

STUDIO
LEADER



San Diego County DENTAL SOCIETY

**AUGUST
2020**

Aug 20
BLS Renewal

Sept 09

Shredathon

Aug - Sept

SDCDS CE
online learning
see page 22

POSTPONED EVENTS

- Afternoon Tea
- Forensic Dentistry
- Gala Celebration



Sea lions at Children's Pool, La Jolla: taken by Denise Shue

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CARLSBAD: 4 ops. Nearly new buildout in superb retail location. Next to Panera Bread. Motivated seller wants to downsize.

SAN MARCOS: 6 ops. Highly coveted north county location in busy shopping center. Relatively new CT scan, digital xrays, and intraoral cameras. Invisalign and implants can be added.

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ENCINITAS: 5 ops. Highly coveted North County coastal setting. Busy medical campus location with plenty of parking. Strong and loyal patient base. Well-trained skillful staff.

SORRENTO VALLEY: 5 ops. Excellent retail location in busy shopping center just off major freeway. Spacious, well lit, beautifully designed building layout, room for expansion and seller willing to associate.

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AWARD WINNING FACETS

The International College of Dentists — USA Section, awarded Facets these publication honors in Division 2:
2018 Newsletter Award
2017 Newsletter Award,
Honorable Mention
2016 Outstanding Cover



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Adopt A Patient:

Dentists willing to "adopt" patients (adults and children) for immediate or emergency needs in their office.

Health Fairs

and School Screenings:

Dentists, hygienists and assistants to provide and assist with screenings and education.

To Volunteer:

support@scdcs.org

FACETS NEWSLETTER

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GRAPHIC DESIGNER:
Michael Metzger

Thinking About Selling Your Dental Practice?



Current Practices for sale

East County, San Diego: \$650,000

- Collections: \$725,000
- GP Practice with 3 Ops
- CAD/CAM and CBCT Included

East County, San Diego: \$475,000

- Collections: \$575,000
- GP Practice with 3 Ops
- Seller financing!

South County, San Diego: \$875,000

- Collections: \$1,200,000
- GP Practice with 5+ Ops
- Potential to buy real estate

North County, San Diego: \$675,000

- Collections: \$1,200,000+
- GP Practice with 4 Ops
- Pano and available CBCT



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Memories

There are innumerable ways in which a day of dentistry can be remembered, but for me, it's frequently the patients themselves. Sure, I can barely remember the details from some patients at the end of a busy day, but I love the types of patients that take up most of the time in huddles as I prep staff for any idiosyncrasies. Hearing stories from some patients, seeing the things kids do/say, and listening to some of the cringe-worthy things patients tell me has helped lighten the mood while getting back into the office post-COVID shutdown.

For example, a favorite patient of mine still drove herself to the office up until last year, shortly after her 97th birthday. She made the most well-timed, and sometimes hilariously inappropriate comments about herself. She would have us wiping tears from our eyes! When she arrived at one of her recent appointments with a driver, she kidded that roadside mailboxes and trash cans were no longer in danger. She is currently in a local assisted living facility, so I travel to her as needed to ensure her dentures are still comfortable.

Another patient had a case I will never forget. I documented it with a photo, just in case [see picture]. His upper dentition had a mix of different restorations, missing teeth and decay, and we needed to settle on a final prosthesis. He recounted how pretty his mother's teeth were and described a gold window crown-type of look. I sketched out a preliminary design, and after a few of his design alterations, we sent the impression to the lab for a semi-noble gold bridge with ceramic facings to achieve his desired look. We lightly joked with him that the shade he chose was "coffee-stained brown" and persuaded him to go lighter, but he insisted on his initial choice. The lab bill alone was almost eight grand. The prosthesis was so heavy, we thought he was going to walk out with his chin on his neck! I wasn't sure whether to be proud or embarrassed, but he was ecstatic! He was one of the first patients to teach me that it is not always important what I want, but what the patient wants that determines a successful esthetic outcome.

Children offer a different experience. I still keep most of the drawings my pedo patients made for me, including this sweet



shark drawing done by a talented young artist [see picture]. I love the things children say. Once a child asked an older assistant what color dinosaurs were when she was young (assistant's response was somewhere in between appalled and amused). Another young patient alerted me that he's a black belt in martial arts, and if I hurt him during the procedure, his advanced training will automatically kick in and he'll instinctively kick me in the face. My assistant and I laughed, but had her guard his legs in case he intended to follow through. And I still helplessly giggle every time a toddler repeats profanity they probably learned from home. I don't think that will ever get old.

Not to be outdone, adult patients have created some amazing memories, too. A pair of science-industry employees were drinking in their backyard when one's tooth flared up, and they drunkenly decided to extract it with your standard garage pliers. The attempt was unsuccessful. The crown came off, leaving the roots behind, so then these guys came up with the solution to use a fish hook to get the root tips out (not kidding!). It didn't go well, and I saw the scientist the following morning for a very hungover extraction.

Here's another funny memory. A pair of extremely competitive best friends had their weddings coming up and wanted veneers, one done by me and one done by my wife, and constantly fought over whose turned out better. At every visit, each always declares themselves the winner, making petty comments about the other. I fondly remember the first (and last) time I made a "grill" for a rapper from Queens, and uncomfortably laugh about the female patient with an inner lip tattoo of a vulgar word that was prominently on display during her entire restorative procedure. I have many other stories that bring a smile to my face, but most are best not shared in writing.

I can't say I've gone a week since opening back up in May without hearing someone say how excited they are to be at the dentist again. My patients make the hassles of this post-COVID reopening all worth it when I get to spend time with them again. Similarly, I wish all the joy and entertainment of happy patients for all of you back in the groove of the profession we love!*





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Medicare and dental benefits, part five: it pays for itself, really

“Title VI would add new benefits for dental, vision, and hearing care (including dentures, glasses, hearing aids, and preventive services) to the Medicare program. The Congressional Budget Office estimates that those provisions would increase direct spending by about \$358 billion over the 2020-2029 period. Of that amount, almost \$238 billion would pay for dental care, \$30 billion would pay for vision care, and \$89 billion would pay for hearing services.”

— Congressional Budget Office

Recap

There is significant nationwide interest in adding dental benefits to the Medicare program, which is the federal health insurance program for seniors (aged 65 and older). The 2019 CDA House of Delegates did not endorse such a change, but discussed and filed the CDA Medicare Task Force Report, which can be downloaded at: <https://www.cda.org/Home/About/Leadership> then go to “Related Topics” and click on “House of Delegates.” CDA concluded that if a dental benefit is added, it should increase access to dental benefits and services, support better healthcare integration, decrease medical care costs, and increase the opportunity for improved health outcomes for aging Americans. CDA also concluded there are also risks, including the risk of doing nothing. Because of important COVID-19 coverage, I didn’t write about this subject in the June/July issue. But back in May (which seems like a lifetime ago, because of this pandemic), I gave the cost of the Medicare dental benefits package passed by the U.S. House of Representatives in 2019, in the form of H.R. 3: Elijah E. Cummings Lower Drug Costs Now Act. Now I’ll examine how it is proposed to pay for itself. Really.

The check, please

The nonpartisan objective Congressional Budget Office (CBO) evaluated H.R. 3. CBO Director P. L. Swagel sent a letter to the U. S. House of Representatives on December 10, 2019 that stated H.R. 3 will increase direct spending in 2020-2029 by about \$40 billion, but also create about \$46 billion in increased revenues. Combining these two figures, H.R. 3 will actually result in a \$5 billion reduction in federal deficits, i.e., it pays for itself. H.R. 3 includes additional health services once considered “optional” for ten years and provided for additional items like: \$3 billion for colorectal cancer screening beneficiary cost-sharing elimination, \$11 billion increased payments to physicians, \$10 billion for additional community health center funding, and quite a few other items listed in the Title VIII “miscellaneous” category. The dental benefit, as passed by Speaker Nancy Pelosi’s House back in December, will cost \$237,800,000,000 for the period of 2020-2029. That’s 237.8 billion dollars. Where does this money come from? I’ll get to that.

Bigger fish to saute

Here’s how this bill lowers drug costs now: the Dept. of Health and Human Services would negotiate the prices of popular drugs with drug manufacturers for Medicare Part D (the outpatient drug benefit) and the private insurance market. The price of a drug cannot exceed 120 percent of the average price for the drug in six foreign first world countries (one world, right?). If a drug company balks, then the government would charge a non-deductible excise tax and the drug company would simply “lose money if the drug was sold in the United States,” according to the Congressional Budget Office. CBO also bets all drug companies will give in. “The price negotiation provisions would lower spending by about \$456 billion,” stated the CBO director. Adding dental benefits (\$237.8 billion), vision (\$30 billion) and hearing (\$89 billion) would only total about \$358 billion from 2020-2029. This is how the additional benefits will be added to Medicare (drop the mic).

Review of Facets coverage on the topic of Medicare and dental benefits

January/February

Introduction to the issue

March

Elijah E. Cummings Lower Drug Costs Now Act

April

The proposed benefits

May

The cost

June

Next time:

Medicare and dental benefits, part six. I could write about this all year. In fact, I am, or at least until the second COVID-19 wave hits. Remember, I am just the messenger.

Sources:

1.U.S. House of Representatives rules committee, text of H.R. 3, Elijah E. Cummings Lower Drug Costs Now Act, December 6, 2019.

2.Swagel PL. Letter to the House. Congressional Budget Office: <https://www.cbo.gov/publication/55936>



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ENCINITAS: 6 fully equipped Ops, located in a busy retail center. Practice was remodeled 5 yrs ago w/ new equipment, utilizes Dentrix, Digital X-rays, Pano, and Laser. 4 hyg days/wk. 2018 GR \$813K. #CA574

LA JOLLA UTC: Leasehold sale! Excellent location with strong retail anchors, 7 Ops, Digital, Dentrix, Practice does contain/currently sees patients. Priced for quick sale! #CA663

NORTH COUNTY: *New listing!* Excellent Opportunity priced for a quick sale. Perfectly situated in a desirable strip-mall location with excellent visibility and parking. Perfect starter practice or second practice location with 4 Ops, Digital, Eaglesoft, Clean and contemporary. Seller is retiring. 2019 GR \$264K. #CA1111

NORTH COUNTY: Amazing! 5 Ops, 46 yrs Goodwill. The office features Dentrix, Digital X-rays, and E4D CAD/CAM. Strong hyg and recall office. Majority of specialty procedures referred out. 2019 GR \$1.1M+ w/ \$450K+ Adj. Net. #CA689

POWAY: 3 Ops, Centrally located, busy strip center location with room to grow the practice. Practice features Digital X-rays, I/O Cam, Pano, and Laser. 2018 GR \$243K. #CA659

SAN DIEGO: 7 Ops, 5 Equipped, located in large retail center with busy anchors. EagleSoft, PPO/Cash, 3 yr avg collections of \$509K. #CA687

SAN DIEGO EAST COUNTY: Family practice, 3 Ops located in a convenient smaller strip mall adjacent to a busy street. PPO and no HMO. Digital X-rays, EZ Dent practice software, excellent area of opportunity. Potential property ownership in future. 2018 GR \$466K. #CA636

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Before you sell

I recently had a long-time dental society member tell me about an unfortunate experience he'd had in trying to sell his practice. He entered into an agreement with an unscrupulous dealer and is now embroiled in legal battles that may cost him most of the profit he should have made on his practice.

At his suggestion, I'm publishing a list of "to-dos" if you're thinking of selling in the not too distant future.

1. Build it up! You've worked hard to build your practice. Don't let this be the time you relax. The greater your production, the higher your practice valuation.
2. Take some time to decide how you want to transition your practice. Would you rather sell it to the highest bidder, or perhaps hire a like-minded associate who will eventually take over the practice? There are many options, so take the time to find the right one for you – and your patients.
3. You don't need to invest in brand new equipment, but do take some time to put a little polish on your practice. A good first impression may also help to drive your price higher.
4. Use a broker. Can you do it yourself? Maybe. But are you willing to take the time to learn all you need to know to sell at the best price and minimize your risk? While this article is not an endorsement, there are some very reputable, dental knowledgeable brokers who advertise in this publication. Find one that works for you.
5. Make sure you involve your lawyer and tax people too. Yes, their fees are expensive, but they likely have expertise you don't.
6. Get a third party valuation. You may love your broker, but it won't hurt to get another opinion on what your practice is worth.
7. Consider all the options for buyers. Dental Service Organizations are buying practices left and right. Have you talked to them?
8. Talk to one of your colleagues who has recently sold their practice. They probably have a list of "dos and don'ts" that they're willing to share.
9. Come to our "Speed Dating" event. No, we're not trying to find you a valentine. But our professional match making events are becoming quite popular. Stay tuned for our next one in February 2021.
10. Finally, give us a call. We often know who's buying and selling and can connect you in a confidential manner.

Welcome New Members

Tyler Nelson DDS, OMS, UOP 2007, 2011
Charlotte Etesse DDS, UCLA 2018
Kenneth Williams DDS, UCSF 1986
Emilio Tapia DDS, UOP 2020
Elizabeth Rodriguez DDS, UCLA 2020
Gladwin Thyagaraj DDS, LLU 2019
Rachel Yung DDS, NY College of Dentistry 2018
Ronak Makadia DDS, UOP 2015, Endodontics at Nova SE Univ. FL 2018
Carlos Poni DDS, Dental Anesthesia at LLU 2016, 2019
Vinh Tran DDS, USC 2002
Arya Dadashzadeh DDS, UOP 2018
Yvette Carrillo DDS, Periodontics at LLU 2015, 2018
Samer Gazale DDS, LLU 2020
Richard Salsbury DDS, Orthodontics at UOP 1973, 1976

Carmen Hernandez DDS, Univ. Autonoma de Baja 1984
Wendy Yang DDS, Univ of IL at Chicago 2011, Pediatrics at UCSF 2014
Martha Morett, DDS Int'l University 1982
Bilguujin Dorjsuren, DDS Univ of MD Baltimore 2018
Ronda Alpatty DDS, UCLA 2020
Ryan Andre Magsino DDS, UCSF 2020
Fadi Eli DDS, LLU 2020
Gretel Delgadillo-Esparza DDS, LLU 2020
Julia Nguyen DDS, UCLA 2020
Jonathan Gao DDS, UCSF 2020
Kathleen Nguyen DDS, UCLA 2020
Rhett Baynes DDS, UCLA 2020
Jennifer Stodder DDS, UCLA 2020
Olga Saiz DDS, Univ. de Sinaloa 1980

Coronavirus Disease 2019 [COVID-19]: Update and resources



Dr. Gohel is a Board-Certified periodontist practicing in Clairemont, is an Asst Professor in the Dept. of Graduate Periodontics at Loma Linda Univ. and is on the SDCDS Board of Directors. When not in the office and not under a COVID-19 lockdown, she enjoys exploring different neighborhoods of San Diego, spending time with her family, spinning, and practicing yoga, activities which she is grateful to be able to do at home.

Reflections of the quarantine

Dear Colleagues,

As I write this we have now been back at our offices for a few weeks or more. We have no doubt made changes to the way we practice, and all for the better. Quoting CDA President Dr. Nagy, dentistry has always been at “the forefront of infection control.” Our patients trust us and feel safe knowing that we are able to care for them. After all, we are pillars in the community, standing for oral and overall health.

In my last article, I stated that the quarantine allowed me to re-focus my energy after taking a step back to assess my current situation. I had hoped that everyone would take advantage of the time to breathe and then continue to incorporate that moving forward. On our SDCDS Covid-19 Facebook group, a question was posed by our membership coordinator Meg Hamrick, “What was the #1 thing you were excited about doing when you got back in to your office? Or if you are not yet back, what are you most excited about?” Many responded saying they missed their dental teams and also that they were over homeschooling! It was wonderful to see how many dentists were excited to get back to doing what they love. We’re fortunate to be in this position, even though things are not perfect.

I want to continue to project this positivity and continue to focus on ways to move forward, personally and professionally. The last month or so has been trying not only in dentistry but also nationally. We are at the precipice of change. During these times, I simply ask myself: What can I do to make things better for others around me? I encourage you all to ask yourself the same.

In Solidarity,
Shivali Gohel, DMD, MSD,
SDCDS Board Member

“Be the change you wish to see in the world.”
- Gandhi

Additional Resources found at SDCDS.org

Go to SDCDS.org and click on the “Coronavirus (COVID-19) updates” for a wealth of important information collated by our dental society over the past few months. You’ll find links to various topics. Ask to be included on our email list (Contact: admin@sdcds.org) to receive COVID-19 Updates from our society, such as the latest information on PPE we officially distribute on behalf of the County of San Diego, when available. Here are a few resources at our website:

Guidance documents

Imperial County & San Diego County
California Department of Public Health

Financial Resources

SBA reopens EIDL emergency grants.

News feed

Order waiving license renewal requirements
CDC removes 15min. wait recommendation

PPE Resources

TDSC.com
Companies offering PPE products
and additional PPE guidance

Practice Management Resources

CDA “Back-to-Practice” resources.

Employee Resources

“COVID-19 Employment Concerns”.

Webinars/CE Opportunities

SDCDS member benefit “Viva Learning”
which is at <https://sd.dentalsocietyce.com/>

Health Resources

“Reporting Symptoms/Positive Test
for COVID-19 Flowchart”

And many more!

Initial fit testing ▶

It's a sign of the times. President Elect Tina Beck, DDS, MS arranged for her office staff to get the Cal OSHA required N95 initial fit testing done from Safewest, which was done at her office. By popular demand, SDCDS began to offer this initial fit testing at the society office on a regular basis in June and July.



Our make shift PPE distribution center

By Brian Shue, DDS, CDE

At the request of the County of San Diego, SDCDS once again packaged and distributed PPE to licensed dentists in San Diego County on May 22. Face shields and over 15,000 hand-repaired Kimberly Clark N95 masks were available for distribution at the SDCDS office by RSVP. Volunteers (below right): Drs. Brian Fabb, Robert Gandola, Misako Hirota, Virginia Mattson, Pamela McPherson, Susan Nguyen, Tom Olinger, Shasta Prater, Brian Shue and help from Nils Olsson, Nicole Shue, and SDCDS Staff: Mike Koonce, Meg Hamrick, Fernanda Parra. Over 1150 members received PPE from our makeshift PPE distribution center prior to May 22.

On March 30, Sasha Foo from KUSI News reported Rock Church of Pt. Loma volunteered to refurbish 300,000 N95 Kimberly-Clark respirators for the Office of Emergency Services of the County of San Diego, of which 15,000 were given to SDCDS for distribution. These respirators from the county stockpile were unusable as the elastic bands were old, brittle and snapping apart. Pastor Miles McPherson had dozens and dozens of volunteers attach new elastic bands onto each individual respirator. All volunteers were screened and had their



temperatures checked as they tirelessly worked in 3-hour socially distanced shifts and followed aseptic guidelines.

SDCDS member Malieka Johnson, DDS volunteered over 20 separate shifts to help reassemble these masks for Rock Church, her home church. It's another great example of how dentists have participated in actions and deeds for our communities beyond their practices during this pandemic for the greater good. Above is a photo of Dr. Johnson standing next to a staggering 300,000 respirators.

“I really enjoyed the experience volunteering at Rock Church’s mask assembly,” Dr. Johnson said. “I had to hold back my tears the last day because those of us volunteering developed into a family.” She added, “The spirit of service and giving back as a dentist has always gone beyond the teeth for me. Our church pastor coined the motto ‘Do Something’ and that has always spurred me to give in whatever way I can. It was very cool to be a part of a project that was bigger than myself and that I knew would truly make a difference in the lives of healthcare workers.”



Mohlab Al Sammarraie, DDS

SDCDS member Mohlab Al Sammarraie, DDS is an ADA New Dentist and now guest blogger. He grew up in Baghdad and came to the US as an international dentist with leadership experience. He has lived in San Diego since 2013 and worked in management until he received his DDS degree in 2019. He is also working on finishing his master of public health that specializes in healthcare management.



New dentists can change dentistry

Young people are the heart of society. They are the leaders and architects of the future in any field and the more important the field they lead, the higher their responsibilities are.

There is no doubt that today's dentistry does not look the same as it did 50 years ago, and our generation faces more challenges than previous generations did.

Modern dentistry is more sophisticated, challenging, and expensive. Consequently, this places a huge load on the shoulders of young dentists. That's why we must work together to advocate for our rights, which can be done by taking on vital roles in organized dentistry and politics.

We must build a fruitful future that will strengthen our position in society and the health care system. This will allow us to have a significant impact on the profession and people's lives.

From education, improving management skills and improving policies, what is the best way to face these obstacles? The answer: taking on leadership roles as new dentists.

Education

The cost of dental school and clinical training increases every year. Some students also apply for residency programs in order to obtain more hands-on experience, which increases their debts.

Their loans will have a profound influence on their professional path, often leading them to join large dental groups rather than starting independent practices.

Furthermore, some of my friends went to specialty programs because they wanted to master a specific field. They decided to specialize because there was a shortage of clinical training in undergrad schools.

By taking an active leadership role in organized dentistry, new dentists can better advocate on issues facing education and student debt. They could use their voice to oblige dental schools to provide more clinical experience for dental students.

"I believe that our generation needs to do a lot of changes in organized dentistry and the dental business towards more financial security for dentists nationwide".

failures and success to help me change, adjust or improve my plans in order to achieve a goal.

Participating in leadership courses and reading leadership books is another good way to fuel your brain. Reading a book about crucial conversations helped me to successfully manage a meeting with one of my direct reports, who was older than me and had served the organization for many years.

I was the new, young supervisor who was struggling with a toxic work environment and was tasked with improving the department's performance and production. Without training, reading, and mentorship, I couldn't have succeeded in that role.

Leading Other Dental Staff Members

I worked in leadership and human resources management after graduating from my first dental school in Baghdad in 2009. I continued in this field after moving to the United States until I was accepted into an international dental program in 2017.

During that time, I had interactions with health care providers and teams that I supported, trained, and learned from. I found that there is a considerable lack of leadership and management training for health care providers, including dentists. This makes it challenging for new dentists to deal with their staff and their systems. Many new dentists struggle for two to three years before their practices start thriving.

There are a few ways to overcome this challenge. First, new dentists should engage in focus groups, which might be in the form of closed social media groups where they can discuss the unique challenges practitioners face and try to find solutions together. This does not replace participating in the ADA or local organizations, but it does provide constant communication for sharing ideas.

Second, mentorship is an excellent way to learn from the experiences of others. I never regretted learning how a successful friend overcame challenges. I used their to help me change, adjust or improve my

plans in order to achieve a goal.

Government Regulations

Another challenge facing the dental industry is the ever-increasing regulations by national, state, and local governments. While the rules are intended to be for the greater good, some regulations may not always favor the dentists or the patients.

New dentists can start by reviewing new regulations and offering commentary on their impacts. That means sending feedback, recommending changes to the rules, educating legislators about oral health and the correlation between dental health and overall health, and explaining that providing more dental care to people who cannot afford treatment will help to reduce the overall cost of health care.

Dentists can also join forces with other local dentists to nominate and elect forward-thinking dentists to positions of leadership, enabling them to improve the image of the dental profession. These leaders can then become representatives for their colleagues and the public in congress and local governments.

Another way to improve dental care for both patients and dentists is to take the time to listen to what patients are saying regarding the coverage they receive from the government and insurance companies. This enables dentists to advocate for their patients.

Organized dentistry

Dentists also need to have a strong presence in the ADA, an organization that is committed to improving the nation's oral health through public education and legislative advocacy. In order to do this, dentists will need to cultivate their leadership skills, which can be accomplished by attending ADA or local dental associations' meetings and regularly studying leadership traits and practices.

Based on firsthand experience, I know the importance of leadership. For example, I took the initiative to obtain approval for a new lab project that would provide students with a renovated ergonomic laboratory.

"COVID-19 has shown us that the health care system needs more work and that public health should be taken care of as national security. Dentists should be engaged in future changes so that they can play a major role in those changes".



This occurred while I was part of the IDP program. There was a major ergonomic issue in my school simulation lab. After getting support from classmates and teachers, I filed a petition with everyone's signatures and fought to get an ergonomic lab approved by the university. My efforts were successful, which allowed students to enjoy healthier training conditions.

As another example, I contacted the CDA, asking them to allow dental students in my program to become CDA members. This would give them access to resources that would teach them more about organized dentistry. Within a few months the project was approved, and my classmates were able to sign as members for the first time.

Clearly, these personal examples prove that taking on leadership roles can result in positive changes. If dentists spot areas of the dental system that need improving and then fight to make those improvements, we would have a stronger dental team and a better organized industry.

I believe that our generation needs to do a lot of changes in organized dentistry and the dental business towards more financial security for dentists nationwide.

COVID-19 has shown us that the health care system needs more work and that public health should be taken care of as national security. Dentists should be engaged in future changes so that they can play a major role in those changes.

What other ways can young dentists strengthen dentistry for today and the future?

Share your suggestions with me at:
muhalab.ns@gmail.com

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CURRENT CHALLENGES

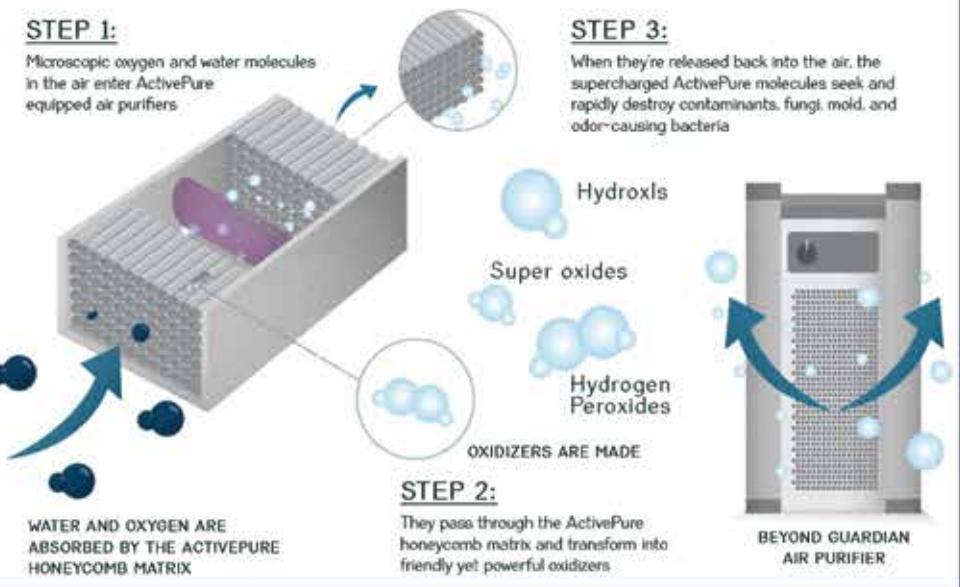
- Airborne particles from aerosols, drilling, and water spray can be suspended in the air for 10 minutes. New research from WebMD has also shown that Covid-19 can remain on surfaces such as metal, ceramics, plastic, wood, glass, and paper for up to 3 to 5 days.
- Work done in a Dentist office naturally produces contamination. Contamination is further spread by team members, patients, and dental appliances.
- Because dentists need access to a patient's mouth, and treats numerous patients throughout the day, dentists face a unique and difficult challenge as they try to control germs and still maintain current safety precautions.
- Research from Charles Gerba, a Microbiologist from the University of Arizona, showed that even a single contamination point can infect the entire office within a matter of hours.
- Even if a surface is disinfected with a spray, it can begin to grow contaminants immediately afterwards.
- Research shows that the highest concentration of germs are found on drawer handles, dentist chairs, faucet handles, push-out exit doors, and dental equipment.

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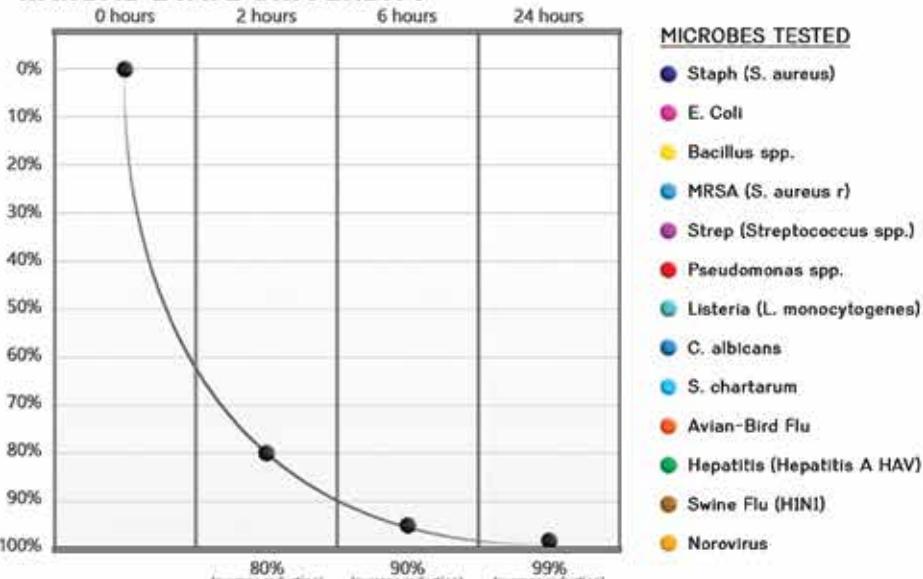
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Dill & Dentistry



"Don't overthink it." Many told me that phrase when I embarked on my newfound hobby, gardening, (which I actually undertook long before our lockdown had begun). While I grieved when my father recently passed away, I noticed how calming it was to tend to my flowers. Since then, my garden and my knowledge of plants have blossomed.

After I realized the possibilities in our little garden, off to the nurseries I went. Well, not quite. Before I expanded my garden, I purchased books on plants and graciously welcomed donated books on herbs. Then I read gardening magazines and yes, of course, relied on help from the internet. Finally, I began interviewing my family, friends and my patients for tried and tested methods and tips on how to keep my new green friends alive. Which soil did they use? Why couldn't I plant mint next to dill? How could I revive a dead rose bush? They gave me answers, but followed it up with "don't overthink it, just start planting."

I respected my plants so much I didn't

feel good if I could not properly provide all their needs for them. One advisor noted, "It isn't like dentistry," emphasizing that it was common to make mistakes in gardening. All I had to do was learn from them. I don't know of a single dentist who never made a mistake in dentistry and didn't learn from it in a productive way. But it's so uncomfortable for me to simply try something without reading about it from multiple sources then cross checking this information.

This process in my green world revealed a parallel with my dentistry. I simply can't pick up a new instrument or skill without first learning the fundamentals. I'm sure (and I hope!) I'm not alone in my approach. We do have hindsight in our patient care that reminds us what we could have done differently or what material we might have used for a different outcome. That's how we become mentors to new dentists - both through our successes and, dare I say, our failures. After all, before we started treating patients in dental school, we engaged in countless hours of didactic lectures and

simulated procedures meant to prepare us for actual patient care. In other words, we were actually taught to overthink things before we began to treat patients.

Back in my garden, I had both success and failure. My rose bush came alive with healthy pink roses but I had to start over with my dill. Naturally, I had to know what went wrong with the dill seed and took a crash course on the biology of dill diseases and how to mitigate them. As I proudly recited my dill diagnosis to my gardening mentors, I knew they were just about to say, "you're overthinking it again" when I told them how I would plant the dill differently. I might be overthinking, but hey, I learned from my mistakes.

Dr. Barakat graduated from Boston University School of Dental Medicine, completed an AEGD residency in Detroit and practiced in New England before moving to San Diego. She is currently in private practice and is the President of the San Diego AGD component. She is a regular contributor to the AGD's Daily Grind blog.



Virtual Meeting to elect the State of Officers 2021

The elections for officers, board directors, CDA delegates and trustee will occur on October 9, 2020 at a General Membership Meeting. The nominated individuals are:

Secretary: Dr. Tyler Johnson | **Directors, 2021 – 2022:** Drs. Doug Cassat, Jonathan Do, Pamela MacPherson, Chris Pham, Scott Sztok. **Delegates to the CDA House of Delegates, 2021 – 2023:** Drs. Robert Gandola, Lindsay Pfeffer, Diana Heineken. **Alternate Delegates, 2021:** Drs. Scott Sztok, Kristen Whetsell, Pamela MacPherson, Paul Van Horne, Jenna Khouri, Chris Pham, Marc Olin, Tyler Johnson, Kevin Kenny. **Trustee to the CDA Board of Directors, 2021 - 2023:** Dr. Misako Hirota



Patriots Study Club

Dr. Kevin Kenny (center, with tie) and his Patriots Study Club made a \$10,000 donation to support the UCSD Free Clinics. The Patriots Study Club has raised over \$125,000 over the past four years to support Veterans Village San Diego, UCSD Free Clinics scholarships, and humanitarian missions abroad.



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Nick Fortune, Ph.D.

Nick Fortune has a Masters in tax from Stanford and a Ph.D. in tax accounting from USC. He is also an inventor and intellectual creator of IRS approved legal structures for asset protection, tax-savings programs, wealth-strategy patents, as well as medical "outside the box" patents. Over the last two decades, Nick has lectured for some of the largest medical associations and health care providers in the world and continues to be an advisor to the same. Nick brings some of the most advanced and affordable asset protection and tax strategies in the country to the medical field: from tailored and custom-made corporate structures, to capital, raises - even bringing medical products and devices to market. Everything Nick does for doctors is aimed at protecting their hard-earned money - either keeping it safe from creditors and predators or reducing the amount owed in taxes through creative and IRS-approved tax strategies.

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And the award goes to . . . “Dog Saliva vs. Human Saliva”

By Brian Shue, DDS, CD

San Diego County Dental Foundation judge Kennie Kwok, DMD and Nicholas Dovey, DMD gave the SDCDF Professional Society award to the 8th grade team of Preston Bove and Carter Burns of St. John School in Encinitas (teacher advisor G. Heins) for their project “Dog Saliva vs. Human Saliva” at the 66th annual Greater San Diego Science & Engineering Fair held at Balboa Park on March 10-15. Almost 600 students participated. This year, elementary students were also able to display their school-winning projects, that included: “Life in a jar” (5th grader), “Moody plants” (4th grader), “Melting crayon” (3rd grader), and “Permanent marker vs. soap” (3rd grader).

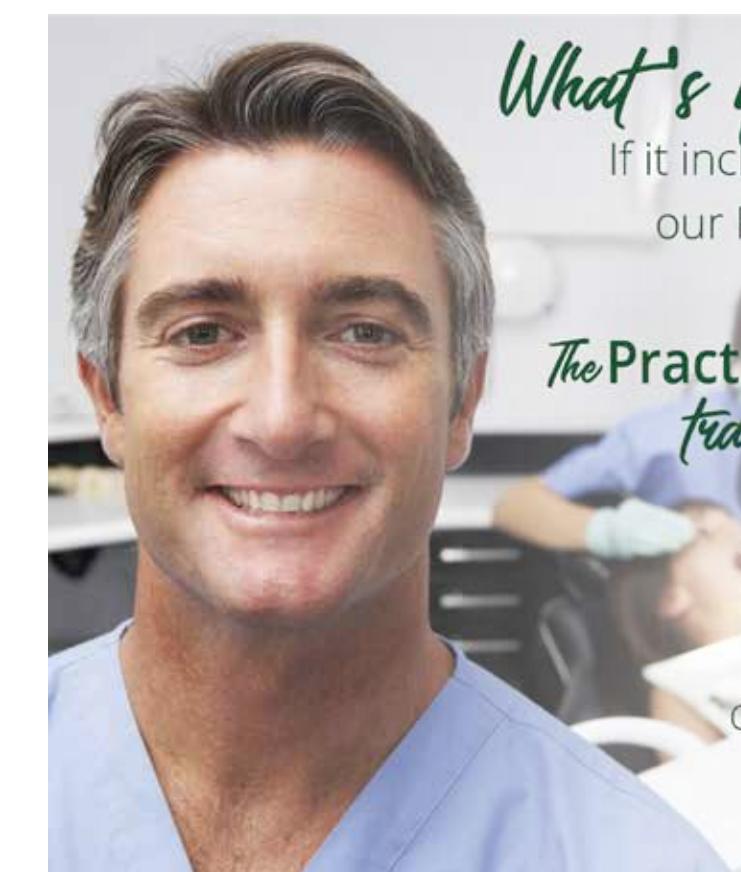


“Two middle school students compared dog saliva and human saliva and which had more bacteria,” Dr. Kwok said. “They took swabs of bacteria from multiple dogs and humans, grew the bacteria on petri dishes, and compared the number of colonies formed. I believe they found less colonies of bacteria in the dog samples as compared to the human samples. They also listed the types of bacteria found in each and found that dogs and humans have different types of bacteria in their mouth. They did find the streptococcus species in the human bacteria.”

“Out of a total of three projects for this year’s science fair in our category, we believe they gave the best presentation with a clear hypothesis and corresponding results and conclusion,” Dr. Kwok added. “We hope that there will be more projects to judge in future fairs. In previous years, we would be able to judge up to 10 projects.”

Dr. Kwok and Dr. Dovey judged last year, too. The San Diego County Dental Foundation, the charitable arm of our society, presents awards to up to two students each year, as well as an invitation for the students and their families to attend a professional meeting in May, traditionally the San Diego professional military symposium, where the winning students have the honor of presenting their projects alongside Navy dentists at the table clinics. This year's Navy Dental Symposium was cancelled due to the pandemic.

The Professional Award has been recently named after Alice C. Kinninger (1909-1999) at the request of Dr. Mark Burgett. Dr. Kinninger was a GSDSEF judge for many years and was interested in oral health education for young people. According to a 1992 issue of The Angle Orthodontist, she was the first woman to teach orthodontics at USC. •





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2017 – 2018 School Year

- **1,468 Children Examined**
- **860 OHA Screenings**
- **2,401 Teeth Sealed**

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- **1,989 Children Examined**
- **1,058 OHA Screenings**
- **2,378 Teeth Sealed**

Children's Dental Health Association's "School Based Program"
is supported and funded 100% by a generous donation from

Dana & Julie Zeff.



Julie Yrineo Zeff has been involved in the dental community for over 18 years. The majority spent as a dental assistant before going back to school to complete her Registered Dental Hygienist (RDH) education and becoming a Licensed RDH.

It was around this time that she met Dana Zeff and they would eventually marry and start a family. Together they have impacted many lives and have given to many causes. We at Children's Dental Health Association (CDHA) are so fortunate to have their support to enable us to deliver care to so many deserving San Diego children.

When program director Bev Hom first met with Julie, it was obvious that Julie, through her past experience and research, understood the need and the impact that our School Based Program would have with the funds she was prepared to donate.



Julie wanted to know that her donation would make an impact and found the program that would do exactly that.

Dana and Julie are very humble and didn't really want any recognition. However, we felt like we had to let everyone know that thanks to Dana and Julie over 3,400 children have received dental care over the course of just two school years.

Dana and Julie and the CDHA also want to thank all the school nurses that help coordinate these children. They work hard to see their students get the care they deserve.

Julie and Dana together with the CDHA are carrying out the mission that ***"Every Child Deserves a Healthy Smile"***.

We thank them for giving us the ability to carry out our wonderful mission to a truly deserving and appreciative group of children.

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**Children's
Dental Health
Association
of San Diego**

www.childrensdentalhealth.org

Dr. Guess (pictured here with his family) is a Diplomate of the American Board of Endodontics, with a private endodontic practice in the La Jolla/UTC area. He developed EndoTrak, an endodontic practice management software program. Email: endo@drguess.com



Garrett Guess, DDS



TECHNOLOGY EDITOR

Technology influences of COVID-19

The practice of dentistry, like so many other things in our lives, has been significantly impacted by COVID-19. The pandemic has brought to the forefront various technologic issues and risks on several fronts.

The number of phishing scam emails have skyrocketed during the months of COVID-19, with offers from fraudulent PPE providers or PPE providers that are selling fraudulent products. I've never seen so many different companies suddenly have PPE available, ready to ship, at the same time legitimate dental supply companies can't provide any products. Then there is the barrage of emails from banks and private lenders offering PPP and SBA Disaster Loans. And there are the usual emails with tracking numbers that are just begging you to click to track your package. It doesn't help that real institutions and real businesses have also been flooding email boxes with numerous emails relating to COVID-19 and how it has affected their operations. It is a daunting task to try to "fish through" all of the potential phishing and fraudulent messages, which highlights the importance of you, your staff, and even your family members being extremely vigilant when perusing emails, especially these days. There's nothing like a good crisis to bring out the predators, but consider a version of "social distancing" when reading emails: make it a rule to never click a link in an email, even if it looks legit. Instead open your browser and go directly to your bank website, or to various vendor websites, to ensure they are who they appear to be.

With the shut down and/or reduction of hours of many dental practices due to COVID-19, physical security of the practice and its data storage devices has become an important topic. When businesses are closed their risks increase for break-ins and thefts of various devices and pieces of equipment. Considering that the costs to mitigate a data breach usually far outweighs the costs of stolen handpieces or apex locators or X-ray sensors, it is very important to review the physical data security protocols utilized by your office. Ensure any computer that is not locked to the desk has encrypted hard drives, and even bet-

ter, stores no important data. Many dental software programs are cloud based which is great since no sensitive data is stored on the local workstations, meaning their theft does not result in a data breach. If you don't use a cloud-based system and house your own server on site, ensure it's physically locked up and even hidden to prevent the theft of its valuable information. And as always, keep up to date backups off-site in case the physical security measures are compromised.

Screening of patients and doing remote consultations to minimize person-to-person contact due to COVID-19 has presented challenges with regards to ensuring data from remote interactions are properly stored, and not lost. It's easy and convenient for a patient to send an image of a hole in their tooth, or the swelling of their face, but does your practice have a reliable process to ensure that those images make it into their chart to be properly and securely stored? Same with out-of-office phone call interactions which are crucial to document in patients' charts. Fortunately most software programs permit secure remote access for logging of patient interactions that occur outside of the office and/or operatory walls, but it's just as important to have measures in place amongst the staff to ensure important data gets inputted.

Another important way technology has been affected by COVID-19 has to do with infection control. Covering surfaces that can't be adequately wiped down is more essential than ever, as is having a surface cleaner and disinfectant that does not destroy the plastics of various computer peripherals and devices. I have a feeling there will be a lot of keyboards, mice, tablets, and computer screens needing replacement as the various disinfectants show their effects over time.

COVID-19 has certainly created a "new abnormal" in which we practice and how we implement technology with our work. As always, perform a frequent review of your technology operations to keep your practice safe. •



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Achieving Exceptional Customer Service

Sally McKenziev : Wednesday 8/12/20

Introduction to Thermally Assisted Composites Using Injection Molding Techniques

Dr. Frank Milnar : Wed. 8/12/20 or Thurs. 8/13/20

Digital Dentures and Partials - 4 Different Digital Clinical Workflows

Henry Babichenko, LD : Thursday 8/13/20

Early Detection of Neoplastic Lesions Saves Lives

Dr. Lauren Levi : Tuesday 8/18/20

SEPTEMBER 2020

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Susan Wingrove, RDH, BS : Wednesday 9/9/20

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Dr. Sam Halabo : Thurs. 9/10/20 or Fri. 9/11/20

Delivering Simple, Cost-Effective Implant Treatment to Fully Edentulous Patients

Dr. Ara Nazarian : Wednesday 9/16/20



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- 1) Visit: sd.dentalsocietyce.com
- 2) Click **Log in** on the top right hand corner
- 3) **Username:** enter your ADA number
(note: if ADA number starts with a 0, drop it.)
- 4) **Temporary Password:** onlinece
If you have trouble logging in please contact Fernanda, our CE Coordinator at (619) 275-7188 or admin@sdcds.org

COVID-19 UPDATE: Because of the lead time required for printing and shipping, and the changing landscape of the Coronavirus, subsequent event cancellations may be necessary. Please check our website for the latest information sdcds.org/events

THURSDAY

**Aug
20**

4CE
units

BLS Renewal for Healthcare Providers

FREE CE*



Summary: Register early if your CPR card is expiring; limited spaces available.

Time: 5:30-9:30pm
(5pm check-in)

Location: SDCDS Office

Register: sdcds.org
619.275.7188 or admin@sdcds.org

Pricing: member \$40... (or use your 1 FREE member benefit CE for 2020). nonmember \$60, member staff \$50

Sponsor: Kunau & Cline Inc.



WEDNESDAY

**SEPT
09**



Shredathon



Summary: Stop by for this exclusive members-only event while we lighten your office load! We may not serve tacos and beer this year, so prepare for a drive-thru style event. Find info at sdcds.org on what you can bring to be destroyed. Note there is a 10 box limit, and X-rays & metal prongs will need to be removed prior to collection.

Time: 4:30 - 6:30pm

Location: 135 Saxony Road, Encinitas, CA 92024

Register: sdcds.org/events
membership@sdcds.org

Sponsor: Ken Rubin Practice Sales

2020 POSTPONED EVENTS NEW DATES PENDING, STAY SAFE.

**Aug
29**

Afternoon Tea *Women in Leadership Conference*

Summary:

Mastering Work Life Balance.

Time: 12pm-3pm

Location: Paradise Point Resort

Includes: Light refreshments and tea will be served

Pricing: Free

Sponsors: US Bank, Schein, ZimmerBiomet, Transition Advisors, CPR Chicks, Crest

**Sep
19**

Contemporary Forensic Dentistry

Summary: Topics will include

forensic dental identification of decedents of varying postmortem states including: skeletal, fragmented, decomposed, burned remains and pattern injuries as they relate to bite mark investigation not only in human bites but animal bites as well.

Location: Handlery Hotel

Sponsors: Banc of California, Fortune Management, Garfield Refining, Integrity Practice Sales, Ken Rubin Practice Sales

6CE
units

**Sep
26**

Gala Celebration

Summary:

Red Carpet fundraiser, 'Old Hollywood'. Last years event was attended by over 300 guests.

Time: Evening

Location: Del Mar Hilton

Includes: Dinner, Silent Auction, Live Auction

Pricing: Member \$175

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