Humboldt Del-Norte Dental Society

FORUM

DECEMBER 2014

For Doctors, Staff and Allied Dental Health Personnel

What a great year 2014 was! We held some great courses with fantastic speakers. Thank you for the volunteers and the HDNDS Board for their hard work this year. Happy Holidays and may this next year be successful, memorable, and worthwhile! -Dani

In this issue:

Analyzing end-of-year practice production

By TDIC Risk Management Staff

The end of the year is a good time for dental practices to evaluate how they did over the last year and prepare for next year. As part of CDA's Practice Advising, which is an in-office consulting service designed to provide dentists guidance on reaching their individual business goals, a dentist can receive an in-office visit from an advisor.

The advisor will help the practice get an idea of its production in the past and how it may need to adjust things moving forward.

"We want to come in with you, sit down and go over several aspects of your finances, ordering, expenses and more to help you understand where your practice is doing well and where it can improve so that 2015 is better than 2014," said CDA Practice Advisor Shaun Pryor.

One of the key tools used during this in-office meeting is a spreadsheet that helps a dentist add up their total annual sales and show the percent of total sales contributed by several categories. Dentists must first understand what the cost of goods sold means, according to Pryor.

"Cost of goods sold' are expenses directly related to producing or buying your products or services.

For example, purchases of inventory or raw materials, as well as the wages (and payroll taxes) of employees directly involved in producing your products/services, are included in 'cost of goods sold,'" Pryor said.

These expenses usually go up and down along with the volume of production or sales.

"Study your records to determine 'cost of goods sold' for each sales category. Control of 'cost of sold' is key for most businesses, so approach this part of your forecast with great care," Pryor said.

Pryor and the other CDA advisors who visit practices for the end-of-the-year appointments will help dentists analyze each category of product/service to determine how much it costs for labor, for materials, for packing, for shipping, for sales commissions, etc.

Operating expenses, which are necessary expenses but are not directly related to making or buying a practice's products/services, also will be analyzed. Rent, utilities, telephone, interest and the salaries (and payroll taxes) of office and management employees are examples.

"Most operating expenses remain reasonably fixed regardless of changes in sales volume. Some, like utilities, may vary with the time of year. Your projections should reflect these fluctuations," Pryor said.

CDA advisors will use this data and the total operating expenses and gross profit to determine the practice's net profit. They also will compare the average cost factors with other dental offices of the same size in similar communities.

"It is unlikely that your expenses will be exactly in line with industry averages, but this can be helpful in areas in which expenses may be out of line," Pryor said.

The member-only Practice Advising helps dentists develop a vision statement and a customized action plan for their business and also gives them an opportunity to enhance their skills through quarterly workshops on everything from leadership and treatment planning to financial policy and case presentation. The program's three areas of focus are practice management, regulatory compliance and employment. For a monthly fee, dentists will receive six in-office visits per year, five off-site workshops and a monthly one-hour scheduled call with a CDA Practice advisor.

For more information, visit cda.org/practiceadvising.

While CDA Practice Advising is focused on helping our members develop and improve their business practices, patient care must always be a primary focus. Any business change that we recommend will not affect the treatment that patients receive from their dentist. Patients should receive care and a treatment plan that meets their dental needs regardless of payer source. Remember, all patients should be treated fairly, consistently, and ethically, as more fully described in the Patient Bill of Rights.

Patient credit card technology is changing

EMV (Europay/MasterCard/Visa) will eventually replace the magnetic stripe on credit cards that has been the standard in the United States since 1960, and dental practices should be ready for this transition.

Credit card issuers began issuing cards with EMV chips in 2013. Processors were next, requiring them to have the technology in place to accept merchants who were utilizing EMV transactions by April 2013. Acceptance of EMV will not technically be mandated for practices that accept credit or debit cards, but a shift in fraud liability begins October 2015.

All businesses must be ready to process EMV on their point-of-payment devices or be ready to accept liability from fraudulent transactions through EMV cards.

EMV technology uses dynamic data (versus static data that is on a magnetic stripe and is easily stolen these days) and will reduce credit card fraud and identity theft. EMV has already replaced magnetic-stripe cards in 60 countries (including Canada and most of Europe), and the card associations (such as Visa, MasterCard, Discover

and American Express) have all announced phase-in plans for the EMV technology for the United States.

Practices that use a magnetic-swipe terminal to process a chip card will be responsible for the cost of the transaction if someone uses a lost or stolen credit card in your office.

Dentists should contact their card processor to find out what they will need to do. If a dentist has already upgraded their terminal in the last few years, they might already have EMV-ready equipment and just need to turn it on. Or they may need new equipment.

CDA has an "Evaluating a Merchant Credit Card Processor – Checklist" resource available on cda.org. Visa and MasterCard also have chip acceptance resources available on their company websites.

For more information, contact CDA Practice Support at 866.232.6362 .

Covered California changes dental benefits

As California approaches the second full year of implementation of the Affordable Care Act (ACA), California's Health Benefit Exchange Board, responsible for Covered California, the state's online insurance marketplace and for the overall implementation of the ACA in California, has announced some changes to how dental benefits will be offered in 2015.

Unlike last year, California will now require all medical plans that sell products in Covered California to offer pediatric dental benefits as part of their benefits package. All of the medical plans will be partnering with separate dental plans to provide the benefit to families. By requiring medical plans to offer the essential pediatric dental coverages, California will ensure that all children who get their health coverage through the Exchange will also get dental coverage and the cost of that "embedded" coverage will be eligible for federal subsidies to families that qualify according to their income level.

In 2014, when the pediatric dental benefit was an optional purchase, less than one third of the children who bought medical coverage also purchased the separate dental coverage that was offered and the purchase of that coverage was not subsidy-eligible because of the narrow federal Internal Revenue Service (IRS) rules.

While CDA supports pediatric dental benefits being one of the essential health benefits, the association has expressed concerns with only medical plans offering the dental benefit, since most of the plans have never done so in the past. This brand new, untested endeavor by California's health plans will require state regulators to closely monitor these insurance companies to ensure they meet the needs of their policy holders and do what is necessary to ensure they maintain a robust network of dental providers able to provide timely access to care.

CDA's advocacy efforts have been successful in making sure that the plans sold through Covered California are structured in such a way that regulators must separately monitor the dental plans on these critical issues.

In addition to the new structure of the offering of the pediatric dental benefit, Covered California will for the first time be offering adult dental benefits for purchase through family dental plans that will allow adults to purchase dental insurance for themselves when paired with the pediatric dental essential health benefit. Five standalone dental plans will be offering this new benefit. Due to IRS rules, federal subsidies will not be available to those who purchase this benefit through the Exchange.

Critical questions remain about the operation and effectiveness of Covered California. Major issues from its initial roll out in 2013 include substantive problems with provider directories and the adequacy of provider networks. During the last open enrollment period, Covered California could not maintain an adequate list of the providers participating in each plan to inform potential health or dental plan purchasers. This left potential policy holders to either attempt to contact each plan individually to figure out if their current doctor or dentist was a member of the network or to buy an insurance product without knowing which providers would be available to them.

In addition, two of the medical plans that sold products through Covered California are

currently under investigation by the Department of Managed Health Care (DMHC), which is the state agency tasked with regulating most of the insurance plans in the state and making sure they follow the laws about network adequacy. DMHC is investigating whether Anthem Blue Cross and Blue Shield of California violated state law by misleading consumers about the size and specific make-up of their provider networks and whether their "narrow networks" made it too difficult for policy holders to get timely care.

CDA remains engaged in all of the statewide ACA implementation efforts, advocating for members, and is an ongoing resource for members who have questions about the health care reform law, its implementation in California and how it may impact dentists and the profession. For more information, please contact CDA's director of public policy, Nicette Short at nicette.short@cda.org.

New law protects patient premium dollars

CDA's advocacy efforts have resulted in Gov. Jerry Brown signing CDA's sponsored bill, AB 1962, along with three other CDA-supported bills. Below is a breakdown of these legislative actions.

AB 1962 (Skinner) – Establishes standardized requirements for dental plans to disclose how they spend patient premium dollars and puts the state on a path to establish a minimum percentage of premium dollars that must be spent on patient care, as opposed to profits and overhead. Requires dental plans to uniformly and publicly disclose the financial data necessary to assess their spending on patient care, bringing dental plan reporting to the same level as currently exists for medical plans, and declares the Legislature's intent to adopt a formal minimum percentage that dental plans must spend on patient care by Jan. 1, 2018, based on the data reported. This is a major victory for our members and their patients, as AB 1962 will provide increased dental plan transparency, accountability and value.

AB 1174 (Bocanegra) – Will allow certain expanded duties (determining radiograph needs and placing protective restorations, known as interim therapeutic restorations, under the diagnosis and direction of a dentist) for registered dental hygienists, registered dental hygienists in alternative practice and registered dental assistants in extended functions in a Virtual Dental Home setting (community clinics, nursing homes, preschools, etc.) using telehealth technology. Such functions have been tested over several years as part of the Office of Statewide Health Planning and Development's (OSHPD) "Virtual Dental Home" Health Workforce Pilot Project, which will now continue as a permanent program. The new law will also ensure reimbursement for dental care rendered regardless of the location of the service, allowing reimbursement for dental services provided through telehealth technology. The Virtual Dental Home model is an effective way to reduce barriers to oral health care and CDA worked continuously with stakeholders to ensure AB 1174 included important provisions relating to treatment settings, supervision and education.

SB 1245 (Lieu) – Extends the Dental Hygiene Committee of California (DHCC) in its current form for another four years without any expansion of the committee's authority or the hygiene profession's scope of practice as initially proposed by the DHCC and the California Dental Hygienists' Association (CDHA). The DHCC was established in 2009 under the jurisdiction of the Dental Board of California (DBC) to regulate licensure, enforcement and education of dental hygienists. State law establishes a "sunset" review process by which the California Legislature periodically conducts a formal evaluation of each state licensing body to assess its performance, determine whether it should continue and whether any changes should be made. Early in this year's DHCC sunset review process, CDA advocated against policy changes recommended by DHCC and CDHA that CDA argued were unjustified. The changes included: formally removing the committee from the DBC's jurisdiction and changing the committee to a board; eliminating the requirement that any recommendations by the DHCC for scope of practice changes be submitted to the DBC; reducing oversight of certain dental

hygienist duties by moving local anesthesia, nitrous oxide and soft-tissue curettage from direct to general supervision duties; and deleting the requirement that registered dental hygienists in alternative practice (RDHAPs) obtain a dentist's prescription in order to continue providing services to new patients after 18 months. The Legislature rejected these proposals.

AB 357 (Pan) – Transfers the Healthy Families Advisory Board to the Department of Health Care Services (DHCS) and renames it as the Children's Health Advisory Board, in accordance with the state's transition of all children from the Healthy Families program to the Medi-Cal program. AB 357 allows this valuable and successful stakeholder advisory process to continue and the board will continue to include a dentist advocating for oral health care. The 15-member board is designed to help guide DHCS as it carries out the ongoing transitions and enhancements in the state's health care coverage programs.

For more information on CDA's advocacy efforts, visit cda.org/advocacy.

Licensure by portfolio set to be implemented

Dental students in California will soon officially be able to graduate with a "portfolio" model exam process over the course of their final year in dental school.

In November, the Dental Board of California finalized the regulatory process of approval for the portfolio examination model and California's dental schools can now begin the implementation process (it is not a requirement for the schools, however). This is the first licensure-by-portfolio-exam program in the nation.

The portfolio examination allows candidates to build a portfolio of completed clinical experiences and clinical competency examinations in six subject areas over the normal course of clinical training. Both clinical experiences and clinical competency examinations are performed on patients of record within the normal course of treatment. The primary difference between clinical experiences and clinical competency examinations is that the clinical competency examinations are performed independently, without faculty intervention.

"This is going to improve the education of California's dental students and is something that CDA and the dental students themselves have fought for over several years," said CDA President Walt Weber, DDS.

CDA and ADA policy supports the elimination of the one-time "live patient" clinical licensure exam and California's dental students have been quite active in California's process. Students hosted licensure forums at CDA Presents The Art and Science of Dentistry in Anaheim and San Francisco in 2007, bringing together leaders from the Dental Board of California, CDA and selected dental school deans to discuss the future of licensure. In 2009, Assemblywoman Mary Hayashi (D-Hayward), introduced CDA-sponsored bill AB 1524, calling for the replacement of the California clinical examination with a "portfolio" model exam process that would take place over the course of students' clinical training in dental school. In 2010, Gov. Arnold Schwarzenegger signed the bill into law, and up until this past November, it had been in the development phase.

The Dental Board of California has included licensure by portfolio in its recent Sunset Review Report. In the report, the board lays out the requirements for students to participate in the examination, including that students must be in good academic standing and have no pending ethical issues at the time of the portfolio examination. Additionally, students must be signed off by the dean of their respective schools to participate in the exam.

The report goes on to state, "Portfolio assessment can provide a powerful approach to assessing a range of curriculum outcomes not easily assessed by other methods and provides a more in-depth picture of student competence than the snapshot obtained in a traditional examination."

A concern that has been raised about the portfolio examination is that, as the first of its kind in the nation, licensure reciprocity with other states must still be resolved. The dental board hopes that as the examination proves itself a model for other states, licensure portability will follow.

“CDA has been at the table throughout the portfolio development process by the Dental Board of California and we plan to continue to provide direct input as the program is implemented,” Weber said.

For more information on licensure, visit the dental board’s website, dbc.ca.gov

Phase 2 HIPAA audits to launch this year

The U.S. Department of Health and Human Services (HHS) recently announced that it would be conducting a second phase of HIPAA audits.

The audit program is intended to be primarily for information gathering, but the HHS Office for Civil Rights (OCR) will assess whether to open a separate compliance review in cases where an audit indicates serious compliance issues. Therefore, it is important that dental practices have a current HIPAA risk analysis in place; that their Notice of Privacy Practices is current and acknowledgement of receipt forms are maintained. They should also have policies and procedures in place to identify and respond to breaches.
The OCR will also want to see how practices respond to patient requests to access and amend their records.

Phase 1 audits were conducted between 2011 and 2012 by consulting firm KPMG. In Phase 2, the OCR will be conducting the audits, starting in 2014 and continuing into 2015. The OCR states that it will contact between 550-800 covered entities by sending them a link to an online “presurvey.” From there, the OCR will use the results of the survey to select a projected 350 covered entities to audit.

Selected entities will be notified and sent data requests in the fall of 2014. Entities selected for audit will have two weeks to respond to the initial data request.

Audits will occur between October 2014 and June 2015.

The OCR has stated that the audits will be narrower in scope than in Phase 1. They will focus on the following areas for the Phase 2 audits:
Security – risk analysis, risk management, device and media controls, transmission security.
Breach – content and timeliness of notifications.
Privacy – notice, access to records, safeguards and training.

The ADA offers a HIPAA Compliance Kit with sample policies, procedures and forms. Office breach policies and procedures should also note California requirements that are different from HIPAA requirements. Resources available on cda.org/practicesupport include "Data Breach Notification Requirements," "Sample Notice of Privacy Practices," and "Access to Patient Records FAQ."

Covered entities selected for audit will also be asked for the names and contact information of their business associates. The OCR will select 50 business associates to audit in Phase 2, beginning in 2015.

Dental practices should keep an eye out in the coming months for correspondence from the OCR and are encouraged to respond to any requests in a timely manner.

For more HIPAA resources, visit cda.org/privacy-hipaa

Register for 2015 Dental Benefits Workshops

Dentists who want to build their business skills and improve practice profitability when dealing with dental plans should register for CDA's 2015 Dental Benefits Workshops.

The Dental Benefits Workshop provides participants the opportunity to earn C.E. credits during a two-day, in-person seminar where they will learn how to analyze and evaluate existing dental plan contract performance in their practices. The seminars will be held at CDA headquarters in Sacramento and in Irvine in 2015. Registration is now open at cda.org/dbw.

"This hands-on workshop will teach dentists and staff the differences between dental plan types and how to abate their influence, improve payment turnaround by minimizing claim denials and develop messaging for educating patients regarding their dental benefits," said CDA Director of Practice Management Michael Perry, DDS, who will be one of several speakers during the workshops.

Other workshop faculty include:

Charles Stewart, DDS, dental director of Aetna's West dental territory;
C. Michael Kendall, associate general counsel of the American Dental Association; and

Gary Dougan, DDS, MPH, national dental director, Liberty Dental Plan.

Previous dental benefit/plan research has revealed that dentists are extremely frustrated with the dental benefit world and consider this a great source of frustration. The research also identified that dentists' aggravation related to claims denial, down coding, benefit exclusions and a number of other procedural matters that oftentimes could be avoided through better training and education of dental office staff responsible for filing claims. Additionally, many dentists are unaware of the nuances of the contracts they have signed with the dental plans and their rights, limitations and obligations under those contracts.

Through education and training, the Dental Benefits Workshop will attempt to relieve some of these frustration points.

Participation is limited and only two people from each practice will be accepted (one dentist and one staff member). The workshops cost $495 per practice and include breakfast and lunch both days. Attendees are responsible for travel and lodging costs.

Dentists who would like to participate in the Dental Benefits Workshop can register at cda.org/dbw.

Five books that can help dentists succeed

Running a dental practice takes a lot of knowledge that goes beyond the clinical aspects of dentistry.

There are several books related to leadership that offer advice for business owners, but there are five specific publications that CDA Director of Practice Management Michael Perry, DDS, has identified that will help dentists succeed in their practices.

"These books aren't the be-all, end-all for guidance on how to structure your business model, but they do provide a good foundation for dentists to reference as they navigate the intricacies of being a leader in their practices," Perry said.

Good to Great, by Jim Collins (*http://www.jimcollins.com/article_topics/articles/good-to-great.html)*

This book discusses how a good company can become a great company and is based on a five-year research project comparing teams that made a leap to those that did not. Good to Great shows that greatness is a result of a matter of conscious choice and discipline. It also delves into concepts like Level 5 Leadership, First Who and the Flywheel. Collins began his research and teaching career on the faculty at the Stanford University Graduate School of Business, where he received the Distinguished Teaching Award in 1992. In 1995, he founded a management laboratory in Boulder, Colo., where he now conducts research and consults with executives from the corporate and social sectors.

Wooden on Leadership, by John Wooden and Steve Jamison *(http://www.coachwooden.com/index2.html)*

This book reveals how to apply John Wooden's Pyramid of Success within your own organization. It includes rarely seen excerpts from Wooden's private notebooks on team building and competitive greatness. Wooden led UCLA to 10 national NCAA championships and was the first person to be inducted into the College Basketball Hall of Fame as both a player and coach. His life lessons and values are shared worldwide.

The Seven Habits of Highly Effective People, by Steven Covey (*https://www.stephencovey.com/7habits/7habits.php)*

This book helps people solve personal and professional problems through key habits. A few of the habits include: taking responsibility for your life; developing an imagination, or the ability to envision in your mind what you cannot at present see with your eyes; and synergizing, or the habit of creative cooperation. The book emphasizes that such habits don't just happen accidentally. Covey has been recognized as one of Time magazine's 25 most influential Americans.

The Essential Drucker, by Peter Drucker *(http://www.amazon.com/The-Essential-Drucker-Management-Essentials/dp/0061345016)*

A compilation of essential materials from Peter Drucker, who was a writer, professor, management consultant and self-described "social ecologist," who explored the way human beings organize themselves and interact much the way an ecologist would observe and analyze the biological world. The Essential Drucker discusses basic principles and concerns of management and its problems, challenges and opportunities, giving professionals the tools to perform the tasks that the economy and society of tomorrow will demand of them. Drucker's 39

books, along with other popular articles, predicted many of the major developments of the late 20th century.

The E Myth, by Michel Gerber *(http://www.michaelegerbercompanies.com/resources/products/)*

The E-Myth dispels the myths surrounding starting a business and shows how commonplace assumptions can get in the way of running a business. The book discusses the steps in the life of a business from entrepreneurial infancy, through adolescent growing pains, to the mature entrepreneurial perspective. Also discussed is how to apply the lessons of franchising to any business whether or not it is a franchise, as well as the distinction between working on your business and working in your business. INC. Magazine called Gerber "the World's #1 Small Business Guru." He started more than 40 years ago addressing a need in the small business market: businesses owned primarily by people with technical skills but few business skills.

Perry said these books provide dentists with a great overview of running a business/practice.

"Each book addresses leadership from a different context: Seven Habits emphasizes the importance of goals and how to achieve them via effective human interactions; Good to Great teaches characteristics of strong leaders; Wooden on Leadership presents fundamentals, among many other ideas; Essential Drucker explains the difference between leadership and management; and The E Myth shows how to duplicate others' successful strategies," Perry said.

For more practice support tips, visit cda.org/practicesupport continues to move forward with its plans for 2015.

No Dentist Is Perfect

By Michael C. Thomas, DDS
2008-2011 Chair - CDA Council on Peer Review
2012-2014 SMCDS Board of Directors

These are challenging times in which to practice dentistry. We are faced with ever more burdensome regulatory compliance requirements, the looming threat of negative reviews on social media, increased competition from fellow dentists who market aggressively (and sometimes dishonestly), third party intrusion into our practices and decreased disposable income amongst our patient base to name just a few issues. It is more critical now than at possibly any time in the past several decades to cultivate a good rapport with our patients. The old adage about the customer always being right is perhaps more true now than at any time in our careers, even when that career has spanned multiple decades.

Treating your patients with respect and above all, being empathetic and listening carefully to their complaints is very important. In the case of a dispute with a patient, being right is less important than making the patient happy. This applies whether the dispute is over finances, the quality of treatment rendered, or a personality issue. A closely related issue is how one should handle a new patient who presents in your office and is unhappy with their previous dentist. Or perhaps a new patient has come into your practice and you have discovered what you consider to be sub-standard treatment.

How should this be handled? The CDA Code of Ethics states that "When informing patients of the status of their oral health, the dentist shall exercise care that the comments made are justifiable. This would include finding out from the previous treating dentist under what circumstances and conditions the treatment was performed. A difference of opinion as to preferred treatment shall not be communicated to the patient in a disparaging manner which implies mistreatment."

When examining a previous dentist's treatment, you should only comment on what you observe. Do not make value judgments and refrain from making disparaging comments. The reality is that you have no idea

whether or not the patient is telling you the truth. You have no idea under what circumstances the treatment was performed. And so, you have no business making negative remarks.

The safest course of action is to ask the patient's permission to contact the previous dentist. When speaking with that dentist, the same principles hold true. Speak only to the facts. You may hear a completely different story. You may even discover that that dentist did not perform the treatment in question.

After having a conversation with the previous treating dentist, you are then in a better position to advise the patient as to the best course of action. If the previous dentist offers to re-do the treatment in question, advise the patient that this would be the best alternative. If that is not possible and the previous dentist does not wish to refund the fees, suggest peer review as an alternative. Peer review can only address issues concerning quality or appropriateness of care. Billing issues, personality issues, office procedures, regulatory compliance, etc. are beyond the purview of peer review. The treatment in question also must be within the peer review time limitations of three years from the date of service or one year from the date of discovery of the problem, whichever comes first. Other options include the Dental Board of California, the legal system or the quality assurance department of a third party payer.

If it is necessary to re-do the treatment in question before a peer review committee is able to examine the patient, it is imperative that the subsequent treating dentist take photographs, radiographs and fabricate study models, if appropriate, of the treatment in question prior to any alteration. In this manner, it may still be possible for peer review or some other entity to render a decision. Treatment notes alone are not sufficient evidence in order for peer review to render a decision in the case of altered treatment.

Keep in mind that no dentist is perfect. Any one of us could find ourselves in the position of this hypothetical previous treating dentist. How would we expect another dentist to respond if confronted with less than perfect treatment rendered by you or someone in your office?

Need confidential direction or a sounding board about a particular situation? Your Executive Director, Ethics Committee or Peer Review Chairs will be happy to speak with you.

A quote to celebrate the upcoming New Year:

"Don't count the days, make the days count."
~Muhammad Ali

Have a wonderfully Holidays and a Happy New Year.

We want to hear from you

Do you have important news from your committee? Thoughts you'd like to share? Would you like to become a member? How about becoming an officer?
Classified ad; noteworthy item; an interesting case to share; birth announcements; graduation announcements; office or staff news; a personal biography if you are new to the dental society
Call 707-443-7476 or Fax: 707- 442-5857
Email humboldtdelnorte.dentalsociety@gmail.com

Visit HDNDS on the web www.hdnds.org
Or you may send items to: Newsletter Editor,
HDNDS
P.O. Box 6368,
Eureka, CA 95502

HUMBOLDT DEL NORTE DENTAL SOCIETY 2013 Leadership:

President: Karla Roman, DMD
Immediate Past-President: Sonia Bautista, DMD
President-Elect: Michael Belluscio, DDS
Secretary/Treasurer: Adam Kochendorfer, DDS
CDA Trustee: Sam Kennedy, DDS
Board Members-at-Large: Ralph Davis, DDS, ***VACANT, VACANT***
Editor: Adam Kochendorfer, DDS

Committee Chairs:

Continuing Education: Kerisa Elloway, DDS
Ethics: Kerisa Elloway, DDS
Librarian: George Epperson, DDS
Membership: Richard Wolven, DDS
N.C.D.H.M.: Brad Tucker, DDS
Peer Review: Michael Belluscio, DDS, Brett Wonenburg, DDS, David Nelson, DDS
Scholarship and Financial: Gabriel Enriquez, DDS
Well-Being: John Winzler, DDS
Dental Advisory Group: Michael Belluscio, DDS
Community Health Alliance: *VACANT*
Web Site Chairman: ***VACANT***
Executive Director: Dani Hinrichs

Upcoming Continuing Education Course

January 23, 2015 course starts at 8:30am

"Adhesive Dentistry - Cutting Edge Techniques and Materials to Maximize Success of Composite Resin Restorations" 6 units CORE. Marc Geissberger, DDS. Baywood Golf and Country Club, 8am registration, 8:30-3:00 class.

Cutting Edge Techniques- This lecture/hands-on will attempt to make sense of all of the products and techniques available in today's market place and will focus on materials and their applications as well as a brief review of some of the literature. Emphasis will be placed on new developments in the composite area as well as outline what developments to watch for in the coming years.

Adhesive Dentistry- This program will attempt to make sense of all of the products and techniques available in today's market place and will focus on materials and their applications as well as a brief review of some of the literature. Emphasis will be placed on new developments in the composite area as well as outline what developments to watch for in the coming years.

2015 HDNDS Calendar

January 22, 2015 Dinner Meeting. Marc Geissberger, DDS, 2 units CORE. “Incorporating Implant Dentistry into your General Practice.” Sea Grill. 6:00pm.

January 23, 2015 Marc Geissberger, DDS. 6 units. “Adhesive Dentistry - Cutting Edge Techniques and Materials to Maximize Success of Composite Resin Restorations" Baywood Golf and Country Club, 8am registration, 8:30-3:30 class.

February 26, 2015 Speaker TBD. 2 units CORE. Sea Grill. “CPR/AED for the Professional Rescuer.” 6:00pm.

March 10, 2015. Board Meeting. St. Joseph Hospital, 6:00pm.

March 26, 2015 Dinner Meeting. Todd Snyder, DDS, AAACD, 2 units CORE. “New Tools in Modern Marketing (The Peanut Butter and Jelly Method)”. Roys Club. 6:00pm.

March 27, 2015 Todd Snyder DDS, AAACD 6 units CORE. “The Art of Aesthetics and Occlusion.” Baywood Golf and Country Club, 8am registration, 8:30-3:30 class.

April 23, 2015. Dinner Meeting. “Legislative Issues Update.” Jason Bryant. 2 units 20%. Sea Grill, 6:00pm.

May 5, 2015. Board Meeting. St Joseph Hospital, 6:00pm

May 14, 2015. End of the Year Party. Location TBD, 6:00pm.

September, 8, 2015. Board Meeting. St. Joseph Hospital, 6:00pm.

September 17, 2015. Dinner Meeting. Speaker and Location TBD.

October 16-18, 2015 House of Delegates, Sacramento, CA.

October 22, 2015. Dinner Meeting. John Comisi, DDS, MAGD, 2 units CORE. “Oral Cancer Detection.” Sea Grill, 6:00pm.

October 23, 2015. John Comisi, DDS, MAGD, 6 units CORE. “The Balanced Oral Enviroment.” Baywood Golf and Country Club, 8am registration, 8:30-3:30 class.

November 12, 2015. Dinner Meeting. Speaker and Location TBD.

December 10, 2015. Board Meeting and Christmas Party. Location TBD.