Summer 2011

APEX

BULLETIN OF THE STANISLAUS DENTAL SOCIETY

MARK YOUR CALENDARS!

MAY

30 **Monday**
Memorial Day —
CDA/SDS offices closed

JUNE

3 **Friday**
CPR Renewal Course,
Memorial Education Center,
8-11 am

9 **Thursday**
SDS Night at the Modesto Nuts!

17 **Friday**
FIELD DAY! Stevinson Ranch
Golf Course

JULY

4 **Monday**
Independence Day —
CDA/SDS offices closed

7 **Thursday**
SDS Executive Board Meeting

15 **Friday**
C.E. — "Pearls of the Practice,"
Jacob's Fine Dining,
8 am - 1:30 pm

President's Message

Dr. Michael Shaw, 2011 SDS President

Spring is upon us and I hope all of our members and their families are doing well. This time of year always seems to bring to light a freshness or spirit of renewed possibilities around us all. Along with that, just a bit of chaos as those of us with children, especially in the younger years, will gear up for a multitude of activities surrounding them. Time is a luxury, especially time for simple personal endeavors, so with that in mind, how we focus on our practices becomes very important. That is all fine and well but distractions of the world around us do play a part. Let's see…..The price of a gallon of gasoline is over $4.00 and our economy is still in a perilous state, but be reassured, we can always print more money. The turmoil in the world around us is ever growing, especially in the Middle East. We watched an earthquake and subsequent tsunami devastate Japan and take tens of thousands of lives and cause destruction not seen before during most of our lifetimes. Just recently, we witnessed multiple tornadoes in the south and Midwest take more than three hundred and fifty lives and wipe communities off the face of this earth. And as our emotions and our feelings are being instantly accosted by all of this in our electronic media age, we are expected to: maintain our practices, validate and educate our staff members, complete the multiple things we do to keep our practices functional, AND offer the ultimate in patient care we were trained to do. The most incredible thing is, we do just that. We do all of the above and more. I am proud to say that I am associated with a group of professionals who accomplish all this and more on a daily basis.

As promised in my first "Message" I would like to follow up on some issues that have the potential to affect us all. Budget cuts run deep. I think our entire membership and community are affected by the closing of the MJC Dental Assisting program. The options to our youth interested in our profession from the dental assisting side certainly have become much more expensive with the loss of this program. The SDS board and several influential colleagues made an attempt to prevent the programs demise but our attempts seem to fall upon very deaf ears. In another light, just so that we are all crystal clear, the nomenclature adopted that identifies the difficulties certain groups or populations have to oral health care is officially accepted as "barriers to care." A point of attention should be directed to the issues surrounding the anticipated study, data gathering, and attempt to eliminate the barriers to care in some of the affected populations. This surrounds the addition of "dental therapists" to the dental profession in an attempt to increase the access to oral health care. As was described in Vol. 23, Issue 4, April 2011 of the CDA Update, the W.K. Kellogg Foundation has plans to invest more than $16 million in its Dental Therapist Project in five states. Could or will California be involved eventually? Will this be a benefit to the communities underserved, will this improve dentistry as a whole, and will this affect you? Those are questions we all need to be asking and following carefully regardless if your opinion is either pro or con on this debate. With a word to our membership, let us know your feelings about issues so that we can appropriately represent you. By us, I mean your board. If you have the time or inclination to offer ideas you feel strongly about, become involved in your society. Changes come from ideas at the grassroots level; we need to hear your ideas. In closing, I wish for everyone health and peace of mind. May the next several months be laden with prosperity, both financial and spiritual, and have an enjoyable spring.

2011 SDS Committee Chairs

Bylaws
Lee W. Mettler, DDS

Communications
APEX
Jodi Sceville, DDS
Media Relations
Bruce Valentine, DDS
Website
Brad Pezoldt, DDS

Community Health
Nicholas Poblete, DDS

Continuing Education
Dean Brewer, DDS

Dental Liason
Lawrence J. Bartlett, DDS

Ethics
Michael J. Gerber, DDS

Forensic Odontology & State Emergency
Garry L. Found, DDS

Legislative
Andrew P. Soderstrom, DDS

Membership
Matt Swatman, DDS

Peer Review
John C. Swearingen, DDS

Program
Corey R. Acree, DDS

Staff Relations
Michael Cadra, MD, DMD

Well Being
Lee Mettler, DDS

Toll Free Numbers

ADA . . . . . (800) 621-8099
CDA . . . . . (800) 232-7645
TDIC . . . . . (800) 733-0634
1201 Financial . . . . (800) 726-5022
Denti-Cal Referral (800) 322-6384

Birth Announcement

A baby boy was born to Drs. Chris and Anne Thompson! Logan Suwan Thompson was born on St. Patrick's Day, March 17, 2011. He was 8lbs. 2oz. and 19.5" long and all is well. Welcome!

Dr. Garry and JoAnn Found at the Gallo for the YES Company and the Modesto Symphony Christmas Pops Concert last December

In Memoriam

It is with sadness that we announce Dr. Richard Smith lost his long battle with brain cancer on Easter Sunday morning. He passed away from complications of meningitis following a recent surgery at U.C.S.F. He was a 1973 graduate from UOP School of Dentistry and joined our dental society that same year. He was a member of SDS for 29 years before retiring for health reasons in 2002.

Music, sports, reading books, traveling, fishing, playing golf, and working on hobby trains were his favorite things to do. A private family ceremony will be held to honor his life in San Francisco, CA.

SDS Membership Status Update

260 Total members
210 Active Members
4 Permanent Disability
11 Lifetime Active
36 Lifetime Retired
5 Retired
3 Affiliates
1 New!
1 Applicant

SDS Welcomes Its Newest Member!

General Practice
Veena S. Madhure, DDS – Modesto

Stanislaus Dental Society thanks you for renewing your membership for 2012!

100% of our members renewed!

Upcoming SDS Events!

Stanislaus Dental Society Goes (to the)Nuts!

Invitation!

You are invited to Stanislaus Dental Society's 1st Annual Night at the Nuts!

Come enjoy an evening of food, fun and baseball with other SDS members, family and friends!

Includes:

- All-you-can-eat tri-tip/hot dog BBQ-private area
- Reserved upper box seating
- Kids—Free access to children's play area
- Raffle Prize

Thursday, June 9

6:00pm until the game is over!

Modesto Nuts vs. San Jose Giants

John Thurman Field

(rsvp deadline May 27)

Annual Field Day!

Friday, June 17

Stevinson Ranch Golf Club

2700 Van Clief Road, Stevinson

Golf & Texas Hold 'Em

Includes either event, lunch, dinner, raffle opportunities and all the fun you can handle!

(rsvp deadline June 3)

Editor's Letter

by Jodi Sceville, DDS – SDS APEX Editor

Perspective

I am reminded today of the saying, "Never judge a man until you've walked in his shoes." There are many variations of this proverb and it can be applied to our profession. It really is about ***perspective***. Seeing the world through another's eyes.

I wonder how the general population views our profession? How does our local community feel about dentists in our area or our dental society? Most importantly, what do our patients experience in the office from the first phone call to scheduling their next appointment?

We are in a helping profession yet we forget that our patients are truly coming to us for help. It may be help with a more esthetic smile before a special event, help with a toothache or help with an elderly family member's ability to chew with dentures. Our patients are human beings with an experience that shapes their view of us and motivates them to seek care for their dental health.

Perhaps today we can pause and listen to patients, not just see them as a patient ID number with a "billable" dental code that fills the schedule. In the end, we may find the uniqueness in the people we are privileged to treat.

Fingerprinting for Licensees… Effective July 1, 2011

The Board proposed regulations that will require any dentist licensed before 1984, any Registered Dental Assistant licensed before 1999, and any licensee for whom an electronic submission of fingerprints does not exist, to be fingerprinted before his or her license is renewed. These regulations were approved the first quarter of 2011. Since approved, the Dental Board is notifying all affected licensees of the requirements. Those licensees will be responsible for submitting Live Scan fingerprints to the Dental Board before their next license renewal, or the license will be placed on an inactive status until fingerprints are submitted to the Board. Since 1984, all dentists applying for a license through the California Dental Board have been fingerprinted. This was not a requirement for dentists licensed before 1984, and for Registered Dental Assistants licensed before 1999. Furthermore, not all licensees have submitted their fingerprints to the Board electronically. The process for submitting fingerprints electronically is known as "Live Scan." Recently, several articles in the Los Angeles Times reported on nurses who have a criminal background or are incarcerated and continue to hold a valid California license. These reports have made the Dental Board aware that there may be dental licensees who have committed criminal acts that have not come to the Board's attention because the Board did not require fingerprinting of dentists before 1984 and before 1999 for Registered Dental Assistants. The Board feels that this may place consumers or other licensees who employ or work with these individuals at risk.

Live Scan is the authorized service provider for electronic fingerprinting. For those needing to get fingerprinted, the Live Scan process is simple and can easily be completed at numerous locations throughout the state. Fees vary by location, but a licensee can expect to pay $51 plus a rolling fee between $10 and $30. Some locations offer mobile services. Check this site for more information, **http://ag.ca.gov/fingerprints/publications/contact.php**. Licensees must use the appropriate form. Forms can be downloaded from the DHHC and DBC web sites. If you have any questions, please contact Teresa Pichay, Practice Analyst at CDA, (916) 554-5990 or teresa.pichay@cda.org.

Wording per the Dental Board:

Fingerprint and Disclosure Requirements for Renewal of License.

(a) As a condition of renewal of a license, a licensee who was initially licensed prior to January 1, 1999, or for whom an electronic record of the submission of fingerprints does not exist, shall furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search conducted through the Department of Justice.

(1) The licensee shall pay any costs for furnishing the fingerprints and conducting the searches.

(2) As a condition of renewal, a licensee shall certify whether his or her fingerprints have been furnished to the Department of Justice in compliance with this section.

(3) This requirement is waived if the licensee is renewed in an inactive status or is actively serving in the military outside the country.

(4) A licensee shall retain, for at least three years from the renewal date, either a receipt showing the electronic transmission of his or her fingerprints to the Department of Justice or a receipt evidencing that the licensee's fingerprints were taken.

Robin's Relevant Remarks

Robin Brown
SDS Executive Director

3rd Grade Screenings

Stanislaus Dental Society was afforded the opportunity to provide 3rd grade screenings to students in Stanislaus County. Currently, there are 93 schools that have 3rd grade students with another being added next year. The task seemed rather daunting to assure that we could find a dentist for every school but once I put out the request for aid to SDS members, so many of you stepped up with your hand raised that we had more takers than schools! To those of you who answered the call, thank you for your willingness and generosity in giving your time and talent to screen and educate students on dental care. You are truly appreciated by the schools and by me!

CDA Compass

I get many calls to the office from members and their staff asking me questions about patient forms, OSHA requirements, insurance questions, etc. My usual response? "Have you tried the CDA Compass site?" This amazing site, open 24/7 and offered for free by CDA to its members, can answer most of your questions related to supporting your practice (i.e. Practice Management, Employment Practice, Dental Benefit Plans, Regulatory Compliance). After logging on to cdacompass.com, a quick, initial registration is required (have your license # handy) and you can also designate one person in your office to have access to the site. Once you start using it, you can't imagine how you survived without it! Want to take a peek at what kind of information you can access before you register? Once you open cdacompass.com, look on the top right side of the screen and click on Compass Resources. You can see it's filled with articles, manuals and downloadable forms you can customize for your practice! (you must register to access information). Try it, you'll like it!

SPECIAL EVENTS!

SDS Night at the Modesto Nuts:

It's been a little while since SDS has held a fun social event for its members and families and we think we've picked a good one! On Thursday, June 9 at John Thurman Field, SDS will be hosting its 1st Annual Stanislaus Dental Society Goes (to the) Nuts! What a great, fun packed evening! For a greatly reduced ticket price, you get an all-you-can-eat bbq tri-tip/hot dog dinner, reserved upper-box seating, children have unlimited free access to the kid's play area, and a raffle prize opportunity; all to be concluded with fireworks! I've had some ask if there is a reduced ticket price for children. Children under 2 are free and though most children over 2 don't have a hearty appetite, their ticket price includes free all day, unlimited access to the children's play zone (ordinarily there is a fee for each game played). Tickets are limited for this event, so make sure you get your reservation form and fee in quickly!

Field Day:

Held at Stevinson Ranch Golf Course on Friday, June 17, this enjoyable day includes either golf or Texas Hold 'Em, lunch and in the evening, all-you-can-eat bbq dinner, awards, raffle opportunities! I've been guaranteed a sunny day so please join us!

I hope you all have an enjoyable summer and as for me, I am proud to be working with…

... SDS members: preserving the dental health of the earth's population, one patient at a time!

Practice Management

WAR OF WORDS
WHAT CAN I DO WHEN I DISCOVER A PATIENT HAS POSTED DEFAMATORY COMMENTS ONLINE?

By Carla Christensen
Risk Management Analyst, TDIC

In today's ever expanding and developing use of technology, the application of the Web as a communication tool is expanding faster than regulations designed to limit potential abuse of this social media. Web sites like doctoroogle.com, healthgrades.com, ddsreviews.com, and localsearch.com are gaining in popularity and are examples of online venues that encourage users to rate or review dentists. The tendency for health care professionals to challenge these postings is increasing in response to the growing number of patients who choose the Internet as a public means of expressing personal dissatisfaction with services provided. In January 2009, a San Francisco chiropractor successfully settled a lawsuit against a patient who posted inaccurate statements about his office billing practices on yelp.com. The same Web site permitted parents to post claims against a pediatric dentist and, as a result, she has filed a defamation suit against the individuals. The dentist also attempted to sue yelp.com; however, the federal Communications Decency Act provides protection for Web sites that publish third-party information.

Dentists should have a plan of action to address defamatory comments patients may post online. Defamation is a false statement *of fact* about an individual to a third party in such a way that the statement has the potential to "tarnish the person's morality or integrity, or even to discredit the person's financial standing in the community." Slander is defamation by the spoken word. Libel is defamation by the written word, and publishing by posting in a public forum, such as a newspaper or online, is the communication of defamatory statements.

There are specific actions dentists and their staff can take to reduce the likelihood of a patient posting a negative review online. Apply interpersonal skills such as listening and repeating back in your own words patient comments, concerns or questions when treating individuals or advising parents or guardians about a patient's treatment plan. The *Journal of the American Medical Association* (JAMA) reported in 2007 that breakdown in communication is a causative factor in up to 80 percent of all professional liability lawsuits. The Internet gives unhappy patients a free and unfettered forum for venting displeasure rather than taking legal action. If a patient's interactions in the dental office—from the introduction to the practice, to clarification of clinical and financial expectations—are consistent, respectful and responsive to patient concerns, the chance of the patient finding fault with how he or she was treated is greatly reduced.

Documentation is an excellent defense against defamatory statements. Charting should be chronological, factual and objective, and provide anyone who reviews the patient record with clear insight into how staff responded to that person's specific concerns. It is appropriate to have members of the staff document interactions with the patient. For example, if the office manager is the only one to hear a patient comment about how unhappy he is with the treatment he received, he or she should record it in the patient's chart and immediately notify the dentist. It is the dentist's responsibility to follow up with the patient and record both the discussion and outcome in the chart.

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If dentist and staff strive for good communication and documentation, yet a patient still chooses to write a negative posting online, apply the following guidelines:

- **Do not attempt to publicly respond or refute the claim on the Web site.** There is a common misconception that once the patient has divulged private information his or her disclosure protects you from violating the patient's privacy rights if or when you reply. Do not fall prey to that error. You may inadvertently breach patient confidentiality (e.g., John Doe has hepatitis C) or make a libelous statement (e.g., Sally Smith *never* pays her bills on time) in return.
- **Check to see if the Web site has a written policy or protocol for removal of potentially libelous postings.** Follow the process to request removal of the information.
- **Ascertain who posted the negative comments then review chart documentation to determine whether information exists that may either corroborate your position or contradict the poster's claim.**
- **Seek legal advice to determine what type of recourse may be available.**

Under section 230 of the Communications Decency Act of 1996, specific protections are afforded Web sites that publish or post information from a third-party online; so there is no direct legal remedy available against Internet domains that post libelous information. A Strategic Lawsuit Against Public Participation (SLAPP) is intended to intimidate defamation defendants into withdrawing their comments by the threat of a costly lawsuit; however, Anti-SLAPP statutes have been passed in Arizona, California, Hawaii, Illinois, Minnesota, Nevada and Pennsylvania to prevent misuse of SLAPP litigation. Anti-SLAPP regulations allow defendants the opportunity to file a special motion to have a court determine whether the comments posted fall under the right of petition or free speech.

It has been suggested dentists have patients sign a document prohibiting the individual from posting defamatory claims on the Internet. Think carefully about what kind of message this sends. The patient may become curious as to whether the practice has received a bad review and speculate that the only reason the dentist has requested he or she sign an agreement is because of poor patient relations or service in the past. Also, the patient may feel the dentist is unfairly requesting the individual give up a basic First Amendment right – freedom of speech. While a dentist may believe this is a proactive step to combating abuse of the online rating and review system, patients may see it as a license to practice bad dentistry without the threat of disclosure.

Patients pleased with the care they receive will refer friends and acquaintances to the practice, while less-than-satisfied individuals may complain openly about perceived poor service and care to anyone who will listen. Whether the complaints are slanderous or libelous in nature, the best protection a practice can offer itself is to effectively communicate with patients, colleagues and the dental team, and to document these interactions accurately and objectively.

They're Here! 2011 Labor Law Posters Available Now

The 2011 Labor Law posters, generously provided at no cost by CDA, have arrived. Due to the substantial expense in shipping them, it will be necessary to come to the dental society office to pick up your poster. Either you or a staff member may pick them up. Please call the office and let Robin know you're coming. Posters will also be available at SDS Night at the Nuts and Field Day. Get yours while they're hot!

Practice Management

SAMPLE SCRIPTS FOR PATIENT MANAGEMENT

New Patient Examination and Consultation with the Doctor:

Scheduling Coordinator: Your specially reserved examination and consultation with Dr. Smith is designed with the goal of providing comprehensive dentistry. In our practice, this means we take time at your first visit to evaluate your oral health in detail, allowing our team to accurately and thoroughly perform all future dental needs. With the help of one of one of our qualified dental assistants, Dr. Smith will conduct a comprehensive evaluation to best assess your oral health goals. He will then develop a complete treatment plan, which will include services he recommends be performed by our hygienist, and he will discuss the diagnosis with you in detail.

Cancelled or Failed Appointment:

Scheduling Coordinator: Mrs. Jones, as you know, we do apply a $50 fee for a missed appointment. Because this is your first missed appointment, we will go ahead and waive the fee this time around. However, please note the fee will be assessed for any other missed appointments.

Rescheduling After Canceled Appointment:

Scheduling Coordinator: Mrs. Jones, I am happy to reschedule you for that appointment. We unfortunately do not have any availability at that time for six more weeks. I can schedule you at 10 a.m. or 1 p.m. next week or can give you the 7 a.m. time in 6 weeks. Which would you prefer?
Patient: I cannot come during work hours, so I will have to wait 6 weeks.
Scheduling Coordinator: I'm sorry to hear that, as I know Dr. Smith wanted you to have this treatment completed as soon as possible. Let's go ahead and schedule you in 6 weeks, and if anything opens up sooner, we will give you a call.

Dismissing the Non-Compliant Patient:

Scheduling Coordinator: Mrs. Jones, I am happy to reschedule that appointment. Because we have scheduled this appointment for you two times before, we do require a deposit to schedule this appointment a third time. We can accept a deposit in the form of a check or put it on your credit card. If, for any reason, you would miss the next appointment, the deposit would go toward the time that has been reserved for you.

Emergency Patient:

Patient: Hi, Sue. This is Alice Jackson calling. I have a really bad toothache, and I'm in a lot of pain. Can I get in to see the doctor today?
Scheduling Coordinator: I am sorry to hear you are so uncomfortable, Mrs. Jackson. Can you tell me where the pain is located and how long you have been in pain?
Patient: Yes. It's on the lower left side. I started to notice it on Saturday, so about 3 days now.

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Scheduling Coordinator: If you don't mind, I'm going to ask you a few quick questions so I can provide as much information to the doctor as possible. (Walk patient through series of questions to determine seriousness of pain and situation)
Scheduling Coordinator: Thank you for your patience and answering those questions. From your responses, it sounds like we should see you today. We will be able to see you at 11 o'clock. Because we already have patients scheduled today, we do want you to be aware that there may be a little wait before the doctor can see you. We have plenty of reading materials, and suggest you bring some reading materials of your own. Also, please note that we do require payment at time of service. Following your appointment, we will file the services rendered with your dental benefit plan to maximize any coverage they may offer. Finally, it is often the case with emergency visits that we may need to see you back for a second visit. We always want our patients to know in advance when multiple appointments could be necessary. Nevertheless, regardless of whether more appointments are needed, we will make you comfortable today.

Patient Repetitively Late:

Scheduling Coordinator: Mrs. Jones, when you schedule time for an appointment, it is critical that we have enough time to complete the procedure. We make a point to not double-book our patients so that we can provide the best care to all of our patients. Therefore, it is necessary that you are on time for the appointment, or we may need to reschedule.

What are they up to now? Dr. Garry and JoAnn Found ziplining at Kapalua Maui last September

Dental Benefit Plans

EVIDENCE OF BONE LOSS HELPS SUPPORT PERIO CLAIMS

By: CDA Staff

I recently treated a patient with 4-5 mm pockets throughout her mouth, yet when I submitted a claim for scaling and root planing, and included periodontal charting, the patient's plan denied the claim. What else is the plan looking for?

The CDT-2009/2010 descriptors for scaling and root planing (D4341 and D4342) state, "It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature." The American Academy of Periodontology defines periodontal disease as, "a chronic bacterial infection that affects the gums and bone supporting the teeth."

Taking into consideration both of these definitions, a provider must be sure that the supporting documentation submitted for scaling and root planing shows evidence of periodontal disease and bone loss. Because the presence and extent of bone loss generally cannot be determined from periodontal charting alone, which only reflects pocket depth readings, claims submitted without additional supporting documentation are often denied by the patient's plan.

Individual plans have differing requirements for indicating the need for scaling and root planing, and you should contact the patient's plan for the criteria it uses. However, for the documentation necessary to process and pay a claim for periodontal scaling and root planing, there are some general guidelines providers should keep in mind when filing a claim for D4341 and D4342:

- Submit complete periodontal charting. Because pocket depths alone are insufficient to illustrate bone loss, be sure to include documentation regarding the presence and extent of furcation involvement, the presence of bleeding on probing, mobility and areas of recession and detached gingiva to support the diagnosis of periodontal disease and facilitate payment of the claim.
- Does the patient's dental history support the need for scaling and root planing? If the patient's treatment records show regular prophylaxis visits with notations indicating good overall oral health, a plan may question the existence of periodontal disease at the patient's next visit. While it is understood that a patient may develop early stages of periodontal disease at any time, a history of good periodontal health may give the plan enough doubt to deny the claim, absent the supporting documentation cited above.
- Bone loss, bone loss, bone loss! Evidence of bone loss is an indicator of periodontal disease and must be reflected in the treatment records in order for most plans to pay for scaling and root planing. Frequently, plans will require that radiographic evidence of bone loss be submitted with the claim, or that such evidence be available should a question arise regarding the necessity of treatment.

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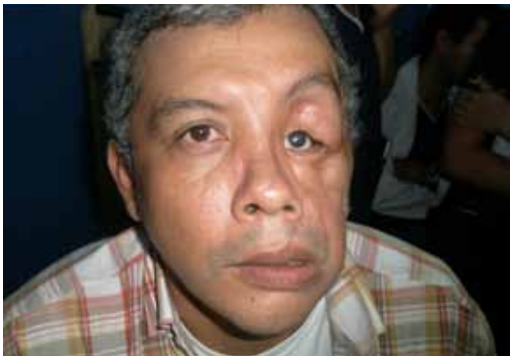
- Accurately code the claim. Be sure that you are using codes D4341 and D4342 correctly when indicating the number of teeth that were treated in each quadrant. Submitting a claim for four quadrants of four or more teeth (D4341) can raise a red flag with a plan when the documentation submitted supports the need for scaling and root planing in only one or two small areas of the patient's mouth. Again, remember that these codes are intended to be used to reflect therapeutic (not prophylactic) treatment.

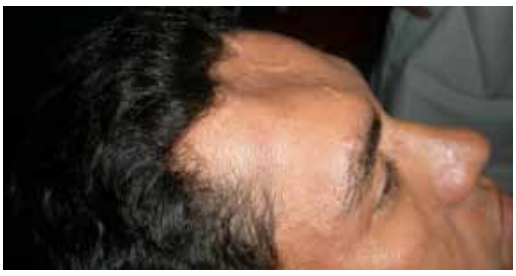
The above information is not intended to substitute for your own clinical judgment in determining when root planing and scaling is appropriate for your patient. Providing information on what most third-party payers are looking for when evaluating these claims is intended to help you avoid unnecessary delays in payment that may result from claim denials and requests for additional information.

Dr. Michael Cadra Helps "Save Faces and Change Lives" in Nicaragua



This man was injured in the countryside. He was unable to have it repaired right after the injury but the team was able to properly reconstruct his face

A boy with a Tessier Cleft Type VI. You can see the notch in his forehead, nose and lip. His chief complaint was that kids made fun of the dent in his forehead. The team was able to reconstruct his forehead.



This man had a divot in his forehead from an accident. The doctors performed a cranioplasty to reconstruct his injury.

Dr. Michael Cadra joined the MPO (Maxillofacial-Plastico-Orthodontica) Team to complete two successful trips to Nicaragua in May and November 2010. The purpose of the trip was to provide needed care in Leon and Matagalpa, an area of Northern Nicaragua, as well as provide education for local doctors. The focus of the trips is to perform surgeries to correct clefts and other craniofacial problems. By incorporating two trips into a year, the doctors can follow-up on surgeries performed during the previous trip.

The team of oral and maxillofacial surgeons, plastic surgeons and physicians is directed by John Dann, MD, DDS who has extensive experience and recognition in treating these deformities. Dr. Michael Carstens and Dr. Dann founded this group nearly 20 years ago. Most that have worked with the team have St. Louis connections with either Washington University, St. Louis or St. Louis University.

"I feel very privileged to work with these highly educated doctors who give their personal best to treat these people. Not only is it about giving back to the population, it is about our willingness and ability to educate the medical professionals there, to provide our post-op care and even the ability to diagnose and treat their own people," states Dr. Cadra.

Nicaragua is the largest country in Central America, about the size of New York State, with a population of 5.9 million people. Nearly half of those people live below the poverty level. Dr. Cadra states, that in addition to the poverty level and general lack of medical care, there is a high incidence of craniofacial problems such as cleft lip and palate. This may be related to genetic and nutritional causes and some of the craniofacial defects are due to iatrogenic causes. "The need is overwhelming," says Dr. Cadra. "Many people have been waiting months to be treated. There are young children as well as adults who have never been repaired or are awaiting further corrective surgery."

What makes this project unique is that the team recognizes that they can treat 15-25 patients each trip but by training the plastic and oral and maxillofacial surgeons there, it may impact 300 or more people annually who desperately need treatment. "Our hope is that we can train, supply and educate the local medical community so that they can take care of themselves. That's what makes our team so unique, and why I hope to continue to participate in each of the upcoming trips" says Dr. Cadra.

OUCH! I Just Got Stuck!

by Leslie Canham, RDA-CDA

Imagine you are working with a patient and as you reach for an instrument, you suddenly feel something sharp. Next you notice you are bleeding and realize that you just had an EXPOSURE INCIDENT!

According to OSHA, an exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

What are the risks of getting a bloodborne pathogen infection with an exposure incident?

Hepatitis B virus (HBV): Blood contains the highest HBV titers of all body fluids and is the most important vehicle of transmission in the health-care setting. In studies of health care providers (HCP) who sustained injuries from needles contaminated with blood containing HBV, the risk of developing clinical hepatitis was as high as 31% .

Human Immunodeficiency Virus (HIV): In prospective studies of HCP, the average risk of HIV transmission after a percutaneous exposure to HIV-infected blood has been estimated to be approximately 0.3% and after a mucous membrane exposure, approximately 0.09%. To date, there are no confirmed occupationally acquired cases of HIV in dentistry.

Hepatitis C Virus (HCV): HCV is not transmitted efficiently through occupational exposures to blood.

The OSHA bloodborne pathogen standard requires dentists to establish a written Exposure Control Plan. The Exposure Control Plan must contain information for the employee on what to do when an exposure incident occurs and who to contact for post-exposure evaluation and follow-up.

When an exposure incident occurs, immediate action must be taken to assure compliance with the OSHA bloodborne pathogen standard and to expedite medical treatment for the exposed employee. Below is a sample written exposure incident plan.

1. Provide immediate care to the exposure site.
   - Wash wounds and skin with soap and water.
   - Flush mucous membranes with water.
   - DO NOT USE Instrument involved on patient!
   - Employee must report incident immediately to supervisor/employer

2. Determine risk associated with exposure by
   - Type of fluid (e.g., blood, visibly bloody fluid, or other potentially infectious fluid or tissue).
   - Type of exposure (e.g., percutaneous injury, mucous membranes or non-intact skin exposure, or bites resulting in blood exposure).

3. Evaluate exposure source
   - Assess the risk of infection using available information.
   - The source individual (patient) must be asked if they know their HBV, HCV, HIV status, if not known, will they consent to testing.

4. The exposed employee is referred as soon as possible * to a health care provider who will follow the current recommendations of the U.S. Public Health Service Centers for Disease Control and Prevention recommendations for testing, medical examination, prophylaxis and counseling procedures.
   - Note "ASAP*" because certain interventions that may be indicated must be initiated promptly to be effective.
   - The exposed employee may refuse any medical evaluation, testing, or follow-up recommendation. This refusal is documented.

5. The employer must send all of the following with the exposed employee to the health care provider:
   - A copy of the Bloodborne Pathogen Standard.
   - A description of the exposed employee's duties as they relate to the exposure incident. (Accidental Bodily Fluid Exposure Form)
   - Documentation of the route(s) of exposure and circumstances under which exposure occurred. (Accidental Bodily Fluid Exposure Form).
   - All medical records relevant to the appropriate treatment of the employee including HBV vaccination status records and source individual's HBV/HCV/HIV status, if known.

6. The Health Care Provider (HCP) will:
   - Evaluate the exposure incident.
   - Arrange for testing of employee and source individual (if status not already known).

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- Notify the employee of results of all testing.
- Provides counseling and post-exposure prophylaxis.
- Evaluate reported illnesses.
- Send written opinion to employer limited to the following:
  - Documentation that employee was informed of evaluation results and the need for further follow-up.
  - Whether Hepatitis B vaccine is indicated and if vaccine was received.

Having a written plan in place can help expedite medical treatment for the exposed person. Remember time is of the essence because certain post exposure medications are more effective if administered within hours of the incident rather than days. Be sure to locate a health care provider near your office before you or anyone in your practice has an exposure incident.

You may request a complimentary copy of the sample exposure incident protocol (in Word document) to personalize a written plan for your office by sending an email to **Leslie@LeslieCanham.com**.

R.A.M. Remote Access Medical

by Toshi Hart, DDS

Some of the dental practitioners helping patients at the recent RAM event in Oakland

I received the invitation to the RAM event in Oakland like many others through the email. It looked like a very interesting concept and I was curious as to how thousands of people could be treated in such a short amount of time. I have always wanted to participate on a mission trip but my children are young and it is not an option at this point in my career. Furthermore, I knew there were many who needed treatment here right in our own backyards.

Prior to coming to Modesto, I served in a Community Clinic in Healdsburg for the National Health Service Corps for six years and was well accustomed to front line dentistry for those with minimal or no access to care.

What I wasn't prepared for was the mass of humanity both from the patients and the providers of care. There was outpouring of pure altruism that one does not often get from private practice. It was an amazing feeling.

I had many wonderful patients that day, all so very grateful and in awe that medical and dental professionals would take time out of their busy schedules and help. Help for no other reason than to just to be kind to another human being and share their time and talent for the benefit of those who are the most vulnerable with no means of payment.

My first patient was a woman who was terrified of the dentist. She was about 55 years old but looked 20 years older as life had been hard for her. As she sat in my chair, she relayed the experience of drinking kerosene as a child where rescuers had pumped her stomach. Since then, she has been traumatized with anything to do with her mouth. She told me of how she home birthed two of her children, one of which was breach, but could not tolerate the dentist.

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Her immediate needs were extraction of three teeth. I had only topical and local anesthetic and she actually numbed up quite well. She had three syncope episodes in the chair during her time with me. I could see her eyes constrict to pinpoints and had to call over the EMT's for oxygen. The extractions themselves were very easy but her anxiety and emotional state were about the limits of what RAM could offer. The director, Dr. Webb, even came over and gave me the green light to dismiss my patient saying, "We can only do what we can."

True to my stubborn and tenacious nature, I stuck with her. I coaxed, calmed and talked her through her treatment. In the end, she was the most grateful and relieved person I had ever met. She put off this treatment, which seemed so straightforward to me, for decades. I will never forget her look of amazement that it was over and her sincere gratitude.

Later in the morning, I met a young little fellow about 5 years old who needed two primary molars removed. Like many practitioners, I can do these in my sleep but with Nitrous Oxide &/or sedation, my own assistants in my own office. I was lucky enough to have an oral surgery assistant, Cheri come over to help me. The poor little guy really needed these teeth out and was not eating or sleeping well. They of course, were "hot teeth" and an ideal scenario would have been sedation but this was an emergency. His mother had him wait in line since midnight the night before to get a "ticket" to even be seen. It took all four of us to get those teeth out but I felt I could not give up on him- he desperately needed us. I wish I had my earplugs but when it was all said and done, true to being a child, he jumped out of his chair and was happy as a clam. His mother was not only grateful, for she knew the true value of the service we provided; she had the grace to teach her son to shake our hands in gratitude. This endeared me to these people even more...for money does not buy good manners.

Dr. Toshi Hart and assistant helping patient at recent RAM event in Oakland

Another patient I cannot forget is the young college student who came from a disadvantaged background but was getting his life back on track studying Engineering at City College. I talked about my own start as Mechanical at Cal Poly and he was so very happy and grateful for the treatment he received that he promised me when he became an engineer in the future, he would find a way to help others. At that moment, the gift of charity he was receiving was an inspiration to him.

RAM had over 100 portable dental chairs, lights and fully equipped units. There were three sections for oral surgery, restorative, and a 3 chair pedo van. All patients were triaged with health histories, x-rays (digital PA's and Pano) and a treatment plan. It was well organized with quality supplies including nitrile gloves, anesthetic, amalgam, composite, and even sealant material. It reminded me of dental school with a cafeteria-style main sterilization area and thousands of instruments. The event was so well organized and ran efficiently providing care for thousands of patients.

I will also never forget my colleagues, all of whom left successful and busy practices to donate their services. I ran into some traffic that morning and I guess I was complaining. My 'lab mate' asked me what time I had left from Modesto. I felt pretty good about telling him I got up at 4:30 in the morning. The Oral Surgeon replied with humbleness in his heart that he left at 3:00 in the morning to avoid the traffic. I was speechless.

I can only say I left the day with much, much more than I had given. For me, it was just a day but I returned with a great respect for the RAM Organization, Dr. Webb and all the volunteers who are committed to providing care for those in need.

I felt gratitude for all that I had in my personal and professional life. I am blessed by my inspiring mentor, Bob Venn who himself goes on yearly mission trips. We have a beautiful facility where it is easy to provide quality care with our wonderful, skilled assistants. I was lucky, I returned to my lovely family and life.

But for that day, everything was simplified. I was among the hundreds of medical and dental providers helping others. Treating people the way we would want our own friends and families to be treated; as dignified human beings helping other dignified human beings. The dentistry was routine but lives and the stories my hands touched were extraordinary.

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Published by the Stanislaus Dental Society
920 Fifteenth Street • Modesto, CA 95354
(209) 522-1530

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APEX is published three times a year by the Stanislaus Dental Society.