FACETS

San Diego County DENTAL SOCIETY

NOVEMBER
2020

November 4
Wellness Wednesday

November 6
TMD and Orofacial Pain
• PART 1 •

November 7
Non-dental Tooth Pain, Diagnosis & Treatment
• PART 2 •

November 12
BLS Renewal

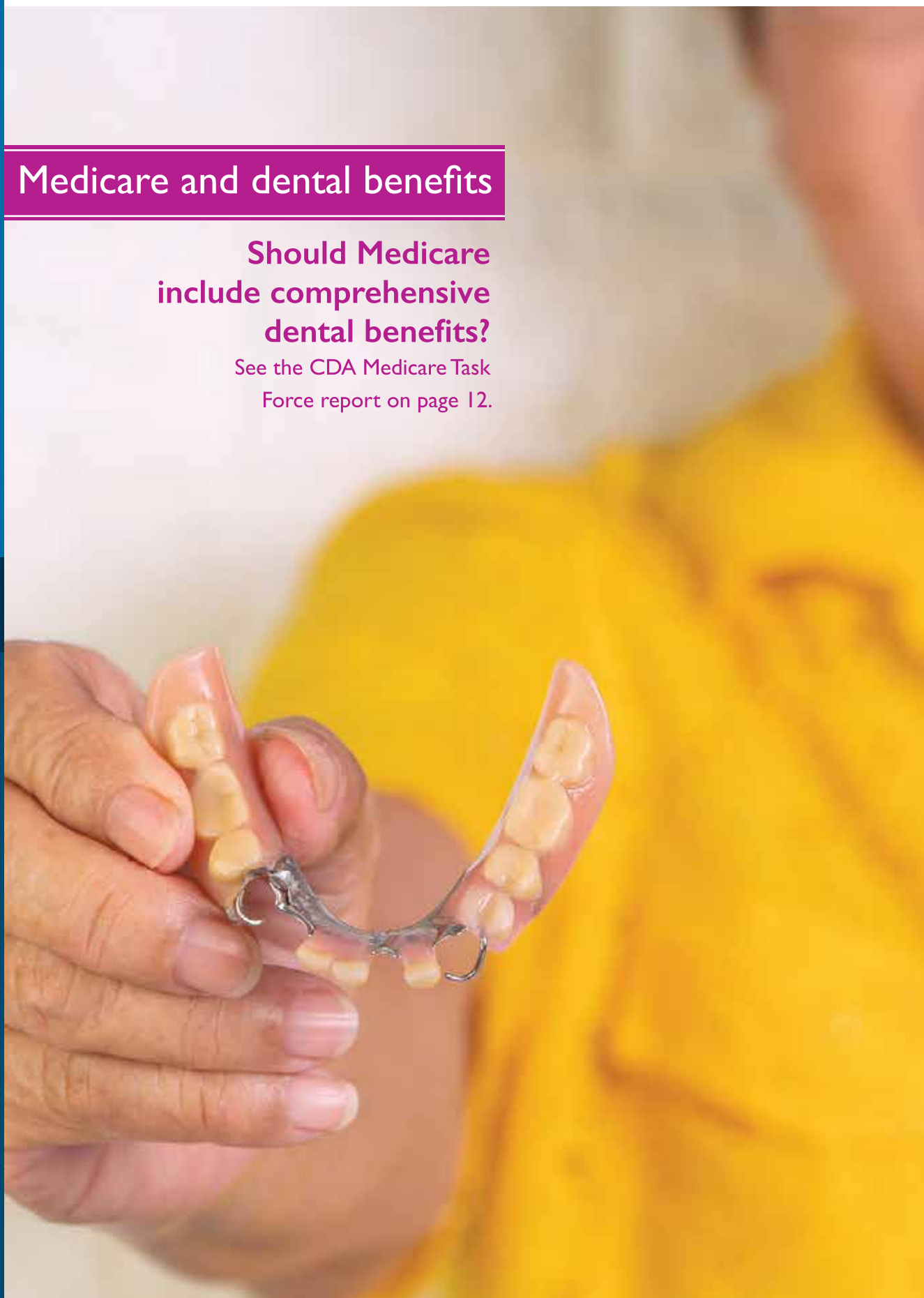
November 20
Golf Tournament

ONLINE LEARNING
see page 19

Medicare and dental benefits

Should Medicare include comprehensive dental benefits?

See the CDA Medicare Task Force report on page 12.



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NOVEMBER 2020

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Brian Fabb, DDS

Political Action

As the days grow shorter and the nights longer, and as we've scarfed down handfuls of candy meant for trick-or-treaters that never showed, November has made its appearance. Although the month is typically dominated by two important holidays, Veterans Day (Nov 11th) and Thanksgiving (Nov 26th this year), the Tuesday after the first Monday of the month is Election Day in the United States. Some odd-year elections, when the stakes are lower, seem to go by without much fanfare. Midterm elections, especially in years that have the potential to swing control of the Senate or House of Representatives, drum up more attention. But nothing rallies people to the polls like a Presidential election, and as you may have noticed, this year falls under that category. Due to personally never residing in a "swing state," my presidential vote has never really counted for much, as New York and California have been heavily Democrat-leaning in my voting lifetime. Where I do feel I can make a difference is at the local and state levels.

For several years, I've been involved with our local San Diego Dental Political Action Committee (San-D-PAC), and more recently, on the state level as our San Diego representative on our California Dental Association Political Action Committee (CDA PAC). When I first signed up to volunteer, I wasn't quite sure what to expect. I soon found out it was about building relationships with the representatives for your districts. Whether it was meeting senators in the State Capital building in Sacramento, going out for coffee locally with a councilmember, or attending a fundraiser for an upcoming candidate, it was similar to developing a relationship with a patient in the office. Discussing issues with candidates, especially ones directly or indirectly tied to dentistry, is a great way to assess if they would be an ally to our profession or someone we should be concerned with representing us. As busy as they are, they cannot always be fully informed on all the issues. Sometimes what is most important is simply educating them on the nuances of a particular bill or proposed legislation and how it may affect the oral health of their constituents or dentistry in general.

Once we figure out our potential allies that support our causes and also candidates that oppose or undermine them, the Political Action Committee leadership decides who we will support, either publicly, financially or both. Recent issues included Dental Insurance Plan Transparency, the Sugar-Sweetened Beverage Tax, the Flavored Vaping/Tobacco Ban, attempts to reverse the Medical Injury Compensation Reform Act (MICRA), Direct-to-Consumer Orthodontic Protections against companies like SmileDirectClub and Candid, and budget issues supporting the Medi-Cal dental program. Since our PAC's finances are solely comprised of donations from members of our dental society, we must be extremely efficient with our limited resources and align with like-minded candidates that will continue to support oral healthcare issues when elected.

To help out, you can always go to the San Diego County Dental Society's website to make a donation to our local San-D-PAC at https://sdcds.org/political-activity. If you'd like to become involved in volunteering within the committee itself, you may fill out a form indicating your interest at https://sdcds.org/leadership-volunteer-opportunities.

In a year filled with non-stop surprises, I'm sure this Election Day will be similarly unpredictable. Take precautions and make sure to go out and vote in person if you haven't done so by mail already. If neither presidential candidate is your particular cup of tea, make sure to pay attention to the local races and do your homework to see which candidate would be best for your family and your profession. Support our Veterans and celebrate their efforts to protect our freedoms on Veterans Day, and I wish you a joyous and meaningful Thanksgiving. Just several more weeks, and we can finally turn the page on 2020! •

Victory Fund, San Diego Brunch March 8, 2020 with Honorary Host Committee CA Senate President Pro Tem Toni G. Atkins on stage and Assemblymember Todd Gloria in foreground.

SDCDS at the Lincon Reagan Dinner in 2019. (L-R) Drs.Bob Hanlon, Doug Cassat,Christine Altrock, Brian Fabb, Paul Van Horne.

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Happy 150th Anniversary, CDA!
A man, a plan, a cabal

California dentists made history in 1870 by creating their first state organization. It was the California State Dental Association, of course, which became today's CDA. But don't take us for granted. State organizations didn't always thrive in the Old West (I am looking at you, California State Odontological Society and Pacific Coast Dental Association).

Twenty-three of California's best and brightest dentists — actually, Northern California's best and brightest — from as far south as San Jose and Santa Clara, as far north as Healdsburg and Woodland, and as far east as Placerville assembled in San Francisco, which was home to 32% of the entire population of California in 1870. At 179,473 residents, it was also the West's most populous city, the second being Sacramento with 16,283. In comparison, Los Angeles only had 5,728 and San Diego 2,300. No woman attended this first CDA meeting. It would be nine years later before the first woman dentist practiced in California and 24 years before the first woman joined CDA. And here we are 150 years later, 27,000 CDA members strong.

None of this would be possible without the leadership of the San Francisco Dental Association (Society), which was established the year before. And certainly not without its progressive first president, Dr. C.C. Knowles, who was the "chief mover" and architect of CDA. "Progress, gentlemen, is the living password by which to gain admission to higher degrees of professional excellence," he stated in the opening speech on the day CDA came into existence.

SDCDS delegation at the 2019 CDA House of Delegates held in Sacramento, celebrating 150yrs of CDA - in person. And the 2020 CDA House? Virtual, of course.

He was truly a visionary and the right man with the right plan. We can learn much about leadership from him. It's important to look at the three motions Dr. Knowles made at CDA's inaugural meeting, all in rapid succession, with far-reaching significance to protect the public and elevate the profession. He wanted to create the first dental college on the west coast, establish a periodical, and enact State legislation to regulate the practice of dentistry.

> "Progress. . . is the living password by which to gain admission to higher degrees of professional excellence."
>
> — *Dr. C.C. Knowles,*
> *{our first CDA President}*

First, C.C. Knowles hit the 19th century ground running with this: "Resolved, that a 'dental college' on this coast is essential to the interests of the profession." In 1870, the majority of dentists still learned the profession through preceptorships instead of attending dental colleges. There was no school of dentistry west of the Mississippi. "The future will demand men educated in all that constitutes the scholar and professional man, and refined in all that makes the gentleman," he said in his opening address.

What did CDA do with his motion? It referred it to a subcommittee, which referred it to the newly created CDA Committee on Dental Literature and Education. The committee had no results to report the following year. In fact, it never met. Unfortunately, because of inaction and infighting among our well-intentioned pioneers, this was modus operandi, even with the most pressing issues of the day. For instance, CDA leadership rejected and permanently destroyed all records of its 1875 annual meeting as if it never existed.

The University of California would establish a dental college in San Francisco (which would become the UCSF School of Dentistry) in the next decade and appointed CDA's second president, Dr. Samuel W. Dennis, as dean. Many CDA leaders balked at this new school. It wanted complete control of the operation and believed the UC betrayed them. Sadly, this cleaved CDA leadership evenly right down the middle, leading to the creation of the California State Odontological Society (CSOS), a separate state dental organization that barred CDA members and required its members to be dental college graduates.

continued on page 15

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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: 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

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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 SOLD

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Most of you know that the San Diego County Dental Foundation is the charitable arm of our dental society. It's like two sides of the same coin. While the society helps our dentists succeed in being great dentists, our foundation helps deliver oral healthcare and education to our community. Many of our member dentists make this possible by volunteering their time and money. Serve on our board, work in our clinic, or volunteer at many other health events.

Your membership dues pay for the society's functions, but much of our annual foundation budget comes from fundraising at our annual gala events, like last year's Stars and Stripes Soiree aboard the USS Midway. As you know, this year we were unable to host our gala, but we hope to be back next year. Meanwhile, we have a substantial gap in our budget that we're trying to make up. Please consider making a pledge to support our foundation by sending us the form below, or visiting our website: www.sdcdf.org

In my twelve years working with dentists in our community, some of my proudest moments have come from the work we do with our foundation. Thanks to all those who have joined us in our efforts. I hope to see many more of you joining us in the years to come.

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Welcome NEW *San Diego County Dental Society* Members

Kevin Menzie, DMD Arizona School or Dentistry 2014, Orthodontics at Wilford Hall USAF 2017

Avi Willis, DDS Case Western Reserve Univ. 2015, Pediatric Dentistry at Temple Univ. Hospital 2019

Georgina Carrasco, DDS Midwestern Univ. 2020

Justin Messina, DMD, OMS University of Pennsylvania 2011, Oral & Maxillofacial Surgery at Harvard School of Dental Medicine 2017

Alexis Dawson, DDS Western Univ. of Health Sciences 2020

Omar Hassouna, DDS Meharry Medical College 2017

Lana Bubalo, DDS USC 2020

Emily Norton, DMD Nova Southeastern Univ. 2019

Ivana Racic, DDS Univ. of Nevada, Las Vegas 2020

Robert Carrara, DDS Univ. of California, San Francisco 2019

Brian Shue, DDS, CDE

Medicare and dental benefits, part seven: Do dentists support this? What do you think?

Getting up to speed

There is significant nationwide interest in adding dental benefits to the Medicare program, which is the federal health insurance program for 60 million American seniors (defined by Medicare and this article as those aged 65 and older). Over 70% of Americans aged 65+ do not have dental insurance. In 2019, the U.S. House of Representatives passed H.R. 3: Elijah E. Cummings **Lower Drug Costs Now Act**, which would have added vision, hearing, and dental benefits to Medicare, except it arrived DOA at the U.S. Senate. In July, the Biden-Sanders Health Care Unity Task Force recommended the addition of dental benefits to Medicare.

CDA has not endorsed changing Medicare

The 2019 CDA House of Delegates did not endorse adding a dental benefit to Medicare, let's be clear. The CDA Board of Trustees established the Medicare Task Force after the CDA 2018 House of Delegates passed Resolution 19-2018-H to research this subject. "The (CDA) board directed the task force to prepare a report on the potential implications of including dental benefits within the Medicare program, taking into account the changing dental benefits marketplace both in California and nationally. Furthermore, the Task Force was charged with providing a summary of relevant CDA and ADA policies, current national advocacy efforts, proposed benefit designs and potential economic factors for patients and dentists, including policy or other recommendations".

Gary Herman, DDS, Task Force Chair and Marko Vujicic, PhD, Chief Economist and Vice President ADA Health Policy Institute gave presentations at the 2019 CDA House. Their Powerpoints are available for download at CDA.org – enter your login, go to bottom of page and enter "leadership" then "House of Delegates." The full CDA Medicare Task Force report can be accessed there, as well, or at: https://www.cda.org/Portals/0/7-medicare%20report_final.pdf. The CDA House voted to file the report and requested a "report be provided to the house in 2020 (November 13-14) on the status of national discussions regarding dental benefits in Medicare."

Almost 20,000 practicing dentists were asked:

"Should Medicare include comprehensive dental benefits?"
&
"If a dental benefit was included in Medicare and payment rates were 80% of typical private dental insurance rates, how likely are you to accommodate Medicare patients in your practice?"

—see survey results from Marko Vujicic , ADA Health Policy Institute, page 12

Dr. Herman reviewed the "summary of findings" and its "conclusion" of the Task Force report at the House and are included in their entirety in the following pages, with permission from CDA. CDA has not endorsed adding a dental benefit to Medicare, as I have said in my various editorials this year. CDA's direction is shaped by existing policies on dental benefits and other issues that are always set by our House of Delegates.

Let's now continue our coverage of Vujicic's presentation given at our House on "Seniors Oral Health and Medicare." He stated: "A dental benefit within Medicare is at the top of the "wish list" of items Americans would like added to Medicare." He also stressed further research is needed on "the impact of a Medicare dental benefit on dental practices, and especially how this could vary by type of practice."

What do dentists think?

What do dentists think about this concept? Let's cut to the chase. Vujicic shared the results of a 2018 ADA survey of randomly sampled active dentists (almost 20,000 surveyed, 1,088 responded): "Early research suggests that under certain administrative and payment scenarios, a majority of dentists support a comprehensive dental benefit in Medicare. There is variation in support by age, gender and other factors." The results: 71.2% of surveyed dentists agreed Medicare should include comprehensive dental benefits, while 20.7% disagreed. Turn to the following pages to see these findings separated by categories.

What do Physicians think about Medicare?

Vujicic concluded with a discussion on the physician's perspective of Medicare. He said: "More than 9 in 10 primary care physicians accept Medicare — similar to private insurance — but acceptance of new Medicare patients is comparably lower (7 in 10)." He also provided a look at a 2014 "Medscape" survey of physicians' opinions about eleven of the "top rated" major medical insurers, including Medicare.

Physicians ranked Medicare as follows:

- Medicare was best for fewest denials
- Medicare was best for precertification and preapproval requirements
- Medicare was second best for speed of claims payment
- Medicare was fourth best for willingness to reevaluate denied claims
- Medicare was fourth best for ease of doing business (The three best were Blue Plans, Aetna, Cigna and the four worst were Kaiser, Humana, HealthNet and Oxford Health)
- Medicare tied for worse for reimbursement rate

Vujicic generalized and said for physicians, it looks like Medicare is somewhat easy to do business with because they will not deny you, will pay you the fastest, but at the lowest amount.

ADA has not endorsed changing Medicare, either

The ADA Council on Government Affairs report in 2019 stated: "During the February 2019 Council (Council means the ADA Council on Government Affairs) meeting, the Council engaged in a discussion focused on existing ADA policy and the definition of medically necessary dental services within the context of Medicare. The discussion focused on the Elimination of Disparities in Coverage for Dental Procedures Provided under Medicare (Trans.1993:705). The Council did not propose altering the existing policy but approved a position that was communicated to the multi-stakeholder group, affirming the ADA's commitment to advocacy and the willingness of the Association to remain engaged and supportive if advocacy efforts are clearly focused and limited to coverage of medically essential dental care."

Should Medicare include comprehensive dental benefits?

It is too early to tell. CDA and ADA are approaching this correctly. Additional research is needed. Adding a dental benefit to Medicare could potentially be a game-changer — older patients would gain coverage and dentists would be able to provide necessary care and improve the overall oral health of the community. So much potential. But if it is to be a reality, it needs to be done right. And notice the "ball is moving forward", with or without us. Just look at H.R. 3 that passed in the U.S. House of Representatives just eleven months ago.

We need to be engaged. We need to be part of the discussion. We cannot afford to be left out. Our profession knows the best way to improve the oral health of Americans. It can't just be left to outside entities and organizations.

> "A multi-stakeholder (public) group has engaged with the Centers for Medicare and Medicaid Services (CMS) to seek a national coverage determination that would allow Medicare to provide coverage for medically necessary dental services . . . It is expected that health care will become a primary issue for the 2020 presidential election."
>
> —ADA Council on Government Affairs, 2019

What will happen after November 3, 2020?

Will dental benefits be added to Medicare? You already know that with a Republican majority in the Senate and a Republican President, this continues to be just an unanswered question. Will that change after November 3? What do you think may happen with this scenario: a Democratic majority in the House and Senate and a Democratic President. Will the debate be settled?

In July, the Biden-Sanders Health Care Unity Task Force (BSHCUTF) stated "Excessive prescription drug cost-sharing and voids in coverage such as dental, vision, and hearing services can lead to severe health consequences for Medicare patients. Democrats are committed to finding financially sustainable policies to modernize and strengthen Medicare and fill coverage voids." (page 92).

That statement, taken from the 110-page document, parallels the message of H.R. 3: Elijah E. Cummings **Lower Drug Costs Now Act** that passed the House of Representatives in 2019. So what happens next? It is easy to connect-the-dots. However, nothing is a sure bet in the midst of a pandemic. But in August, an article stated Vice President Biden "wants Medicare to cover dental, vision and hearing, all of which are currently excluded."[1]

Of significant note, besides recommending the addition of a dental benefit to Medicare, the BSHCUTF recommended additional ways to improve the delivery of oral health care in the U.S. Including dental therapists. But that is a subject for another day. We can and should have that discussion. Because if we don't, others will. •

1.O'Brien S. Why Medicare coverage could expand under a Biden presidency. www.cnbc.com. Aug. 22, 2020.

CDA Medicare Task Force Report:

The benefits vs. risks of adding a dental benefit to Medicare

Medicare facts

"Medicare is a government program that provides physician, hospital, and prescription drug coverage to seniors 65 and older. Medicare is subsidized using tax payer dollars and administered by the Centers for Medicare & Medicaid Services (CMS). Medicare currently does not cover routine dental care.

Medicare and Medicaid are vastly different programs and should not be confused. For example, Medicare and Medicaid have very different reimbursement policies. Medicare physician reimbursement rates are typically about 80% of private insurance rates. Medicaid reimbursement is typically much lower.

There is currently a movement by many oral health organizations to include routine dental care in the Medicare program. This would result in more older Americans visiting the dentist, increasing patient volume in dental offices. Participation in Medicare would require dental offices to adapt to new rules and regulations including use of diagnostic codes, use of electronic dental records, and reporting quality metrics."

– ADA provided this statement of Medicare facts to dentists before they answered the ADA HPI survey

Presented and filed by the 2019 CDA House of Delegates
"The (CDA) board directed the task force to prepare a report on the potential implications of including dental benefits within the Medicare program, taking into account the changing dental benefits marketplace both in California and nationally. Furthermore, the Task Force was charged with providing a summary of relevant CDA and ADA policies, current national advocacy efforts, proposed benefit designs and potential economic factors for patients and dentists, including policy or other recommendations". The Medicare Task Force presented this report to the House of Delegates in 2019.

SUMMARY OF FINDINGS

Task force analysis and discussion produced the following key findings:

Adding a dental benefit to Medicare has the potential to:

- Increase access to dental benefits.
- Increase access to dental services.
- Support better care integration.
- Decrease medical care costs.
- Increase the opportunity for improved health outcomes for aging Americans.

Individual dentists may support adding a dental benefit to Medicare because it:

- Opens up new avenues for care.
- Opens up a market for new patients.
- Is a steady, reliable reimbursement source for care.
- Increases opportunities for dentists to engage in other elements of the health care system/pursue other careers within the health care system.
- Supports dentists to do what's best for the patient and is consistent with a dentist's commitment to professional ethics and their personal, professional mission.

Patients will benefit if a dental benefit is added to Medicare because it:

- Increases access to dental services by providing financial support for (some portion) of patients' dental care needs – care that is primarily an out-of-pocket expenditure now for older Americans.
- Ensures (at minimum) the patient receives a diagnosis and knows the care they need.
- Connects patients to a dental home.

Potential risks for organized dentistry and dentists for remaining on the sidelines:

- Not engaging – taking no action — is an action that leaves dentistry, dentists and patients vulnerable to results that are influenced by others who do not know dentistry.
- Failing to engage may negatively impact the professions' reputation, creating the perception that dentistry does not care about the needs of aging Americans.
- Dentistry may miss the opportunity to raise its profile and influence within health care.
- Failing to engage in work to improve access to care for at-risk populations is counter to dentistry's mission.

DENTISTS SURVEYED — ADA survey statement: "Medicare should include comprehensive dental benefits"

Potential risks for dentists and organized dentistry if a benefit is established in Medicare:

- For current cash-paying patients over the age of 65, Medicare reimbursements will likely be lower.
- Mature dental practices that have an established patient base and are not seeking new patients may not benefit and may lose patients if they do not participate.
- There may be increased administrative burdens that are unfamiliar to dentists; working with government programs may be perceived as a stressor, especially for the solo practitioner.
- Dentists will incur costs associated with HER/IT changes and support that may be required.
- Dental reimbursement rates in Medicare may influence the benchmarks for commercial rates.
- Rates may become stagnant or be lowered over time.
- Engaging in Medicare benefits advocacy could alienate members who disagree with organizational involvement, decisions or the outcome.

Two common misconceptions task force members felt were essential to clarify are:

- The differences between Medicare and Medicaid (Medi-Cal in California) are not well understood, which frequently results in people judging them as similar: poorly run and underfunded. In fact, these two programs are entirely different, including the source of their funding, administration and payment structures.
- If Medicare gains a dental benefit, it does not mean that dentists will be required to participate. As with other plans and programs, participating is an active decision made by the dentist.

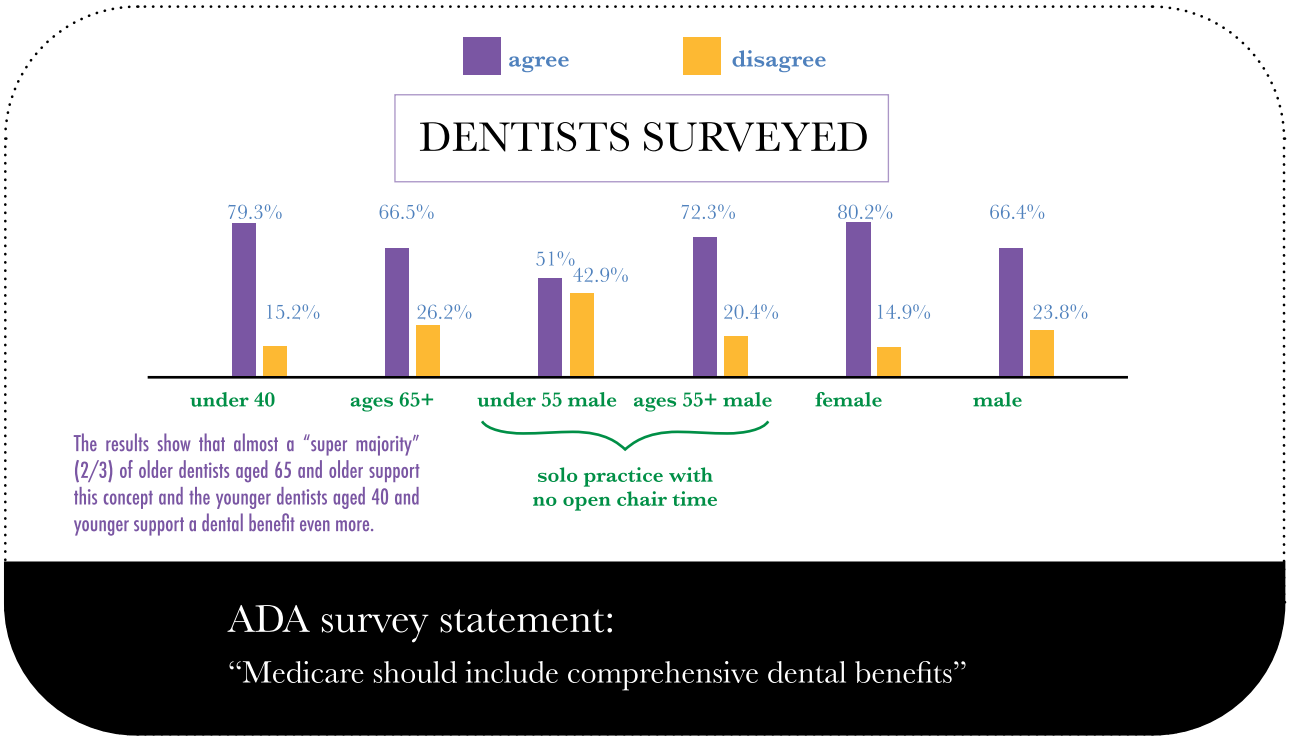
Thorough discussion of these issues and concerns led the task force to recommend that organized dentistry be engaged in the Medicare dental benefit advocacy space because:

- Increasing access to dental services is consistent with our professional mission, as an organization & as individuals.
- Organized dentistry is the expert voice on oral health; we understand and should represent the concerns of patients and clinically practicing dentists.
- Without organized dentistry "at the table," others will design a program that dentists and patients must live with.
- Dentistry's reputation with the public and standing within health care will be enhanced with our engagement. Further, dentistry risks damaging its reputation if dentists are viewed as unconcerned about the needs of aging Americans.

Furthermore, the task force recommended that CDA conduct additional research. Task force members were very aware of what is not yet known and potential risks if a benefit is poorly designed and/or poorly reimbursed. **In consideration of this, the task force identified the following areas for additional research:**

- Qualitative research into California member preferences, testing various scenarios and the needs of distinct practice types.
- Economic modeling of aggregate effect on dental practices.
- Pilot testing a new Medicare benefit, taking a modified approach (regional, Part B benefit, etc.): this approach would allow an incremental process for designing a Medicare dental benefit, learning what works well, what adjustments are beneficial for patients and/or providers and expanding best practices over time.

continued on next page



– From ADA HPI, a 2018 survey of randomly sampled active dentists (n = 1088)

CDA Medicare Task Force Report:
Conclusion

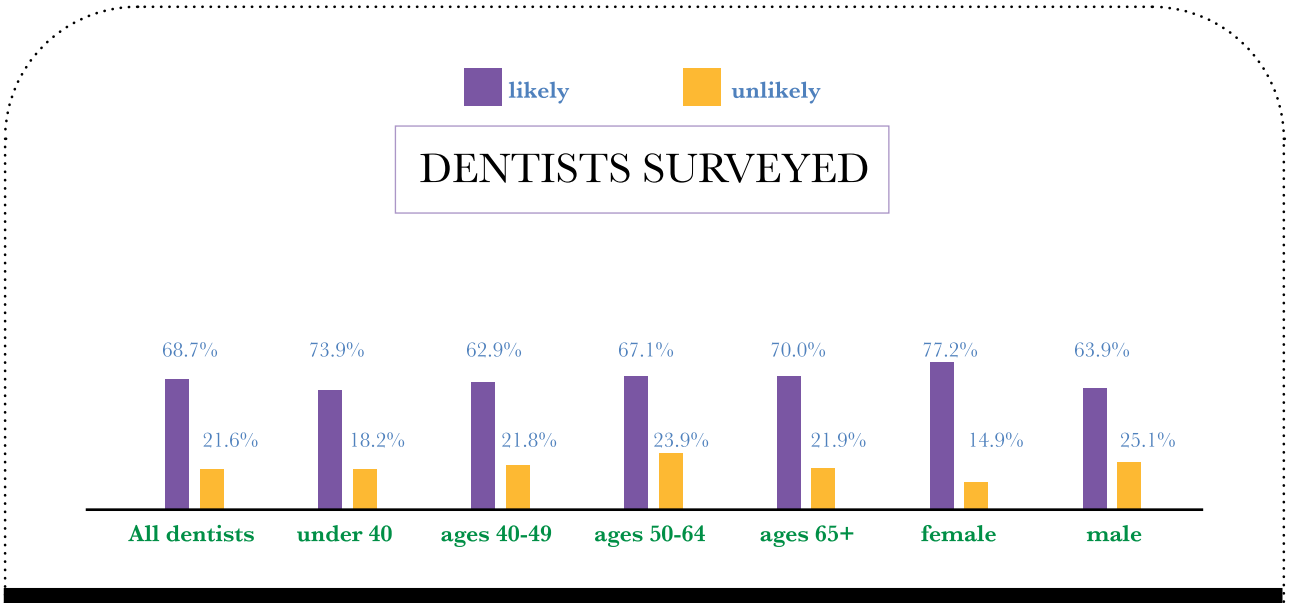
The task force undertook the charge of the house with diligence and a commitment to understand the Medicare program and current advocacy efforts aimed to provide dental benefits to America's seniors and share this information and their evaluation with the house. The task force considered the many forces shaping the national debate, including ongoing advocacy by multiple senior interest groups; research on consumer desire for dental coverage and concern that the loss of benefits will affect their health and well-being as they age; and support expressed by segments of the dental community, especially dentists entering the field whose practices look different than the generation before them, where expanded patient populations and innovative practice models mean opportunity; and bills introduced by multiple members of Congress.

The task force also recognized that not all dentists will want to participate in Medicare. Many will have established practices or be unable to expand to treat additional populations or adjust to the administration and technological requirements of a new payer system. Furthermore, task force members discussed potential implications of adding a dental benefit to Medicare on other payers and the health care delivery and reimbursement systems as a whole and were optimistic about additional funding becoming available for dental care, but also mindful that much is unknown and the entire health care delivery system is in a state of transition. It is in this context that the task force evaluated the pros and cons of potential benefit approaches and the opportunities and risks for organized dentistry, dentists and patients to engage.

This work produced a consensus among task force members that organized dentistry must be actively engaged in the Medicare dental benefits advocacy space. While many reasons were identified, of particular significance to members was that the actions of the profession must be consistent with its mission and role as the expert voice on oral health and be responsive to the needs of this growing and vulnerable portion of America. Members also felt that organized dentistry must participate to ensure that the needs of both patients and practicing dentists are accurately represented and appropriately addressed in program design. If the profession does not proactively exercise its influence and expertise in the process, decisions may be made by others with a limited understanding of the practice of dentistry and what is at stake if a meaningful and sustainable benefit is not produced.

The task force acknowledged that there is much in the way of details that is not yet known and made recommendations for further study in areas where additional information may be beneficial. That work is ongoing.

Reprinted from 2019 CDA House of Delegates Resolution 7, with permission from CDA



ADA Survey question:

"If a dental benefit was included in Medicare and payment rates were 80% of typical private dental insurance rates, how likely are you to accommodate Medicare patients in your practice?"

From ADA HPI, a 2018 survey of randomly sampled active dentists (n = 1088)

continued from page 5, A man, a plan, a cabal

Second, Dr. Knowles made this next motion in 1870: "Resolved, that it is expedient that a periodical be published under the direction of the association." He stated: "We need a periodical publication, partly as a means of communication among ourselves and the professional world, but mostly as a vehicle of special information and instruction to the people."

What did our CDA leaders do? They tabled it. Later, it was referred to the new CDA Committee of Publication, which motioned: "Resolved, That we recommend that a periodical be published quarterly, under the supervision of the Committee on Publication, and distributed pro rata according to the amount subscribed by each member of the association." No dice. CDA said bring it up next year. So they did. And it was laid over.


Dr. C.C. Knowles

Then Dr. Knowles stepped in and reintroduced basically his same original resolution from the previous year that called for a periodical. It was referred. In 1872, the Publication Committee put a fork in it, calling a journal "inexpedient and recommend that further consideration of the subject be indefinitely postponed." Motion was approved.

California State Dental Association and the future Southern California State Dental Association eventually created two separate journals, which would later merge into today's CDA Journal in 1973 with the unification of the two associations.

Dr. Knowles delivered his third sweeping motion in 1870: "Resolved, That to elevate the profession and to protect the community against charlatanism, State legislation is necessary." As the eastern states began to regulate the practice of dentistry, quacks and mountebanks moved west and thrived. Of all three resolutions, Dr. Knowles said "perhaps none more important than an inquiry into the propriety of obtaining State legislation regulating the practice of dentistry."

CDA adopted the resolution. Success! Well, not quite. Remember, it was the 19th century CDA. A bill to regulate the profession of dentistry eventually came to Sacramento, but it was written entirely by the rogue California State Odontological Society (them again!), led by Dr. Samuel W. Dennis (him again!). CDA leaders would have none of this. They corresponded to politicians, attacked the bill and the CSOS, and printed nasty newspaper articles. They even sent a delegation to squash this legislation.

The day of the important vote came to Sacramento. CDA was nowhere to be found. The State's legislative committee passed the bill. Minutes later, the CDA delegation arrived. They were too late. CDA pleaded to be heard and made a scene and began to read a prepared diatribe against the bill and CSOS. No one paid attention. The Governor of California would sign the Dental Act of 1885 into law and licensure came to California.

What's the take home message? Whether it's the 19th or the 21st century, a successful leader needs to know the mission and purpose and use that to chart the direction. Aimless direction leads to nowhere and accomplishes nothing.

After creating CDA, Dr. Knowles didn't rest on his laurels; he identified three major issues and pursued them at great length. As he found out things don't always turn out as planned, he adapted, even though his association stumbled. Leadership takes persistence. Given his grand plan, he knew the course and did his best to guide CDA. Where would we be as an association without leaders like him? He didn't shy away in addressing the important issues of the day. We shouldn't either.

150 years ago, Dr. Knowles stated in his opening remarks: "Our future usefulness as an association will greatly depend on the manner in which we commence. Let no subordinate questions sway us from the stern duties we owe to ourselves and the age in which we live." Before he died in 1888, he saw the establishment of a dental college and dental licensure in California, but alas, no journal.

Learning from our sometimes tumultuous past can prepare us for a brighter future. We need to step up and continue to make the hard decisions to advance our profession. We need to be leaders like Dr. Knowles. In 1973, the late CDA Editor Stephen S. Yuen stated it best in the first editorial of the first issue of the reestablished CDA Journal:

> *"The real responsibility to your profession rests with you. We look forward to the future. . . with you."*

Reprinted from the September 2020 CDA Journal. Sources: Transactions. California State Dental Association. First, second, third and fourth annual sessions. Record Book and Job Printing House, Sacramento, 1873. And also: Transactions, 1884-1885. California State Odontological Society. San Francisco, William S. Duncombe & Co, San Francisco, 1885.

Zeynep Barakat, DMD, FAGD

OK Computer

Recently, a computer in one of our treatment rooms began to flash a dark screen and make strange noises. It simply didn't sound right. Alarmed, I started a series of desperate rescue measures like I was performing BLS, hoping somehow to bring it back to life. I removed every USB connection and reconnected it with a blessing each time. Nothing happened. I rebooted and rebooted again, and it stubbornly kept flashing a dark screen at me. I realized this was a bigger problem than just a simple connection failure.

I called the one IT person I knew would be able to give me an instant diagnosis — my brother. I called him as reluctantly as someone who knew they should have taken better care of their teeth as their dentist had said, but was now in the thick of an urgent situation. Much like my limited teledentistry exams, his assessment consisted of listening to my complaint, asking a series of questions regarding what elicited the problem, and then requesting that I send a photo of the computer specifications. I anxiously waited for a favorable diagnosis, all the while hoping he would tell me all I needed was simply a new cable or just a new monitor to solve the problem. Wishful thinking. What followed was a stern, but empathetic answer: "It's time. You need to replace your entire computer – it's failing".

When a patient has a failing crown, we mention that most of the time the entire crown itself needs to be replaced to fix the problem. I dealt with this same issue, albeit on a technological instead of a biological situation. As disappointed as I was, I listened as my brother told me exactly why it could not be fixed and how it should have been replaced earlier.

I looked at my failed CPU and still flashing monitor and sighed. As even my grandmother points out, machines are machines, and they can break down. Our entire profession is dependent on machinery working with the precision of a Swiss watch. But our equipment can easily break down, sometimes just simply due to age. While we may strive to maintain our machines in good working condition, they are not unbreakable. Yet we expect all of them to work flawlessly all the time so we can do our work. We need our autoclaves to steam, our compressors to pump air and our computers to not freeze up.

As time goes by, we get better at troubleshooting. With experience, we can learn to quickly trace a problem to the source. Surrounding myself in my circle of software and hardware experts has helped me better understand how computers function. However, that didn't provide comfort for the fact that I couldn't take radiographs or intraoral photos using that particular computer. My hands were tied until this technical problem could be fixed, and my dentistry came to a halt.

In the end, we replaced the computer. I was ecstatic. I could practice again. It was yet another reminder of how reliant I had become on all my machines grinding away in the background every day, so I can treat patients. Machines in our lives are amazing and necessary, just like the restorations we provide. But when their time is over, they too can fail. •

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.

Yvette Carrillo, DDS, MS

5 tips on setting intentions for the day

I have found that daily routines (no matter how small) are extremely helpful in tackling the day ahead. Routines add some form of normalcy and ease anxiety during our current unpredictable times. Even a micro routine like enjoying a hot coffee, morning walk, or evening bath allows me to feel somewhat relaxed and slightly in control when I know that most things are totally out of our control. Personally, NOT having a routine sets me up for a day full of nothing, followed by extreme guilt and feeling like a completely useless potato.

1. Morning routines

For those of us that are not early risers, this can be difficult. Setting the alarm just 5 minutes earlier can leave just enough room for meditation and clearing our minds.

2. Evening routines

Good sleep hygiene is crucial for mood, memory, and keeping our hand skills sharp. Getting to bed can be difficult, especially when so many thoughts and stressors are racing through our heads. I find that a cup of tea and a warm salt bath help my body relax.

3. Affirmations and positive thoughts

As silly as it sounds, speaking kind and forgiving words to ourselves can help our confidence and lift our spirits! Having a personal mantra can also help with the office philosophy and mission statement.

4. Write down your tasks and goals

There is no doubt that writing down goals and dreams allows us to clearly focus on what we need to accomplish. I'll be the first to admit that there is something satisfying about crossing an item off that checklist.

5. Get a brief workout in

With many of us working less hours and not moving our bodies as much, our muscles will have a hard time bouncing back into shape. Morning walks, stretches, or yoga also help get the blood flowing and body moving. Even if this is something as small as stretching. As a bonus, working out also causes our body to release some of those feel-good endorphins.

Whichever tip you decide to do, let it be something that sets you up for daily success and happiness. Disclaimer: I usually only make it as far as coffee, but even small victories count. •

Yvette Carrillo DDS, MS graduated from Loma Linda Univ. School of Dentistry 2015 & 2018 respectively. She is a diplomate of the American Academy of Periodontics. In addition to private practice, she is an adjunct faculty member at various teaching institutions. Dr. Carrillo enjoys blogging, working out, cooking, and spending time with her fiancé, Dr. Riley Garrett, a medical anesthesiologist practicing in San Diego.

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Dental office in Scripps Ranch for lease

Existing Dental Office to be vacated at end of year. Approx. 1,500sf to become available for lease Jan 1st 2021 in Scripps Ranch Supermarket Anchored Center. For info. please call Reg Kobzi | 858.546.4604 | Lic. 00917639 | CBRE

Dental office space to share

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- NOV 05 **Tooth Preserving Dentistry: Taking Direct Composites to the Next Level** - Dr. Richard Young
- NOV 09 **Fully Guided Immediate Esthetic Zone Implants - Live Software Walkthrough and Case Presentation** - Dr. Steven Vorholt
- NOV 10 **Pivot Your Practice - Clinical Strategies for Practice Growth** - Dr. Bob Lowe
- NOV 10 **Geriatric Dentistry: The Fastest Growing Demographic in Dentistry** - Dr. Lou Graham *note class at 5:30pm
- NOV 11 **Integrating a CAD/CAM System Into Your Practice During Uncertain Times:** - Dr. David Juliani
- NOV 12 **Making Endodontics Easier for the General Practitioner** - Dr. John Flucke
- NOV 16 **Stamp Out Decay for All Ages** - Catherine Cabanzon, RDH
- NOV 17 **Restoration Complete, Now What? Protect and Recharge** - Susan Wingrove, RDH, BS
- NOV 18 **Why Now is the Time to Explore Cloud-Based Practice Management Software** - Dr. John Flucke and Dr. Jason Streeter
- NOV 19 **Restorative Dentistry 2021: Mastering Single Shade Composites** - Dr. Peter Auster
- NOV 23 **Restorative Implantology: Putting the Pieces Together After Placement** - Dr. Chad Duplantis

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Recognize potential risks in patient care and case selection: TDIC's new seminar explains how

Participants will learn how to employ comprehensive patient and case selection criteria, identify the warning signs of high-risk patients, situations and cases, identify when to refer patients, and build and maintain trust in the doctor-patient relationship. Participants will earn 3.0 ADA CERP credits for successful completion of the course.

The Dentists Insurance Company's new course "Calibrate Your Risk Radar: Recognizing Potential Risks in Patient Care and Patient Selection" launched online Sept. 8.

Every two years, TDIC launches or develops a new course focusing on claims activity and trends identified through actual calls into the TDIC Risk Management Advice Line. This year, analysts identified issues that arose during dental treatment and led to complaints, claims and lawsuits. Risk Management analysts then designed a course to assist dentists with identifying those potential issues early to help reduce, mitigate or even eliminate potential claims.

Actual TDIC cases and advice line calls examined

Course presenters Cynthia Brattesani, DDS, and Arthur Curley, JD, will discuss actual TDIC cases and Risk Management advice line calls (names of all parties have been changed) to highlight useful risk management strategies related to patient care and case selection with an emphasis on suggested communication methods and best practices for documentation. By the end of the course, participants should be able to identify potentially problematic situations and patients during their delivery of quality dental care.

Specifically, participants will learn how to:

- Employ comprehensive patient and case selection criteria.
- Identify the warning signs of high-risk patients, situations and cases.
- Identify when to contact TDIC for advice on a patient or case.
- Know when to refer patients.
- Build and maintain trust in the doctor-patient relationship.

Registration, C.E. credit and potential discounts

"Calibrate Your Risk Radar: Recognizing Potential Risks in Patient Care and Patient Selection" offers 3.0 ADA CERP credits for successful completion of the course. Registration is available through the TDIC website at: https://www.tdicinsurance.com/seminars/current-seminar

Additionally, TDIC policyholders who complete the three-hour course will receive a 5% Professional Liability premium discount for two years. •

Garrett Guess, DDS

What's your internet outage plan?

If you've been in practice long enough, you may have practiced during a time when the internet was not an integral part of the day-to-day practice operations. I think it is safe to say that in 2020, the internet provides some sort of crucial functionality to every dental practice in operation today. Considering the vital nature of this communications tool, are you prepared when the internet goes down?

We often don't consider losing internet service altogether for a period of time, but recently the internet went out at our home for over a 12 hour period of time, and I was amazed at how much of our family's life was affected. That it got me thinking about how my practice operations would be affected if internet service were interrupted, too. And to recover from such a situation, what could be done to prepare for such an event?

The only way to be completely prepared is to start by making a list of everything that requires the internet in your practice to run. For many updated tech-savvy practices, that list of things that go dark without the internet might be quite long: practice management software including billing, scheduling and charting, credit card processing terminal access, background music, television entertainment, email communications with patients and colleague dentists, patient e-forms processing/transmission, e-prescription submission, insurance company claims submission, drug interaction database lookups, image transferring systems, and even IP-based phone systems don't work when the internet goes dark. That list includes just about every piece of functionality in the practice from the administrative side of things, to front office activities as well as back office routines. Is it possible that an internet outage would result in a complete office standstill?

One step to maintaining internet availability is having a reliable service provider. I know in my practice's area, one provider has had far fewer outages compared to others. Unfortunately that information was obtained through experience, but it might help to inquire with nearby colleagues if your internet or their equipment like routers and modems that they run off of seem unreliable.

Since we cannot control the stability of our internet outside the walls of our office, it can help to have a backup plan: an internet outage backup plan, that is. Maintaining ability to print out forms for patients to fill out even when your current system is all electronic solves the online patient registration outage. While I haven't filled out a paper chart in 18 years, having the ability to print out a paper version of the chart would allow one to document treatment which could be transferred later once the system returns online. If you have a cloud-based do-it-all practice management system, if the internet goes out and you don't have an off-line version of your data to access (unlikely since the point of a cloud system is to not locally maintain your own data), then you might just need to take the day off!

Like all crucial systems that a dental practice depends on, it is worth taking the time to consider how one's practice of dentistry depends on the internet, and how one can, or can't, continue to do dentistry without it. •

Dr. Guess (pictured abovewith 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

WEDNESDAY

NOV 04

Wellness Wednesday Series - Pilates

FREE online

Summary: Take care of yourself. All you'll need is a mat, 2 cans of beans (any 1lb. canned food item will suffice) and a couch pillow.
Time: 6-7pm
Location: Online (zoom)
Meeting ID, password and handouts will be emailed on November 3.
Register: sdcds.org, 619.275.7188 or membership@sdcds.org
Pricing: FREE for members

Instructor:
Katie White

FRIDAY

NOV 06

3.5CE units

TMD and Orofacial Pain

PART 1 Webinar

Summary: Avoid Restorative and Orthodontic Failures Due to Undiagnosed TMD and Orofacial Pain. Learn how to screen for TMD (TMJ) as part of the complete dental examination. Review how to treat uncomplicated cases and which cases to refer to an orofacial pain dentist with specialty training.
Time: 8:30am-12:30pm
Register: sdcds.org, 619.275.7188 or admin@sdcds.org
Meeting ID, password and handouts will be emailed on November 3.
Pricing: member/staff $15 | nonmember: $30 or TWO-DAY BUNDLE price member/staff $25 | nonmember: $50
Sponsor: Bank of America, Bank of California, Fortune Management, Ken Rubin Practice Sales, Integrity Practice Sales

*Course credit approved by AGD for your Fellowship/Mastership

Speaker:
Dr. Joseph R. Cohen

WEDNESDAY

NOV 18

Practice Finance Webinar

Offered free from US Bank

Summary: The U.S. Bank Practice Finance program offers dentists financial options tailored to their unique needs.
– Acquisition financing
– Practice buy-ins or buyouts
– Practice debt refinancing
– Practice expansions, relocations, tenant improvements, and equipment financing
– Full range of financial options including lending and deposit products and services
Time: 6-7pm
Location: Online (zoom), Handouts etc. will be sent out on Nov. 17th.
Register: sdcds.org, 619.275.7188 or membership@sdcds.org
Meeting ID, password and handouts will be emailed on November 3.
Pricing: FREE for members,
Sponsored: US BANK

Speakers:
Tariq Ahadi
and
Karissa Garrison

FRIDAY

NOV 20

Golf Tournament

Summary: Join other dentists for some golfing fun
Time: Tee times starting 8am
Location:
Carlton Oaks Golf Course
9200 Inwood Drive
Santee, CA 92071
Register: sdcds.org, 619.275.7188 or membership@sdcds.org
Pricing: $50
Sponsor: Jonathan Ingalls & The Doctor's Insurance Broker, Mutual of America

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SATURDAY

NOV 07

3.5CE units

Non-dental Tooth Pain, Diagnosis & Treatment

PART 2 Webinar

SDCDS

Summary: 40% of patients presenting to the dental office with tooth pain do not have pain related to teeth. This presentation will help dental practitioners identify these patients to avoid unnecessary dental procedures that often cause more pain and loss of healthy teeth.
Time: 8:30am-12:30pm
Register: sdcds.org, 619.275.7188 or admin@sdcds.org
Meeting ID, password and handouts will be emailed on November 3.
Pricing: member/staff $15 | nonmember: $30 or TWO-DAY BUNDLE price member/staff $25 | nonmember: $50
Sponsor: Bank of America, Bank of California, Fortune Management, Ken Rubin Practice Sales, Integrity Practice Sales

*Course credit approved by AGD for your Fellowship/Mastership

Speaker:
Dr. Joseph R. Cohen

THURSDAY

NOV 12

4CE units

BLS Renewal for Healthcare Providers

*FREE CE**

SDCDS

Summary: Register early if your CPR card is expiring; limited spaces available.
Time: 5:30-9:30pm (5pm check-in)
Location: SDCDS Office, [Covid guidelines adhere]
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

WEDNESDAY

DEC 09

How to Identify Your Perfect Practice, PPO Insights & BINGO

SDCDS

It's a WIN, WIN!

Summary: PPO Advisors will be focusing on the impact of the Delta Premier / PPO reality with a plan of action to overcome the reimbursement deficit. Bank of America & DDS Match will share how young professionals can best prepare themselves to identify the ideal office to purchase and how to qualify for the financing. Then you'll get a chance to win some great prizes with BINGO
Time: Lecture & Q&A 6-7pm, BINGO 7-8pm
Location: Online (zoom), details will be sent out on December 8.
Register: sdcds.org, 619.275.7188 or membership@sdcds.org
Pricing: FREE for members,
Sponsored: DDS Match, PPO Advisors & Bank of America

SATURDAY

JAN 23

4CE units

Dental Practice Act and Infection Control

Webinar

SDCDS

Summary: Course targets information and updates to the DPA regulations, and mandates relating to the practice of dentistry in California. This course combines information from DBC, CDC and Cal/OSHA to provide a relevant, in depth and up-to-date examination of Infection Control guidelines and recommendations to prevent the spread of disease in any healthcare facility.
Time: 8am - 12:30pm
Location: Online Webinar
Register: sdcds.org, 619.275.7188 or admin@sdcds.org
Meeting ID, password and handouts will be emailed on Jan. 15.
Pricing: member/staff $25, (or use your *1 Free CE for 2021). nonmember $50

Speakers:
Diane Arns

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