


Dental Dimensions

Winter
2017

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- 
- A photograph of two women standing in front of a large, tufted white chair. The woman on the left has blonde hair and is wearing a dark, patterned dress. The woman on the right has dark hair and is wearing a patterned jacket over a dark skirt. They are both smiling at the camera.
- Our 2017 President
 - Building a Winning Practice
 - What You Need to Know for 2017
 - Pemphigus and Pemphigoid Explained

A woman with dark hair, smiling, is seated in a green office chair. She is wearing a dark, sleeveless top. She is holding a dental instrument, possibly a scaler, with both hands. The background shows a window with a view of trees.

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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.....

2017 SFVDS president, Karin Irani, DDS (I) with installing officer, Kathleen O'Loughlin, DDS, Executive Director of the American Dental Association pose at the Sunday, January 8, 2017 installation dinner, held at the Royal Palace in Glendale.



From the Desk of the Editor

Shukan Kanuga DDS, MSD.
Board Certified
Pediatric Dentist

Phew! It's finally over: 2016 with its baggage, political chaos and turmoil across the world!

We as a nation survived the rough roller-coaster ride, the 2016 Presidential election. Whether or not we came out stronger or shaken up is an ambiguous question. While only time will tell what is in store for us over the coming months, it can definitely heal the wounds the election inflicted upon many of us.

On a brighter note, for us in California, it is time to applaud the power of organized dentistry with the passage of Prop 56 which increased the tobacco tax by \$2, bringing it up to \$2.87 per pack of cigarettes. The tobacco tax was levied on other tobacco products and e-cigarettes as well. Revenue from the additional \$2 tax will be allocated to physician training, prevention and treatment of dental diseases, Medi-Cal, tobacco-use prevention, research into cancer, heart and lung diseases (and other tobacco-related diseases), and school programs focusing on tobacco-use prevention and reduction. Would California's tobacco tax hike reduce smoking? Well we hope so, that is the goal after all! But again only time will tell if people smoking six packs of cigarettes per day will cut it down to four packs per day or quit entirely due to the higher price tag or not.

November 8th was indeed a monumental day this past year for yet another reason. While the world's 'Superpower'

was busy with the epic elections, Narendra Modi, the prime minister of the world's largest democracy introduced the most unprecedented and audacious reform of demonetization of Rs.500 (\$7.40) and Rs.1000 (\$14.80) currency notes, the most widely used notes to hoard black money. Black money is that income which is not reported for income tax purposes, often done by transacting with cash and not recording such transactions. Cash is preferred because information regarding bank transactions can be accessed by income tax authorities. People were left with two choices, either to declare their unaccounted wealth at the banks and exchange it after paying up to 200% penalty/tax where applicable or circulate in the market. The latter option was almost not viable for obvious reasons, so the third choice for people with significant black money was to forget about it! The ultimate goal is to stop the widely rampant corruption, fake money and terrorism.

Britain, one of our most important allies in Europe voted in favor of BREXIT with the greatest drop in the pound sterling against the US Dollar in three decades and new worries about the UK's economic prospects outside the EU.

The tension and turmoil in Syria has gone from bad to worse with tragic air-strikes knocking out multiple hospitals in Aleppo aggravating the already massive destruction.

With the snapshot of events across the world, the late Michael Jackson's lyrics are more applicable than ever, "Heal the world, make it a better place. For you and for me and the entire human race". A positive outlook combined with prayer, meditation and music may be the means to an end after all!

Cheers to bright new beginnings and a happy, healthy 2017!
Yours truly,
Shukan

Call for Volunteers

The San Fernando Valley Dental Society Foundation is looking for a few good volunteers to help us meet our goal of serving the oral health needs of veterans and the uninsured, indigent and even homeless and elderly residents within the boundaries of our compnent.

The SFVDS Foundation will pay for all lab expenses required to save as many teeth as we can, and to restore our communities poorest members' dental health and functionality.

Both general dentists and specialists are needed, and if each volunteer can take just two patients per year (in the comfort of your own offices), we can make a dent in the oral health problems of our most needy residents who cannot otherwise afford dental treatment.

While our volunteer efforts can't solve the "Access to Care" problems in our community, we can alleviate pain and restore the dental functionality and self-image of those we do help.

Please contact Wendy at (818) 576-0116 or wendy.sfvds@sbcglobal.net
and join in our efforts to 'change one life at a time!'

How does it feel to be part of one of the most active dental societies in the country?

With 1374+ members, San Fernando Valley Dental Society is one of the largest and busiest California dental societies. Our board is comprised of 24 members including the executive committee, committee chairs, members at large and two CDA trustees. Many of our members are not only involved at our component level, but they are key role players in other organizations such as AGD, AAWD, ICD, ACD, and fellows of the Pierre Fauchard Academy. Aside from the board, we have a very engaged membership who participate in outreach programs such as "Veterans Smile Day," "Give Kids a Smile," and "Smiles from the Heart." These programs are a way of thanking the community as well as giving back to our veterans for their sacrifice and service.

As a member of ADA's Council on Membership, my focus has always been our members. I want to know; what makes them happy; what is important to them, and what is bothering them?

I believe in change and moving forward, I would like to use technology and social media to reach out to our members, the public, and the media.

Our goal is to promote our member dentists and outline the wonderful work they do to help the community. Our efforts will include the goodwill done by our members and will underline 150 years of the ADA code of ethics. Our efforts will continue to be in alignment with the ADA efforts.

Doctor Kathleen O'Loughlin, ADA Executive Director, visited us from Chicago, to install the 2017 executive committee. She was joined by ADA Immediate Past President, Dr. Carol Summerhays. Our members had a chance to interact with ADA and CDA leaders.

Doctor O'Loughlin reminded us that last October, the ADA House of Delegates approved a budget of \$6,000,000 for three years for a total of \$18,000,000 to allow the ADA to start advanced marketing and search engine optimization methods to promote ADA member dentists!

Last year's elections saw four dentists being elected to the United States House of Representatives. These dentists may not be from California but they are our colleagues who understand dentistry and will enlighten other representatives when issues such as the Affordable Care Act or access to care are discussed. Congressman, Dr. Paul Gossar, has been battling the anti-trust laws concerning

From the Desk of the President

Karin Irani, DDS



insurance companies since he was first elected to the U.S. House of Representatives in 2011.

Our member dentists have also been struggling with insurance issues. Our dental society successfully proposed a resolution to the 2016 CDA House of Delegates asking that CDA establish an 'Office of Ombudsman' to help our members with their insurance questions and concerns.

These are just a few things that are happening. We are looking forward to a busy year full of great things to come. Please come be a part of the proud success of SFVDS.

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Trustee's Report

Actions of the Board of Trustees from October and December

At the end of the official actions of the BOT will be my thoughts on the future of the CDA BOT.

Board of trustees meeting summary – Oct. 7.

The following actions were taken and discussions were held.

Actions Taken: Actions of the board, which are determined to be under the authority of the House of Delegates (CDA house), will be moved to the CDA house as a separate resolution.

- Minutes: The board approved prior meeting minutes.
- 2017 CDA Operating and Capital Budget: The board approved the 2017 budget.
- Innovations Model Task Force Funding: The board approved funding to support the work of the innovations in membership models task force.
- Strategic Plan: The board approved modifications to the CDA strategic plan.
- New Volunteer Governance Shadowing Program: The board approved the development of a pilot program to allow new volunteers to attend and observe CDA governance meetings and events.
- New Dentist Voting Roles on Judicial Council and Council on Membership: The board approved the inclusion of a new dentist at-large non-voting position on the judicial council and a new dentist at-large voting position on the council on membership.
- At-Large Trustee Positions on the Board of Trustees: The board approved that the recommendations of a new dentist task force to add elected at-large trustees be referred to a newly constituted task force and postponed consideration of the composition and charge of the task force until the March 2017 board meeting.
- Deadline for Introduction of New Business at the House: The board approved a recommendation that the deadline for the introduction of new business at the CDA house be modified to create greater flexibility in the meeting schedule.

Discussions:

- Presentation on Integrated Health Care: Dr. David Gesko, dental director and senior vice president for HealthPartners, presented an overview to the board of Health Partners' integrated health care model.
- House Agenda Update: The board received a verbal update on the CDA house agenda.
- 2017 Management Objectives of the CDA Executive Director: The board reviewed the proposed 2017 management objectives for the CDA executive director.
- Tobacco Tax Presentation and Initiatives Overview: Jim DeBoo, campaign manager for the Proposition 56 campaign, provided an overview to the board on the Yes on 56 campaign and addressed other initiatives on the November ballot.
- Healdsburg Fluoridation Update: The board received a verbal update on the Healdsburg fluoridation campaign.
- The board also received verbal updates on activities of the ADA, CDA Foundation, TDIC/TDIC Insurance Solutions, TDSC, CalDPAC, CDA Presents board of managers, judicial council and the charter review subcommittee.

By: Martin Countney, DDS



Board of trustees meeting summary – Dec 8th

- Approval of the minutes – October 7, 2016 Meeting
- Clarification of action taken related to the new dentist resolution 2
- The board rescinded the action to create a task force to add at-large Trustee positions and
- Approval of the Closed Session minutes – October 7, 2016 - Closed Session 7
- Ratification of presidential appointments for 2017 (Action) 9
- Ratification of TDSC bylaws amendments (Action) 11
- Ratification of TDSC Public Director nomination (Action) - Closed Session 14
- Peer Review manual amendments (Action) 16
- 2017 CAPP membership dues (Action) 25
- Regular business
- 2017 Goals for CDA Executive Director Management Objectives (Action) 26
- CDA Tax Form 990 verbal
- New Business: To be announced onsite
- Closed Session Legal Report > Update on Delta litigation and Informed Board of Trustees of lawsuit filed by family of Dr. Steve Leighty

My opinion

When you read this in February of 2017 there will be about one month before the next CDA Board of Trustees (BOT) meeting. At that meeting there will be significant discussion about what the composition of the CDA BOT should be. The decisions that come from that meeting will have a profound impact on the future of CDA. Your state dental association was created and structured to gather as much input as possible through a representative form of governance. The CDA House of Delegates (HOD) with more than 200 members from across the state and every component was the highest authority, and had final say over finances, creation of task forces, councils and committees. In early 2016 the CDA HOD voted to have all financial and business matters under the complete authority of the CDA BOT. As a result, the CDA HOD is an advisory body that sets policy for the association.

The CDA BOT has about 50 voting members. Every component has at least one trustee. The 11 largest components have two trustees. The San Fernando Valley Dental Society has two trustees (myself and Dr. George Maranon). The proposal put forth by the New Dentist Task Force is to create at-large trustees and maintain the existing size of the BOT by removing the 2nd trustee from the larger components. Also, the length of the term of a trustee will be expanded to nine years from the current six years. The stated reason is to enable CDA to have the most qualified people as trustees regardless of component affiliation. The CDA BOT will select the at-large trustees that have been nominated by the Committee on Volunteer Placement (CVP). Each year the CDA BOT will determine what qualifications are important and instruct the CVP to find candidates that meet the new criteria. After a person has finished their term as an at-large trustee they may apply to be elected by their component to the BOT and have another nine years. After a component elected trustee has termed out, that person may apply for one of the at-large trustee positions. And round and round it goes.

That is the problem, your CDA BOT will be selecting themselves for as many as 18 years. The proposal is ripe for abuse and behind the scene deals will no doubt occur. This is not in CDA's best interest, nor the membership's best interest.

General Meeting Review

Ms. Olga Ibsen,
RDH, MS



November 16 - Oral Pathology for the Dental Professional & Differential Diagnosis of Oral Lesions.

With the course, the oral cavity was divided by the speaker into the following areas: lips, tongue, floor of the mouth, buccal mucosa, palate and gingiva. First, examples of normal were reviewed. Then 15-20 conditions for each area were discussed including variations of normal, reactive lesions, immunologic conditions, infectious diseases, developmental disorders, chromosomal abnormalities, and neoplastic conditions. Questions answered included: What are some features used in differentiating one lesion from another? What are the questions you should be asking yourself and the patient? What is the "gold standard" in the diagnostic process? Emphasis was placed on the diagnostic methods that contribute the most to the final diagnosis.

General Meetings -2017

February 22, 2017	Marc Geisberger, DDS	Restorative/Aesthetic Dentistry
March 29, 2017	Timothy Bizga, DDS:	Unleashing the Power of the 89%: How Supercharging Your Hygiene Program can Supersize Profits
April 26, 2017	Diane Morgan Arnes, RDH:	CA Dental Practice Act and Infection Control
June 28, 2017	Parag Kachalia, DDS:	Separating Fact From Fiction of Today's Dental Materials
September 20, 2017	Todd Snyder, DDS:	The Art of Aesthetics and Occlusion
October 25, 2017	Ron Kaminer, DDS:	High Tech, Minimally Invasive Endo for the GP
November 15, 2017	Peter Jacobsen, DDS:	Fighting Dental Disease: Drugs, Bugs and Dental Products. Live Long and Prosper –Lifestyle Medicine in Dentistry

NEW STATE MINIMUM WAGE TO TAKE EFFECT JAN. 1

Reprinted with permission from California Dental Association

Many California employees will begin earning a new minimum wage on Jan. 1, 2017, per legislation signed by Gov. Jerry Brown in April.

Under the new state law, dental practice owners with 26 or more employees must begin paying a minimum wage of \$10.50 (an increase of 50 cents over the current state minimum wage) on Jan. 1, 2017. Practice owners with 25 or fewer employees have an additional year to comply with the law; they are required to begin paying the new wage on Jan. 1, 2018. The minimum wage will then increase annually each January — to \$11 an hour in 2018 and then by \$1 each successive year until the minimum wage reaches \$15, in 2022 (for employers with 26 or more employees).

Again, employers with 25 or fewer employees will have an extra year to comply with each annual wage increase. Once the minimum wage reaches \$15, it is set to increase annually with inflation.

Scheduled minimum wage increases beginning January 2017 or 2018

Wage	26 or more employees	25 or fewer employees
\$10.50/hour	Jan. 1, 2017	Jan. 1, 2018
\$11/hour	Jan. 1, 2018	Jan. 1, 2019
\$12/hour	Jan. 1, 2019	Jan. 1, 2020
\$13/hour	Jan. 1, 2020	Jan. 1, 2021
\$14/hour	Jan. 1, 2021	Jan. 1, 2022
\$15/hour	Jan. 1, 2022	Jan. 1, 2023

The law does allow the governor to suspend a scheduled wage increase in the event of an economic slowdown or if a budget deficit is forecasted for the current budget year up to two additional years. The governor may only suspend the increase due to a budget deficit twice.

Required notices, local ordinances

Employers are required to post a new official notice that communicates the new minimum wage. Dentists must post the notice in a visible location frequented by employees. The downloadable poster will be available on the website of the state Department of Industrial Relations at dir.ca.gov/wpnodb.html.

Additionally, more than 20 California cities, as well as one county, have minimum wages that are equal to, surpass or will surpass the state minimum wage in 2017. These include Berkeley; El Cerrito; Emeryville; Los Angeles (city and county); Mountain View; Oakland; Pasadena; Palo Alto; Richmond; Sacramento; San Diego; San Francisco; San Jose; Santa Clara; Santa Monica; and Sunnyvale.

Practice owners should check with their local jurisdictions or city websites to ensure they are in full compliance. Practice owners may also reference the CDA Practice Support resource, 'Minimum Wage and Paid Sick Leave Ordinances by City', available at cda.org/practicesupport.

The resource lists individual city and county minimum wages, with links to notices, wage orders and FAQ.

'ARE YOU IN COMPLIANCE' WITH 2016 LAWS AND REGULATIONS?

Reprinted with permission from California Dental Association

From displaying California's Whistleblower Protection notice to registering with CURES 2.0, dental practices were to comply with 12 laws and regulations that took effect in 2016.

Presented here are summaries of these new laws and regulations along with explanations of what dentists must do to comply with them. Included with each listing is a related CDA Practice Support or other resource to assist member dentists who need to take additional steps to ensure full compliance. Dentists can find additional details in the cited CDA news articles on cda.org. The laws are listed in order of the required compliance date — beginning with the nearest date.

- Dec. 1, 2016: Review duties of exempt employees
California practice owners must review the duties test to determine that employees clearly meet the job duties of exempt positions and either increase employee salaries to be compliant with these new regulations or reclassify them as nonexempt, hourly employees.

CDA news article: "Exempt vs. nonexempt: understand employee classifications" (July 5, 2016)

CDA resource: Do You Need to Reclassify Your Exempt Employee?

NOTE: On Nov 22, 2016, a federal judge in Texas issued a nationwide injunction blocking implementation of the U.S. Department of Labor's Fair Labor Standards Act (FLSA) rule concerning overtime pay for certain employees who are currently classified as exempt from overtime. The injunction follows lawsuits filed by multiple states and business groups.

Under the rule, which was set to take effect Dec. 1, all employers would be required to pay a minimum salary of \$913 per week, or \$47,476 per year, in order for an employee to be classified as exempt. Employers in California would need to pay close attention to and adjust salaries over the next several years in consideration of the annual state minimum wage increases due to begin Jan. 1, 2017.

CDA reported on the new FLSA rule in the December CDA Update, noting that the rule would take effect Dec. 1. With the injunction issued, employers are not required to comply with the rule by Dec. 1.

Questions about the FLSA rule and the injunction may be directed to CDA Practice Support at 800.232.7645.

- Oct. 18, 2016: ACA: Post nondiscrimination notices
(See the article "OCR's final rule on Section 1557 in effect" in

the December issue of the CDA Update.) Under the Affordable Care Act, dentists participating as providers in the Denti-Cal, CHIP (formerly known as Healthy Families) and Medicare Advantage (Part C) programs and those who have received Meaningful Use funding are required to comply with new federal nondiscrimination policies. They must post a notice of nondiscrimination, post taglines in the top 15 non-English languages spoken in California and offer free language assistance. In addition, those practices that must comply and who have 15 or more employees must also post information regarding grievance procedures.

CDA news article: "Civil rights rule compliance required by Oct. 16" (Sept. 6, 2016)

CDA resource: Nondiscrimination Requirements Under Affordable Care Act (Section 1557)

- Aug. 1, 2016: Display new minimum wage posters
Dental practices must post the revised Fair Labor Standards Act Minimum Wage Poster, no smaller than 11-by-17 inches, as well as the revised Employee Polygraph Protection Act Poster.

CDA news article: "New state minimum wage, FLSA overtime rule to take effect" (See cover story in the December issue of the CDA Update.)

CDA resource: Downloadable posters via Appendix 4: Required Postings in a Dental Office

- July 18, 2016: ACA: Provide interpreters, ensure accessibility
Under the Affordable Care Act, dentists participating as providers in the Denti-Cal, CHIP (formerly known as Healthy Families) and Medicare Advantage (Part C) programs and those who have received "meaningful use" funding are required to comply with new federal anti-discrimination policies. They must provide interpreters or translators to patients with limited English proficiency, ensure accessible online appointment systems and billing, ensure employee health plans are in compliance with antidiscrimination laws and comply with standards concerning dental facility alterations or new construction.

CDA news article: "Resources for July 18 civil rights rule deadline" (July 13, 2016)

CDA resource: Nondiscrimination Requirements Under Affordable Care Act (Section 1557)

- July 1, 2016: Submit email address to dental board
Each individual licensed or permitted by the Dental Board of California or the Dental Hygiene Committee of California must submit an email address to the dental board at dentalboard@dca.ca.gov, using the subject line "Electronic Mail Address Requirement." The individual's name, license type, license number and email address should be included in

Continued on page 10

THINGS YOU SHOULD KNOW FOR 2017

'ARE YOU IN COMPLIANCE' WITH 2016 LAWS AND REGULATIONS?

Continued from page 9

the email. The email address will be treated as confidential and is not subject to public disclosure.

CDA news article: "Dental board email address requirement in effect" (Oct. 5, 2016)

- July 1, 2016: Register with CURES

All prescribers in California with U.S. Drug Enforcement Administration registrations are required to register to access California's prescription drug monitoring program, known as CURES 2.0 (Controlled Substance Utilization Review and Evaluation System). Prescribers should register at oag.ca.gov/cures.

CDA news article: "CURES registration deadline July 1" (May 27, 2016)

Resource: Training videos, FAQ and user guide at the Department of Justice website at oag.ca.gov/cures

- July 1, 2016: Provide timely practice updates

Dentists contracted with dental plans must respond to a plan's request for accurate directory information within 30 days or face payment delays, reimbursement reductions or, ultimately, termination of their participating provider agreement. Dental practices are required to provide timely practice updates, including practice address, license number and other information.

CDA news article: "Dentists must give timely practice updates" (April 6, 2016)

- June 1, 2016: Update hazard communication plans

Dental practices must have updated hazard communication plans and safety data sheets, place appropriate labels on secondary containers and train all staff on new chemical labeling and classification systems. CDA has developed a sample hazard communication plan and PowerPoint presentation for use in dental practices.

CDA news article: "Hazard communication compliance deadline near" (March 22, 2016)

CDA resource: Sample Hazard Communication Plan; Hazard Communication PowerPoint Presentation for Training

- April 1, 2016: Develop new antidiscrimination policies

Amendments to California's Fair Employment and Housing Act regulations, which generally apply to employers with five or more employees, require employers to develop and distribute antidiscrimination, anti-harassment and complaint investigation policies.

CDA news article: "Discrimination and harassment regulations amended" (April 1, 2016)

CDA resource: Sample Antidiscrimination and Anti-Harassment Policies; Sample Employee Manual Template

- April 1, 2016: Replace pregnancy leave posters

Dental practices must post Your Rights and Obligations as a Pregnant Employee (DFEH-100-20), which replaces "Notice A," addressing Pregnancy Disability Leave, as well as the California Family Rights Act. Employers with 50 or more employees must post Family Care and Medical Leave (CFRA Leave) and Pregnancy Disability Leave (DFEH-100-21), replacing "Notice B."

CDA news article: "Pregnancy disability poster changes effective immediately" (April 1, 2016)

Resource: Downloadable posters at the Department of Fair Employment and Housing website: dfeh.ca.gov/publications_publications.htm

- Jan. 1, 2016: Display whistleblower, injury posters

Dental practices must post California's Whistleblower Protection notice, printed no smaller than 8.5- by-14 inches, as well as Notice to Employees — Injuries Caused by Work, in both English and Spanish if dentists have Spanish-speaking employees.

CDA news article: "Practices must display two new posters" (Jan. 27, 2016)

Resource: Downloadable notices at the Department of Industrial Relations website: dir.ca.gov

- Jan. 1, 2016: Use revised CDT codes

(For dental code changes that will take effect Jan. 1, 2017, see the article "CDT 2017 dental code changes are here" in the December issue of the CDA Update, page 2.) Dentists must use 19 new dental procedure codes, 12 revised codes, and be aware that eight codes have been deleted. CDT is the only HIPAA-recognized code set for dentistry, reflecting technological advances and improved accuracy, specificity and simplicity.

CDA news article: "Dentists should prepare for 2016 dental code changes" (Sept. 21, 2015)

Resource: CDT catalog available for purchase on the ADA website at adacatalog.org

"Are You in Compliance?" can help dentists track key regulatory compliance dates. Launched in summer 2016, this CDA Practice Support resource provides all of the details dentists need to ensure their dental practice complies throughout the year with upcoming laws and regulations. Located in one handy place and accessible via the Practice Support homepage, the laws and regulations are organized by deadline date with each listing providing a brief description of the law along with links to relevant templates and sample documents.

- Find many resources cited in this article at cda.org/resources.

CDT 2017 DENTAL CODE CHANGES ARE HERE

Reprinted with permission from California Dental Association

CDT 2017 is the newest version of the American Dental Association's code on dental procedures and nomenclature. Dentists will need to prepare for the 2017 dental code changes effective Jan. 1, 2017.

Addition of D4346 fills a gap

Current CDT codes document procedures for a generally healthy patient with periodontal disease who has accompanying loss of attachment and bone loss. D1110 is primarily a preventative procedure for patients with generally healthy periodontium. D4341 and D4342 are therapeutic procedures and are indicated for patients who require scaling and root planning due to bone loss and subsequent loss of attachment.

Dentists have found a gap in available codes for those patients who need therapeutic treatment for generalized moderate to severe gingival inflammation, with or without pockets but exhibiting no bone loss. Finally, with the implementation of CDT code D4346, dentists can now accurately document and report these "difficult" cleanings.

It will be important to look for updates from the dental benefit plans on the processing and policy guidelines for D4346. Plans usually start sending updates on policy changes for the New Year in late October and early November. The ADA's full D4346 code description is provided in the outline below. There are 16 code changes, which include an addition of 11 new procedure codes, five revisions and one deletion.

New CDT 2017 procedure codes:

D0414 laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission or written report

D0600 non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin and cementum

D1575 distal shoe space maintainer – fixed unilateral

D4346 scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planning, or debridement procedures

Questions? Contact ADA using the toll-free number on the back of your membership card; Direct dial, 312.440.2500 or dentalcode@ada.org

D6081 scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surface, without flap entry and closure

D6085 Provisional implant crown

D9311 consultation with a medical health care professional

D9991 dental case management – addressing appointment

D9992 dental case management – care coordination

D9993 dental case management – motivational interviewing

D9994 dental case management – patient education to improve oral health literacy

CDT 2017 code revisions:

D1510 space maintainer – fixed unilateral: excludes a distal shoe space maintainer

D4263 bone replacement graft – retained natural tooth – first site in quadrant

D4264 bone replacement graft – retained natural tooth – each additional site in quadrant

D4274 mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)

D9630 drugs or medicaments dispensed in the office for home use

CDT 2017 code deletion:

D0290 posterior – anterior or lateral skull and facial bone survey radiographic image

Dental plans are required to recognize the current CDT codes and usually make their updates effective Jan. 1 of every year. It is important to remember that while plans are required to recognize the current CDT codes, they are not required to pay or provide benefits for the new code set. Dental offices are encouraged to reach out to the dental plans they contract with for an updated provider handbook and review them for CDT code and processing policy changes.

Copies of the CDT 2017 are available for purchase through the American Dental Association at adacatalog.org. It is recommended all dental offices have a current copy to assist with proper claim billing.

CDA Practice Support offers hundreds of dental benefit, employment, regulatory compliance and practice management resources to CDA members as a free benefit. Visit cda.org/practicesupport to learn more about the tools available to assist member dentists with their practice.
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THINGS YOU SHOULD KNOW FOR 2017



ADVERTISING ON GROUPON ALLOWED UNDER NEW LAW

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Dental Association*

Legislation signed in September by Gov. Brown resolves a longstanding conflict concerning whether health care providers' use of online marketing companies to advertise health care services constitutes fee splitting or payment for referrals, both of which are prohibited under state law.

Assembly Bill 2744 (Gordon, D-Menlo Park) permits health care providers to advertise online via vouchers for specific services through Groupon, Living Social and other similarly structured social coupon companies. Under the new law, the sale of such a voucher for health care services is not considered a payment for referral of patients as long as the third-party advertiser does not recommend, endorse or select the health care provider.

CDA worked with the author's office to ensure that any gray area surrounding payment for referral of patients and fee splitting was eliminated for dentists.

Three amendments CDA requested were folded into AB 2744, allowing CDA to move from an "oppose unless amended" to a neutral position on the Groupon-sponsored bill. These amendments protect a dentist's authority to diagnose and better inform consumers. Specifically, they require that offers of discounted health care services through social coupons include:

- Disclosure of the discounted price of the advertised service in comparison with the actual cost of the service. Furthermore, the bill states, "The fee paid to the third-party advertiser must be commensurate with the services provided by the third-party advertiser."

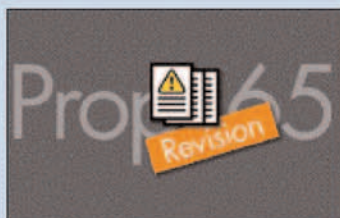
- Disclosure that not all purchasers may be eligible for the advertised health care service and that "a consultation is required" to determine the patient's appropriate care.

- Disclosure that if the purchaser is not a candidate for the purchased health care service, or does not claim the service for any reason, the purchaser will receive a refund of the full purchase price as determined by the terms of the advertising service agreement.

To align the bill with covered benefits required under the Affordable Care Act, "basic health care services" and "essential health benefits" are excluded from services that may be offered through online advertising vouchers. Therefore, under the new law, advertising for cosmetic and adult dental services is allowable but advertising for pediatric dental services is not.

While the new law exempts marketing some health care services through social couponing from the restrictions imposed by Section 650, it maintains the ban on payment for referrals and fee splitting in all other circumstances. The bill goes into effect Jan. 1, 2017.

For resources on compliance with this new law, please visit cda.org/practicesupport.



PROPOSITION 65 NOTICE REQUIREMENTS REVISED

Reprinted with permission from the CA Dental Association

The California EPA's Office of Environmental Health Hazard Assessment has adopted a regulation revising the notices that dental practices are required to post under Proposition 65, known as the Safe Drinking Water and Toxic Enforcement Act. The regulation, which takes effect in 2018, also amends the methods by which dental practices provide the notices.

Passed by voter initiative in 1986, Proposition 65 requires businesses with 10 or more employees to provide "clear and reasonable warning" if a product or business location may expose employees or consumers to a chemical known to the state to cause cancer or reproductive toxicity.

Since 2003, CDA has been providing its member dentists with a specific court-approved notice for dental amalgam and other restorative materials. CDA then began providing a notice for nitrous oxide, which was added to the list of chemicals a few years later, and then a third notice for Bisphenol A (BPA), when that chemical was added to the list in April 2015. Now, under the new regulation, dental businesses (such as practices, schools and laboratories) will be required to comply with one of two provisions:



EPA ISSUES FINAL RULE: AMALGAM SEPARATORS REQUIRED

Reprinted with permission of the CA Dental Association

The administrator for the Environmental Protection Agency has signed off on a final rule under the Clean Water Act to control the discharge of mercury and other metals entering the waste stream from dental practices. The rule will regulate dental practices that place or remove amalgam — it is not intended to apply to dental practices such as orthodontic and periodontal practices except in limited emergency circumstances. The compliance date for most dentists will likely be January 2020, three years after the effective date. Under the final rule, a dental facility that places or removes amalgam will be subject to two best management practices: 1) collect and recycle scrap amalgam; 2) clean the chairside traps with non-bleach or non-chlorine cleanser so as not to release mercury.

The rule also includes an amalgam separator requirement, stating that a dental facility must install an amalgam separator that is compliant with either the American National Standards Institute American National Standard/American Dental Association Specification 108 for Amalgam Separators (2009) with Technical Addendum (2011) or the International Organization for Standardization 11143 Standard (2008) or subsequent versions so long as that version requires amalgam separators to achieve at least a 95 percent removal efficiency.

CDA recommends that members not purchase separators until the rule is published.

Dental practices that already have amalgam separators will be required to replace the equipment within 10 years of the rule's effective date with equipment meeting the new standard.

Additionally, there are reporting requirements. All dental facilities must submit to the local authority a compliance report and have maintenance and inspection records available for inspection.

CDA and the ADA advocated to the EPA for revisions to the proposed rule, published in 2014, with CDA calling for withdrawal of the rule to allow sanitation agencies, states and regions to “develop their own guidelines to use when developing and enforcing dental amalgam programs which will allow for the appropriate response based on each local jurisdiction’s needs.”

CDA is developing an FAQ and other resources to assist dental practices with compliance dates, California-specific required BMPs, penalties for noncompliance and more. In addition, CDA has worked with PureLife Dental to help make complying with the new mandate easier and more affordable. With the confidence of CDA's Endorsed Programs, PureLife's ECO II amalgam separator is available to members for only \$99 per unit with a discounted one-year replacement cartridge and disposal service agreement. To learn more, visit cda.org/amalgam.

- Post one notice (in lieu of three) “at all public points of entry to the dental office or in each location within the office where an exposure is reasonably likely to occur;” or

- Provide a warning with an informed consent form or as part of an informed consent form signed by the patient prior to exposure.

Dental practices may choose to provide the warnings via both posted notice and informed consent. The notice will direct patients and employees to a website, [‘oehha.ca.gov/proposition-65’](http://oehha.ca.gov/proposition-65), for more information about the specific chemicals.

OEHHA relies on expert scientific panels to develop what is now a list of more than 800 chemicals that require warning notices. The governor is required to publish the list at least once a year. Either the Attorney General or private parties can enforce the warning requirement through litigation.

The regulation is effective Aug. 30, 2018. In the interim, to allow for a reasonable transition period, dental offices may choose to comply with either the current regulation or the provisions of the new regulation.

CDA is developing resources, including a revised notice in several languages and an updated FAQ, that dental offices will need to comply with the new regulation by Aug. 30, 2018. CDA will share these resources when they become available in the CDA Update and on cda.org.

2017 Installation of Officers

Sunday, January 8, 2017 at the Royal Palace in Glendale, your 2017 officers were installed by Dr.

Kathy O'Loughlin, Executive Director of the American Dental Association (ADA). Installed were: Karin Irani, DDS as President; Gib Snow, DDS as President-elect; Mahfouz Gereis, DDS as Treasurer; and Chi Leung, DDS as Secretary.

Guests in attendance included: Carol Summerhays, DDS Immediate Past-president of the ADA and Eugene Sekiguchi, DDS, a Past-president of ADA; Butch Ehrler, DDS, President of CDA; Ken Wallis DDS, Immediate Past-president of CDA; Richard Nagy, DDS, CDA Secretary; and a long list of friends from the Korean, Hispanic, Iranian, Angel City, San Gabriel, Tri-County, Los Angeles, and West Los Angeles Dental Societies. Last but not least, in addition to dancing to a DJ, the entertainment included an Elvis impersonator!



Pemphigus and Pemphigoid: The Unique Role of Dentists

By: The International P&P Foundation

Pemphigus and pemphigoid (P/P) are rare, autoimmune blistering diseases that affect a very small percentage of the population. The average patient with P/P sees five doctors over ten months in search of a diagnosis for their condition. Delays in diagnosis and appropriate treatment can lead to a number of complications, including significant functional impairment, resistance to treatment, psychological stress, and a lower likelihood of achieving remission.

The majority of P/P patients present with oral symptoms before the onset of skin lesions. Because of this, dentists have a unique opportunity to help shorten diagnosis times by identifying signs and symptoms when they are first encountered.

Pemphigus vulgaris (PV) and mucous membrane pemphigoid (MMP) are two forms of P/P with increased presentation in the mouth. Oral lesions of PV/MMP are often initially misdiagnosed as “allergies” to dental products, foods or environmental agents or “non-specific gingivitis”, further delaying diagnosis (a biopsy) and appropriate treatment.

A catch-all clinical descriptor often used in dental practice is “desquamative gingivitis.” This describes a chronic type of gingival inflammation in which the epithelium detaches, leaving exposed ulcers. Desquamative gingivitis can be caused by several diseases that affect the oral cavity, so the practitioner needs to obtain a definitive diagnosis.

Consider a diagnosis of P/P when a patient presents with a combination of:

- Multiple ulcerated or erythematous oral lesions that don't resolve in 7-10 days
- Lesions outside the mouth, including those on other mucosal surfaces and the skin
- Lesions that develop following minor trauma (Nikolsky sign), such as gentle lateral pressure, which weakens the adhesion between epithelial cells and the underlying connective tissues

Care and Maintenance

PV/MMP patients require special care during dental appointments to manage sensitive areas of the mouth and

prevent further lesions from forming. Oral lesions can be very painful for patients, making it difficult to brush teeth and maintain proper hygiene. Consequently, patients may experience increased incidence of dental caries and periodontal disease. Dental prophylaxis should be performed on a regular basis, even when lesions are present. Good oral hygiene is very important to positive treatment outcomes.

Care and maintenance tips for dental professionals:

- Do a complete oral mucosal examination. Evaluate for any abnormalities, including secondary complications of PV/MMP treatment, such as candidiasis.
- Be gentle during maintenance appointments.
- Schedule more frequent appointments to control plaque build-up.
- Consider scheduling extra time and using local anesthesia, as patients may experience pain and bleeding during dental treatment.
- Use simple hand scaling instruments to increase control and minimize trauma to the oral tissues.
- Polish teeth with a non-abrasive toothpaste, avoiding harsh abrasives and air polishers, as particles may become embedded in the ulcerated tissue and set off a foreign body reaction.
- Avoid alcohol-based mouth rinses.
- Oral hygiene instructions for home care should be tailored to the level of mucosal involvement. When significant oral disease is present, gentle home care -- including extra-soft toothbrushes, mildly flavored toothpastes, and mild mouth rinses -- may be all the patient can tolerate. Some patients may not be able to floss due to



bleeding and pain, so soft interdental brushes may be recommended instead.

- If patients are on a soft diet due to presence of oral ulceration and pain, suggest intake of nutritious, non-cariogenic options such as vegetable soups, fruit smoothies, etc.

The International Pemphigus and Pemphigoid Foundation (IPPF) is the world's leading organization dedicated to improving the quality of life for all people affected by pemphigus and pemphigoid.

More information can be obtained by visiting the IPPF Awareness Campaign website at www.pemphigus.org/awareness or by contacting awareness@pemphigus.org

Dental Game Plan

Building a Winning Practice



By: Josh Summers, CEO

Do you ever feel like your practice is stagnant, or in decline? Have you felt like the energy or life of your practice has been sucked out by a stifled economy, a lack of new patients or a staff that just doesn't seem to care? If so, this article is written especially for you!

According to researchers, you probably became a dentist for one of the following two reasons; to have the financial freedom to work your own schedule and a genuine desire to help people with their oral health needs, which is to say, you wanted to improve the lives of those around you. The problem however, is that many dentists find themselves bogged down financially and unable to make the revenue they need to achieve those goals. Dental clinicians often find themselves with far too many openings in their schedule and/or not enough revenue to sustain a healthy practice. Or, maybe they have a sustainable business model but can't seem to get to that next level of financial freedom. Either way, I'm going to provide you with ideas that will help your dental business flourish so that you may reach new financial heights.

The best way I know to communicate my ideas is through the use of list made into a step-by-step approach. The following checklist of things to do will help you find and attract a steady stream of eager patients and get them through your door. As you read this, there may be some things that you already know and understand, but I urge you to read all the way through as I will be providing you with some quality tips on a variety of items, that if implemented will have a big impact on your dental business.

I hate to state the obvious, but I'm going to: the internet has changed everything. If for some crazy reason you don't agree, next time you're in public, just look around and notice how many people are on their mobile devices checking a text message, playing with an app, or scrolling through Facebook, Twitter, Reddit, LinkedIn, etc. Your new dental patients are everywhere, the only thing between you and them is a backlit, LCD screen they are already addicted to. Let's talk about how to find ways to connect with them and get them into your office. But before we get into connecting with new patients, let's first look at the gold mine in your practice management software (PMS)... existing patients!

Step 1: Get Your Existing Patients Back

If you're like 90% of dental offices, you have some type of recall program that goes out to current patients and reminds them of their upcoming hygiene visit. Let me ask you, what happens when a patient misses that appointment, or cancels it and does not reschedule? Does this patient fall through the cracks? When is the last time your staff picked up a phone to call this person? Or follow up with them about rescheduling? Most likely your staff is too busy or doesn't have the tools to do this in a timely or efficient way. I can guarantee that you have patients out there that stopped coming to your office and haven't seen a dentist since their last appointment with you. It's safe to assume that there is some work there that needs to be done, and perhaps quite a lot! What is your current process to follow up with these patients for the next year? Five years? Beyond? Most likely you don't have one. Well I do. Once a hygiene appointment is missed we send out the first round of emails and text messages once a week for four weeks to see if we can get them to re-schedule right away, this is coupled with two phone calls (one during the day and one during off hours). Then, we drop down our messaging to two texts and two emails for two months along with one additional phone call. Once we hit month three, communication drops down to one text message and one email per month with a phone call every three months. The beauty of this system is that it allows the person to opt-out anytime, but even if they are not interested we are able to collect sophisticated data as to why they are leaving. The patient must tell us that they either a.) found a new dental office, b.) moved away, c.) changed insurance carriers or lost insurance, or d.) other reasons. This allows us to make judgments based on incredibly good data about who is active and who isn't in your PMS.

Step 2: Getting Online Reviews

In order to get new patients to come into your practice, the first step is to make sure you have an incredible online presence. So, how do you do that? Start with a great website that has a lot of high quality images of you and your team! Next, use the same photos to brand your social media profiles the same way you did your website, so that everything is consistent. Lastly, you need to pay a lot of attention to your online patient reviews on Google, Yelp, Angie's List, City Search, and many others. You must have good reviews on these sites! If you're like most dental offices; you probably have very little control of how many positive reviews are finding their way to your online profiles. Even though you may have great reviews on a place like DemandForce... very few people actually see those. Have you ever noticed that it is so much easier to get bad reviews than it is to get a good one? Here are a few things we do to make sure that our dental offices get the best reviews online and a constant flow of good reviews without much effort.

We built a simple program that acts as a screening process for patients. We start with a survey which asks patients sev-

eral questions about how their visit was. At the end of that survey we ask that patient to grade their experience on a scale between 1 and 5 stars. If the patient grades the office between 1 and 3 stars, we simply thank them for their time and use the information they provided in the survey to improve the practice. If they rate their visit 4 or 5 stars, we take their email and cell phone details and continue to communicate with them through a series of emails and text messages. Each email or text is geared towards a review platform like Yelp, Angie's List, Health Grades, or Google+. Our purpose is always to use the enthusiasm that they shared with us about their last experience in our office to get them to post positive things about us online. We also make sure to reward each patient for their participation in building the online brand of the practice. You don't necessarily need a sophisticated program like ours as the bulk of this effort can be done by hand, it's just time consuming, but the results are worth the time.

Step 3: New Patient Referrals

One of the most critical things a dental practice can do is attract more patients to their office. The most basic and probably best way to do this is to get your patients to refer friends and family members. These patients already trust you from the recommendation and can be an excellent source of new revenue. Set up a program that encourages patients to share your office with their friends and family. Give them a reason to do it. Make it fun by turning it into a game. We again came up with a system that would allow our doctors patients to send out free gifts to their friends and family from our office. Incentives like teeth whitening and gift cards were emailed to friends and family members to encourage these patients to come in and try our office. This helped us develop relationships with new referred patients who didn't know anything about us. It's pretty easy to do and can be set up through forms on your website or an automated email system that can be purchased through constant contact. You can keep this very simple or it can be extremely complex, I'll leave that up to you. If you want more information about programs that help you do this, feel free to use our website as a resource at DentalGamePlan.com.

Step 4: Building a Wide Net

Generating new appointment through advertising can be a costly venture if you don't know what you're doing. There are so many advertising options like Google PPC, organic search results, postcards, social media, and hundreds of others. It's clear that all of these advertising options cost money, and you can't do them right away. So where do you start? How do you get the patients you want and need for your dental office? The answer is easy and complicated, start with one and work on it until it actually works for you. Tweak and change it until you start seeing good results. Find someone who knows more about it than you do and ask questions, get advice and if you want hire someone who is an expert or has a proven track record in dentistry. One thing I would suggest is don't do too much all at once.

Things get confusing and become difficult to track or understand when you don't know where your results are coming from. Once you have one of these advertising platforms down, expand out and try something else. If you are looking to grow a lot, then this is the way to do it. Keep layering until you are getting the required patients you want and need into your practice. You can have as many patients as you want if you are wise about what you do to get them.

There are also ways to drive down your cost per lead and increase your lead flow by maximizing your budget. Again, all of these things are possible with the right combination of advertising. You may start with postcards or Google and find out that mobile has a better cost per acquisition so you end up putting more advertising dollars into mobile to maximize the amount of patients you're seeing. In the meantime, you might cut out postcards because the cost per acquisition is much higher than mobile and you may end up cutting that budget to save money. There are so many things to keep your eye on. Eventually this will be difficult to maintain yourself and keep track of the patients you are booking each and every day. At a certain point, it will be critical to have someone manage all of your campaigns for you so that you can focus on the dental work that needs to be done.

It's also important, if you're generating leads and phone calls, that you have a team that is excited about following up with and scheduling these patients. If you don't have the right team, none of this will work for you. Furthermore, if you don't do something about your team's enthusiasm you'll just stay exactly where you are or end up losing money due to a gap in your marketing process. My advice to you is that when you do get to the point of spending dollars to get patients through your doors for services that you provide, you reach out to a consultant or a marketing expert. Get some advice! Usually this will cost you little or no money. Just make sure the person you're talking to actually has dental experience and can show you campaigns that have actually worked in the dental industry. Again, I cannot overstate this point... find someone with dental experience.

I hope you enjoyed reading this as much as I did writing it. If you don't know who to talk to about your specific needs and would like to work on one of these four steps but would like ideas on how to start, feel free to reach out to us at www.DentalGamePlan.com. We are more than happy to show you the path and provide you with sound marketing advice. If you like what you hear, we can also provide you with the implementation of our strategy. Helping dental offices have huge success is our number one goal. If you have questions we look forward to hearing from you -- the only way to really win is to be informed and knowledgeable. I wish you the best for the upcoming year and hope that you will use these ideas to build a bigger, better, stronger future!

Josh Summers is CEO of Dental Game Plan, a product of Wabash & Lake: a new media, marketing boutique specializing in dentistry. Josh can be reached at: (323) 984-9836



SFVDS Foundation Gala

On October 7, 2016, at the Sheraton Universal Hotel in Universal City, the dental society's foundation held a successful fundraising event that raised nearly \$30,000. These funds will be used to help fund the community service work our volunteer members provide to children, adults and veterans. The event's guest of honor was Dr. Art Dugoni, Dean Emeritus of the UOP School of Dentistry.



SFVDS Annual Holiday Party

On December 9, 2016, in the Gelfand Educational Center of the dental society's central office, members, vendors and friends gathered for an evening of tacos and margaritas to celebrate the holidays. With a catered taco grill, our own margarita makers (both regular and strawberry) and a DJ,



everyone in attendance had a great time and expressed excitement anticipating next year's party.



Prepare a Three (3) year transition plan. One that includes building the practice to its greatest potential.



Practice Transitions Step 2

By: Cliff Hauser

A practice valuation is provided by your practice broker. The numbers tell the story and that is the one used to determine practice valuation. Brokers utilize three different business valuation techniques to decide what your practice value will be at time of sale.

Fair Market Value is the amount at which the practice would change hands between a ready and willing seller and a ready and willing buyer. This assumes that neither is acting under compulsion and when both have reasonable knowledge of the relevant facts.

Investment Value is defined as a Value to a particular investor based on individual investment reasons.

Market Value estimates assume no specific buyer or seller, whereas investment values are based on the understanding, perceptions and motivations relating to specific investors.

The asset accumulation and the capitalization of earnings methods, both have applicability to the practice sales scenario.

Both methods apply and are used as a weighted average of the values obtained thus arriving at the value of the practice. Both asset accumulation and capitalization of earnings methods give credence to their validity. One can use them both and the information gained from each method will provide an ultimate fair market value.

Now all that calculation talk is just that... talk. In the end, after we have given our opinion of value, the ready and willing buyer will make an offer predicated upon his/her experience in the business and that offer will either be accepted or rejected by the seller. In some cases there may be a counter offer to the buyer's offer. This may go on for a few back and forth expressions of interest until both parties decided the money is right and we culminate the activities in what is call a (PSA) "Practice Sales Agreement"

Get familiar with some of the nomenclature:

The Transition Sales Agreement (TSA) is how the selling dentist will spend time, finish patient work, introducing the new dentist to practice patients, etc at the practice

during the transition period. How much time spent (over a period of 60 days) is usually negotiated between the parties and included in the practice sale price.

Bulk Sale Agreements (BSA) includes everything at the practice including stamps, pencils paper etc. There will be two lists included, one for items being sold and one for items not being sold with the practice. These two lists and are prepared with office staff with input from the Practice Broker. The items not be sold with the practice are usually personal items.



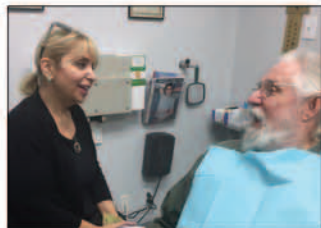
- For health care providers seeking first time or renewal training
- Classroom format with group interaction and hands-on training
- Health Care Providers receive 3 CE Credits
- Certification valid for 2 years
- \$35 Fee for SFVDS Members



To schedule a CPR Class for your office, contact: Eric Sarkissian
@ 661.273.1750 erics.snoworthodontics@gmail.com

HENRY SCHEIN SUPPORTS 'VETERANS SMILE DAY' BY DONATING NEARLY \$50,000 IN DENTAL CARE PRODUCTS

By: Ann Marie Gothard, Vice President, Henry Schein, Inc.



Henry Schein, Inc. has partnered with California-based San Fernando Valley Dental Society to donate nearly \$50,000 worth of dental care products to support the organization's "Veterans Smile Day," a program that pro-

vides free oral health care to veterans nationwide. The donation is an initiative of Henry Schein Cares, the company's global social responsibility program.

As part of the donation, Henry Schein donated a range of products, including medication, syringes, gloves, masks, and other equipment to more than 300 participating dentists. More than 2,000 veterans were treated at Veterans Smile Day events held across the country on November 4-18, receiving cleanings, fillings, extractions, root canals, and oral cancer screenings. Now in its third year, the program has grown from 60 events and 800 veterans treated in 2014.

"We created Veterans Smile Day to give something back to the men and women who have sacrificed so much in the service of our country, and we have seen our program grow exponentially in just a few short years," said program co-creator Dr. Karin Irani. "Part of the reason for that expansion is the generosity of Henry Schein. We thank them for their donation, which greatly enhanced our ability to provide quality dental care to participating veterans."



According to Dr. Irani—who co-founded Veterans Smile Day with Dr. Deryck Pham, a New Jersey dentist and retired U.S. Navy lieutenant—the U.S. Department of Veterans Affairs plays an active part in the effort to provide access to dental care for a limited number of veterans, yet 30 million veterans do not qualify for dental insurance.

"Our nation's veterans deserve our respect and our support, especially when it comes to their critical health needs," said Stanley M. Bergman, Chairman of the Board and Chief Executive Officer of Henry Schein, Inc. "We at Henry Schein are pleased to support Veterans Smile Day and the dedicated dental professionals who volunteered their time to treat those who served our country. By combining our efforts, resources, and expertise, we were able to have a positive impact on the oral health, and by extension overall health, of these brave men and women."

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Broker

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SFVDS *Foundation* *thank you to our volunteers*

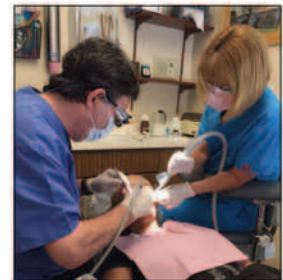
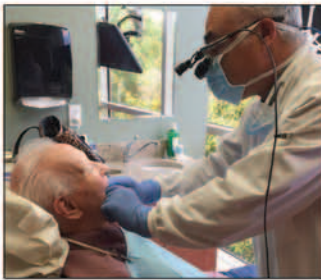
Veterans Smile Day

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



Give Kids a Smile

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



Smiles from the Heart

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

Mehran Abbassian, DDS - Valencia
Nooshi Akavian, DDS - Tarzana
Jorge Alvarez, DDS - Tarzana
Henide Arias, DDS - Reseda
Mark Amundsen, DDS - Woodland Hills
Sarkis Aznavour, DDS - Newhall
Emad Bassali, DDS - Sherman Oaks
Rex Baumgartner, DDS - Newhall
Mahrouz Cohen, DDS - Encino
Martin Courtney, DDS - Northridge
Nita Dixit, DDS - Studio City
Mahfouz Gereis, DDS - Panorama City
Gary Herman, DDS - Valley Village
Birva Joshi Jones, DDS - West Hills
Rambod Kamarava - Encino
Andre Kanarki, DDS - Palmdale
Joshua Kang, DDS - Valencia
Shukan Kanuga, DDS - West Hills

Kavian Kia, DDS - Encino
Bob Kogen, DDS - Newhall
Chi Leung, DDS - Glendale
Serge Lokot, DDS - Encino
Randy Lozada, DDS - Palmdale
George Maranon, DDS - Encino
Afshin Mazdey, DDS - Northridge
Jim Mertz, DDS - Sunland
Jorge Montes, DDS - N. Hollywood
Philomena Oboh, DDS - Van Nuys
Sarah Phillips, DDS - Santa Clarita
Anita Rathee, DDS - West Hills
Teresa Romero, DDS - N. Hollywood
Phillip Sacks, DDS - Woodland Hills
Sean Sakhai, DDS - Woodland Hills
Michael Seastrom, DDS - Tarzana
Michael Simmons, DMD - Tarzana
Gib Snow, DDS - Palmdale
Mark Stein, DDS - Encino

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

Antelope Valley Report

By: Kathy McKay

**THE ANTELOPE VALLEY
WELCOMES JOAN GARBO
ACCENTUATE THE POSITIVE:
Rejuvenating Passion & Purpose**



30+ Antelope Valley dental professionals attended an energizing seminar with motivational speaker and trainer, Joan Garbo on November 17, 2016.

As an active member of the National Speakers Association, Joan Garbo is always reading, listening, learning and networking to stay abreast of what's current to ensure that she's equipped to share and teach only the best practice skill sets. She has a Master's Degree in Speech Pathology and Audiology from the University of Virginia.

Attendees learned how to: Tap into their well-spring of joy and happiness; express their unique style of enthusiasm; rejuvenate their natural, inherent passion for making a difference in life; turn stress into energy; and make their practice a place that patients are proud to be a part of and brag about to their family and friends!

2017 DENTAL SEMINAR SCHEDULE

1.75 C.E. CREDITS • FOOD AND BEVERAGES: 5:30 pm • PRESENTATION: 6:30 - 8:30 pm

DATE	SPEAKER	TOPIC
3-16-17	Dr. Fabio Gorni (ITALY)	The Recovery of Compromised Teeth. Root Perforations: Indications and Techniques.
5-4-17	Dr. Maxim Belograd (UKRAINE)	Photography, DSD, - Rubberdamology, Indirect Anteriors and Posteriors In/Onlays.
6-22-17	Gadzhy Dazhaev (RUSSIA)	The Prosthodontic Treatment Plan for Long-term Success of Dental Rehabilitation.
9-7-17	Dr. Andrea Ricci (ITALY)	Digital Smile Design: A Tool for the Team to Treatment-Plan Multidisciplinary Cases and to Communicate with the Patient.
10-16-17	Christine Taxin (USA)	Dental-Medical Cross-Coding.
12-7-17	Jamison Spencer (USA)	Make NEXT YEAR your BEST YEAR

SNOW ORTHODONTICS
868 Auto Center Dr., Suite C
Palmdale, CA 93550
RSVP: Vanessa at 661.208.4749
Email: vanessac.snoworthodontics@gmail.com

HERITAGE ORAL SURGERY & IMPLANT CENTER
22142 Sherman Way, Suite 201
Canoga Park, CA 91303
RSVP: Danielle at (661) 418-2234
Email: daniellem.snoworthodontics@gmail.com

Glendale-Foothills REPORT

By: Chi Leung, DDS

As we begin year 2017, let us take a moment to look at our plans for future activities. We will continue to have zone meetings in the Glendale/ Foothills area. We are planning on having CPR certified courses offered to dentists and their staff in the Foothills/Glendale area every quarter. The Smiles From the Heart, Give Kids a Smile and the Veterans Smile Day programs still need volunteer dentists to help, so please contact the dental society office to sign on.



We had a very good and busy year in 2016 with a variety of programs that keep the connection between our Glendale/Foothills area to the central office of San Fernando Valley Dental Society. Please make sure to keep an eye out for e-mails announcing event details and embark with us on this journey.

Welcome New Members

Neal Murphy, DDS
28920 Bardell Dr.
Agoura Hills, CA 91310
818.905.5050

Orthodontic
Ohio State University, 1974

Kareem Balian, DDS
General
Western University, 2015

Armand Keuroghlian, DDS
Oral Surgeon
UCLA, 2015

Nathaniel Hassan, DDS
38209 47th St. E
Palmdale, CA 93552
661.236.0046
General
Loma Linda, 2016

Marwan Jamil, DDS
26477 Golden Valley RD.
Santa Clarita, CA 91350
661.253.1010
General
De La Salle University, 2015

Evlin Adamian, DMD
General
Tufts University, 2011

Ambreen Andrabi, DDS
General
USC, 2016

Pegah Tehrani, DDS
1037 E Palmdale Blvd. #203
Palmdale, CA 93550
949.300.8054
General

Dena Tayyebian, DDS
General
UCLA, 2016

Daniel Guzman, DDS
13177 Osborne St.
Arleta, CA 91331
818.897.0445
General
De La Salle University, 2015

Angel Sanchez-Figueroa, dds
1025 N Brand Blvd. Ste. 120
Glendale, CA 91202
818.244.6300
General
UCLA, 1983

Ravinder Kunwar, DDS
General
Ragas Dental College, India,
1996

Babak Mikhak, DDS
5312 Comercio Ln. Ste. B
Woodland Hills, CA 91364
818.884.4338
General
UCLA, 2004

Kiomars Ghaznavi, DDS
General
Univ. of Shahid Baheishti

Miyoung Yoon, DDS
General
SUNY, Buffalo, 2011

Fabiola Bachman, DDS
General
USC, 2016

Ga-Yeun Lee, DDS
General
Loma Linda, 2016

Marissa Dykes, DDS
4522 Indianola Way
La Canada, CA 91011
818.790.2778
General
Tufts University, 2016



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Jen Sun 206-948-2468
40winksanes@gmail.com

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4. Diagnosis of ambiguous white/red lesions(oral cancer/precancer) and clinical follow-up programs;
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9205 Alabama Ave., Suite B
Chatsworth, CA 91311

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