

THE

NUGGET

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

APRIL 2012

PRACTICE-BASED RESEARCH

A NEW FORM OF EVIDENCE

Inside:

How does practice-based research work? What are the benefits?

PLUS: 2011 SDDS Annual Report

CE COURSES THROUGH JUNE 2012

PLAN
AHEAD!

dentists in business forums

APRIL 19, 2012 (6:30pm)

**BRANDING OR REBRANDING?
THAT IS THE QUESTION!**

Gordon Fowler, President (3Fold Communications)

general meetings

2
CE, core

APRIL 10, 2012 (6:00pm)

**MEDICAL EMERGENCIES IN
THE DENTAL OFFICE**

Tom Lenhart, II, DMD

MAY 8, 2012 (6:00pm)

**MEDICAL EMERGENCIES DO OCCUR
IN CHILDREN: ARE YOU PREPARED?**

David Rothman, DDS

HR audio conferences

APRIL 25, 2012 (Noon)

**STAFF EVALUATIONS —
HOW, WHEN & WHY?**

MAY 16, 2012 (Noon)

**ASK THE EXPERT —
BRING ALL YOUR HR QUESTIONS!**

California Employers Association (CEA)



1

CE, 20%

continuing education

APRIL 27, 2012 (8:30am)

**WAIT! I STILL FEEL THAT!
PROBLEM SOLVING THE DELIVERY
OF LOCAL ANESTHESIA**

Alan Budenz, DDS

JUNE 1, 2012 (8:30am)

**LICENSURE RENEWAL COURSE:
CALIFORNIA DENTAL PRACTICE
ACT & INFECTION CONTROL**

Marcella Oster, RDA

5

CE, Core

4

CE, Core

LR

cpr renewal courses

APRIL 14, 2012 (8:30am)

LR

golf tournament

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TO BENEFIT THE SDDS FOUNDATION**



MAY 11, 2012

www.sdds.org/GolfTourney.htm

JUNE 21, 2012
(7:05pm)

www.sdds.org/RiverCats.htm



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Article or series of articles of interest to the profession

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Remarkable cover

OVERALL NEWSLETTER (2007)
Exceptional publication overall

PLATINUM PENCIL (2010)
Outstanding use of graphics

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PRESIDENT'S MESSAGE



By **Victor Hawkins, DDS**

The Power of Humor IN THE WORKPLACE

Many books have been written about why humor is so beneficial, especially in one of the most common sources of stress — the workplace — our dental offices. Laughter rewards us with lower blood pressure, brings a feeling of well being and relaxes tension caused by stress.

Laughter, in this case, does not refer to the ability to tell a joke well. Rather, it is the ability to take a humorous view on a tenuous situation, bringing a team to the same page, feeling important and free of stress. It usually begins with a smile, a quip, a humorous way to look at a difficult circumstance or problem.

It is no secret that dentists are in a position to have some situations and episodes of stress in their lives. Dentists, by their very nature, must wear many hats — employer, business man/woman, problem solver, arbitrator, financial advisor, administrator, legal expert, artist, chemist, pharmacologist, time manager, teacher, mediator and more. All this while meeting everyone's expectations, wearing a smile and keeping calm at all times. Whew! A lot of responsibility and we must do it all day, every day.

An active sense of humor can put everything in perspective. It can make things more tolerable. It can help relieve tensions. It can help us through hard times, as one with a good sense of humor can put others at ease. It is good to be able to laugh at ourselves. You can't feel anxious, angry or sad when you are laughing.

Humor shifts perspective allowing us to see situations in a more realistic, less threatening light. It brings people together, especially those who depend on us every day.

A smile is the beginning of laughter and it is contagious. When you smile at someone, they almost always return it. It sets the mood for

An active sense of humor can put everything in perspective.

the moment and the conversation becomes more pleasant. When things seem to be taking off in a negative direction, a smile and a humorous thought can usually turn things in a positive, more tolerable direction.

The benefits of laughter in our dental offices are much the same as laughter anywhere else. Basically, laughing makes you feel good and reduces stress. Don't you think it makes sense to encourage more laughter in our offices, the source of a lot of people's stress? In addition to stress relief, a little comic relief can help build camaraderie within our dental teams.

Sharing humorous stories and jokes helps team members feel closer, helping teamwork become more effective. Of course the humor I'm talking about cannot offend anyone or be misdirected, or it will have a negative effect. I use humor every day in my dental practice to connect better with patients, my dental team and my peers. Humor is definitely a great equalizer. I challenge you to use it more and reap the rewards. Have fun! ■

LINK OF THE MONTH

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FROM THE EDITOR'S DESK



Private Practitioner Driven Research: ENGINE OF THE FUTURE?

By **Ash Vasanthan, DDS, MS**
Associate Editor

Yes, we are at an exciting time where the facet of research has added a whole new dimension: Practice Based Research. This term, although it might be new for most of us, has been an established one in the field of dentistry at least in some parts of the country and even the world.

It was during the completion of my residency at the University of Alabama School of Dentistry that the first dental practice based research network (DPBRN) was created. This was around 2005, where it was big news that our dental school research team had landed the biggest National Institute of Dental and Craniofacial Research (NIDCR — the dental division of NIH) grant in the history of the dental school. I believe it was around 25 million dollars and this obviously was huge.

Those who have been in academics, especially on the research side, may know what a prestigious award the NIDCR grant is and,

more importantly, how difficult it is to get one, given the rigorous process entailed in obtaining it.

DPBRN was something that the people at the NIDCR saw as a whole new direction for research, a practice based approach which had never been done before, at least not to the extent or magnitude this grant promised. This stemmed from the research team's initial effort of trying to tie practices to the University as early as 2002, to gather clinical data.

Based on its success with the pilot part of the study, the team was able to present it to NIDCR and obtain the huge grant. I believe NIDCR saw this as a new direction: one which was going to lead a whole group of clinicians into academics. They can be in their offices practicing everyday dentistry, and at the same time generate data for clinical analysis which will provide answers

for numerous unanswered questions. Imagine if you were practicing your everyday dentistry and someone was able to gather the data, tie it up with other practitioners in the Sacramento area, run the statistics and get some answers. That would be the most meaningful study for our Sacramento community. Most of the time we practice what was the conclusion of a study done in a far off country or state, but rarely are we able to customize it to our community.

I believe the time is not far off when our Sacramento area dentists will be part of a research network tied to a dental school in San Francisco or even to UC Davis. I hope that these PBRN's will soon become accessible to our local communities with the involvement of more dentists, thereby advancing the profession by applying scientific guidelines to generate robust clinical data which will drive the way we will practice dentistry in future. ■

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CATHY'S CORNER



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

THE NEWS...

We've been in the news lately! Hope you have seen it — or heard it on the radio.

It's an interesting progression of events; events that started 18 years ago with the Sacramento County's GMC program, started by the State as a pilot project. Sacramento is the only County in the State that has mandatory Geographic Managed Care.

Fast forward to today, or fast rewind to 1994 — either way... we are in the same spot we were 18 years ago. The program isn't working, the kids in need are not being seen, only 44% of the providers will see kids at age 1 and the State still calls the project a "pilot."

Thanks to the work of First 5's Children's Dental Task Force, the leadership of First 5 Commissioners Dr. Cindy Weideman and Dr. Terry Jones, the Sacramento County Public Health Advisory Committee, the Sacramento County Board of Supervisors, Assemblyman Richard Pan, Assemblyman Roger Dickenson, Senator Darrell Steinberg and the support of SDDS Board of Directors since 2004, WE ARE MAKING PROGRESS!

In my 11 years as the Executive Director of SDDS, I have heard Boards talk about what we can do, I've seen task forces do the research and all the results pointed out that the problem was "too big" for SDDS to make a change.

That's not the case. Persistence is the key.

Serving on the GMC Advisory Committee with First 5, we slowly and methodically called the State (DHHS) to the table, we asked the five plans to come to the table (some did, some did not) and made sure our member dentists were giving us the correct information so that we could use it appropriately.

Most importantly, we heard from the parents. They call SDDS daily for help and for referrals for their kids. We heard the horror stories of the run-around they were getting. And... we heard that kids in pain were not getting seen, nor were they getting referred to those dentists who could take care of them.

The work is not finished, by a long shot. But we are much farther along than we have ever been. Dr. Steven Cavagnolo, who testified at the Assembly hearing last week, said these are the same problems, the same issues and the same excuses we heard in 1996. The Sacramento County Board of Supervisors is making this a priority and Councilmember Phil Serna says he will now "own this." Never before has the County owned it. Thank you, Mr. Serna.

Moving GMC to a voluntary, not mandatory, program is the ESSENTIAL first step in fixing the barriers to care that are inherent with GMC. Fee for service (FFS) has its own problems; we know that (and we are committed to try to help fix some of those too). But we are making progress... finally.

Thank you to First 5, our members and our elected officials who continue to help us. We'll keep you posted! ■



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By **Ash Vasanthan, DDS, MS**
Associate Editor

Practice-Based Research Networks: A FEW BASICS

What is a Practice Based Research Network?

It is a conglomerate of dental practices and practitioners committed to improving clinical practice through research and collegiality. They have the potential to significantly and uniquely contribute to improving clinical practice. In this model, several private practices are tied to the University which will serve as the central connecting point to calibrate the practitioners, gather the data and disseminate them into several different forms of publications.

When did this whole new direction start?

In 2004, the National Institute of Dental and Craniofacial Research (NIDCR) created a whole new road map for dental research, with this being the most important aspect. The idea at the time was to invest 75 million dollars over the next seven years to create three practice-based research networks across the country. Ultimately, the grant was awarded to three dental schools: New York University along the North-East, University of Alabama at Birmingham in the South and University of Washington, Seattle for the West.

Who can be a part of this network?

Currently, these three networks are the ones that are funded heavily and have a structured way of working. Each network has dental practitioners and hygienists from quite a few states that are working with it and the network in Alabama even has three Scandinavian countries such as Norway, Sweden and Denmark operating out of the University of Denmark.

How do these networks operate?

These networks are created to have a few committees at different levels for an effective way of working. There is an executive committee at the top, which will come up with the research questions and study ideas. These will be forwarded to a protocol review

committee, which on merit will be passed on the other committees for execution. The data will then be utilized by the presentations and publications committee to publish the outcomes. Each committee would have a good spread and diversity to keep as unbiased as possible.

What is the specific advantage of this kind of research?

It has long been the feeling that most of the clinical research is done in academic settings or centers, which are far from the way dentistry is practiced every day in private practices. This makes up the bulk of how dental care is provided to the common man. Another problem or complaint has been that a lot of the research findings take a long time to get into everyday clinical practice. The PBRN addresses both of these issues in a dynamic way. Research is done in individual practitioner settings, in their own offices, and the academic center serves as a facilitator to get consistency in methodology and data collection. The method would also help to get started with translational research, where exciting new finds can find their way to dental offices sooner and provide meaningful data. In simple words, this study would reduce the usage of phrases like “It has worked for so long in my hands” or “the way we do it in our office is,” providing an accessible team to get

clinical evidence-based answers for everyday practice from practitioners themselves.

So, what's in it for the private practitioner?

PBRNs can improve clinical practice by engaging dentists in the development and implementation of studies that are of direct interest to them and their patients, and by incorporating findings from these studies into their daily clinical practice. It distinguishes the practice from others in the region, provides greater visibility and stature for patients. It allows practitioner-investigators to see what is effective in their practices in comparison to other practices, using results that are presented anonymously. It enhances communication with patients by showing that the practitioner-investigator cares about the scientific basis of daily clinical practice.

The answers for the questions above were the author's derivations from the four articles in this issue and personal experiences at the UAB school of dentistry. ■

Dr. Ash Vasanthan is a Diplomate of the American Academy of Periodontology and International Congress of Oral Implantology. He is an adjunct assistant professor at Univ. of Missouri, Kansas City. Currently, he is in full time private practice at Roseville, CA.

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The Value of Developing Practice Strategies THROUGH A PRACTICE-BASED RESEARCH NETWORK



By **E. Todd Scheyer, DDS** and **Rich Kao, DDS, PhD**
Private Practitioners, PBRN Participants

Recent controversy over SB694 brings to light certain needs regarding researching clinical “best practice design.” SB 694 says a new statewide office of dental director,

“may design and implement a scientifically rigorous study to assess the safety, quality, cost-effectiveness, and patient satisfaction of expanded dental procedures for the purpose of informing future decisions about how California can meet the state’s unmet oral health need for the state’s children. The research parameters of the study shall include public health settings, multiple models of dentist supervision, multiple pathways of education and training, and multiple dental providers. Procedures performed during the study shall be performed only by providers within the confines of a university-based study.”

The concern here is whether the parameters will truly reflect clinical practice. One critic argued that these new non-dental providers will need to have dental assistants to effectively and efficiently perform dental procedures in an efficacious manner. So, how can these models be tested? Presently the language suggests the creation of an alternative category of dental providers. Would this be DHATs, RDHEF, or Minnesota’s newly graduated mid-level providers? Do we know how we should design this new category of Californian alternative dental providers? This question may be best answered utilizing a practice-based research network (PBRN) approach to addressing the problem.

In a recent article in *General Dentistry* by Makhija et al., it was found that “PBRNs offer unique advantages both to research and quality improvement because they have the potential to move scientific advances into daily practice quickly, bring practice-relevant topics for research projects, and foster information sharing between practitioners.” Newly formed PBRNs in periodontics are providing validation of this concept to conduct research. Furthermore, PBRNs can often answer questions that are beyond clinical products and commercial influence. Issues that can be

addressed include clinically significant issues such as best strategies for identifying caries, managing bisphosphonate osteonecrosis of the jaw, or preventing periodontal diseases. There are many other applications that are yet to be tested and validated that could have a powerful impact on the dental health care system, such as, access to care issues.

The advantage of PBRN-based research is that, unlike academic research, where the research parameters are highly controlled and regulated, techniques or materials are tested in a daily practice environment. As such, differential response to operator and patient variabilities may be identified. When compared to commercially sponsored research, it may remove bias and allow for a wider range of evaluation. PBRN-based research may also focus on issues that may be of little commercial interest like long-term outcomes and patient satisfaction.

In the case of SB694, the PBRN approach can be one potential solution. The state dental director can assemble academicians and clinical practitioners to define issues of measurable clinical productivity, a scale of adverse events, financial analysis of cost versus productivity, and the impact of this alternative dental provider improving access to the underserved populations. A cooperative approach would be for academicians to define statistically definable measures while clinicians define a scalable measures based on patient safety, their preserved outcome measure and the clinical effectiveness. Whereas SB694 suggests the creation of an alternative dental provider category, funding for this program and finding an educational institution willing to carry out this training would be challenging. Added to this difficulty is that there is no clear model of which type of alternative dental provider model would work best... be it RDH-EF, DHAT, etc. Lastly, it would take three to five years before these new alternative dental providers can be placed in function. So in the California drive to seek a solution, would it not be better if academicians and clinical representatives from various models of alternative dental providers (DHAT,

RDH-EF, the newly graduated Minnesota mid-level providers, etc.) work jointly to exam prospectively the issue of safety, quality, cost-effectiveness, and patient satisfaction that can be provided by each of these systems? To prospectively evaluate currently available systems seems like a more prudent and efficient approach toward the answer of the dental access issue than designing a “new wheel” without this prospective evaluation. This approach would move us forward in a systematic fashion in addressing the dental access issue.

Although there is not an existing PBRN to utilize for issues related to the mid-level provider, the authors feel that there are templates for success that will assist with developing a PBRN. The flexibility of a PBRN allows for rapid development and implementation of a project to answer questions and validate processes efficiently. We feel that the dental health care system will reap many benefits from the utilization of PBRNs in the future. What better modality to assist the state of California in validating the very controversial topic of the mid-level provider as it relates to broadening access to care for our communities? ■

Dr. E. Todd Scheyer is currently in private practice limited to Periodontics and Implant Dentistry in Houston, Texas and Clinical Assistant Instructor at the UT- Houston. He has been a member of a practice based research network for eight years and is actively involved in a lot of research.

Dr. Kao maintains a private practice in Cupertino, CA and conducts PBRN and clinical trials on periodontal and regenerative therapeutics. He is also a Trustee for the CDA and the American Academy of Periodontology.

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Practice-Based Research Networks: STRENGTHENING THE KNOWLEDGE BASE FOR CLINICAL DECISION MAKING



By **Donald DeNucci, DDS**
Program Director of PBRN, NIDCR, NIH

Dentists face a lot of decisions in everyday practice: Whether to repair or replace a defective restoration? How to manage a cracked tooth? When to remove a third molar? Which agent to use for pulp capping? Often there are no high-quality research findings to guide practitioners, leaving them in some instances to rely on clinical experience alone — a valuable though inherently empirical approach to dental care.

To strengthen the knowledge base for clinical decision-making in dental offices, the National Institute of Dental and Craniofacial Research (NIDCR), one of the U.S. National Institutes of Health, established three regional Practice-Based Research Networks (PBRNs) in 2005. Funded for seven years, the regional networks have enlisted practicing dentists and hygienists to propose and conduct clinical studies on issues important in general dental practice, including those mentioned at the top of this article.

This approach to generating data about oral health treatments and preventive regimens has proven so successful that the regional PBRNs, whose funding expires in March 2012, are being succeeded by a National Dental PBRN. The national network will build on the work of the regional networks and leverage the power of a large network of practitioners to conduct

national studies on topics of importance to dentistry. While the initial focus will be on general dental practice, the network will also include studies in dental specialty areas.

The National Dental PBRN will conduct a variety of relatively short-term clinical studies, most of them designed to compare

Another advantage of practice-based research is that it can be performed rapidly because it uses the existing personnel and infrastructure of established dental practices.

the effectiveness of oral health treatments and preventive regimens. Anonymous chart reviews may also be conducted, to provide data on disease and treatment trends and to obtain estimates of the prevalence of less common conditions.

Like the precursor regional networks, the national network will draw on the insight and experience of practicing clinicians to come up with research questions. Because

the research will be conducted in the real-world environment of dental practice, the results are more likely to be accepted and adopted by practitioners. Another advantage of practice-based research is that it can be performed rapidly because it uses the existing personnel and infrastructure of established dental practices.

Who can participate in the national PBRN? Dentists, hygienists and other dental professionals from solo and group private practices, community clinics, health maintenance organizations, the U.S. federal dental services and other diverse practice venues are encouraged to participate. At this writing, the regional networks are winding up and the national network will soon be announced. Information about the network and the enrollment process will be provided in the coming weeks on the NIDCR's website (www.nidcr.nih.gov, and use the A-Z index to look for PBRN). In the meantime, interested dentists can contact Dr. Donald DeNucci, NIDCR program director for PBRNs at denuccid@nidcr.nih.gov. ■

Dr. Denucci is the Program Director for Practice-Based Research Networks at the National Institute of Dental and Craniofacial Research, National Institutes of Health.

IN MEMORIAM



EDWARD LEWELL SMITH, JR., DDS

Dr. Edward "Lew" Smith passed away on September 11, 2011. He was 75 years old. Dr. Smith graduated from Loma Linda University in 1959 and practiced dentistry after that until his retirement in 2009. He was a member of SDDS for five years.



DOUGLAS H. YEE, DDS

Dr. Douglas Yee passed away on March 18, 2012, survived by his wife Karun and two children. He was 62 years old. Dr. Yee graduated from Loma Linda University in 1973 and was a member of SDDS for 39 years. ■

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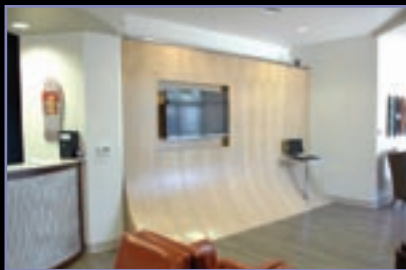
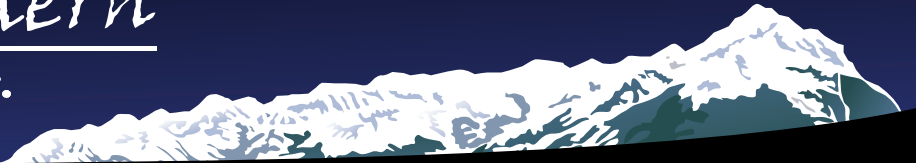


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*Statistics as of May 2011. Visit www.sjvc.edu for the most updated information.

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LETTER TO THE EDITOR

I Was Just Thinking... ETHICS & POLITICS



By **Steve Leighty, DDS**

I have spent a lot of time thinking about ethics and politics recently. Access to Care and mid-level providers is an issue that is permeating the dental community across the country. Would you believe there are colleagues who are not aware of these issues? It's true - I talk to them every day. This article is about how I was forced to confront my sense of ethics.

In May 2000, the Surgeon General called attention to Access to Care deficiencies in dentistry. President Obama made Health Care Reform a major policy act early in his administration. Many states either have or are considering legislation to allow non-traditional or non-dental providers to provide dental services to underserved patients.

Some of the world's first dental therapists were trained in New Zealand. Alaska has Dental Health Aide Therapists (DHATs) who are allowed to perform a wide range of procedures including extractions and restorative procedures using a handpiece. Alaskan DHATs are being trained at the University of Washington, and are currently restricted to working on Federal Indian Reservations. They have supervising dentists, generally by phone. In some states, mid-level providers come from the RDH ranks.

I serve as a Director with the CALAOMS Board, the Western Society of OMS, and am a CDA Delegate for Sacramento District Dental Society. I have been a CDA member since my first year at UCSF and have been a strong supporter of organized dentistry.

Since the House of Delegates last November, I have found myself testifying to the Senate Appropriations Committee, looking at a petition to call for a Special House of Delegates, and sifting through a barrage of daily emails that dwarfs anything I've ever seen, not to mention conference calls, caucuses, and reading background material. In the process, I've struggled internally about whether I was doing the right thing. What if my personal view was in opposition to CDA's support of California's own SB 694? Is it

ethical for a dentist to be opposed to CDA's political or policy agenda?

At our CALAOMS meeting in San Francisco in January, the Board of Directors voted to create and publish a position letter in

I've heard the argument that instead of focusing on the 30% of patients that are underserved, that dentistry should celebrate the 70% that are well-served.

opposition of this bill that CDA supported. There was conflict in that I was a member of both organizations. I testified at the Senate on behalf of CALAOMS; more internal conflict within a week.

When I watch the process of choosing a GOP candidate, I have feelings ranging from laughter to despair. I ask myself whether I'm watching legitimate political discussion or entertainment. The newspaper is full of conflicts: domestic drilling policy, Occupy Wall Street, global warming. In ethical terms, where do we draw the line for dental politics?

Recently, *Christianity Today* ran an interesting article asking the question of how a Christian should act in this age of ever-polarizing political activity. Is God honored when people claiming to be followers lash out with outlandish accusations of their opponents?

My follow-up questions for us in the dental community are: Are our patients (the public) well served when the dental community disagrees so strongly with each other? Is our profession well served when we dentists are divided?

We dentists are not acting to make policy decisions in a vacuum. CDA, our component societies, CALAOMS, other specialty organizations, the California legislature, the Foundations, our lobbyists and PACs all have a stake in this argument.

Growing numbers of people are frustrated with government at many levels. Why do politicians battle so much among themselves? Why does the government take so long and seem to be so ineffective in addressing and solving so many problems?

The article in *Christianity Today* (January 2012) is taken from a book by Amy Black called Honoring God in Red or Blue: Approaching Politics with Humility, Grace, and Reason, to be published soon (Moody, June 2012).

Political scientists categorize political questions in two groups: easy or hard. Easy questions are often moral in nature. For instance, gay marriage, abortion or medical marijuana are issues for which most of us quickly and instinctively choose one side or the other. Although the issues may themselves be complex, the focus is on the end goal.

On the other hand, even though virtually every American would say that terrorism is wrong, the solution for the best way to fight terrorism quickly splinters us apart. Should we go to war? Should we institute economic controls? How much money should we budget? This is a hard question, because we can't agree on the best means to get to a common endpoint, which we all do agree upon.

I tend to place Access to Care in the hard category, since it seems like we would all agree that everyone should have dental care, right? At least the kids, right? Actually, even that statement is controversial. At the federal level, President Obama's Healthcare Reform presupposes that healthcare is a right to all people. Many people question that policy. Similar conflicts are associated with Access to Care background. For instance, I've seen conflicts among the information and maps that identify underserved dental areas.

I've heard the argument that instead of focusing on the 30% of patients that are underserved, that dentistry should celebrate the 70% that are well-served. Active discussions among the various stakeholders involve the definition of the terms: provider, non-traditional,

alternative, irreversible, expanded and so on. There are well-developed arguments surrounding even the need for or design of research projects involving the study of mid-level providers. I have to conclude that this issue is even more complex than it appears because of the difficulties in defining the problem itself and the potential solutions.

When we disagree on the ends (easy questions), the two sides use absolutist and moralistic terms and tend to be judgmental of the opposing view-holders. It is tough to compromise in these situations. When we disagree on the means (hard questions), it seems more likely that there could be room for compromise and negotiation.

How should we as dentists conduct ourselves and our discussion about political and policy issues? One option would be to remain neutral and leave this up to “someone else” (leaders and lawmakers). Another option is for all dentists to educate themselves and become engaged on some level. We, in representative or leadership roles, should already be committed to researching, discussing and being in dialogue with other stakeholders.

Prompted by this ethics article from the magazine, I offer a few suggestions for those dealing with difficult decisions:

Admit the complexity of political issues

Most of us would wish to solve problems quickly and cleanly and get back to the business of dentistry as soon as possible. Access to Care may be an issue that will be a longer, multi-step process. Given the stakes of our decisions, it is important to ask questions, expect transparency and understand the issues, the stakeholders and the process.

Play fair with the war of words

We should not engage in vicious attacks, nor support those who do. Overstatement is sometimes necessary to highlight important differences and simplify complex points. Those who use catch phrases or one-liners should not use them to demonize our rivals or distort their positions.

Engage hard issues ethically

Politics has the reputation of being a dirty business. As dental professionals, we should strive to avoid extremism and the fueling of political fires. We should challenge ourselves to find ways to firmly but respectfully disagree with our opponents, utilizing truthful and civil political engagement. If we look at those who disagree with us as enemies, we lose the opportunity for meaningful dialogue and mutual respect.

I have many friends who are on opposing sides of our Access to Care issues. These are professional colleagues for whom I have great respect. As a general rule, I don't like being confrontational. As I mature (I'm aging for sure, I hope there is some maturation) though, I see that it is wrong to remain silent when I have something to say or contribute to an argument. How do I do that in an ethical manner?

Get informed, act professionally in all of your affairs and join with your colleagues in solving the issues affecting dentistry. It is only through our combined strength and ethical behavior that we have a chance to make California dentistry even better than it already is. ■

Since this article was originally written, the special House of Delegates occurred in March in Oakland. I was pleased to see that the discussions and floor debate were professionally conducted. Resolution 1S6 was amended and passed. I think it was a good start to some healing and renewed cooperation between the two sides. We now need to roll up our sleeves and continue to represent the dental community in the best, and ethical, way that we can.

— Steve Leighty, DDS



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Mardi Gras

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& MidWinter
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2012 MidWinter
Convention!

SDDS CE Committee

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Todd Andrews, DDS • Michael Forde, DDS, MS • Gary Griffin, DDS
Jag Heir, DMD, MD • Matthew Lau, DDS • Steve Leighty, DDS
Teresa Lua, RDAEF2 • Christy Rollofson, DDS • Damon Szymanowski, DMD
Joel Whiteman, DDS • Beverly Kodama, DDS • Monica Tavallaei, DMD •
Wallace Bellamy, DMD (Liaison) • Brian Roysse, DDS (Liaison)

MidWinter 2012 Speaker Hosts

Arlen Edson • Cathy Levering • Dr. Beverly Kodama • Dr. Friz Diaz
Dr. Gary Griffin • Dr. Jennifer Goss • Dr. Joel Whiteman
Dr. Jonathan Szymanowski • Dr. Kevin Keating • Dr. Michael Forde
Dr. Nick Rotas • Dr. Robert DiGiorno • Dr. Russell Anders • Dr. Steve Leighty
Dr. Todd Andrews • Dr. Wallace Bellamy • Gay Sharp • Teresa Lua, RDAEF2

What are attendees saying?

It was awesome!! Food, fun, friends and CE! There were cupcakes and massages and candy (and oh yeah, CE!) — Dr. Jennifer Goss

Beads to all! You put on a good show! — Dr. Michael Boyce

The 2012 SDDS MidWinter Convention exceeded my expectations! It had a fun-filled, exciting, energizing vibe to it, which rejuvenated dental souls. The CE topics were very well chosen and I made a lot of new acquaintances over the amazing lunches. Kudos to all the SDDS staff members who worked so relentlessly to make it a well-rounded positive experience for all of us. Thank You!! — Dr. Sirisha Krishnamurthy

The vendors enjoyed the convention! Many said they will definitely be back. It was a great time and you gals did a wonderful job! — Dr. Beverly Kodama

My name was picked in the raffle to win the ergonomic dental chair. I use it every time I am at work and I love it! Thank you so much! I will definitely be returning to future MidWinter Conventions because I won prizes and I was able to take classes to fulfill my CE requirements. — Susan Hendsbee

TRUSTEE REPORT

Kevin Keating, DDS, MS
Don Rollofson, DMD
CDA Trustees



March 9–10, 2012

CDA BOARD OF TRUSTEES

Senate Bill SB694:

As a result of concern over the rapid movement of this legislation members of the House of Delegates called for a Special House of Delegates and the Board of Trustees held a Special Board of Trustees meeting. The purpose for each was to reexamine our legislative position and policy relative to this legislation. For as many years as I have been your Trustee for the California Dental Association there have been many issues facing organized dentistry that as a Trustees we have had to deal with. This one issue is the most dramatic and I dare say, traumatic issue we have faced in my tenure as your Trustee. The legislative efforts relative to solving the Access to Care issues by state legislatures are putting the profession of oral health care delivery at a crossroads that will impact the future of oral health care delivery. Senate Bill SB964 was sponsored by Senator Pedilla for the Children's Partnership, a coalition of Foundations trying to improve care to children living within the 30% of the population not reached by current oral health care delivery systems. After much reflection and debate on the strategy and our policy relative to this legislation, the House revised the policy and strategy for CDA's position on the legislation. In short, CDA will support a study of existing provider models already existing within the workforce regulations to provide care to this population.

Process Review Subcommittee:

The development of both the policy and our strategies for dealing with the political pressures of workforce models relative to solving the access care issues has evolved over the past several years. At this last meeting Board of Trustees spent much time discussing issues relative to the development of CDA's policy and strategy. The Board established a Subcommittee for the specific purpose to look back by debriefing those who have had active roles in the process. The purpose of debriefing is to provide an analysis in order to improve our ability to respond to future challenges. I am pleased to say I was nominated and elected to serve on this committee.

Freshman Trustee Bob Gillis:

This meeting was Bob Gillis' first full CDA Board of Trustees meeting. Sacramento has sent a great representative who has been well prepared for the role of Trustee by his service on the SDDS Board of Directors and the SDDS Foundation. ■

COMMITTEE CORNER

YOU ASKED FOR THIS!

Nugget Survey 2009



By **Damon Szymanowski, DMD**
Golf Committee Chair

Golf Committee SWING FOR SMILES!

It is time to break out your golf clubs and golf shoes and start practicing for our annual Swing for Smiles Golf Tournament! This year we are returning to the beautiful Turkey Creek Golf Club in Lincoln! Now is the time to call your golf buddies and put together a foursome for a day filled with fun! There will be several contests to test your competitive edge, such as the longest drive, closest to the pin, putting and a handful of amazing prizes up for grabs! Don't forget all proceeds go to benefit the Sacramento District Dental Society Foundation which supports Smiles for Kids, Smiles for Big Kids, in addition to the 1st Tooth 1st Birthday campaign and the "Tooth Fairy Dental Education Program!"

Mark your calendar for **May 11, 2012** — sign up today! ■

GOLF TOURNEY
Friday • May 11, 2012

Annual Golf Tournament to benefit the Sacramento District Dental Society Foundation

Turkey Creek Golf Club
(Lincoln, CA)

8:00am Shotgun

All SDDS members and their guests are invited!
Join us for...

CONTESTS!
DRINKS ON THE COURSE!
RAFFLE PRIZES!
GOLF SOUVENIRS!
& MORE!

SWING for SMILES!

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Sacramento District Dental Society's Foundation

\$175/ golfer • \$675/foursome
www.sdds.org/GolfTourney.htm

SDDS COMMITTEE MEETINGS (2012):

1st Tooth or 1st Birthday Task Force (6:30pm)
May 21

Access to Care Task Force (7:30am)
Future Meetings TBA

Amalgam Task Force (7:30am)
Future Meetings TBA

Board of Directors (6:00pm)
May 1 • Sept 4 • Nov 6

Continuing Education (6:00pm)
Apr 3 • May 1 • Sept 18 • Oct 30

CPR (6:00pm)
Apr 30 (calibration)

Dental Careers Workgroup
Meetings scheduled as needed

Ethics (6:30pm)
Apr 30 • Sept 19

Foundation (SDDF) (6:15pm)
July 30 • Nov 29

Geriatric Task Force (6:15pm)
Future Meetings TBA

GMC Task Force (3:00pm)
Meetings monthly

Golf (6:00pm)
Apr 4 • Apr 17 • May 11 (Tourney)

Leadership Development (6:00pm)
Apr 17

Mass Disaster / Forensics (6:30pm)
Spring 2012

Membership (6:00pm)
May 21 • Sept 26 • Nov 28

Nugget Editorial (6:15pm)
June 12 • Sept 25

Peer Review (6:15pm)
Apr 24 • Sept 17 • Nov 27

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. The member cannot identify herself.

WATCH FOR THE ANSWER IN THE MAY 2012 NUGGET!

Answer from March 2012 issue:
Dr. Richard Behl

Congratulations, Dr. Michael Mullen for guessing correctly!



BOARD REPORT

Respectfully Submitted by **Kelly Giannetti, DMD, MS**
Secretary



MARCH 13, 2012

PRESIDENT'S REPORT

Dr. Hawkins reported that we have had a very busy last few months! Smiles for Kids, MidWinter Convention, a special House of Delegates — all within the last month! Thank you to all volunteers who have helped make all such successes.

SECRETARY'S REPORT

Dr. Giannetti stated that we have surpassed our goal of 80% market share.

TREASURER'S REPORT

Dr. Ackerman reported that the fiscal year end finished positively. Expenses were down and income was almost pinpoint to the budget. We will fund \$20,000 to our operating and building reserves. **It was M/C to accept the 2011 Fiscal Year end report as presented by Dr. Ackerman.**

EXECUTIVE DIRECTOR'S REPORT

In a written report, Cathy updated the Board on the current GMC progress (see Cathy's

Corner this month). 1st Tooth or 1st Birthday is going into the year two phase — outreach to the pediatric community.

UNFINISHED BUSINESS

- Geriatric Education Task Force: Dr. Patel presented the task force's plan to the Board; the plan includes speakers to the geriatric health care facilities and much education for the care of the elderly. **It was M/C to appoint Dr. Patel the chair of a geriatric work group.** The task force is complete; now the workgroup takes over and implements the plan. (Members are welcome to sign up to be speakers — or just to learn more about it.)
- CDA Special House of Delegates: Dr. Keating reported that a compromise on the access to care issue and legislation was agreed upon on March 3rd in Oakland.
- CDA Leadership Conference: Dr. Bellamy gave a report on the Leadership Conference, attended by seven SDDS members. Thanks for attending all!

- Leadership Development: Dr. Chan and his committee are working on nominations for the 2013 year. The slate will be announced in June.

NEW BUSINESS

- **It was M/C to approve the SACPAC Bylaws revisions.**
- Dr. Giannetti reviewed the membership survey results; thanks to all SDDS members who provided feedback — the results will be the road map for all strategic plan work for the next two years.
- Dr. Wallace gave the Board a fluoride update for Yolo County. There has been positive movement. Also, the First 5 Sac County Commission voted to restore \$5 million for the Golden State Water District (Rancho Cordova) for fluoridation.

TRUSTEE'S REPORT

Dr. Gillis and Dr. Keating gave the Trustee's report from the March 9–10 BOT meeting. The Trustees passed a resolution to honor the minority position in all future reports; there will be a “de-briefing” of the process at CDA. ■

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.

Next Board Meeting:
May 1, 2012 at 6:00pm

Need a job? Need an associate?
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[www.sdds.org/
JobBank.htm](http://www.sdds.org/JobBank.htm)



SDDS
JOB BANK

2011 SDDS ANNUAL REPORT



By **Wai Chan, DDS**
SDDS President, 2011



From Your 2011 SDDS President...

One cannot run a business without a budget. SDDS is in the business of serving our members and enhancing the oral health of our community. I would like to report to you that your Board and your Executive Director have exercised their due diligence in making sure they work within a budget. Not only do we have a balanced budget, we also have both an operating reserve fund and building reserve fund. At the end of 2011 we added another \$10,000 to each of our reserve funds. (see chart, bottom right)

The affairs of SDDS are managed by your Board of Directors. We are blessed to have dedicated Board members and talented staff. They have worked hard to make sure things go smoothly.

Here is a recap of what your Dental Society has accomplished last year. In January, SDDS kicked off the "1st Tooth or 1st Birthday" campaign, educating the public and healthcare professionals that children should have their oral exam and a dental home by one year of age. SDDS received a Golden Apple from ADA on this campaign. We had our MidWinter Convention in February. In April, over 200 SDDS members participated at the four-day RAM event. We have monthly general membership meetings. We have Dentists in Business Forums (formerly Member Forums), CPR classes and CE classes. Our Peer Review Committee, Membership Committee and CE Committee members have worked hard to meet the needs of our members. We continue to work with the pre-dental students from UCSD and CSUS, mentoring them and guiding them.

We continue in our support of community water fluoridation. We participated in the Sacramento County Public Health Advisory Board Denti-Cal GMC subcommittee to increase oral health access for underserved children. We are involved in discussion with the Sacramento Regional County Sanitation District on the upcoming EPA requirement of amalgam separators in dental offices. We supported our Sacramento District Dental Foundation through our participation in the Smile Sacramento Gala.

We have a new strategic plan. Our SDDS delegates have represented SDDS well at the CDA House of Delegates, discussing and making decisions on various issues that will impact our profession.

Our Executive Director, Cathy Levering, has persisted in doing what is right for our community, serving on various committees and task forces in CDA and Sacramento County and providing ideas and information that benefit our community and our profession.

SDDS distinguishes itself as a strong organization because of the participation of our members. Without your active participation, SDDS would never be the way it is now. Thank you. ■

2011 EXECUTIVE COMMITTEE:

President: Wai Chan, DDS • **Immediate Past President:** Terrence Jones, DDS
President Elect: Victor Hawkins, DDS • **Treasurer:** Gary Ackerman, DDS • **Secretary:** Kelly Giannetti, DMD, MS
Editor: James Musser, DDS • **Executive Director:** Cathy Levering

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Kenneth Moore, DDS • Craig Johnson, DDS • Viren Patel, DDS • Brian Royse, DDS • Kim Wallace, DDS

2011 Membership Report

NEW MEMBERS

NEW MEMBERS: 34
NEW DUAL: 1
NEW AFFILIATE: 0
NEW STUDENT: 10
NEW PROVISIONAL: 2
NEW TRANSFERS: 30

TOTAL NEW MEMBERS FOR 2011: 77

CURRENT MEMBERS

ACTIVE: 1,323
RETIRED: 201
DUAL: 2
AFFILIATE: 11
STUDENT: 9
DHP: 41

TOTAL MEMBERSHIP (as of 12.14.2011): 1,590

2011 FISCAL YEAR END

CURRENT ASSETS

Cash	\$268,949
Building Reserves	\$133,224
Operating Reserves	\$291,474
Accounts Receivable	\$30,804
Prepaid Expenses	\$40,202
TOTAL CURRENT ASSETS:	\$764,654
TOTAL FIXED ASSETS:	\$364,674
TOTAL ASSETS:	\$1,129,327

LIABILITIES & EQUITY

CURRENT LIABILITIES

Accounts Payable	\$14,640
Deferred Revenue	\$247,334
TOTAL CURRENT LIABILITIES:	\$260,633

EQUITY

Retained Earnings	\$838,824
Net Income	\$28,530
TOTAL EQUITY:	\$867,354
TOTAL LIABILITIES & EQUITY:	\$1,129,327



YOU

THE DENTIST, THE EMPLOYER

Pregnancy Leave Law CREATES CONFUSION

From **California Employers Association (CEA)**

With the recent passage of Senate Bill 299, many employers are confused on how to continue coverage for an employee on a pregnancy disability leave (PDL) when the

(2) (A) For an employer to refuse to maintain and pay for coverage for an eligible female employee who takes leave pursuant to paragraph (1) under a group health plan, as defined in Section 5000 (b)(1) of the Internal Revenue Code of 1986, for the duration of the leave, not to exceed four months over the course of a 12-month period, commencing on the date the leave taken under paragraph (1) begins, at the level and under the conditions that coverage would have been provided if the employee had continued in employment continuously for the duration of the leave. Nothing in this paragraph shall preclude an employer from maintaining and paying for coverage under a group health plan beyond four months.

If you cancel the insurance... the potential liability from such an act outweighs the few hundred dollars the employer might be out if the employee never returns.

employee has a co-pay obligation but does not have any wages. Does the employer have to collect the co-pay? Does the employer pay for the full premium while the employee is out on leave and then ask for a reimbursement when the employee returns?

SB 299 states:

It shall be an unlawful employment practice, unless based upon a bona fide occupational qualification:

(a) (1) For an employer to refuse to allow a female employee disabled by pregnancy, childbirth, or a related medical condition to take a leave for a reasonable period of time not to exceed four months and thereafter return to work, as set forth in the commission's regulations. The employee shall be entitled to utilize any accrued vacation leave during this period of time. Reasonable period of time means that period during which the female employee is disabled on account of pregnancy, childbirth, or a related medical condition. An employer may require an employee who plans to take a leave pursuant to this subdivision to give the employer reasonable notice of the date the leave shall commence and the estimated duration of the leave.

CEA contacted our attorneys and the Senator's office who wrote this bill, but no one can clarify the original question above. Our attorneys are of the same opinion: first give a written notice to the employee going out on PDL that the co-pay must be paid by a date certain (usually the first or fifteenth of the month).

If you cancel the insurance, the first time the employee fails to make a payment on the date set by the employer, the potential liability from such an act outweighs the few hundred dollars the employer might be out if the employee never returns.

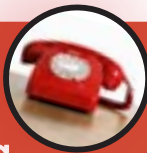
If the employee fails to pay during her period of leave, but then returns to work, the employer can attempt to get a written authorization to make the additional deduction from pay, but if the employee refuses, the employer's only alternative is to seek compensation in court.

This truly is an unfair burden on the employer and we will push the Senator's office (who wrote the bill) to get further clarification on this matter. For now, we recommend you pay and ask for reimbursement. ■

YOU ARE A DENTIST. You've been to school, taken your Boards and settled into practice. End of story?

Not quite. Employee evaluations, hiring and firing, labor laws and personnel files are an important part of being an employer. Are you up on the changes that happen nearly EVERY January 1st?

In this monthly column, we will offer information pertinent to you, the dentist as the employer.



HR audio conferences

APRIL 25, 2012

STAFF EVALUATIONS: HOW, WHEN, WHY?

- Effective appraisals
- Goals and timelines
- Follow-up to reinforce past appraisals
- Legal considerations

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Dennis Nelson, CPA
916.988.8583
www.cpa4dentists.net



FINANCIAL SERVICES
Eagle West Group, Inc.
Chris Nunn
916.367.4540
www.eaglewestgroup.com



FINANCIAL SERVICES
Fechter & Company
Craig Fechter, CPA
916.333.5370
www.fechtercpa.com



FINANCIAL SERVICES
Financial Management Associates, Inc.
Ted Darrow, Client Relations & Marketing
916.985.9559 • www.fmcentral.com



FINANCIAL SERVICES
First US Community Credit Union
Gordon Gerwig, Business Services Manager
916.576.5650 www.firstus.org



DENTAL SUPPLIES
Henry Schein Dental
916.626.3002
www.henryschein.com



DENTAL SUPPLIES
IDS Sacramento (formerly RelyAid)
Jim Alfheim 559.367.1392
Tony Vigil 916.807.0590
www.idssacramento.com



FINANCIAL SERVICES
Mann, Urrutia, Nelson, CPAs
John Urrutia, CPA, Partner
Chris Mann, CPA, Partner
916.774.4208 www.muncpas.com



CONSTRUCTION
Olson Construction, Inc.
David Olson
209.366.2486
www.olsonconstructioninc.com



TECHNOLOGY
Pact-One
Dan Edwards, President
866.722.8663
www.pact-one.com



DENTAL SUPPLIES
Patterson Dental
James Ryan
800.736.4688
www.pattersondental.com



STAFFING SERVICES
Resource Staffing Group
Debbie Kemper
916.993.4182 www.resourcestaff.com



MAGAZINE
Sacramento Magazine
Becki Bell, Marketing Director
916.452.6200 www.sacmag.com



PRECIOUS METAL REFINING
Star Group Global Refining
Jim Ryan, Sales Consultant
800.333.9990 www.starrefining.com



INSURANCE
The Dentists Insurance Company
Charise Salivar
916.554.4919
www.cda.org



TECHNOLOGY
Tekfix Team
Garrett Gatewood, President
877.291.1099
www.tekfixteam.net



CONSTRUCTION
Tilcon Dental Building Specialists
Jeff Tilford, Owner
916.258.5538
www.tilconbuilders.com



FINANCIAL SERVICES
Union Bank
Lydia Ramirez
916.533.6882 www.unionbank.com



INTERIOR DESIGN
Western Contract
Jeanne Maloney, V.P. Healthcare
916.213.1742
www.westerncontract.com



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Western Practice Sales
Tim Giroux, DDS, President
John Noble, MBA
800.641.4179
www.westernpracticesales.com

THIS COULD BE YOU!

To find out more about the Vendor Membership program, visit:
www.sdds.org/vendor_member.htm

Please note that **Principal Financial Group** has elected not to renew their Vendor Membership at this time. Please remove them from your directory. We appreciate their past support and hope that they will return soon.

VENDOR MEMBER SPOTLIGHTS:



Oral Health Care Products from Crest and Oral B

Products and Services

- Pro-Health Systems: Solutions for Gingivitis, Sensitivity, Whitening, and Orthodontics
- Ortho Essentials — a comprehensive Hygiene and Marketing Program
- Crest Oral B Essentials Plan — Hygiene Pt products — Save by becoming a member
- Crest® Pro Health Toothpaste
- Oral B® Pro Care Series and Sonic Power Toothbrushes
- Oral B® Toothbrushes
- Oral B® interdental products
- Crest® Professional Whitestrips (not available in stores)
- Glide Floss®
- Crest® Pro Health Rinse
- Scope® Mouthwash
- Fixodent®
- FREE Patient Education Materials
- FREE Children's Dental Health Month Materials
- FREE Education pamphlets and chair side visuals/posters
- Lunch and Learn Educational Seminars

Benefits, Services, Special Pricing and/or Discounts for SDDS Members

Call to schedule a Lunch and Learn and mention you heard about us in Nugget to receive a FREE gift.

Kevin McKittrick

mckittrick.kt@pg.com
(916) 765-9101 cell

www.dentalcare.com

Lauren Herman

herman.lp@pg.com
(209) 969-6468 cell



Star Group is a refiner of precious scrap metal for the dental industry. We are proud to be associated with the Sacramento District Dental Society program "Crowns For Kids," a scrap recycling program, which gives back to the children's community healthcare foundation program.

Products and Services

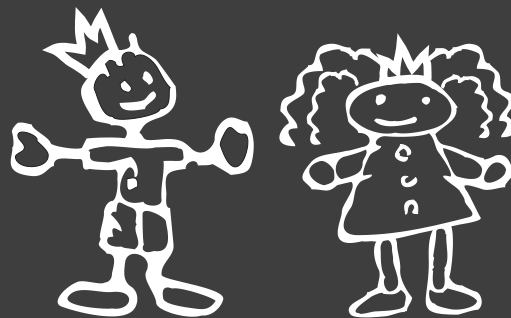
We recycle precious metals on behalf of the Sacramento District Dental Society for their "Crowns For Kids" program. Please contact your Regional Valuation Consultant, Jim Ryan.

Benefits, Services, Special Pricing and/or Discounts for SDDS Members

Star Group is a partner of the Sacramento District Dental Foundation "Smiles for Kids" and "Crowns for Kids" programs

Jim Ryan

(209) 594.5200 cell • jryan@stargroupUS.com
www.stargroupUS.com • (800) 333.9990



Crowns for Kids®

WE'RE BLOWING YOUR HORN!



CONGRATULATIONS TO...

Drs. Kristy and Joel Whiteman, on the birth of their baby boy on February 24. He was 7 lbs., 15 oz; 19 ¾ inches.

Dr. Craig and Sherri Johnson, who have embarked on a chicken adventure! With **Kevin McCurry's** family and one other family in their new Wyoming mountain home, the Johnsons have built a coop and begun raising chickens to help with disposal of wet waste and to provide them with fresh eggs. (photos at right)

Dr. Phil Quinley, on his retirement and the transition of his practice to new partner, **Dr. Elizabeth de Gaust**.

Teresa Lua, RDAEF2, on her appointment to the State Board for Auxiliaries.

Dr. Beverly Kodama, on her appointment as a Maternal, Child and Adolescent Health Advisory Board Representative for the County of Sacramento.

Dr. Kevin Keating, who was selected by the CDA Board of Trustees to serve on the Process Review Subcommittee.

Dr. Tiffany Favero-Holladay and her father, **Dr. Rex Favero**, who moved into their new office in Sacramento in mid-December and are now settled in for business. ■



Have some news you'd like to share with the Society? Please send your information (via email, fax or mail) to SDDS for publication in the *Nugget*!

CORRECTION

In the January 2012 issue of the *Nugget*, Dr. Jerome Dobak was inadvertently omitted from the listing of past Distinguished Members. Dr. Dobak held the honor of SDDS Distinguished Member in 1982. SDDS regrets the error and apologizes to Dr. Dobak.



ARE YOU AN SDDS FAN?



Search for **Sacramento District Dental Society** on www.facebook.com

VOLUNTEER Opportunities



SMILES FOR KIDS

VOLUNTEERS NEEDED: Doctors to “adopt” patients seen on Smiles for Kids Day (February 4, 2012) for follow-up care.

CONTACT INFO:
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.com)

HIRAM JOHNSON H.S.

VOLUNTEERS NEEDED: Dentists and dental hygienists to volunteer one morning a month or every other month to treat Hiram Johnson High School students.

CONTACT INFO:
Dr. Wai Chan (916.267.4816 • wmchan@frontiernet.net)

RAM (Remote Area Medical)

DATES: March 30–April 2 (Sacramento)

VOLUNTEERS NEEDED: Dentists, dental hygienists and dental students to help provide free dental care.

TO VOLUNTEER, CONTACT:
RAM (www.ram-ca.org/Volunteers/VolunteerRegistration.aspx)
This event is sponsored by California Association of Oral & Maxillofacial Surgeons.

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

CONTACT INFO:
Ed Gilbert (916.925.9379 • ccmp.pa@juno.com)

THE GATHERING INN

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

CONTACT INFO:
Ann Peck (916.296.4057 • annpeck49@aol.com)
Volunteer Coordinator

WILLOW DENTAL CLINIC

VOLUNTEERS NEEDED: Dentists and hygienists

EQUIPMENT NEEDED: Mobile equipment to loan or donate — currently limited to using the mobile equipment and instruments brought in by Dr. Alex Tomaich and Dr. Dagon Jones

TO VOLUNTEER, CONTACT:
Michael Robins (530.864.8843 • marobbins@ucdavis.edu)
volunteering or donations

MISSIONS OF MERCY (CDA Cares)

DATES: May 18–19 (Modesto), Aug 24–25 (Cal Expo, Sacramento)

VOLUNTEERS NEEDED: Dentists, dental hygienists, assistants, students, lab technicians, office staff, specialists including oral surgeons (+/- 100 dentist/day needed), and other community members willing to donate time!

TO VOLUNTEER, CONTACT:
CDA Cares (link to volunteer form available at www.sdds.org/Volunteer.htm)
This event is sponsored by CDA and CDA Foundation, in partnership with Missions of Mercy.

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DOWNTOWN SACRAMENTO DENTAL OFFICE

22nd & Capitol

Long Term Lease



6 Operatories
Extensive plumbing
Large Lab
Extras

For info:
Mike Hooper
(916) 955-1955

VOLUNTEER LEADERSHIP OPPORTUNITIES AT CDA

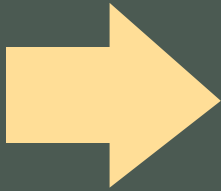


CDA is now accepting volunteer leadership applications for positions beginning in November 2012. Opportunities available include service on the Council on Peer Review, the Judicial Council and the CDA Foundation Board of Directors. Complete information about positions available, the requirements for service and the application can be found online at cda.org/volunteer. The online application process takes about 20 minutes to complete and members will receive an email confirmation within minutes of submission. The online application also includes a feature allowing candidates to save their work and come back at a later time to complete the process.

Other volunteer opportunities include positions on the Committee on the New Dentist, Council on Endorsed Programs and the Policy Development Council, to name only a few. Lengths of volunteer terms depend upon the position, but are from one to three years, with members eligible to serve multiple terms on most committees. Members can also apply for shorter-term positions, such as task forces and workgroups that convene as needed to deal with specific issues that arise from year to year, or hosting or assisting at CDA Presents in San Francisco or Anaheim in 2013. ■

APPLICATION DEADLINE: JUNE 1, 2012
QUESTIONS? Email ldc@cda.org

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

**KEEP US
UPDATED!**

*Moving?
Opening another office?
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.

The more accurate information we have, the better we can serve you!

NEW MEMBERS

APRIL
2012

WELCOME
BACK!

Peter Conroy, DDS

Retired General Practitioner
PO Box 1202
Camino, CA 95709
(530) 344-7284

Dr. Peter Conroy graduated from the UOP Arthur A. Dugoni School of Dentistry in 1965 with his DDS. A former member of the San Francisco Dental Society, Dr. Conroy retired and moved to Camino where he lives with his wife, Caroline.

FUN FACT! Dr. Conroy is expecting his 13th grandchild this July and it will be the 7th boy in the group!

Michael Miyasaki, DDS

General Practitioner
1428 U St
Sacramento, CA 95818
(916) 442-8911

Dr. Michael Miyasaki graduated from the Herman Ostrow School of Dentistry of USC in 1987 with his DDS. He is currently practicing in Sacramento with his father and fellow SDDS member, Dr. Dan Miyasaki. Dr. Miyasaki lives in Sacramento with his wife, Irene.

FUN FACT! Dr. Miyasaki has spent 18 years away from his father's practice and 11 years away from Sacramento and now enjoys being back in both. According to him, the circle of life has been completed!

Radoslaw Peliks, DDS

General Practitioner
1160 Suncast Ln, Ste 5
El Dorado Hills, CA 95762
(916) 933-7401

Dr. Radoslaw Peliks graduated from the Medical Academy in Lodz, Poland in 1987 with his DDS. He is currently practicing in El Dorado Hills where he lives with his wife, Dr. Katarzyna Peliks.

Bobak Shabestari, DDS

General Practitioner
Pending Office Address
Dr. Bobak Shabestari graduated from LaSalle University in Mexico in 2011 with his DDS. He lives in Sacramento and currently seeking employment in the greater Sacramento area.

FUN FACT! Dr. Shabestari likes doing barbecue but hates doing dishes!

WELCOME
BACK!

NEW APPLICANTS:

Jeffrey Yang, DMD

SDDS Membership Committee presents the

2012 NEW MEMBER DINNER APRIL 26, 2012

6pm • Old Spaghetti Factory • New Members FREE!
Call to reserve your spot! (916.446.1227)



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

TOTAL MEMBERSHIP (AS OF 3/15/12): 1,596

TOTAL ACTIVE MEMBERS: 1,325
TOTAL RETIRED MEMBERS: 202
TOTAL DUAL MEMBERS: 2
TOTAL AFFILIATE MEMBERS: 12

**TOTAL STUDENT/
PROVISIONAL MEMBERS:** 9
TOTAL CURRENT APPLICANTS: 1
TOTAL DHP MEMBERS: 45

TOTAL NEW MEMBERS FOR 2012: 8

EVENT HIGHLIGHTS

General Membership Meeting (Spouse Night) • March 6, 2012



1. Dr. Steve and Karen Leighty • 2. Sandy and Dr. Kim Wallace • 3. Annual Swing for Smiles Golf Tournament to benefit the SDDS Foundation: May 11, 2012 • 4. Sarah Canosa and Robin Asago (CSUS Pre-Dental Club) — Annual Wine & Beer Tasting event: April 13, 2012 • 5. Drs. Sonney Chong, Ian Wong, Wesley Fong, Regina Cheung and Greg Owyang • 6. Oksana and Dr. James Mucci • 7. Executive Director Cathy Levering and new members Drs. Nidhi Jain and Keith Boyer

Next General Membership Meeting: **APRIL 10, 2012**
www.sdds.org/genmeetingCE.htm

Nugget Classifieds

For Lease



SACRAMENTO DENTAL COMPLEX has two small suites available. One suite is equipped for immediate use. Second suite can be modified with generous tenant improvements. Located in Midtown area. Please call for details. (916) 448-5702. 10-11

SUITE FOR LEASE — in Midtown Sacramento at 30th & P. Ideal for perio, endo or oral surgery. Improvements + allowance for modification. Signage, high visibility, on-site parking and freeway access. In the midst of Sutter's medical campus expansion. (916) 821-9866. Lic. 01227233. 12-11

DENTAL OFFICE. 1355 Florin medical-dental building. 850 sf, 3 operatories, \$1,200 monthly. Includes all utilities and janitor. Ample parking. (916) 730-4494. 06/07-11

DENTAL SPECIALIST IN EL DORADO HILLS, CA with 1400 sq ft office is seeking other dental specialist to share space. Ideal for endo or perio. Contact Business Manager at (916) 757-4858. 02-12

PEDIATRIC-ORTHODONTIC DENTAL OFFICE, FULLY EQUIPPED, FOR LEASE. 2402 sf on Marconi at Watt. 1 block from Del Paso Country Club. Decor, walls hand painted. Child interest — kids love it. Surgical operator, recovery room, TVs on ceiling, lab, break room, 3 restrooms, 1 handicap. This office could be anything you want it to be. Call Jeff Phelan (949) 720-8000 or (949) 933-8458. 04-12

Professional Services



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

Employment Opportunities



GREATER SACRAMENTO AREA MULTI-SPECIALTY OFFICE looking to fill an associate pediatric dentist position and an oral surgeon position. Fax resume 916-817-4376 or email to smiles4abetterlife@gmail.com. 04-12

MY KID'S DENTIST HAS PART TIME AND OWNERSHIP opportunities for board-certified pediatric dentists in Woodland and Elk Grove. Please call Ed Loonam at (949) 842-7936 or e-mail at looname@pacden.com. 12-11

PT ORTHODONTIST — Too many consults for current doctors to keep up with! Busy Sacramento Pedo Practice (Kids Care Dental Group) seeks local ortho 1-2 days a week. Great opportunity for the right doctor to hit a "home run." Great office, great staff, and great pay! Email dboyes@kidscaredentalgroup.com. 04-C1

Positions Wanted



LOCUM TENENS — I am an experienced dentist, UOP graduate and I will temporarily maintain and grow your practice if you are ill / maternity leave or on extended vacation. (530) 644-3438. 02-12

EXPERIENCED BOARD ELIGIBLE ENDODONTIST seeks space-sharing arrangement and/or dental office space in Auburn and/or Grass Valley. Please contact Steve Murphy, DMD — (415) 855-9914 or murphy.steve@hotmail.com. 03-12

Practices For Sale



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

PRACTICE FOR SALE IN THE SACRAMENTO AREA. General practice dental office with a 40 plus year history of goodwill in the Sacramento, CA area looking to find a wonderful, kind practitioner to purchase practice. The office is conveniently located in a highly visible, easily accessible, professional building with close proximity to an upscale retail mall. The office occupies approximately 1,200 sq. feet and consists of 4 beautifully equipped ops (+ 1 additional plumbed), a reception area, a staff lounge, a lab and a restroom. The practice generates approximately 12-15 new patients per month. The doctor will work back in the practice or mentor (if desired) to help the new doctor with a successful transition. This is only at the request of the purchasing dentist. The practice is located in a great community in which to live and practice dentistry. Please send your CV to: sacramentodmd@gmail.com. 02-12

HAVE AN UPCOMING PRESENTATION?

The SDDS LCD projector is available for rent!

Three days — \$100
Members only please

Call SDDS at (916) 446-1227 for more information or to place a reservation.



did
YOU
know?

You can now sign up and charge online for all SDDS courses!

Get started at:
www.sdds.org/membersmeetingsforums.com

look for this button!

SIGN UP
& CHARGE ONLINE

**SDDS MEMBER DENTISTS
CAN PLACE CLASSIFIED
ADS FOR FREE!**

Selling your practice? Need an associate? Have office space to lease? Place a classified ad in the *Nugget* and see the results! SDDS member dentists get one complimentary, professionally related classified ad per year (30 word maximum; additional words are billed at \$.50 per word). Rates for non-members are \$45 for the first 30 words and \$.60 per word after that. Add color to your ad for just \$10! For more information on placing a classified ad, please call the SDDS office (916) 446-1227. Deadlines are the first of the month before the issue in which you'd like to run.



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GOLF TOURNAMENT

May 11, 2012

SDDS CALENDAR OF EVENTS

APRIL

- 1-2 RAM Sacramento**
Cal Expo
- 3 CE Committee**
6:00pm / SDDS Office
- 4 Golf Committee**
6:00pm / SDDS Office
- 10 General Membership Meeting**
Medical Emergencies in the Dental Office
Tom Lenhart, II, DMD
Recruitment Night
Sacramento Hilton — Arden West
2200 Harvard Street, Sacramento
6:00pm Social
7:00pm Dinner & Program
- 14 CPR BLS Renewal**
Sutter General Hospital
8:30am-12:30pm
- 17 Golf Committee**
6:00pm / SDDS Office

- 17 Leadership Development Committee**
6:00pm / SDDS Office
- 18 SDDF Broadway Series**
Million Dollar Quartet
8:00pm / Sac Community Center
- 19 Dentists in Business Forum**
Branding or Rebranding?
That is the Question!
Gordon Fowler (3Fold Communications)
Sacramento Hilton — Arden West
2200 Harvard Street, Sacramento
6:30pm-9:00pm
- 20 Executive Committee Meeting**
7:00am / Del Paso Country Club
- 24 Peer Review Committee**
6:15pm / SDDS Office
- 25 Dentists in Business Forum**
HR Audio Conference
Staff Evaluations — How, When & Why?
Noon-1:00pm
- 26 New Member Dinner**
6:00pm / Old Spaghetti Factory

- 27 Continuing Education**
Wait! I Still Feel That!
Problem Solving the Delivery
of Local Anesthesia
Alan Budenz, DDS
Hyatt Regency Sacramento
1209 L Street, Sacramento
8:30am-1:30pm

MAY

- 1 CE Committee**
6:00pm / SDDS Office
- 1 Board of Directors Meeting**
6:00pm / SDDS Office
- 8 General Membership Meeting**
Medical Emergencies Do Occur in
Children: Are You Prepared?
Ralan Wong, DDS
Foundation Night
Sacramento Hilton — Arden West
2200 Harvard Street, Sacramento
6:00pm Social
7:00pm Dinner & Program

SAVE THE DATE FOR THE 33RD ANNUAL MIDWINTER CONVENTION
 TONS OF CE & A GREAT TIME! YOU WON'T WANT TO MISS IT! FEBRUARY 7-8, 2013



EARN
2
 CE UNITS!

April 10, 2012:
 Medical Emergencies in the Dental Office

Presented by:
Tom Lenhart, II, DMD

- Review of pulp biology and the dynamics of pulpal blood flow and stimulation of pain fibers
- Thorough evaluation of all endodontics tests to determine the origin of pain and how its correlation of the subjective signs present themselves

LEARNING OBJECTIVES:

- Understand the relationship of perceived dental pain and its correlation to pulpal pathosis
- Understand the progression of a normal vital pulp and its deterioration to pulp necrosis and ultimately a Phoenix abscess



6pm: Social & Table Clinics
 7pm: Dinner & Program
 Sacramento Hilton, Arden West
 (2200 Harvard Street, Sac)

APRIL GENERAL MEMBERSHIP MEETING: RECRUITMENT NIGHT