

## **Keeping Politics Out of the Dental Office**

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Your contributions in the form of articles, photos and/or ideas are greatly appreciated. The APEX editorial staff is interested in articles of general membership interest. This can include an accomplishment, interesting hobby, innovative idea, volunteer effort, etc. Please feel free to submit an article or call for an interview. All articles are subject to editorial review.



## Presidential Pondering

Dr. Wesley Wong, SDS President

It's been a pleasure and honor serving as SDS president this year. I can't believe my term will be done in another 6 months! It is good to see the commitment of our dentists volunteering and participating in community events. Charitable events such as CDA Cares, the dental van, and 3<sup>rd</sup> grade screenings are among some of the many opportunities dentists have to give back to our community.

This year we received two awards recognizing our commitment to our community. One award was from the California School Nurses Organization. They recognized the many years SDS member dentists have partnered with elementary schools in Stanislaus County. There are 97 elementary schools and each school has a member dentist that volunteers to do the screenings. With an estimate of \$25 per evaluation and 10,000 screened students...well, you can do the math. Modesto City Schools also recognized us for our service to their students. We thank Dr. Cesar Acosta who has served as Community Health Care Chair for the past four years matching schools with dentists and we welcome Dr. Preston Payne as he steps up to take his place.

Giving back to our community has had a large impact. Although most of it is in the background and without much noise, it is good to get recognized without banging our own drums. I do know that even some of you who don't participate using your dental skills dedicate your time to other noble and charitable endeavors such as churches, schools, as well as your monetary donations.

I don't know all the members in our small community, but I'm working hard to get those of you who haven't become engaged in our activities yet to participate and meet some of your fellow SDS members. Being involved within the Stanislaus Dental Society offers an opportunity for growth and development as well as an opportunity to better know your peers. Who knows where your involvement may lead you? Please contact Robin and the SDS Board with your questions and concerns.

## 2017 SDS Officers

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CDA . . . (800) 232-7645

TDIC . . . (800) 733-0634

Denti-Cal Referral

.....(800) 322-6384

*"The objective of the Stanislaus Dental Society shall be:*

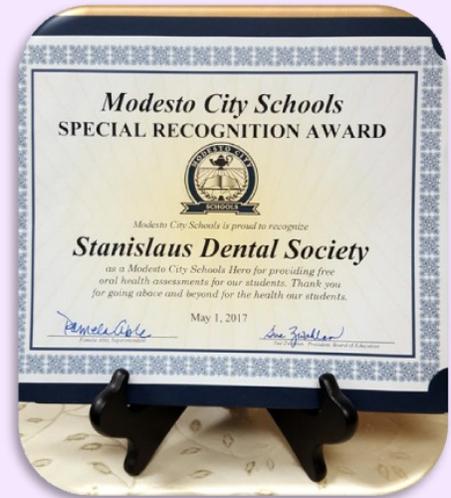
*To encourage the improvement of the oral health of the public, to promote the art and science of dentistry, to encourage the maintenance of high standards of professional competence and practice, and to represent the interests of the members of the dental profession and the public which it serves."*

# Congratulations!

Thank you to the many SDS members who over the years have provided invaluable screening to 3rd grade students in Stanislaus County. The California School Nurses Organization and Modesto City Schools appreciate your service!



From left to right:  
Cesar Acosta, DDS (former SDS Community Health Chair), Aurora Licudine, RN (Chair, School Nurses, Modesto City Schools), Pamela Able (Superintendent, Modesto City Schools), Wesley Wong, DDS (SDS President), Sue Zwahlen (School Board President, Modesto City Schools)



Dr. Cesar Acosta accepting award



Dr. Cesar Acosta and ED Robin Brown

# Practices required to post updated Wage Order 4



As a best practice, all California practice owners or employers should know the applicable wage order for their business and employees along with the regulations contained in it.

California's Department of Industrial Relations regulates wages and hours of nonexempt employees. The wage orders, currently 17 in all, define the minimum wages, hours and working conditions of employees in specific industries. California employers must comply with one or more of the 17 wage orders, plus a minimum wage order as well as applicable statutes depending on the type of work performed.

Dental practices typically fall under Wage Order 4 — specifically, Order No. 4-2001, Regulating Wages, Hours and Working Conditions in the Professional, Technical, Clerical, Mechanical and Similar Occupations. The California Department of Industrial Relations updated Wage Order 4-2001 to reflect the 2017 and 2018 increases in the state minimum wage. The DIR amended sections 4(A) and 10(C) and also updated meal and lodging credit amounts. The correct industry wage order has a revision date of "12/2016," which is found on the bottom of the cover page for each wage order. The wage orders are dated 12/2016; however, they were released by the DIR in May 2017.

Each California Wage Order covers regulations on topics such as:

- Administrative, executive and professional exemptions
- Overtime wages
- Alternative workweeks
- Minimum wages
- Reporting time pay
- Records retention
- Cash shortage and breakage
- Uniforms and equipment
- Meals and lodging
- Meal periods
- Rest periods
- Required posting of the order.

*You can download a copy of the new wage order from the SDS website, [www.stanislausdental.org](http://www.stanislausdental.org). Under Public, hover your mouse over Pearls of Dentistry, then click Labor Law Updates. You can then download Wage Order Posting*

Most wage orders contain similar provisions as stated; however, each can contain more obscure provisions. For example: "suitable seats when the nature of the work reasonably permits the use of seats." Or for dental practices that are considering adopting an alternative workweek schedule, the details of what is allowed and required in order to adopt this type of schedule is spelled out in detail in Section 3(B).

Although CDA recently printed and is continuing to distribute the most recent version of the Required Poster Set, it is difficult to know when state or federal postings will be updated. **CDA Practice Support** updates its resource "Required Postings in a Dental Office" and encourages practice owners or employers to check the resource regularly to stay in compliance as new postings are updated and issued.

As with the CDA Required Poster Set, employers should print a copy of the new wage order and post it in an area frequented by employees where it may be easily read during the workday. Where the location of work or other conditions make this impractical, every employer must keep a copy of this order and make it available to every employee upon request. The industry wage orders are formatted to print on 8 ½-inch by 11-inch paper.

Find "Required Postings in a Dental Office" and other Practice Support resources at [cda.org/practicesupport](http://cda.org/practicesupport).

If you haven't ordered your 2017-18 poster set yet, you can do so today at [cda.org/posterset](http://cda.org/posterset).

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# Stanislaus Dental Foundation Annual Membership Meeting

Thursday, August 3, 2017

Famiglia Bistro Ristorante  
(formerly Jacob's Fine Dining)  
2501 McHenry Ave. – Modesto



## Post-Election Dentistry: What's Next? Speaker: Ann Milar

Ann Milar is the Policy Manager for the California Dental Association. In her role she monitors, researches and analyzes trends and policy issues for their impact on dentistry and CDA members. During her 10-year tenure with CDA, Ann has served in a variety of positions educating, assisting and advocating on behalf of CDA's 27,000 member dentists.

### Summary

The election of President Trump and the imminent repeal (and possible replacement) of the Affordable Care Act (ACA) will have rippling effects throughout the dental profession. Looking through a national and statewide lens, this presentation focuses on the impact of ACA repeal to the millions of Californians whose dental benefit coverage is in jeopardy and how it may affect dentists throughout the state.

**April SDS Continuing Education Course**  
**Dr. Michael Scherer**  
*Tips, Tricks, and Pearls for Restoring Dental Implants*  
Thank you to 3M and Merrill Lynch for sponsoring the course!



# New health care option has arrived for small employers

*Reprinted with permission from California Dental Association*



Offering health care reimbursement benefits for employees used to be commonplace; however, with the implementation of the Affordable Care Act, these arrangements are no longer lawful. Employers who fail to meet the insurance reform requirements and continue this practice could face penalties of up to \$100 per day for each affected individual.

Now, this is changing. At the end of 2016, President Obama signed the 21st Century Cures Act creating an entity called the Qualified Small Employer Health Reimbursement Arrangement (QSEHRA). Effective Jan. 1, 2017, the new law allows small-business owners and employers the option of providing a cost-effective health care reimbursement benefit on a pretax basis.

The QSEHRA benefit option is available to employers who are not defined by ACA as an “applicable large employer” and employ fewer than 50 full-time equivalent employees. An FTE employee in California, [as defined by California Health and Safety Code](#) provisions, is “any permanent employee who is actively engaged on a full-time basis ... with a normal workweek of an average of 30 hours per week, for 120 consecutive days or 130 hours per month at the small employer’s regular place of business” and who has met any applicable waiting period requirements.

Small employers will likely find this benefit option attractive, but they should review some features carefully prior to moving forward with offering such a benefit. These include the requirement that a QSEHRA can only be funded solely by direct employer contributions (no permitted employee salary reductions), the nondiscrimination rules (in general, the benefit must be provided on the same terms to all eligible employees) and the requirement that employers are not permitted to maintain another group health plan.

## Setting up a QSEHRA: First steps

In brief, employers should determine their contribution amount, prepare a notice to employees about the coverage to be provided to existing eligible employees and new hires and require that participating employees provide proof of insurance coverage. Due to specific requirements, as a best practice, it is recommended that employers work with a qualified CPA or health care law professional when setting up the benefit to ensure compliance with the law.

The cost benefit must be 100-percent employer funded. The plan cannot be a shared expense between employer and employee and the employer cannot reduce an employee’s pay as a result of accepting the QSEHRA benefit.

After the employee provides proof of coverage, the QSEHRA must provide for payment to, or reimbursement of, an employee’s expenses for medical care (as defined by Internal Revenue Code section 213(d)) incurred by the eligible employee or eligible employee’s family members. Qualifying medical expenses are not limited to premiums.

The terms of the plan must be offered universally to all employees, with some permitted exclusions noted here. Some variances may be allowed to reflect variations in the price of a policy due to the age of an eligible employee or the number of family members covered by the QSEHRA. Individuals may be excluded if they:

- ✦ Have not been employed for 90 days.
- ✦ Are under age 25.
- ✦ Work part time or on a temporary basis.
- ✦ Are union employees (unless union agreement provides eligibility).

Are a nonresident alien without income sources from within the U.S.

Reimbursements cannot exceed \$4,950 per year for an individual or \$10,000 per year for family coverage. The amount must be prorated to reflect partial year coverage for employees who do not work a full year.

A written notice of the benefit must be provided to the employee no later than 90 days prior to the start of the plan year. The notice must include:

- ✦ The amount of the employee’s yearly benefit.
- ✦ A statement that the employee is required to provide proof of coverage.

A statement that the employees will pay taxes on payments if the employee fails to maintain health insurance coverage during any period they received the QSEHRA benefits.

Because the requirements of the notice are highly specific and failure to provide proper and timely notices can result in financial penalties, it is recommended that employers work with a qualified CPA or health care attorney to set up this plan.

At a time when small-business owners are looking for ways to entice new employees and keep loyal employees with a variety of benefit options, especially when group health care coverage premiums are financially out of reach or unfeasible, a QSEHRA offers an option to remain competitive in the job market.

For help finding a referral to a CPA or health law attorney, contact CDA Practice Support at 800.232.7645.

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# The Modesto Bee

## A balm for those who suffer with braces — and you can try it for free

BY PATTY GUERRA  
[pguerra@modbee.com](mailto:pguerra@modbee.com)

JUNE 13, 2017 4:22 PM

Anyone who has had braces on their teeth knows their own specific kind of pain.

In my youth, I had braces twice — wear those retainers, kids. And I remember going through lots of lip balm as I got used to them, both times. Right now, my husband is in the midst of braces fun with his own set.

Among other discomforts, when you have braces you can go through a lot of lip balm. **Amy Buchler**, a Modesto orthodontist, noticed this in her patients and wanted to make it better. Some lip balms contain chemicals and some can actually dry out your lips if used too much.

Brace Balm is available online at [www.bracebalm.com](http://www.bracebalm.com). You also can stop by Buchler’s office to buy it or pick up a sample to try for free.

To read more: <http://www.modbee.com/news/business/biz-columns-blogs/biz-beat/article156005349.html>



### SDS Members attend CDA’s Leadership Education Conference



I met with  
Dr. Victor Pak, Secretary  
Dr. Preston Payne, Community Health Chair  
Dr. Amanda Farley, Treasurer  
Robin Brown, Executive Director  
Dr. John Sulak, CDA Trustee

CDA Leadership Development Committee  
(far right, Robin Brown, SDS Executive Director)





## Third Time's a Charm!

**Dr. Jacob Barber**  
SDS Continuing Education Chair

It was the Stanislaus Dental Society's 3<sup>rd</sup> Annual Summer Dental Symposium. We had 16 event sponsors, 38 dentists and over 100 staff attend which was a record number. Our seven speakers covered a variety of topics and were engaging the audience like never before. Mr. Swafford was so well-received we are planning on bringing him back for a full day course in the future, so stay tuned. Our very own Dr. Ron Champion delivered a wonderful lecture on orthodontics. Thank you, Dr. Champion! As the CE chair, I want to personally thank all of our volunteers who made the day possible. Our room monitors: Drs. Dean Brewer, Preston Payne, John Sulak, Toshi Hart, Larry Bartlett, Amanda Farley, and Katie Kucera. A big shout out to Dr. Toshi Hart and her staff for volunteering to work at the registration table and serve breakfast. And thank you to the staff of Greater Modesto Dental Implant & Oral Surgery Center for serving lunch. Thank you to Robin who literally puts 100's of extra hours into planning, preparing and setting up for this big event. We hope our members enjoyed the courses and camaraderie and we look forward to seeing you next year!

### *\$50 Prize Winners!*



### *Raffle Prize Winners!*





The Stanislaus Dental Society presents a bit of sunshine for you!



# 3rd Annual Summer Dental Symposium



# Successful Method to Reduce Dental Implant Failure

March 24, 2017

*'Scientists are evaluating the effectiveness of a new nanocoating for dental implants to reduce the risk of peri-implantitis'*

According to the American Academy of Implant Dentistry (AAID), 15 million Americans have crown or bridge replacements and three million have dental implants -- with this latter number rising by 500,000 a year. The AAID estimates that the value of the American and European market for dental implants will rise to \$4.2 billion by 2022.

Dental implants are a successful form of treatment for patients, yet according to a study published in 2005, five to 10 per cent of all dental implants fail.

The reasons for this failure are several-fold -- mechanical problems, poor connection to the bones in which they are implanted, infection or rejection. When failure occurs the dental implant must be removed.

The main reason for dental implant failure is peri-implantitis. This is the destructive inflammatory process affecting the soft and hard tissues surrounding dental implants. This occurs when pathogenic microbes in the mouth and oral cavity develop into biofilms, which protects them and encourages growth. Peri-implantitis is caused when the biofilms develop on dental implants.

A research team comprising scientists from the School of Biological Sciences, Peninsula Schools of Medicine and Dentistry and the School of Engineering at the University of Plymouth, have joined forces to develop and evaluate the effectiveness of a new nanocoating for dental implants to reduce the risk of peri-implantitis.

The results of their work are published in the journal *Nanotoxicology*.

In the study, the research team created a new approach using a combination of silver, titanium oxide and hydroxyapatite nanocoatings.

The application of the combination to the surface of titanium alloy implants successfully inhibited bacterial growth and reduced the formation of bacterial biofilm on the surface of the implants by 97.5 per cent.

Not only did the combination result in the effective eradication of infection, it created a surface with anti-biofilm properties which supported successful integration into surrounding bone and accelerated bone healing.

Professor Christopher Tredwin, Head of Plymouth University Peninsula School of Dentistry, commented: "In this cross-Faculty study we have identified the means to protect dental implants against the most common cause of their failure. The potential of our work for increased patient comfort and satisfaction, and reduced costs, is great and we look forward to translating our findings into clinical practice."

The University of Plymouth was the first university in the UK to secure Research Council Funding in Nanoscience and this project is the latest in a long line of projects investigating nanotechnology and human health.

Nanoscience activity at the University of Plymouth is led by Professor Richard Handy, who has represented the UK on matters relating to the Environmental Safety and Human Health of Nanomaterials at the Organisation for Economic Cooperation and Development (OECD). He commented: "As yet there are no nano-specific guidelines in dental or medical implant legislation and we are, with colleagues elsewhere, guiding the way in this area. The EU recognises that medical devices and implants must: perform as expected for its intended use, and be better than similar items in the market; be safe for the intended use or safer than an existing item, and; be biocompatible or have negligible toxicity."

He added: "Our work has been about proving these criteria which we have done in vitro. The next step would be to demonstrate the effectiveness of our discovery, perhaps with animal models and then human volunteers."

Dr Alexandros Besinis Lecturer in Mechanical Engineering at the School of Engineering, University of Plymouth, led the research team. He commented: "Current strategies to render the surface of dental implants antibacterial with the aim to prevent infection and peri-implantitis development, include application of antimicrobial coatings loaded with antibiotics or chlorhexidine. However, such approaches are usually effective only in the short-term, and the use of chlorhexidine has also been reported to be toxic to human cells. The significance of our new study is that we have successfully applied a dual-layered silver-hydroxyapatite nanocoating to titanium alloy medical implants which helps to overcome these risks."

## Journal Reference:

A. Besinis, S. D. Hadi, H. R. Le, C. Tredwin, R. D. Handy. **Antibacterial activity and biofilm inhibition by surface modified titanium alloy medical implants following application of silver, titanium dioxide and hydroxyapatite nanocoatings.** *Nanotoxicology*, 2017; 1 DOI: 10.1080/17435390.2017.1299890

University of Plymouth. "Successful method to reduce dental implant failure." ScienceDaily. ScienceDaily, 24 March 2017. <[www.sciencedaily.com/releases/2017/03/170324104836.htm](http://www.sciencedaily.com/releases/2017/03/170324104836.htm)>.



# Stanislaus Dental Society



## "A Potpourri of Dentistry - Pearls of the Practice"

5 Units Core Continuing Education Credits

**Friday, August 18, 2017**  
**8:30am – 1:30pm**

Famiglia Bistro Ristorante  
(formerly Jacob's Fine Dining)  
2501 McHenry Ave. – Modesto

**8:00am Registration / Breakfast**

Clarke Filippi, DDS  
and  
Peter Soderstrom, DDS

8:30am – 11:20am

*Terminal dentitions and  
Full mouth reconstruction*



Timothy Betita, DDS

11:30pm – 1:20pm

*State of the Art Surgical  
Management of TMJ Disorders*

# Responding to dental plans' retroactive refund demands

Reprinted with permission from California Dental Association



Demands from dental plans seeking refunds of previously paid claims are common, but they're not all alike. Most refund demands are legitimate, and state law requires health care providers who have been overpaid to refund an overpayment within 30 days of notice. These overpayments typically result from plans paying on claims when the patient had fallen out of eligibility unbeknownst to the plan when payment was made.

Other overpayments may result from mistakes of the dental plan or insurer itself, and case law in California declares that refund demands that stem from payments made in error are not automatically valid. A conversation with a CDA Practice Support expert may help to determine whether such refund demands are appealable.

Other refund demands stem from the peculiar circumstance of a self-funded group retroactively terminating coverage of a group member to a date before the patient was treated and the claim was paid. In other words, the plan considered the patient eligible for coverage when the dental office verified eligibility, when the patient was treated and when the administrator paid the claim. But due to laws governing self-funded dental plans, an employer is permitted under specific circumstances to retroactively terminate an employee, resulting in the employee losing eligibility for dental benefits under the employer's self-funded plan.

*'A properly constructed financial agreement with the patient prior to the rendering of care would put the patient on notice that if for any reason her plan doesn't pay for treatment, or the plan sought a refund for payment, the responsibility for payment falls to the patient.'*

Why would an employer retroactively terminate an employee? Typically, this will occur when an employee who has taken medical leave for self, family medical leave or maternity or paternity leave decides not to return to work. State and federal laws require employers to maintain the employment and continue the health benefits of those who have taken such leaves. But, if an employee decides not to return to work after taking allowed leave, an employer may terminate the person's employment from the date they first took the leave. Patients who come in for dental treatment while they are on allowed leave from work may be terminated from their dental benefit coverage retroactively to a date prior to the date of dental service if they later decide not to return to work at all. This will result in the administrator of the self-funded dental plan sending out demands for refunds for any claims paid after that date of retroactive employment termination. Unfair? Perhaps, but it's legal.

## Employer has options under federal rule

It is common for self-funded health plans to retroactively terminate employees from coverage when those employees decide not to return from medical or family leave. However, certain conditions under 29 Code of Federal Regulations Section 825.213 allow employers to continue former employees' health coverage even when employees have exhausted their allowed leave, or to seek the reimbursement directly from former employees. In other words, unilaterally terminating the employee's health coverage retroactively as a first action isn't the employer's only option according to the federal regulation. Giving a terminated employee the opportunity to reimburse the employer for either premiums paid or claim payments is something the employer may do. The employer should also offer the employee continuation coverage, which the former employee will pay for.

The apparent intent of the federal rule is to assure that the loss of health care coverage is not the first result for an employee who decides not to return from medical leave. If it appears that the employer simply terminated the employee retroactively and didn't give the employee the opportunity to continue his coverage prior to the termination, the decision could be a violation of the federal requirement.

Per the federal regulation, the employer may seek reimbursement from the patient. But, there may be a union contract in place that prohibits an employer from seeking reimbursement from a former employee or the employee may not have returned to work because his health condition has not improved and the only option is to not return to work. In these cases, an employer may not be able to seek reimbursement from a former employee. However, it may be that the employer sought reimbursement directly from the terminated employee (patient), which is permissible. In the case where an employer has received a demand letter for reimbursement of a previously paid claim resulting from retroactive termination, that refund demand may be appealable based on the ability of the employer to seek reimbursement from the employee.

(cont. on Page 15)

(cont. from Page 14)

The dentist could send an appeal letter to the employer or plan administrator asking for the refund with the explanation that unless the former employee was given the option to reimburse the employer for claims paid while on leave and refused to reimburse the employer, there is not good cause to seek a reimbursement from the dentist. Everything may be in accordance with the federal rule, but the dentist receiving a refund demand doesn't know that, having simply received a refund demand with no explanation of the circumstances behind the demand. An appeal letter to the plan administrator pointing out the federal rule option to seek reimbursement from the employee would be in order. The administrator may respond that an attempt was made to recover the amount from the former employee, but that the patient refused either the reimbursement claim payments or the continuation coverage. In that case, the plan administrator will again ask for a refund from the employer and the employer will be obligated to provide it.

At this point, the employer would need to recover from the patient. A properly constructed financial agreement with the patient prior to the rendering of care would put the patient on notice that if for any reason her plan doesn't pay for treatment, or the plan sought a refund for payment, the responsibility for payment falls to the patient.

A dentist might also appeal such a refund demand on the basis that treatment was provided to the patient in good faith, that the patient had coverage on the date of service and that the employee's plan paid for the treatment in good faith. But if the refund dispute is actually between the employer and his former employee, why should the dentist be targeted to pay the refund? Again, these are suggested rationales for appeal. They are points that could be made in an appeal, but are never a guarantee of winning such an appeal.

As these situations appear to be unique to self-funded health plans, employers may want to discuss federal requirements with the Office of Participant Assistance of the U.S. Department of Labor. These offices exist to assist participants (patients) of self-funded health plans, but health care providers may inquire with the office on behalf of their patients.

Call the Offices of Participant Assistance at 626.229.1000 in Pasadena and at 415.625-2481 in San Francisco.

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## **Volunteer registration is open for CDA Cares Bakersfield**

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The next CDA Cares will take place Oct. 6–7 in Bakersfield at the Kern County Fairgrounds, and the CDA Foundation is seeking volunteer dentists, including oral surgeons, periodontists and pedodontists, to help ensure another successful event. Hygienists, dental assistants and lab technicians are also needed, as are community volunteers who can serve as interpreters and help with patient escort, registration and more.

CDA Cares events allow dentists to provide volunteer care outside of their offices, in their communities, with well-designed portable operatories and high-quality equipment and supplies. Services include fillings, extractions, cleanings, limited root canals, oral health education, a limited number of full and partial dentures and assistance in finding a dental home.

Register to volunteer at [cdafoundation.org/bakersfield](http://cdafoundation.org/bakersfield). Volunteers can find an FAQ and additional resources on the webpage.

**Learn more** about the Foundation's volunteer dental program at [cdafoundation.org/cdacares](http://cdafoundation.org/cdacares).

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# Stanislaus Dental Society's Staff Appreciation Back to the 80's!



Thursday, September 14  
6pm-9pm (ish)



Seasons Event Center  
945 McHenry Ave. Modesto

6:00 pm — No-Host Social  
6:30 pm — Dinner/Dancing  
8:00 pm — Dessert/Raffle/More Dancing!  
(\$35.00 per person)

Plus:

STEP RIGHT UP in a FANCY  
PHOTOBOOTH



LADIES  
TOUCH UP YOUR  
GRAB A PROP  
and SMILE PRETTY



Leg warmers? - Rad!  
Big hair? - Totally!

Leg warmers? - Rad!  
Big hair? - Totally!



R.S.V.P. by Thursday, September 7 5:00pm  
Please, no scrubs or work attire

# Keeping politics out of the dental office

TDIC Risk Management Staff



Today's political climate is more tumultuous than ever, reaching a level of polarization that often spills into daily interactions. Individuals on all sides are emboldened to share their viewpoints, with conversations taking place in coffee shops, supermarkets and yes, even the dentist's office.

But like the holiday dinner table, a dental office is no place for political or religious discussions.

The Dentists Insurance Company reports an increase in calls to the [Risk Management Advice Line](#) regarding heated political debates erupting in the office among both staff and patients. These impassioned discussions can create a negative environment and cause tension among all involved.

While individuals certainly have a right to their own viewpoints, business owners also have a right to outline appropriate workplace behavior. A good starting point is developing a professional code of conduct for employees specifying what is and isn't acceptable. Conversation about politics and religion should be off-limits, as should any topic that may cause another employee to feel uncomfortable.

TDIC reports a call from a concerned dentist who felt comments made by a team member during a political discussion were discriminatory. The dentist requested advice on how to address the concern without further alienating either employee or inflaming the situation.

TDIC recommended the following language:

"Teammates get upset when discussions on the job delve into political and religious topics because everyone, while entitled to their opinion, can have very strong and different points of view. That is why our office has established a policy regarding professional conduct in our practice. I am asking all of you to curtail any further discussion of politics or religious beliefs while at work to avoid making others uncomfortable or pressured to discuss topics that are not appropriate in the office."

Dentists should review their professional conduct policies or develop them if the policies are not already included in their employee manuals. The policies should be communicated to all staff members, including associate dentists, so the policies can then be applied universally and consistently should an incident occur.

It is easy for an employee to become defensive when confronted with an accusation of unbecoming conduct. The employee may claim he or she never made the statements in question or may challenge how the statements were interpreted. Having clearly defined professional conduct policies in place takes any interpretation out of the equation and can protect you in the event an employee makes an accusation of failing to address an uncomfortable situation.

Patients, too, have attempted to engage dental office staff in controversial conversations. While practice owners have no authority over the topics their patients can discuss, they can intervene if a patient crosses the line.

TDIC recommends that dentists speak directly with the patient, pointing out that the dental office is no place for political debates. It is important to be firm, brief and specific about what has occurred. TDIC recommends the following language:

"While I can appreciate your right to express your opinion, your comments were concerning to me and they made my staff uncomfortable. It would help us if you could curtail your discussions of politics in our practice and save them for a more appropriate forum. Your cooperation is greatly appreciated."

Should a patient respond with belligerence or anger, it is reasonable to dismiss him or her from care. As a business owner, a dentist has the right to refuse service to anyone for any reason as long as it is not deemed to be discriminatory. While dismissing a patient simply due to differing political beliefs would be considered discriminatory, dismissing a patient who becomes threatening, hostile or does not respect your office policies would not.

The decision to dismiss should only be made if the patient is not midtreatment. Otherwise, continue treatment and begin dismissal proceedings once the treatment is complete. Be sure to follow a formal dismissal protocol. Indicate the reasons for dismissal and document the patient's initial demeanor, statements and behavior, as well as your attempts to discuss the issue with the patient.

In today's highly politicized world, it is often impossible to escape controversial conversations. But by outlining clear and specific expectations for staff, it is possible to create a safe, welcoming atmosphere in which to practice dentistry. And while confronting those who are vocal about their opinions can be uncomfortable, it is necessary to ensure a positive experience for patients and staff alike.

*[TDIC's Risk Management Advice Line](#) at 800.733.0633 is staffed with trained analysts who can answer office policy and other questions related to a dental practice.*

*Reprinted from the CDA Journal*



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# HOW TO BE THRILLED IN DENTISTRY (FOR THE FIRST TIME?) TACKLING COMPLICATED CASES

-by-

Peter Auster, DDS

5 Hours Core CEU's

**Friday, October 21**

**8:00am – 1:30pm**

Famiglia Bistro Ristorante

2501 McHenry Ave. Modesto  
*(formerly Jacob's Fine Dining)*

8:00am – Registration / Breakfast



Dr. Peter Auster is a cosmetic dentist with more than thirty years of experience in crafting beautiful, healthy and distinctive smiles. His general and cosmetic dentistry practice – Cosmetic Dentistry Associates - is located in Pomona, New York. A member of the American Academy of Cosmetic Dentistry, Dr. Auster is also the founder and Immediate Past-President of the Empire State Academy of Cosmetic Dentistry. He has served numerous AACD committees and currently sits on the Board of Directors. Dr. Auster is a graduate of the University of Pennsylvania School of Dental Medicine and is a founding scholar of the Dawson Academy.

#### **COURSE OBJECTIVES:**

- 7 steps to dental happiness- (you'll wish you started sooner)
- What they didn't prepare us for in dental school and how to catch up?
- How we can help save the lives (and smiles) of patients with eating disorders
- How to phase cases for any budget
- Conquering your fears: amazing cases analyzed- broken down to basics
- Should I buy that scanner now? (NOT what you expect to hear)
- What NO dentist should EVER be without
- The right cosmetic material for every case and what NOT to use
- The best new cements for every material
- How deprogrammers can change everything in your dental life and make you money
- The laser every office needs and the laser you don't want
- What every dentist should do once per year, no exceptions!
- The Big Reveal: Life-changing before and afters that you and your patient will never forget
- Incredible Cosmetic Labs: I'll name names!
- Cosmetic consults that excite and motivate your new patient
- How to insure you never see a broken crown again



## It's Not Just About OSHA

by Tom Terry

**Tom Terry** - Helping Dental Offices become "Exceptional" in the areas of patient experiences, patient engagement, safety and infection prevention. His website is [www.tomterryinc.com](http://www.tomterryinc.com) and he can be reached by email: [tom@tomterry.com](mailto:tom@tomterry.com)

Dental compliance goes beyond OSHA. There are several government agencies that regulate a dental office in California; OSHA is only one of them. Here is a basic list to illustrate what I mean:

OSHA  
Labor Board  
Consumer Affairs  
Water Quality District  
Environmental Protection Agency  
Department of Toxic Substances Control (DTSC)  
California Department of Public Health  
Department of Health & Human Services

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*'Posting a copy of regulations on a wall does not make employees or the business compliant; it takes the obtainment and the application of knowledge.'*

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As you can see, it's not just about OSHA. In fact, OSHA requirements for a dental office are only 5% of the total regulations makeup so there are many requirements spread among the other agencies.

### **Train to Become Exceptional**

A key reason why dental offices are failing regulatory inspections is mainly due to the lack of employee training. Here is a common scenario: employees come to work and do their jobs, however if they are not engaged in active learning outside of work-which will help them stay current in their career-they become trapped in the daily routine. This means they become more outdated as the profession changes. It won't be long with this scenario for a dental office to fall well below the minimum compliance requirements, resulting in the workplace becoming unsafe for both employees and patients.

Employers keep this in mind - 82% of the daily tasks needed to run a dental business successfully is the responsibility of the employees. In other words, employees have a greater impact, good or bad, on the day-to-day operation and over all successes of a dental business.

Employers - invest in your employees by engaging ongoing training. Train your employees until they pass out, and then train them even more!

Employees - invest in your career by taking courses on your own. Read more, learn more, and you will earn more!

### **Keep Office Policies & Procedures Fresh**

Every year take a look at your office policies and procedures, especially the sections that deal with employee safety, patient safety, and patient service. Revise based on new changes and then introduce the changes to your team in a training session. The value of policies and procedures is when employees know them, adhere to them, and management enforces them. I know, nobody wants to be a bad boss, but without application and enforcement, policies and procedure are worthless, almost like Congress!

### **Know the Regulatory Requirements**

Posting a copy of regulations on a wall does not make employees or the business compliant; it takes the obtainment and the application of knowledge. Employees must know the requirements and do what is required as the minimum. Employees should read and review regulatory requirements yearly or when new changes are made, whichever occurs first.

*(cont. on page 21)*

(cont. from Page 20)

### **Orientate New Employees**

Don't assume new hires will do exactly what you expect them to do. Take the first ten days of their employment and assign an experience employee to them as a mentor and observer. Putting the time in the beginning will payoff in the end.

### **Make Product Experts**

Make it mandatory that employees read the labels on products they use before using them. This should be a no-brainer; instead this is one of the most common violations found during inspections. Reading labels before using the product reduces risks and injuries while improving results.

### **Know Thy PPE**

Employees must know everything about their Personal Protective Equipment, especially the fitting and limitations. Most manufactures provide information and instructions on the proper use of the PPE, this ensures maximum safety for the employee.

### **Cultivate a Team Mindset**

If they are an employee, they are a member of the team. Therefore all team members must attend meetings and training sessions. It is impossible to move the business to higher standards without the full support of the team. Everyone must be on the same page.

### **Develop Open Communications**

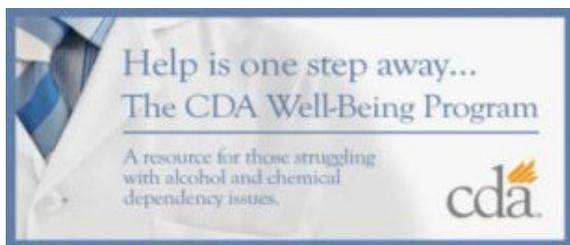
Communications is the glue that holds standards and results together. The more you and your employees communicate, the stronger the team will be. Commit to morning huddles and weekly power meetings. Encourage critical focus on employee safety, patient safety and patient service.

### **Train, Train, Train, Repeat**

Look at employee training as an investment with endless returns. Well trained employees have a huge effect on all facets of the business, including generating revenue, increasing profitability and reducing financial risk. But make sure the trainer is qualified, the training is specific to your office and employees can interact.

I leave you with this - "Leadership is a trickle down effect"

- Tom Terry



## **CDA Well-Being Program FAQ**

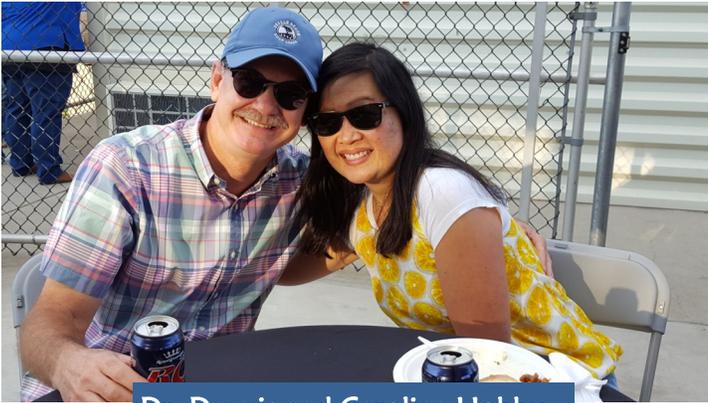
The Well-Being Program serves as a resource to the dental community in identifying and assisting individuals who may suffer from alcohol and/or chemical dependency.

If someone you know or maybe even yourself may have an alcohol or chemical dependency problem, contact CDA or a regional well-being committee near you for confidential assistance.

- ♦ CDA - Jillian Andolina - 800-232-7645 or email [WellBeing@cda.org](mailto:WellBeing@cda.org)
- ♦ Northern California - Curtis Vixie, DDS - 530-310-2395
- ♦ San Francisco/Bay Area - Regional Toll Free Line - 866-430-0922
- ♦ Southern California - Diane White, DDS 714-814-7732  
William Slavin, DDS 818-437-3204
- ♦ San Diego - Irene Stone, DDS - 619-275-7180

For more information about this program, please download resources at CDA Compass.

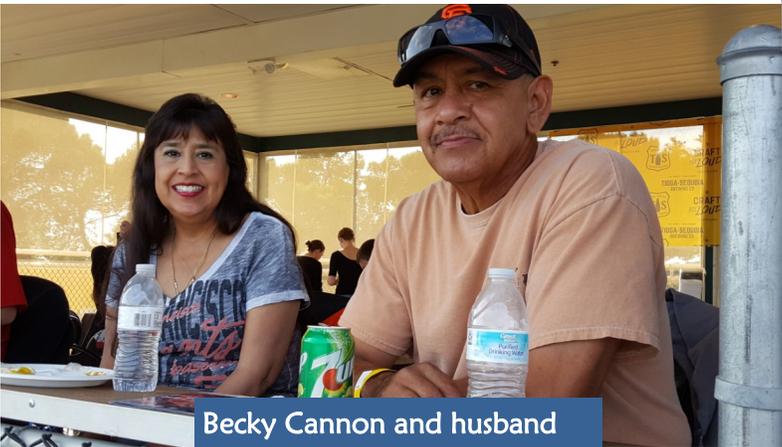
# 7th Annual Night at the Nuts!



Dr. Dennis and Caroline Hobby



Say Cheese!



Becky Cannon and husband



Dr. Sharokina Eshaghi and family



Kirk Renshaw—Won raffle to throw first ball!



Dr. Scott Renshaw and family

## New Addition to Practice

Dr. Toshi Hart is pleased to announce that Dr. Baljot (Jothi) Bains will be joining her General Practice Limited to Children this summer. Dr. Bains is a pediatric dentist and graduated from New York University with a Pediatric Dentistry Certificate in 2014. He received his DDS from UCSF in 2010 and a B.S. in Psychobiology from UCLA in 2006.

Dr. Bains is married to Yuko and they have 2 young daughters. Dr. Bains has strong ties to the valley and is a graduate of Merrill F. West High School in Tracy. Dr. Bains is also the cousin of Dr. Rena Bains, periodontist in Modesto.

Along with Dr. Hart, Dr. Bains is certified in Oral Conscious Sedation for Minors and provides all phases of dentistry for infants, children, and young adults with Nitrous Oxide & Oxygen Anxiolysis, In-Office IV Sedation, and Hospital Dentistry.

Dr. Bains is looking forward to meeting the members of the Stanislaus Dental Society, serving the pediatric needs of the community, and continuing the legacy of quality dental care for generations of local families set forth by Dr. Robert Venn.

Dr. Bains is available most Tuesdays at Toshi Hart D.D.S., Inc.  
4213 Dale Road, Suite B-6 corner of Pelandale in Modesto (209) 543-6937.



# Congratulations!



SDS Member Dr. Samer and Areeje Hamza welcome baby Logan, born May 17, 2017 and weighing 7lbs, 13oz. Parents report that he is 'perfect'!

## SDS 2017 Event Calendar

<b><u>August</u></b>	3	Thursday	SDF Annual Dinner
	18	Friday	SDS CE - Pearls of the Practice
	24-26	Thurs-Sat	CDA Presents - S.F. - (office closed)
<b><u>September</u></b>	4	Monday	Labor Day - (office closed)
	7	Thursday	SDS Board meeting
	8	Friday	LDC Mtg (office closed)
	14	Thursday	Staff Appreciation
<b><u>October</u></b>	6-7	Fri-Sat	CDA Cares - Bakersfield (office closed)
	19	Thursday	SDS General Membership Meeting
	20	Friday	SDS CE Course-Peter Auster
	20-23	Thurs-Tues	ADA HOD—Atlanta, Georgia
<b><u>November</u></b>	2	Thursday	SDS Board meeting
	16-19	Thur-Sun	HOD - Sacramento - (office closed)
	23-24	Thurs-Fri	Thanksgiving holiday - (office closed)
<b><u>December</u></b>	7	Thursday	SDS Holiday Member Mixer
	Dec 23-Jan 1	Sat-Mon	Winter Holiday - (office closed)

### **SDS Members by the Number**

**Total: 275**

Active – 235 / Market Share – 85%  
(Recent graduate-Reduced dues members)

RDO-0 / RD1-6 / RD2-6

Life Active-24 / Life Retired-37 / Retired-2

Dual-4 / Permanently Disabled-3



## Welcome New Members!

### **Carlos Aguilar, DDS**

General Dentist  
Western Dental  
1720 E Hatch Rd  
Modesto  
Univ del Bajio AC, 2012

### **Ji Ho Baag, DDS**

Endodontist  
Coffee Dental Group  
1130 Coffee Rd. Ste. 1A  
Modesto 523-5991  
UCLA, 2012

### **Tim Betita, DDS**

Oral Maxillofacial Surgery  
201 E. Orangeburg Ave. Ste A  
Modesto, 527-5050  
In practice w/ Drs. Cadra/Baker/Barber  
Univ of Texas, 2017

### **Roan Cercenia, DDS**

General Dentist  
No Practice Address  
UOP Arthur A. Dugoni, 2010

### **Jin Chung, DDS**

General Dentist  
4101 Tully Rd Ste 201  
Modesto 577-0777  
In practice w/ Dr. Wesley Wong  
Herman Ostrow School of Dentistry of USC, 2015

### **Franklin Cordero, DDS**

General Dentist  
Coffee Dental Group  
1130 Coffee Rd Ste. 1A  
Modesto 523-5991  
Tufts University School of Dental Medicine, 2009

### **Martin Palmer, DDS**

General Dentist  
Golden Valley Dental  
1920 Memorial Dr.  
Ceres, 541-3001  
New York University, 2016

### **Amar Patel, DDS**

General Dentist  
Allure Dental Care  
2217 Coffee Rd.  
Modesto, 521-3400  
Temple University School of Dentistry, 2015

### **Priya Patel, DDS**

990 Delbon Ave.  
Turlock 667-7889  
In practice w/ Dr. Robert McCulla  
UOP, 2016

### **Gurjot Sidhu, DDS**

General Dentist  
Riverbank Smiles Dental  
2119 Patterson Rd Ste 9  
Riverbank, 315-5299  
UOP Arthur A. Dugoni School of Dentistry, 2013

### **Elizabeth Sotomil, DDS**

General Dentist  
Access Dental  
1440 E Hatch Rd Ste 102  
Modesto 531-2000  
International, 1998

# Classifieds



## Modesto

- Full-time associate for Modesto practice. Contact Dr. Wesley Wong, (209) 577-0777 or email, [emploment@qualitydentists.com](mailto:emploment@qualitydentists.com).
- Full-time associate for Modesto practice. Office hours are Tuesday-Friday, 8:00am-6:00pm. Contact Dr. Nandan Patel, email [pdcdds@gmail.com](mailto:pdcdds@gmail.com).
- Seeking an Associate Dentist in our two private dental offices (Stockton & Modesto). Excellent pay package. Both part-time and full-time positions open. If interested, please email resume to [allaboutsmls@ymail.com](mailto:allaboutsmls@ymail.com).

## Turlock

- Associate Dentist needed for busy General Dentist practice. VaraniSmile of Turlock is looking to add an associate dentist one day per week. Must have at least 2 years experience working for a general practice. As the need arises we can add more days. Possible option to purchase the practice in the future. Please fax resume to (209)667-8798 or call the office at (209) 667-8874.

## Oakdale

- Associate Dentist needed who is interested in a 2-3 day work week within the Modesto and or Oakdale area. Pay would be discussed at time of interview. With the signing of a 1 year minimum contract possible assistance with living expensive if you are relocating from another area. If interested please email resume to [oakdalesmile@gmail.com](mailto:oakdalesmile@gmail.com).

The above Classified ads are also listed on the SDS website, [stanislausdental.org](http://stanislausdental.org). SDS offers its members free advertising related to their practice including, member employment, equipment to buy or sell, and practice sales or purchases. For more information, contact Robin at the SDS office, 522-6033.

Did you know?.....

In addition to posting a classified ad on the SDS website and APEX Newsletter, CDA also has a classified section where you can post jobs, dental equipment, practice sales, etc. Free to CDA members (must login to post)! Go to....

[www.CDA.org/jobs](http://www.CDA.org/jobs)