BULLETIN OF THE SAN FERNANDO VALLEY DENTAL SOCIETY

Dental DimensionS

Winter 2019
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- *Non-Opioid Analgesics*

- Recognizing Small Business Scams
- Invest in Your Staff
- Our Annual Ladies Tea
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In this issue

Call for Submissions

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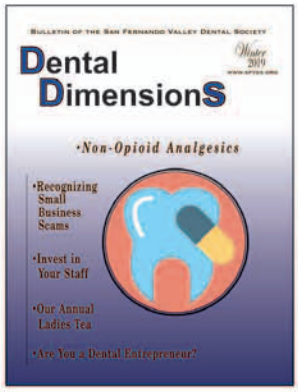
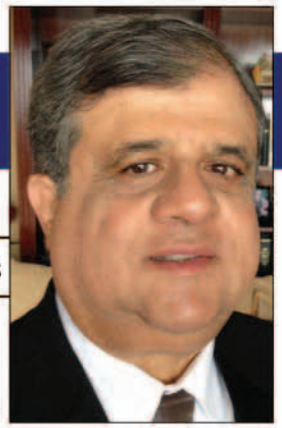
or contact the dental society office at 818-576-0116



On The Cover.....

A simple illustration to bring our members' attention to a not so simple major issue: Non-opioid Analgesics may be just as effective for acute pain relief as opioids.

From the Desk of the President



Mahfouz Gereis, DDS

Greetings!

It is an honor and pleasure to serve as your president for the year 2019. I am truly humbled and proud of the trust you have placed in me to serve more than 1,400 members of our great organization, The San Fernando Valley Dental Society.

When I started my journey with organized dentistry in 1980, the challenges many of us have faced made me more aware of the importance of belonging to the tripartite of the ADA, CDA, and the local component. I recall writing an article in our ethnic organization newsletter titled "Who is Defending Us?" In that article, I discussed the laws, regulations, organizations and government entities that look after, and rightfully protect, the rights of our patients, employees, vendors, and even third-party insurance companies through anti-trust laws. But who is looking after and protecting our interests as reactionaries? Who is helping our members that do their best for our patients and the community, complying with the ever changing laws and regulations, and adhering to the highest standards of ethics? It is normal to feel like a lone ranger in a stormy environment. For that reason and others, it is important for all members of the dental community to actively participate in organized dentistry, as it is the strongest, if not the only, voice we have.

My time volunteering in different capacities with the ADA, CDA and many other organizations has shown me that the SFVDS Board of Directors is one of the most dedicated, knowledgeable, hardworking and fun-loving group of professionals I have ever worked with. Given the impressive list of past-presidents of this great organization, I know that I have big shoes to fill, but I feel confident that I have their support and expertise to back me up.

For the year 2019, our new program chair, Dr. Emad Bassali, has put together a great general meeting CE program that will bring in some of the biggest names and most interesting topics in the industry today. Additionally, we have our free zone meetings, social events and workshops that we have developed using your feedback.

I have identified three areas that we hope to work on this year:

1. Increase our Market Share: Currently, our 1,400 plus members represent around 64% of all practicing dentists in the SFV. Part of this issue will be resolved by making sure we have accurate information about the non-members and finding effective ways to recruit them. Due to the fact that we do not have a dental school in our geographic area, we do not get many of the new graduates that other components do. Another issue is that many practicing dentists are ethnically diverse and foreign trained and historically, they have lower enrollment rates in organized dentistry. To address this, we have developed an outreach program with our capable and dedicated membership committee chair, Dr. Anette Masters, to do personal visitations to inform them about our organization and encourage them to join.

2. Redefine the Mission, Vision, Goals and Programs for our Foundation: Currently we have three charitable programs: Give Kids a Smile, Smiles From the Heart and the Veteran's Smile Day program. Our programs have helped thousands over the past few years, but unlike the Veteran's Day program, which has reached national level exposure under the guidance of co-founder, Dr. Karin Irani, the other two programs have slowed down due to increased government coverage through the Denti-Cal program for adults and children. I formed a task force headed by our foundation's founder, Dr. Nita Dixit, to revisit this issue and to create a "Foundation With a Heart".

3. Attract New Graduates and Young Members: Last year, I gave an opening speech at a business success program for USC students and the response was overwhelming. We need to look for ways to attract more students and new graduates through scholarships to help pay for their membership dues. Dr. Sean Sakhai, our New Dentist committee chair, will take charge of this program. We welcome your comments, suggestions or recommendations with other innovative ideas on how to increase membership and recruitment opportunities.

Dentistry is one of the most respected professions in the country, with more than 161,000 dentists nationwide and more than 27,000 dentists practicing in California. We have an obligation to unite our voice, to continue to raise the bar for our profession, and to benefit our patients. We do it with integrity, pride and honor because we are the San Fernando Valley Dental Society.

Mahfouz Gereis, DDS
2019 President

You need a friend in the business.

The practice of dentistry is challenging…especially in California. Changing tax laws, redefinitions of Independent Contractors and discovery of errors, omissions and outright fraud related to dental practice acquisition (especially those offered by FSBOs) require experienced, expert handling. You need someone who has seen it all and knows what to look for…someone to protect your interests, your money and long-term profitability. I am that man.

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Legislation Report

Jorge A. Alvarez, D.D.S.

New infection control standard

With the passing of Assembly Bill 1277 introduced by Tom Daly (D-Anaheim), The Dental Board of California amended the minimum standards for infection control for certain procedures that expose the dental pulp and may create an opportunity for infection.

CDA supported this infection control bill, which stemmed from a 2016 outbreak mycobacterial infection in a Southern California dental clinic that led to the hospitalization of more than 60 children. Investigation suggested that the bacterium that infected the children was likely introduce by water used during the performance of pulpotomies.

CDA worked with the state legislature to insure the new requirements appropriately addressed the vulnerability that occurred during treatment of exposed dental pulp. With regard to the new requirements, since dental handpieces are cooled with treated dental water, a dentist must anticipate both expected and unexpected pulp exposure, and should use sterilized water or other solutions with disinfecting or antibacterial properties immediately available to irrigate the area upon dental exposure.
Appropriate dental irrigants include, chlorhexidine, EDTA, Bio Pure MTAD and sodium hypochlorite.
The new infection control requirements should be followed as of January 1, 2019.

New opioids bills.

AB 2789 (Wood-Healdsburg) E-prescribing
Beginning Jan. 1, 2022, health care practitioners authorized to issue all controlled and noncontrolled prescriptions are mandated by this law to have the capability to transmit prescriptions electronically. Pharmacies are required by this law to have the ability to receive these electronic transmissions.

Specified exemptions to this law include temporary technological or electrical failure or when the practitioner reasonably determined that it would be impractical for the patient to obtain the substances prescribed by an e-prescription in a timely manner when the delay would impact the patient's medical condition. In the case that an electronic transmission to a pharmacy cannot be completed, the prescription must be electronically issued directly to the patient.

This new law will help reduce prescription fraud, including the abuse of opioids and adverse events caused by hand writing errors. The nearly three-year implementation time frame gives dentists and other health care practitioners ample time to obtain adequate e-prescribing systems, to train staff, and to update office workflow protocols.

SB 1109 (Bates-Laguna Niguel) Informed Consent for Minors
The Dental Board of California is allowed by this law to include the risks of addiction associated with the use of Schedule II drugs in mandatory continuing education requirements. The dental board has already begun discussions about what these continuing education requirements might look like. CDA has been and will continue to be engaged in this stakeholder process.

Additionally, beginning Jan. 1, 2019, this bill requires a prescriber to discuss the following with a minor or the minor's parent or guardian before issuing the first opioid prescription in a single course of treatment:

1. The risks of addiction and overdose associated with the use of opioids.
2. The increased risk of addiction to an opioid to an individual suffering from both mental and substance-abuse disorders.
3. The danger of taking an opioid with benzodiazepine, alcohol or other central nervous system depressants.

CDA Practice Support and The Dentists Insurance Company are developing for members a resource that consists of a sample discussion script. CDA will publish more details about the script when it becomes available in November.

AB 2086 (Gallagher-Yuba City) CURES Prescriber Report
This law allows a prescriber to access the CURES database and generate a report that lists patients for whom he or she is listed as a prescriber in the CURES database. Once the system upgrades allow reports to be generated, prescribers will be able to more easily review their prescribing history and to detect potential red flags or prescriptions for which they have been falsely named the prescriber. While no official timeline has been set, CDA will keep members updated as to when the CURES database functionality is updated to reflect this new feature.

AB 1751 (Low-Campbell) Interstate CURES Access Agreement
This law authorizes the Department of Justice to put regulations in place by July 1, 2020, for the purpose of entering into agreements with other states to share prescription drug monitoring program information in compliance with California laws relating to patient privacy and data security standards. Once implemented, the new law will help provide prescribers with a more complete prescription history if patients receive prescriptions in multiple states and will help

curb "doctor shopping" in communities near California's borders.

AB 1753 (Low-Campbell) Controlled-Substance Prescription Pad Requirements

This law requires controlled-substance prescription-pad manufacturers approved by the CA Department of Justice to have uniquely serialized numbers in a manner prescribed by the department. This new law will help curb controlled-substance prescription fraud. CDA will keep members updated on changes to the approved controlled-substance prescription-pad vendor list.

For more news and resources on opioids and CURES, visit cda.org/opioid. CDA will continue to inform members about the requirements of these new laws as they take effect.

Dental hygiene regulatory entity becomes board in 2018 sunset review

Every four years, many regulatory agencies undergo legislative reviews, commonly known as "sunset reviews", to re-evaluate the inner workings of that agency. This year, the Dental Hygiene Committee of California (DHCC) underwent its second sunset review, which was signed into law Sept. 17 by Gov. Jerry Brown, extending the committee's regulatory authority until Jan. 1, 2023.

The DHCC underwent two major changes during the sunset review.

First, DHCC's formal name will be changed to the Dental Hygiene Board of California for continuity with the naming convention of other entities overseen by the CA Department of Consumer Affairs.

Second, DHCC will no longer be officially under the jurisdiction of the dental board. The jurisdictional language that was deleted from DHCC's establishing statutes eliminates the ability for DHCC to shift administrative or enforcement duties to the dental board, as was originally written when DHCC was first established in 2009. However, existing provisions requiring DHCC to confer with the dental board on issues pertaining to scope of practice will remain in place. The 2018 sunset review will not have a material impact on DHCC's regulatory authority as the new board's power does not expand and the regulatory agency will not receive additional staffing or funding as a result of these changes.

The sunset review bill is a result of significant discussions and negotiations between CDA, DHCC and the legislature, including the elimination of several scope change proposals.

In a letter to Sen. Jerry Hill, Senate Business, Professions and Economic Development Committee chair, CDA recognized the DHCC's substantial work on its 2018 sunset review package before moving on to outline its objections to five policy recommendations.

With regard to the committee's recommendation to remove the direct supervision requirement for the administration of local anesthesia and nitrous oxide analgesia, CDA stated that "direct supervision of hygienists during local anesthesia and nitrous oxide analgesia procedures is a matter of patient safety and the highest level of care." Should an emergency arise, the "direct supervision requirement ensures that a depth of experienced professionals and emergency equipment are immediately available. This arrangement is supported when both dentists and dental hygienists work collaboratively together in a dental office setting."

On the recommendation to remove the 18-month prescription requirement for registered dental hygienists in alternative practice to continue to provide care, CDA expressed concern that the DHCC's recommendation is "not consistent with the standards of care."

"It is important that a patient receives a full diagnosis and treatment plan that comes only from an examination with a dentist," CDA commented. If a patient receives only hygiene care over an extended period of time, patients are at risk for undiagnosed oral disease and the RDHAP is potentially at risk for unprofessional conduct.

General Meeting Review

Gary Radz, DDS

November 28, 2018 - Tips, Tricks & Techniques for the Esthetics Based General Dentist

Today's general dental practice has many patients that are interested in improving the appearance of their teeth. This lecture was created to give an overview of the many different types of procedures and materials that can be successfully used to enhance your patients' appearance. From posterior direct composites to 10 units of porcelain veneers, this course discussed case selection, material choices, predictable techniques and helpful pearls of information that allow dentists to be able to add more cosmetic services to their practices. Throughout the program, Dr. Radz also discussed how he has marketed his general practice to create a practice that is now over 50% elective dentistry, while maintaining a steady flow of new general dentistry patients.

Bernie Stoltz, DDS

January 23, 2019 - Everything You Need to Succeed in 2019

Mr. Stoltz reminded everyone that dentists honed their technical skills in dental school, but received little guidance to fill the role of CEO, CFO, Director of HR, and VP of Marketing. Since being a dentist also means being a small business owner, this course provided advice on what SFVDS dentists need to succeed in the coming year.

Mr. Stoltz reviewed: Life Mastery, Personal Development & Motivation; Practice Management Systems, Practice Profit Centers and their Accelerators; Team Communication and Relationship Skills; The importance of having a WHY statement to create a powerful 2019; Annual Production Forecast & Growth Plans; Outcomes and goals for all Five Business Engines; and, How to create a strong marketing plan to meet your New Patient Goals

General Meetings -2019

February 20	Dental Practice Act & Infection Control	Nancy Dewhirst, RDH
March 20	Endo for the General Dentist	Allen Ali Nasseh, DDS
April 6	Crown and Bridge – Hands On	Ron Kaminer, DDS
April 24	Esthetic Dentistry	Jose Luis Ruiz, DDS
June 19	Composite Restorations in the Aesthetic Zone	Sigal Jacobsen, DDS
June 29	Using Lasers in your Practice (HANDS ON)	Don Coluzzi, DDS

New initiative aims to stop scams targeting small businesses

Dental offices urged to take proactive steps

Reprinted with permission from California Dental Association

The Federal Trade Commission has unveiled Operation Main Street: Stopping Small Business Scams, a "coordinated law enforcement and education effort" involving state and federal partners as well as the Better Business Bureau.

As part of this effort, the FTC, jointly with state attorneys general and U.S. attorneys' offices, announced 24 actions involving "defendants who allegedly perpetrated scams against small businesses" over the past year.

In one new case, the FTC charges defendants who have made unsolicited calls to small businesses to request payment for search engine optimization services or website design and hosting services. The FTC alleges that even after a small business paid money not owed, the defendant sometimes called the business again, claiming to be a different company demanding payment for other "outstanding invoices" or claiming that the first payment was only the first installment.

Altogether, the scammers involved in the cases brought by the federal and state agencies collected $290 million from the small businesses they targeted.

Reports about scams affecting dental offices and other small businesses include an extortion scam targeting DEA registrants, a mailing threatening fines for failing to comply with a false OSHA and HIPAA training deadlines, and a scam involving criminals who posed as Pacific Gas and Electric Co. representatives and demanded immediate payment of utility bills they claimed were past due. The latter phone scam targeted at least one dental practice in California. The practice escaped financial harm, but the call succeeded in alarming staff and disrupting the front office.

The Better Business Bureau, a partner in the new coordinated effort, is helping to alert small businesses about scams and advise on how to avoid them. The BBB published "Scams and Your Small Business Research Report" intended for small-business owners. The research included in the report suggests that "scam activity directed at small businesses is growing, that these scams pose a significant risk and that they generally result in a higher monetary loss per incident than those targeting individuals."

Continued on page 23

Another Way to Reinvest Into Your Practice - **Invest in Your Staff!**

As a dental practice owner, doctors are constantly bombarded with different ways and ideas on how to spend their hard earned dollars. You are told over and over again that you need to reinvest back into your practice.

Like the old saying goes "You need to spend money to make money". But the question becomes, "What is the best way to spend my net revenue so that I can get the most in return for that money?" or in other words, the return on my investment (ROI).

We hear all the time that marketing is where you want to put your money to help grow your practice, get new patients or increase revenue. But if you were to invest in marketing and if an increase in new patients was the result of this, can the staff handle the increase in patient flow? Does your practice have systems and protocol in place NOW?

Taking a hard look at the strengths and weakness of your practice and identifying these is critical to a healthy dental practice. All practices have weak areas that need improvement. If we identify them NOW and find ways to improve them FIRST, then we will be able to handle future growth in the practice, whether it's adding a periodontic, pediatric or oral surgery specialty to a general practice, or increasing hygiene days or opening another location to handle the increase in patient flow.

Making sure you have a good foundation is important to building a solid dental practice in this day and age. The three areas we need to look at for deficiencies are: 1) staff training; 2) the development of systems and office protocol; and 3) the introduction of digital technology into the practice. I believe this needs to be done first, before we invest in marketing the practice. If you should build a house on a solid foundation, you should also do the same with your business and/or practice.

So let's first look at staff training. Making sure the staff is trained on the latest version of your current dental practice management software is important. Most software companies release an update to their current version every year or two. Is your staff up-to-date on the latest version? This can improve the communication between the front and back office staff. It can also increase production by alerting the staff of treatment not yet completed or if there is a change in treatment for a particular patient. Communication between staff members is extremely important if you are a chartless office. Making sure the staff is well versed in the practice management and clinical areas of the dental software you use is critical to the success of patient care and the growth of the dental practice. Many business owners or managers overlook the importance of this area. If you were to ask your staff if there are areas of your software that you are not using or areas that they feel they need a little extra training on, I think you would be surprised at what you hear! In many of the practices I go to, the staff feels they are not using their dental software to its fullest capacity or potential. If you invest in your staff and their training, they see you care about them and their success to the practice. This is a great motivational boost for individual staff members.

When hiring a new employee, do you provide appropriate software training, even though they may already be familiar with the software you are using? I have met many new staff members who say they know a particular software, but when

By: Stacy Soto

questioned about certain areas, they were taught an incorrect way or don't know as much as they thought they did. Create a basic training manual of the dental software you use. This will help a new staff member get acquainted with your dental software until either a manager can do a more detailed training or a certified trainer from the company you purchased your software from can schedule a time to come to the practice. Make sure you are setting your new staff members up for success and not failure.

After the staff has been trained on the areas that need attention, it is important to implement systems and protocol so that the staff is accountable for making sure the practice is running smoothly. I strongly encourage you to do this with a professional dental consultant from a reputable practice management company. They can help create a tailored office manual specifically for your dental practice. The consultant can help make sure tasks are completed and that each and every staff member is reaching their full potential.

"Running the numbers" in a practice is like looking at a painting up close, you see the brush strokes but not see the whole picture. Reports and their numbers don't always show what's going on in a practice. Periodic independent audits of account receivables and insurance EOBs can give a consultant a clear picture of how the front office is run and what areas need improvement. Many times when auditing an office, I come across fees or adjustments posted incorrectly. Why not set up a day for the consultant to come to your office all day to see how the office runs? Watching a patient from the moment they walk into a practice, to the time they leave, is important to see how successful the practice is.... or isn't.

Another area to invest in is the introduction of technology into the practice. Is your staff trained on the technology you use and do they do use it correctly? As we all know, technology is constantly changing. It is important that the doctors and staff in your practice are well trained. This can be accomplished by continuing education courses that are offered by various companies. Do you take your staff with you on these educational courses? The benefits of a highly informative hands-on workshop can outweigh the time blocked off from seeing patients and the loss of production. Do you know how many practices I go to and see equipment that has already been purchased, sitting in a cabinet or up on shelf, collecting dust? Or an office that has some type of digital radiography system but the assistants take horrible x-rays that are non-diagnostic quality, or images that have cone-cuts or half the tooth is missing? This impacts how the clinician can diagnose treatment or if the insurance biller can send the images to the insurance company for payment or pre-approval by the insurance company. Maybe a training on sensor placement is needed. Do you have CAD/CAM technology in your practice but you and your staff are having problems with your restorations, such as a design or cementation issue? Maybe a course with you and your clinical staff on restoration design solutions and/or using the correct cement with different types of restorations is needed to cut down on production, overhead, and to save chair time.

Lastly, take a look at what your patients are saying about you. What are your patients saying about your practice on Instagram, Yelp, and Google? Do you have any negative or less than great reviews? Look at those reviews and comments and address any problems or issues within the practice. Maybe a weekly meeting with your office manager about what patients are saying about you and your practice might identify any weak areas that exist within the practice that might need attention. Was a particular staff member continually being rude or unprofessional to patients? Or are your patients waiting too long in the waiting room to see the doctor or hygienist? Do they feel frustrated by what they were quoted as their estimated patient portion by your financial coordinator or office manager, but it was not actually their portion when they received a statement from your

Continued on page 12

office? Or was treatment not explained to the patient accurately so they understood what was involved in the treatment and how long it was going to take? Taking an honest, hard look at these problems and identifying the issues is the first step. I would suggest that after you have identified the weak areas, you and your office manager meet with a professional dental consultant and come up with a plan on how to eliminate these problems with your existing and possible future patients.

In closing, make sure you have well-trained office staff who can handle day-to- day patient flow. Having systems and office protocol in place for daily, weekly and monthly practice management is essential. Make sure your clinical staff can take great digital images, are well versed in educating the patients on the dental treatment the doctor has proposed and are trained thoroughly on the use of the digital technology that's already in the practice. Make sure any negative patient reviews have been identified and a system is in place to solve them. Then you are ready to take the next step in building up your practice and investing your hard earned money into marketing your business for future growth.

With more than 20 years in the dental industry, Stacy Soto is the founder of Dental Management Professionals (DMP). She started out in private practice, then became a Patterson Dental Certified Instructor specializing in Patterson Eaglesoft, Patterson Imaging, Schick CDR, and CAESY Patient Education. In 2005, she started her own dental consulting business, DMP. Stacy can be reached at 877.234.0570 or info@dentalmp.com

No changes to Covered California dental plan offerings for 2019

Reprinted with permission from California Dental Association

Covered California, the state's health insurance marketplace for the federal Affordable Care Act, has released the participating dental plans for the 2019 benefit year, maintaining the same dental plans offered for 2018.

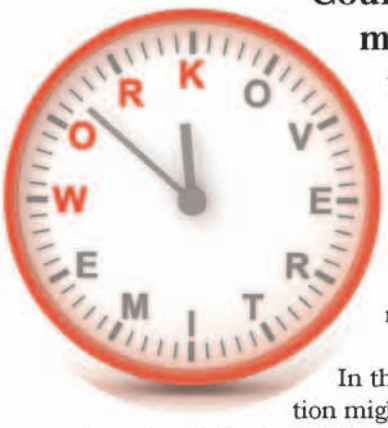
There are two dental plan product types available, contingent on the location of the enrollee: a dental preferred provider option (DPPO) and a dental health maintenance organization (DHMO).

The 2019 individual/family and small-business dental plan offerings are:

Individual/Family Dental Plans:
Access Dental Plan - DHMO
Anthem Blue Cross - DPPO
California Dental Network - DHMO
Delta Dental of California - DHMO, DPPO
Dental Health Services - DHMO
Liberty Dental Plan - DHMO
Premier Access - DPPO

Covered California for Small Business:
California Dental Network - DHMO
Delta Dental of California - DHMO, DPPO
Dental Health Services - DHMO
Liberty Dental Plan - DHMO

Dental coverage for children remains an "essential health benefit" under the Affordable Care Act, and all health plans purchased through Covered California include children's dental coverage. Children under age 19 are automatically covered by dental benefits.



Court says employees must be paid for off-the-clock work

Employees who routinely work off the clock generally must be paid for their off-the-clock work, the California Supreme Court recently ruled.

In the dental practice, this situation might occur when an employee arrives ahead of scheduled work hours to prepare for patients, review records or participate in a morning huddle. At the end of the day, the employee might stay past scheduled work hours to, for example, handle closing tasks, communicate with patients or make business calls, whether on the office phone or a personal handheld device. The employee would therefore be entitled to be paid for the hours worked, whether or not the employer "approved" this time or was aware that it occurred off the clock.

In upholding California labor law, the ruling also clarified that the federal "de minimus" rule does not apply in California. The "de minimus" rule, part of the Fair Labor Standards Act, exempts employers from paying employees for small amounts of time when the employer can show that "the bits of time are administratively difficult to record." But California law requires payment for "all hours worked" and the state has not adopted the federal "de minimus" doctrine, the court decided.

The court's decision could lead to more employees filing lawsuits against their employers claiming they are entitled to pay for off-the-clock hours worked.

A first step employers can take to protect themselves is ensuring that they have clear policies in place, that they are following those policies and that employees are aware of and following the policies. Employers who do not have a policy on performance of off-the-clock work should create one, and the policy "should be specific in its definition of off-the-clock work," stresses Michelle Corbo of the CDA Practice Support Center. The policy might state, for example, that work should not be performed in the morning before logging in and closing tasks should not be performed after clocking out.

Because employees should be paid for "all hours worked," not just scheduled time, if employees are currently performing off-the-clock work when no practice policy exists prohibiting this work, employers should be paying their employees for this time.

Find sample office policies at cda.org/resource-library.

Traits and Habits of Driven Dental Entrepreneurs

By: Tim McNeely

As a dentist and practice owner, you have a mission to provide the finest dental care possible to your patients. You are committed to improving their oral health so that each person can have the highest quality of life possible. You may also want to build a very successful business and are committed to doing your personal best in all areas of your life. That makes you a driven entrepreneurial dentist—a person who is highly motivated to make a difference in this world.

According to a recent survey by AES Nation*, about three-fifths of entrepreneurs fall into this category.

Driven entrepreneurs tend to have three personality traits in common. Not only that, but they tend to have them to a much higher degree than their peers who may also possess these traits.

Excellence

Driven entrepreneurs tend to be extremely focused on excelling at all they do. They can be highly competitive, and often thrive in challenging situations. This drive toward accomplishment and achievement is the first hallmark of a driven entrepreneur—93% of driven entrepreneurs and 61% of other entrepreneurs report this personality trait.

Learning

Driven entrepreneurs are curious, habitually seeking to deepen their understanding and broaden their knowledge. They know that this open-mindedness allows their business to be nimble and responsive, leading to greater success. It is also a quality that improves their overall well-being. This trait is present in 80% of driven entrepreneurs and only 33% of other entrepreneurs.

Larger Purpose

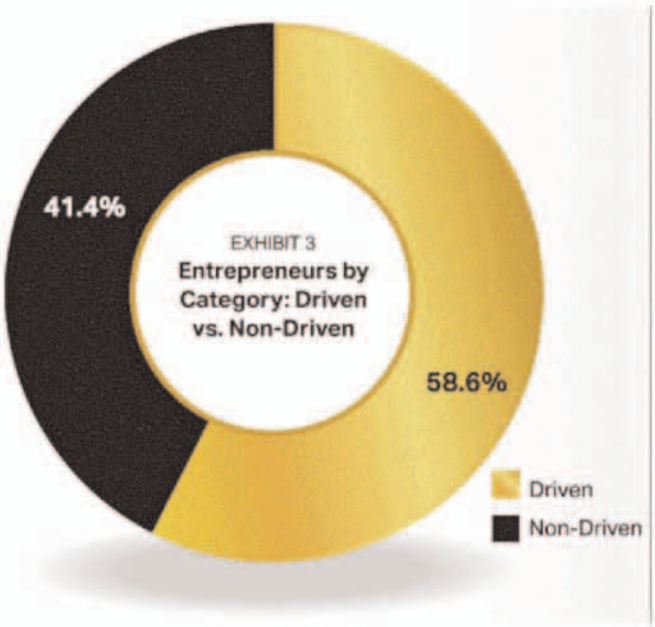
Driven entrepreneurs are looking to create social value, perhaps even to change the world. Their view ranges far beyond their business and their loved ones; they wish to have a meaningful impact on the world and leave a legacy of good. This trait is present in 55% of driven entrepreneurs and 18% of other entrepreneurs.

Steps to Improve Your Dental Practice

All entrepreneurs want to improve their business, regardless of whether or not they consider themselves driven. Surveyed entrepreneurs report taking the following steps to increasing their success and competency. As a dentist you can apply some of these same strategies to help improve your practice.

1. **Self-directed Learning** - Whether keeping up with dentistry journals, reading business books or even researching specific questions, all entrepreneurs report some kind of self-directed acquisition of knowledge.
2. **Educational Platforms** - This refers to enrolling in management, business education or professional development programs. Driven entrepreneurs are more than twice as likely as other entrepreneurs to use these platforms.
3. **Peer Support** - This refers to reaching out to others in a similar line of business to network and learn how to handle any issues that arise. This kind of activity ranges from informally keeping up with your classmates from dental school, to creating a board of advisors, to joining a trade association or a mastermind group. 100% of driven entrepreneurs and 95% of other entrepreneurs report peer support activity.

Involvement in a formal group that is designed to help its members excel can be far more effective than informal peer



support. Mastermind and CEO groups provide the best places for entrepreneurs to truly accelerate their success. They have an executive director to run the group as well as membership fees, which range anywhere from $100 to over $100,000 per year. This buy-in helps to guarantee the commitment of members to each other and their common purpose.

All of these approaches to improve your business and your own leadership skills can help your dental practice and your employees improve outcomes. Reported results include an increase in employees' self-awareness and motivation, development of employees' self-confidence, and improvement in their overall well-being.

*Survey of 759 North American entrepreneurs who are senior management (all C-level executives) who have at least 25% stake in their privately held businesses. The revenues at the companies had to be at least $5 million annually in each of the past three years.

For more on how you can adopt the habits of a driven entrepreneur and make your dental practice even better, contact Tim McNeely of LifeStone Wealth Management by visiting www.lifestonewm.com, by phone at 818-534-4940, or on twitter at @timmcneely.

Non-Opioid Analgesics: Superior Pain Relief Without the Complications of Controlled Substances

Arthur H. Jeske, DMD PhD
University of Texas School of Dentistry at Houston

Introduction

Analgesics play an important role in the management of dental pain, primarily as adjuncts to definitive interventions. Traditionally, non-opioid/opioid combinations (acetaminophen with codeine or hydrocodone) have been the analgesics of choice for the routine management of pain in dentistry. Recently, however, a strong association between opioid prescribing and the current opioid crisis has been convincingly demonstrated and it appears that reductions in legitimate opioid prescribing is linked to increases in heroin use [4]. The rationale for using opioids for dental pain was not entirely evidence-based and included the perception that "controlled substances" should be more efficacious than non-addictive agents [10]. However, concerns over increasing abuse and diversion of opioids as well as increasingly strong scientific evidence for superior pain relief provided by non-steroidal anti-inflammatory drugs (NSAIDs) have combined to fundamentally change the contemporary approach to the management of acute dental pain [8]. Following the approval of ibuprofen by the Food and Drug Administration in 1974, an ever-expanding array of drugs in the NSAID class, primarily for the management of osteoarthritis and musculoskeletal pain, requires careful evaluation of which agents are best-suited for use in dentistry. This chapter is focused on non-opioid oral analgesics for control of acute pain, with an emphasis on high-level scientific evidence.

Principles of Analgesic Therapy

There are several important principles that must be considered prior to prescribing an analgesic for a dental patient:

1. Analgesics are adjuncts to caries removal and surgical interventions (tooth extraction, pulpectomy, incision-and-drainage) and should not be used in place of these procedures in the management of acute dental pain;
2. The selection of an analgesic must be based upon the patient's medical history and current disorders, and take into account the possibility of adverse events and adverse drug/drug interactions;
3. An analgesic regimen should be based upon the expected level and duration of pain, taking into consideration systemic conditions such as cardiovascular, gastrointestinal and allergic conditions, and defined clinical endpoints (reduction of pain, swelling);
4. While no longer recommended as drugs of first choice for dental pain, the opioids, particularly those marketed in combination with acetaminophen, remain important alternatives when NSAIDs are inappropriate due to allergy and other medical conditions (described below).

Non-steroidal Anti-inflammatory Drugs (NSAIDs) for Acute Dental Pain

There are several chemical classes of NSAIDs, many of which are used in various medical conditions, especially osteoarthritis. The most important class for the control of pain in dentistry is the propionic acid group, which includes ibuprofen (Advil®) and naproxen (Aleve®) All of these agents possess analgesic, anti-inflammatory, antipyretic and anti-platelet therapeutic actions, and are ideally suited for applications in inflammatory dental conditions (acute apical periodontitis, symptomatic irreversible pulpitis). They act by inhibition of cyclooxygenase (COX-1 and COX-2), which reduces the synthesis of prostaglandins (PGs), and their analgesic action is attributable primarily to a reduction of PGE2 and F2_, which are synthesized rapidly after tissue damage and sensitize nociceptive nerve endings to a wide variety of noxious stimuli. Importantly, inhibition of PG synthesis occurs relatively early in painful inflammatory conditions, so NSAID therapy should commence as early as feasible in pain management.

A recent overview of systematic reviews provides practitioners with a wealth of high-level evidence for the comparative efficacy of various oral analgesics, based primarily on the third molar impaction surgery-model of assessing acute postoperative pain [8].

When using this reference, it is helpful to consider the Number Needed to Treat (NNT) values for the various analgesics, with values <2 being generally considered among the best for single-dose outcomes. In regard to these values, NNT refers to the number of subjects who

need to receive an intervention in order to see a define beneficial effect, which in these pain trials is a reduction of pain level by at least 50%. Outcomes from reference 3 are summarized in Table 1. When considering these outcomes, it is important to note that results from studies of single-dose oral analgesics used in the third molar-impaction model may differ from the findings of studies done in endodontic patients. Typically, studies of relief of postoperative endodontic pain have focused on higher (e.g., 600-mg) doses of ibuprofen than those from studies highlighted in Table 1. This may be based upon the possibility that higher doses of NSAIDs provide a greater anti-inflammatory effect, in addition to their analgesic effect, or the perceived need for higher dosages may be based upon the fact that pain of endodontic origin is typically associated with a much longer duration of pre-operative pain, as opposed to the pain of third-molar impaction surgery, which is usually exclusively postoperative, and which does not involve the prolonged period of bacterial-induced inflammation or invasive dental procedures associated with pulpal disease.

Table 1. Selected NNT Values for Common Single-Dose Non-Opioid Oral Analgesics used in Dentistry, as reported in Reference 8 (APAP denotes acetaminophen).

Drug	NNT	Confidence Interval 95%
Diclofenac 100 mg	1.9	1.7-2.3
Diflunisal 1,000 mg	2.1	1.8-2.6
Ibuprofen 200 mg	2.9	2.7-3.2
Ibuprofen 200 mg + 100 mg caffeine	2.1	1.9-3.1
Ibuprofen 400 mg	2.5	2.4-2.6
Ibuprofen 200 mg + APAP* 500 mg	1.6	1.5-1.8
Ibuprofen 400 mg + APAP 1,000 mg	1.5	1.4-1.7
Ketoprofen 100 mg	2.1	1.7-2.6
Naproxen 500-550 mg	2.7	2.3-3.3
APAP 500 mg	3.5	2.7-4.8
APAP 1,000 mg	3.6	3.2-4.1

When considering the NNT values presented in Table 3.1, the reader should consider the fact that these numbers apply to single oral doses of these analgesics, with pain responses assessed over a 4- to 6-hour postoperative time interval, and that the subjects in the studies used in the calcuations of these NNT values were fasting.

Acetaminophen

High-level scientific evidence from systematic reviews of acute postoperative pain in adults suggests that, based on number-needed-to-treat (NNT), acetaminophen administered alone is not a particularly good analgesic [8]. This has been confirmed in randomized controlled trials of post-endodontic pain as well [5]. However, when used in combinations, acetaminophen appears to act synergistically with both NSAIDs and opioid analgesics and the combination of 200-400 mg ibuprofen plus 500-1,000 mg acetaminophen (taken at the same time) results in the best NNT values in the oral surgical pain model [8]. Additionally, this combination does not result in adverse effects greater than those observed in placebo groups when used on a short-term basis [9]. However, it should also be noted that the maximum daily adult dose of acetaminophen from all sources (Rx and OTC) should not exceed 4,000 mg.[6, 8]. Hepatotoxicity may occur from excessive acetaminophen intake or from interactions with chronic alcohol use. While unusual, allergy to acetaminophen can occur and would absolutely contraindicate use of this agent.

A summary of the comparative pharmacologic characteristics of propionic acid NSAIDs, acetaminophen and opioid analgesics are presented in Table 1.

Table 2. Comparative Pharmacologic Characteristics of Non-steroidal Anti-inflammatory Drugs (NSAIDs)*, Acetaminophen and Opioid Analgesics Available in the U.S. [6]

Characteristic	NSAIDs	Opioids	Acetaminophen
• Available OTC	Yes	No	Yes
• Tolerance, dependence	No	Yes	No
Comment: *Opioid tolerance and dependence are unlikely to occur with short term use(<5 days)*			
• CNS depresssion	No	Yes	No
Comment: *A sedative effect of opioids may be desirable in some circumstances*			
• Anti-inflammatory	Yes	No	No
Comment: *Principal advantage of NSAIDs*			
• Anti-pyretic	Yes	No	Yes
Comment: *Beneficial in the presence of infection*			
• Analgesic	Yes	Yes	Yes
Comment: *NSAIDs act primarily peripher-ally at the site of tissue injury, while opioids act centrally (CNS). Combinations are generally superior to single agent regimens*			
• Anti-platelet agents (including aspirin)	Yes	No	No
Comment: *Increased bleeding risk is associated with NSAIDs, primarily if taken preoperatively; the effect is reversible (unlike aspirin, which is irreversible)*			
• GI dysfunction	Yes	Yes	No
Comment: *In addition to nausea and vomiting, opioids are associated with constipation. NSAID-related GI irritation is typically seen during prolonged administration (>5 days).*			

**propionic acid class*

Continued on page 18

Prescribing Considerations

1. For the management of acute post-surgical dental pain (including pain of endodontic origin), in the absence of any significant contraindications, therapy should begin with a standard dose of a combination, orally-administered first-choice agents (ibuprofen with acetaminophen) [1, 2, 5].

2. For optimal pain relief, the combination of 200-400 mg ibuprofen with 500-1,000 mg acetaminophen has been shown to provide pain relief that is superior to virtually all acetaminophen/opioid combinations and COX-2 selective NSAIDs [8].

3. Because peak pain associated with dental extractions appears to occur within the first 4-8 hours postoperatively and then decline over the next 2 to 3 days, short-term administration of the ibuprofen/acetaminophen combination can be employed.

4. A need for a sedative effect, especially in the first 24 hours postoperatively, may warrant the addition of an opioid analgesic in combination with the NSAID, when the patient's activities would not be affected by possible CNS depression.

5. Warnings with analgesic therapy should be issued verbally and in writing on the prescription. They should include the possible development of allergic reactions, as well as GI disturbances, increased bleeding risk, and the risk of adverse interactions between acetaminophen and alcohol and acetaminophen overdose.

6. Whenever possible, analgesics should be taken on an empty stomach with a glass of water in order to hasten the dissolution of the dose form and delivery of the drug from the stomach to the small intestine.

7. To extend duration of action to >8 hrs, a long-acting NSAID at a higher dose (diflunisal 1,000 mg) or an NSAID- acetaminophen combination at a higher dose (ibuprofen 400 mg + acetaminophen 1,000 mg) can be employed.

8. Caution is advised in patients who are regularly taking NSAIDs for systemic disorders, e.g., osteoarthritis, as adding a second NSAID to their medication regimens puts them at risk for serious gastrointestinal irritation and possible ulceration, as well as nephritis and renal failure, and/or severe bleeding. In these patients, alternative analgesics (e.g., acetaminophen, opioids) should be considered, and can be added to the patient's NSAID regimen if no contraindications exist.

Adverse Effects

NSAID analgesics, as prescribed in dentistry, are generally well tolerated. With the exception of allergy, most adverse effects from short-term use of NSAIDs are related to their effects on the gastrointestinal tract and platelets. NSAIDs inhibit the formation of gastroprotective PGs, and this irritant effect, combined with their anti-platelet effect, can result in ulcerations and GI bleeding. Short-term use of NSAIDs has been shown to be relatively safe when administered for dental pain [1].

Ingestion of high doses of NSAID analgesics is associated with nephropathy, and the risk of this complication increases in elderly patients, as well as patients who are dehydrated or have pre-existing renal insufficiency, heart failure or diabetes [7]. It should be noted that dehydration could be present in individuals with symptomatic irreversible pulpitis who have experienced diarrhea and/or nausea and vomiting (possibly induced by self-prescribed antibiotics and/or analgesics) and who are not well nourished/hydrated due to dental pain. This is particularly problematic when patients have ingested over-the-counter NSAIDs or acetaminophen before receiving dental treatment.

Since renal blood flow and urine formation are partly regulated by physiologic PGs, blood pressure may be elevated by the ingestion of NSAIDs, and this should be considered when designing an analgesic regimen for patients with hypertension and other cardiovascular disorders.

Bleeding is associated with all NSAIDs, and increased intraoperative and postoperative bleeding must be anticipated and dealt with effectively, including the use of careful surgical technique, suturing and other hemostatic measures (oxidized cellulose packs).

The risk of allergic and adverse respiratory reactions to NSAIDs should be evaluated through a careful medical history, especially in patients with a prior history of aspirin allergy, asthma and reactive airway disease.

Pregnancy constitutes a contraindication to the use of NSAIDs, particularly in the first and third trimesters. Among the commonly used NSAIDs, observed differences in GI irritation only become manifest after prolonged therapy>30 days). Typically, another drug to reduce GI irritation (e.g., misoprostol) is only prescribed during longer-term administration. In summary, when used short-term for the management of acute postoperative pain in dentistry, most NSAIDs and NSAID-acetaminophen combinations produce no greater incidence or severity of adverse effects than placebo. The evidence for this is found in the overview of systematic reviews published by Moore et al. It should be noted, however, that this same review deter mined that some commonly utilized analgesics produce significantly more adverse events than placebo, and these

agents include aspirin 1,000 mg, diflunisal 1,000 mg, all opioids, and fixed-dose combination products containing opioids [9].

Drug Interactions

NSAID analgesics are capable of adversely interacting with other dental and medical drugs, both through pharmacodynamic and pharmacokinetic mechanisms. The most significant adverse interactions for commonly prescribed NSAID analgesics are listed in Table 3.

Table 3. Clinically Significant Drug Interactions Involving NSAID Analgesics Used in Dentistry (modified from reference 6)*

Primary Drug	Action	Interaction (& Effect)
Alcohol	Enhanced by NSAIDs	Increased GI irritation, nausea, GI pain, bleeding
Diuretics, antihypertensive drugs	Antagonized by NSAIDs	Increased salt and water retention with increased blood pressure
Coumarins (including warfarin)	Enhanced by NSAID	Increased risk of bleeding
Antiplatelet agents (aspirin, clopidogrel)	Enhanced by NSAIDs	Increased risk of bleeding; increased risk of thromboembolism (ibuprofen blocks the antiplatelet effect of aspirin when the drugs are taken concurrently)
Direct oral anticoagulants (rivaroxaban, dabigatran)	Enhanced by NSAIDs	Increased risk of bleeding
Potassium sparing diuretics	Enhanced by NSAIDs	NSAIDs may increase serum potassium levels
Potassium supplements	Enhanced by NSAIDs	NSAIDs may increase serum potassium levels
Cancer chemotherapeutic agents	Enhanced by NSAIDs	Increased risk of GI ulceration
Selective Serotonin Reuptake Inhibitors (SSRIs)	Enhanced by NSAIDs	Increased risk of GI ulceration and bleeding
Corticosteroids	Enhanced by NSAIDs	Increase salt and water retention; increased risk of GI ulceration

*Less significant drug interactions are also possible - the clinician should consult the complete prescribing information for all drugs prescribed. For elderly and medically compromised patients with systemic disease that could impact drug metabolism and/or excretion, consultation with the patient's physician is recommended.

Conclusion

Dentists should continue to consider emerging evidence for the use of non-opioid analgesics, especially in view of the ever-increasing problem of opioid abuse and diversion. Dentists can now confidently prescribe an NSAID or recommend OTC (e.g., ibuprofen + acetaminophen) combinations for excellent relief of acute dental pain, based on high-level scientific evidence.

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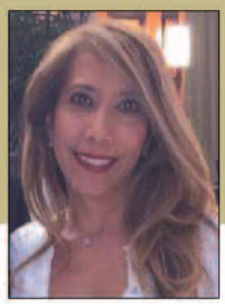
2018 Afternoon Ladies Tea



By: Anette Masters, DDS, SFVDS Membership Chair

"WHY I BELONG"

Year after year the San Fernando Valley Dental Society strives to reach out to the female membership through an Afternoon Ladies Tea event.

This event enables fellow female dentists to network with their colleagues and have an open discussion on their needs and hurdles as a female business owners and practitioners .

As female business owners, we juggle our lives and have learned to multitask to be productive. We move on slowly as we handle our business and relationships. From handling patients, employees, family and all other relationships, we find ourselves drowning at times.

Belonging to any organization helps us learn from each other to build ourselves up as we journey through our careers. The San Fernando Valley Dental Society has helped bring all its female dentists together. This idea was founded by our then New Dentist Committee Chair, Dr. Karin Irani, in 2011. She then rose up to the rank of president of SFVDS in 2017. Her interaction with her fellow female members and passion to always find a solution on how we can find value in our membership, led her to institute different programs that we have kept to this day. A transformational leader herself, Dr. Irani has inspired the membership to continue her legacy of keeping networking amongst SFVDS female dentists in the forefront.

This year, our speakers, Katherine Eitel Belt and Andrea Greer, had touched on how to be a transformational leader. Ms. Eitel Belt talked about

how to conquer courageous conversations within any relationship, personal or business. She talked about her own experience with her son and the hard conversations she had to face. The audience was very attentive to all of her pointers, which were very well received.

Our other speaker, Ms Greer, talked about how to manage the trends of a working women. She spoke about accountability and not hesitating to delegate and ask for help. The audience left with tips on how to manage themselves with others in a working environment.

We invited female dentist members, non-members and leadership to experience the camaraderie of their colleagues. Dr. Virginia Costello of the Filipino Dental Association said, "this is the kind of event our female members would love to go to. I would love to work with SFVDS to invite our female members next year." Dr. Adriana Galvez, of the Hispanic Dental Association said, "this is my first time to attend and I will make sure to attend next year and tell all my female dentists friends." Dr. Sanda Moldovan, one of the dentists on the Doctors Show who is both a periodontist and an expert nutritionist, was glad to be invited and donated 10 copies of her newly released book "Heal Up" for the raffle drawing. Member Dr's Ayleen Peterson and Mahrouz Cohen helped host the event and introduce the speakers. LADS President Dr. Fariba Kalantari and LADS Past-president, Dr. Michelle Frawley were in attendance, as well as Dr. Jenny Sun, from Loma Linda University.

From our awesome raffle grand prizes to the special gift (newest version of Oral B power toothbrush) from Crest Oral B and the wonderful succulent plants put together by Bella and Wendy (SFVDS Membership Administrators), the event was another success for the San Fernando Valley Dental Society.

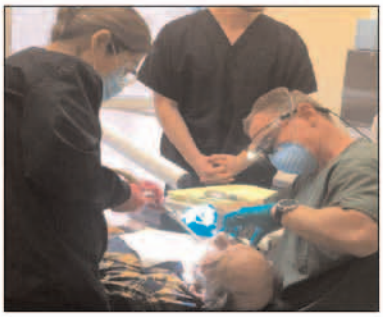
And this is a big reason, why I BELONG!

Antelope Valley Report

by: Michael Rabizadeh, DDS

VETERANS DENTAL DAY: NOVEMBER 16, 2018

This year's event was a huge success. We saw 73 veterans with a grand total of $47,000+ in services rendered, for free, to our amazing veterans of the Antelope Valley. We surpassed our numbers from last year thanks to the generosity of so many volunteers. A big shoutout to Matthew Baker, D.D.S. for openeing his office again this year. Thanks to his generousity we were able to make this event the biggest one so far. The Antelope Valley Press made us front page news on Saturday 11/17/18. Great job everyone!!



For Information on upcoming C.E. Seminars contact:
Danielle @ 818.418.2234 or Vanessa @ 661.208.4749

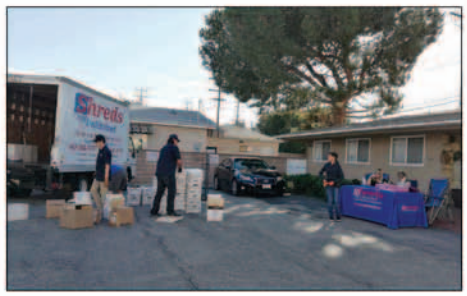
CPR CERTIFICATION
Classes will be scheduled as needed.
$35 per person Dental Discounted Price w/ $5 Donation to the SFVDS Foundation
Minimum of 9 people per class (can be combined with other offices).
CONTACT: Eric Sarkissian @ 661.273.1750

Glendale-Foothills Report

By: Chi Leung, DDS

Now that 2019 is upon us, I would like to thank everyone for taking the time to attend our local Glendale/Foothills functions and engaging with us during 2018.

We had a busy schedule of activities during the fourth quarter of this year. Two CPR courses with a total of 17 doctors and staff attended, as well as a very successful Schlep and Shred event. This affirms our belief that the Glendale/Foothills area has members that will avail themselves of CPR, Schlep and Shred and zone meetings from the dental society.



Thanks to Dr. Vahik Meserkhani who donated his office's parking lot located at 620 E. Glenoaks Blvd., where we had a great turnout for our free Schlep and Shred/electronic E-waste disposal for our members.

With 2018 now in the past, I want to reach out and send my best wishes to you and yours! I hope that 2019 holds success and good fortune in all endeavors you pursue. It has been a pleasure serving you as the Glendale/ Foothill liaison for one more wonderful year!

Welcome New Members

Paymon Pahlavan, DDS
8214 Van Nuys Blvd.
Panorama City, CA 91402
818-390-9860
University of Texas, 2008

Kanika Sharma, DDS
4910 Van Nuys Blvd. Ste. 100
Sherman Oaks, CA 91403
818-783-5234
General
Tufts University, 2016

Mina Adinemehr, DDS
10400 W Magnolia Blvd
North Hollywood, CA 91601
818-741-3954
General
Nova, 2016

Michele Ghassemlou, DDS
General
USC, 2017

Martina Elenkova, DDS
General
University of Tennessee, 2018

Jonathan Mai, DDS
General
UOP, 2017

In addition to addressing questions about risk and prevalence, the BBB report gives small-business owners four recommendations to "avoid most scams" and help protect the business:

- Train and inform employees
- Verify invoices and payments
- Be tech savvy
- Know who you're dealing with

Specific action items for each recommendation include, for example, train employees not to send passwords or sensitive information by email, limit the number of people who are authorized to place orders and pay invoices, don't believe your caller ID, and before doing business with a new company, search the company's name online with the term "scam" or "complaint." Owners might also look for the company profile on bbb.org.

"Scammers want an immediate response. Don't give it to them," says Teresa Pichay, regulatory compliance analyst at CDA Practice Support. "Take a deep breath, research it, then act accordingly."

Download the free BBB report at www.bbb.org/smallbizscams.

CLASSIFIED ADS

San Fernando Valley Dental Society
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DATED MATERIAL

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THERE'S NO BETTER TIME for a member to get a new member. Our newest benefit? Group purchasing savings on dental supplies through the TDSC Marketplace.

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2. **RECEIVE $100 TO SHOP THE TDSC MARKETPLACE** from CDA.[1]
3. **RECEIVE $50 MORE** to shop the Marketplace if the new member places Marketplace orders totaling $250.[2]

cda

Offer subject to change. See official guidelines at cda.org/mgm.
[1] Rewards issued to referring member once referral joins and pays required dues. Total rewards possible per calendar year are limited to $500 in gift cards from ADA and $500 in value from CDA.
[2] Rewards issued to referring member once referral joins, pays required dues and spends $250+ in the TDSC Marketplace by December 31, 2018.

THE MORE NEW MEMBERS YOU REFER, THE MORE REWARDS!
Get started at **cda.org/mgm**.