April 2015

the Nugget

Cone Beam Computed Tomography

Inside:

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

DON'T MISS THESE UPCOMING EVENTS!

Join us for
Dental Day at Raley Field!
JUNE 18 2015

upcoming general meetings
3 CEU, core • 5:45pm–9:00pm • Hilton, Arden West • $60

Alma Mater Night

X-Rated Imaging Pearls

Presented by: David C. Hatcher, DDS, MSc, MRCD

Tuesday, April 14, 2015

- Recognize key anatomic boundary conditions
- Select the patients that would benefit from advanced imaging (CBCT)
- Apply problem solving strategies to determine the etiology of abnormal anatomy

continuing education
7:30am–4:00pm • SDDS Classroom • 7 CEU, core • $175

Pearls in the Backyard

Presented by: SDDS Member Dentists

Friday, April 24, 2015

- **What's Waiting to Bite You** *by Andrea DeLurgio, DDS, MSD, Orthodontist*
- **Surgical Solutions to Esthetic Challenges** *by Jonathan Szymanowski, DMD, MMSc, Periodontist*
- **Ears, Eyes and Noses, Oh My!** *by Michael Forde, DDS, MS, Prosthodontist*
- **Endo Pearls in Our Own Backyard** *by Bob Sharp, DDS, Endodontist*

cpr renewal
8:00am–12:00pm • SDDS Classroom • 4 CEU, core

Saturday, April 18, 2015

hr webinars
Noon–1:00pm • 1 CEU, 20% • Call from home or office • $35

Hiring the Right People

Presented by: Mari Bradford, California Employers Association

Tuesday, April 21, 2015 **or buy the recording any time!*

lunch & learn
11:30am–1:30pm • SDDS Classroom • 2 CEU, core • $50

Got OSHA / GHS Not GPS?

Presented by: Marcella Oster, RDA

Friday, April 24, 2015

Just when you thought you knew just enough about hazard communication and hazardous waste in your dental office… along comes change. This course will help you understand the new regulation changes and help train you and your employees on the Hazard Communication Standard including hazard classification, labels and safety data sheets. Bring the whole staff over for this 2-hour Lunch & Learn, fulfill your OSHA requirement, and earn 2 CE units while you're at it!

FRIDAY, MAY 8, 2015 • annual golf tournament

SWING for SMILES!
to benefit
Sacramento District Dental Society's Foundation

Annual Golf Tournament to benefit Sacramento District Dental Society's Foundation

May 8, 2015

Empire Ranch Golf Club (Folsom, CA) • 8:00am Shotgun

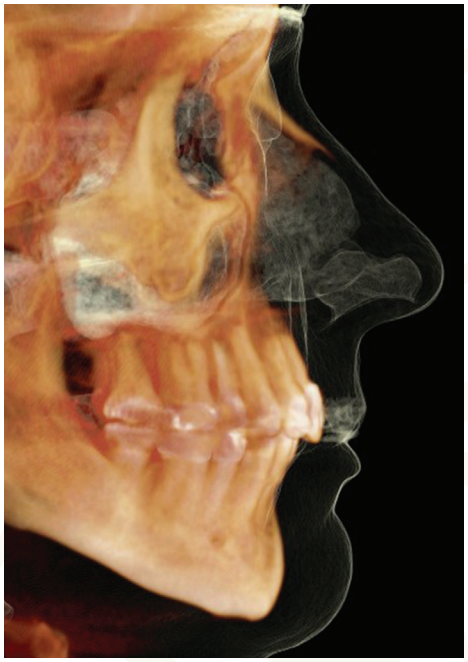
CONTESTS! • DRINKS ON THE COURSE! • RAFFLE PRIZES! • GOLF SOUVENIRS!

All SDDS members and their guests are invited! Hope to see you there!

April 2015
VOLUME 61, NUMBER 4

Contents

FEATURES



MAGE CREDIT: SHIKHA RATHI, BDS, MS

Awards

International College of Dentists (ICD)
2014 • Outstanding Cover, *honorable mention*
2014 • Golden Pen, *honorable mention*
2013 • Outstanding Cover
2012 • Overall Newsletter
2010 • Platinum Pencil
Outstanding use of graphics
2007 • Overall Newsletter
2007 • Outstanding Cover
2007 • Golden Pen, *honorable mention*
Article / series of articles of interest to the profession

Specials

Regulars:

President's Message

Important Bites of Information To Keep On Your Radar

By **Viren Patel, DDS**
2015 SDDS President

One of the great things our dental society does is help our members gain knowledge of information that may not have had been on your radar. In this issue of *The Nugget,* you will find answers to questions that may arise from a consumer reports article soon to be published about CT radiation.

Another nugget of information, which is presented in "You Should Know" is something that wasn't on my radar until recently presented by Greg Alterton, CDA Dental Benefit Plan Specialist, at our Midwinter Convention.

There is a requirement for all providers of patients covered by Medicare to register by June 1, 2015. The requirement is to either opt in, opt out or enroll as an ordering and referring provider. As long as you do one, your patients will be fine.

If you do nothing, then your patient may not be able to get prescriptions filled under Medicare, which I'm sure will result in a slightly, or maybe incredibly, upset patient, something that we all want to avoid. Read the article and save yourself some hassle, courtesy of SDDS. ■

sacramento
District Dental Society

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Cathy's Corner

By **Cathy B. Levering**
SDDS Executive Director

Vendor Members
A Definite Member Benefit

When I was thinking about the top 10 member benefits and what would be next on my list, I immediately thought about our wonderful Vendor Members!

Who are they? See pages 39-41 of this *Nugget* – we are nearing 40!

What are they? They are the businesses who support our dental society through the Vendor Member program. No, it's not exclusive, but they are the preferred vendors that offer services and products to SDDS members. They support our programs, exhibit at our meetings and are there when you need a referral, a service or some advice.

What is their purpose? Short story: Vendor Members keep your dues lower and offer great discounts and benefits to our members!

What is your benefit? Many vendors want to "give back" a royalty or referral fee to SDDS. We don't do that. We ask that they give you, the members, the discount or the referral fee. As long as they are Vendor Members, that's good for us. This way, it is fair and even to all vendors; and more beneficial to our members. We suggest that vendors give members special pricing or discounts, something that they wouldn't give a nonmember.

The upshot! The point of this article is that SDDS provides our members with many resources from which you can choose. The Vendor Member program is for our members and is a way for businesses to reach out to our members. So next time you walk past a table at a General Meeting or at Midwinter, stop and tell our Vendor Members, "thank you." They are helping to keep your dues lower and could very well be an asset to your practice!

Do you know a potential Vendor Member? Do you use a vendor who is NOT a Vendor Member? If so, please suggest that they call us and consider this wonderful program. It will benefit our members as well as their business! ■

Cathy

Top 10 Member Benefit Countdown!

1. January: You received a FREE 2015 Employment Law poster!
2. February: SDDS Midwinter Convention & Expo!
3. March: Amy Morgan Pride Institute programs (now Sept. 17-18, 2015)!
4. April: SDDS Vendor Members!

NO PAYMENTS

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when you ***GO DIGITAL*** with Schick*

Going digital has never been easier or more affordable, thanks to Patterson's exciting digital financing offer. Effective January 26, 2015, place your order and take delivery of a new Schick Intraoral Digital X-ray Sensor product by April 24, 2015, and qualify for:

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- Schick Intraoral Digital sensors, remotes, cables, training and starter kits can be included in the financing contract. Support will continue to be billed on a monthly basis.

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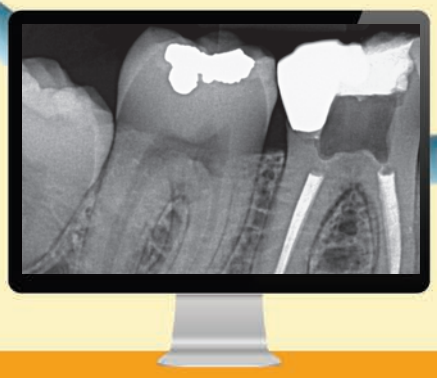
For more information or to place an order, contact your Patterson representative, local branch or call 800.873.7683.

*Offer good from January 26 through April 24, 2015. Customer must be approved and equipment invoiced by April 24, 2015. May not be combined with any other offer. Financing is through Patterson Dental and is dependent upon Patterson Financing approval. Special financing purchases do not qualify for earning Patterson Advantage Dollars. Does not include panoramic X-rays or iPan upgrades.



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- Increase patient acceptance
- Offer your patients up to 90% less radiation
- Use less chemicals
- Have X-rays ready in three seconds

P151017 (1/15)

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you should **Know**

Deadline to Opt In or Out as a Medicare Provider is June 1

From Dr. Nancy Archibald, SDDS Secretary: By June 1 you must choose to "opt in, opt out or become a referring Medicare provider. Doing "nothing" is not an option. If you do "nothing," your Medicare patients may have to pay out of pocket for a prescription or procedure that would have otherwise been covered by their Medicare benefits. This expense may apply to certain surgical procedures. A sample of the affidavit form is provided on the ADA website. For more information, read the article below.

By Greg Alterton, CDA Dental Benefit Plan Specialist
This article was originally published by the CDA in the CDA Update, Vol. 27, Issue 2.

A requirement dentists need to keep in mind this year is the designation of their status with the Medicare program. CDA is receiving an increasing number of inquiries about what to consider when choosing your status. Conversations with the ADA and the Medicare administrator for California indicate that additional information, and reminders about the requirement, will be needed as the deadline nears.

Regulations of the Centers for Medicare and Medicaid Services (CMS) require dentists who treat or refer Medicare enrollees or prescribe medication to Medicare patients through the Part D Medicare drug program to either enroll in Medicare as a provider, or opt out of enrollment by June 1.

CDA is aware of services being marketed to dentists by private consultants and businesses to file opt-in or opt-out forms on dentists' behalf. This service may cost a dentist hundreds, or perhaps thousands, of dollars depending on which option a dentist chooses. While CDA cannot comment on whether the value of these services justifies their cost, it is important for members to know as much as possible about the Medicare requirement prior to committing to an independent consultant service.

There are actually three options for providers: to opt in, opt out or enroll as a Medicare-ordering and -referring provider.

Opt In

The opt-in option allows dentists who perform Medicare-covered services to be reimbursed by Medicare. With some 5 million California beneficiaries in the Medicare program, it's likely that every dental practice in the state has some patients who are covered under Medicare. Dentists have probably learned that Medicare does not cover routine dental procedures. However, Medicare will cover certain procedures that have a corresponding medical code —mainly oral surgery, periodontal surgery and lab work, for example. If a dentist performs procedures that are benefits in the Medicare program, the opt-in would allow the dentist to be reimbursed for those procedures. Of course, Medicare fees for those procedures would have to be accepted. Medicare.gov provides a search capability to inquire what services are covered by the program.

The point is, there may be little reason for a general dentist to opt in to Medicare as a formal provider of services, unless their practice performs procedures that also are designated as medical.

Opt Out

The opt-out option lets the CMS know that dentists are choosing not to participate in Medicare, and that any services provided to a senior who is in the Medicare program will be provided through a private arrangement between the practice and the patient. The provider who opts out will not be able to submit claims to Medicare, even if a procedure is a covered benefit in Medicare. However, services ordered or referrals made for services that are performed by other providers (physicians, pharmacists) will be reimbursed if those services are prescribed by a dentist who has opted out.

To opt out, a dentist must submit an affidavit to that effect to the Medicare administrator (Noridian, in California), and provide his or her patients who are covered by Medicare with a private contract specifying that payment for dental care will be paid by the patient and that the dentist will not be submitting a claim for the care to Medicare. ADA has provided samples of both the affidavit and the private contract on its website: success.ada.org/en/practice/medicare/medicare/opting-out-of-medicare. Note that a member login to the site is required.

Ordering and Referring Provider

The third option is to enroll with Medicare as an ordering and referring provider. This is a kind of in-between status – neither in nor out. This status does not allow the provider to bill Medicare for services, but does put the provider into the Medicare system and eases the care and coverage for a Medicare patient when they are referred to another provider, such as an oral surgeon, who may be a provider who has opted in. Enrolling as an ordering and referring provider also allows pharmacists and labs to be reimbursed by Medicare for prescriptions and lab services, such as biopsy analyses, when ordered by the dentist. The advantage of this status over the opt-out status is that a provider who opts out will need to renew that opt-out status every two years.

An ordering and referring provider may have up to five years to renew that status. CMS provides additional information about ordering and referring providers here (cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedEnroll_OrderReferProv_FactSheet_ICN906223.pdf).

Doing Nothing

What if a dentist chooses to do nothing – not opting in, opting out or enrolling as a referring provider? If you never expect to treat or write prescriptions for Medicare-covered patients, doing nothing by June 1 is an option. However, a couple of negative things may result. If one does nothing in regard to Medicare, and refers out for covered procedures, let's say a biopsy to a lab, the lab would not be able to get reimbursed by Medicare if the biopsy came from a dentist who wasn't opted in, opted out or enrolled as a referring provider. So it makes payment for services problematic down the line for the patient if the dentist does nothing.

Another negative could result if a provider who for Medicare is off the grid and treats a Medicare beneficiary and bills that beneficiary for the treatment provided. If the patient files a claim on their own with Medicare, the provider could get a notice from a Medicare administrator stating the provider needs to enroll in the system.

CDA has received calls from dentists who have been sent such notices. We have communicated to the administrator that the provider is a dentist, that Medicare will never pay for what the dentist provided the patient and the administrator has agreed that the dentist doesn't need to enroll in Medicare. But still, the provider who is off the books, so to speak, could continue to get these notices when patients submit their own claims to the Medicare administrator. This is one reason for the private agreement between the dentist and the patient, so the patient understands that the services to be provided are not covered by Medicare and that Medicare will not be billed for the services.

What CMS has done with the opt-in or opt-out opportunity, and by including dentists in this, is enabled Medicare administrators to either pay dentists for covered medical care, or to recognize that the dentist has opted out and has the ability to enter into private arrangements with Medicare patients to pay for their own dental care. So, there is an advantage for a dentist who performs care that is covered under Medicare to opt in; while there is also an advantage to a dentist who may likely never provide care that is covered under Medicare to opt out.

Should you choose to opt out, the affidavit is to be sent to Noridian Healthcare Solutions, Provider Enrollment, P.O. Box 6770, Fargo, ND 58108-6774 (for Northern California, or ZIP code 58108-6775 for Southern California). You can also contact Noridian for additional information at 855.609.9960. Noridian maintains an "opt-out" site at med.noridianmedicare.com/web/jeb/enrollment/opt-out.■

From Your 2014 SDDS President

By **Kelly Giannetti, DMD, MS**
2014 SDDS President

A Year in Review of the Sacramento District Dental Society

As your Past President, I would I would like to say thank you for allowing me to serve and be part of a world-class organization. We are truly fortunate to have SDDS and the Foundation working on our behalf and serving our membership. SDDS has so much to be proud of as we close out 2014!

> **Lastly, I want to encourage YOU** to come to a meeting or volunteer for a committee; see where the path my lead you. You may find yourself writing this article in the future!

As of the end of 2014, we have 85 percent participation in our organization. That is truly remarkable and means that 85 percent of our members have attended an event or engaged in the organization at least once in a meaningful way. This is a true testament to the "connectedness" we feel to SDDS and the programs we offer. What other organizations will call you just to say "thanks" for being a member? From the Dentist in Business Forums and HR Hotline to the Retired Member Reception, we have something for everyone.

Our Trustees, Drs. Robert Gillis (RIP) and Terrence Jones, represent SDDS at CDA so we can maintain a bright future for our profession and CDA. They work tirelessly on your behalf and we truly will miss Dr. Gillis.

In addition to our Trustees, many of our members are also engaged and volunteer for CDA leadership and councils. SDDS is well represented in CDA leadership circles and that is a direct reflection of the strength of our organization and the leaders we produce.

This year our market share afforded us an additional Delegate at the CDA House of Delegates and we utilized this privilege to its fullest, taking 14 leaders from SDDS to represent our component San Diego.

Our Foundation continues to grow with the Smiles for Sacramento Gala raising almost $90,000 this year, which is an amazing feat for a component organization. If you are not a member of the Foundation, please consider joining. For as little as $75 per year, you can make a difference in a child's life or an adult for that matter.

The Midwinter Convention was a success with the highest attendance in history! Our speakers were top-notch and I want to thank all of the committee members and staff who made this event special.

Our Executive Director, Cathy, works night and day (this is no joke) running our organization and caring for her little "peeps." She is truly our "mother hen." We have spent many weekends together since I started on this journey. Thank you Cathy for another amazing year and for your leadership experience.

Lastly, I want to encourage YOU to come to a meeting or volunteer for a committee; see where the path may lead you. You may find yourself writing this article in the future! As I reflect on my year as President, I have no regrets—only positive feelings of personal growth and accomplishment. I hope your year with SDDS was positive and you are proud of your organization. After all, it is WHY I accepted the job! ■

Left: Staff, Membership Committee members and other volunteers (including my daughter!) called all of our members just to say "thanks" for being a member during SDDS Membership Appreciation Week!

Right Cathy Levering rocks the keys at the Smiles for Sacramento Gala on Oct. 18, 2014. The event raised $90,000 for the Foundation.

2014 Membership

NEW MEMBERS

NEW MEMBERS: 69
NEW STUDENT: 2
NEW DUAL: 1
NEW PROVISIONAL: 2
NEW AFFILIATE: 1
NEW TRANSFERS: 23

TOTAL NEW MEMBERS FOR 2014: 69

TOTAL MEMBERSHIP

ACTIVE: 1,289
AFFILIATE: 9
RETIRED: 236
STUDENT: 10
DUAL: 4
DHP: 53

TOTAL MEMBERSHIP *(as of 12.31.2014)*: **1,612**

MARKET SHARE: 78%

2014 Fiscal Year End

CURRENT ASSETS		
Cash	$200,195	
Building Reserves	$655,954	
Operating Reserves	$439,946	
Accounts Receivable	$25,167	
Prepaid Expenses	$7,237	
TOTAL CURRENT ASSETS:		$1,368,671
TOTAL FIXED ASSETS:		$169,959
TOTAL ASSETS:		**$1,538,630**

LIABILITIES & EQUITY		
		CURRENT LIABILITIES
Accounts Payable	($6,074)	
Deferred Revenue	$239,999	
TOTAL CURRENT LIABILITIES:		$233,925
		EQUITY
Retained Earnings	$1,304,081	
Net Income	$624	
TOTAL EQUITY:		$1,304,705
TOTAL LIABILITIES & EQUITY:		**$1,538,630**

VOLUNTEER *Opportunities*

SMILES FOR KIDS

VOLUNTEERS NEEDED: Doctors to "adopt" patients seen on Smiles for Kids Day 2015 for follow-up care.

TO VOLUNTEER, CONTACT:
SDDS office (916.446.1227 • smilesforkids@sdds.org)

SMILES FOR BIG KIDS

VOLUNTEERS NEEDED: Dentists willing to "adopt" patients for immediate/emergency needs in their office.

TO VOLUNTEER, CONTACT:
SDDS office (916.446.1227 • sdds@sdds.org)

UCSF JAMAICA MISSION TRIP

September 18–27, 2015 • Ochos Rios, Jamaica

VOLUNTEERS NEEDED: Dentists needed to attend as faculty to help UCSF meet required dentist/student ratio.You do not need to be affiliated with UCSF.

TO VOLUNTEER, CONTACT:
Brittany Vacura at Brittany.Vacura@ucsf.edu

THE GATHERING INN

VOLUNTEERS NEEDED: Dentists, dental assistants, hygienists and lab participants for onsite clinic.

TO VOLUNTEER, CONTACT:
Kathi Webb (916.743.5351 • kwebbft@aol.com)

GLOBAL BRIGADES

VOLUNTEERS DENTISTS AND AUTOCLAVES NEEDED.

TO VOLUNTEER ABROAD VISIT: www.globalbrigades.org

TO DONATE AN AUTOCLAVE, CONTACT:
Dagon Jones, DDS (dagonjones@gmail.com)

CCMP (COALITION FOR CONCERNED MEDICAL PROFESSIONALS)

VOLUNTEERS NEEDED: General dentists, specialists, assistants and hygienists.

ALSO NEEDED: Dental labs and supply companies to partner with; home hygiene supplies

TO VOLUNTEER, CONTACT:
Ed Gilbert (916.925.9379 • ccmp.pa@juno.com)

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By **Brandon D. Martin, DDS, MS**
and **Ash Vasanthan, DDS, MS**
Associate Editors

Cone Beam CT – The Greatest Addition to Dentistry in the 21st Century!

Cone Beam Computed Tomography (CBCT) is one of the great technological advances in dentistry in the 21st century. A decade ago, this technology was mainly found at universities and operated by oral and maxillofacial radiologists (OMFR). Due to many potential advantages over traditional 2-D imaging, CBCT has expanded to find its use in all dental specialties from oral and maxillofacial surgery to orthodontics, periodontics, endodontics and even pediatric dentistry.

This issue of *The Nugget* presents articles that help us explore the evolving technology, recognize the benefits and reflect on some of the inherent risks and limitations of CBCT.

One author argues whether CBCT should be the standard of care, while another discusses the advantages and disadvantages of its everyday use in orthodontics.

CBCT has added great value and brought about interesting discussions in the dental community. Dentists and specialists are recommending its use to a greater extent on an everyday basis. Increased demand has been driven by enhanced patient awareness and interest in the dental community to offer the latest and greatest to their patients.

> "Like all great things in life, it has its share of concerns. For the professional, it is the cost. For the patient, it is the radiation."

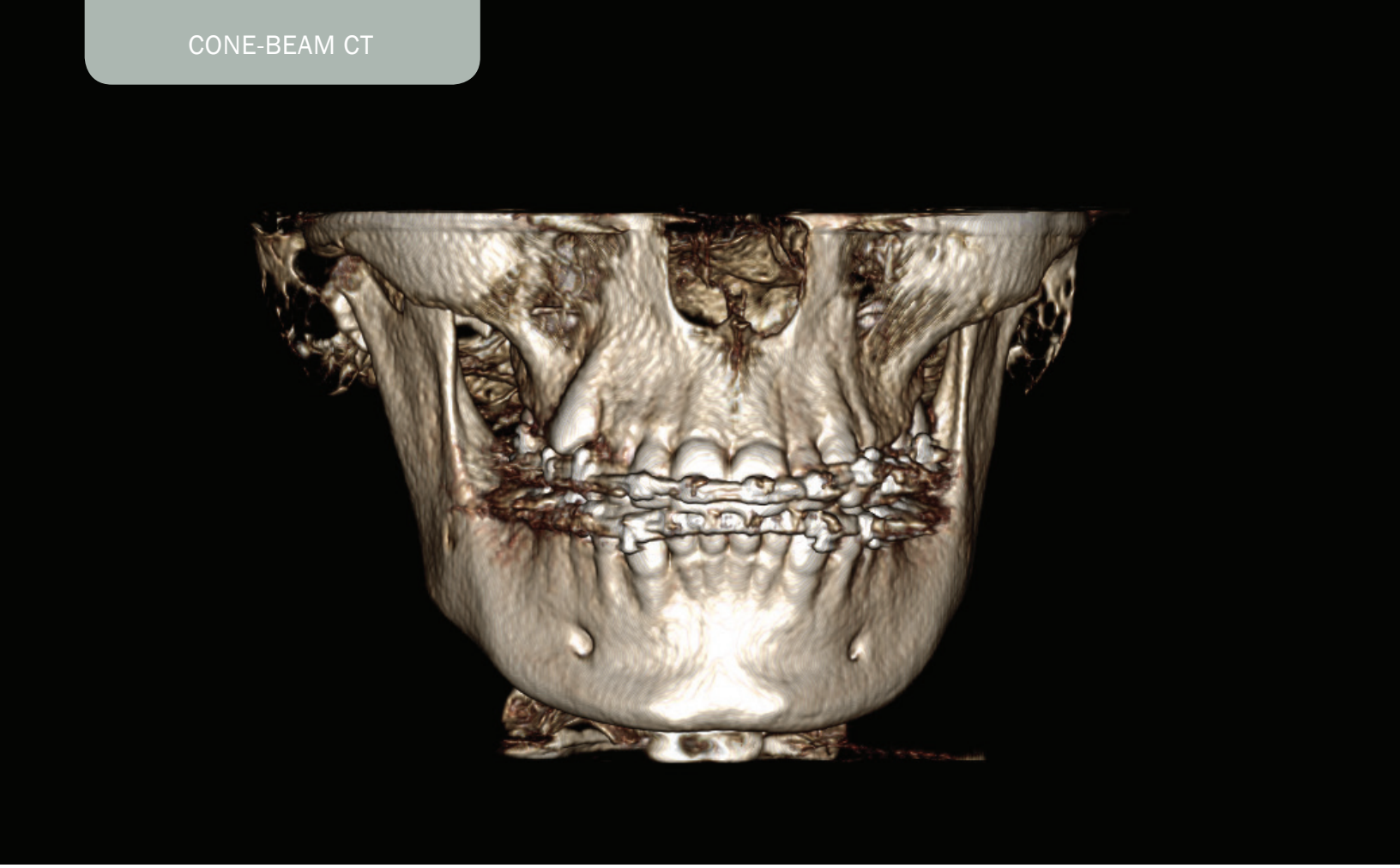
Like all great things in life, it has its share of concerns. For the professional, it is the cost. For the patient, it is the radiation.

We have our very own OMFR in town who answers common questions with a Q and A. Additionally, we have an article that responds to a Consumer Reports piece on the dangers of CT scans and helps the dental team prepare to address questions and concerns from patients.

We believe that CBCT has the potential to improve our diagnosis, enhance the treatment we render, and ultimately benefit our patients. This piece of technology is here to stay and will take dentistry to greater heights! ■

Brandon D. Martin, DDS, MS, is a UCSF graduate who received his certificate in orthodontics and master's degree from the University of Maryland. He is an active member of the AAO and practices at Alexander & Martin Orthodontics with locations in Rocklin, Roseville, and Sacramento.

Ash Vasanthan, DDS, MS, is a Board Certified periodontist practicing in Roseville. He is a visiting assistant professor at the University of Missouri Kansas City Department of Periodontics.



Can Cone Beam Computed Tomography Be Considered a New Standard of Care?

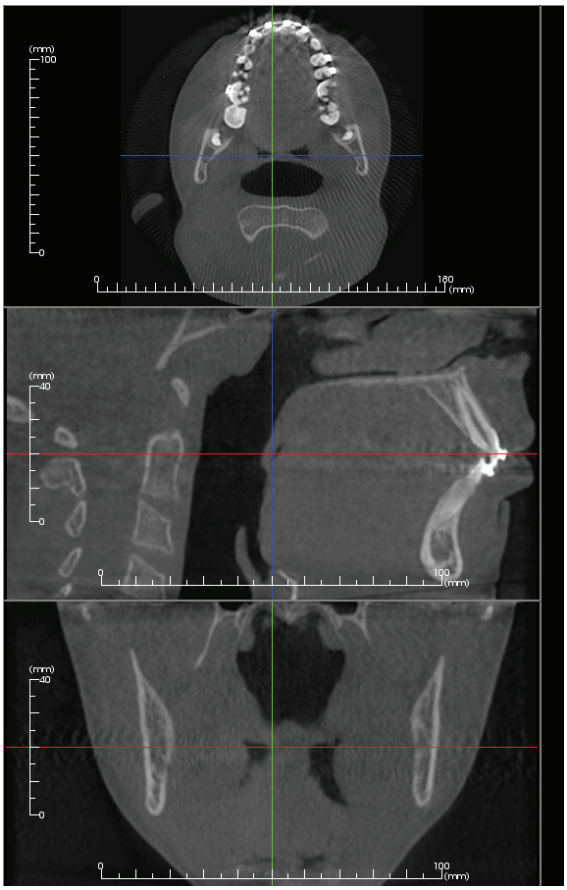
Since its commercial introduction into dentistry in 2001, cone beam computed tomography (CBCT) has been rapidly evolving into a new standard of care in maxillofacial imaging. CBCT 3-D imaging has permitted dental professionals a degree of anatomic truth in maxillofacial imaging previously unavailable and unattainable.

By **Lee Whitesides, DMD, MMSc**

Like many other new technologies that have progressed from the extraordinary to the ordinary, CBCT has advanced to almost commonplace in dentistry. The table to the right shows the search results for CBCT and related publications, including the year the earliest article was published. Today, CBCT is considered by many in dentistry as standard operating procedure for dental implant, orthognathic, orthodontic, or endodontic cases.

Standard of Care Influences

The influence of an emerging technology like CBCT into a new standard of care involves many criteria. These criteria include, but are not limited to: court verdicts, expert testimony, literature support, professional guidelines, cost and availability of the technology, reimbursement by third party payers, and multi-specialty use and recognition



MAGE CREDIT: ASH VASANTHAN, DDS, MS

Taken individually, these criteria do not constitute a mandate for any technology as standard of care. Nor are these the only criteria one may use in determining standard of care. However, in my opinion, after examining and researching each of these criteria, there is strong evidence for considering CBCT as a new standard of care.

CBCT in the Dental Culture

At least four aspects of CBCT must work their way through the dental culture before CBCT becomes standard of care: cost, availability, legal and patient expectations. Cost and availability will likely be determined by the invisible hand of the market as the Keynesians laws of supply and demand move the dental industry to provide the best possible service at a price patients and insurance companies are willing to pay. The legal aspect will be slowly determined in the court systems as attorneys and experts begin to rely more on CBCT to support their client's case.

Patient expectations are difficult to accurately ascertain. We know patients expect our practices to be contemporary. Buying the latest and greatest machine for your practice may not be wise if cost exceeds benefits both clinically and financially. As CBCT becomes widely accepted and expected by our patients due to aggressive marketing or clinical relevance, incorporating the technology into one's practice may not be entirely necessary, but prudent as others in the profession who possess the technology appear to be more contemporary and advanced in their patient care.

There are many questions yet to be answered definitively regarding CBCT.

1. Who is responsible (and liable) for interpreting the images?
2. Is an entire field of view interpretation necessary or simply the pertinent structures?
3. Must all images be interpreted by a board certified oral and maxillofacial radiologist or can the ordering doctor interpret the images?
4. What level of training is sufficient to own & operate the machine, as well as, and interpret CBCT images?
5. What cases deserve a CBCT?
6. If the patient refuses a CBCT and the doctor believes a CBCT is necessary for successful case completion must the doctor complete the case without the CBCT study or can he refuse the case without fear of legal repercussions?

Lastly, as before mentioned, standard of care is an evolving concept. The standard of care in dentistry is adapting to CBCT as forces act upon the industry to account for the powerful influence CBCT has on treatment planning and diagnosis of patients. While recognizing that "all that glitters is not gold," CBCT may soon represent a new gold standard by which many cases will be judged ■

While recognizing that "all that glitters is not gold," CBCT may soon represent a new gold standard by which many cases will be judged.

Lee Whitesides, DMD, MMSc is a private practice oral & maxillofacial surgeon in Atlanta, GA. His practice focuses on traditional oral surgery with an emphasis on dental implants and wisdom teeth removal. To learn more about Dr. Whitesides, visit his website: www.northsideoralsurgery.net.

Kew Words in Search	Number of Articles	Year Article First Appeared
CBCT	5537	1988
CBCT + dental	1951	1998
CBCT + dental implant	617	2002
CBCT + orthodontics	725	2003
CBCT + oral surgery	1041	1998
CBCT + endodontics	313	2007

Carestream DENTAL

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- New 4T CMOS sensor for detailed images with up to 75 µm resolution
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A Case For & Against CBCT for Orthodontic Diagnosis

By **Neal D. Kravitz, DMD, MS**

Cone beam computed tomography (CBCT) and 3-D imaging mark a tremendous advancement in diagnostic radiography for the orthodontist; however the question remains whether the benefits out weigh the disadvantages—most notably increased cost and higher radiation exposure to the patient. Simply put, if we need to occasionally refer out for CBCT images, should we just make it the imaging protocol of choice for comprehensive orthodontics? This articles aims to summarize the case for and against the routine use of CBCT as the imaging technique of choice.

The primary argument against using CBST as a standard imaging technique is the radiation burden to patients. According to research conducted at the University of Minnesota Department of Orthodontics, CBCT imaging normally used for comprehensive orthodontics is approximately 65 µSv compared with about 26 µSv for a lateral cephalogram and panoramic image taken on a digital machine. However, a new low-dose scan protocol has been added to the CBCT machines, which provides needed orthodontic diagnostic information for an estimated 35 to 40 µSv, only slightly more than conventional orthodontic imaging.

The Case Against CBCT

CBCT is perceived to be more useful than traditional radiographs; however, no patient outcome efficacy studies have been conducted to determine if 3-D imaging changed the recommended treatment plan. In the words of Dr. Halazonetis, "Cephalometic analyses have significant, well-recognized deficiencies, and increased accuracy of measurements does not address them."

Essentially, CBCT provides more radiographic information, but does not improve or change the diagnosis for orthodontic treatment. Therefore, CBCT might benefit some patients, but no evidence exists that its use should be compulsory for the remaining majority. Not to mention, many orthodontists take anywhere between four to six cephalometric and panoramic radiographs during the course of treatment.

In 2010, the American Association of Orthodontists (AAO) concluded the following on CBCT: "The AAO recognizes that while there may be clinical situations where CBCT may be valuable, the use of such technology is not routinely required for orthodontics."

A similar recommendation was provided by the British Orthodontic Society: "Routine use of CBCT even for most cases of impaction of teeth . . . cannot yet be recommended."

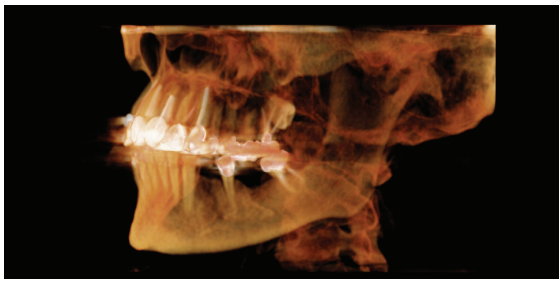
The key word in both statements is "routine."

The Case For CBCT

CBCT imaging for comprehensive orthodontic patients has substantial advantages, including:

1. accurate measurement of objects and dimensions (1:1 geometry),
2. precise location of ectopic and supernumerary teeth,
3. easily detects root resorption,
4. accurate imaging of the temporomandibular joint,
5. evaluation of periodontal bone levels and presence of bony defects,
6. better evaluation of endodontic findings
7. accurately assess airways dimensions,
8. evaluation of sinus involvement,
9. 3-D evaluation of the dentition including occlusal assessment in the lingual view,
10. alveolar ridge shape and volume,
11. better soft-tissue facial analysis, and
12. fabrication of custom orthodontic appliances.

Clearly, CBCT is a superior technology to the lateral cephalograms introduced by Broadbent in the 1930s.



Conclusions

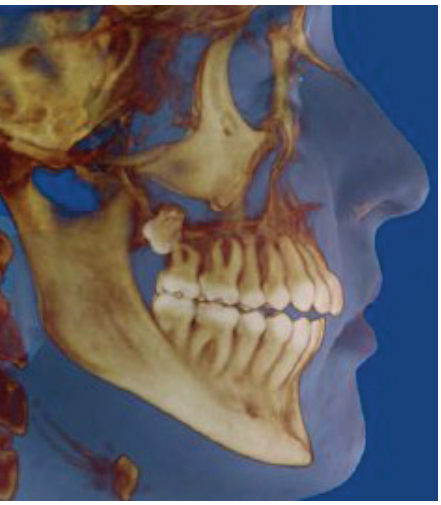
CBCT is here to stay and will inevitably replace conventional radiographic methods in the near future. Currently, its use is recommended by our profession as an adjunctive tool on a selective basis, particularly for skeletal imbalance, ectopic eruption, and tooth impaction. As technology continues to improve to lessen the voices of opposition, its benefit and routine use will be self-evident. ■

Neal D. Kravitz, DMD, MS is a Diplomate of the American Board of Orthodontics and member of the Edward Angle Orthodontic Honor Society. He currently maintains three thriving orthodontic practices in Virginia and Maryland.

By **Tom Deahl, DMD, PhD**

Consumer Reports Article on CT Scans & Risks: How to be Prepared as a Dental Team

ConsumerReports.org recently added an article titled, "The Surprising Dangers of CT Scans and X-Rays." This article is also scheduled to be published in the magazine's March 2015 issue. This briefing aims to summarize for you and your staff some major points of the article, and to help prepare you for patient questions that might arise from the article.



The theme of the Consumer Reports article is that CT scans are now prescribed and made much more frequently, per capita, than in the recent past. In other words, the growth in use of CT scans is greater than the rate of growth of the population. This is to be expected, given the great amount of information about a patient provided by this technology.

However, the authors state that with this increased use of CT scans has come over-use and the provision of some unnecessary scans. An "unnecessary" scan is one that provides information about the patient that could be obtained in some other way, without the use of ionizing radiation. The article refers to estimates that as many as 30 percent of CT scans are unnecessary in this sense.

The authors refer to the scientific consensus that human exposure to diagnostic doses of ionizing radiation can raise the risk of cancer. This risk is dose-dependent, that is, the higher the dose, the greater the increase in cancer risk. Furthermore, the risk is age-dependent, such that children are at greater risk from a given X-ray dose than are young adults, and young adults are at a greater risk than are the elderly. The authors refer to estimates that up to 2 percent of all future cancers might be attributable to CT scans. The article states that some doctors are apparently unaware of the risks of diagnostic radiation and might not put sufficient care into prescribing radiographic exams.

The article provides a table of "effective dose" of various X-ray and other radiographic examinations, showing their relative risk estimates. Dental plain radiographs, e.g. full-mouth series and panoramics, and dental CBCT scans, are placed in the lowest-risk category of all of the examinations discussed in the article.

The appearance of the Consumer Reports article and the patient questions it might prompt, present a teachable moment for us, our colleagues, staff, and patients. Let's use this moment as an opportunity to remind ourselves that X-ray exposure can raise the risk of cancer in humans, particularly at higher doses, such as when children are exposed to multiple medical CT scans. It's also reasonable to accept the authors' point that some CT scans and other radiographic tests are probably unnecessary. So let's use this opportunity to ask ourselves, "How well are we avoiding overexposure and unnecessary radiographs in our practice?"

We should practice in such a way that we can say the following to each patient: "I have already learned the following about you from your history and from my clinical examination: ... However, the following question(s) still remain: ... and I will need this radiographic exam before I can establish the diagnosis (or plan the appropriate treatment, or establish the appropriate monitoring plan). Radiographs are the most effective way (or only way) to obtain the information to answer the remaining question(s)." In my opinion, this approach addresses the central concern expressed in the Consumer Reports article.

> Let's use this opportunity to ask ourselves, "How well are we avoiding overexposure and unnecessary radiographs in our practice?"

Assuming that the above statement accurately reflects your careful selection of radiographs for each patient, and that you avoid unnecessary exposures you might consider responding to patient questions in the following way:

- I'm glad you asked about this. We had a discussion here in the office, and several good questions were asked.
- I'm glad to be able to tell you the following:
  - "We don't make any X-ray images without determining that those particular images will benefit you."
  - "We do not take X-rays for information about you that we can obtain in other ways, such as by reviewing your history and a clinical exam or intra-oral photos."
  - "We are so careful that we do the following steps to maximize the benefits and minimize the risks: ..." and list for the patient the steps that you take. These steps should be summarized in your practice's radiography policy, for periodic review by doctors and staff.

For more information about X-ray risks, safety considerations, and communicating with patients, see the following:

- Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure: www.ada.org/~/media/ADA/Member%20Center/FIles/Dental_Radiographic_Examinations_2012.ashx
- Dental Radiographs: Benefits and Safety: www.ada.org/~/media/ADA/Publications/Files/for_the_dental_patient_sept_2011.ashx
- The Consumer Reports article is posted at: www.consumerreports.org/cro/magazine/2015/01/the-surprising-dangers-of-ct-sans-and-x-rays/index.htm
- This briefing is shared courtesy of BeamReaders: www.beamreaders.com ■

Tom Deahl, DMD. PhD, is clinical associate professor of Comprehensive Dentistry at The University of Texas Health Science Center at San Antonio. His PhD was earned in radiation biology. He maintains a private practice in oral and maxillofacial radiology.

By **Shikha Rathi BDS, MS**

More Than 50 Shades of Grey
Q & A with an Oral & Maxillofacial Radiologist

As with any emerging technology, utilization of cone beam computed tomography (CBCT) scanners has been the subject of debate and controversy. Regulations and guidelines have been unable to keep pace with the rapid development in the field of imaging, leaving clinicians with uncertainties on several issues. This article attempts to shed light to some ambiguities when dealing with CBCT imaging.

Is CBCT the ultimate imaging modality?

CBCT is superior to plain film radiography due to its ability to see anatomy in 3-D with submillimeter accuracy and without superimposition or distortion. Although it does not replace conventional radiography for all clinical scenarios, it is complementary to them, and should be considered in everyday clinical practice to the same extent as intraoral or panoramic radiographs. In cases of mishaps, failure to use CBCT may be difficult to defend in potential lawsuits. Several organizations have released position statements and professional guidelines for use of CBCT, including the American Association of Oral and Maxillofacial Radiology (AAOMR), the American Dental Association, International Congress of Oral Implantologists, and the American Board of Endodontics.

Examination	Effective Dose
CBCT – small and medium volumes (<10 cm)	Median value: 61 µSv
CBCT – large volumes (>10 cm)	Median value: 87 µSv
Panoramic	9-26 µSv
FMX – PSP plates/ F-speed film, rectangular collimation	34.6 µSv
FMX – PSP plates/ F-speed film, round collimation	170.7 µSv
FMX – PSP plates/ F-speed film, round collimation	388 µSv
Medical CT	280-1410 µSv
Daily background radiation in US	8 µSv

Ludlow et al. 2008, European Commission: Radiation protection no. 172 – SEDENTEXCT 2012

Is CBCT the ultimate imaging modality?

Radiation dose with CBCT varies over a wide range depending on the type of scanner and the exposure parameters. In general, newer CBCT units are safer than those available a decade ago. With dose-reduction protocols offered in some newer units, the effective dose is comparable to panoramic examinations.

What are some considerations before investing in a CBCT machine?

- Office remodeling to accommodate machine footprint and proper lead shielding certified by a physicist.
- Upgrade to robust computers, monitors (graphics cards, processors, etc.), servers and integration with other office equipment.
- Cost of periodic maintenance and re-calibration.
- Staff training to understand operational parameters and keep up with software updates.
- Potential of having the machine outdated in a few years due to constant technological evolution.
- Technical support availability.

What are the clinicians' professional responsibility with respect to interpretation and reporting?

The clinician could be held responsible for interpretation of areas beyond their region of interest. An executive opinion statement released by the AAOMR stated, "Dentists using CBCT should be held to the same standards as board-certified oral and maxillofacial radiologists (OMFRs). It is the responsibility of the practitioner obtaining the CBCT images to interpret the findings of the examination."

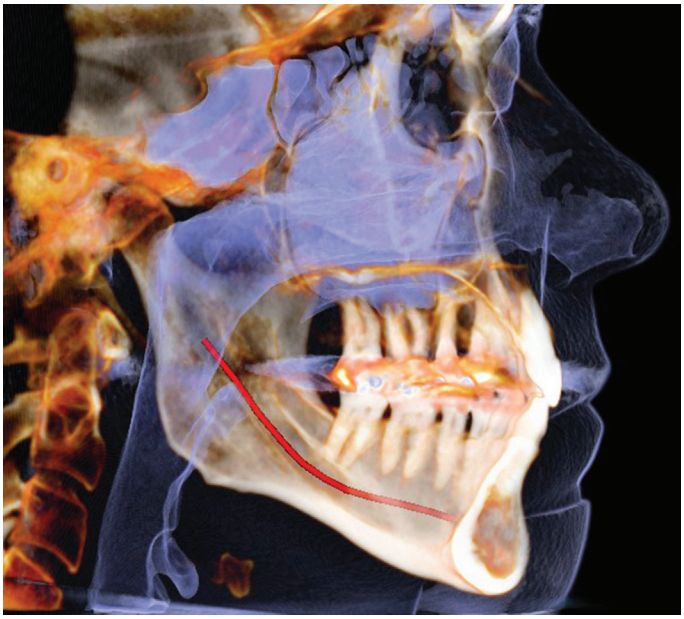
The obligation to diagnose the entire volume that has been acquired pertains not just to CBCT, but to all types of imaging. Liability to interpret the entire volume acquired cannot be avoided if the dentist does not own the CBCT machine, but outsources it to a third party to scan his/her patient.

Liability can also not be avoided by having a patient sign a waiver. The courts and malpractice carriers have not

recognized disclaimers as an effective shield from allegations of professional negligence. It is good practice to always review the entire volume for abnormalities or have an OMFR do a systematic over read.

To varying extents, most CBCT scans incorporate the paranasal sinuses, pharyngeal air spaces, skull base, cervical spine and upper neck. Several conditions such as inflammatory sinus disease, cervical spine and TMJ degeneration, and arterial atheromas are routinely discovered as incidental findings on cone beam CT. These, and the more serious medical conditions sometimes discovered, often warrant further attention and referral to other specialists. With higher-level CE and hands-on training, a clinician can gain competency in reviewing his/her CBCT volumes and request OMFR assistance as needed.

CBCT technology has the potential to improve the diagnosis and treatment planning and can add a new dimension to the art of dentistry. It may not have yet been established as the standard of care, but use of CBCT is accepted as the standard of excellence for a number of clinical procedures. The dentist should educate themselves on how and when to use CBCT and be aware of professional responsibilities associated with prescribing a scan. ■



MAGE CREDIT: SHIKHA RATHI, BDS, MS

Shikha Rathi, BDS, MS, is a Diplomate of the American Board of Oral and Maxillofacial Radiology. She currently maintains a private practice limited to oral and maxillofacial radiology at DDI in Roseville and is an SDDS member.

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CSUS Pre-Dental Association

Empowering Students & Changing Lives

By **Anthony Luong**
CSUS Pre-Dental Association Past President

By **Abigail Daniliuc**
Pearly Whites Co-Coordinator / Tooth Fairy

5


6

By **Anthony Luong**
CSUS Pre-Dental Association Past President

Her name was Jackie and she was a patient I met at CDA Cares Sacramento in 2012 that I will never forget. She could not afford dental care and waited eight hours in line for two extractions and six fillings. After I assisted on the fillings, the patient cried and hugged the dentist and me. She expressed how grateful she was that we took time out of our lives to help, and that she could now smile without feeling self conscious anymore. This is what dentistry is about and I would not have been able to experience this if it was not for the Sacramento State (CSUS) Pre-Dental Association.

As a member for several years and president for the past year, I have been able to witness first-hand what the Pre-Dental Association has done for and meant to so many members. The mission of the Pre-Dental Association is to provide members interested in the field of dentistry an avenue to explore the field and experience the environment of the dental profession.

As an organization, we support each other in pursuit of higher standards of educational excellence, community involvement and all around growth as citizens and future dentists. We educate members about the dental profession in various ways, such as internships with local dentists and volunteering at dental service events in the Sacramento region, including SDDS-hosted programs such as the MidWinter Convention and Expo and the Smiles for Sacramento Gala. To give members a taste of what dental students endure in dental school, we orchestrate numerous events such as Impressions Workshops sponsored by Dentsply and private tours of all six dental schools in California.

In tandem with exposing students to the field, we strive to impact our community with our philanthropy and community service programs. Over the years, we have partnered with SDDS on many community outreach programs that our members can participate in as a way to give back to the community. Our most prominent programs include Project Backpack, which supports the Foundation's Smiles for Kids program and Pearly Whites.

Then & Now

The CSUS Pre-Dental Association that we know today had humble beginnings as the association was left for dead in 2005. It was not until a group of students, which included current SDDS Membership Committee Chair Dr. Kristen Adams, came together and started to rebrand the association. The common goal from all of the students at that time was to gain acceptance into the Arthur A. Dugoni School of Dentistry at the University of Pacific (UOP) and make CSUS one of the top feeder school

Continued on page 24.

Project Backpack

Annually, we fundraise to purchase and fill 600 backpacks with dental and school supplies. These backpacks are then given to children on Smiles for Kids Day hosted by the Sacramento District Dental Society and Foundation each year in February. Not only do we donate these backpacks to children in Sacramento, but our program also extends to different countries around the world. In the past several years, we have donated backpacks to schools and non-profit organizations in countries such as China, Mexico, Moldova, the Philippines, Russia, and Vietnam. We want to help these children to better their educational opportunity and maintain oral health care that will keep them smiling for many years to come.

Pearly Whites

Pearly Whites is one of our most prominent programs that aims to educate socioeconomically disadvantaged elementary and middle school children on the importance of dental hygiene and how to maintain good oral health. By teaching proper nutrition and brushing and flossing techniques in an interesting and exciting manner, we hope to inspire the children to create healthy habits early in their lifetime.

1 Pre-Dental Association members plant trees at Baer Park. **2** Children show off their backpacks donated by Project Backpack. **3** Pre-Dental Association students participate in an Impressions Workshop sponsored by Dentsply. **4** Abigail Daniliuc (aka the Tooth Fairy) and her helper read to children at the Sugar Plum Day Care during a Pearly Whites visit. **5** Pre-Dental Association Co-President Steffani Demorest and Marketing Manager Allicia Lucich promote the annual Wine & Beer Tasting Fundraiser at the March General Meeting. **6** The Tooth Fairy smiles with former Pre-Dental Association member Dr. Kristen Adams (second from right) and fellow SDDS members Drs. Colleen Buehler (right) and Kimberly Wong (left) at the Smiles for Sacramento Gala on Oct. 18, 2014.

By **Abigail Daniliuc**
Pearly Whites Co-Coordinator / Tooth Fairy

Straight from the Tooth Fairy herself!

The CSUS Pre-Dental Association strives to harbor an environment for students to push their limits. Our club has become a channel for those interested in the dental field and over the years the goal of bettering peoples' lives has evolved into our personal mission.

We support each other in the pursuit of educational excellence, community involvement and overall growth as future dentists. Through our philanthropy, community service programs, and participation in SDDS events, we strive to make an impact on our community.

Through our outreach programs, we aim to continue bettering the educational opportunities and instruct populations in need on how to maintain their oral health that will keep them smiling for many years to come. In this way, we are not only able to help those around us with the knowledge we are accumulating throughout our college career, but also simultaneously instill in them a passion to further research and inquire about the information they are interested in.

Along with the underserved populations we serve, the financial hardships we faced in our personal lives have helped strengthen our character and have also allowed us to strive to attain our goals with perseverance and ambition. We strongly believe that our scholastic and dental assisting experiences have helped prepare us to gain entrance and succeed in dental school. In the future, I personally want to serve as a dentist in underprivileged populations. My first and foremost goal is to cultivate the leadership skills and compassionate character I believe is necessary in order to become a caring dentist who will never compromise the quality of work over the work I complete in my own practice and on future dental mission trips that I aspire to take. ■

Vision of the Pre-Dental Club

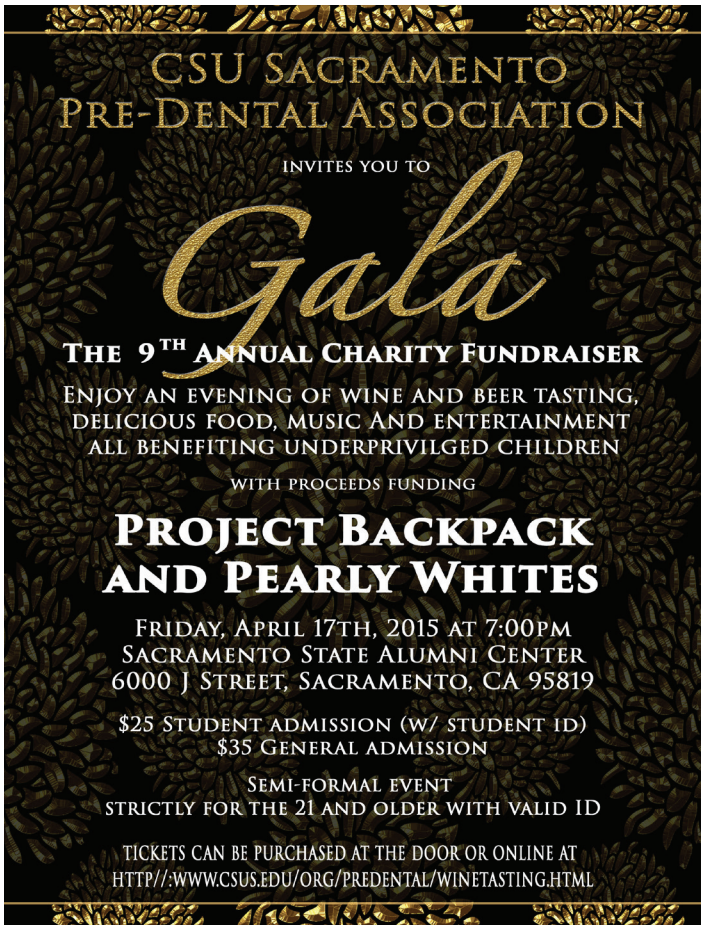
The vision of the CSUS Pre-Dental Association is to be one of the top 10 feeder schools of prestigious dental schools throughout California. As a club, we believe that passion and action will allow us to set higher standards for servitude and dedication as future leaders in dentistry who will make a difference to better our community.

Continued from page 23.

to UOP. To accomplish this goal, then-president Dr. Don McAdams knew members needed to build a strong pre-dental resume that would make UOP take notice. This led many of our community outreach projects with SDDS, starting with Project Backpack.

To help finance the CSUS Pre-Dental Association programs, each April we host a Wine & Beer Tasting Fundraiser. This year, a Gala will be held on Friday, April 17 at the CSUS Alumni Center.

Since 2005, the Association's vision was to become one of the top feeder schools to UOP and other dental schools in California. We are proud to say that over a dozen members from our Association have been accepted to dental schools such as UOP, UCSF, USC, Western University of Health Sciences, and University of Michigan, among others. To this day, we continue to strive to be the premier pre-dental organization in California and will not stop until we do. ■



In Memory of Dr. Robert Gillis

Reflections on the profound loss of our teacher, leader and friend

By **Beverly Kodama, DDS**

Several things of significance have happened in the past few days. I think life has a time line, and certain things occur at certain times to make an impact on us if we are open.

I have shared with some of you the story of my uncle Ken who lost his wife in late January. He has fought to live life as a stronger being. He has been blessed to have a loving family, but his siblings and friends are aging and he relinquished his independence to go to a home. He was set to do so when he was diagnosed with pneumonia this March. Candy and I visited him at Lodi Memorial Hospital, and he was ever the gentle man and grateful to his attendants and nurses. Though he has Parkinson's, he doesn't complain. It is a pleasure to share time with him. We also took my aunt and Ken's sister-in-law to dinner. With a large loving family, all have taken turns caring or my uncle. The four of us "gals" had a fun time sharing stories and laughing. These gals are not "old;" they truly have a zest for life and are wonderful role models if I make it to my late 80s.

I just heard the news that a fellow dentist, friend and mentor passed away. Sometimes you meet people who influence you deeply. Dr. Bob Gillis was such a person. He was a man who served completely with a level of devotion and caring that is typically unseen. He was a prosthodontist who treated elders who he genuinely cared about. He loved his wife, children, grandchildren and God. He served our local and state dental societies and foundations with devotion and was a Trustee to the CDA. He was self-effacing, funny and passionately committed to his patients, family, dentistry, God and wide range of friends.

His passing is a profound loss to mankind. I've had a tough time controlling my tears since hearing the news. You never know the surprising depth of sorrow; it is like the passing of a family member.

Bob had patients scheduled the week of his passing He lived life fully with no regrets and was generous to share his thoughts and experiences. I felt privileged to know him. He donated relentless hours on a task force for CDA that I felt he was not duly recognized for. He didn't take any negative comments personally. He felt he did the best he could and others were entitled to their opinions. That was a big lesson for someone like me who wears her emotions on her sleeve. He was gracious and a stalwart in his beliefs. I believe he knew how much I cared for and admired him. I was able to share this with him and made a donation to our CDA Cares event in his honor. I hope he found out about this before he passed. I wanted him to know all of his work was not performed without notice and that he made a difference in this world. I wish I had called him earlier this week when I thought of him. I deeply regret that I did not make that call, but there is consolation as I can peer upward with the hopes he can hear me.

I leave you with the lesson to love deeply, profoundly and relentlessly; you just never know when you might be missing an opportunity of a lifetime—yours or those you care about. And I hope you all know how much you mean to me and have made my life so complete. ■

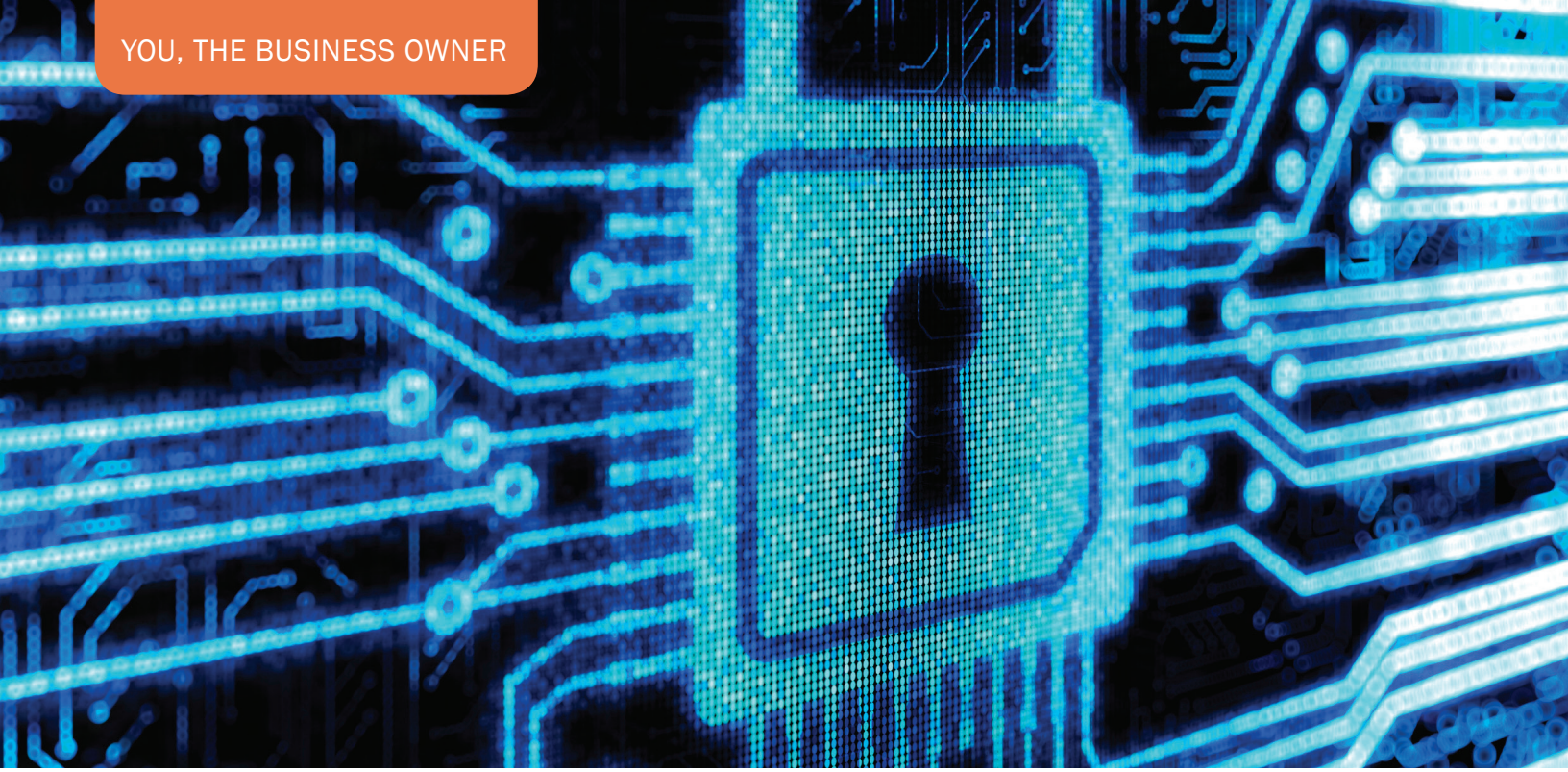
CalWellness.org
THE CALIFORNIA WELLNESS FOUNDATION promoting equity, advocacy and access

Dr. Robert Gillis was one of the founders and biggest supporters of the Foundation's Smiles for Big Kids program. He felt that all humans deserved proper care, regardless of age. It has been said that "our angel is watching down on us" as the Foundation has just received a $150,000 grant from the California Wellness Foundation to help fund the Smiles for Big Kids program!

"**I recall** Dr. Gillis as being considerate, thoughtful, and willing to share his knowledge—a leader."
— Don Lovett, DDS

"**I will** miss him as a friend and teacher."
- Wai M. Chan, DDS

"**He has** been an exceptional leader for over 30 years who has made organized dentistry and the whole world kinder and better."
- Bob Daby, DDS



Use Encryption to Avoid Health Care Data Breaches

By **California Dental Association**

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

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

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

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

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

Encryption can be done on everything from the practice's server, email, mobile devices (laptops, phones and tablets) and USB drives. If done correctly and efficiently, encrypting stored data can be a "get out of jail" card for a practice in the eyes of the state and the U.S. Department of Health and Human Services should a computer, laptop, mobile device, hard drive, flash drive or any mobile media with patient information be stolen or lost. Breach notification requirements apply in the theft or loss of patient information. An exception to the requirement is allowed to an entity that can successfully demonstrate that the stolen or lost media was encrypted and the encryption key is not known to any unauthorized entity.

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

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

Full disk encryption is yet another area of concern that dentists should evaluate for their practice. "This technology protects your media (e.g. mobile devices, servers, etc.) when they are powered off. When a server is stolen, the power is disconnected and the data is automatically encrypted." Zreikat said. When dealing with disk encryption, Zreikat

recommends dentists work closely with their IT advisor and their practice management software company to ensure that their system can handle full disk encryption. Together, the IT advisor and the software company can look for the following components when selecting an appropriate disk encryption product and advise the dentist accordingly:

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

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

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

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

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in 1996 to simplify, and thereby reduce the cost of, the administration of health care. HIPAA does this by encouraging the use of electronic transactions between health care providers and payers, thereby reducing paperwork. Congress deemed that if the electronic transmission of patient health information was to be encouraged by the legislation, there needed to be means to protect the confidentiality of that information, and thus, the HIPAA Security Rule was created. A Security Rule risk analysis as required by HIPAA is a good baseline for a practice to establish protection.

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

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

Information technology security with regard to HIPAA requirements is the subject of several guides and reports produced by the National Institute of Standards and Technology (NIST), a federal agency that sets computer security standards for the federal government. One guide, for example, looks at Secure Sockets Layer (SSL) virtual private networks (VPN), and another one reviews transport layer security implementations. A list of its publications is available at *hhs.gov.*

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

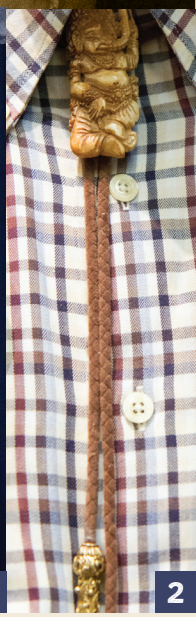
MIDWINTER MARKET | Fresh FROM THE SDDS FARM!

FRESHLY PICKED FROM THE MIDWINTER MARKET!

Thank you for your gracious hospitality, warm welcome and above all, for making me feel so appreciated. Last year I spoke at 117 live events and in my 12-year career as a presenter, I have never been treated with such confidence, caring and attention to detail. You all run a world class operation and I would be remiss if I did not acknowledge your dedication and hard work.

— Tracy Anderson Butler, CRDH, MFT


1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You really nailed it! I have never heard so many positive comments. Kudos! I am so proud of SDDS and the staff! Thank you all so much!.

— Beverly Kodama, DDS

1 Tracy Anderson Butler, CRDH, MFT presents her course, "Implementing Proper Care Procedures for Implants." **2** Our President, Dr. Viren Patel's bolo tie. **3** Dr. James Everhart had fun with this year's "farm fresh" theme. After all, he is a REAL farmer as owner of Hart2Hart vineyards and Everhart Cellars in El Dorado County! **4** MidWinter speakers Dr. Beverly Kodama (right) and Tony Vigil, owner of SDDS Vendor Member DESCO. **5** Dr. Viren and Sonja Patel and friends. **6** Nancy Dewhirst, RDH, presents on "Emerging Diseases & Infection Control."

Board Report

March 3, 2015

Highlights of the Board Meeting

Respectfully Submitted by **Nancy Archibald, DDS**
Secretary

Call to Order

President Dr. Viren Patel called the meeting of the new year to order at 6:10 p.m.; Dr. Beverly Kodama stated that she is on the Delta Dental Board of Directors (as a possible conflict of interest).

Secretary's Report

Dr. Nancy Archibald reported the following:

- Our membership remains strong with a market share of more than 78 percent.
- CDA will now be reporting market share quarterly instead of monthly.
- Executive Director Cathy Levering will continue to follow membership closely.
- We now have 47 DHP members.

Treasurer's Report

Dr. Viren Patel presented the 2014 final fiscal year-end report.

- As the budget had been carefully planned, it was a near perfect year (99 percent of projections).

New Business

- At the 2015 Midwinter Convention on February 19 and 20, Greg Alterton of CDA presented on whether to opt in or out as a Medicare provider. Dentists are required to submit the designation of their status with the Medicare program by June 1, 2015 (see page 7). Efforts will be made to help our members know of this deadline.
- Special House of Delegates will be held in Sacramento on June 19, 2015.

Old Business

- Members of the Board are reviewing bylaws and policies at this time.

Executive Director's Report

Cathy Levering reported on the following:

- Nonmembers of SDDS may attend our events but they pay double the fee.

Trustee Report

No Report at this time.

Adjournment

The meeting was adjourned at 8:10 p.m.

Next Board Meeting:
May 5, 2015 at 6 p.m.

Back in time…

Can you identify this SDDS Member?

The first SDDS member to call the SDDS office (916.446.1227) with the correct answer wins $10 OFF their next General Meeting registration.

Only the winner will be notified. Member cannot identify oneself.

WATCH FOR THE ANSWER IN THE MAY 2015 NUGGET!

Answer from the March 2015 issue:
Dr. Melvin Walters

OUR MISSION

It is the mission of the Sacramento District Dental Society to be the recognized source for serving its members and for enhancing the oral health of the community.

YOU
THE DENTIST, THE EMPLOYER

YOU ARE A DENTIST. You are also an employer. Employee evaluations, hiring and firing, labor laws and personnel files are an important part of that. This monthly column, will offer current employment law information pertinent to you — the dentist, the employer.

MEMBER BENEFIT!

SDDS HR Hotline
FREE TO SDDS MEMBERS!
1.800.399.5331

DLSE Clarifies New Sick Leave Law

By **Jennifer Brown Shaw**
CEA Partner Attorney

Beginning on July 1, 2015, California employers must provide paid sick leave to employees. The Healthy Workplaces, Healthy Families Act (AB 1522) applies to all employers, regardless of size. The law requires either one hour of sick leave for every 30 hours worked or three days of sick leave per year. Employees accrue sick leave upon hire, although they may be restricted from taking earned leave until they have completed 90 days of employment.

The law has raised numerous questions. The California Department of Labor Standards Enforcement (DLSE) recently issued a set of "Frequently Asked Questions" (FAQs) and other guidance that address some of them.

Provisions of the Sick Leave Law Go Into Effect on Jan. 1, 2015

AB 1522 requires employers to provide sick leave beginning July 1, 2015, but does not specify when provisions such as notice requirements go into effect. The DLSE has clarified that employers must display a poster regarding the new law on Jan. 1, 2015.

The DLSE also requires employers to provide a revised "Wage Theft Prevention Act" notice to non-exempt employees hired after January 1, 2015. The notice now includes information about the employee's entitlement to paid sick leave. Both the poster and revised notice are available on the DLSE's website.

AB 1522 requires employers to notify employees of the amount of sick leave available on the employee's wage statement or a separate document. The DLSE does not address whether this notification is required beginning January 1. The safest practice is to include the information on the wage statement before July 1 at the latest; and earlier if the payroll system will accommodate providing the new information.

Eligibility Requirements

The DLSE's FAQs addresses employee eligibility. All employees who work 30 hours per year or more in California are eligible upon hire, including temporary employees. However, because an employer may restrict employees from taking sick leave until they have worked 90 days, an employee who only works for a short period may never be eligible.

Accrual, Carryover, and Use Requirements

AB 1522 specifies that employers either may provide three days of paid sick leave or accrue one hour of sick leave for every 30 hours worked. The DLSE states that if an employer provides three days of sick leave, it must do so at the beginning of the year. The year commences on July 1, 2015, for current employees, and the employee's anniversary date for later-hired employees. The DLSE does not state whether an employer can provide three days of sick leave on July 1, 2015 (or the anniversary date), and then provide three additional days on an alternate, uniform, date, such as January 1 of each year, to simplify the administrative burden of tracking individual employee entitlement to leave.

hr webinar
Noon–1:00pm • SDDS Classroom • 1 CEU, 20% • $35

Hiring the Right People
Presented by: Mari Bradford (California Employers Association)
Tuesday, April 21, 2015

The DLSE points out in its guidance that an employee working full-time could accrue a little over eight days of sick leave per year, even though the employee could be limited to using three days per year. However, the law permits employers to cap earnings at 48 hours. An employer that wants to limit accrual to 48 hours should so state in its policy.

Rate of Pay

AB 1522 states that employees must be paid sick leave at their "hourly wage." The law does not address how to calculate this amount when, for example, employees earn different hourly wages. The DLSE FAQs state that sick leave must be paid at the "regularly hourly rate," taking into account various forms of compensation such as commissions. The DLSE intends to require employers to pay employees sick leave at the "regular rate" required for calculating overtime. For employees with fluctuating pay, the employer must divide the total compensation for the previous 90 days by the number of hours worked, and pay that rate.

PTO

Employer PTO policies may satisfy the sick leave obligation, but the option may not be attractive for all employers. 1522 states that sick leave need not be cashed out at the termination of employment. Employers are legally obligated to cash out unused PTO, however. Also, employers may not wish to pay PTO at the "regularly hourly rate," as required for sick leave (according to the DLSE). Finally, PTO plans often apply only to certain employees, requiring employers to expand the benefit to temporary and other employees.

The DLSE FAQs make clear that an employer may have different policies for different employees, as long as all meet the legal requirements. Thus an employer with an existing PTO policy may decide to meet the sick leave obligation for employees who are already eligible for the benefit, but provide an alternate sick leave policy for employees who are not.

Other Laws

The DLSE guidance does not address the application of multiple sick leave laws. For example, it does not explain how employers should integrate the sick leave law requirements with "kin care" requirements or leave requirements under the Pregnancy Disability Leave law or California Family Rights Act.

The guidance also does not address how employers subject to local sick leave ordinances comply with both those ordinances and the state law. For example, Oakland recently enacted a sick leave ordinance that is similar to AB 1522, but has different accrual maximums and use requirements. It is not clear whether these benefits run concurrently with, or in addition to, sick leave provided under AB 1522.

"The DLSE's guidance helps clarify some ambiguities in AB 1522. But many compliance issues remain unresolved. More guidance may be forthcoming. However, employers must now comply with the new law's requirements and prepare for the July implementation."

Conclusion

The DLSE's guidance helps clarify some ambiguities in AB 1522. But many compliance issues remain unresolved. More guidance may be forthcoming. However, employers must now comply with the new law's requirements and prepare for the July implementation. ■

Ethical Dilemma: What Would You Do?

By **Steve Leighty, DDS**
Ethics Committee Member

In response to the *Ethical Dilemma* posed by Dr. Antonia Accettura in the March 2015 issue of *The Nugget:*

In this too-often told scenario, a specialist is given a referral for a specific procedure. The specialist in this case performs a comprehensive exam or perhaps simply notices other work that he feels could be done in conjunction with the original request. Although informed consent needs to be obtained before treatment, communication (or lack thereof) is central to this issue.

When I have a new patient referral in my practice, if I notice other areas of decay or periodontal disease or pathology, I will point it out to the patient and state that his or her dentist is probably aware and that attention will be given in due time. If it is an urgent concern, I may call the referral while the patient is in the chair to discuss.

Sometimes, for instance, a grossly decayed second molar is intimate with an impacted third molar and the Ge film didn't capture the additional tooth (third molar) that should be removed at the same time as the second molar. Regardless whether the specialist's treatment plan is more or less than the referral request, my goal would be to discuss with the GP to allow for the best (and consistent) treatment plan. Exceptions should be made in emergencies or when the referring dentist is unavailable.

Unfortunately, communication and referral (mis) adventures happen in both directions. I can think of examples where the GP and the specialist have agreed on a treatment plan and then the GP failed to follow the agreed upon course of treatment. Sometimes the patient has financial pressures that can change things, or the dental problems supersede the original situation, or the patient just changes his mind. In any event, disappointment and compromised treatment can result for the patient, especially if the GP fails to keep the specialist in the loop.

For your understanding, please refer to the *Ethical Dilemma: What Would You Do?* on page 23 of the March 2015 issue of *The Nugget*.

The bottom line is that communication is critical not only for patient-dentist relationships, but also for GP-specialist working relationships. As a specialist, my practice would wither if I failed to maintain good communication with my referrals, which is a strong incentive. I strongly feel that patient care demands courteous, timely, and professional interaction between offices. Anything less borders on a cavalier attitude and can lead to embarrassment or unethical behavior not worthy of the dental community. Let's work together to raise, not lower, the bar. ■

2015 SDDS Committee Schedule

TASK FORCES

1T1B
Meeting Dates TBA

CE
Meeting Dates TBA

GMC Denti-Cal
Meeting Dates TBA

Large Group Practice/ Corporate (6:30pm)
April 21 • May 26

Social Media
May 26

WORKGROUPS

Dental Careers
Schedule as needed

Geriatric Outreach
Schedule as needed

ADVISORY COMMITTEES

Amalgam Advisory
Schedule as needed

Budget and Finance
Schedule as needed

Bylaws
Schedule as needed

Fluoridation
Schedule as needed

Forensics (6:30pm)
April 21 • Oct 26

Legislative (6:00pm)
Meeting Dates TBA

***Nugget* Editorial** (6:15pm)
May 18 • Oct 26

Strategic Planning
Schedule as needed

LEADERSHIP

Board of Directors (6:00pm)
May 5 • Sept 1 • Nov 3

Executive Committee (7:00am)
April 17 • Aug 14 • Oct 9

FOUNDATION

Foundation Board (6:15pm)
May 19 • Sept 14 • Dec 2

Golf Tournament
May 8

OTHER

Sac Pac
Schedule as needed

CDA Delegates (6:00pm)
Sep 28 • Oct 7

STANDING COMMITTEES

CPR (6:00pm)
April 18 • May 18 • Aug 7 • Nov 6

Ethics (6:15pm)
May 5 • Oct 27

Membership (6:30pm)
May 26 • Sept 14 • Nov 18

Leadership Development
Completed

Peer Review (6:00pm)
April 16 • May 20 • July 15
Aug 20 • Sept 16 • Oct 15
Nov 18 • Dec 10

General Meeting

March 10, 2015 | Guest Night | Oral Health Does the Heart Good

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1 Dr. Steve Longoria (second from left) and his team.
2 New SDDS member Dr. Amanda Chen (left) and Dr. Nancy Archibald.
3 Drs. Patrick Penney and Mark Endo.
4 Drs. Kirsten and Richard Chang and their team.
5 Dr. Beverly Kodama (left) and her guest Judy Dye, RDH.
6 Karen Palmiter of the CDA Foundation (left) presents information about CDA Cares Sacramento with Drs. Tracey Cook and Paul Johnson.
7 Dr. Ralph Isola (second from left) and his team.
8 Drs. Nikki Chauhan (left) and Margaret Delmore.
9 Speakers Toni Adams, RDH, MA; and Kimberly Newlin, RN, CNS, NP; before presenting, "Oral Health Does the Heart Good."

Next General Membership Meeting: **April 14, 2015**
See General Meeting insert or go to sdds.org to sign up!

We're Blowing Your Horn!

Congratulations to...

Stephen Giannetti (husband of Past President Kelly Giannetti, DMD, MS) for his upcoming show at the JayJay art gallery in Sacramento from April 11 to May 23. The Second Saturday opening reception on April 11 will include live jazz! **(1)**

Sacramento District Dental Foundation on receiving a $150,000 grant from the California Wellness Foundation to help fund the Smiles for Big Kids program.

Herbert K. Yee, DDS for being honored at the University of the Pacific (UOP) Alumni Association Award Banquet for recieving the Distinguished University Service Award in 1991. (Dr. Yee is pictured with UOP President Pamela A. Elbeck.) **(2)** ■

CalWellness.org
THE CALIFORNIA WELLNESS FOUNDATION promoting equity, advocacy and access

WELCOME

to SDDS's new members, transfers and applicants.

IMPORTANT NUMBERS:

SDDS (doctor's line) . . . . . (916) 446-1227
ADA . . . . . (800) 621-8099
CDA . . . . . (800) 736-8702
CDA Contact Center . . . (866) CDA-MEMBER (866-232-6362)
CDA Practice Resource Ctr . . *cdacompass.com*
TDIC Insurance Solutions . (800) 733-0633
Denti-Cal Referral. . . . . (800) 322-6384
Central Valley Well Being Committee . . . (559) 359-5631

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Offering new services?

Share your information with the Society!

We can only refer you if we know where you are; and we rely on having your current information on file to keep you informed of valuable member events!

Give us a call at **(916) 446-1227**

New Members

APRIL **2015**

CHRISTOPHER CHIU, DDS
General Practitioner
1079 Sunrise Ave., Suite B238
Roseville, CA 95661
909.975.9713

Dr. Christopher Chiu graduated from New York College of Dentistry in 2012 with his DDS and Loma Linda University in 2014, earning a Certificate in Dental Anesthesiology. Fun fact: Dr. Chiu has a wife and son and enjoys playing sports!

MYLES HOKAMA, DDS
Transferred from Northern California Dental Society
General Practitioner
8890 Cal Center Dr.
Sacramento, CA 95826
916.382.6959

Dr. Myles Hokama graduated from the University of Maryland in 1987. He resides in Vacaville. Fun fact: Dr. Hokama loves watching television, but he does not have a favorite show (that's how much TV he watches)! He is also the most honest person you will ever meet. :-)

ADITI KAPOOR, DMD, MPH
General Practitioner
9450 Fairway Dr, Suite 110
Roseville, CA 95678
916.380.3866

Dr. Aditi Kapoor graduated from University of Pittsburgh in 2006 with her DMD. In 2011, she received her MPH from Georgetown University. She resides in Antelope.

MOHAMED MAHMOUD, DDS
General Practitioner
4401 Florin Rd.
Sacramento, CA 95823
916.428.4000

Dr. Mohamed Mahmoud graduated from the University of Cairo in 1998. He resides in Elk Grove.

VALERIE MAJANO, DDS
Transferred from Kern County Dental Society
General Practitioner
2051 John Jones Rd.
Davis, CA 95616
626.679.7389

Dr. Valerie Majano graduated from UCLA in 2010. She resides in West Sacramento. Fun fact: A SoCal native, Dr. Majano is loving the great outdoors of Northern California. She hiked Half Dome last fall and looks forward to backpacking this coming season.

NINA TECSON, DDS
General Practitioner
2138 Del Paso Blvd.
Sacramento, CA 95815
209.612.2798

Dr. Nina Tecson graduated from Arthur A. Dugoni School of Dentistry in 2011 and completed her Residency at University of Mississippi in 2012. She resides in Tracy.

Pending Applicants

THOMAS EATON, DDS (RETURNING!)
REGINALD FULFORD, DDS

TOTAL MEMBERSHIP (AS OF 3/14/15): 1,616

TOTAL ACTIVE MEMBERS: 1,301
TOTAL RETIRED MEMBERS: 243
TOTAL DUAL MEMBERS: 4
TOTAL AFFILIATE MEMBERS: 11
TOTAL STUDENT/ PROVISIONAL MEMBERS: 10
TOTAL APPLICANTS: 2
TOTAL DHP MEMBERS: 47

TOTAL NEW MEMBERS FOR 2015: 23

MARKET SHARE: 79%

CLIP OUT this handy NEW MEMBER UPDATE and insert it into your DIRECTORY under the "NEW MEMBERS" tab.

In Memoriam

DR. ROBERT GILLIS

Dr. Robert Gillis passed away on Sunday, March 15, 2015 after a short battle with liver cancer. He received his specialty degree in Prosthodontics from Mayo Graduate School of Medicine before starting his practice in Sacramento in 1977. A member of SDDS for 38 years, Dr. Gillis served as President in 2003 and has been a CDA Trustee since 2012. He was also a passionate member and Past President of the SDDS Foundation, founding the Smiles for Big Kids program to better serve adults, especially the elderly. He is survived by his wife Mary Lou, his children and grandchildren.

Advertiser INDEX

VENDOR MEMBER SPOTLIGHTS:

First US Community Credit Union

As one of the first credit unions in the Sacramento area to provide SBA financing, First U.S. has the experience and know-how to help move your practice to the next level.

This year we celebrate our 10th anniversary as an SDDS Vendor Member, having delivered for your colleagues the better rates, lower fees, and higher level of personalized service that you expect from your local credit union. And best of all, SDDS members are free to join!

Benefits, Special Pricing and/or Discounts Extended to SDDS Members:

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Thomas Chandler
thomas.chandler@ampf.com
ph: 916.789.9393, ext. 03197 • fx: 916.789.9313
www.ameripriseadvisors.com/thomas.chandler

NEW THIS YEAR!

SDDS VENDOR MEMBERSHIP SUPPORT IS A WIN-WIN RELATIONSHIP!

SDDS started the Vendor Member program in 2002 to provide resources for our members. No, Vendor Members are not exclusive, and we definitely have some competitive companies who are Vendor Members. But our goal is to give SDDS members resources that would best serve their needs. We suggest that members reach out to our Vendor Members and see what is a best "fit" for their practice and lifestyle.

We currently are nearing 40 Vendor Members. They pay $3,900 per year; that includes a booth at Midwinter, three tables at General Meetings, advertising in *The Nugget*, and much more. Our goal is to provide Vendor Members with the opportunity to connect with and serve our members. We realize that you have a choice for vendors and services; we only hope that you give our Vendor Members first consideration. The Vendor Members program and the income SDDS receives from this program helps to keep your dues low. It is a wonderful source of non-dues revenue and allows us to provide yet another member benefit. Additionally, we reach out to our Vendor Members for articles for *The Nugget* (nonadvertising!). Thanks to our CPA Vendor Members, we made last month's issue on taxes (bad topic, good information!). Our CPA Vendor Members are also presenting at the May 7th Business Forum "Debt and Taxes - Minimizing Tax Liabilities," a topic suggested by our members and the Membership Committee.

Our Vendor Members are financial, investment and insurance companies, legal consultants, dental equipment and supply companies, media and marketing companies, hr consultants, construction companies, billing consultants, practice sales and brokers, practice resource and staffing consultants, technology, HIPAA and security consultants, and even our Crowns for Kids refining partner! (See pages 40-41 for our list of current Vendor Members). (We are looking for additional vendors members who offer office supplies and services, office equipment and operations support as well as labs; if you know someone, please let me know.)

Dental Supplies, Equipment, Repair

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Geary Guy, VP / Steve Shupe, VP
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Robert Kiddoo, Regional Manager
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Mari Bradford, HR Hotline Manager
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Dennis Gacutan, President
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cpc@cpctpa.com

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Craig Fechter, CPA
916.333.5360
www.fechtercpa.com

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Ted Darrow, Client Relations/Marketing
916.985.9559
www.fmacentral.com

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Gordon Gerwig, Business Services Mgr
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www.firstus.org

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Innovative Solutions CPAs & Advisors, LLP

Ben Anders, CPA
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Chris Mann, CPA, CFP, Partner
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Union Bank

Lydia Ramirez, Vice President
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Office Construction

Blue Northern Builders, Inc.

Marc Davis / Morgan Davis /
Lynda Doyle
916.772.4192
www.bluenorthernbuilders.com

VENDOR A / SINCE 2007

Healthcare Cabinet Co.

Gordon St. Cyr and Gary St. Cyr
916.853.9556
www.dentalcabinets.biz

VENDOR B / SINCE 2013

Olson Construction, Inc.

David Olson
209.366.2486
www.olsonconstructioninc.com

VENDOR A / SINCE 2004

Wells Construction, Inc.

Nicole Wells
916.788.4480
www.wellsconstruction.com

VENDOR B / SINCE 2014

Insurance Services

The Dentists Insurance Company

Chris Stafford
800.733.0633
www.tdicsolutions.com

VENDOR A / SINCE 2011

Waste Management

Star Group Global Refining

Jim Ryan, Sales Consultant
800.333.9990
www.stargrouprefining.com

VENDOR A / SINCE 2009

Job Bank

The SDDS Job Bank is a service offered only to SDDS Members. It is published on the SDDS website (www.sdds.org) and provides a forum for job-seekers to reach other Society members who may be looking for dentists to round out their practice, and vice versa. If you are a job seeker, associate seeker, selling or buying a practice, contact SDDS at (916) 446-1227 or complete the SDDS Job Bank form insert in this issue of *The Nugget* and cash in to the SDDS Job Bank!

ASSOCIATE POSITIONS AVAILABLE

Capitol Periodontal Group • Multiple Locations • full • Perio
Chapa-De Indian Health Program • Grass Valley • part/on call • OS/GP
George Chen, DDS • Folsom • part • GP
Reuben Clark, DDS • El Dorado • part (1-2 days/week) • GP
Gary Clusserath, DMD • Roseville/Citrus Heights • part • GP
Kids Care Dental • Sacramento • part • Pedo/GP
Matthew Comfort, DDS • Roseville • part • GP
Monica Crooks, DDS • Roseville • part • GP
Binh Dao, DDS • Roseville • full/part • GP
Gwendelyn Enriquez, DMD • Roseville • full/part • GP
Grant Irwin, DDS • Sacramento • part/full • GP (Endo/Ortho experience)
Sukhjeet Kaur, DDS • Sacramento • part/full • GP
Neelofar Khan, DDS • Sacramento • part/full • GP
Thomas Ludlow, DDS • Folsom • part • GP (Endo/Ortho experience)
Make a Smile Dental • Multiple Locations • full • Pedo
David Roholt, DDS • Auburn • full • GP/Perio
Smile Island Pediatric and Adult Dental • Rocklin • part/full • GP/Pedo
Waleed Soliman, DDS • Yuba City • part/full • Ortho
Norman Spalding, DDS • Walnut Grove • part/full • GP
Dennis Wong, DDS • Sacramento/Pocket • part (Sat./on call) • GP

DOCS SEEKING EMPLOYMENT

Russell Anders, DDS • temp/ fill-in work; M-F • GP
Andrea Azevedo, DDS, MPH • part; 1-2days/wk. • GP & Pedo
Amanda Chen, DDS • full/part • Ortho
Randy Davey, DDS • full • GP
Ryan Hecht, DDS, MS • full • Ortho
Shahryar Khodai, DDS • part/full (Mondays and Thursdays) • GP
Maryam Hoang, DMD • part/Fridays • GP
Steve Murphy, DMD • part/full • Endo
Sadia Niazi, DDS, MMSc • part • Ortho
Azadeh Rahmatian, DDS
Ronald Rott, DDS • part • Perio
Michael Sunwoo, DDS • full • Ortho
Harpreet Tiwana, DDS • full/part • GP
Brandon Webb, DDS • part/full • Endo

DOCS LOOKING TO BUY A PRACTICE

Ryan Hecht, DMD, MS • Folsom, Sacramento, Roseville • Ortho
Shahryar Khodai, DDS • Sacramento • GP
Michael Sunwoo, DDS • Ortho
Harpreet Tiwana, DDS • GP

For contact information of the job bankers listed above please visit www.sdds.org/for-members.

Classified Ads

EMPLOYMENT OPPORTUNITIES

WELLSPACE HEALTH ORGANIZATION (an FQHC) is taking applications for fill-in/part-time/full-time dentists. Send your resume/CV to kdubois@wellspacehealth.org. *01/15*

PEDIATRIC—Kids Care Dental seeks another SUPER STAR dentist to join our AMAZING team and help open our newest LODI location. Position available to pedos or generals who LOVE kids. Our non traumatic philosophy focuses on superior customer service and exceptional patient care in a non threatening environment. We get kiddos to actually look forward to coming to the dentist. Beautiful high end private offices and a CULTURE that can't be beat provide a great place to practice and a great income for our doctors! Patients love us...come find out why! 4 days/ Week starting in April. Email dboyes@kidscaredental.com. *03-15*

PART-TIME ORAL& MAXILLOFACIAL SURGEON NEEDED–2 days a week. Tuesday in Grass Valley and Wednesday in Auburn. For a non-profit community health clinic providing care to Native Americans and the economically disadvantaged. Visit www.Chapa-de.org/jobs or Email resume to HR@chapa-de.org. *2-15*

GENERAL/PEDIATRIC—Make a Smile is currently seeking a passionate and dedicated General/Pediatric associate dentist who loves working with children and who is interested in joining an awesome team. Looking for FT &PT. Please forward CV to resume@makeasmile.com or fax 916.817.4376. *03-15*

POSITIONS WANTED

LOCUM TENENS. UOP grad to work in your office while you are on vacation, sick or maternity leave or emergency. Great references. Please call (530) 644-3438. *04-13*

PRACTICES FOR SALE

DENTISTS SERVING DENTISTS — Western Practice Sales invites you to visit **westernpracticesales.com** to view our practices for sale and see why we are the broker of choice in Northern California. Please call (800) 641-4179. *03-09*

SACRAMENTO DENTAL OFFICE/CONDO FOR SALE—Equipped. Great Start up or Satellite Space. 3 Ops with office could be plumbed for a 4th 1,200 Sq. ft. $235,000. Arden Mall. Contact Joe Hruban at 530.746.8839 or joe@omni-pg.com, Omni Practice Group #01821307. *11-14*

EQUIPMENT FOR SALE

E4D BLOCKS FOR CHEAP! 263 Blocks in a Broad Assortment of Shades and Sizes (L12/C14) only $3,000. Steaman II $200.Misch Physics Forceps (set of 8) $300. Zeiss OPMI Pico (wall mount) $1500. Delivery not included. Email jcopedds@gmail.com. *04-15-C*

BRAND NEW CAVITRON PLUS ultrasonic scaling unit in unopened box. Tap-on wireless foot pedal and Steri-mate handpiece included. $2,000. Call 530.622.6370. *12-14*

PROFESSIONAL SERVICES

MONEY IS WALKING OUT THE DOOR. Have implants placed in your office and keep the profits. Text name and address 916.769.1098. *12-14*

LEARN HOW TO PLACE IMPLANTS IN YOUR OFFICE OR MINE. Mentoring you at your own pace and skill level. Incredible practice growth. Text name and address to 916.952.1459. *04-12*

FOR LEASE

DENTAL OFFICE SUBLEASE AVAILABLE IN EL DORADO HILLS. Incredible opportunity to start your own practice without incurring tremendous debt. Fully furnished with state-of-the-art equipment. Perfect for general dentist or pediatric dental specialist. Call 916.622.9707 for more details. *02-15*

SACRAMENTO DENTAL COMPLEX has one small suite which can be equipped for immediate occupancy. Two other suites total 1630 sq. ft which can be remodeled to your personal office design with generous tenant improvements. 2525 K Street. Please call for details: (916) 448-5702. *10-11*

LOCATION, LOCATION, LOCATION: DENTAL OFFICE AVAILABLE, 3000 L Street 1,535 sf with 5 operatories, recently remodeled. Fully serviced lease with ample free parking. Contact Kelly Gorman (916) 929-8100. *03-13*

EL CAMINO DENTAL BUILDING has one beautiful suite for lease. 5 ops - 1441 sq ft. Completely remodeled with new flooring and laminate cabinets. Please contact Dr. Gordon Douglas at (916) 483-4964. *04-14*

SUNRISE DENTAL PLAZA, SUITE #106 FOR LEASE, 7916 Pebble Beach Dr., Citrus Heights. Four operatories and a lab with 1304 square feet. Well established professional dental building. For more information, please call or email Marty at (916) 966-5772 or mshep6944@aol.com. *08/09-14*

LINK OF THE MONTH

Become a Featured Member Website on www.sdds.org!

See insert to sign up for this member benefit.

www.sdds.org/member-links

Selling your practice? Need an associate? Have office space to lease? SDDS member dentists get one complimentary, professionally related classified ad per year (30 word maximum). For more information on placing a classified ad, please call the SDDS office at (916) 446-1227.

SDDS member dentists can place classified ads

FOR FREE!

MEMBER BENEFIT!

sacramento
District Dental Society
2035 Hurley Way, Suite 200 • Sacramento, CA 95825
916.446.1211 • www.sdds.org

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SDDS CALENDAR OF EVENTS

APRIL

14 General Membership Meeting
X-Rated Imaging Pearls
David C. Hatcher, DDS, MSc, MRCD
Alma Mater Night
5:45pm Social / 6:45pm Dinner & Program
Hilton Sacramento Arden West
CE

15 Dentists Do Broadway:
Once
7:00pm / Sacramento Community Center

17 SDDS Executive Committee Meeting
7:00am / Del Paso Country Club

18 CPR BLS Renewal Course
8:00am / SDDS Classroom
CE

21 HR Webinar
Hiring the Right People
Noon–1:00pm
CE

Mass Disaster/Forensics Advisory Meeting
6:30pm / SDDS Office

Large Group/Corporate Task Force Meeting
6:30pm / SDDS Office

24 Continuing Education
Pearls in the Backyard
7:30am–4:00pm / SDDS Classroom
CE

MAY

5 SDDS Board of Directors Meeting
6:00pm / SDDS Office

5 Ethics Committee Meeting
6:15pm / SDDS Office

6 Lunch & Learn Continuing Education
Got OSHA / GHS NOT GPS?
11:30am–1:30pm / SDDS Classroom
CE

7 Business Forum
Debt & Taxes — Minimizing Tax Liabilities
6:30pm–9:00pm / SDDS Classroom
CE

8 Annual Golf Tourney: Swing for Smiles
7:00am / Empire Ranch Golf Course
CE

12 General Membership Meeting
The State of Dentistry — The Dentists, the Patients, and the Community
Craig S. Yarborough, DDS, MBA
Foundation Night
5:45pm Social / 6:45pm Dinner & Program
Hilton Sacramento Arden West
CE

For more calendar info and to sign up for courses ONLINE, visit: www.sdds.org

SAVE THE DATE FOR THE 36TH ANNUAL MIDWINTER CONVENTION & EXPO
TONS OF CE & A FUN TIME! SAVE THE DATE FOR: FEBRUARY 18–19, 2016

EARN **3** CE UNITS!

April 14, 2015:
X-Rated Imaging Pearls

Presented by:
David C. Hatcher, DDS, MSc, MRCD

LEARNING OBJECTIVES:

- Be able to recognize key anatomic boundary conditions
- Be able to select the patients that would benefit from advanced imaging (CBCT)
- Be able to apply problem solving strategies to determine the etiology of abnormal anatomy

ALMA MATER NIGHT!

There are anatomic boundaries in the maxillofacial region that when exceeded during dental therapy may result in poor treatment outcomes. This presentation will discuss application of conventional and advanced technology in clinical practices; including general dentistry, surgery, sleep medicine, orthodontics, implant dentistry, endodontic and TMD. The role of imaging for identifying and characterizing the anatomic boundaries will be presented.

5:45pm: Social & Table Clinics
6:45pm: Dinner & Program

Hilton Sacramento Arden West
(2200 Harvard Street, Sac)

APRIL GENERAL MEMBERSHIP MEETING: **ALMA MATER NIGHT**
WEAR YOUR SCHOOL COLORS!

April is oral cancer awareness month!