Humboldt Del-Norte Dental Society

FORUM

SEPTEMBER 2015

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:

Tips on dealing with emergency appointments

By TDIC Risk Management Staff

All practices deal with requests for same-day appointments due to pain, but not all of them have an "emergency protocol." In today's market, patients have become extremely busy, and "emergency appointments" have become more common. Therefore, every dental office should design and implement their own "emergency protocol" and customize it to accommodate the changing patient landscape, according to CDA Practice Advisor Marcela Truxal.

"The question becomes: How can you start this process? First, educate your front office staff on what constitutes a true patient emergency. Train staff on what type of questions to ask and the appropriate responses," Truxal said. "The next step after identifying an emergency patient is learning how to schedule emergencies appropriately within the daily schedule. Scheduling opportunities should be discussed during the morning huddle."

Truxal recommends dentists consider building a template for the schedule with designated openings for emergencies. While patient care is always the primary focus, understanding the best way to utilize their daily schedule can help with patient management as well as predicting daily production.
"Since many emergency appointments are not production appointments, training your front office staff will be instrumental in ensuring your scheduled patients are not affected by the 'add-on' patients, or use those 'highly desirable' spots in the schedule," Truxal said.

All patients would like certain times within the day; however, these should be left open for true emergencies or high production appointments.

It is good to be flexible with patients, but a dental practice needs to keep control of their schedule. For example, a patient who calls while in pain but refuses to take the appointment time offered may not be in as much pain as stated, and therefore it's not a true emergency. Before making any determination, staff should know what questions to ask and respond accordingly.

"While not always the case, most emergency patients will accept any appointment offered within reason. It is a good idea for the dentist in the practice to come up with a specific set of questions that the front office can use to ask patients to schedule them correctly," Truxal said. "For instance, if a patient's crown came off, and it was done more than five years ago, that patient would likely need the best appointment available."

Truxal reminds dentists that they should never turn away a patient in pain because they will likely lose the patient and the patient may pass on their negative experience to their friends (potential patients).

"Angry patients like to share their experience on social media," Truxal said. "An angry patient can be very dangerous to a practice. Therefore, if at all possible, do your best to accommodate emergency patients. If you can, help that patient, and you will become their dentist for life."

Finally, dentists should ensure they are performing some quality control measures with their front office staff. Truxal recommends dentists randomly listen to how the front office communicates on the phone.

"Front office staff should not tell a patient in pain that there is no room in the schedule without even a discussion with the dentist or with the back office staff," Truxal said. Truxal also recommends making secret-shopper calls.

"You, or someone you identify, call the office and act like a new patient or an emergency patient. You can then identify areas for training opportunities and get the entire team in sync with scheduling those emergency patients," Truxal said.

For more tips, visit cda.org/practicesupport.

Use encryption to avoid health care data breaches

The recently released 2014 California Data Breach Report, published by the Office of the Attorney General, reports that 70 percent of health care sector data breaches in 2012 and 2013 were the result of lost or stolen hardware or portable media containing unencrypted data.

More than half of the health care breaches in the report included Social Security numbers, which can be abused in many ways, some of which consumers, including patients, have no effective defense strategies.

Rami J. Zreikat, an experienced information privacy and security compliance vendor, says many dentists need to take the necessary steps to protect their patients' information.

"Most people are worried about credit card theft and its financial implications, but identity theft continues to be on the rise. Dental practices can be a target because they store health data, which has more information than the financial data of a credit card and the essential components for hackers to build an identity theft profile," Zreikat said. "Social Security numbers, date of birth, address — it's all in health data."

The question becomes, how do dentists protect their patients' information, and their practice from fines and penalties? The Attorney General's report states, "The need to use encryption is a lesson that must be learned by the health care industry and we recommend that it be applied not only to laptops and portable media, but also to many computers in offices."

Encryption can be done on everything from the practice's server, email, mobile devices (laptops, phones and tablets) and USB drives. If done correctly and efficiently, encrypting stored data can be a "get out of jail" card for a practice in the eyes of the state and the U.S. Department of Health and Human Services should a computer, laptop, mobile device, hard drive, flash drive or any mobile media with patient information be stolen or lost. Breach

notification requirements apply in the theft or loss of patient information. An exception to the requirement is allowed to an entity that can successfully demonstrate that the stolen or lost media was encrypted and the encryption key is not known to any unauthorized entity.

Encryption takes readable data and obscures (garbles) it so that someone who steals the data can't read it. Dentists can encrypt both "data in motion" (data that is in transit either through the Internet, email or being sent to a printer, etc.) and "data at rest" (data stored on a hard disk, external USB stick/flash drive or on an external drive).

A practice can seek encryption software from several companies. Newer data storage devices include encryption. Zreikat recommends dentists consult with an IT professional and ask the right questions to ensure the encryption process causes minimal disruption.

Full disk encryption is yet another area of concern that dentists should evaluate for their practice. "This technology protects your media (e.g. mobile devices, servers, etc.) when they are powered off. When a server is stolen, the power is disconnected and the data is automatically encrypted." Zreikat said. When dealing with disk encryption, Zreikat recommends dentists work closely with their IT advisor and their practice management software company to ensure that their system can handle full disk encryption. Together, the IT advisor and the software company can look for the following components when selecting an appropriate disk encryption product and advise the dentist accordingly:

- Operating system support.
- Authentication methods.
- Support for Intel AES-IN instructions.
- FIPS-140 compliant encryption methods.
- Key management systems/recovery updates.
- Information technology support and knowledge.

HIPAA allows covered entities to transmit patient information electronically, provided they apply reasonable safeguards when doing so. Zreikat said certain precautions should be taken when using email to avoid unintentional disclosures, such as checking the email address for accuracy before sending and sending an email alert to the patient for address confirmation prior to sending the message.

"There are several services available to ensure secure transmission of patient information," Zreikat said. "It is much cheaper to simply purchase a service for encrypting emails and attachments and many service providers offer such services at a very low cost nowadays."

While encryption is the focus of this article, the dental practice must look at the HIPAA Security Rule to understand the security controls that are required for its practice. "Remember that the first step is to conduct a risk assessment and understand what your existing security controls are and the gaps you need to close" Zreikat said.

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in 1996 to simplify, and thereby reduce the cost of, the administration of health care. HIPAA does this by encouraging the use of electronic transactions between health care providers and payers, thereby reducing paperwork. 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. A Security Rule risk analysis as required by HIPAA is a good baseline for a practice to establish protection.

The U.S. Department of Health and Human Services (HHS) outlines a risk analysis as follows: "[c]onduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity and availability of electronic protected health information held by the covered entity."

The HIPAA Security Rule: A Summary can be found on cda.org. HHS has on its website (hhs.gov), Guidance on Risk Analysis.

Information technology security with regard to HIPAA requirements is the subject of several guides and reports produced by the National Institute of Standards and Technology (NIST), a federal agency that sets computer security standards for the federal government. One guide, for example, looks at Secure Sockets Layer (SSL)

virtual private networks (VPN), and another one reviews transport layer security implementations. A list of its publications is available at hhs.gov.

For more information on HIPAA compliance, visit cda.org/privacy-HIPAA.

Dentists must comply with new medical waste law

California's Medical Waste Management Act (MWMA) was amended earlier this year. As a result of this amendment, there are changes dental practices need to make. It has come to CDA's attention that there has been some misinformation circulated which is causing confusion.

Below are the facts of the MWMA changes that impact dental practices:

- A dental practice that uses a mail-back system for medical waste need only obtain proof that the system is approved by the U.S. Postal Service. It is no longer required that the state approve mail-back systems for medical waste.
- A dental practice that self-hauls its medical waste to a permitted transfer station, treatment facility or other health facility for waste consolidation must comply with the U.S. Department of Transportation Materials of Trade regulation. Registration or permit from a local enforcement agency is no longer required.
- When a dentist is participating in a temporary event that results in the generation of medical waste (e.g., health fairs, veteran stand downs), the dentist will either (1) obtain documentation from the event sponsor that the sponsor has notified the local enforcement agency of the event, or (2) notify the local enforcement agency of intended participation in the event at least 72 hours before the event.

Storage times for medical waste, which in a dental practice includes sharps, bio-hazardous waste and expired noncontrolled drugs, have not changed for "small-quantity generators" (facilities that generate less than 200 pounds of medical waste per month). For containers that contain only sharps waste or only pharmaceutical waste, the storage time clock begins when the contents are at the container fill line. Containers with combined waste must be disposed within the shorter storage time allowed. For example, a container with both sharps and bio-hazardous waste must be disposed within 30 days of placing the bio-hazardous waste in the container; if the container held only sharps, the dental practice has 30 days after the container is filled to dispose of the waste.

All dental practices will need to revise their medical waste management plans to conform with the changes in the Medical Waste Management Act. As a member benefit, CDA offers a sample Medical Waste Management and Disposal Plan as part of the Regulatory Compliance Manual, available at cda.org/practicesupport. A list of medical waste disposal options and a table listing dental waste storage times and disposal options also are available on cda.org/practicesupport. .

New changes to sick leave law approved

A new bill has been signed by Gov. Jerry Brown to clarify and simplify requirements under the new sick leave law in California, which went into effect July 1 and requires employers to provide three paid sick days each year to their employees.

AB 304, which became effective July 13, does not change the three-day sick leave law, but is intended to alleviate some of the difficulties in implementing its requirements. Most importantly for dentists, the bill provides flexibility for existing paid sick leave plans, allows for alternative accrual for non-hourly payroll, and creates more flexibility in calculating sick pay for nonexempt employees. The bill makes other minor and technical changes.

Below are the bill's main goals.
Clarification About Who is Covered

The passage of this amendment clarifies that employees who work in California for the same employer for 30 or more days within a year are entitled to receive the benefit.

Flexibility for Existing Paid Sick Leave Plans

Clarifies that employers are not required to provide additional paid sick days if they already had a policy prior to Jan. 1, 2015, that provided employees at

least three sick days a year and met the specific requirements outlined in the law.

Alternative Accrual for Non-Hourly Payroll

The payroll systems for many employers do not track their employees on an hourly basis. Rather, employees typically accrue such benefits on a per day, pay month or other similar basis. AB 304 allows employers to comply with state law if they accrue, provided accrual is on a regular basis, or front-load their sick leave policies so employees receive no less than three paid sick days by the 120th calendar day of the year or 12-month period. This significantly changes the employer's obligation to track an employee's actual hours worked.

Flexibility for Calculating Sick Pay

Nonexempt employees often perform work at varying rates of pay, which can make it difficult to calculate the rates at which sick leave is paid to employees. Employers can now choose between the methodology required under AB 1522 as well as the more familiar "regular rate of pay," which in essence divides an employee's total pay (hourly pay plus bonuses and/or commissions) in any workweek by the total number of hours worked in that workweek. In California, total pay is divided by no more than 40.

Conforms to State Law Governing CalPERS Retired Annuitants

Under the government code, CalPERS retired annuitants are not allowed to receive any form of compensation in addition to their pay as it could affect their status under CalPERS. By exempting retired annuitants from the provisions of AB 1522, retired persons will be able to return to work while still receiving their pension annuity.

For more information about the new sick leave law, click here (http://www.cda.org/member-resources/practice-support/employment-practices/sick-leave-law). Dentists who would like to have their questions about the new sick leave law answered in person can attend a lecture at CDA Presents The Art and Science of Dentistry in San Francisco titled "Worried Sick About the New Sick Leave Law? Let Us Help." The lecture will be led by Michelle Corbo, CDA Practice Support analyst, at The Spot on Aug. 22 from 1 to 2 p.m. For more information, visit cdapresents.com (http://www.cdapresents.com/tabid/65/default.aspx).

Prescription drug database changes looming

All dentists who are authorized to prescribe, order, administer, furnish or dispense controlled substances must register for the Controlled Substance Utilization Review and Evaluation System (CURES) by Jan. 1, 2016. All dispensed controlled substance prescriptions are recorded in CURES, which allows prescribers to look up a patient's controlled substance current usage and past history.

The Jan. 1 requirement was part of a bill enacted in 2014 (SB 809 DeSaulneir), which requires the Department of Justice (DOJ), in conjunction with the Department of Consumer Affairs (DCA) and certain licensing boards, to, among other things, develop a streamlined application and approval process to provide access to the CURES database, which is also referred to as the California Prescription Drug Monitoring Program (PDMP), for licensed health care practitioners and pharmacists.

Dentists who plan to register before Jan. 1, and even those dentists who are already

registered, should be aware of changes to the system that are currently underway.

The DOJ and the DCA recently announced that a new CURES 2.0 went live on July 1. This upgraded prescription drug monitoring program features a variety of performance improvements and added functionality.

In order to ensure a smooth transition from the current system, CURES 2.0 will be rolled out to users in phases over the next several months, beginning with early adoption by a select group of users who currently use CURES and meet the CURES 2.0 security standards, including minimum browser specifications. The DOJ is currently identifying prescribers and dispensers who meet these criteria and will contact and coordinate their enrollment into CURES 2.0. For all other current users, access to CURES 1.0 will not change and no action is needed at this time.

Re-registration for CURES 1.0 users will not be required. Currently registered users, when migrated to CURES 2.0, will simply be asked to reset their password and update their user profile information.

CURES 2.0 users are required to use Microsoft Internet Explorer Version 11.0 or greater, Mozilla FireFox, Google Chrome or Safari when accessing the system. According to the DOJ, CURES 1.0 will continue to be available until Jan. 1 for users with noncompliant browsers, to provide ample time for the browser upgrade required for CURES 2.0

Dentists should begin to prepare for universal adoption of the system by January, at which point all users will be required to meet CURES 2.0's security standards. (Go to https://pmp.doj.ca.gov to register.) If dentists have any questions, they can email cures@doj.ca.gov.

IRS to combat tax fraud cases affecting dentists

Over the last year, CDA has heard from its members about a scam involving other individuals filing tax returns under members' names. Other health professionals have reported being targeted as well.

This is just one of several tax scams CDA has been made aware of.

To combat this type of activity, the Internal Revenue Service (IRS) joined earlier this month with representatives of tax preparation and software firms, payroll and tax financial product processors and state tax administrators to announce a collaborative effort to prevent identity theft refund fraud.

According to a statement, the IRS has identified new steps to validate taxpayer and tax return information at the time of filing. The effort will "increase information sharing between industry and governments. There will be standardized sharing of suspected identity fraud information and analytics from the tax industry to identify fraud schemes and locate indicators of fraud patterns. And there will be continued collaborative efforts going forward."

For dentists who have fallen victim to tax return identity theft, below are a few steps to take in response:

Alert the IRS Identity Theft Protection Unit at 800.908.4490, complete Form 14039 and submit it to the IRS with any supporting documentation.
Contact the Federal Trade Commission at 877.438.4338 and create an Identity Theft Report.
Place a fraud alert on your credit report with the three consumer reporting agencies (Equifax: 800.525.6285, Experian: 888.397.3742 and TransUnion: 800.680.7289).
File a report with local law enforcement.

For additional guidance, contact CDA Practice Support at 800.232.7645 or the TDIC Risk Management Advice Line at 800.733.0634. TDIC provides identity theft coverage for individual policyholders included in their professional liability coverage.

Use caution when referring patients to side businesses

CDA has been made aware that an imaging company in Southern California is emailing dentists to offer a "bundle deal" on CT scans for patients. Purchasing such a package may be a violation of the Dental Practice Act because it would allow a profit on a referral.

Dentists who own a side business, such as an imaging company, also need to be cautious and make sure they stay in compliance with the Dental Practice Act. The Dental Practice Act prohibits referrals for "diagnostic imagining goods or services if the licensee or his or her immediate family has a financial interest with the person or in the entity that receives the referral."

Alma J. Clark, DDS, chair of the CDA Judicial Council, said dentists need to be cautious in these situations.

"It is OK for a dentist to own imaging products in their office and even refer out to an imaging company that they have an ownership stake in, but only if it is done correctly and within the confines of what the Dental Practice Act allows," Clark said.

There are two ways a dentist can offer imaging services to patients: either within the walls of his or her office or if there is a personal service arrangement in place that meets certain requirements. If either of these exceptions are not made and the dentist refers out to an imaging company that he or she has a financial interest in, it becomes a self-referral and it is prohibited.

The exceptions are:

1. If the services are performed within the dental office. The prohibition of Section 650.01 shall not apply to any service for a specific patient that is performed within, or goods that are supplied by, a licensee's office or the office of a group practice.

2. A personal services arrangement has been established. If there is an arrangement, it must be in writing, specify all of the services to be performed, and the compensation to be paid must be set in advance, not exceed the fair market value and not be determined in a manner that takes into account the volume or value of referrals.

Under either of the above exceptions, the dentist must disclose the financial interest to the patient, or the parent or legal guardian of the patient, in writing at the time of the referral or request for consultation. This includes, in the case of a personal services arrangement, information on where a person may go to file a complaint against the dentist or the immediate family member of the dentist.

Dentists who fail to follow these requirements could face a misdemeanor violation or civil penalties up to $5,000 per patient.

CDA's Guide to California Dental Practice Act Compliance is available on cda.org/practicesupport. The guide is intended for use by dentists and allied dental health professionals to assist them in complying with the California Dental Practice Act. Information on this subject begins on page 44 of the guide.

Clearing up sick leave law misconceptions

The new sick leave law requires nearly every employer in California to allow all of its employees at least three paid sick days each year. The law provides that employees receive no less than an hour of paid sick leave for every 30 hours worked.

One of the misconceptions among dentists is that they must pay for the time up front, if the time is provided as a lump sum (three days, front-loaded). The employer is obligated to provide the time and show the employee's available time on their paystub. The only obligation is to pay when and if the employee

takes the time. Unused, front-loaded time is lost at the end of the benefit year.

Some employers have chosen, in lieu of accrual, to provide payment at the end of the benefit year. Policies shouldn't discourage the use of the time.

Here are additional tips to clear up some of the misconceptions about the new sick leave law.

Employers who already have a PTO policy should be aware that the policy should meet or exceed the minimum state requirements of one hour for every 30 hours worked. In addition, they should broaden the language in their existing policies to include the specific conditions of use of the time as described in the sick leave law.

If the employer has decided to cap the time at 24 hours in one year (up to 48 hours in subsequent years), then it should be clearly outlined in their policies. If an employer does not cap the time, a full-time employee could potentially accrue more than 69 hours of sick time.

Accrual begins on July 1, 2015, or the first day of employment if hired after July 1. Sick leave is tracked on a 12-month basis. The benefit year measurement could vary depending on how the individual employer chooses to track the time, based on the employee's anniversary date of hire, or on a date determined by the employer. Note: the law does not allow for proration of sick leave in 2015.

By now, employers should have posted the notice (Jan. 1, 2015), provided the Wage Theft Notice to nonexempt employees, reviewed their updated/existing sick leave and PTO policies, chosen which method they will use to provide the leave (accrual, lump sum or modification of existing policy), communicated changes to staff and updated payroll systems to track sick leave.

Consequences of noncompliance include various costly fines and penalties for not providing sick days. These fines can range from $50 to $4,000 and allow for potential civil action by the state of California. In addition to administrative penalties, reinstatement, back pay and payment of unlawfully withheld sick days could be ordered.

Dentists should review their employee manual every year and make any necessary changes so that the practice remains in compliance with current state requirements.

For more information on the new sick leave law, including frequently asked questions contact Michelle Corbo at 916.554.4968.

Specialty Advertising

By Kenneth Jacobs, DDS, FACD
Member of CDA Judicial Council

In today's ever-changing dental landscape, one of the most intriguing and perhaps convoluted ethical and legal challenges facing our profession occurs in the arena of specialty advertising. It is interesting to note that on the surface this seemingly simple issue has developed into a complex set of ethical and legal dilemmas. Court battles between state dental associations and the Federal Trade Commission have ensued over potential anti-competitive issues. Constitutional First Amendment freedom of speech rights have also colored the specialty advertising debate such that state dental boards no longer enforce former advertising restrictions as they were determined to be unconstitutional.

First, it should be understood that the nine dental specialties recognized by the American Dental Association (ADA) and the designation for ethical specialty announcement and limitation of practice are Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Periodontics and Prosthodontics. In order to announce as a specialist in one of these specialty areas of practice, a dentist must have successfully completed an educational program as prescribed by the ADA Council on Dental Education and Licensure.

Section 6.A of the CDA Code of Ethics states, “It is unethical for a dentist to mislead a patient or misrepresent in any material respect either directly or indirectly the dentist's identity, training, competence, services or fees. Likewise, it is unethical for a dentist to advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect.”

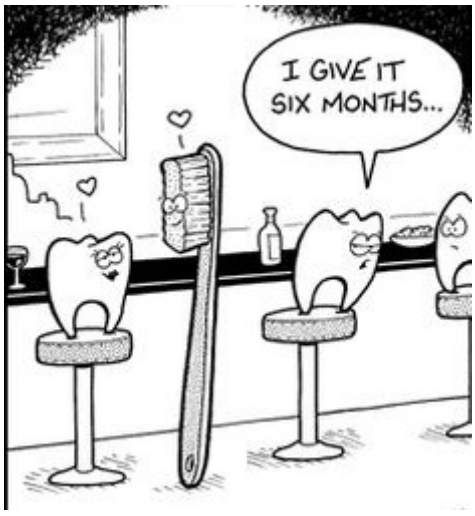
In addition, Section 6.B of the Code states, “Dentists may use the degrees conferred upon them by diploma from recognized dental colleges or schools legally empowered to confer the same, the letters “D.D.S.” as permitted by state law, and or the titles, “Doctor” or “Dentist” and any additional advanced academic degrees earned in health service areas. It is unethical for a dentist to use a title or degree in connection with the promotion of any dental or other commercial endeavor when such usage is false or misleading in any material respect.”

Yet within the recent landscape, the lines of reality and legal/ethical specialty advertising have been blurred. The courts have ruled that freedom of speech and maintaining competitive marketplaces in some instances take precedence over potentially false or misleading announcements. We see in the legal precedent-setting case of Potts v. Hamilton, that even though Potts’ credentials did not meet the “formal full-time advanced education” requirement of the advertising statute, the 2010 U.S. District Court ruling found the advertising statute violated Potts’ rights of free speech and held the statute unconstitutional. As a result, in 2011, the Dental Board of California (DBC) removed the specialty sections of the advertising statute. In addition, previous to the DBC action, CDA removed the "Announcement of Specialization and Limitation of Practice" section of its code of ethics.

As a practical guide, we can summarize what is prohibited and what is not prohibited for purposes of the CDA Code of Ethics as follows:
1. Dentists may not use “specialist in” one of the ADA recognized specialty areas of practice unless they have met the educational requirements and standards set forth by the ADA as mentioned previously.
2. Non-specialists who wish to announce the services available in their practices are not required to state that their services are being provided by a general dentist.
3. Specialists are not required to use “practice limited to,” nor are they required to limit their practice exclusively to announced specialty area of dental practice.
4. Non-specialists are not prohibited from using “practice limited to,” nor are they prohibited from limiting their practice to announced area of dental practice.
5. Non-specialists are not required to state “[Name of announcement area of dental practice] is not recognized as a specialty area by the ADA.”

So what are the ethical principles that can guide us in our decision making process regarding this complex issue? Veracity, or simply telling the truth, tells us that the public, our peers and our patients in particular, rely on the information we disseminate to each so that truly informed decisions can be made. Furthermore, behaving with integrity enforces core values such that conflicts between actions and conscience are eliminated. Through open and honest disclosure, the possibility for a patient to be misled diminishes greatly and hence trust can flourish.

Additional resources about specialty advertising are available on cda.org. For further guidance, contact a member of your local ethics committee.



Panoramic X-ray machine recall

Panoramic Corporation has issued a voluntary recall of certain PC-1000 panoramic X-ray machines due to a potential problem with its lift motor, "which can result in severe injury to a patient or staff member."

The recall only affects machines with serial numbers 6001 to 13885 that were manufactured between 1996 and 2003.

Panoramic Corporation sent certified letters to owners who are on record as having purchased one of the machines. Owners are instructed to schedule a Panoramic certified technician to repair the lift motor, upgrade the PC-1000 with a 1000-DR digital conversion package (the motor lift will be repaired during conversion) or trade in the PC-1000 toward a new system. Regardless of the chosen option, owners are urged to stop using the equipment immediately.

Panoramic Corporation requests that dentists who have sold or no longer own these machines notify the company of the change of ownership.

For further information or questions regarding the recall, contact Panoramic Corporation at 800.654.2027.

Upcoming Continuing Education Course

October 23, 2015 course starts at 8:30pm

"Balanced Oral Environment." 6 units CORE. John C. Comisi, DDS, MAGD. Baywood Golf and Country Club, 8am registration, 8:30-3:00 class.

The infective process of dental decay has been a primary focus of the modern dental practice. Mountains of dental literature exist to help explain this process and yet our patients still struggle with this controllable disease. What do we as dental professionals do to help our patients cope and manage this disease process? What procedures, techniques, and materials can we use the slow down the process and perhaps reverse it? We know that the management of periodontal disease is a factor, but how can we make this aspect become more predictable? How do we stop "one step forward, two steps back" game? This course will explore the whole basis of patient care including: cardiology, preventative, care, diagnostics, minimally invasive dentistry, periodontal management and how bioactive materials can and should be considered for use in your dental practice. We will explore the realm of composites and bonding systems, glass ionomers and the new categories of bioactive materials available; and their place in today's dental care armamentarium. The clinician will help you develop a greater comfort level for the many applications to use this versatile and important dental material in today's dental practice.

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

HDNDS Calendar 2015/2016

September 17, 2015. Lori Alvi, CDA, 2 units 20%. “Peer Review.” Sea Grill, 6:00pm.

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

October 22, 2015. John Comisi, DDS, MAGD, 2 units CORE. “Oral Cancer Detection.” Plaza 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. Robert D. Stevenson, DDS, 2 units 20%. “A Quick Look at Ethics in Dentistry.” Sea Grill, 6:00pm.

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

January, 21, 2016. Dinner Meeting.Topic, Speaker, and Location TBD.

January, 29, 2016. Marcella Oster, “OSHA, Infection Control, California Dental Practice Act.” Baywood Golf and Country Club, 8am registration, 8:30-3:00 class.

February 25, 2016. Dinner Meeting. David Browning, DDSd Location TBD.

March 8, 2016. Board Meeting. St Joseph Hospital, 6:00pm.

March 31, 2016 Foroud Hakim, DDS, 2 units CORE. “Direct Restorations in the Contemporary Esthetics Practice.”. Location TBD, 6:00pm.

April 1, 2016 Foroud Hakim, DDS, 6 units CORE. “Working Smarter, Not Harder to Opitimize Patient Care, Outcomes, and Profitability- Challenging the Paradigm.” Baywood Golf and Country Club, 8am registration.

May 10, 2016. Board Meeting. St Joseph Hospital, 6:00pm.

May 19, 2016 End of the Year Party, Gabriels. 6pm.

October 21, 2016 All day CE Course Baywood Golf and Country Club, 8am. Speaker and Topic TBD.

November 11-13, 2016 House of Delegates. Newport Beach, CA.

HUMBOLDT DEL NORTE DENTAL SOCIETY 2015 Leadership:

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

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Ethics: Kerisa Elloway, DDS
Librarian: George Epperson, DDS
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N.C.D.H.M.: Brad Tucker, DDS
Peer Review: ***VACANT,*** Michael Belluscio, DDS, Brett Wonenburg, DDS
Scholarship and Financial: Gabriel Enriquez, DDS
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