specialty training in Periodontics from the University of California, Los Angeles. After 12 years as a member of the Los Angeles Dental Society, Dr. Whang joined the San Fernando Dental Society as a member in 2015. His commitment to giving back to his profession through service in organized dentistry has been as a board member for the last year and will continue as Secretary in 2018. He looks forward to welcoming every member and potential member to SFVDS with a smile!



# General Meeting Review

## January 24, 2018 - The Science and Technology Behind Treating Sleep Apnea

Jeff Horowitz, DDS



This course explained the medical principles necessary for the treatment of Obstructive Sleep Apnea by the general dentist. The materials, technology and clinical needs were referenced throughout the course, which aided in the interactive learning experience.

Participants gained an understanding of the definitions and terminology related to sleep disordered breathing; The sleep cycle, normal/abnormal sleep and its importance to overall health; How to interpret a PMD ( Portable Monitoring Device ); How to implement sleep study data into treatment planning; How to use Acoustic Rhinometry/Pharyngometry; Record taking and bite capture techniques; Appliance selection, adjustment and the common pitfalls of appliance therapy.

## February 28, 2018 - CA Dental Practice Act and Infection Control

Nancy Dewhirst, RDA



Ms. Dewhirst returned to update and remind us all about the requirements of the CA Dental Practice Act and Infection Control. Nancy made these otherwise boring topics interesting and was a wealth of information answering any and all of questions on these topics.

## March 21, 2018 - Smile Design - How to Give Patients What They Desire

Tony Tomaro, DDS



Dr. Tomaro presented on Smile Design, which he characterized as an opportunity for the clinician to orchestrate beauty by listening to the patient's wants, needs, and expectations; having the capability to visualize the final results and communicating this vision to the patient; and, understanding that the quality of the dental technician is a game breaker.

## April 25, 2018 - Achieving Superb results with Everyday Bread and Butter, Direct and Indirect Procedures

Sam Halabo, DDS



Dr. Halabo covered the myriad of materials and techniques that demand time and practice to allow dentists to become proficient enough to provide great patient care. He reviewed the new technologies that have emerged that can help close the gap between early materials and the newest generation of products. This course presented evidence based data, case presentations and methods of treating various procedures, standardizing and simplifying processes to ensure predictability and superb outcomes!

# General Meetings -2018

## June 20- Soft Tissue Concepts for the General Dentist: Understanding What's Possible and What's Not.

Gordon Fraser, DMD



Attendees will learn the importance of mucogingival therapy for correction of defects in morphology, position and underlying bone support of teeth and implants. Dr. Fraser illuminates facts vs. theory through case studies and examples. Mastering these concepts is key to the overall success of the dental practice, patient satisfaction and bottom line.



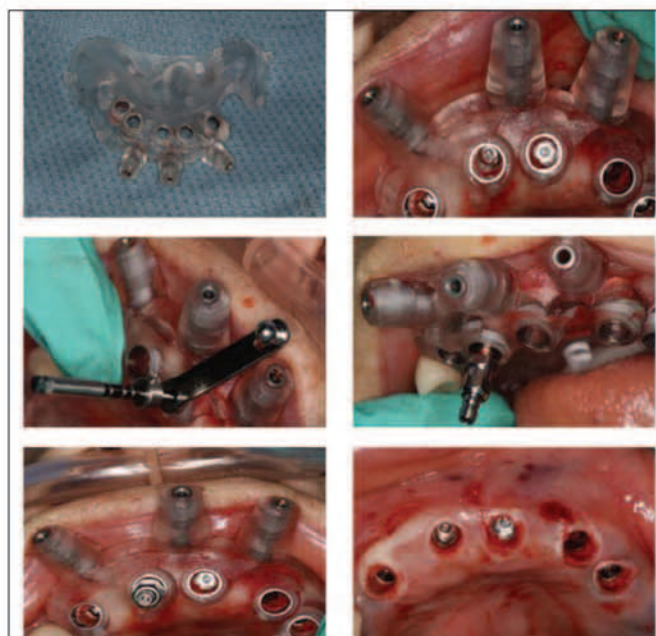
# Computerized Surgical Planning for Optimal Implant Placement

Dentistry has undergone a technological revolution within the last few decades with the advent of 3D printing and computer-guided technology. The field of Oral and Maxillofacial Surgery benefited in particular, because we are now able to place implants, resect tumors, and reconstruct jaws in a more precise manner than ever before. The article demonstrates the workflow and benefits of recent innovations as it pertains to placing dental implants.

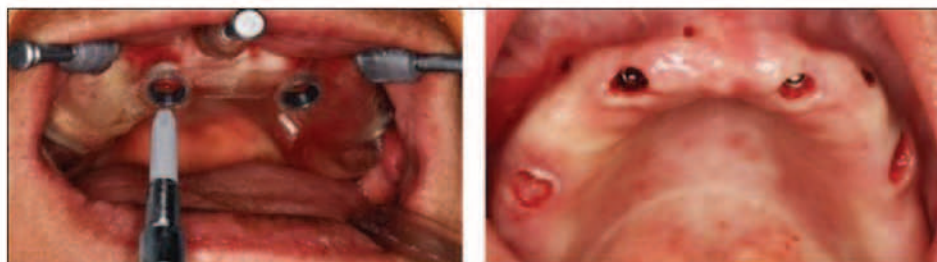
3D printed surgical guides generated from Cone Beam CT (CBCT) scans and a digital impression allow for exact dental implant placement. CBCTs are often cited as the new imaging standard of care prior to dental implants placement. Many dental practices have also moved away from traditional dental impressions and use digital impressions. The two technologies can now be combined with 3D printing to allow us to generate custom surgical guides.

The workflow is as follows: a full maxillary and mandibular CBCT scan is obtained and full maxillary and mandibular digital impressions are obtained. The information is then layered digitally. This provides both the bony and soft tissue data to the dentist. The surgeon and the restorative dentist can then work together to plan the precise implant positions on the computerized image. This plan will avoid crucial anatomical structures such as adjacent teeth, the inferior alveolar nerve, and the maxillary sinus, while optimizing the restorative crown or fixture position. Once the plan is complete, a 3D printed guide is fabricated. The surgeon can then use the guide to place the implant at the planned positions.

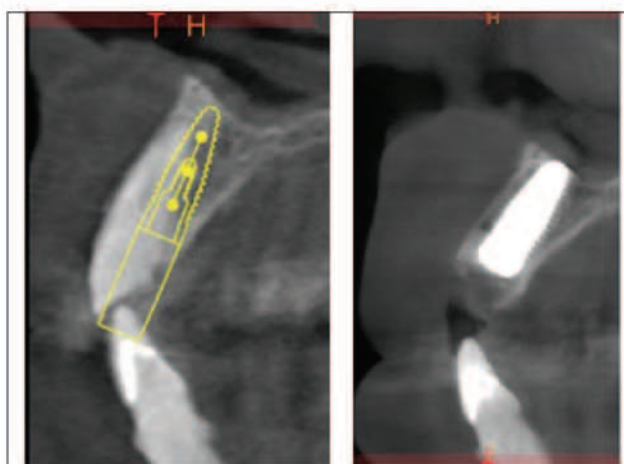
These 3D printed guides are especially useful in challenging implant cases. In the edentulous patient there are limited clinical landmarks to guide the surgeon and thus the guides can provide invaluable



Case 1: CBCT fabricated surgical guide being used for an edentulous maxillary patient. Note the anchoring pins to avoid micro-motions during implant placement. The guide was used to place implants in a flapless manner.



Case 2: CBCT fabricated surgical guided used for an edentulous maxillary patient.

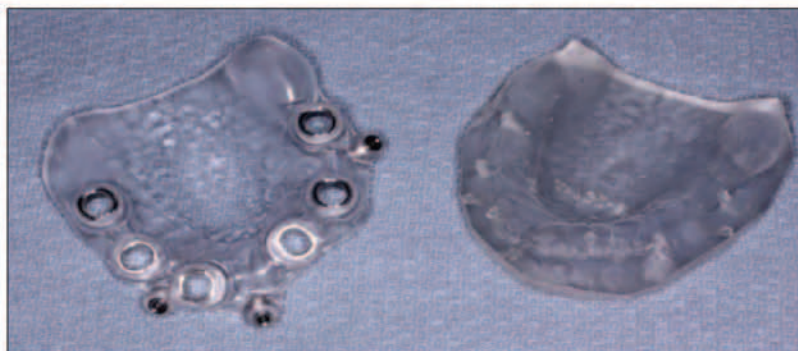


Case 3: Computerized plan and execution of a placement of an anterior implant





By: Ayleen R. Peterson DDS



Case 4: 3D printed surgical guides

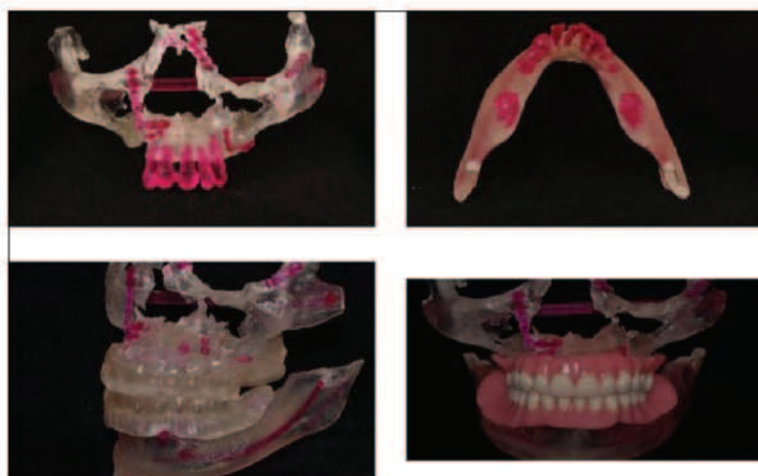
anatomical information. Guided surgery is also extremely important when placing anterior dental implants since esthetic and soft tissue considerations are crucial. Guides often allow for flapless surgery, thus preserving the patient's blood supply to the area, optimizing papilla preservation and minimized soft tissue trauma, and thus speeding recovery. Finally, as an oral and maxillofacial surgeon, I often have to reconstruct more complex cases such as those for patients who

have undergone severe trauma or tumors. Guided implant surgery enables accurate planning of those difficult cases (see case 6).



Case 5: Computerized surgical plan for an edentulous patient.

The modern implant patient is more educated and has higher expectations than ever before, especially in the Los Angeles area. As dental professionals we have a responsibility to offer the highest level of technology to our patients and nowadays, 3D printing and guided technology is easily accessible. As an oral & maxillofacial surgeon, I typically receive referrals for cases with high esthetic concerns or patients with minimal bone. Evaluating the detailed anatomy on the computer often allows me to avoid lengthy grafting procedures and waiting periods. The computerized plan also enables me to communicate with the referring restorative dentist regarding their desired implant positioning. The current challenges to utilizing this technology remain cost, both with purchasing a CT or intra-oral scanner and fabricating the surgical guides. It does however enables us to place implants with a much higher degree of confidence and higher rate of success.



Case 6: 3D printed maxilla and mandible of a trauma patient s/p plane crash and facial reconstruction. The bottom 2 pictures demonstrate the printed clear surgical guide and the planned immediate dentures which were converted intra-operatively to fit the implants.

Ayleen R. Peterson is an oral & maxillofacial surgeon at Woodland Hills Oral and Maxillofacial Surgery. She is also a part-time lecturer at UCLA School of Dentistry and is a staff physician at Northridge Hospital. Dr. Peterson graduated from UCLA Dental school and completed her residency in OMFS at Loma Linda University with special emphasis on Implant Dentistry. Contact information: [AyleenRoji@gmail.com](mailto:AyleenRoji@gmail.com)



# Heroic Dentistry

## Judy: *Saving the Day*

By: Dr. Matthew Gilchrist

Judy was distraught. The loss of a large composite filling on her upper right lateral incisor left a gaping hole in her smile. She didn't want her students, or anyone else, to see her this way, and she wanted an immediate repair before returning to school to teach her afternoon class.

Judy was concerned that same-day treatment might not be possible for this tooth. I shared her concern, but I had to find a solution, alleviate her emotional stress, and let her get back to work and life as usual.

Upon examination, I could see some secondary decay and a sub-gingival distal margin with a small amount of bleeding. We discussed several options. We could perform root canal treatment followed by a post and core and a crown, which might require crown lengthening. This would take one to two months at a cost of several thousand dollars or more. Another approach would be extraction followed by either an implant and crown, at considerable expense, or a more affordable removable partial denture. A third option would be a direct composite build up and restoration, and although the long-term prognosis might not be as favorable as for the other options, it could be done immediately.

Judy did not want to wait, so we seated her and got right to work. After administering anesthesia and cleaning out the decay, I chose to use a bioactive restorative material (ACTIVA BioACTIVE-RESTORATIVE) over a traditional composite for several reasons. Isolation was difficult, especially at the distal margin. I needed to be able to hold the matrix in place with one hand and place the material with the other. The bioactive material's injection delivery system would allow me to accomplish this very easily. I could also bulk fill quickly in large increments, and not have to rely as long on the less than ideal matrix placement. This would be a great benefit.

I etched and bonded, and I built up the distal wall with ACTIVA and light cured the material. The material flowed nicely and seems to have an affinity to stay on the tooth and in the area where it is placed. I then continued to dispense ACTIVA to fill the tooth, and again light cured. There is no need for condensing, and the delivery system and the way the material handled allowed me to complete the procedure quickly and without an assistant.

Judy was thrilled when she looked in the mirror. In one short same-morning visit, she was smiling with confidence and was ready to walk back into the classroom without embarrassment.

*Dr. Matthew Gilchrist is a general dentist at Avenue Dental in Charlottetown, Prince Edward Island, Canada. He graduated from Dalhousie University, Faculty of Dentistry, in 2008 and holds a Bachelor of Science degree from St. Francis Xavier University (2004). He may be reached at 902.892.1118 or visit his website at: [www.avenuedentalpei.ca](http://www.avenuedentalpei.ca)*

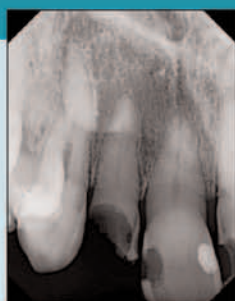


Figure 1. Pre-op periapical radiograph shows the extent of the decay and the sub-gingival nature of the distal margin.



Figure 2-3. Shows the tooth after caries excavation. Note the sub-gingival margin and bleeding on distal. A facial bevel was added for better seal and retention.



Figure 4. Shows MIDBL restoration with bioactive restorative material prior to doing a final polish. The tooth was etched and bonded prior to placing the material.



Figure 5. Another view of the restoration. To protect the large restoration, it was taken out of occlusion. Note the articulating paper marks on the adjacent teeth.



# List of

## SFVDS Oral and Maxillofacial Surgeons Members

Cheung, Rennie DDS	11550 Indian Hills Rd Ste 320	Mission Hills	CA	91345-1203	(818) 365-0817
Stephens, David DDS	1021 W Avenue M14	Palmdale	CA	93551-1440	(818) 270-0713
Ayala, Candelaria DDS	1005 S. Central Ave	Glendale	CA	91204	(818) 244-2155
Cho, Nam DDS	221 E Glenoaks Blvd Ste 140	Glendale	CA	91207-2123	(818) 241-4217
Colleta, Ryan DDS	26357 Mcbean Pkwy Ste 255	Valencia	CA	91355-5504	(661) 255-1515
Feder, Ted DDS	9066 Tampa Ave	Northridge	CA	91324-3523	(818) 993-3700
Foltz, Jeffrey DDS	19231 Victory Blvd	Reseda	CA	91335-6308	(818) 345-5432
Habashy, James DDS	1000 W Carson St	Torrance	CA	90502-2004	(818) 339-7220
Haim, Fred DDS	16311 Ventura Blvd Ste 615	Encino	CA	91436-4391	(818) 986-6787
Hale, Robert DDS	6325 Topanga Canyon Blvd Ste 435	Woodland Hills	CA	91367-2046	(818) 999-0900
Hammoudeh, Jeffrey DDS	221 E Glenoaks Blvd Ste 140	Glendale	CA	91207-2123	(818) 241-4217
Jensvold, James DDS	6325 Topanga Canyon Blvd Ste 435	Woodland Hills	CA	91367-2046	(818) 999-0900
Kang, Christopher DDS	1137 W Avenue M14 Ste 101	Palmdale	CA	93551-1429	(661) 266-8840
Katz, Sheldon DDS	5363 Balboa Blvd Ste 233	Encino	CA	91316-2824	(818) 788-4424
Lang, Rudolph DDS	27450 Tourney Rd Ste 160	Valencia	CA	91355-1863	(661) 253-3500
Lokot, Sergey DDS	5363 Balboa Blvd Ste 233	Encino	CA	91316-2824	(818) 788-4424
Lytle, Robert DDS	500 N Central Ave Ste 710	Glendale	CA	91203-3386	(818) 240-1805
Maranon, George DDS	16311 Ventura Blvd Ste 820	Encino	CA	91436-4394	(818) 990-5500
Mizin, Alexei DDS	24013 Ventura Blvd Ste 100	Calabasas	CA	91302-1145	(818) 225-2211
Mower, Robert DDS	26357 McBean Pkwy Ste 255	Valencia	CA	91355-5504	(661) 255-1515
Peterson, Ayleen DDS	6325 Topanga Canyon Blvd Ste 435	Woodland Hills	CA	91367-2046	(818) 999-0900
Phan, The DDS	11200 Corbin Ave # 208	Porter Ranch	CA	91326-4120	(818) 368-8522
Salaita, Nicholas DDS	44441 16th St W Ste 103	Lancaster	CA	93534-2873	(661) 942-4353
Scaramella, John DDS	23450 Lyons Ave	Newhall	CA	91321-5778	(661) 254-0390
Smiler, Dennis DDS	16550 Ventura Blvd Ste 209	Encino	CA	91436-2086	(818) 995-8601
Stamper, Elgan III DDS	1370 Foothill Blvd., Ste 200	La Canada Flintridge	CA	91011-2117	(818) 952-8183
Urata, Mark DDS	221 E Glenoaks Blvd Ste 140	Glendale	CA	91207-2123	(818) 241-4217





- Each medical professional authorized to access and communicate PHI must have a "Unique User Identifier" so that their use of PHI can be monitored.

- The use of any technology to comply with HIPAA must have an automatic log off to prevent unauthorized access to PHI when a computer is left unattended (this also applies to mobile devices).

In 2009 a supplemental act was passed called 'The Health Information Technology for Economic and Clinical Health (HITECH) Act'. The HITECH Act supports the enforcement of HIPAA requirements by raising the penalties of on health organizations that violate HIPAA

Privacy and Security Rules. The HITECH Act was formed in response to health technology development and increased use, storage and transmission of electronic health information.

The HITECH Act modified the HHS Secretary's authority to impose civil monetary penalties for violations occurring after Feb. 18, 2009. These HITECH Act revisions significantly increase the penalty amounts the HHS Secretary may impose for violations of the HIPAA rules and encourages prompt corrective action.

The HITECH Act section 13402(e)(4) requires that the HHS Secretary must post a list of breaches of unsecured protected health information affecting 500 or more individuals. Below is a link to lists of all breaches reported within the last 24 months that are currently under investigation by the Office for Civil Rights.

[https://ocrportal.hhs.gov/ocr/breach/breach\\_report.jsf](https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf)

According to the U.S. Department of Health and Human Services if you are hosting your data with a HIPAA compliant hosting provider, they must have certain administrative, physical and technical safeguards in place. The technical and physical safeguards that are most relevant to services provided by your HIPAA compliant host are listed below, which have details for you on what constitutes a HIPAA compliant data center.

- **Technical safeguards** require access control to allow only the those authorized to access electronic protected health data information. Access control includes using unique user IDs, an emergency access procedure, automatic log off, and encryption and decryption of data.

- **Physical safeguards** include limited facility access and control, with authorized access procedures in place. All covered entities or companies that must be HIPAA compliant, must have policies about use and access to workstations and electronic media. This includes transferring, removing, disposing and re-using electronic media, and as well as (ePHI) electronic protected health information.

- **Audit reports or tracking logs** must be implemented to keep records of activity on hardware and software. This is



## HIPAA Technology Compliance: Minimizing The Risk Of Healthcare Data Breaches In Your Dental Practice

The Office for Civil Rights (OCR) enforcement power over data breach compliance is largely increasing. There was a significant rise in healthcare data breaches in 2017 and there is no evidence to suggest that the annual rise in healthcare data breaches will decrease in 2018. Many cyber-security firms have made predictions for this year, and they are unanimous in their perspective that healthcare data breaches will continue to increase.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, sets the standard for protecting sensitive patient data. The HIPAA Privacy Rule addresses the storing, accessing, and sharing of medical and personal information of any individual. The HIPAA Security Rule describes who is covered by the HIPAA privacy protections and what safeguards must be in place to ensure appropriate protection of electronic protected health information (PHI). Also, the HIPAA Security Rule details national security standards to protect health data received, created, maintained or transmitted electronically, otherwise known as "ePHI" or electronic protected health information. The Health and Human Services (HHS) Office for Civil Rights administers the HIPAA Privacy and Security Rules.

It is important that your dental practice understands, implements and enforces HIPAA compliance. They must understand their use of technology and how it ties into HIPAA Technology Compliance. Your practice should start by understanding the definition of HIPAA technical safeguards and implement them into your daily practice operations.

The Security Rule lists a series of specifications for technology to comply with HIPAA. These include:

- All Protected Health Information (PHI) must be encrypted at rest and in transit.





By: Eric Soto – Infinite Computing Technologies

especially useful to pinpoint the source or cause of any security violations.

- **Network or transmission security** is the last technical safeguard required of HIPAA compliant hosts to protect against unauthorized public access of ePHI. This concerns all methods of transmitting data, whether it is email, Internet or even over a private network. Complying with HIPAA Rules will not prevent all data breaches, but it will ensure healthcare organizations achieve at least the minimum standard for data security. It will assist in preventing the majority of healthcare data breaches.

Looking at the healthcare data breaches in 2017; many of them could have been prevented if secure password protected systems were in place, if they had patches applied in an accurate and timely manner, and if their cloud storage services and databases had been configured correctly. Many data breaches were caused as a result of employees leaving unencrypted PHI in risky locations such as an unattended vehicle for example.

Phishing is the practice of sending fraudulent and malicious emails in order to get into the recipient's network or data. Phishing remains one of the main ways that malicious hackers gain access to protected health information and how ransomware viruses are spread. All practices must be vigilant with awareness and proper training. This as a result, because employees are continuing to fall for phishing and social engineering scams via emails and malicious websites. Technological solutions to block phishing emails are important, but dental practices must also continuously educate employees about the risks, teach them how to recognize scams and reinforce training regularly. Only then will your practice be able to reduce the risk from phishing to an acceptable and appropriate level.

Last year was a bad year for ransomware attacks and extortion attempts on healthcare organizations. These attacks will continue to increase in the coming years and you most likely will not be able to avoid all of them. Ensuring data is correctly backed up will allow organizations to recover their files in the event of an attack without having to pay a ransom.

**All it takes is one mistaken click on a malicious e-mail and you are compromised.**

Data breaches will continue to rise until the healthcare industry in general, and dental practices in particular, take security more seriously and implement security appliances and proce-

dures. They must also train their staff on how to avoid ransomware. The best place to start is crucial that is for dental practices to educate themselves on basic HIPAA compliance rules.

Don't be a victim, take action to protect your patient data. Below is a list of items that I strongly recommend and need to be implemented.

**Server Encryption:** A server handles the sharing and storage of all data on the network. This includes your patient information, imaging and documents. A security breach or theft of a server can lead to severe fines, loss of reputation and even result in practice closure due to breach notification requirements. Having an encrypted server would protect you from patient data breach notification requirements since the data on the server is not accessible.

**I Recommend:** Ensuring your server is professionally encrypted. You should also consider physically securing your server.

**Local Back-Up Encryption:** Back-up drives are frequently brought offsite for safe keeping, but they can be misplaced or even stolen. In the event a back-up drive falls into the wrong hands, patients' data can become compromised. Having encrypted local backup drives would protect you from patient data breach notification requirements since the data on the drives is not accessible.

**I Recommend:** Purchasing an encrypted local backup drive. (All old media containing PHI must be disposed of properly by qualified personnel.)

**Encrypted Online Back-Up:** Encrypted Online backup is an essential part of data protection. Often offices are confident that they are backing up when in reality no one is checking the local backup. Online backups are generally automated and occur in the evening.

**I Recommend:** A compliant, encrypted, online back-up service setup by a professional.

**Email Encryption:** Because of the prevalence of emails prevalence, it is only a matter of time before you unwittingly send patient information to the incorrect recipient, violating HIPAA policy. A compliant email service should have all recipients fill out a basic form and "check" a box, confirming they are the intended recipient. This releases your practice from liability and further protects your patient's privacy. Free email services may be encrypted but are not suggested since they offer no verification of the intended recipient.

**I Recommend:** Implementing an email encryption that offers confirmation of intended recipient.

**Upgrading Out Of Windows XP:** Microsoft has discontinued





Continued from page 17

updating and supporting Windows XP (End of life April 2014). This means that Windows XP machines will no longer receive security updates. Over time, computers still running on Windows XP will become more susceptible to attacks, increasing vulnerability and PC problems.

**I Recommend:** Upgrading to Windows 10 Professional if your practice management software version supports it. Often, practice management software requires certain operating systems, so check with your provider. It is often may also be more cost effective to purchase a new computer with windows 10 Professional already pre-loaded. As you consider your options, please keep in mind that Windows 7 support ends on January 14, 2020.

**HIPAA Compliant Security Appliance:** 99% of dental practices today do not have HIPAA compliant internet access. Compliant internet access requires a security appliance with a professional firewall to manage and record internet access ports. Also, it requires the ability to maintain a log file of internet activity. In the event of a breach you'll need to know what happened. Finally, if you are offering your patients WIFI, a separate guest network feature will be required to protect your patients' data.

**I Recommend:** Implementing a Sophos, SonicWALL or Fortinet network security appliance.

**Password protected systems:** When seeking to ensure patient privacy, every step taken toward safeguarding sensitive data is an additional line of defense in your practice. Password protecting all computers on your network is the front line of protection for user accounts. It is Your computer systems are also required to activate have in place "screen saver password protection" so a computer left idle for a specified time will automatically lock. Privacy screens are further suggested in areas where patient data is visible to anyone not intended to view it.

**I Recommend:** Change ing default passwords, use complex passwords, change your passwords frequently, use different passwords set session time-outs with passwords and have your technician configure your network so you can sign in as a user and/or an administrator.

**Domain Implementation:** A domain contains a group of computers that are registered with the server to control their actions. Setting up a customized domain allows the administrator to track individual files that users have accessed or deleted. I recommend server and workstations configured in a domain environment that can be implement with individual

user-names. A user's actions can be tracked under this type of domain, which is needed for compliance.

#### **Network Maintenance:**

- **Risk Analysis:** Perform and document a risk analysis to see where PHI is being used and stored, and to determine what all of the possible ways that HIPAA could be violated.
- **Windows Updates:** Enable automatic windows updates to ensure the newest Microsoft security patches are being installed.
- **Practice Management software updates:** Contact your practice management company bi yearly biannually to ensure you have the newest most secure version of your software installed.
- **Updated professional Antivirus/ Malware software:** These software programs are your first line of defense. Do not trust them to free protection software.
- **Contingency Plans:** Ensure there are accessible backups of ePHI and that there are procedures for the restoration of any lost data.

Technology compliance is only a part of true HIPAA Compliance. True compliance entails the written policies, procedures and training. The only way you can truly be compliant is to begin a program such as the ADA Practical Guide to HIPAA Compliance Update Service - U200. This guide can be found at the following link <http://ebusiness.ada.org/product-catalog/product.aspx?ID=2019>

**Certified HIPAA Consultant:** All practices should contact a certified HIPAA consultant to go over all of the requirements to make your practice HIPAA compliant.

**I Recommend:** Signing up with a comprehensive service such as Data Guardian Pro's. Website: [www.dataguardianpros.com](http://www.dataguardianpros.com)

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*Eric Soto is the CEO of Infinite Computing Technologies, which, he co-founded in 2008. ICT is a technology company serving the needs of the dental community. ICT offers a variety of dental specific services including computer sales, new office technology design and installation, help desk phone support, onsite technical support, cabling and network framework, audio and video sales, security camera systems, virus protection and removal, HIPAA security compliance, managed encrypted online backup, digital phone sales and also maintenance support programs. ICT provides a FREE HIPAA Technology Compliance risk assessment for your dental practice by a qualified professional. Eric can be reached at 888.472.8725 or [office@infinitepc.com](mailto:office@infinitepc.com)*



# Running a *Tight Ship* Effectively

By: Sherri  
Nickerson,  
Nickerson  
Consulting



Are you going through a transition, start-up, or need a practice analysis to see what is behind closed doors before you purchase a practice?

Want to take your practice to the next level?

Are you interested in team building? Perhaps a team retreat!!

Office impression and décor on your mind?

Do you want to get back on track?

Practice consulting firms specialize in dental practice management. They can help unify your team and get them behind your vision for your practice.

These kinds of consultants are successful in seeing your blind spots and knowing how to help you see your practice in a different light. They will work with you to bring your team together, grow your practice and make your patients feel like your practice is their home too.

Think of a time when you really enjoyed going to work and treating your patients. Everything was running smoothly, as it should. You were collecting monies at the time of service, case acceptance was high, patients were coming back on their specified intervals in hygiene and they were inviting other patients to the practice. What happened? Could your practice be running you?

Practice consultants start by getting to know you, your team and your practice. They listen, observe, recommend actions and guide your practice to expand in areas you want to. In general, consultants have come to the conclusion that appropriate attitudes, skills, systems, customer service and monitoring must be in place for your dental practice to flourish.

Attitudes are important because they dictate the emotions and actions of the team. As we all have discovered, one poor attitude can negatively affect the other team members' entire outlook and PATIENTS can feel the vibe when they arrive at the practice. It is impossible to train empowering attitudes, so you will want to hire for attitude and train for skill set. Consultants can empower the team by teaching everyone together as a team referencing their personal DISC profiles (dominance, inducement, submission, and compliance). This helps team understand each other, and WHY each team member does what they do.

Attitudes are never enough because people who are enthusiastic and dedicated, but don't know what they're doing, can be hazardous to the practice! Your team must acquire outstanding position skills and delightful people skills. With this combination, they can infuse their enthusiasm into the appropriate actions to produce exceptional results.

While attitudes and skills are a necessary start, if they're not guided through operational systems, they will be set up for disillusionment and frustration. Practice consultants, offer a wide range of systems, including: marketing for new patients; new patient

journey; PCI- patient care interview; new patient retention; diagnosis; case presentation; doctor/team/front office hand-off; collections/statements; BEP; bonus system; financial arrangements; front office scripting; insurance; accounts receivable; smart scheduling; ppo insurance analysis; team building; leadership; daily monitoring and many more! Ultimately, successful systems are the key to your success.

**Leadership skills:** I recommend everyone read Extreme Ownership - How U.S. Navy Seals Lead and Win, by Jocko Willink and Leif Babin. Extreme Ownership demonstrates how to apply the principles that enable you to lead and accomplish results.

Consider these first class customer service principles:

**Use Active Listening Skills:** Active listening helps you focus on the patient, to hear what they are really saying and therefore be able to provide them with the dentistry that they actually want. Use open ended questions....."Where would you like to go from here?", "Would you agree that our next step is ...?"

**Great Communication Skills-** Body Language- Ask questions, listen and respond. Always have a smile.

**PCI- Patient Care Interview-** PCI is one of the most powerful tools for case presentation. It helps you to discover your patient's goals for their oral health while removing objections that might keep the patient from beginning treatment.

**Be Positive:** You are certain. You always have a 'bright side'. How can you help?

**Be Honest:** "May I share with you a concern that I have?"

**Manage your time:** Plan your day so you can see your patients on time and stay on time.

**Have great manners:** Be polite.

**High degree of Professionalism:** Dress code, hair and makeup code, no eating, drinking or chewing gum. These should be in your personnel manual.

**Morning Meeting:** Plan your day and know your patients.

**Be prepared:** Audit your patients the day prior to their appointment. Do they need FMX, BW's, and outstanding treatments? What is the plan?

**Be complete with each patient** – Schedule treatments, Make sure financial arrangements are signed and that the patient pays and asks for an invitation to come back.

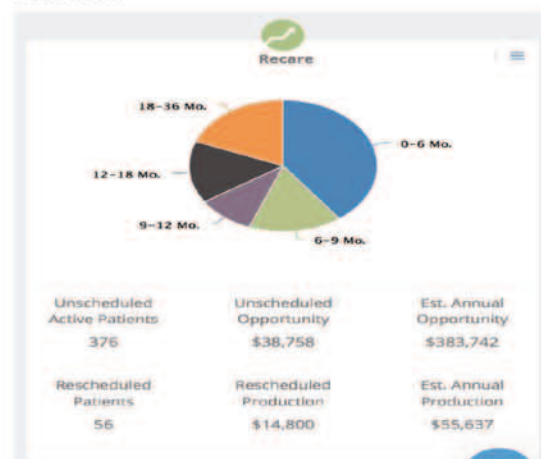
We truly believe what you focus on is what you get. Setting yearly, monthly and daily goals is essential. With this data, consultants can review your practice daily with their tracking systems. Many practice consultants review each practice daily so they can notify the practice to celebrate or to point out an AOC - area of concern. Examples of Snap-shots used for tracking: *Continued on page 20*



# Running a *Tight Ship* Effectively

Continued from page 19

**Recall** - How many patients are past due in 6-9 months, 9-12 months, 12-18 months? How many are you getting back in the front door?



**Case Acceptance Ratio:** How many patients did you present treatment to and how many accepted? What is the dollar amount and what is your acceptance ratio?

**A/R aging report and outstanding insurance claims:** Are you at 5% or less on your 90+ days? Are your outstanding insurance claims- 60-90 days- 5 claims or less?



**FACT:** "Those who know where they are in relation to where they want to go have a much better chance of getting there than those who don't". Here are a few examples that are tremendously impactful to overall practice performance. However, almost all practices rely on a "gut feel" that is far from the reality.

A few examples:  
**Hygiene Re-**

**Appointment:** Where the national average is in the 70% range, here's a fun quick formula to walk through assuming 1,000 patients - At a 70% hygiene re-appointment rate, in 6 months you'll have 700 Patients coming back. At the same 70% re-appointment rate, now you only have 490 patients coming back in the next 6 months. Yes, patients may be added back to the schedule during that time, but you also have cancellations and no shows, so it pretty much evens out. In just 12 months, you have inadvertently cut your patient base to less than half. This is one of the reasons we feel we need so many new patients. Most everyone honestly and passionately "feels" they are 90%+, but the reality is the national average is in the 70% range.



**New Patient Visit:** Most practice consultants will develop benchmarks and metrics for your practice. This is a must because most teams don't realize they are only converting 44% on average nationally. Teams need to pay full attention to what consultants are teaching in order to find out where they really are... At a minimum, a few questions that must be answered: Are they getting enough new patients? Most practices are getting more than enough already and their money would be much better invested in other places to drive performance vs. bringing in more new patients that simply lead to increased levels of attrition. Are they getting the right new patients? What experience are those new patients having? What systems are in place to ensure the best new patient experience and conversion?

**Attrition:** National average is 9% annually, with the bottom 10% of practices averaging 16% and the top 10% of practices averaging 4%. Most only see new patient flow and have no idea of their net growth which equals: new patients plus recaptured inactive patients minus status changes and patients who are inactive due to the time since their last appointment 18+ months ago. Most practices simply keep pushing more new patients through front door to offset a mismanaged patient load. Needless to say, practices need to watch more than just new patient flow through the front door.

**Perio:** If the ADA says 50% of adult population has periodontal disease, why is the national average of treatment being provided only 10% with the top 10% of performing practices only averaging 24%? Many practices have one Perio patient per day amidst 10-20 visits and emotionally still feel that is substantial - but where are we really in this area of care?

**Restorative Case Acceptance:** Did you know that on averages nationally, a \$1 million practice actually diagnosis more than \$2.4 million in needed dentistry annually? This means \$1.4 million of potential dentistry walks out of the practice, many of who don't return because they don't want to have that conversation again. Average restorative case acceptance is 36%, meaning diagnosed and completed on the same day or scheduled before leaving. Yes, an additional 6-8% will be accepted after the fact, but most slip through the cracks. Hint: DAs have huge value in the acceptance process... Where is your practice?

With a hands-on approach and daily monitoring your practice can become unstoppable!!!

At the time of your first visit with a practice consultant, they will listen closely to all of your concerns and conduct a thorough analysis. Your practice will receive the personal attention you deserve and need. Before any meetings begin, most consultants will sit down with you and advise you of your options so that you can make an informed choice. Their goal is to provide you with the highest quality practice advice in an atmosphere of mutual trust.

**About the author:** Sherri Nickerson is CEO of Nickerson Consulting and Nickerson Design, based in Palm Desert, CA. Nickerson Practice Consulting helps identify key areas where improvement will increase the productivity and overall success of a dental practice, and Nickerson Design is a boutique designing company that helps make the practice feel like home and stand out from other dental practices that all look the same.

Sherri can be reached at: 888.811.1408 or 760.674.7298, or by visiting their web site at: [www.nickersonconsulting.com](http://www.nickersonconsulting.com)





## “HOW DENTISTS CAN START ATTRACTING MORE PATIENTS BY USING PUBLIC SPEAKING”

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

Imagine how many new dental patients you could attract, if you give between 50 to 150 speeches each year. For example, let's say that you spoke twice per week to different groups that had between 50 to 100 people in the audience. This would result in you giving 100 speeches in a year and this would give you exposure to anywhere between 5,000 to 10,000 potential new patients in a year. Some dentists even decide to speak at much larger groups. In addition, some dental offices also send other staff members to speak out in the community. So, dentists, dental assistants and hygienists can all be out there giving their own speeches. This can result in attracting many new patients to the dental office.

Also, the people in each audience will see you as an authority figure in your field. In addition, most groups will allow you to speak between 30 to 60 minutes. This will give you enough time to gain their trust and answer many of their questions.

Now, you might be thinking, if public speaking is such a great marketing method, what do you think is the reason that most dentists don't use public speaking to market their dental practice? Well, actually there are two reasons: 1. Public speaking is one of the most common fears that people experience. 2. Most people were never told that public speaking was a great way to market for new patients. They never looked into using public speaking as a strong marketing tool that could help build their dental practice.

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



*By Dr. Edward Martin*

1) A Specific Goal Or Reason For Giving Speeches Is Required: Here, dentists will need to decide on a specific goal or reason for giving speeches. For example, you might have a goal of attracting 150 new dental patients each year, as a result of giving speeches. Or, you might want to earn an “extra” \$400,000 in the next 12 months. Each dentist might have a different goal, but it is important to have a “specific” goal to aim at.

2) A Slow And Safe Way To Practice Your Speeches Is Needed: Dentists need a slow and safe way to get used to being a public speaker. This will require practicing or rehearsing very short speeches in small groups or seminars. As you become comfortable with one or two minute speeches, you will have the confidence to try longer speeches. It is also important to rehearse in small groups and “gradually” try speeches in larger groups. Here, you will find that traditional public speaking classes make the mistake of putting a new speaker in front of a large group of people for 15 to 30 minutes. This is the reason that those classes have a very high dropout rate. It is much more effective to practice public speaking in small groups that allow each person to develop public speaking skills at their own pace. In addition, it is also important to practice speeches on dental topics that can bring in more patients to your dental office. Here, many traditional public speaking classes make the mistake of having you practice speeches about current events. This type of rehearsing will not prepare you to give important speeches about dental topics that can attract new patients.

3) The Intention Or Willingness To Use Public Speaking On A Regular Basis: A dentist needs to have the intention or willingness to give between 50 to 150 speeches each year. At this point, you will need to commit to giving a specific number of speeches each week, so you can attain your yearly goal. Also, if your schedule is very busy, your other staff members can give most of the speeches. Furthermore, in order to be motivated to give many speeches each year, dentists have to be sure that they have a specific goal that they want to achieve (Factor #1). They also have to get used to giving speeches in a slow and safe way (Factor #2). If any of these factors are missing, the dentist will not be willing to put in a strong effort to find a lot of speaking engagements. So, begin to set specific goals that you want to achieve and determine how many speeches you will need to give in order to achieve your goals.

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

*Continued on page 22*





- Where are the best places to speak ?
- What types of groups are the best "target market" for my speech topic ?

• Should I speak to certain kinds of associations, corporations, organizations, conferences, conventions, colleges, churches, government groups, different industries, non-profit organizations, associations and organizations for different kinds of professionals, elementary schools, high schools, PTA Groups, various groups for disabled people, etc. ? You also have to learn how to approach these different types of groups.

• Does my speech topic interest the kinds of groups that I plan to speak to ?

• Why should different groups want to hear my speech ?  
It is very important for dentists to develop a smart business plan for attaining profitable speaking engagements. This is also the point where you will start to discover if your speeches are producing: referrals, more new patients, consulting jobs, requests for you to speak at different groups and great business and professional contacts.

• The Decision That You Will Use Public Speaking As Part Of Your Marketing Plan: This factor is where you make a commitment to either use public speaking or not use public speaking in your marketing plan. Here, you will have to be honest

with yourself and decide if you are "really" going to look for a lot of speaking engagements. If you only give a few speeches in a year, then it is obvious that you have made the decision to only "dabble" with public speaking. But, If you are giving 100 speeches each year, you will soon discover that public speaking can be a very powerful marketing method for your dental practice.

Here is one more marketing tip that can help make your public speaking more successful :

If you decide to start giving speeches, be sure to use this marketing method for at least six months. Many dentists try to give speeches for one or two months and then they quit. Public speaking, like other types of marketing, takes some time to figure out what are the most effective ways to get good results. Also, it takes some time to learn how to make your speaking engagements profitable. So, make the decision to become a successful and well known dentist by using public speaking. It does take a lot of effort, but the results can be great !

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*About the author: Dr. Edward Martin is a motivational speaker and a public speaking & marketing coach. He is the author of the forthcoming book, "How To Attract More Clients And Customers By Using Public Speaking". Dr. Martin offers public speaking and marketing seminars, as well as individual coaching sessions for dentists. He may be reached at: 818-314-2054, or: edwardm77@gmail.com*



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# HIRING THE EMPLOYEES YOU WANT TO KEEP: HIRE SLOW, FIRE FAST

By: Bonnie Bradbury, RDH  
Fortune Management Practice Consultants



The greatest challenge in most offices is hiring and keeping a great team. Even if you have a great team now there will always be changes due to pregnancy, retirement, relocation or team members leaving for other offices. As you well know, team changes can cause a lot of stress for the Dr. and team members. When a team is short staffed it is constantly training new hires and handling upsets with the team. The only way to grow a practice is by growing the people. Sometimes the right people are in the wrong seat or don't have accountability and job descriptions set up so the team is frustrated and not performing to their fullest potential. An important and needed element is TEAM. Team is not a few people doing most of the work, working around the ones that think of it only as a job. Who you have on your team says a lot about your office. You can have a great team except for one team member and that one person can hold everyone down - otherwise known as the weakest link. You can have the most state-of-the-art building and equipment, or be the most talented dentist in your area, and still struggle to have a successful practice that you love to come to every day if you don't have an extraordinary team.

Building an extraordinary practice begins by surrounding yourself with people who are positive, skilled, capable, trustworthy, willing to learn and fit the culture of your office. You want to build and lead the team toward achieving a shared vision. The culture of your office sets the tone for everything else. The culture is how you all work together and communicate. It is who all of you are "being" when you are "doing".

If you agree with all of this you might ask, "How do I do I acquire a great team?" Most offices quickly place an ad and hire someone that maybe isn't ideal but they think they have to settle for someone that hopefully can learn what they need for the empty position. You don't want or need to settle for the first person that comes along. There



is some preparation you can do to drastically increase your success in hiring the right team member - this is what hire "slow" means. Do the steps and work to achieve your success.

## Step 1. Preparing to Hire

First, you need to embrace the idea and have a positive attitude that the person you are looking for is out there and that you are capable of finding and hiring them. If you aren't crystal clear on the job duties and qualities needed for the position you are filling, your chance of finding a great candidate are slim. You need to know how you personally would define a 'great employee'.

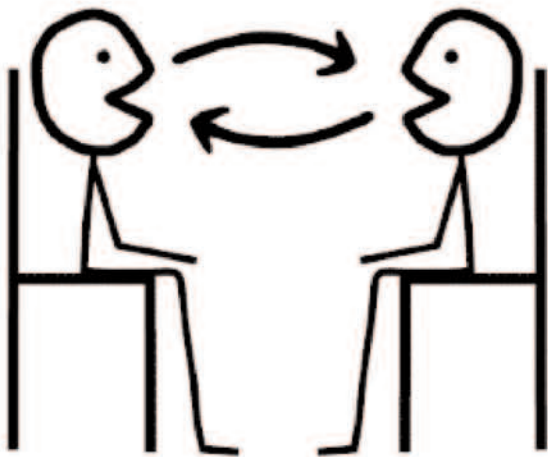
First, write down exactly what that person will be responsible for when they are fully trained. Then write down a specific list of the personal and professional attributes you require and desire for the position. Deciding what personality traits the candidate needs to have and what skills he or she already should know will help you hire an employee that is capable of doing the job with excellence. Get your team involved in this! You are hiring someone to work with your team. Be sure you are all on the same page about who it is you are looking for and who will be the best fit. The list you make is the one you are going to review before you hire that person you fell in love with at the interview. Our tendency is to want to write a list of what you don't want. Keep your list focused on the positive attributes knowing the right candidate will walk through the door. Many offices hire employees they like and hope it will just "work out". This is rarely successful unless they meet your listed requirements.

The goal is to have extraordinary team members and equally important, is to have them in the right positions in your office. Everyone shines in different areas and if someone is in a job where their natural skills aren't utilized, it is frustrating for that person as they don't perform as well. We all have responsibilities that aren't our favorite to do and that is expected. What is crucial is that the skills we

*Continued on page 24*



# interview



naturally do well are utilized in our day to day duties on the job. An example would be having the team member that is organized and detailed do the ordering for the back office supplies. She will enjoy organizing the system for the ordering versus someone that doesn't have much attention to detail that will struggle with the task.

Many offices find someone they like on a personal level and then hire them hoping they can do the jobs they need. Maybe they can and maybe they can't, and it isn't their fault because they never had the personality or skills required to do it. Tasks can be taught to most of us if we are willing to learn. What makes someone good at their job is that they like it and have the skills and personality to do it well. Don't ever underestimate the value of a great attitude. Positive attitude can't be taught!

## Step 2 The Job Ad

Once you have a list of what the ideal candidate might look like, you are ready to create the ad for the position. You want to attract the correct applicants so your ad needs to represent the culture of your practice. Be crystal clear what education and skills are the basic requirements for the position. These requirements are things to check for on the resumes you receive. If you print resumes out, you can note the length of time for each job held by the applicant, and grammar and spelling errors. Remember, the way they first present is the best they can be. How much time did each applicant put into checking their resume and will the errors made be a factor in the position you are filling? One could assume with spell check there is no reason to have misspelled words!

## Step 3 The interview Process

The interview is an important step that requires preparation. The idea that you can 'wing it' will not get you the

results you want or need. Employers that have structured interviews significantly increase their positive results. If you spend time now preparing for the interview, you can decrease the chances you will be doing this again for the same position. Be sure also that what you ask applicants is legal. If you are unsure what is compliant, you can ask or check with your HR company. There are laws that cover all stages of the employment relationship and there are great companies to help you through the process.

First complete a phone interview to help weed-out those candidates that aren't what you are looking for. You should ask the same questions of every person and keep it short and to the point. The goal is to find out why they are looking for a job, if they meet the basic requirements for the position and if they have good communication skills. Ask what interests them about the position and then after explaining exactly what the job position is, ask if they are still interested in applying. If they seem to be a good fit so far, set up a face to face interview. If they sound like they aren't someone you want to consider let them know you are just starting to review applicants and if interested you will call them for an interview.

### Face to Face interview-

This meeting is where you want to get a true sense of who the applicant is. Interviewees show their best side at this time. If you know the values and skills you are looking for, you can ask questions during the interview that will have your candidate tell you who they are and see if they would be a good fit for your team. You don't want to ask questions that get a Yes or No answer. If you ask, "Are you good about being to work on time?", they know they should say yes. Rather than using a traditional interview style, try using a behavioral interview that will get your candidate talking about the skills and behavior they have had in real life situations.

You can also ask-

- What do you consider your greatest work achievement to be?
- What is a goal you have set for yourself and describe how you met it?

*Continued on page 25*



- What have you done when you have been at odds with a co-worker? How were you able to solve the conflict?
- Tell me of a time you handled an upset patient on the phone?
- Describe a time you handled a project that required attention to detail.



The goal is to understand how a candidate behaved in situations previously. Listen to how they explain their past. You want honest answers rather than what they think you want to hear. Be sure to do a background check on every candidate you plan to hire. Some people are trained liars and can fool most of us.

#### After Hiring Them

New hires need high direction even when they are experienced. Your practice has its own way of doing things that may be very different from the last office in which they worked. It is good to ask the new hire to learn how your office uses systems and let them know later you would love to hear their suggestions for improvements. Often the new employee wants to impress you and has a list of things they think they can change. It is difficult to be successful at changing things if one doesn't know what is currently being done.

If after hiring the new team member you wonder if you made a mistake, then ask yourself, "Have I given them everything they need to be successful?" Did you get them the right training and let them know the expectations you have? Have you shown them your priorities so they know what to focus on first? If the answer to any of these questions is no, then correct that. If you have answered yes to the questions and know the employee is not a good fit, then let them go - not later, but now! You can ask yourself, "If I knew during the interview process what I know now would I still hire them?" This is usually easy to

answer and will give you the information you need to keep and train them, or fire them. All of the experience you gain from preparation to training each team member helps to perfect hiring for the future and build the best team you can for your practice.

*With more than 25 years of experience, Bonnie Bradbury, RDH, has become a recognized authority in dental practice management. Her unique blend of background in such areas as marketing, clinical practice as a hygienist, and business management and systems implementation, is a perfect fit to work with both the doctor and the team, helping them to reach their highest potential. She is the link between the doctor and the team supporting the doctor in making the doctor's vision a reality. She can be reached at 805-320-2433 or [BonnieBradbury@Fortunemgmt.com](mailto:BonnieBradbury@Fortunemgmt.com)*

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# Unexpected opportunities for dentists:

For more than 38 years, Jared Fine, DDS, MPH, was the dental health administrator for the Alameda County Public Health Department, where he built one of the most progressive and effective dental health programs in the state. After retiring from the department, Fine became an advocate for sugar-sweetened beverage taxation in Oakland, accepted a position as co-chair of the state oral health advisory council and now is the community dental ambassador for the Alameda County Local Dental Pilot Project (Department of Health Care Services, DTI, Domain 4). In this Q&A, Fine talks about that project and the role of private dentists.

## **Q: Please tell us a little bit about Alameda's Local Dental Pilot Project.**

The Alameda County Public Health Department was awarded funding for the Healthy Teeth, Healthy Communities pilot as part of the Local Dental Pilot Project of the Dental Transformation Initiative, Domain 4. We specifically designed the HTHC program to overcome the barriers to and challenges in utilizing services experienced by Medi-Cal-enrolled families, as well as the dentists who are called upon to provide dental care.

Central to HTHC's success is creating a dental provider community of practice or COP — a network of private practice dentists and federally qualified health centers who recognize the importance of equitable access to care, are knowledgeable of barriers to care experienced by Medi-Cal enrollees and are proficient in applying preventive dentistry and motivational interviewing. HTHC will provide participating dentists free C.E. courses in collaboration with UCSF

pediatric dentistry faculty; incentive payments for providing family oral health education to the caregivers of children 0-5 years of age and for providing data for children seen in the program annually; and support to assure that families are successful dental consumers, including keeping appointments, being knowledgeable about the importance of dental prevention, completing treatment plans and sustaining continuous treatment over time.

In addition, HTHC is building a new workforce of 27 community dental care coordinators who are embedded in local social service agencies and care locations and trained to outreach to eligible families, engage them in the program and provide dental care coordination services.

Finally, in development is a care coordination data management system that will enable CDCCs to document outreach, coordinate care, keep appointments and assure continuity of care for families that they have appointed to dentists participating in the community of practice. The system will provide real-time information about the utilization of services and serve as the basis for coordinating the financial incentive payments to participating dentists.

## **Q: What is your role in the HTHC pilot?**

As the HTHC community dental ambassador, I work with the Berkeley, Alameda County and Southern Alameda dental components, as well as individual dentists and federally qualified health centers to recruit providers, support CDCCs and assist dental providers to help families navigate the program. I also collect feedback on the provider experience with



# Q&A

## with *LDPP* ambassador

### Dr. Jared Fine



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HTHC and provide training and technical support to facilitate contracting between FQHCs and individual dental providers.

**Q: We sometimes hear community agencies or dentists express skepticism about organized dentistry's role or the role of individual private practicing dentists in these types of public health projects. As one who has been a bridge between these two worlds for a long time, can you tell us your thoughts on this?**

I am inspired by the response the program is getting as we meet individual dentists in their offices.

Naturally we hear about past difficulties and concerns about the Denti-Cal program. However, when we explain how HTHC is addressing those issues, especially the help offered by the CDCCs, a transformation seems to occur. Furthermore, the coordinators' active partnership with the office staff to establish appointments based on what the dentist and the office chooses gives dentists control over how their office will participate.

One dentist confessed that years ago when she first signed up to provide care to Denti-Cal-enrolled children, she had a nightmare that one day a big yellow school bus would roll up to her office full of kids to treat and what would she do! But having heard how the CDCCs and the office staff work together to regulate the flow of patients, she was completely comfortable with signing up. Another dentist asked many questions and raised concerns from previous experiences that were financially and administratively onerous. When we finished answering all of his and his office manager's questions, he not only agreed to

join the program but thanked us for designing a program that would enable him to serve the community. Moreover, he said he wanted his other offices to be in the program as well.

One office at a time, we seem to be changing the narrative about serving the Denti-Cal-enrolled population!

**Q: What advice would you give to other DTI Local Dental Pilot Programs? To private practice dentists?**

My main advice to LDPPs is to utilize the private practice network of dentists in your communities. Reach out to your local dental society to develop a partnership, try innovative approaches to treat the participants in Medi-Cal public health funded programs and recognize that dentists are essential to providing care. Dentists must be respected and honored for overcoming barriers to participating in the program and providing care to vulnerable populations.

**Dentists:** You are essential to addressing the dental needs of Californians. Success cannot be accomplished without you! Reach out to your dental component leadership and ask what you can individually and collectively do.

For more background on the Dental Transformation Initiative, Domain 4, read "Selected local pilot projects to improve children's oral health" published June 2017 on [cda.org](http://cda.org).



# 10

## 10-YEAR FUNDING EXTENSION FOR CHIP PROTECTS HEALTH COVERAGE FOR MILLIONS

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Affordable pediatric-appropriate health coverage for 2 million children and pregnant women in California and nearly 9 million children nationwide will continue through fiscal year 2027 as a result of a budget deal passed Feb. 9 by Congress and signed by President Trump. The agreement ended the second, if brief, government shutdown in a month. Congress struck a short-term spending deal Jan. 22, three days into the first government shutdown that resulted when immigration negotiations failed. The earlier spending bill funded CHIP for six years and the Feb. 9 bill adds an additional four years of funding.

"CDA is pleased to see bipartisan congressional efforts prevail in the effort to extend CHIP funding. As a result of this coverage, 2 million children and pregnant women in our state will continue to benefit from access to oral health services," CDA President Natasha Lee, DDS, said in a statement.



CDA and ADA last fall began advocating for CHIP reauthorization after Congress neglected to

extend funding for the program before its scheduled expiration in September. The lapse, CDA warned, would create uncertainty for California and 15 other states that were likely to run out of funding for the program by the end of January. As part of the advocacy campaign, CDA called on dentists to contact their U.S. senators and representatives to urge them to renew CHIP funding.

"With continued CHIP funding, dentists can continue serving thousands of children and helping to combat tooth decay, which remains the most common chronic condition among children and adolescents, impacting school performance and attendance," Lee said. "We thank the dentists who answered the call to action and kept the issue of access to care in front of Congress."

Besides dental care, state-administered CHIP provides important preventive services such as well-child checkups and immunizations for uninsured children up to age 19 whose family income is too high to qualify for Medicaid. Together the CHIP and Medicaid programs in California have cut the rate of uninsured children in the state from 10.3 percent in 2001 to the current historic low of 3.8 percent.

For more information, contact CDA Public Affairs at 916.554.4984.

## New state oral health plan provides road map for all Californians

*Reprinted with permission from California Dental Association*

A 10-year plan for addressing the major oral health issues in California was released in late January by the California Department of Public Health. Developed over three years in collaboration with the Department of Health Care Services, the plan identifies strategies to improve oral health over the lifespan and to achieve oral health equity for the state's diverse population.

"I am pleased to share the thoughtful efforts of dedicated people from across the state in this new document, California Oral Health Plan 2018–2028," said Karen L. Smith, MD, MPH, CDPH director and state public health officer, in a statement. "The California Department of Public Health supports the development of healthy communities through public health policy, guidelines, funding opportunities, technical assistance, and workforce development for realizing each community's unique vision."

The oral health plan is organized into 11 sections with five major sections covering:

- The background of oral health in California, the burden of oral diseases and the need for a state strategic plan
- Strategic frameworks and public health concepts that shape the oral health plan
- State and local oral health program functions and services
- A conceptual model of the oral health plan process
- Goals, objectives and strategies for children under age 6 and pregnant women, people with diabetes, vulnerable populations, oral and pharyngeal cancer, payment systems, capacity and infrastructure

Also included in the plan is a "Healthy People 2020 Oral Health Indicators" chart with target levels and current status listed for various objectives — from dental caries experience to oral and pharyngeal cancers detected at the earliest stage.

The plan offers a structure for taking collective action to assess and monitor oral health status and oral health disparities, prevent oral diseases, increase access to dental services, promote best practices and advance evidence-based policies.

Alignment of dental care programs and payments systems and integration of oral health into primary care are offered as methods for increasing dental visits and creating opportunities to prevent dental disease, while screening, counseling, disease prevention and building community-clinical linkages for referrals are recommended for engagement in community settings. Collection, analysis, interpretation and dissemination of quality oral health data factor prominently in the ability to assess the nature and extent of oral disease.

To help implement its activities, the plan capitalizes on significant Denti-Cal improvements, expanded coverage options and recent fiscal developments, such as passage of CDA-supported Proposition 56 — the tobacco tax measure — which provides \$30 million in dedicated annual funding.

Completing a comprehensive state oral health plan was one of the objectives of State Dental Director Jayanth V. Kumar, DDS, MPH, who began serving in his role in August 2015. Kumar developed the first comprehensive state oral health plan for New York.

CDA will keep members informed about developments in the CDA Update and on [cda.org](http://cda.org).

Download the California Oral Health Plan 2018–2028 at [www.cdph.ca.gov/Pages/Oral-Health-Plan.aspx](http://www.cdph.ca.gov/Pages/Oral-Health-Plan.aspx).



# SFVDS *Foundation* *thank you to our volunteers*

## Veterans Smile Day

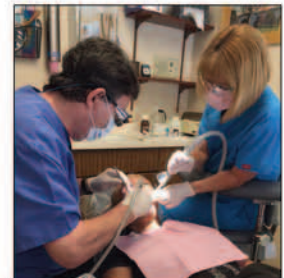
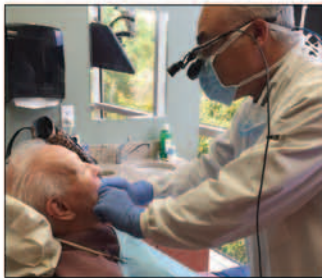
Karin Irani, DDS	Mahrouz Cohen, DDS
Michael Simmons, DMD	Thomas Rennaker, DDS -
Afshin Mazdey, DDS	Non-Member
Mehran Abbassian, DDS	Philomena Oboh, DDS
Nita Dixit, DDS	Gib Snow, DDS
Anita Rathee, DDS	Mr. Andrew Pullinger
Sean Naffas, DDS - Non-	Arthur Weiss, DDS
Member	Mr. Chris Eastwood
Elham Partovi, DDS -	Randy Lozada, DDS
SBVCDS Member	Michael Seastrom, DDS
George Maranon, DDS	Jason Pair, DDS
Jorge Alvarez, DDS	Michael Goldberg, DDS



ADA American Dental Association

## 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 Mertz, 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: Michael Rabizadeh, DDS



## THE SAN FERNANDO VALLEY DENTAL SOCIETY'S ANNUAL SCHLEP & SHRED/E-WASTE EVENT

HIPAA rules provide detailed guidelines for how dental and medical providers should protect a patient's personal information, but what happens when the time comes to dispose of their paper, and/or electronic records? On February 24th, 2018, Snow Orthodontics hosted the San Fernando Valley Dental Society's annual Schlep & Shred / E-Waste event, at their Palmdale location.

Free to San Fernando Valley Dental Society members, this event provided a secure disposal protocol, in an effort to help ensure that both patients and providers are protected from the accidental exposure of private health information.

## CPR RE-CERTIFICATION IN THE ANTELOPE VALLEY

Statistics indicate that 70%-80% of cardiac arrest cases occur either in the home or at public places. If those present at the scene are able to provide CPR to the victim promptly, the chances of survival are significantly increased. That's because time is of the essence when treating a cardiac arrest victim.

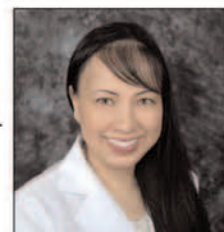
Conducting a total of five CPR courses in the first few months of 2018, with an average of nine individuals per class, The San Fernando Valley Dental Society's Board of Directors' Antelope Valley Liaison, Michael Rabizadeh, DDS, definitely understands the value of CPR training. For just \$35 per person, with \$5 of that fee going right back to the San Fernando Valley Dental Society Foundation. Contact Eric at (818) 399-5539, or [eric@drsnow.com](mailto:eric@drsnow.com) for more information and a schedule of training.

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## Glendale-Foothills **REPORT**

By: Chi Leung, DDS

Our area had a very successful zone meeting on Friday, March 16. The meeting was held at the Central Grille restaurant in Glendale. Nearly 30 SFVDS member dentists attended this free zone meeting, which included dinner and time for networking.



Dr. William J. Moorhead, a past president of the Kentucky Dental Association, private practitioner and practice management lecturer, gave an informative lecture about how to manage the panicked patient and how to keep your office schedule full. Attending doctors gave very positive responses to this lecture.

Dr. Moorhead has been developing systems to overcome these and other challenging issues faced by every dental office, including topics related to clinical efficiency.

While our area also had another CPR re-certification class at the end of April, if members in the Glendale/Foothills area missed that one, please watch your emails for announcements about May and June CPR classes in our area.



# Welcome New Members

Mojgan Shokri, DDS  
6325 Topanga Canyon Blvd. Ste. 228  
Woodland Hills, CA 91367  
Northwestern, 1994

Silva Megerdichian, DDS  
2601 W Alameda Ave Ste. 112  
Burbank, CA 91505  
818.846.6244  
Orthodontics • UCLA, 2009

Ayleen Peterson, DDS  
6325 Topanga Canyon Blvd. Ste. 435  
Woodland Hills, CA 91367  
818.999.0900  
General • UCLA, 2012

Ray Firooz, DDS  
17847 Chatsworth St.  
Granada Hills, CA 91344  
General  
818.832.3333  
UOP, 1989

Christina Baek, DDS  
General  
UCLA, 2014

Kyuun Lee, DDS  
General  
NYU, 2017

Jilbert Bakramian, DDS  
General  
USC, 2017

Peter Bonifatto, DDS  
24218 Valencia Blvd.  
Valencia, CA 91355  
661.288.0288  
General • University of Nevada, 2017

Sharon Gabriel, DDS  
320 N. Verdugo Rd. #100  
Glendale, CA 91206  
General  
661.799.0886

Madeha Salahuddin, DMD  
General  
University of Buffalo, 2016

Vivian Chui, DDS  
1346 Foothill Blvd. Ste. 200  
La Canada, CA 91011  
818.790.6102  
Orthodontics • USC, 1986

Bilal Shammout, DDS  
44215 15th St. W Ste. 313  
Lancaster, CA 93534  
Endodontics • Boston University, 2011  
661.948.2721

Emmanuel Klein, DDS  
25937 The Old Rd  
Stevenson Ranch, CA 91381  
General • 480.347.6961  
Loma Linda University, 2005

Basil Hammoudeh, DMD  
221 E. Glenoaks Blvd. Ste. 210  
Glendale, CA 91207  
Orthodontics • 407.929.9495  
Nova Southeastern University, 2005

Hormoz Nourian, DDS  
20929 Ventura Blvd. Ste. 19  
Woodland Hills, CA 91364  
818.716.1616  
General • Tehran University, 1980

Ryan Schatz, DDS  
27450 Tourney Rd. Ste. 250  
Valencia, CA 91355  
661.255.4474  
General • USC, 2005

Farrah Yassi, DMD  
General • SUNY, 2015

Seyyedhossein Mousavi, DDS  
General  
International, 2017

Michael Rabizadeh, DDS  
818.723.4337  
Orthodontics • UCSF, 2014



## CLASSIFIED ADS

Lan Su, DMD, PhD, Diplomate, American  
Board of Oral&Maxillofacial Pathology  
Diplomate, American Board of Orofacial Pain  
31332 Via Colinas, Suite 109 Westlake Village,  
CA 91362 Telephone: 818 865 1039  
[www.oralpathmed.com](http://www.oralpathmed.com)

For Sale: Childrens toothbrushes 119 OralB  
Stage3 brushes  
144 Firefly Lightning Lance brushes with timer.  
\$450 sold together only  
Bob Kogen, DDS • 661-259-2311



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Condition.  
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up. Call the  
dental society  
office at  
818.576.0116



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<sup>2</sup> Rewards issued to referring member once referral joins, pays required dues and spends \$250+ in the TDSC Marketplace by December 31, 2018.

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- 3. RECEIVE \$50 MORE** to shop the Marketplace if the new member places Marketplace orders totaling \$250.<sup>2</sup>

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REFER, THE MORE REWARDS!**

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