

Humboldt Del-Norte Dental Society



FORUM



SEPTEMBER 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 pitch in and help. This dental society would not exist without you. If you are interested in getting involved with very little time commitment, please contact me. –Dani

In this issue:

License needed to play movies in your practice, Pages 1-2

No on 46' campaign gains momentum, allies, Pages 2-3

The MICRA Initiative and Why it Matters to Dentistry, Page 3-4

Legislature approves CDA-sponsored bill protecting patient premiums , Pages 4-5

Arbitrators rule against Delta Dental's most recent motion, Page 5-6

Dental licensure fees rising , Pages 6-7

Using data to guide the direction of a dental practice , Pages 7-8

Covered California continues work to implement dental benefit for 2015, Page 8-9

CDA Cares volunteer registration now open, Pages 12

Reminder for members to create new web user account, Page 12

License needed to play movies in your practice

By TDIC Risk Management Staff

If you are showing “The Lego Movie,” “Frozen,” “The Sound of Music” or any other movie in your practice, copyright is a consideration.

The Dentists Insurance Company reminds dentists that motion pictures and other programs available for rental or purchase are protected by the U.S. Copyright Act and are intended for personal, private or home use only. Movie presentations outside of the home, such as within a dental office, require a public performance license. TDIC reports increased calls and questions from dentists in several states about this license or about a letter the practice received regarding this topic.

The Motion Picture Licensing Corporation (MPLC) handles public performance licensing of more than 250,000 facilities across the nation, including thousands of dental offices. Sal Laudicina, president of the licensing division at MPLC, said some dentists still do not realize they need a license to show movies in their offices. However, this perception is changing through agreements with dental organizations and increased education.

FORUM

MPLC offers a “blanket” or “umbrella” license that makes it simple to comply with federal copyright law regarding the public performance of audiovisual works, Laudicina said. “We represent Disney, Warner Brothers and more than 400 other motion picture producers, and the license applies to DVD or any other legal digital format whether streamed or downloaded.” The annual license fee is \$330 per location, and MPLC offers a discount for offices with multiple locations.

The California Dental Association’s Legal Reference Guide states that dentists need to obtain a public performance license to show movies anywhere in the dental practice, including waiting and exam rooms. The legal guide also includes information about copyright violation penalties: “It is important to comply with the copyright law because infringement carries significant penalties. For example, if an infringement is considered ‘willful,’ you could be subject to statutory damages as high as \$150,000 for each infringed work. Moreover, even if the infringement is considered inadvertent, you could be subject to statutory damages ranging from \$750 to \$30,000 for each infringed work. You may also be subject to other costs, including reasonable attorneys’ fees to the prevailing party.”

Compared to potential noncompliance fees, the public performance license is notably less expensive.

MPLC has about 10,000 independent field representatives nationwide who send information to the corporation about businesses showing movies without a license, according to Laudicina.

If a violation is discovered, MPLC contacts the business via phone or letter and explains what needs to be done to stop copyright infringement. “We just say, ‘Here’s what you need to do,’ and we send an application for the license,” Laudicina said. “People want to do the right thing, and we make it easy for them to comply.”

Laudicina added that some dentists mistakenly think a letter about a public performance license is a scam. “Don’t ignore a letter about a public performance license,” he said. “If a letter is ignored, the violation becomes more egregious and that’s not a good thing. Take the time to check it out.”

TDIC’s Risk Management Advice Line answers questions about copyright compliance

and other dental practice issues at 800.733.0634 Monday through Friday 7:30 a.m. to 5 p.m. PT.

‘No on 46’ campaign gains momentum, allies

The ballot measure that would quadruple the cap on non-economic damages under the Medical Injury Compensation Reform Act (MICRA) has been assigned a number, Proposition 46, for the upcoming November election, while the campaign against it is gaining more powerful allies.

CDA and an expanding coalition of health care organizations and others are working to defeat Proposition 46 because it would have devastating effects on California’s health care system, increasing costs by billions of dollars annually.

The “No on 46” campaign has hundreds of organizations behind it, which now include the California Teachers Association, the State Building and Construction Trades Council of California and the California NAACP, in addition to health care organizations, public safety and labor unions, business groups, community health clinics and hospitals.

“Momentum for the ‘No on 46’ campaign is growing, and now more groups are working to educate the public on why this initiative would raise health care costs and negatively impact access to care,” said CDA President James Stephens, DDS.

Trial lawyers are behind Proposition 46, which quadruples the cap set by MICRA for noneconomic damages from \$250,000 to \$1.1 million, which in turn would increase meritless lawsuits filed by attorneys.

Titled “The Troy and Alana Pack Patient Safety Act,” Proposition 46 contains additional provisions regarding drug testing of doctors and places infeasible requirements on the state’s prescription drug database, which could force providers to choose between denying needed prescription medication to legitimately suffering patients or

violating the law. Proponents have said these provisions were only included in the measure because they polled well with the public.

Currently, MICRA ensures injured patients receive fair compensation, while stabilizing liability costs. A medical malpractice insurance crisis in the 1970s led to MICRA's passage, and since then, health care providers, including dentists, have been protected from extreme liability exposure and skyrocketing premiums by its various provisions. 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.

"Members who were practicing before MICRA's passage experienced the impact of skyrocketing premiums and know how important MICRA has been to stabilize costs," Stephens said.

In fact, TDIC, The Dentists Insurance Company, was born out of the time period when dentists and other health care providers were at the mercy of increasing annual premiums, which were rising from 100 to 400 percent due to litigation of claims and huge monetary settlements.

For more information on MICRA, visit cda.org. provide them with a pathway to employment.

The MICRA Initiative and Why it Matters to Dentistry

Robert J. Hanlon Jr., DMD

California's Medical Injury Compensation Reform Act (MICRA), which protects you from higher professional liability insurance costs, higher healthcare costs, and frivolous malpractice lawsuits, is under attack. California trial lawyers are proposing a statewide ballot measure that would erode these protections, and we must defeat it.

MICRA was signed into law by Governor Jerry Brown during his first term in office in 1975. In the early 1970s health care practitioners in California were experiencing exponential increases in their professional liability insurance premiums, in some

cases greater than 300%. This forced many high-risk practitioners (obstetricians, cardiac and neurosurgeons) to leave the state, creating an access problem for those essential services. As a result of this crisis, a special session of the legislature was called and with bipartisan support the MICRA bill was signed into law.

MICRA enacted a number of provisions that have lowered health care costs while still allowing full compensation for direct harm. These provisions include: 1) No limits on awards for economic damages which would compensate a plaintiff for the monetary costs of an injury, such as medical bills, future medical care, rehabilitation, loss of income and future earnings; 2) A limit on awards for noneconomic damages (usually thought of as "pain and suffering") to \$250,000; 3) limits on attorney's contingency fees for medical malpractice cases.

MICRA has served the state of California well for almost 40 years. According to the Journal of the American Medical Association, states with lower medical malpractice premiums tend to have more doctors per capita, including surgeons and specialists. Obstetricians in New York, a state without MICRA protections, pay more than twice the amount California obstetricians pay for professional liability insurance. Thus it likely is no coincidence that 19 counties in New York State are currently without a practicing obstetrician. In contrast, the state of Texas enacted MICRA-like reforms in 2003 and has added 14,000 physicians to the state since that time, including at least one obstetrician in 16 counties that previously had none.

This year various trial attorney connected entities are pursuing the Troy and Alana Pack Patient Safety Act of 2014, a proposed initiative which, if sufficient signatures are collected, will appear on the November 2014 election ballot. Troy (age 10) and his younger sister Alana (age 7) were tragically killed in October 2003 in Danville, CA when an impaired driver, Jimena Barreto, jumped the curb and ran them down while they were walking home with their mother. The driver had a criminal record including multiple DUI's and driver license suspensions. She was also addicted to narcotic pain analgesics (Vicodin), and had a history of doctor shopping to obtain multiple prescriptions simultaneously. If enacted, the ballot initiative would do three things. First, it would mandate periodic drug testing of healthcare providers to discourage substance abuse. Second, it would require that healthcare providers use the Controlled Substance Utilization Review and Evaluation System (CURES) prior to prescribing a controlled substance. These first two parts of the initiative poll very favorably among the general public.

The third and most damaging part of the

measure would allow a retroactive cost-of-living adjustment to MICRA's current \$250,000 cap on non-economic damages, raising it to approximately \$1.1 million, plus annual increases for inflation going forward. A recent study by California's former independent non-partisan Legislative Analyst found that quadrupling MICRA's noneconomic damages cap to \$1.1 million would increase health care costs in California by \$9.9 billion annually.

As a practicing dentist in the state of California, passage of this initiative would have several immediate effects: 1) The cost of my professional liability insurance would increase. 2) The healthcare insurance premiums that I pay for myself, my family, and my employees would increase. 3) My likelihood of being involved in a frivolous malpractice claim would increase. A dramatically higher limit on noneconomic damage awards would give trial attorneys an incentive to take on meritless cases because they could reap more in legal fees, and the possibility of an out of court settlement is more likely. All of this combined will increase the costs of dental care with no corresponding benefit to the public.

Make no mistake that, although packaged as a "Patient Safety Act," this initiative is all about increasing the MICRA cap to \$1.1 million. As with any statewide ballot initiative, over 500,000 signatures will have to be collected to place this on the November 2014 ballot. The signature collection drive is underway and entirely funded by trial attorneys who have everything to gain by seeing that this initiative is passed.

What can you do? Right now the most important thing you can do is stay informed. Look for updates in the monthly CDA Update, e-newsletters from CDA, and the Major Issues page of the Advocacy section of the CDA website. Also, since 1991, CDA has been a charter member of Californians Allied for Patient Protection (CAPP), a broad-based coalition of organizations dedicated to preserving MICRA. I would encourage you to visit their website (www.micra.org) and sign up for their newsletter. The CAPP coalition has established a campaign committee which has already built substantial resources to fight the initiative if it ends up on the ballot, and we will be working hand-in-hand with them.

In addition, CDA will likely be preparing a grassroots advocacy outreach program designed for you the provider to have informed discussions with your patients (the voters) if this initiative makes it to the November ballot. When it comes to making

informed decisions about their healthcare, our patients should feel confident that they can trust us, their healthcare providers, much more than any other source. Stay tuned!

Legislature approves CDA-sponsored bill protecting patient premiums

The California Legislature has approved a CDA-sponsored bill establishing standardized requirements for dental plans to report the amount of patient premium dollars spent directly on dental care.

AB 1962, authored by Assemblymember Nancy Skinner (D-Berkeley), will bring dental plan reporting to the same level as currently exists for medical plans and puts the state on a path to establish a minimum percentage of premium dollars that must be spent on patient care. The bill, which in August was approved unanimously in the Assembly and on a 30-4 vote in the Senate, is now under consideration by Gov. Jerry Brown, who has until Sept. 30 to sign or veto bills.

Under current state law and the federal Affordable Care Act, all medical plans must spend at least 80 percent of patient premiums directly on patient care as opposed to the plans' administrative costs, overhead and profits, a standard known as a medical loss ratio (MLR). However, no minimum standard exists for dental plans.

Because dental plans currently self-report this data without consistent standards to adhere to and without the details necessary to verify their spending ratios, there is a lack of reliable data for the state to develop an evidence-based minimum standard. AB 1962 requires dental plans to uniformly and publicly disclose the financial data necessary to assess their spending on patient care and declares the Legislature's intent to adopt a formal minimum standard for dental plans by Jan. 1, 2018 based on the data reported.

"AB 1962 is a great step toward instituting a critical protection for the 15 million Californians enrolled in private dental plans and CDA is very grateful to Assemblymember Skinner for pushing

FORUM

this cause,” said CDA President James Stephens, DDS. “This bill will shine a light on dental plan spending and help guide the state toward an appropriate minimum standard for spending on patient care.”

Under AB 1962, all California dental plans will have to annually report the necessary financial data to the state Department of Managed Health Care and Department of Insurance by Sept. 30. The first reporting deadline will be in 2015.

“The goal for dentists is to take in patients in need of care and for those patients to have quality coverage that allows them to get the treatment they need,” added Stephens. “However, many dentists find themselves in the position of having to explain the limited value of certain dental plans to disappointed patients who expect and deserve better coverage. This bill will provide more transparency around dental plans and ultimately provide greater value for patients.”

Under the MLR rule for health plans, consumers have saved an estimated \$9 billion on premiums since 2011, according to a 2014 report by the U.S. Department of Health and Human Services (HHS). The report attributes this to the fact that companies are charging lower premiums and operating more efficiently than they would have in the absence of the MLR standard.

Additionally, health plans that do not meet the standard must issue rebates to policyholders to make up the difference. The HHS report adds that in 2014 alone, 6.8 million consumers across all states and markets will receive over \$330 million in refunds, with an average refund value of \$80 per family.

Arbitrators rule against Delta Dental’s most recent motion

A decision by arbitrators hearing the case against Delta Dental will allow the arbitration to

proceed.

In August 2013, CDA and several individual dentists took a significant step by filing a legal action against Delta Dental challenging, in part, its attempt to change Premier provider agreements. At the time, CDA had knowledge of a planned 8- to 12-percent rate reduction. Shortly after the parties agreed to a three-arbitrator panel, Delta filed a motion to dismiss the entire matter. After nearly two months of consideration, the arbitrators rejected Delta Dental’s motion and found that there is sufficient evidence to allow the individual dentists to proceed on their claims that Delta’s attempt to change key provisions of its participating dentist agreements violated the legal doctrine of “good faith and fair dealing.”

On an earlier motion, the arbitrators ruled that arbitration is a creature of contract, and because CDA is not a party to the contract between Delta and the individual dentists, CDA cannot be a party in the arbitration. In response, CDA filed a separate action in San Francisco Superior Court to ensure that CDA can continue to protect its members in this matter.

CDA and the individual dentists have believed all along that there is a strong argument that Delta’s amendment to reduce fees in a significant and arbitrary manner would be inconsistent with “reasonable expectations” of dentists contracting with Delta under the Premier Dentist Agreement. Further, CDA and the individual dentists argued that Delta’s failure to perform the appropriate actuarial analysis, among other things, was not in good faith. The three-arbitrator panel confirmed that there is sufficient evidence to allow the case to proceed.

CDA and the individual dentists believe that at a minimum, Delta must be

transparent in its processes and submit comprehensive data to justify any actions or changes in its plans and provide reasonable notice for dentists to make any necessary changes in their practices.

Though the arbitration hearing itself will likely not begin until either late this year or early 2015, a scheduling hearing will occur in early August. Under the best of scenarios, an arbitration date could occur as early as November, but more likely will occur early next year. With regard to CDA's action in Superior Court, Delta will have to answer by the end of August.

CDA leaders have known from the beginning that the legal action against Delta would be arduous at best, but that it was the right thing to do on behalf of members. The recent decision allowing the arbitration to move forward is an important one, but it is mainly procedural and not necessarily an indication of whether the arbitrators will ultimately agree with the arguments.

CDA will continue to fight for legal standing and is prepared to argue on behalf of members with Premier contracts throughout the state. We also know that you may have challenges today that cannot wait until this issue is resolved, and CDA is here to support members with sophisticated practice management and dental benefit guidance through CDA's Practice Support at 800.232.7645 or practicesupport@cda.org.

CDA will continue to provide information to members in newsletters, the *CDA Update* and on cda.org.

Dental licensure fees rising

Dental licensure fees are on the rise as the Dental Board of California struggles with

rising costs that have led to a significant budget deficit.

An increase in initial licensure and biennial renewal fees from \$365 to \$450 took effect July 1, the current maximum allowed under law, which the Dental Board approved last fall. However, the board still projects a deficit even with the increase to \$450. Consequently, the board sponsored SB 1416 (Block; D-San Diego) this year, which was signed into law last month and raises the fee to \$525 effective Jan. 1, 2015 – the amount the Department of Consumer Affairs has determined the board needs to remain financially solvent.

The board's deficit is primarily due to increased enforcement expenses mandated, but not funded, by the Department of Consumer Affairs, as well as the costs of inflation since the last fee increase in 1998, when the fee increased from \$240 to \$365 (an increase from \$365 to the \$525 proposed fee in SB 1416 would be a 2.5 percent annual inflation adjustment). The board has also stated that a lack of continuity in staff has disrupted long-range financial planning.

CDA provided written comments last fall on the board's proposed increase to \$450, acknowledging the length of time that these fees had remained the same but emphasizing CDA's expectation that the board's level of customer service and responsiveness must be demonstrably improved as a result of any increase. CDA also urged the board to make smaller, more incremental changes in the future.

As the Legislature considered SB 1416, several legislators made clear their frustration with the lack of foresight and long-range planning from the board that now necessitates two significant fee increases six months apart after no increases since 1998. There is consensus that a thorough analysis of the

FORUM

board's expenses and structure is needed to prevent this situation from occurring again (one of the board's own recommendations is a comprehensive review of its organizational structure and workload).

However, without an increase to \$525 through SB 1416 the board maintains it would have to reduce its current level of operations. This will affect key functions such as licensure renewals and enforcement processes, which would jeopardize adequate oversight of the profession and patient safety. With these concerns in mind, the Legislature ultimately approved SB 1416 and Gov. Jerry Brown signed the bill into law.

Even with an increase to \$525 through SB 1416, the issue remains as to what the cap should be to allow the board to raise fees incrementally through the regulatory process in the future. The board has said it wants to pursue a cap of \$700, based on an analysis of fees necessary to sustain board operations over the next 10 years.

CDA is strongly advocating that the comprehensive analysis of the board's structure and finances must occur prior to any fee or cap increases for the board that go beyond the immediate need. This analysis will take place as a part of the board's "sunset review," scheduled for next year. Sunset review is a process by which the Legislature periodically evaluates every state professional licensing body to determine whether it is carrying out its functions effectively, and ultimately whether it should continue to exist or be modified in some way.

CDA will continue to advocate on behalf of members to ensure fees rise only as high as necessary, that the revenue generated is spent prudently and that customer service is

considered an essential and important board function.

Using data to guide the direction of a dental practice

A computer software report can tell dentists what is happening in their practices pretty easily and can help them find missed opportunities.

Dentists can check the pulse of their practices by running a monthly report of key performance indicators (KPIs) through their dental software program that will help them manage the performance of the practice and assist the team to make the necessary adjustments proactively to hit their annual goals.

With these reports, the dentists and/or office manager can look for trends and plan accordingly.

The types of KPIs can include:

Collections report — Pull three months to look for trends and compare them to adjusted production over the same period of time the previous year. (The percentage of production that was collected should be 97 to 99 percent, ideally.)

New patient referrals — Know where your new patients are coming from. This report will help dentists track the return on investment in their marketing dollars spent throughout the year and help manage their thank-you letters going out to existing patients who have referred patients into the practice.

Insurance aging report — This report shows how much is owed to the practice by insurance companies. Dentists will often find claims that need to be resubmitted for payment. These reports should be produced every week.

Jonathan Ford, DDS, practices in Huntington Beach and uses his dental software to analyze his collections, production and new patients.

“Your decision-making is only as good as the data that you have. That’s why I think having data-harvesting software is a must in today’s practice,” Ford said. “Our number of new patients might be great, but if the number of active patients isn’t increasing that means we are not doing a good job retaining our core patient base. A red flag goes up and alerts us that we need to make changes.”

Ford also looks at his hygiene numbers like production and total number of perio maintenance or scaling and root planing procedures. Additionally, he looks at production per hour for all providers. A new statistic that he recently began tracking is the number of new patients that are considered in-network.

John Reed, DDS, is an associate at a Stockton practice. He uses his dental software to generate “day sheets” on a daily basis. This shows him several things: every procedure done on a patient that day, the production for each procedure (this is the office’s fee) and which provider the production was assigned to. It also shows all the payments that came in for that day, including the “write-offs” when an insurance check is received and the practice has to reduce its rate to the contracted insurance rate.

“I look at the day sheet every day to make sure everything I did was assigned to me, was the procedure that I actually did that day and that if a write-off seems out of place or too much, I can discuss it with the office manager while it is still current,” Reed said. “Sometimes, the schedule changes or treatment changes and what gets put in to the computer will differ from what was scheduled.”

At the end of every month, Reed requests a copy of the lab receipts as well. This is so he can see where his costs are coming from every

month and ensure that he is not being charged for another doctor’s case.

Other KPIs that can be run include:

Production by procedure code — Dentists will learn which procedures they are using and which ones they are not.

4000 code report — Learn what percentage of hygiene production are 4000 codes. Hygiene should be 30 percent of production in an established practice.

Incomplete treatment — This report shows treatment diagnosed and not yet completed. It is important to track this information and keep it current. Dentists can print this report mid-month and contact the patients on the list to help fill their schedules.

For more information and practice support tips, visit cda.org/practicesupport

Covered California continues work to implement dental benefit for 2015

While the Exchange has not yet released the number of pediatric dental benefit policies sold in its first open enrollment period, the agency continues to move forward with its plans for 2015.

Covered California has not yet released final data on how many pediatric dental policies were ultimately sold prior to the March 31 end of the open enrollment period, but we do know the numbers are far less than originally expected. As of the end of February, only 20,317 policies from the available standalone dental plans had been sold. The coverage could be from any of the five dental companies selling plans in the Exchange in 2014 – Anthem, Delta Dental, Liberty, Blue Shield or Premier Access.

While these Exchange plans function like other commercial insurance products, these are new policies likely sold to new patients who may not have a great deal of experience with dental coverage and may not have focused on the dental benefits included in the policy when they purchased it. It will be important for dental offices to communicate directly and clearly with the patient as well as the patient's plan before treatment begins. For more information on the pediatric dental coverage offered by the plans through Covered California, the pediatric dental booklet can be accessed here: <https://www.coveredca.com/coverage-basics/plans.html>.

Moving into 2015, medical plans as well as dental plans have submitted bids to the Exchange to participate and sell policies in 2015. Those bids are sealed, so we have little detailed information on them – including any dental plans that have asked to join the Exchange – but we know that the Exchange staff is actively negotiating with plans on the premium rates being offered by those hoping to sell products in the Exchange.

Furthermore, of particular interest to CDA, the Exchange Board has decided to let both standalone dental plans and medical plans offer pediatric dental benefits. While CDA has not opposed medical plans offering the pediatric dental benefit, we have maintained the need for families to have the option to buy products from standalone dental plans. Standalone dental plans will remain an option for families in 2015. CDA was also successful in its advocacy to make sure the two state departments responsible for regulating the dental plans (Department of Managed Health Care and the Department of Insurance) maintained separate control over the dental benefits offered, even when offered by medical plans. The goal is to have those regulators hold medical plans and dental plans accountable for meeting the needs of the dental patients who purchase those dental benefits. The way the Exchange and regulators are structuring the contracts with plans, those regulatory controls should be in place for consumers in 2015.

In addition, the Exchange Board has decided that it will be offering adult dental benefits in 2015. Those policies will be sold by standalone dental plans and will be paired with the pediatric dental benefit as part of a family plan. CDA worked with the Exchange and other stakeholders to make the dental benefit clearer and easier to understand for patients. All standalone dental plans will be required to provide to policyholders a consumer-friendly Statement of Benefits and Coverage (SBC), which clearly outlines the details of the plan: what is covered, what are the limitations and exclusions, what the out of pocket costs are and how to find a network provider. A standard SBC was required for all medical plans in 2014, but dental plans were originally exempt. In 2015, that consumer protection will finally apply to dental plans offering coverage in the Exchange.

With such complex policy, we continue to expect changes as the implementation rolls out. CDA is an ongoing resource to members who have questions about the health care reform law, its implementation here in California and how it may impact dentists and dentistry.

For more information, please contact CDA's Director of Public Policy Nicette Short at nicette.short@cda.org.

CDA Cares volunteer registration now open

Volunteer registration is now open for the CDA Cares Pomona and Sacramento dental clinics.

FORUM

2014 and 2015 HDNDS Calendar

October 16, 2014 Dinner Meeting. “Innovate or Hibernate: What is the Next Step for Your Dental Practice?” Steve Swafford. 2 units 20%. Sea Grill, 6:00pm.

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.

December 11, 2014 Christmas Party and Board Meeting, Plaza Grill, Arcata.

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 Speaker and Location TBD. “CPR/AED for the Professional Rescuer.”

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)”. Location TBD

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%. Location TBD, 6:00pm.

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

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

FORUM**HUMBOLDT DEL NORTE DENTAL SOCIETY 2013 Leadership:****President:** Sonia Bautista, DDS**Immediate Past-President:** Sam Kennedy, DDS**President-Elect:** Karla Roman, DDS**Secretary/Treasurer:** Michael Belluscio, 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:** David Nelson, DDS, Michael Belluscio, DDS, Brett Wonenburg, 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****“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.

CDA Cares Pomona will be held on Nov. 21-22 at the Pomona Fairplex in Pomona. CDA Cares Sacramento will be held on March 27-28, 2015, at Cal Expo.

Volunteers will help provide oral health care services at no charge to a large number of expected patients, who will receive cleanings, fillings, extractions, oral health education and assistance in finding a dentist for follow-up care.

Dentists and dental professionals are needed in areas throughout the clinic, including restorative, numbing, pediatric, triage and routing. Dental team members are encouraged to volunteer as well. Community volunteers are needed to assist with registration, clinic setup, data entry, escorting patients, translating and much more.

CDA Cares Pomona and Sacramento will be the sixth and seventh clinics hosted by the CDA Foundation and CDA. Earlier this year, volunteers at CDA Cares Solano provided nearly \$1.5 million in charitable dental services to 1,959 people.

The five clinics held to date have now provided

\$7.5 million in care to more than 10,000 people.

To register to volunteer and for more information about CDA Cares, visit cdfoundation.org/cdacares.

Reminder for members to create new web user account

In order to better serve members, CDA has implemented a new association management software system that enables CDA to update and streamline processes.

The new software system requires members to create a new user account, which allows access to Practice Support resources, e-learning courses, the CDA Store and online dues renewal on cda.org. Even if a member has an existing account, a new one must be created.

Go to cda.org/password and follow a few easy steps to create a new web user account.

If you have any questions, please contact CDA at 800.232.7645

Humboldt Del-Norte Dental Society
PO Box 6368
Eureka, CA 95502

