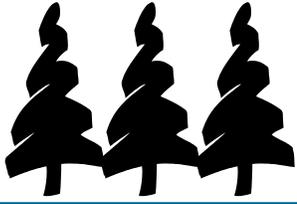
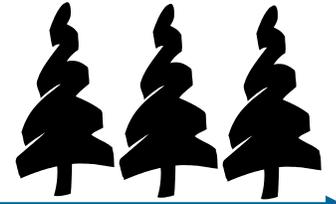


Humboldt Del-Norte Dental Society



FORUM



JUNE 2014

For Doctors, Staff and Allied Dental Health Personnel

Thank you to all of the volunteers that serve as **Committee Chairs, Board Members**, and who are always there to help. This dental society would not exist without you. If you are interested in getting involved with very little time commitment, please contact me. Enjoy your summer!—Dani

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Business plan key for dental practice success

A dentist's business plan is a critical tool for starting a practice. It provides the blueprint for how the dentist will establish a successful practice and it demonstrates to a lender how well they have researched and thought out the necessary elements of a practice.

The real value of creating a business plan for a dentist, however, lies in the simple process of researching and thinking about their business in a systematic way.

"The act of planning helps you to think things through thoroughly, study and research if you are not sure of the facts, and look at your ideas critically. It takes time now, but avoids costly, perhaps disastrous, mistakes later," said Michael Perry, DDS, former chairman of the CDA Practice Support Task Force.

A business plan should consist of a narrative and several financial worksheets. The narrative template is the body of the business plan and can contain more than 150 questions divided into several sections. Perry recommends that dentists seek professional assistance (from financial companies, dental supply companies, dental practice brokers and practice management consultants) in researching information to include in their business plan.

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Aside from this assistance, CDA Practice Support has a business plan template available to member dentists at cda.org/practicesupport that is modifiable to fit their particular circumstance.

"It typically takes several weeks to complete a good plan. Most of that time is spent in research and rethinking your ideas and assumptions," Perry said. "Be sure to keep detailed notes on your sources of information and on the assumptions underlying your financial data."

CDA's business plan template was developed from information provided by SCORE "Counselors to America's Small Business" and CDA member dentists.

The business plan template includes the following:

- Cash flow statement sheet;
- Profit and loss outline;
- Break-even analysis;
- Projected balance sheet;
- Four-year profit projection sheet;
- Opening day balance sheet; and
- A start-up expenses sheet.

"All of these resources will help dentists get their practice on a path toward success," Perry said.

Some dentists may want to use their business plan to present to lenders. If that is the case, CDA Practice Support recommends the dentist include the following:

- Amount of the loan;
- How the funds will be used;
- What this will accomplish and how it will make the business stronger;
- Requested repayment terms (number of years to repay);
- Collateral offered; and
- A list of all existing liens against collateral.

"You can use the business plan annually to check attainment of practice goals. It's a good idea to update the plan every five to ten years to account for either changes in the market, changes in community demographics, or changes you want to make to your practice goals and objectives," Perry said.

For more information, visit cda.org/practicesupport, or to connect with a CDA Practice Support content expert, call 866.232.6362.

CDA Cares treatment offers patients a pathway to employment

Jacqueline worked in the banking industry for 25 years, and served as a vice president at a major bank for many of those years. After making the decision to move from Arizona, where she was employed, to San Francisco with the expectation it would be relatively easy to find a new job, she began to have health issues. She was diagnosed with diabetes, which led to oral health issues that resulted in serious damage to her teeth and gums.

The diabetes took its toll, leaving her with around a dozen of her teeth and only two-and-a-half anterior teeth, all while she was on the job hunt.

Jacqueline had interviewed with 10 different companies, she said, and would typically make it to the second or third round of interviews. When she was continuously skipped over for a job offer, she began to wonder why — that's when she realized it wasn't her experience holding her back; it was her appearance.

"I finally came to that realization and it was devastating," Jacqueline said. "I tried to hide it, and do my best in hiding the situation when being interviewed ... but depending on how I spoke or depending on what gesture I used, you could tell."

Jacqueline even asked if she had other competition in some of the interviews and was told "no." She knew her teeth were being noticed.

"Gestures do tell you a lot and when you have an interviewer looking at your facial expressions and when they called you in more than once and they are double checking your facial expression more than anything else, it's obvious," Jacqueline said.

She decided her best course of action would be to get dentures and came across information about the CDA Foundation's CDA Cares program. She attended CDA Cares San Jose last May but after discovering she would have to get all of her teeth

director and state oral health infrastructure to support oral health.

extracted in order to get dentures, she got nervous and left the clinic. But after continued rejection for employment, she knew she had to make a change.

“I finally said, ‘enough is enough. I can’t live this way.’ My quality of life was not normal, there were days I wouldn’t leave my home,” said Jacqueline, who described herself as an outgoing person.

She began researching the denture procedure and gained the confidence to drive, with her husband Angel, to CDA Cares San Diego last December, where she had her teeth extracted. CDA Cares staff kept in touch with Jacqueline and arranged for her to attend CDA Cares Solano on April 26 to have her new dentures placed.

On the day that her life would be changed forever, she couldn’t hold back her excitement.

“Finally I can be normal, I can be social, be entertaining. As my daughter said, ‘now you are going to be that social butterfly like you’ve always been,’” Jacqueline said.

The CDA Foundation and CDA developed CDA Cares to provide dental care and oral health education at no charge to Californians, like Jacqueline, who experience barriers to care, and provide them with a pathway to employment.

CDA Cares was held at the Solano County Fairgrounds on April 25-26 and provided nearly \$1.5 million in charitable dental services at no charge to 1,959 people. During the two-day event, dentists and dental professionals provided cleanings, fillings, extractions and oral health education. Additionally, volunteer technicians in the dental lab area worked to provide full dentures and stayplates. The clinic was supported by nearly 1,800 volunteers, including more than 800 health professionals — dentists, dental hygienists, dental assistants, nurses and dental lab technicians — as well as hundreds of community volunteers.

Aside from relieving pain and infection, a goal of CDA Cares is to raise awareness with the public, the media and policymakers about the importance of good oral health and the need for a state dental

“While the state has taken a positive first step with the partial restoration of adult Denti-Cal, the need for an adequately funded dental safety net is evident at each of these events,” said CDA President James Stephens, DDS. “We must have a state dental director, as proposed in the governor’s revised budget, to develop and manage a state oral health plan that includes prevention programs and can access federal dollars to support the oral health of Californians.”

In total, nine local and state elected officials visited CDA Cares Solano. One of those elected officials was Lt. Gov. Gavin Newsom. Newsom said touring the clinic invigorated him with a sense of responsibility as an elected official to do more to raise awareness. He also acknowledged how patients at the clinic will have better employment opportunities thanks to the work of the volunteer dentists.

“There’s an ethical construct here. This is about morality, it’s about a sense of responsibility and community and the common wealth. But there is also an economic imperative ... to give people that opportunity to take their résumé and go in front of a potential job suitor and be able to communicate effectively with a sense of self-esteem and confidence that you need to get through a job interview and get a job,” Newsom said. “The great thing is something like this, it keeps giving back. It’s not just the two days. Some people’s lives go on a completely new trajectory.”

Another patient at CDA Cares Solano who may be on a new trajectory after receiving dentures on April 26 is Fresno resident, Arthur. He has had several missing teeth for five years. Currently a construction worker, he has been doing repairs to walls and carpentry on rentals owned by an investor. That investor told him recently that if he got his teeth fixed he had a good paying position available that requires interaction with the public and was confident he could do it.

“He’s waiting for me to get back and wants to see them [his new teeth],” Arthur said. “It’s going to change everything. I have confidence again, I’ll be able to go back to work ... I don’t have to hide it because it is embarrassing.”

Aside from the 58 full and 98 partial dentures patients received at CDA Cares Solano, there were 10,655 total services provided, including cleanings, fillings, extractions and oral health education. Since 2012, the CDA Cares program has provided \$7.5 million in dental services at no charge to 10,040 patients.

As for Jacqueline, she said she plans to take some time getting used to her new dentures and learning to speak properly with them. After that, she will be ready to jump back into the job hunt.

When asked what the first thing she will do when she sits down for an interview, she responded with “smile.”

For more information about CDA Cares, visit cdfoundation.org/cda-cares.

***CDA Presents* Anaheim attendees get look at latest dentistry trends**

CDA Presents The Art and Science of Dentistry gave attendees a chance to hear and see all of the latest trends and technology in the profession.

More than 27,000 people attended the May 15-17 event that featured nearly 200 C.E. lectures and workshops and an exhibit hall floor packed with 575 companies spotlighting the latest dental technology.

“This was one of our best meetings so far and I think attendees left feeling energized about dentistry and about going back to their practices,” said CDA Presents Board of Managers Chair Del Brunner, DDS. “We invited two new speakers for the International Symposium and held some exciting workshops, including a series of programs that involved cadaver dissection.”

One workshop, led by Robert J. Achterberg, DDS, MS and Mark C. Paxton, DDS, allowed attendees the opportunity to complete multiple intra-oral and maxillofacial complex biopsy procedures on fresh

cadaver heads. The goal was to help dentists understand indications, contraindications and potential complications of biopsy procedures of the oral cavity and maxillofacial complex as well as some of the basic anatomical and histologic limitations to various biopsy procedures.

The International Symposia featured Miguel Angel Diez Gurtubay, MsC, and Norbert Krämer, PhD. Diez Gurtubay is in private practice dedicated to oral rehabilitation, esthetics and implantology in Mexico City and Puebla, Mexico. He provided an overview of the surgical-prosthetic techniques in the completely edentulous superior arch. Krämer is the director of the Policlinic of Pediatric Dentistry at the University of Gießen of Germany and past president of the European Academy of Pediatric Dentistry. Krämer lectured on new restorative strategies in pediatric dentistry — primary dentition and permanent dentition.

Other courses ranged in topics from leveraging social media in the dental office, implementing CAMBRA and how to be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Also at *CDA Presents* in Anaheim, dental professionals were given the opportunity to relax at The Spot — a lounge for learning and networking that included educational lectures, an Internet café and a wine tasting event. On top of this, the CDA Party allowed attendees to unwind from the business of the meeting and take a trip to an island paradise, CDA style. The member party had live music, island entertainment, vibrant drinks and food with a tropical flair.

To view attendee photos and videos, visit the Social Media Hub at cdapresents.com/socialhub. The site features all social media activity captured at the meeting.

For members planning to attend *CDA Presents* in San Francisco on Sept. 4-6, visit cdapresents.com for more information.

Kids' Healthy Mouths, Scholastic **program has 'tremendous'** **classroom impact**

The Scholastic education component of the *Kids' Healthy Mouths* campaign led by the Partnership for Healthy Mouths, Healthy Lives and the Ad Council has created a big impact in classrooms across America.

Since launching last October, Scholastic's "Two Minutes, Twice a Day" in-school program materials were delivered to 125,000 teachers nationwide via print and have reached more than 3,750,000 children and their families. Feedback indicates 96 percent of teachers have used or plan to use the "Two Minutes, Twice a Day" materials.

"The feedback from teachers regarding Scholastic's classroom materials was overwhelmingly positive," said CDA President James Stephens, DDS. "Scholastic took the 'Two Minutes, Twice a Day' message to America's teachers and brought it to life through lesson plans that are teaching kids the importance of good oral health."

The Scholastic component of the campaign includes materials that were directed at teachers in preK-first grade classrooms through downloadable lessons and family fact sheets that dentists can also share with patients. The purpose is to educate parents and children about the importance of proper oral care, create and distribute educational oral health-themed materials and direct educators, community leaders and parents to visit the campaign website, 2min2x.org, to find more information on oral care and tools to help encourage their children to brush their teeth.

Here are some topline results and what teachers are saying about the Scholastic campaign:

97 percent of teachers sent home or plan to send home the family fact sheet.

94 percent of teachers found that the program materials would help change their student's oral health behavior.

97 percent of teachers would like to receive programs like this in the future.

Scholastic delivered 3.75 million bilingual family take-home pages to families via the Backpack Channel. Materials also were distributed through custom microsites hosted on scholastic.com, digital content downloads, custom emails targeting teachers and parents, digital advertising on scholastic.com and offsite ad network, print advertising within *Instructor* and *Parent & Child* magazines, editorial content integration on scholastic.com's teachers channel, an e-newsletter and social media.

CDA and 35 other dental organizations make up the Partnership for Healthy Mouths, Healthy Lives, which collaborated with the Ad Council to produce the three-year *Kids' Healthy Mouths* campaign. In addition to partnering with the coalition, CDA is a key member of the executive council, which oversaw the development of the research-based messages.

For more information on the Scholastic campaign, visit scholastic.com/2min2x.

For more information on the Kids' Healthy Mouths campaign, visit 2min2x.org/kids-healthy-mouths.

Malpractice initiative on November ballot; CDA, coalition to wage fight

CDA and a coalition of health care organizations are gearing up to defeat a November ballot initiative that would raise a malpractice cap on non-economic damages, resulting in devastating effects on California's health care system.

The trial-lawyer sponsored measure, which garnered enough signatures to qualify for the ballot, would quadruple the cap set by California's Medical Injury Compensation Reform Act (MICRA) by increasing it to \$1.1 million. The measure would raise healthcare costs by billions of dollars annually and reduce access to care while allowing lawyers to make more in legal fees.

The trial-lawyers' initiative is titled "The Troy and Alana Pack Patient Safety Act," which contains additional provisions regarding drug testing of doctors and places infeasible requirements on the state's prescription drug database.

During the 1970s, a medical malpractice insurance crisis led to the passage of MICRA, which ensures injured patients receive fair compensation while stabilizing liability costs and protecting health care providers, including dentists, from extreme liability exposure and skyrocketing premiums. A \$250,000 cap on speculative, noneconomic damage awards reduced the incentives by trial lawyers to file meritless lawsuits. Under MICRA, patients receive unlimited compensation for all economic damages or out-of-pocket costs. Wages, medical costs and punitive damages are all paid on an unlimited basis and these payments are going up at more than twice the rate of inflation.

In response to members' needs, CDA created

TDIC, The Dentists Insurance Company, so dentists would not be at the mercy of soaring annual premiums due to litigation of claims and huge monetary awards.

CDA and a coalition that includes physicians, hospitals, community clinics, business groups, civil liberties groups, and local governments are committed to a statewide campaign, Stop Higher Health Care Costs, which will work to educate voters on why it is important to defeat this ballot initiative.

For more on how you can help the campaign, visit www.stophigherhealthcarecosts.com.

More resources available for HIPAA compliance

Secure electronic transmission of protected health information is one of the many requirements of the Health Insurance Portability and Accountability Act (HIPAA) Security Rule. Dental practices should review the rule requirements to ensure compliance.

More and more resources are becoming available for dentists to use to stay compliant.

The ADA has launched a new kit, for example, that helps dental practices comply with HIPAA. The ADA Complete HIPAA Compliance Kit includes a Privacy and Security Manual that outlines privacy, breach notification and security compliance in a step-by-step format. It also includes a Practical Guide to HIPAA Training that has two levels of training. Level 1 targets dental office personnel with the basics of HIPAA compliance. Level 2 targets managers to help them develop and implement a HIPAA compliance program for their offices.

ADA also is offering a three-year subscription

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to the HIPAA Compliance Update Service that advises subscribers whenever federal HIPAA laws change.

CDA's HIPAA Security Rule: A Summary resource can be found on cda.org/Privacy-HIPAA. Also, the Department of Health and Human Services has a Guidance on Risk Analysis resource on its website hhs.gov.

Congress passed HIPAA in 1996 to simplify, and thereby reduce the cost of, the administration of health care. HIPAA does this by, among other things, establishing standard codes and identifiers and encouraging the use of electronic transactions between health care providers and payers. Congress deemed that if the electronic transmission of patient health information was to be encouraged by the legislation, there needed to be means to protect the confidentiality of that information, and thus, the HIPAA Security Rule was created. With the exception of small health plans, which had a later compliance date, covered entities had to be compliant with the rule by April 20, 2005.

After establishing a "security officer" in the practice (similar to the designation of a privacy officer as required by the HIPAA Privacy Rule), conducting a documented risk analysis on their practices' information systems is the first step dentists can take to be in compliance with the HIPAA Security Rule. Other things dentists can do to protect themselves include, among other things, instituting a system to regularly review records of information system activity, such as audit logs, access reports and security incident tracking reports, and having business associate agreements that require compliance with the Security Rule and notification of data breaches that occur with the respective business associate.

For more information on patient privacy and

HIPAA requirements, visit cda.org/Privacy-HIPAA. For more from HHS, visit hhs.gov.

For pricing and to purchase the ADA Complete HIPAA Compliance Kit, visit ebusiness.ada.org.

(Source: ADA News)

Patient communication is key to high treatment acceptance rate

Making sure the patient is comfortable at every communication point with a dental practice is important when it comes to him/her accepting the treatment that the dentist ends up recommending.

Treatment plan acceptance is achieved through understanding the patient's goals, educating the patient and coming to an agreement with the patient on what is best for his/her overall oral health. This process of understanding the patient's goals begins when the patient first makes contact with the front office and continues all the way through the treatment diagnosis from the dentist.

When a patient calls a practice to make an appointment for the first time, the front office should ask the new patient if he/she has a few minutes to share some information, which helps the office prepare for the first visit. Information gathered and recorded should include the date of the call, the name of the staff member who spoke to the patient, dental benefit information and a few oral health history questions to evaluate the appropriate service and amount of time needed for the first visit.

In order to assess why the patient contacted the practice, the office should find out if the patient has any chief complaints and what his/her oral health goals or concerns are. Patients want their concerns to be heard and want to feel like the message was received. The information

shared by the patient should then be passed along to other members of the dental team. This will help in the preparation for when the patient comes into the office, said CDA Practice Support Director Robyn Thomason.

“Every point of conversation with the patient should be centered on building rapport and trust with the patient, which in turn leads to treatment acceptance. One way to build patient trust is to view your dental team as a relay — everyone in the office should pass information about the patient onto the next person at the office and think of it as passing the baton,” Thomason said.

Consistent, positive communication across all members of the dental team creates a trusting practice environment.

During the morning huddle of a patient’s first visit, the dental team can highlight the notes taken leading up to this point. When the patient comes in, the practice should greet the patient by name and welcome him/her to the practice. Preferably, the person who spoke to the patient on the phone or whom confirmed the patient’s appointment should also be the greeter. They can also discuss the referral source of the new patient, and mention the referral source by name (i.e., “That was very nice of Rachel to refer you to our practice.”).

“Patients are more likely to accept treatment if they feel comfortable during initial interactions with the staff,” Thomason said. “Patient acceptance is the result of a culmination of the patient’s interactions with the dental team — the patient might have a great conversation with the doctor, but if the office manager greeted the patient with a frown, it could make the patient question the treatment plan recommendation.”

To further the baton passing, when the doctor enters the consultation room or operatory, the dental assistant can provide an introduction to the new patient, again using the notes that had been collected up until this point. This should be phrased such as, “Doctor, I’d like you to meet ...”

Summarize what has already been covered with the patient (i.e., chief complaints, questions about the practice, concerns the patient has expressed).

The dentist should spend a few minutes discussing the patient’s oral health goals and/or concerns and confirm the responses the patient provided to the dental assistant. The dentist can provide his/her recommendation for treatment, but be sure to incorporate the patient’s goals into the presentation. For example, “I understand that you are concerned about the longevity of your tooth replacement, therefore, I believe a dental implant is in your best interest”.

This shows that the dentist is listening to the patient’s concerns and is on the same level.

“Lay out all of the options the patient has in terms of treatment, make a recommendation and then let the patient make the decision on what is best based on the education and treatment options provided,” Thomason said. “A patient who is comfortable, informed and feels empowered is more likely to accept treatment. No one likes to be told what they need; rather we like to be in control after we have been given all the tools to make an educated decision.”

Dentists who are interested in reviewing scripts that their office can use at each step of the way in the patient process, can visit the Practice Support area of cda.org.

Available resources:

Patient Financial Protocols cda.org/LinkClick.aspx?fileticket=hGh30QxASZk%3d&portalid=0

The Treatment Coordinator: Who, What, When, Where, Why and How? <http://www.cda.org/LinkClick.aspx?fileticket=efxU8GOJufw%3d&portalid=0>

Understanding the Practice's Financial Options
cda.org/LinkClick.aspx?fileticket=t6Q6b0zmlVg%3d&portalid=0

The New Patient Process: Making the Best First Impression with Your New Patients
cda.org/LinkClick.aspx?fileticket=AOmAJbA1v1U%3d&portalid=0

Proposed ban on CT “self-referrals” stalls

Legislation that could have significantly limited the use of cone beam radiographic equipment in dental offices failed to advance on April 28 at a hearing of the Senate Business and Professions Committee.

Current state law prohibits health care providers from “self-referring” patients to themselves for diagnostic procedures such as laboratory tests and radiographs, but specifically exempts procedures ordered and performed in a provider’s own office.

SB 1215, authored by Sen. Ed Hernandez (D-West Covina), would have eliminated this in-office exemption for “advanced imaging.” The bill defined this to include MRI, PET and CT equipment, which could encompass cone beam radiograph systems used by dentists. Cone beam systems are compact, faster versions of regular CT imaging in which a cone-shaped X-ray beam is used.

CDA expressed its concerns with the bill, and the inclusion of cone beam imaging did not appear to be the intent of the author. The bill was introduced as a cost-containment measure based on reports about urologists and other providers allegedly overprescribing certain diagnostic procedures using their own advanced equipment in order to increase revenue.

However, strong opposition from the

medical community due to concerns about inefficiencies, costs and patient inconvenience that could result from prohibiting self-referral led to the bill’s defeat in committee on a 1-3 vote.

SB 1215 is now inactive for the year.

Considering dating a patient? Refer first

TDIC Risk Management Staff

There is considerable information about the ethical implications and risks of dentists dating a patient of record, but the fact remains that dentists encounter a variety of people in daily practice and may find themselves attracted to a patient. Conversely, a dentist discovers a patient is attracted to him or her.

In California, Business and Professions Code 726 which applies to all licensed dental professionals states in part, “The commission of any act of sexual abuse, misconduct or relations with a patient, client or customer constitutes unprofessional conduct and grounds for disciplinary action ...” A dental professional who has a sexual relationship with a patient is in violation of the Dental Practice Act.

If an attraction develops, consider ahead of time how this could become an awkward situation in the future. The Dentists Insurance Company strongly advises you not to act on that unless you first refer the patient to another dentist for dental care before beginning a personal relationship.

“Romantic chemistry happens,” said a TDIC analyst who fields calls for the Risk Management Advice Line. “But there are consequences involved with dating a patient.” These range from violating the Dental Practice Act to damaging your professional reputation.

For these and other reasons, TDIC recommends a written office policy against dating patients. “The policy should be applied universally,” said analyst Taiba Solaiman. “The doctor sets the example for the office.” If a

rest of the staff that it is acceptable behavior.

A dentist who is serious about dating a patient should refer the patient to another dental provider. If a staff member wishes to date a patient, the best practice is the same: the patient must seek dental care from another office. This can prevent a number of potential problems. There could be concerns surrounding forgiving a balance or unauthorized credit placed on a patient's account. If the relationship does not work out, the patient may voice concerns about unauthorized access to his or her private health information.

The ethical considerations of personal relationships with patients are addressed in the *ADA Principles of Ethics and Code of Professional Conduct*, which states, "Dentists should avoid interpersonal relationships that could impair their professional judgment or risk the possibility of exploiting the confidence placed

Principle of Nonmaleficence ("do no harm").

Patients ideally trust and respect their dentist and reveal confidential information with the expectation that it will be used only in their best interest. This dynamic creates a delicate balance between dentists and patients that must not be exploited.

Combining professional and personal relationships is never without complications. Protect your role as a health care professional. TDIC advises a simple, "Thank you, no" to safeguard your practice and professional reputation.

The Dentists Insurance Company offers policyholders a free advice line at 800.733.0634 for assistance with questions or concerns about potential liability. TDIC risk management analysts will work with policyholders to develop a

Upcoming Continuing Education Course

"Current Concepts in Minimally Invasive Dentistry."

October 24, 2014 course starts at 8:30am

6 units CORE. Ron Kaminer, DDS.

Baywood Golf and Country Club, 8am registration, 8:30-3:00 class.

All dental specialties are changing to become more minimally invasive. These minimally invasive techniques can immediately impact anyone's practice leading to improved quality of care and higher profits. We will demystify esthetic dentistry, utilizing both new and tried and true materials. We will deliver concepts that can all be implemented immediately in the office. Some of the topics to be covered include: Cariology - Finally a true understanding of Dental disease, Chemotherapeutics- What is the right way to kill the bugs! Predictable early caries diagnosis, The best restorative materials for minimally invasive preparations, Ideal matrix band for perfect contacts, Oral Cancer detection, How and Why? How to predictably eliminate white spots; Minimally Invasive Periodontics- maximizing hygiene production; Dental Lasers -separating truth from hype; Current concepts in tooth whitening; Communication skills to maximize case acceptance, and much more.

HUMBOLDT DEL NORTE DENTAL SOCIETY 2014 Leadership:

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Executive Director: Dani Hinrichs

2014 HDNDS Calendar

September 4-6, 2014 CDA Presents, San Francisco.

September 9, 2014. Board Meeting. St. Joseph Hospital, 6:00pm.

September 18, 2014. Dinner Meeting. "Ergonomics for the Dental Professional." 2 units 20%. Lisa Fitzpatrick OTR/CHT, CAE, CEAS. Sea Grill, 6:00pm.

October 16, 2014 Dinner Meeting. Steve Swafford. 2 units 20%. Location TBD.

October 24, 2014 "Current Concepts in Minimally Invasive Dentistry." 6 units CORE. Ron Kaminer, DDS. Baywood Golf and Country Club, 8am registration, 8:30-3:00 class.

November 14-16, 2014 House of Delegates, San Diego, CA.

November 20, 2014 Dinner Meeting. Speaker and Location TBD.

December 11, 2014 Christmas Party and Board Meeting Date and Location TBD

January 22, 2015 Dinner Meeting. Marc Geissberger, DDS and Location TBD

January 23, 2015 Marc Geissberger, DDS. Topic TBD Baywood Golf and Country Club, 8am registration, 8:30-3:30 class.

February 26, 2015 "Legislative Issues Update." Speaker and Location TBD, 6:00pm.

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

March 26, 2015 Dinner Meeting. Todd Snyder, DDS, AAACD, 2 units CORE. Location TBD

March 27, 2015 Todd Snyder DDS, AAACD 6 units CORE. and Topic TBD. Baywood Golf and Country Club, 8am registration, 8:30-3:30 class.

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 humboldtelnorte.dentalsociety@gmail.com

Visit HDNDS on the web www.hdnnds.org

**Or you may send items to: Newsletter Editor,
HDNDS**

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