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Winter
2014

Changing of the Presidency




• Social Media for 2014

• ADA's New Officers

• Denti-Cal Rate Cut Reviewed

• Emergency Kit Basics



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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: shukandds@gmail.com or contact the dental society office at 818-576-0116



On The Cover.....

Outgoing 2013 president, Dr. Nita Dixit (l) receives a plaque of appreciation from the board, presented by incoming 2014 president, Dr. Mahrouz Cohen at the December 6, 2013 installation dinner.

From the Desk of the Editor



What is the most important and singular treasure that most of us would want to hold on to, but cannot? It eludes color, form, shape and is invisible. It is not wealth, but more precious than the priciest of our possessions. We tend to equate it with money, but money cannot buy it. It is passing us as we read this and refuses to return! Yes, indeed, it is "time" that I am referring to, the most evasive and sought after dimension! For most of us, 2013 flew past us. Moments became memories and the memories became distant! A new year signifies bright beginnings and as your new editor, I would like to take the privilege of a short self-introduction!

"A decade and counting", is the journey of my life as an immigrant to this great nation. It started as a brand new dentist right out of dental school in a city called Ahmedabad from the state of Gujarat, in the western part of India. I was then a brand new bride, who followed her husband to a country he had come to as a Masters' degree student and stayed to work and eventually called it home! After months

of trying to navigate the system, national boards and a series of applications and interviews, I began a journey to fulfill my dream. Two years of dental school and three years of residency training are etched in my memory. Looking back, I cannot fathom how I managed to have my first child in dental school and kept going through tenuous didactic and clinical requirements. One of my most vivid memories was going to school to deliver a crown for my patient 10 days after delivering the baby!

My husband and my daughter are my personal heroes and I could not have done it without the support of my family back home in India, who helped us raise our first child while I focused on my training. Our family of four (eight year old daughter, four year old son) have made the San Fernando Valley our home for the past four and a half years.

I have been privileged to be trained at the University of Washington in Seattle for my pediatric dental residency, which was overflowing with great mentors, who instilled the life-long values of early childhood oral health and making an impact in the community. Our noble profession bestows upon us a good life and the flexibility of time to enjoy things that we like to do outside of our profession. Organized dentistry is our chance to give back to this wonderful profession so that it continues to be on the pedestal it deserves to be on. And the best part about it is, we can devote as much or as little time to it based on our individual circumstances! The new friendships that form amongst colleagues in organized dentistry is an added bonus!

I am very excited to be given this opportunity to serve as your editor and hope to continue to make Dental Dimensions an enjoyable and informative reading experience. I value your comments, feedback and contributions; so please drop me a few lines and I will be happy to communicate with every one of you! May the new year bring joy, cheer and good fortune in the lives of all our valued members and their families!

Shukan Kanuga, DDS, MSD
Diplomate, American Board of Pediatric Dentistry
shukandds@gmail.com

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From the Desk of the President



I am humbled and yet very proud to have earned your trust in allowing me to act as the president of this respected society for the year to come. I shall, to the best of my ability, try to uphold the high standards that past presidents have established, and continue to move the society forward, while making every effort possible to protect the interests of the society and its members.

In the recent past, we have learned that our power to navigate our destiny as dentists is being chipped away by powerful special interests. What emerges from this will be issues that adversely affect both the income of practitioners and most of all, the liberty to practice dentistry as we know it today. Don't be surprised if such interest groups choose to pass legislation that would dictate how dentistry should be practiced and at what price. Don't be surprised if legislation passes that will allow a high-school graduate with only a few months of practical training to deplete the pool of patients – the so-called 'Mid-level provider'. This would put most dentists, who have gone through eight years, if not more, of college and post-graduate education out of business, and eventually degrade the quality of care and the patient's welfare. We must individually & collectively fight for our rights and our destiny. It is part of my duty as president to bring awareness to everyone and to prevent such unreasonable changes from taking form.

Another important goal to accomplish for the following year is to strengthen our membership numbers, as collectively we will have more clout to successfully achieve our goals. Also, we must try to be heard more widely. We must each try to invite and encourage other dentists to join our organization and actively participate in decision making about organized dentistry, which will ultimately benefit all of us.

I want to thank Dr. Annette Masters, our new membership chair, for making the following recommendations in order to secure grants which will enhance the recognition of this society by the public, which will ultimately increase the membership numbers. I shall pursue these recommendations and I will follow through with these proposals and keep you informed of the progress we are making as we go along.

- 1- A 1-800- ADA Dentist commercial and referral type service to benefit our local membership.

- 2- New member joining incentives.
- 3- Re-edit and re-broadcast our "We are the ADA" TV commercial.
- 4- Conduct a non member focus group to find out why they are not joining in greater numbers.
- 5- New dentist socials and a family fun picnic.
- 6- Speed Pairing/Afternoon Tea/Job Opportunities Fair/Diversity Forum.
- 7- Sending non-members a copy of our magazine, Dental Dimensions so they can see what we are doing and giving them an opportunity to join.
- 8- A new member ambassador program to welcome all new members.

My next goal will be to expand our local political advocacy. I am fortunate to have Dr. Jorge Alvarez in charge of our Media Relations Committee. We hope to increase public exposure of our component through the media, including TV, radio and newspapers. I would like to see our component create and air public service announcements for the SFVDS Foundation's public education campaign in Spanish, Farsi, Armenian, Chinese, and hopefully recruit movie stars and politicians to deliver our messages.

I was fortunate to bring up the idea of expanding the scope of our services to our patients to the House of Delegates November 2013. In particular, I introduced a proposal for dentists to take advantage of their knowledge in head and neck anatomy to deliver Botox & facial fillers. The proposal was passed and referred for further study by CDA. I will keep you posted with the progress we are making in instituting this proposal.

There is much to be done in so little time. Obviously, to keep our momentum going, a great deal of effort, as well as sacrifice by all of us will be required. We must be proactive and aggressive in dealing with these and other challenges and problems as they present themselves. As the president of this society, with the help of my colleagues, I will with all my might, try to keep us on course and accomplish and achieve these goals.

Mahrouz Cohen D.D.S.
Diplomate, American Board of Endodontics
Mcoheninc@aol.com
818.788.9977

From the Desk of the Executive Director



YEAR SEVEN! Can you believe it? 2014 marks the start of my seventh year as your executive director. Each year has gotten better and better, and I am proud to have been a part of a virtual renaissance in the dental society, led by a continuous stream of dedicated and knowledgeable boards of directors and committee chairs.

We have accomplished much in my six years here, including: the purchase and renovation of our new building (at no additional cost to the membership); the presentation of stellar CE programs over the years; the reinstitution of zone meetings and member services like 'Schlep and Shred' conducted throughout our component's jurisdiction; the creation and airing of our "We are the ADA" television commercial; Afternoon Tea events for our female members; diversity forums aimed at welcoming all ethnicities to organized dentistry; member social events; new dentist events; expanded community services to children and adults; the successful launch of our own charitable foundation and political action committee; and a return to state and national prominence within organized dentistry.

More initiatives and accolades are sure to come in 2014 and beyond, but again, none of it would be possible without a supportive membership and a steady stream of dedicated boards of directors. Thank you to everyone for making my job not only easier, but also rewarding.

As you read this column, board secretary, Karin Irani, DDS and I are making final preparations to travel to chilly Chicago on February 14 & 15, 2014, to participate in ADA's 'Key Stakeholders' meeting to add our input to the development of ADA's next 5-year strategic plan. As mentioned above, this invitation from ADA's Board of Trustees and the ADA's Strategic Planning Steering Committee, attests to our return to national prominence within organized dentistry. This meeting represents a significant opportunity to voice our concerns and interests as a representative of all of our nation's 170+ component dental societies. As you all well know, while ADA and CDA offer a myriad of member services, true and effective membership experiences occur at the local level – and that will be the thrust of our input, to re-focus member benefits and value at the local level. Six years ago, I promised the board that hired me that members would always come first and this meeting, inviting our input, is one of the best opportunities to make sure that ADA is listening to local concerns.

As you have already read in incoming president, Dr.

Mahrouz Cohen's page, 2014 will be chock full of member programs, events and socials – all designed to make your lives easier, improve your practices, open up new opportunities for you and strengthen organized dentistry within our jurisdiction. Many of these upcoming programs are seeking the grant support of ADA and CDA, but many others will be self-funded. Our foundation will continue to build upon its community service focus on underserved adults, continue to expand the Give Kids a Smile program, and we'll continue to support health fairs, allied community-based dental clinics and programs to improve the public (oral) health.

With your continued, voluntary support of our Political Action Committee (PAC), we will continue to monitor legislation and local elections, picking and choosing to support candidates and initiatives favorable to dentistry. As mentioned by Dr. Mertz in his legislation column, our PAC is supporting dentist Jim Wood in his bid for state assembly – and we hope that you will too. Dentistry needs friends in Sacramento, and as the former Cal-D-PAC chair at CDA, he is one of the best we could ever hope for.

Lastly, let me give you a heads up on a very exciting, new program series we will be introducing this year. Under the leadership and direction of our program chair, Dr. Afshin Mazdey, the balance of our new office's warehouse has been converted to an educational center, named after past-president and board member Gerald Gelfand, DDS, an oral surgeon who passed away last fall. This educational center will host our first ever, hands-on courses for members. The center has been set up to accommodate 40 doctors at a time, learning hands-on, specific skills like crown lengthening, use of lasers, air abrasion techniques and so on. We are all very excited to begin these programs and hope that you will avail yourselves of these offerings, which by the way, to our knowledge, are not offered by any other component!

I would like to wish each of our nearly 1300 members a happy, healthy and prosperous New Year. It's been a pleasure to serve you, the membership, these past six years and I look forward to many, many more years to come. As always, feel free to contact me with any questions, suggestions... or just to say hello.

Andy Ozols
Executive Director

Legislation Report

By: Jim Mertz, DDS



The primary concern for the health care professionals in California this year is the attempt by trial lawyers to place on the November ballot, an initiative to raise the cap on the state's 'Medical Injury Compensation Reform Act' (MICRA) from the present \$250,000 for non-economic damages to \$1,200,000 plus annual increases for inflation. The measure will also include a mandate for drug testing for physicians. The main objective for the lawyers is to be able to generate higher payouts from legal action against healthcare providers. The provision for drug testing for physicians will be a subterfuge to encourage the public to vote for the initiative.

CDA was effective in dissuading legislators from proposing legislation regarding MICRA. The Legislators would rather not be involved in that decision as they would have to take a position where two of the strongest lobbies in the state are the antagonists: the Healthcare providers (CDA is one of the strongest) and the trial attorneys. It is estimated that millions of dollars will be spent to promote this ballot issue.

As dentists we have the opportunity to discuss this proposal with our friends, our patients and our influential legislators. If the measure passes, professional liability rates will increase to the point where some health care providers will choose to retire and those who continue to practice will be compelled to raise their fees or experience a considerable decrease in income. The end result is that the general public will suffer as health care and medical insurance will increase. Students, aware of the increased cost to open a practice, may choose other occupations.

Prior to the existing MICRA legislation, many prominent surgeons facing severe liability increases chose early retirement. At the present time, with the limitation on fees by the government (Denti-Cal, Medi-Care, Affordable Health Care Act) and managed health care plans, providers will not be able to service a large segment of our society. We will see even more physicians and dentists choosing early retirement or curtailing their services than in years prior to the original MICRA legislation.

Another side effect of changes in MICRA legislation is that legislators will be more motivated to pass legislation allowing mid-level providers to treat patients, as the number of skilled providers diminishes.

CDA was effective in encouraging the Legislature and the Governor to partially reinstate adult Denti-Cal benefits beginning in May. Although CDA has supported legal action to stop the 10% cut in Denti-Cal fees adopted in 2011, those cuts will stand and be retroactive. It seems that whenever there is a cut in the budget, one of the first decisions is to cut the fees to health-care providers. Question: If the state wants providers to provide more service to indigents, why are the fees paid to providers cut, not increased?

REMINDER: Dr. Jim Wood, an active member of CDA, is a candidate for the State Assembly. Jim will be an excellent advocate for our profession. Please give him your financial support.

Jim Wood for Assembly, 102 So. Main St. Cloverdale CA 95425 jwooddds@comcast.net

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San Diego	December 2, 2013	October 2, 2013
Visalia	February 3, 2014	December 3, 2013

*Pass rate based on 2012 cohort



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General Meetings - Preview

FEBRUARY 26, 2014

How to Achieve Predictable Excellence
in Cosmetic Dentistry
Mike Malone, DDS



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

Dr. Mike Malone has combined the occlusion and restorative teachings of L D Pankey, Alvin Filastre, Pete Dawson, et al, with a passion for learning from the best and brightest in cosmetic dentistry. He has developed systems for combining predictable restorative techniques with ideal cosmetic procedures. This lecture will highlight those key areas that guided Dr. Malone in developing a highly successful cosmetic-oriented, fee-for-service practice in a blue-collar, middle-class community. He will discuss techniques he uses to get most patients to schedule, to look forward to, and to rave about their comprehensive new patient examination. He will go over his step-by-step process (utilizing advanced digital photography and presentations) for achieving predictable case acceptance for optimum dentistry.

MARCH 26, 2014

State of the Art Implants Positioning
for the General Practitioner
(Sponsored by Zimmer Dental)
Ziv Simon, DDS



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

Modern surgical techniques make it possible to treat the majority of implant patients in the general practice setting, efficiently and with minimal morbidity. Today, you can not only lower the price, but also decrease the costs to the patient in terms of fewer and shorter duration visits, decreased pain, less bleeding, fewer post-op complications, and easier and less costly repair and rework. With proper planning and the recent advances in the dental laboratory industry that now make what once were the most advanced and costly implant prostheses predictable and very affordable dentistry. The only way to meet the pent-up demand for uncomplicated implant services is for you, the general dentist your patients have relied on their whole lives, to treat your patients yourself, and Dr. Simon will show you how.

APRIL 23, 2014

CA Dental Practice Act
and Infection Control
Marcella Oster



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

Our annual required license renewal coursework updating attendees on the Dental Practice Act and Infection Control. Those who have heard Ms Oster before, know that she makes this otherwise dry subject interesting and at times funny.

2014 CE Course Schedule at a Glance (All CE courses are conducted on Wednesdays at the Airtel Plaza Hotel in Van Nuys)

Jan 29, 2014 Steve Rasner, DDS
2014 – Your Year for Extraordinary Professional and Personal Success

Feb 26, 2014 Mike Malone, DDS
How to Achieve Predictable Excellence in Cosmetic Dentistry

March 26, 2014 Ziv Simon, DMD, MSc
State of the Art Implants Positioning for the General Practitioner

April 23, 2014 Marcella Oster
CA Dental Practice Act and Infection Control

June 25, 2014 Todd Snyder, DDS
A Dental Materials Update

September 17, 2014 Marc Geisberger, DDS
Esthetic Dentistry for the General Practitioner

Oct 22, 2014 Mel Hawkins, DDS
Local Anesthesia: 30+ Years of Hits, Misses and Near Misses

November 19, 2014 Bach Le, DDS
Oral Surgery for the General Practitioner

2014 INSTALLATION DINNER

— BRINGING IT IN HOUSE!



Incoming president, Dr. Mahrouz Cohen (R) presents a plaque of appreciation from the 2013 Board to outgoing president, Dr. Nita Dixit (L).



CDA immediate past president Dr. Lindsey Robinson performed the installation duties of the evening.



ADA delegate, Dr. George Maranon, presents a Presidential Citation award from the ADA to Dr. Mike Bromberg for his many years of service to the ADA.



The first in-house installation dinner was a packed house at the central office.

In an effort to “Bring it on Home”, 2014’s SFVDS president made the decision to hold her installation dinner in the recently completed educational center within the SFVDS central office in Chatsworth.

In attendance were the 2013 and 2014 SFVDS Boards of Directors and their spouses, SFVDS committee members and their spouses, and SFVDS staff. The installing officer was CDA Immediate Past-President, Dr. Lindsey Robinson, who in her comments to the group, lavished praise on the SFVDS for its knowledgeable and unwavering leadership role in a wide variety of issues within organized dentistry.

And, in a special tribute to one of our past presidents, Dr. Gerald Gelfand, who passed away last fall, his wife and family were invited to attend, as the Board of Directors dedicated the new educational center in Dr. Gelfand’s name.

On this page you will see a few pictures of the event and those who attended this first ever installation ceremony and dinner at the new SFVDS offices in Chatsworth.



SFVDS staff Wendy Abrams and Bella Penate put the finishing touches on the room setup.



Outgoing president, Dr. Nita Dixit prepares to unveil the dedication sign for the ‘Gelfand Educational Center’, as Marilyn Gelfand looks on.



The 2013 Board and Committee chairs pose for a ‘Team 2013’ photo with identical t-shirts at the dinner.

Reflections on our Friend and Colleague, Dr. Gerald Gelfand

Jerry Gelfand was a man of principal, a man of conviction. It is hard to imagine that Jerry, knowing that he was going to die within a few weeks, traveled cross-country to attend an Oral Surgeons convention to advocate for an issue for which he had strong convictions. His wife, Marilyn, tried to discourage him from going, but there was no way to deter Jerry when he was determined. Jerry spoke on behalf of his cause, convinced the delegates to vote for his issue and prevailed. The next day he returned to Los Angeles, immediately went to the hospital and died several days later. That was the measure of the man.

Jerry was a delegate for many years at CDA, at ADA and for the Oral Surgeons Society. When Jerry stood up to speak everyone listened. He was brilliant. You may not have agreed with him, but he spoke with conviction and with a sense of humor that compelled you to listen.

I had the pleasure of getting to know Jerry for the past 15 years, working side by side with him on the Legislative Committee. I attended meetings with him before legislators in Sacramento and in Washington DC. Jerry was always prepared. He knew most of the leaders in the dental profession, both in California and nationally. Everyone liked and respected him. That was clearly evident at his funeral as so many of the leaders of our profession came from Northern California to pay their respects.

For many years Jerry had advocated that our component establish a Political Action Committee. Two years ago, he succeeded in accomplishing that goal.

A few months ago, Jerry attended what turned out to be his last Board meeting of the SFV Dental Society. I was elated to see him, gave him a hug and assumed that he was making headway in his fight to survive from Multiple-Myeloma. Jerry got up to speak, as always profound in his statements about issues affecting our profession and left early. I did not realize that it was Jerry's way of saying goodbye to the organization he loved. That was the last time I saw him.

I will miss Jerry, his wisdom, his sense of humor and his friendship. In fact organized dentistry will miss him. I also want to pay tribute to his wife, Marilyn, for the love and strength she devoted to Jerry over these past few years, allowing him to pursue his passion to the very end.

Jim Mertz, DDS

I was shocked to learn of the news of Jerry's death after I returned back to the US from abroad! His smile, when he talked with me, would always make me feel happy and special. When I would ask how he was doing, his reply would be, "I am doing very well, thank you!" This answer reflected the positive outlook and tireless commitment of his spirit and is still freshly etched in my memory today. I only had a short time to talk and work with him, but the impression he made on me will last a lifetime. Thus, his passing has become a terrible loss for our profession.

I would like to suggest that we make the next issue of Dental Dimensions a special tribute for Jerry. Let everyone know what a genuinely good person he was, as well as what a great leader he became for our profession! His contribution to our dental profession throughout his professional life is a great role model for future leadership and should be an example for members to volunteer in organized dentistry!

Chi Leung, DDS

Dear Colleagues,

I have had the honor of knowing Jerry Gelfand since I graduated from dental School In 1988. As far as I am concerned he was extremely honest, fair and one of the best advocates for the profession of dentistry. I will miss him very much and I wish his family all the best.

May Jerry rest in peace.

Mehran Abbassian, DDS

SFVDS Board of Directors & Staff,

Many many thanks for your gorgeous flowers. Mostly thanks for all your loyalty and support. Jerry loved his work with you and your appreciation of that was the best gift ever. He was "at home" with all of you and felt a bond professionally.

Thank you for that!

Warmly, Marilyn Gelfand





1 Year Fellowship Program in Implant Dentistry

Expert Faculty:

Dr. Louie Al-Faraje, Program Chair
Dr. James Rutkowski, PhD, DABOI
Dr. Dwayne Karateew, Periodontist
Dr. Lee Whitesides, Oral Surgeon
Dr. Frieda Brookshire, Prosthodontist
Dr. Christopher Church, MD
Mr. Renzo Casellini, CDT

California Implant Institute offers a 1-year comprehensive fellowship program in implant dentistry. This program consists of 4 sessions (5 days each) designed to provide dentists with practical information that is immediately useful to them, their staff and their patients. The four sessions combined, offer over 300 hours of lectures, laboratory sessions and LIVE surgical demonstrations. Whether you're just starting out, or looking to enhance your existing surgical and prosthetic implant skills, our fellowship program is exactly what you're looking for.

Program includes:

- 300 Continuing education credit - 4 Classroom sessions - Live surgery demonstrations
- Hands-on workshops - Online webinars module - A set of 25 surgical DVDs
- Course manual - literature review - Certification from CII institute



Session One
Basics of oral implantology
April 9-13, 2014



Session Two
Beyond Osseointegration
May 14-18, 2014



Session Three
Advanced implant techniques
June 18-22, 2014



Session Four
Advanced bone grafting
July 16-20, 2014

"I strongly recommend Dr Al-Faraje's fellowship program in oral implantology. I have taken several implant courses in the past and found Dr Al-Faraje's course to be the best of all the other courses I have attended. The fellowship program is practical and energizing at the same time."

H. J. Ludington, DDS - Portsmouth, NH



SFVDS IN-HOUSE Holiday Social



Past SFVDS presidents (L-R) Lou Schwarzbach, DDS (with his wife) Drs. Mark Amundsen, Afshin Mazdey and Mehran Abbassian

ON DECEMBER 13, 2013, OUR first, informal, holiday social took place AT THE CENTRAL OFFICE IN CHATSWORTH. THE NEW

EDUCATIONAL CENTER WAS DECORATED FOR THE HOLIDAYS AND

THANKS TO A GRANT FROM CDA, A CATERER

provided A lovely ASSORTMENT OF APPETIZERS, BEER AND WINE FOR THE GROUP IN ATTENDANCE.

Along with SOME OF OUT BOARD MEMBERS AND SFVDS STAFF, MORE THAN 50 MEMBERS ATTENDED A FOUR-HOUR holiday open house and social. Music and good TIMES FLOWED THROUGHOUT THE EVENING AND MANY MEMBERS WHO WERE SEEING THE NEW OFFICES FOR THE

FIRST TIME, HAD A CHANCE TO NETWORK AND MINGLE WITH BOTH LEADERSHIP AND STAFF.

EVERYONE IN ATTENDANCE WAS IMPRESSED WITH THE NEW OFFICES, ESPECIALLY THE NEW EDUCATIONAL CENTER. SOME FOLKS JUST NETWORKED, OTHERS DANCED AND SIMPLY ENJOYED A NICE

EVENING OF CAMARADERIE AND FUN.



(L-R) Dr. & Mrs. Mauricio Forondona, Dr. Anette Masters, Dr. & Mrs. Edro Romero and Dr. Karin Irani.



Dr. Amik Maytesyan & his office manager, Jeanette Millan.



SFVDS Secretary (L) Karin Irani, DDS with SFVDS staffer Wendy Abrams.



SFVDS Secretary (R) Karin Irani, DDS snaps a 'selfie' with past-president Afshin Mazdey, DDS and SFVDS staffer Wendy Abrams.



A crowd shot at the social.



(L-R) Bella Penate, Colgate's Tiffany Myers, KCDC Exec. Dir. Dale Gorman (and husband far right), chef Jeff Ardi, Wendy Abrams, SFVDS board member Dr. Chi Leung.

THE PHOTOS ON THIS PAGE WILL GIVE YOU A CHANCE TO SEE SOME OF THE MEMBERS IN ATTENDANCE.

THE SFVDS HOPES THAT YOU WILL SAVE THE DATE, IN EARLY DECEMBER, 2014, AND

ATTEND OUR 2014 Holiday Open HOUSE AND Social.



SFVDS executive director, Andy Ozols (L) with past-president Martin Courtney, DDS (R)

Dentists just out of dental school spend much of their time marketing themselves to prospective employers. Things quickly change once they enter the workforce and they are responsible for both building and maintaining a reliable patient base.

On top of providing patients with high-quality care and presenting a welcoming environment, dentists also can implement several marketing and advertising strategies that will help them hit the ground running on building up a patient base.

According to CDA's Guide for the New Dentist, dentists should develop a marketing plan; select specific marketing methods (direct mail, print advertising, media coverage, a website, etc.); come up with internal marketing tactics (patient satisfaction techniques, gift certificates, etc.); create a branding strategy; and track return on investment, among others.

Jonathan Ford, DDS, went to dental school at the University of Pennsylvania and graduated in 2007. Following graduation, he came back to his hometown of Huntington Beach to practice. Ford said it's all about what makes a dentist unique that helps attract new patients.

"I drive by 10 different dental offices on my 10-minute drive to work every day. You have to find a way to stand out," Ford said.

Jon Pascarella, DDS, began practicing in Redding after graduating from dental school. Upon taking his first job, he didn't have a built-in patient base to work from. He said his marketing efforts played a big role and one of the main things he focuses on is internal marketing.

"My first time sitting down with a new patient is always done in our consult room. This gives us an opportunity to talk a bit outside of the operatory setting that some people have apprehension about," said Pascarella, who is a past chair of the CDA New Dentist Committee. "I like to get to know the patient a little bit and explain my dental philosophy to them. I let them know that they are always in control of what is going to be done to their mouth."

Other internal marketing strategies include: writing thank-you notes to new patients, patients who refer friends and family and those who have had large procedures; calling patients who have recently undergone elective or cosmetic procedures to see if they are happy with the results; evaluating practice

décor; and making sure team members are neat, clean and professional.

Ford said community involvement is another key tool new dentists can use to build and maintain a patient base.

"Go out and start meeting people and networking either through the chamber of commerce, rotary clubs or other business groups," Ford said. "That is eventually how you slowly start building up your patient base."

Ford participates in his local Kiwanis Club and has used the opportunity to network with real estate agents, chiropractors, politicians and more — all of whom refer patients to him.

"Making your community better is the No. 1 goal. A byproduct is meeting key players in the community. If you earn their trust, they become patients, and then they refer you out to their family and friends," Ford said.

Pascarella joined a country club to help him boost his relations within the community.

"I would say that for the most part, country club members are interested in maintaining a healthy body, and tend to be good patients," Pascarella said. "Take an active role in your community, support local businesses, attend fairs and festivals. Just be there. This one is easy, and you end up enjoying yourself in the meantime as well."

Other tips for getting involved in the community from the Guide for the New Dentist include: hosting your own patient scholarship or smile makeover competition; hosting a "Sports Safety Day" in which patients can come take impressions for custom mouthguards; planning and hosting an open house; and sponsoring local events, sports teams, competitions, fundraisers, clubs, etc.

Pascarella said volunteering at events or sponsoring events within the community can be both rewarding and valuable to a dentist and their practice.

"Supporting and sponsoring events is a good way to get your name heard by large groups of people. It is very common that we will see patients that were involved in setting up an event that we have sponsored," Pascarella said.

For more information on these techniques and the legal limitations surrounding marketing and advertising in California, view Chapter 9 of the Guide for the New Dentist at cda.org/newdentist.

Using Social Media --- Part of Your 2014 Marketing Mix

By: Dr. Ruchi Sahota, DDS

How do folks find their way into your dental chair? There are certainly a variety of contributing factors -- and one is through effective communication. Like me, you probably use print advertising, postcards, and a website to market yourself and your practice already -- and you've likely done so for some time.

But as you're thinking through your marketing mix for 2014, I encourage you not to overlook social media. If you're not using it already, now is the time to consider it. And if you are using social media, the New Year is a good time to evaluate if you're using it effectively.

Social media has a number of benefits. Among the most important -- it can help make you more findable via online search engines and more approachable to existing and potential patients, especially if you use it to give people a sense of your work and who you are.

In online data specific to health care published in January 2013, 77% of online health seekers say they began their last session at a search engine (1). A number of things determine search ranking, and as social networks have become more prevalent, they have started to impact what search results people see. In fact, it's not unusual to see a social network or online review listed first in search results -- even above a practice website (2).

Recent communication studies also show a shift in consumer trust. They still go to experts for information, always looking for a credible source, but they also put stock in information they receive from their trusted networks. This is playing out in the health arena with a rise in patient-to-patient communication about health-related conditions via social networks (3). I've been using social media more proactively myself to reach out to others in my community -- commenting on and acknowledging the good things they do so that they think of me as an active and engaged neighbor year-round -- not just when it's time for a dental visit.

I've also been keeping up with reviews of my practice online. These days, it's not unusual for patients to post ratings on review websites or to share their views of you and your practice on their own social media pages. So, it's important to be aware of what's being said. A good first step is to make a habit of visiting popular online review sites (like Google, Yelp, or Angie's List) and to set up Google Alerts for your name and practice. You may be surprised what you find. When I can respond to an online review, I do -- but only after careful consideration and always being mindful not to divulge person-

al health information. Not every review needs a response, but sometimes responding gives me the chance to show the reviewer, and anyone who happens to come across the discussion while searching online, just how important customer service is to me and what my practice is all about.

I use the following tips when I respond. They're from The ADA Practical Guide to Social Media Planning, Second Edition:

<http://catalog.ada.org/ProductCatalog/1930/Managing-Your-Practice/The-ADA-Practical-Guide-to-Social-Media-Planning-eBook/J054D>) an e-book designed to help you make the best use of social media for your practice -- walking you through how-tos step-by-step (4).

- Be friendly. No matter how negative a review, it is important to take the high road. Represent yourself professionally, and be personable. No good comes from an online argument because it's published, public, and permanent. Even if you delete your comments later, chances are they've been indexed by a search engine.

- Be honest. Explain yourself and the situation clearly and honestly. Then say how/if you're working to resolve it.

- Be selective. Before responding to a review, consider the impact of your response.

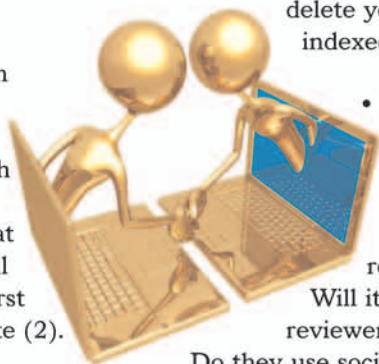
Will it help you? What is the online footprint of the reviewer? Do they have a large following and reach?

Do they use social media well? How many people are commenting on the review? If the reviewer has a large following and the review is getting shared and commented on, you should likely respond. If not, it may be enough to simply monitor the post and consider responding if it gets traction.

- Be judicious and responsive. Sometimes discretion is a valuable asset. If the purpose of your message is simply to dispute the review, you will risk appearing defensive and uncaring about the complaint and the individual making it. The better course, if appropriate, may be to address the nature of the complaint, apologize for any problems described in the review, and offer to rectify any mistakes that may have been made. This will cast you as a professional who is concerned about his or her patients and your level of care.

These are just a few examples of why building your social media presence is becoming increasingly important in this competitive market -- a market where patients research their options and conditions online before choosing or even consulting a dentist. And in their effort to ensure that they get the most value from their healthcare dollar, they are likely to read online reviews and comments, and may even use social

Continues on page 22





Emergency Kit Basics for Dental Practices

By: TDIC Risk Management Staff

"Emergencies and Emergency Kits," recommends the following drugs be included as a minimum. This essential list remains the standard:

- Epinephrine 1:1,000 (injectable)
- Histamine-blocker (injectable)
- Oxygen with positive-pressure administration capability
- Nitroglycerin (sublingual tablet or aerosol spray; be aware of contraindications)
- Bronchodilator (asthma inhaler)
- Sugar (a quick source of glucose such as orange juice)
- Aspirin

Additional items to include in a patient emergency kit:

- Aromatic ammonia
- Blood pressure monitoring equipment
- CPR pocket mask
- Syringes
- Tourniquets
- High-volume suction and aspiration tips or tonsillar suction

OSHA requires employers to have emergency kits for employees and lists the following supplies as adequate for small work sites, consisting of approximately two to three employees. Larger practices should provide additional supplies or emergency kits. While federal law does not require that a physician approve emergency kits, some states such as California do require physician sign off. Here are OSHA's recommendations:

- Directions for requesting emergency assistance
- Gauze pads (at least 4 x 4 inches)
- Two large gauze pads (at least 8 x 10 inches)
- One box of adhesive bandages
- One package gauze roller bandage (at least 2 inches wide)
- Two triangular bandages
- Wound cleaning agent (such as sealed moistened towelettes)
- Scissors
- At least one blanket
- Tweezers
- Adhesive tape
- Latex gloves
- Resuscitation equipment (such as resuscitation bag, airway or pocket mask)
- Two elastic wraps
- Splint

For more information or if you have questions regarding this topic, contact the TDIC Risk Management Advice Line at 800.733.0634.

What must a dental office emergency kit contain? The answer varies depending on individual state dental board requirements. There are basic necessities dentists are required to include in emergency kits, according to the American Dental Association Council on Scientific Affairs. Some states may have more rigorous emergency kit requirements, and The Dentists Insurance Company advises dentists to check with their state dental board or dental association for specifics on what to include beyond ADA recommendations. Practices administering oral conscious sedation are required to meet additional emergency standards, as outlined by state dental boards.

Further, the Occupational Safety and Health Administration (OSHA) requires emergency supplies to be available in case of an employee injury. TDIC advises dentists to maintain an emergency kit for employee use and a separate emergency kit for patients.

Practitioners can assemble emergency kits themselves or purchase them already assembled. Commercial emergency drug kits for dentistry can provide consistent drug availability along with a service to update drugs on a regular basis. Dentists must document that all emergency equipment and drug expiration dates are checked on a regularly scheduled basis.

TDIC advises all dentists to know when, how and in what dosages to administer drugs included in their emergency kits. Stocking emergency medications but lacking the training to administer them appropriately can be a liability. Best practice calls for continuing education in emergency protocol for dentists, for the office to be prepared with an established emergency plan and a team approach by the dentist and staff who are certified in basic life support. TDIC outlines dental office emergency protocol in its Risk Management Reference Guide, which is available online at thedentists.com.

The ADA Council on Scientific Affairs, in its 2002 report in the Journal of the American Dental Association, "Office

CDA Compass Offers Tips on Paper-to-Electronic Record Transition

By: CDA Practice Support Center

Dentists interested in transitioning from paper to electronic records will benefit from the “checklist” resources available on the CDA Compass (cda.org/compass).

The Dental Software Evaluation and Selection Checklist, Dental Software Contracts Checklist and Dental Software Implementation and Training Checklist prompt dentists to consider how they may address issues that arise during the software implementation phase.

The checklists were developed by a veteran in the information technology profession and several electronic health experts. Mike Uretz, executive director of dentalsoftwareadvisor.com, also helped create the Checklists.

“The purpose of these checklists is not to try make a dentist or office manager an expert overnight, but to give them a high level overview, a roadmap, and make them aware of some of the major items they should be thinking about when selecting, purchasing, and implementing electronic health records and dental software,” Uretz said. “Hopefully these checklists will help level the playing field with vendors.”

Below are what each checklist has to offer.

Dental Software Evaluation and Selection Checklist
(<http://www.cda.org/LinkClick.aspx?fileticket=jcCBFtu2Hbg%3d&portalid=0>)

The key concepts and terms for dental software customers in the process of evaluating and selecting software. The checklist includes tips on creating a selection committee; setting an internal schedule; developing requests for proposals; scheduling demos with vendors and more.

Dental Software Contracts Checklist
(http://www.cda.org/LinkClick.aspx?fileticket=2hyyiOt_oHw%3d&portalid=0)

The key concepts and terms for dental software customers looking at contracts. Such concepts include warranties and guarantees; support and maintenance; addendums/clauses pricing and payment terms (milestone-based); transition assistance, resources and more.

Dental Software Implementation and Training Checklist
(<http://www.cda.org/LinkClick.aspx?fileticket=1afJMFxf63U%3d&portalid=0>)

The key concepts and steps in dental software implementation and vendor training, including practice and vendor responsibilities. Concepts include assigning a project manager from the practice side, putting together a vendor training team, developing a data conversion strategy, scheduling demos with vendors; auditing vendor implementation hours and more.

For more information, visit cda.org/compass.

Governor signs CDA-sponsored bill into law

By: CDA Staff

Gov. Jerry Brown on Oct. 7 signed into law legislation sponsored by CDA that will equalize the state’s regulatory standards governing portable dental practices and mobile dental vans.

SB 562 by Sen. Cathleen Galgiani (D-Stockton), which received unanimous votes in both houses of the legislature, becomes effective Jan. 1, 2014, but will require future Dental Board of California regulations to fully implement.

Current law requires dentists operating mobile vans to register with the Dental Board and to comply with general standards for emergency care, infection control, etc. The law was silent, however, on operations in which portable dental equipment is brought into schools or other settings by private companies to provide preventive and restorative treatment.

In recent years, this portable mode of care has become more prevalent, and concerns had arisen in some communities about continuity of care and about whether sufficient information was being provided to patients or their parents by these entities.

SB 562 will require dental practices that routinely provide care using portable equipment in non-dental office settings to register with the Dental Board of California in the same manner that operators of mobile facilities are required to currently. The bill will also require the board to adopt regulations establishing standards for continuity of care, availability of patient records and provision of information to patients and parents.

Dentists, Hygienists Required to Provide Public Notice of State Regulation

By: Dental Board of California Staff

As a result of a recent announcement from the Dental Hygiene Committee of California (DHCC), licensed dentists and registered dental hygienists are each now required to provide specified public notification that they are licensed and regulated by the Dental Board of California and the DHCC, respectively.

State law calls for each professional licensing board to adopt regulations requiring its licentiates "to provide notice to their clients or customers that the practitioner is licensed by the state." The intent of the law was to assure that individuals who obtain services from licensed professionals are made aware of where to seek redress of grievances.

In addition, a separate section of the Dental Practice Act requires the Dental Board to require dentists to post the notice "in a conspicuous location accessible to public view," and to require the notice to include the telephone number and web address of the Dental Board.



The Dental Board's rules for complying with this law were released in December 2012 and modified to remove the words to consumers in Nov. 2013. The regulations are very specific, requiring dentists to post the following notice in at least 48-point type font:

NOTICE

Dentists are licensed and regulated
by the Dental Board of California
(877) 729-7789
www.dbc.ca.gov

A printable version of the required notice is available at dbc.ca.gov/formspubs/ntcsign.pdf

Recently, the DHCC began informing its licentiates that registered dental hygienists also should be in compliance with the notice requirement, since they are licensed separately by the committee. On its website, the DHCC provides several compliance options for registered dental hygienists and recommends consulting with their supervising dentist about the best option if the hygienist works in a dental office:

- 1) Post a written notice similar to the one required above for dentists, with equivalent contact information for the DHCC;
- 2) Provide the notice in a written statement, signed and dated by the patient and placed in the patient's record;
- 3) Include the notice in another document, such as care instructions, where the notice is placed directly above the signature line.

The notice information for registered dental hygienists can be

found by searching for "Important Notification for Licensees" at dhcc.ca.gov.

The new notice requirement for dentists was a topic of discussion at the CDA House of Delegates in Sacramento on Nov. 15-17 in Sacramento, stemming from concerns that the current regulation is inappropriately restrictive by requiring dentists to refer to their patients as "consumers."

As a result, the House adopted Resolution 23, which calls on the appropriate CDA entity to seek solutions that will give dental offices additional options for complying with the notice requirement.



State Implements Rate Cuts on Denti-Cal Providers

By: CDA Staff

The Department of Health Care Services (DHCS) is implementing cuts for Denti-Cal providers that were originally authorized through the state budget process in 2011.

Initially, it was thought that the 10 percent rate cut applied to all services provided on and after Sept. 5, 2013. However, recent clarification by the state explained that it is implementing the cuts on all payment checks cut on Sept. 5 and ongoing, even if the services were provided in previous months. DHCS' Bulletin on this issue can be at: http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_29_Number_15.pdf

After the cuts were approved by the California Legislature and governor in 2011, the state had to seek permission from the federal Center for Medicare and Medicaid Services (CMS) to implement them. California received that approval for the cuts to Denti-Cal rates, but with the condition that the state actively monitor the impact on access to dental care.

CDA is working to ensure that the state's monitoring plan and activities are robust and accurately reflect the impact these cuts will have on access to care.

Shortly after the Legislature's approval of the cuts, CDA and a coalition of health care organizations filed suit against the state challenging the rate cuts in federal court, and, as a result, the court had suspended these rate cuts for the last two years while considering the legal challenges. CDA and its coalition partners are continuing their lawsuit activity, recently petitioning the U.S. Supreme Court to hear the case. Despite that ongoing effort, the state has begun to implement the cuts.

Furthermore, DHCS in the near future will begin working on the process for implementing the "clawback" of payments paid to providers dating back to June 2011. The department's announcement stated that recoupment of overpaid funds will not

begin until after at least a 60-day advanced notice is provided. CDA is continuing its advocacy to ensure the repayments are spread out over many months or years to minimize the impact on dental offices.

In addition, DHCS has exempted from the cuts certain nonprofit surgery centers. CDA is actively advocating for the administration to determine if the exemption criteria could be appropriately applied to additional facilities and programs.

If you are currently providing services through the Medi-Cal program and are no longer able to participate in the program, please notify the Denti-Cal program by submitting the Medi-Cal Supplemental Changes Form (form DHCS 6209) and deactivate your provider number. You can find that option under the "miscellaneous" section on page 5 of the form. You may also submit a letter in writing stating your request to deactivate/terminate your provider number. You must sign the letter and include a legible, valid copy of your driver's license or state-issued identification card number. The form or letter must be sent to DHCS at the address at the top of the form. You can find the form via this link to the DHCS website: http://www.denti-cal.ca.gov/provsrvcs/forms/dhcs6209_9106.pdf. For more information, contact DHCS at 800.423.0507.

CDA would appreciate it if dentists notify the association if they are choosing to deactivate as a Denti-Cal provider. Capturing information on member actions related to this program will be helpful to CDA's ongoing legal efforts and advocacy on this issue. It will be instrumental in CDA's work to ensure the DHCS' own monitoring efforts are accurately reflecting the impact on provider network capacity and access to care. Please send an email to Manager of Legislative Affairs Nicette Short at nicette.short@cda.org.

CDA efforts help to win victory for Denti-Cal providers

Denti-Cal providers received positive news regarding retroactive reimbursement cuts in Gov. Brown's proposed 2014-15 budget released Jan. 9. The spending plan does not include a 10 percent "clawback" of payments made since June 2011 when the state authorized Medi-Cal reimbursements cuts as part of its budget.

While the state began implementing prospectively a 10 percent provider rate cut last September, CDA strongly advocated against the state's efforts to implement the retroactive payback, citing the devastating impact on the provider network and patients' ability to access care.

The state's move to forgive retroactive recoupments for all dental services in addition to other specified medical services and providers will save providers, including dentist, \$217.7 million.

"We are pleased that Denti-Cal providers will not face these retroactive cuts in a program that is chronically underfunded," said CDA President James Stephens, DDS. "CDA will continue to raise awareness about the need to address funding issues as well as establish an oral healthy infrastructure, including a state dental director to support public oral health programs."

The Brown administration will not need legislative approval to forgive the repayments, but will need federal approval.

American Dental Association Installs New President, Officers, Trustees at 154th ADA Annual Session in New Orleans



SFVDS Secretary (and an ADA Delegate from California) Dr. Karin Irani with new ADA President Dr. Charles Norman in New Orleans

Charles H. Norman III, D.D.S., of Greensboro, N.C., was installed as the 2013-2014 president of the American Dental Association (ADA) during the ADA's Annual Session in New Orleans, October 31-November 5, 2013.

Maxine Feinberg, D.D.S., was chosen as the ADA's new president-elect, Jonathan Shenkin, D.D.S., as Second Vice President, and Gary E. Jeffers, D.M.D., Alvin W. Stevens Jr., D.M.D., and Andrew T. Kwasny, D.M.D., were chosen as new

members of the ADA Board of Trustees.

ADA President Dr. Charles Norman

Dr. Norman will lead the 157,000-member ADA for one year. Prior to becoming president, Dr. Norman served as the ADA's president-elect from 2012-2013.

A 1977 graduate of the University of North Carolina at Chapel Hill School of Dentistry, Dr. Norman shares a dental practice with his son, Dr. Matt Norman in Greensboro, N.C.

ADA President-Elect Maxine Feinberg, D.D.S.

Dr. Feinberg will serve as president-elect for one year and will assume the role of president of the ADA in October 2014. Dr. Feinberg formerly served as Fourth District Trustee to the ADA House of Delegates and is a former president of the New Jersey Dental Association, the first woman to serve in that position.

A graduate of New York University and the New York University College of Dentistry, Dr. Feinberg maintains a private practice in periodontics in Cranford, N.J.

ADA Second Vice President Jonathan Shenkin, D.D.S.

Dr. Shenkin will serve on the ADA Board of Trustees as the second vice president. The ADA Board formulates and reviews policies and programs and makes recommendations to the members of the ADA's governing body, the ADA House of Delegates.

Dr. Shenkin is a former president of the Maine Dental Association and former chair of the ADA Council on Communications. He currently serves as an ADA spokesperson on pediatric dentistry issues.

Dr. Shenkin earned his dental degree from Columbia University in New York and a Masters in Public Health from Johns Hopkins University in Baltimore where he also earned a Certificate in Health Care Finance and Management. Dr. Shenkin practices pediatric dentistry in Augusta, Maine.

Third District Trustee Andrew J. Kwasny, D.M.D.

Dr. Kwasny will serve on the ADA Board of Trustees as the

trustee from the Third District, which encompasses the Commonwealth of Pennsylvania. Dr. Kwasny attended the University of Pittsburgh where he earned advanced degrees in microbiology, dentistry and orthodontics. He practices orthodontics in Erie, Pa.

Fourth District Trustee Jeffrey M. Cole, D.D.S., M.B.A.

Dr. Cole will serve on the ADA Board of Trustees as the trustee from the Fourth District, which encompasses the states of New Jersey, Delaware, Maryland, the District of Columbia, Puerto Rico, the Virgin Island as well as the Federal Dental Services. Dr. Cole earned his dental degree from Georgetown University School of Dentistry and a master's of business administration from the Fox School of Business and Management of Temple University in Philadelphia. Dr. Cole maintains a private practice in Wilmington, Del.

Fifth District Trustee Alvin W. Stevens Jr., D.M.D.

Dr. Stevens will serve on the ADA Board of Trustees as the trustee from the Fifth District, which encompasses the states of Alabama, Georgia and Mississippi. Dr. Stevens earned his dental degree from the University of Alabama at Birmingham School of Dentistry and serves as an associate professor at the school's Department of Periodontology. He also maintains a private periodontics practice in Birmingham.

Ninth District Trustee Gary E. Jeffers, D.M.D.

Dr. Jeffers will serve on the ADA Board of Trustees as the trustee from the Ninth District, which encompasses the states of Michigan and Wisconsin.

Dr. Jeffers earned his dental degree at the University of Pittsburgh School of Dental Medicine and certificates in oral and maxillofacial surgery and anesthesiology at Emory University Schools of Dentistry/Medicine in Atlanta. He is the director of Dental Admissions at the University of Detroit Mercy School of Dentistry.



SFVDS members of the California delegation to the ADA House of Delegates in New Orleans. (l-r) Drs. Gary Herman, Karin Irani, George Maranon, Virginia Hughson-Otte and Alan Stein.

2013 CDA House of Delegates Meeting

November 15-17, 2013 at the Sacramento Hyatt Regency



Dr. Art Dugoni delivered the keynote address at the House.

On November 14, 2103, the SFVDS delegation of 11 delegates, two CDA Trustees and the executive director traveled to Sacramento to represent the interests of the SFVDS at the 2013 CDA House of Delegates. Our dental society's delegates included Drs. Abbassian, Bromberg, Cohen, Courtney, Dixit, Hughson-Otte, Irani, Mazdey, Rathee, Simmons and Snow. Drs. Maranon and Herman attended as our trustees to the CDA Board.

While not as contentious as the 2011 House and follow-up special House in February, 2012, this House still offered a venue for healthy debate about a number of issues, most notably a dues increase, a change to the powers of the House itself, a 10 year review of component boundaries and a change to the management structure of TDIC. In addition, our incoming president, Dr. Mahrouz Cohen, introduced a resolution calling for CDA to work with the

Dental Board to expand the use of Botox and Derma Fillers by dentists for cosmetic, as well as therapeutic purposes.



(above) SFVDS Delegates Drs. Gary Herman (at microphone) and Michael Simmons (on deck) speak to the issues at the CDA House.



(above) SFVDS Delegate Dr. Anita Rathee, addresses the CDA House.



SFVDS delegation questioned CDA general counsel, Alison Sandman and outside legal counsel Paula Cozzi Goedert on a CDA by-laws change at the Saturday breakfast caucus of the SFVDS delegation.

Of these contentious issues, the dues increase, the unchallenged component boundaries and the Botox and Derma Fillers by dentists passed on the first go-around. More contentious were the resolutions attempting to shift important responsibilities of the House of Delegates to the Board of Trustees (including budget approval) and the effort to change the management structure of TDIC (vesting CEO powers in the CDA executive director). While both of these issues failed on the first vote, the management structure change was brought back for a second vote on Sunday morning and it passed.

The SFVDS was very well represented and your delegation continued to garner the respect of all other delegates with its well thought out and enunciated arguments both for and against the various resolutions that were up for consideration.

For additional information on the 2013 House of Delegates visit <http://www.cda.org/about-cda/leadership/house-of-delegates>.

The 2014 CDA House Of Delegates will be held at the Westin Gaslamp Hotel in San Diego on 11-14 through 16, 2014



Retiring executive director Sue Merrell of the LA Dental Society thanks the House for their vote to grant her 'Honorary Membership' status.



SFVDS delegate, past president and chair of 'Reference Committee #1', Martin Courtney, DDS leads the CDA House in a review and comment period of the resolutions within 'Reference Committee #1'.

SFVDS delegates listen to the discussion at the House.



The SFVDS delegation enjoyed some fun at the president's party, which was themed 'On Broadway'.

THANK YOU!

The San Fernando Valley Dental Society Foundation wishes to thank the following 2013 financial contributors.

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Please join your colleagues in supporting the SFVDS Foundation as it begins its programs of oral health literacy and free restorative services to low/no income adults and seniors who have no insurance and do not qualify for any other forms of assistance. Please use the form below to send in your tax-deductible donation and to volunteer to help deliver much needed services to the adult and senior populations. Please also mark your calendars and attend the foundation's second annual costume fundraiser at the Knollwood Country Club on Saturday, October 18, 2014.

Contribution Form

(All contributions to the SFVDS Foundation are tax deductible, charitable contributions.
You will receive a confirmation letter for your tax records)

Name: _____

Contact phone and/ or email: _____

☐ \$5,000 Founding Member*

☐ \$2,500 Sponsor*

☐ \$1,200 Friend*

☐ \$500 Supporter

☐ \$250 Contributor

☐ \$100 Donor

☐ Enclosed is my check (Payable to: San Fernando Valley Dental Society Foundation)

☐ Charge my credit card # _____ (Visa, M/C, Discover only)

Exp Date: _____ Sec Code: _____ Street number of billing address: _____ Billing address Zip Code _____

* Initial here _____ if you would prefer to have your 'Founding member', 'Sponsor' or 'Friend' level donation charged to your credit card in 12 equal monthly installments.

I would also like to volunteer to:

☐ Provide Triage Screening for Adults and the Elderly

☐ Provide screening for GKAS

☐ Help with Fundraising

☐ Provide emergency care in my office

☐ Follow-up care for GKAS, or for the adults and elderly program

☐ Join a Foundation Committee

**Once completed, please fax/email/mail this form to the foundation office at (818) 576-0122.
exec.sfvds@sbcglobal.net or SFVDSF, 9205 Alabama Ave., Ste B, Chatsworth, CA 91311**

Antelope Valley Report

By: Char Brash

4th Annual ROP Dental Fair

The 2013 Annual ROP Dental Fair held on December 14th was a success again last year. More than 50 attendees earned six C.E. credits. Topics at this year's event included: Early Orthodontic Treatment; Invisalign; The Orthodontist and General Dentist Team; and Esthetic Periodontal Surgery.

The proceeds from this event are donated to the Antelope Valley ROP Program which are used for training, supplies, competitions and license examination fees for the dental assisting students in the program. Many students from the AV ROP Program intern for local Antelope Valley dental offices to complete their required work experience hours, and a large percentage of these interns will be hired by the office in which they intern. There is a definite win-win outcome for this great program.

GLENDALE/BURBANK/FOOTHILLS REPORT

By: Chi Leung, DDS



I have had the pleasure of serving as your Glendale/Foothills area liaison for the past year. As we begin 2014, let us take a moment to look at our plans for future activities. For one, we will focus on the organization of zone meetings each quarter in the Glendale/Foothills area. We are also working on having CPR certified courses offered to dentists and their staff in this area. And, our outreach programs would not be complete without the hard work of our volunteer dentists who help school children learn about the importance of their dental care. If you are in this area and would like to help, we are always looking for more skilled and caring practitioners.

Though our Foothills area is some distance away from the central office of San Fernando Valley Dental Society, this should not be a reason for us to be less active in its ranks. If any of our members have suggestions concerning the dental society or the activities within the Glendale/Foothills area, please contact the central office or me.

With changes looming on the horizon for medical (and soon dental) care starting with the New Year – organized societies such as our own are becoming increasingly important in keeping us informed, so that we may stay alert and prepared to respond as needed.

Here's to hoping our society grows as new dentists join us, and that we have a successful 2014.

Using Social Media --- Part of Your 2014 Marketing Mix

Continued from page 14

networks to ask friends and family for referrals.

Social media is a work-in-progress for me -- for all of us -- and as Chair of the ADA Council on Communications' Social and Digital Media Subcommittee, I'm looking forward to helping develop tools for you to successfully navigate and use social media.

Watch for more ADA social media resources in 2014 -- including original ADA-authored content to post on your social networks.

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