

# DENTAL DIMENSIONS

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*Summer*  
2012

*Family Fun Picnic  
at Magic Mountain*

**CAMBRA  
Trials Set to Begin**

**ADA's  
Oral Health Campaign**

**Diabetes and  
Periodontal Disease**

**Update:  
Dental Benefits Task Force**





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## On The Cover.....



SFVDS President, Afshin Mazdey, DDS, poses with Wiley Coyote at the beginning of the picnic portion of our annual Magic Mountain, Family Fun Picnic on June 10. It may look like a standard Wiley Coyote pose, but Dr. Mazdey was trying to examine his teeth when Wiley adopted an attitude and wouldn't open his mouth.



## From the Desk of the Editor

### Opposing Views in Organized Dentistry

The "mid-level provider" issue has created passionate and sometimes divisive debate within organized dentistry. This has been a prominent topic in California this past year, with many forces outside dentistry influencing and driving this issue. The impetus of this debate has been the lack of "access to care" for 30% of Californians representing the "underserved" population. The American Dental Association, the Academy of General Dentistry, the Hispanic Dental Association, the National Dental Association, and the American Student Dental Association oppose the concept. The California Dental Association and California Society of Pediatric Dentists support the concept and Senator Padilla's Senate Bill SB694 as it moves through the California legislature in Sacramento. Although the California legislature was in summer recess after July 3rd, SB694 is being heard in the Assembly Appropriations Committee in early August. Please write to your representatives if you have concerns about the bill.

The CDA has faced criticism for its handling of this issue, as it pertains to SB 694. As directed by the CDA special HOD's resolution, CDA has provided input in shaping the language of the bill to ensure that only RDAEF's and RDH's with specific additional training are included in the parameters of a university based study. Although there is controversy over the resolution passed by the special HOD, it was passed by a majority, albeit small, of the delegates. Many feel that any form of a mid-level provider is detrimental to the safety of the public and creates a two-tiered system of care. Others feel that the expansion of the dental workforce to include a mid-level provider is inevitable, and the best we can hope to achieve is to have input on the training and qualifications this mid-level provider will have in California. Some even feel that the non-dentist provider is a needed solution to the "access to care" problem in our state. These sentiments reflect those of the delegates from the different components sent to the CDA house to repre-

sent their members and in the final resolution that was passed.

It is important for our leaders in organized dentistry and in our state legislature to hear your views. Although many have called to express their concerns, I encourage all of you to write to your leaders and have your voices heard. The eloquently written concerns Dr. Dautremont expressed in his letter to the editor (below) have been forwarded to CDA president Dan Davidson. Members' concerns are taken seriously but can only be heard if you speak up. Write to your state and federal legislators when issues pertaining to dentistry come up. They want to hear from you, their constituents.

Although the mid-level provider issue has been a particularly divisive one for organized dentistry, there are many important issues in which we continue to make tremendous strides. The ADA/Ad Council's Oral Health Campaign, the CDA dental benefits task force and the CAMBRA study you will read about in this issue are just a few examples. The recent Supreme Court decision to uphold the constitutionality of the Affordable Health Care Act means implementation will be moving forward. The complexity of this act and how it will affect dentistry will be closely monitored by organized dentistry.

The onslaught of changes and pressures from legislators, regulators, third party payors, charitable organizations and the media to mention a few, makes this a more important time than ever to belong to organized dentistry. Your membership dues are worth the investment in dentistry's future. Better still, get involved! Write a letter, volunteer whatever time you can spare and help shape your vision for dentistry.

Anita Rathee, D.D.S., M.P.H.  
Editor, SFVDS



### *Letters to the Editor*

Dear Editor:

Re: "CDA Holds Special House Delegates Meeting in Oakland", Spring 2012, I read with interest, dismay, and concern about the breakdown at CDA regarding endorsing the pilot study program for mid level providers in California - "... no one expected CDA would support a study of undereducated and minimally trained nondentists to perform surgical/irreversible procedures...". Let me see if I understand this: my dues support an association that unexpectedly endorses a program that few of its members want, then my dues go to pay for an emergency meeting of delegates that should not have been needed. Then my dues pay for delegate incurred expenses to participate in the meeting, only to

pass a watered down resolution, sort of semi supporting an alternate midlevel provider study to help save face. Please remind me, why am I blindly sending hard earned dues dollars to CDA for this kind of representation? Have you people been taking lessons from our leaders in Sacramento or Washington DC? If you want to retain and expand membership, stop this foolish wasting of resources, be clear and united with a strong message. "Stand for something, or you won't be standing".

Respectfully,  
Joe Dautremont DDS  
Woodland Hills, CA





## *From the Desk of the President*

It is hard to believe that my term as SFVDS President is more than half over already. Of course, I, the board and the central office staff have been unusually busy these first seven plus

months: Preparing for and attending a Special CDA House; Mounting a successful hunt for a building the dental society can own (and the myriad of paperwork, inspections and preparations for a loan); Five CE meetings; Numerous socials and zone meetings; Reshooting/editing our TV commercial to be relevant for all of our members; and of course, managing my Endodontic practice and saving some time for my family.

Knowing that my term of office will be finished in just a few short months, I started thinking about what my involvement with the dental society will be like, if any, when I'm done serving as president. I thought about the 'if any' part of my thinking and realized that while more free personal time would be welcome, it is out of the question. I love dentistry too much, organized dentistry to be more specific, so I know I will remain involved with the dental society into the foreseeable future. First as the Immediate Past-president, a position that carries a number of by-laws defined functions, and secondly as a dentist concerned with our profession's future.

Why am I telling you this story? Because from the Mid-level provider issue and the onslaught on our fee structures by 3rd party payers, to working with the ADA and CDA to preserve the art and science of dentistry as the Affordable Care Act is implemented and expanded to include oral health care, to realizing that as a dental society we can make a difference to those less fortunate, I am committed to staying involved in the most productive way I can – and I want and need your help.

We are one of the largest dental societies in the nation and we are run by and for the membership. With the able assistance of our central office staff, our society's volunteer committees and board members have been able to make great strides in achieving our objectives. I have been fortunate to work with 23 other exceptional colleagues on our board of directors, almost all of whom chair a significant and important committee for the dental society. Yes, I have given a lot of my time and energy to implementing our society's strategic plan, but I have also gained an equal amount from my colleagues and our committees' work on a wide variety of issues critical to organized dentistry and of benefit to our membership.

But you know what? We have so much more to achieve and we need your ideas and help to do that. I know it's easier to just write your membership dues check once a year, participate in a few events during the year and leave it at that. But every organization, whether it's your private practice, the largest corporations or our own dental society, we all need to grow... and innovate... and make an impact on our profession and the public we serve. We need to keep an eye out for excessive regulation, proposed unwarranted and dangerous expansion of the dental workforce, 3rd party payer issues, increase our community service to those less fortunate, develop, improve and implement additional member service programs, provide the best continuing education opportunities and quarterly magazine for our members, maintain our members' high standards of ethics, welcome and mentor new dentists entering the profession, educate the public about their oral health and who we are as a dental society, and maintain one of the top peer review programs in the nation.

Please join me in making our dental society and the profession we all love better by volunteering for one of our committee positions. You'll be able to add your input to the future of organized dentistry, make a broader impact on the quality of the public's oral health care and give of yourself to the communities we serve, as well as your profession. Contact the central office for a volunteer application and let's make the future of our profession, our local dental society and our service to our members and the public the best in the country. I am ready to work with each and every one of you, and I look forward to the opportunity to learn from you in the process!

Sincerely, Afshin Mazdey D.D.S.



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## From the Desk of the Executive Director



Summer is here, in fact, by the time you receive this issue of Dental Dimensions, there will only be about a month left before it officially ends. Boy, time sure does fly by.

I am happy to report that in early June, after almost two years searching for the right opportunity, the building committee of the Board of Directors has found a suitable building in Chatsworth, that the dental society could buy and we entered into escrow. By the time you read this issue, escrow will have closed and we will have begun our build-out to accommodate our office needs. After 61 years as an independent dental society, the Board decided it's time we owned our own building and stopped paying rent. More details will follow in the next issue, along with photos and a complete explanation of the costs, and the announcement of our open house for the membership.

We successfully held a number of educational and social activities for the members, including a speed pairing event (see page 9), a couple of zone meetings, new dentist meetings (one jointly with the LA and West LA dental societies), an LA Kings game, a Bernadette Peters concert at CSUN, a CE meeting with Dr. Gordon Christensen, a couple of Schlep and Shred events (in Palmdale and Chatsworth), a Grease Sing-a-Long at the Hollywood Bowl, and more.

Upcoming events (read mark your calendars) include a new dentist social in Glendale and a zone meeting in Palmdale during August; CPR training, Cirque Chinois at CSUN and an afternoon tea on "Succeeding as a female Dentist" with ADA Executive Director Kathy O'Laughlin, DDS and past CDA President, Carol Summerhays, DDS in September; and another Speed Pairing event in Valencia in October.

In addition, I will mention that we finally were able to convince ADA to help fund the airing of our commercial, "We are the ADA", to the tune of a \$16,500 grant! The original commercial was edited to be relevant to all the distinct market segments within our component and began airing from June 4 through June 24 in all six market segments. The first round of spots aired a total of 466 times on TLC in all markets in the daytime slot of 6AM to 4PM. The second round will also air in the daytime time slot on TLC and will begin on August 19 and run through October 6, again, in all six market segments for a total of 882 times. Supplemental airings in all markets are also being planned. As you may have guessed, the airings are timed with both the beginning and end of the summer/school year and targets women age 25-45... dental appointment makers.

Lastly, we also received funding from ADA to conduct 'focus groups' with non-members in our area, to better understand why all dentists are not members of our dental society. The membership committee is working hard (with help from CDA) to craft the proper questions, format and environment to elicit the real and perceived reasons why dentists are not members of the tripartite and what we need to do to attract their membership. Armed with this information, we will then craft a program of recruitment with a goal to increase our market share of member dentists.

We continue to work hard across a wide range of activities to help deliver more and better membership services to you, our members. The Board of Directors and I urge you to watch your emails for more details and announcements of upcoming activities, and of course, participate in them to network, learn and enjoy the benefits of membership that we are constantly striving to improve. As always, your suggestions are welcome!

*By: Andy Ozols, Executive Director, SFVDS*

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## A Statewide Office of Oral Health

By: Jim Mertz, DDS



There has been some strong criticism of CDA these past few months due to the position

of the CDA's House of Delegates regarding SB 694 sponsored by Senator Padilla. As of the time I am writing this article, the bill calls for a study to determine whether (1) there is a need to extend the dental workforce to train auxiliary personnel, (Registered Dental Assistants in extended function and Duty Registered Dental Hygienists who are educated in a limited number of additional dental procedures, and;(2) If those personnel can be trained to safely and effectively restore and extract children's teeth under dentists supervision.

In addition, the bill calls for the establishment of a Statewide Office of Oral Health within the State Department of Public Health. Within the office there shall be a licensed dentist who serves as the dental director.

My personal view is that there is no need to train auxiliary personnel to perform dental procedures. At the present time there are recent dental school graduates, heavily in debt, who cannot find employment. There are six California dental schools graduating a total of 600 students each year. Dentists are continuing to practice for more years than in the past, due to the fact that they remain healthy. In addition, the greater need is for a strong emphasis on Oral Health Literacy. Dental caries can be, for the most part, reduced to a minimum with proper dental prevention education

Having stated that, I must defend the CDA. We are a democratic organization and must respect what was the decision, granted by only a very small margin, of the representatives we elected to serve on the House of Delegates. I was one of the dissenting members in that vote at the HOD. It has been the contention of the majority of the HOD members that if we do not have input into the legislation proposed by Senator Padilla, that the bill that would have been

enacted would certainly be quite onerous to the dental profession. Please understand that the bill in its present form, as modified with the input from CDA's advocates, calls for a study conducted in a California dental school to determine "the cost effectiveness " as well as the effectiveness of training non-dentists to treat underserved children.

I have had the privilege of serving on the CDA's Government Affairs Council for the past two years. It is my honor to be serving with dentists, and staff who are very intelligent and very dedicated to mold legislation that protects our profession as well as the patients we serve. Uppermost in the decisions regarding legislation has been the many discussions regarding modification to SB694 which the legislative staff has presented to Senator Padilla, who is determined to pass what he considers one of his most important bills,

As I have advocated in so many of my previous articles, **GET INVOLVED**. If you do not like what is happening in Sacramento and Washington, work for and contribute to a candidate who will represent your views. If you are unhappy with the representation your dental society advocates, **VOLUNTEER**. We need your voice to be heard.



(l-r) Drs. Jim Mertz, Nita Dixit, Karin Irani and Gerald Gelfand at a dinner meeting with Kevin James, center, an L.A. Mayoral Candidate.

## Trustees Report

By: Gary Herman, DDS



The California Dental Association Board of Trustees convened on June 1st and 2nd for a regular meeting. This meeting was not a terribly dramatic one, and included an Audit Committee Report (yawn) and the Trustee's biannual Sexual Harassment Training. I have been told that a Trustee, who shall remain nameless, was disappointed, as he thought this was going to teach him how to successfully harass.

The Trustees received a "Big Picture" presentation on the Future of Government-Sponsored Healthcare in California. The picture that was painted was not pretty. Of significant interest to our membership, we received an update of SB 694 (Padilla), the mid-level provider bill. At this point, committee hearings are being scheduled. CDA is actively pursuing amendment language designed to focus the study of existing auxiliaries being trained in new duties, assurances that all of CDA's concerns are addressed in the study, and that the study has appropriate oversight.

A significant issue related to SB 694 is that the cost of the study must be determined. Of course the cost of the study is

dependant on what is being studied and how long the study lasts, as well as its design. CDA was asked to spend \$60,000 to pay for a cost estimate of the study...Yes, a study to see how much the study would cost. This was hotly debated, with many Trustees arguing that we should not spend any money, while others believed that the only way we can assure continued participation in the direction of the study is to help fund it. After strong, but collegial debate, the Board voted to provide limited financial assistance to this project, after hearing that additional funding was likely from another source. I love the smell of compromise in the morning.

By far the most exciting news of the meeting was the announcement by our very own Trustee, Alan Stein, that he will be running for CDA Secretary. If successful, Alan will be the first President of CDA from the San Fernando Valley Dental Society. I will be voting early and often.

Our next meeting is scheduled for August 17th and 18th.



# General Meetings - Preview

## SEPTEMBER 12, 2012

“Hot Topics in Aesthetic and Restorative Dentistry”

Speaker: David Hornbrook, DDS



2PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

**About the Program:** This course will explore our options for aesthetic, metal-free dentistry for our patients in applications including smile design, posterior restorative, bridge applications, and full mouth rehabilitation. Discussion will include updates of dentinal adhesion, ideal cementation of the new materials using the new resin cements, and addressing the role function plays in our decision making. This truly is the “Platinum Age” of dentistry and the potential for what we can offer to our patients, both aesthetically and functionally, is more exciting and rewarding than ever before. (Sponsored by Sybron Dental, Bisco & Gold Dust Dental Labs)

## OCTOBER 10, 2012

“Fighting Dental Disease: Drugs, Bugs and Dental Products”

Speaker: Peter Jacobsen, DDS, PhD



2PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

**About the Program:** This course will update the attendee with the latest information on a wide range of prescription drugs and over-the-counter dental products. It will also discuss the various ‘active ingredients’ allowing you a better understanding of oral care products which will be useful to your patients. (Sponsored by Crest & Oral B)

## NOVEMBER 7, 2012

“Biomimetic and Minimally Invasive Dentistry”

Speaker: Randy Shoup, DDS



2PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

**About the Program:** This course will fully describe the new understanding of the microbial biofilm. Attendees will learn how to assign risk categories to each patient and how to apply the appropriate protocols for both the prevention of disease and the restoration of the damage. Attending dentists will be witness to video presentations of live patient treatments including using the microscope and the air abrasion unit. The course will describe and demonstrate the advantages of inlay and onlay restorations for even the most compromised dentition. This program will also describe the science behind and the protocols on how to render the patient with a 90% resistance to decay. (Sponsored by Crystal Mark Dental)

## General Meeting Review

April 25, 2012

Speaker: Nancy Andrews, RDH, CDA  
Dental Practice Act and Infection Control



Ms. Andrews provided an upbeat presentation on the highlights and updates of the Dental Practice Act, including: The scope of practice for dentists and allied dental health personnel; License renewal requirements, continuing education, laws governing citations and fines; Laws pertaining to prescriptions; Dental record keeping; and acts in violation of the Dental Practice Act including unprofessional conduct. In addition, Ms Andrews covered Dental Board Infection Control Regulations (DPA Section 1005)

June 20, 2012

Speaker: Todd Snyder, DDS

“Right Now! The Hottest New Materials, Technologies and Techniques in Dentistry”



Dr. Snyder presented on the hottest new materials, technology and techniques in dentistry in this program. He emphasized that these new products and devices will change the way we all practice dentistry, because they have the potential to find disorders in the tissues and teeth earlier than ever before, which gives the practitioner diagnostic capabilities to assist in less invasive techniques, matched with products that can assist in strengthening and restoring damaged tooth structure.

(Sponsored by GC America)



# SFVDS Family Fun Day at Magic Mountain

By: Andy Ozols,  
Executive Director

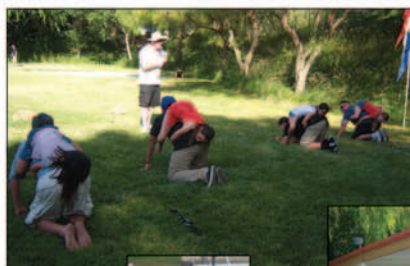


Having fun at the water balloon toss.

On Sunday, June 10th, the dental society held its Fourth Annual

Family Fun Day at Magic Mountain in Valencia. While attendance was down a little from last year, 78 members, their families and office staff had a terrific time, spending an entire day at the park.

In addition to an all-day pass to the park, we all gathered for a 3-hour, all-you-can-eat barbecue chicken and hamburger buffet, complete with our own DJ and professionally coordinated games and activities for the kiddies (and their parents). Prizes awarded during the games and activities included themed toys, free passes to Hurricane Harbor and Magic Mountain and of course, bragging rights to the winners of sack races, hula hoop competitions, parent/child races, water balloon tosses, trivia contest and more.



(above) Dr. Mathew Okui, with his daughter, participating in a Father-child crawl race.



Children at the picnic participate in a treasure hunt.

## Speed Pairing in Glendale

By: Karin Irani, DDS, SFVDS Membership Chair

Following the successful 'Speed Pairing' event in Encino last year, we took the 'Speed Pairing' idea on the road to Glendale on June 7th.

After a complimentary dinner provided by the dental society, 25 members, some new dentists, some nearing retirement, got together to hear practice broker Kurt Skarin talk about the ins and outs, the good and the bad about partnerships, and practice sales and acquisitions. Attendees had a chance to ask questions, and clarify some procedures and major concerns in their minds.

Members in attendance had one of two goals: 1) Become a partner or buy a practice; or 2) hire a partner or sell a practice. Nearly evenly split between these two groups, attendees met for about 10 minutes with each of their counterparts in a 'speed dating'-type format to get to know each other, identify their particular interests, exchange contact information and begin the process of developing a partnership or practice sales relationship with each other – all while keeping the potential transactions within the dental society's membership.

Each member had the potential of reaching a dozen other members with a corresponding interest, and then set the stage for follow-up meetings that hopefully would lead to the satisfaction of each of their respective needs.

The next 'Speed Pairing' event is scheduled for the Valencia area in October, so watch your emails for an announcement of the time and place.



Kurt Skarin, Esq. addresses participants' concerns during his presentation.



# DIABETES AND PERIODONTAL DISEASE

## The correlation and clinical implications

Diabetes mellitus (DM) is a metabolic disorder represented by abnormal carbohydrate, protein and lipid metabolism. Physiologically, the beta-cells of the pancreas produce insulin which converts dietary sugars, starches and carbohydrates to glucose. If there is a defect in the production or uptake of insulin, or the loss of the cells which produce it, diabetes will develop.

Type I DM is defined as absolute insulin deficiency, or a lack of the production of insulin. Type II DM is defined as obligatory insulin action resistance, which is insufficient insulin production or the insensitivity of the target cells to the uptake of insulin. Type II makes up approximately 90% of all diabetic cases. A conservative estimate is that greater than 8% of the population worldwide has Type II DM, with all developing countries seeing an increase. In the United States there are approximately 25 million diabetics.

Diabetes causes both micro and macro systemic vascular changes. The poorer the control of the diabetes, the greater the risk of complications. Approximately 80% of patients with Type II DM will die prematurely due to these vascular changes resulting in heart disease and stroke. The goal of diabetic treatment is maintaining glycemic control. A variety of treatment modalities are used, including dietary regulation, increased exercise and activity, oral and parenteral medications.

The monitoring of the blood glucose is critical for the diabetic patient. A baseline evaluation is included in all routine blood work. The fasting blood glucose level should be less than or equal to 100mg/dL. Daily self testing of blood glucose and, more recently A1C measurements are valuable tools used to determine the level of metabolic control. The A1C evaluation measures the percentage of glycated hemoglobin which has resulted from glucose's glycation of this molecule. This value measures the average blood glucose over the previous 2 to 3 months. Normal levels are below 6%. The higher the percentage the more glycation, which in turn indicate higher glucose levels over time.

Periodontitis is a chronic, progressive, inflammatory disease of the oral cavity which affects the gingiva, bone and teeth. It is defined by a connective tissue attachment loss to the teeth and it remains as the leading cause of tooth loss world-

wide. The symptoms of this disease are quite variable making an accurate diagnosis, especially for the untrained clinician, very difficult. Bleeding of the gingival tissues, gingival swelling, exudate, suppuration, cyanotic or inflamed gingival tissue and tooth migration can be noted. Gingival recession and radiographic loss of the alveolar bone can also be seen. Gingivitis can be viewed as a reversible stage of periodontal disease in which there is yet to be attachment loss. The inflammatory cell infiltrate in gingivitis is mainly compromised of polymorphonuclear neutrophil cells which signifies an acute inflammatory response. In Periodontitis, the inflammatory cell infiltrate is predominantly plasma cells, indicating a chronic inflammatory condition. Periodontal disease, unlike most other dental disease, has the elements of a chronic inflammatory condition not dissimilar to other chronic systemic inflammatory medical conditions.

Periodontitis is a bacterial biofilm disease which typically develops slowly over time. The microbiologic makeup of the biofilm is a mixed aerobic and anerobic organization of over 500 species of bacteria. A number of conditions and activities can exacerbate the progression or control of periodontal disease. These include, but are not limited to, Diabetes, poor home care, infrequent or inadequate professional maintenance, stress, smoking and alcohol abuse. Periodontal disease is considered to be the sixth complication of diabetes, behind Retinopathy, Neuropathy, Nephropathy, Cardiovascular disease and Peripheral Vascular Disease. (Loe; Diabetic Care 1993; 16(1): 329-334). Periodontal disease has been identified as a risk factor in poor metabolic control of people with DM. (Taylor, Borgnakke; Oral Disease 2008; 14(3): 191-203). DM predisposes patients to more severe and progressive periodontal disease often with the consequence of considerably greater alveolar bone loss and tooth loss. The likelihood of having periodontitis is increased from 2.8 to 3.4-fold in any patient with diabetes. (Mealey, Oates; J. Periodontology 2006; 77(8):1289-1303).

The interrelationship between DM and periodontal disease is becoming better understood. It is now evident that these two diseases may have some shared genetic pathways. In addition, common genetic factors may be involved in the susceptibility for diabetes and periodontitis. (Lopez,





Valenzuela, Jara; J. Periodontology, 2009; 80(10): 1590-1598). Periodontal disease is more prevalent and more severe in the diabetic patient. Diabetics also have more progressive types of periodontitis. Interestingly enough, the sulcular microflora is virtually identical in the periodontal patient with and without diabetes. (Demmer, Jacobs, Desvarieux; Diabetic Care 2008; 31(7): 1373-1379). An increased severity of periodontitis is linked to glucose intolerance. Periodontal disease is a known risk factor for poor glycemic control. It is now believed that periodontal disease can be a clinically relevant predictor of Type II DM. So, considering what we know of the interrelationship of these two disease processes, why do we see more periodontal problems and an increased incidence of periodontal disease in diabetics? What is the relationship between metabolic control and periodontitis?

It is now believed that DM promotes periodontitis through an exaggerated inflammatory response to the periodontal microflora. In addition, patients with diabetes have a reduced ability to fight infections, including periodontitis. The same degenerative vascular changes seen throughout the tissues and organs of the diabetic patient also occur in the gingival tissues. Inflammatory mediators produced locally in the periodontal pockets are thought to be liberated into the systemic circulation. These proinflammatory factors, and the elevated glucose levels, result in many changes including the nonenzymatic glycation and oxidation of circulating proteins rendering them ineffective. In addition, there is an alteration of collagen metabolism and resorption in the gingival tissues and likely elsewhere throughout the body. This results in a disruption of normal gingival tissue turnover and replenishment. Equally important is that the inflammatory response in the periodontal tissues impacts diabetes. Periodontal disease can also lead to poorer metabolic (glycemic) control. One of the likely mechanisms of action is that the inflammatory mediators of periodontitis cause systemic changes, which further complicate and interfere with the metabolic control of the diabetic. An increasing severity of periodontitis has now been linked to the development of glucose intolerance.

There are a number of factors to consider in the assessment of the periodontal status of a diabetic patient. The clinician must be cognizant of the degree of metabolic control, the

duration of diabetes and the presence of other long term complications of diabetes. Additional risk factors include smoking, alcohol abuse, stress and hormone changes. The longer a patient has had diabetes and the poorer their metabolic control, the greater the likelihood of significant periodontal problems and tooth loss. If there is any expectation of the control of periodontal disease, patients must be monitored and treated carefully and aggressively. The treatment protocol should include the removal of plaque and calculus deposits, especially subgingivally. Open and closed flap debridement, scaling and root planing, flap and osseous surgery and routine maintenance are also treatment modalities which should be considered. Adjunctive antibiotic treatment should be reserved for acute periodontal problems such as an abscess. Antibiotic therapy, delivered locally or systemically, is not a good option in the long term control of chronic periodontitis.

Health care providers outside of the dental community are frequently unaware of the clinical signs and symptoms of periodontitis. Physicians should be made aware of this correlation and also understand that their diabetic patients should seek the care of a appropriately trained dentist. Even patients routinely seen in the dental office are poorly informed about the inter relationship between periodontitis and diabetes. There is significant evidence which supports the correlation between improved metabolic control of diabetics subsequent to the treatment and stabilization of periodontitis. It is imperative that the dental professional be acutely aware of the interrelationship between diabetes and periodontal disease and aid in the appropriate management of these patients.

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*Dr. Kory Zussman is a 1988 graduate of the USC School of Dentistry. He completed a General Practice Residency at the West Los Angeles Veterans Administration Medical Center and his residency in Periodontics at the Veterans Administration Medical Center in conjunction with Marquette University in Milwaukee, Wisconsin. Dr. Zussman has maintained a private practice in Encino since 1991.*

*Dr. Zussman served as President of the San Fernando Valley Dental Society in 2003. He also acted as Co-Chairman of the Gold Foil Study Club for over 15 years. He has lectured extensively on a variety of subjects related to Periodontics and treatment planning.*



# Ad Council's Oral Health Campaign

A three-year national advertising campaign, intended to target caregivers of low-income children and teach them about the importance of good oral health and how to protect their children from dental pain, will begin on the week of August 6.

The campaign launch, led by the nationally recognized Ad Council, will include extensive media and public relations outreach, communication in both English and Spanish, videos and online tools to support basic preventive care, and encouragement to visit the dentist and seek necessary treatment.

CDA is participating in the campaign with the Ad Council and a coalition of dental groups known as the Partnership for Healthy Mouths, Healthy Lives. The coalition is made up of 35 dental groups led by the Dental Trade Alliance Foundation.

"It's exciting that this campaign is going to be launched this summer and that the general public will have an opportunity to learn about the importance of oral health literacy – something our members know can have a positive impact on dental health," said CDA President Daniel Davidson, DMD. "Statewide campaigns like this would cost millions of dollars – the fact that we are partnering with other dental organizations across the country, and partnering with the Ad Council, is the only way something of this quality and magnitude could be accomplished."

The primary message of the campaign is to encourage children to brush their teeth for two minutes, twice a day.

The campaign is currently developing a website for the coalition as a central place for campaign materials.

"The amount of research and time that has gone into this campaign by the Ad Council and all of the members of the coalition is impressive. It is a good barometer of what is to come and how the final product is going to turn out," Davidson said.

The Ad Council, known for such iconic public service advertising campaigns as McGruff the Crime Dog's "Take a Bite out of Crime," will conduct the national campaign to improve children's oral health. Some unforgettable slogans from the Ad Council's

previous campaigns include the United Negro College Fund's "A Mind Is a Terrible Thing to Waste," and the U.S. Department of Transportation National Highway Traffic Safety Administration's "You Could Learn a Lot From a Dummy" and "Friends Don't Let Friends Drive Drunk."

In addition to CDA, the members of the Partnership for Healthy Mouths, Healthy Lives dental coalition are:

- \* The ADA;
- \* The Academy of General Dentistry;
- \* The American Academy of Oral and Maxillofacial Pathology;
- \* The American Academy of Pediatric Dentistry;
- \* The American Academy of Periodontology;
- \* The American Association for Dental Research;
- \* The American Association of Oral and Maxillofacial Surgeons;
- \* The American Association of Orthodontists;
- \* The American Association of Public Health Dentistry;
- \* The American Association of Women Dentists;
- \* The American College of Prosthodontists;
- \* The American Dental Education Association;
- \* The Association of State & Territorial Dental Directors;
- \* The Dental Trade Alliance;
- \* The Hispanic Dental Association;
- \* The Medicaid SCHIP Dental Association;
- \* The National Dental Association;
- \* The National Network for Oral Health Access;
- \* Oral Health America;
- \* The Organization for Safety, Asepsis and Prevention;
- \* The Society of American Indian Dentists; and
- \* The U.S. Department of Health and Human Services Office of Minority Health.

There will be more information on the campaign featured in future issues of Dental Dimensions.

## *So Cal fluoride lawsuit dismissed*

A U.S. District Court judge has granted a motion to dismiss a lawsuit seeking to stop the Metropolitan Water District of Southern California from fluoridating its water supplies.

The suit, filed by fluoride opponents in August of 2011, called on the MWDSC to stop adding hydrofluosilicic acid to the public's drinking water due to claims that it constituted unlawful and unconstitutional medication of the plaintiffs since the compound has not been approved by the U.S. Food and Drug Administration for treatment of disease or dental cavities.

District Court Judge Janis Sammartino dismissed the lawsuit without prejudice, by siding with MWDSC and its position that the Safe Drinking Water Act and not the Federal Food, Drug and Cosmetic Act is the applicable law concerning the treatment of drinking water by public water systems.

"We are pleased to see once again that the court has reaffirmed the ability of water suppliers and agencies to protect the oral health of residents in their communities," said CDA President Dan Davidson, DMD. "This is a significant step toward ensuring that customers of the Metropolitan Water District of Southern California will continue to receive the benefits of community water fluoridation."

In issuing her ruling, the judge also dismissed allegations that the water district had engaged in unfair and unlawful business practices under California law.

The plaintiffs have since filed an amended complaint.

The MWDSC serves nearly 19 million water district customers in Southern California.



# CDA benefits task force to analyze dental care financing

By: CDA Staff

In November, the CDA House of Delegates took steps to develop a deeper understanding of the underlying pressures and trends in dental care financing by establishing a Dental Benefits Task Force.

The task force is meant to develop strategies to enhance the position of providers in their relationship with dental benefit plans.

Walter Weber, DDS, chair of the task force, said this kind of effort is necessary because the prolonged weakness of the overall economy is causing employers to look for ways to reduce the cost of dental benefits.

"The economy, as a backdrop, has had a big effect on dental benefits," Weber said. "We have seen provider network reimbursements be affected as well as contract policies, and all the plans have changed. So we want to see what strategies are available to maintain patients' freedom of choice and support the private practice model."

The task force is expected to conduct membership surveys and focus groups; conduct research on the health care environment, trends in dental care financing and dental plan policies; and use the information to make recommendations.

"We're not in the business of fixing the economy, but we have to understand the pressures that are out there," Weber said.

The specific goals are to:

- \* Determine how the cost, scope of coverage, consumer demand and payment policies of dental benefit plans have trended over a period of years;
- \* Identify factors in the dental benefit marketplace that have increased pressure on dentists participating in plan networks;
- \* Identify options to effect changes to enhance providers' leverage in contract arrangements with plans; and
- \* Assess and ensure that dental plan coverage and payment policies promote necessary care and treatment of patients.

Weber said the task force's first meeting will be spent discussing what research needs to be conducted, which may result in surveys to determine what dentists have seen in the marketplace.

"We want to know what the average CDA dentist is seeing in the marketplace so we can understand the overall picture in California," Weber said. "The issues could even be broken down geographically."

Weber says health care reform and its impact on dental practices also will be a focus.

"We have to be able to explain to our members that the Affordable Health Care Reform Act could create a big shift in dental benefits. We don't have enough information yet; and Washington, D.C., hasn't told us much," Weber said. "We want to make sure health care reform in 2014 doesn't have any unintended consequences to patients who have counted on dental insurance to get the care they need from the dentists they want to see."

Weber said the mission of organized dentistry is to promote the health of the public and promote dental practices as they serve the public, and the charge of the task force is consistent with those principles.

"We want to maintain what is working well and develop strategies to improve. It comes back to patient care. What is best for the patient to the extent that insurance can help the patient get better care? We should promote things to make that come to fruition," Weber said.

CDA is also active in addressing dentists' concerns with dental benefits plans by sponsoring legislation to address common dental benefit problems, participating in programs and resources to educate dentists and their office staff on how to manage more effectively the administration of their patients' benefit coverage, and providing direct assistance to dental offices in appealing specific payment disputes to dental plans.

Further, resources offered by the Practice Support Center, established in 2009 to assist members with practice management issues, including dental benefit concerns, can be accessed online at [cda-compass.com](http://cda-compass.com).

For more information on this or other dental benefit payment issues, contact the CDA Practice Support Center at 866.232.6362

## UPCOMING EVENTS

2012

**AUGUST 09, 2012** – PALMDALE; STEVE SPERRY ON 'SURVIVING TOUGH ECONOMIC TIMES'. GINO'S RESTAURANT, 6-9PM

**SEPTEMBER 05, 2012** – CENTRAL OFFICE; CPR RECERTIFICATION. 6PM

**SEPTEMBER 12, 2012** – DAVID HORN BROOK, DDS ON 'HOT TOPICS IN AESTHETIC AND RESTORATIVE DENTISTRY (CE MEETING)

**SEPTEMBER 15, 2012** – AFTERNOON TEA SOCIAL WITH ADA EXECUTIVE DIRECTOR, KATHLEEN O'LOUGHLIN, DMD, MPH AND CDA PAST-PRESIDENT, CAROL SUMMERHAYS, DDS.

**OCTOBER 10, 2012** – PETER JACOBSEN, DDS, PHD ON 'FIGHTING DENTAL DISEASE: DRUGS, BUGS AND DENTAL PRODUCTS (CE MEETING)

**OCTOBER 11, 2012** - VALENCIA SPEED PAIRING EVENT THAT MATCHES SFVDS MEMBERS SEEKING ASSOCIATESHIPS, PARTNERSHIPS AND PRACTICES WITH THOSE MEMBERS OFFERING ASSOCIATESHIPS, PARTNERSHIPS AND/OR TO SELL THEIR PRACTICES. 6-9PM, LOCATION TO BE ANNOUNCED

**OCTOBER 18-23** – SAN FRANCISCO; ADA ANNUAL CONFERENCE

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## Practices ready for CAMBRA study

If you decide to spend your life being a dentist, and want to do it well, then you want to take care of people, says Nathan Kaufman, DDS — and that is why he is participating in the caries management by risk assessment clinical trial.

Kaufman and two of his partners at North Berkeley Dental Arts represent one of 12 California dental practices joining forces with the UCSF School of Dentistry and the CDA Foundation in a two-year study intended to scientifically validate the benefits of CAMBRA.

CAMBRA formalized the process to assess a patient's risk for caries by examining various health and lifestyle factors as part of their regular dental checkup.

"Dentistry is in the process of adding the disease management model to our current surgical model," Kaufman said. "CAMBRA is for real; it needs to be shown in clinical practice to be effective. As a result of this, we are going to be able to offer patients, not just excellence in restorative dentistry, but prevention that is more than preventive education; it will include preventive treatments — that is what this is about."

Kaufman, along with the other participating dentists and front office staff, were briefed last month on the study's protocol and the patient inclusion and exclusion criteria by Peter Rechmann, DDS, PhD, of UCSF School of Dentistry, principal investigator for the study, and Rolande Loftus of the CDA Foundation, program director. The briefings represent one of the final steps before patient enrollment begins.

"We wanted to make sure everyone in these practices, from the dentists, to the assistants, to the hygienists, to the front office are prepared to implement this study correctly," Rechmann said.

The study will be implemented by patients seeing a sign at the front desk that alerts them that their dentist is involved in research to reduce the number of cavities they might get. If their interest is piqued and meet such criteria as being between the ages of 12–65, being unlikely to move within the next 2 years and not having another member of the household participating. Patients with significant medical problems, severe xerostomia or periodontal disease needing surgery will be excluded.

Enrollees will spit into a collection cup for two minutes to measure stimulated saliva flow, complete a risk assessment questionnaire to determine their risk level, have adenosine triphosphate activity measured through a CariScreen reading, and have their existing oral conditions charted in a web-based data collection system. Once all of these steps are completed, they will then be randomized into an "intervention" or "control" group.

"We believe we have developed a system that makes it easy for both the patient and the practice to participate in," Rechmann said.

Depending on their risk level — low, moderate, or high — the patient will be given a bag of products according to the group they were randomized to. Products could include tooth-

paste, mints and rinses; and patients will log daily usage of their given products at home. Subsequently, the patient will return every six months for two years for a new assessment.

Dental assistant Victoria Navarro has been with North Berkeley Dental Arts for five years. She is excited to interact with patients about the study and believes the practice is prepared to meet patient needs.

"We have high-risk patients, so we have worked on them before," Navarro said. "I think there will be a few changes, but it should be good."

Kaufman said he expects some patients to jump at the opportunity to participate if it is presented as something that is going to benefit them. He also believes that if the study is successful, it will change how dentists practice, similarly to when implants became common.

"This is going to be profound to the profession," Kaufman said. "I think it is going to expand dentistry much like implants did, enabling us to offer our patients more comprehensive care."

For more information on CAMBRA and the efforts of the CDA Foundation, visit the "Publications" section of [cdfoundation.org](http://cdfoundation.org) under the "Who We Are" tab to read articles on the topic that have appeared in the Journal of the California Dental Association.

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# Antelope Valley Report

By: Char Brash



The Hi Desert Children's Dental Clinic participated for the seventh consecutive year at 'Thunder on the Lot'. This year's 18th annual event welcomed a record number of attendees. Since 1994 this event has raised more than three million dollars and all of the proceeds have gone to charity groups that assist needy children in the Antelope Valley. This is a genuine grass-roots, annual event that is completely organized and operated by hundreds of volunteers.



The Hi Desert Children's Dental Clinic is proud to be one of the charities supported by this event, and looks forward to continued participation in future years.

For more information on this event: [www.thunderonthelot.com](http://www.thunderonthelot.com)

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15424 Nordhoff St.  
North Hills, CA 91343  
General • 818-891-0745  
USC, 1985

Parham Ramtin  
13564 Van Nuys Blvd  
Pacoima, CA 91331  
General • 818- 897-5771  
NYU, 2006

Lilit Mirzoyan, DDS  
1127 North Pacific Ave  
Glendale, CA 91202  
General • 818-551-1127  
UOP, 2010

Don Han Kim, DDS  
27450 Tourney Rd. Ste. 160  
Valencia, CA 91354  
General

Rosanna Florentino Calove, DDS  
10640 Zelzah Ave  
Granada Hills, CA 91344  
General • 818-832-8929  
University of the East, Philippines,  
1986

Spartak Delakyan, DDS  
General  
USC, 2012

Michael Astete, DDS  
18911 Nordhoff St. Ste 35  
Northridge, CA 91324  
General  
UCLA, 2007

Luis Miguel Collazos, DDS  
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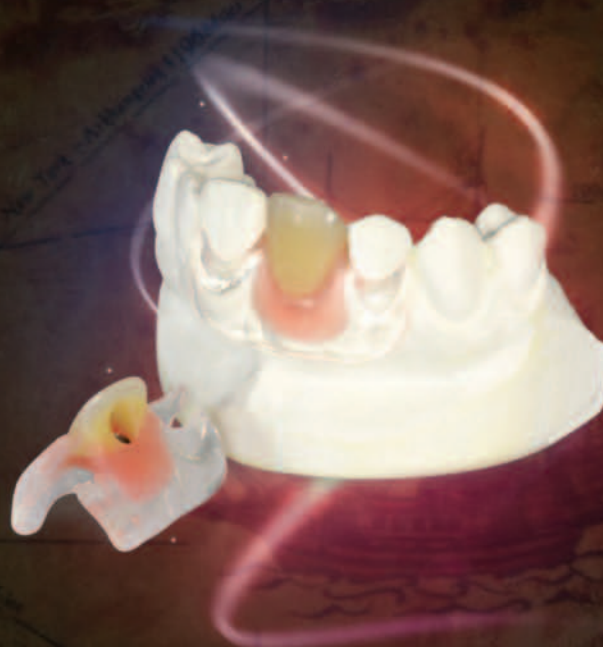
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