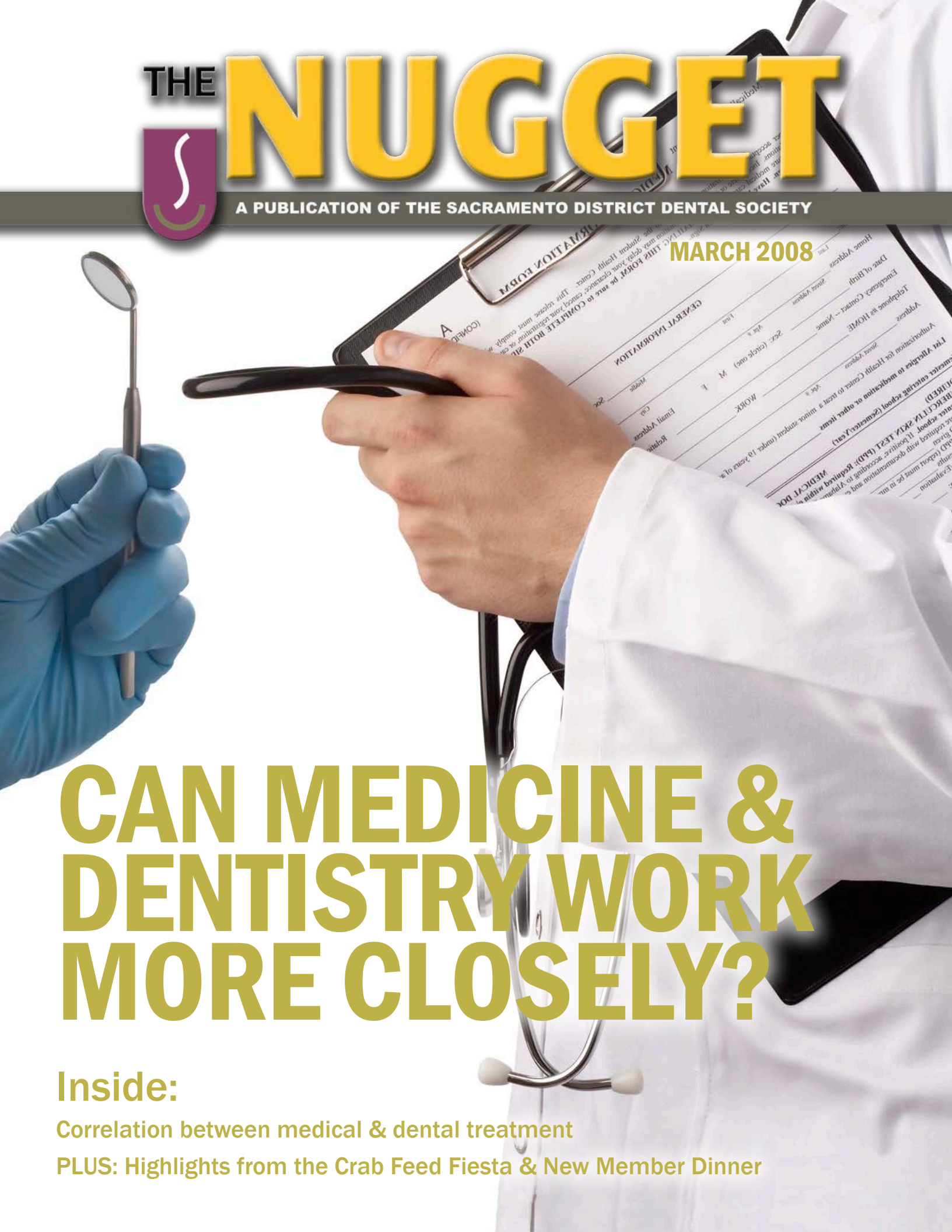
THE NUGGET

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

MARCH 2008



CAN MEDICINE & DENTISTRY WORK MORE CLOSELY?

Inside:

Correlation between medical & dental treatment

PLUS: Highlights from the Crab Feed Fiesta & New Member Dinner

DON'T MISS OUT ON THESE EVENTS!

ALLIANCE/ SPOUSE NIGHT

GENERAL MEETING

March 11, 2008 • 6:00pm–9:00pm
Sacramento Hilton — Arden West

Fraud & Embezzlement... Know the Warning Signs

Kent Williams, DDS

Various studies showed that one-third of employees embezzle company property. In the dental practice, this can range from something trivial like a box of paper clips to the theft of thousands of dollars. It is a subject that dentists are reluctant to talk about when it happens to them. Dr. Williams will give detailed histories of various dental office frauds and embezzlements — how they happened and what should have been done to prevent them. You will learn:

Causes — why do employees embezzle

Methods — how embezzlement occurs

Danger Signs — indications that you are being embezzled

Safeguards — how to prevent embezzlement

3 CEU (CAT I) • Member Price: $52

REMEMBER: April GM is on April 1st

MEMBER FORUM

March 27, 2008 • 6:30pm–8:30pm
Sacramento Hilton — Arden West

How to Structure Employer/ Employee Benefit Plans

John Eby (Greenbook Financial)
Eugene Hsu (AIG Financial Services)

- What exactly is an Employee Benefit Program?
- Does my practice qualify?
- What if I'm just starting out with my practice? Mid-way through? Late-stage?
- Does the IRS approve of these programs?
- Is it worth the cost to my practice?
- How much can it really help me, the owner, with my own retirement?

You won't want to miss this Member Forum! The above questions will be addressed, as well as the topics of Defined Benefits Programs and Defined Contribution Programs. Please come join us for a relaxed evening of exploring innovative and creative ways to propel you and your employees toward a more secure retirement.

Member Price: $65

CONTINUING EDUCATION

March 28, 2008 • 8:30am–1:30pm • Sacramento Red Lion Inn

Prescription Drugs & Herbal Therapies that Increase Bleeding Risk & Osteoporosis: Assessment, Prevention & Pharmacotherapy

Ann Eshenaur Spolarich, RDH, PhD

This course will provide current information about the assessment, treatment and management of clients taking selected prescription drugs and herbal supplements. Oral side effects associated with these medications, including bleeding risk, xerostomia, infections and alterations to the oral tissues will be discussed. Drug/herb interactions of significance to dentistry, as well as risk assessment and risk reduction strategies will be reviewed. Oral health intervention strategies to prevent or reduce the severity of associated oral side effects will be presented.

5 CEU (CAT I) • Member Price: $187

Learn how to:

- Perform a comprehensive pharmacologic history review
- Identify prescription drugs and herbal supplements that cause an increased risk for bleeding
- Reduce the risk of bleeding complications associated with clients taking prescription and herbal medications
- Identify prescription drug classes associated with xerostomia
- Discuss other oral adverse effects associated with prescription and herbal medications, including risk for oral infections, adverse taste, and alterations in oral soft tissues

NEED MORE INFO? Fliers for March 2008 Events are available in the center of this issue or online at www.sdds.org. We'll see you there!

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MARCH **2008**

VOLUME **54**, NUMBER **3**

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THE NUGGET **IS A 2007 INTERNATIONAL COLLEGE OF DENTISTS JOURNALISM AWARD WINNER IN THREE CATEGORIES:**

GOLDEN PEN HONORABLE MENTION AWARD

OUTSTANDING COVER AWARD

OVERALL NEWSLETTER AWARD

PRESIDENT'S MESSAGE

NEW SCIENCE RE-TRAVELS A FORGOTTEN ROAD

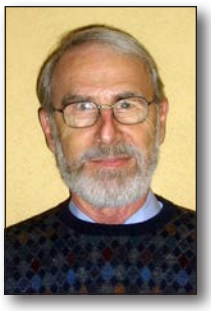
By **Robert D. Shorey, DDS**

Weston A. Price, DDS was once the darling of the American Dental Association back in 1930s. He was a former director of research for the American Dental Association and credited with the previously unsubstantiated conclusion that refined sugars were a major cause of dental caries. He was a man ahead of his times. His research endeavors were beyond the scientific abilities of his era and therefore his observations were clouded with possibly biased speculative conclusions. His zealous push to promote his theories as fact was the reason for his eventual fall from dental science prominence. Setting aside some of his clouded research, some of his substantiated research lends itself to modern review and reconsideration.

Dr. Price believed the rise in dental caries in mankind directly paralleled the rise of modern civilization and its processed foods. Dr. Price and his wife traveled the world, seeking indigenous primitive "healthy cultures" that had not been touched by modern civilization. Price studied many races, such as the Eskimos, Swiss Mountain Villagers, African Tribesman, South Sea Islanders, New Zealand Tribesman and Gaelic Fisher people, to name a few. Price was operating on the premise that these isolated cultures would hold answers to dental and physical diseases of modern man. Price was conducting his research like the famous quote from Sherlock Holms, "Eliminate all other factors, and the one which remains must be the truth."

As a dentist examining these cultures, he found less than 1% tooth decay in all the healthy primitive peoples he came to study. He also photographed his studies, taking over 18,000 photographs to record his observations. Among other findings was that these healthy primitive peoples not only had very low rates of dental decay but generally had straight teeth which was particularly amazing since they also did not practice any sort of dental hygiene comparable to modern day dental hygiene regimens. During his studies, Price came to conclude that modern man's processed foods have lead to degenerative effects within our immune system, nervous system, digestion and reproductive systems. Price noted that when primitive natives abandoned their ancestral eating habits in favor of modern foods within a single generation, ill health and dental caries followed. During Price's time, medical science had a very poor understanding of the causation for periodontal disease or other inflammatory diseases now known to be the initiators for chronic debilitating human diseases. Today substantial research in dentistry is focused on the potential relationships of oral health and systemic health issues like vascular diseases. It is therefore interesting that science is rediscovering the trail of this former dental pioneer. Dr. Price is a controversial figure within our dental profession. Some of Price's scientific works are completely unsupported and likely biased by his passion for his nutritional theories but it will be interesting to see how much was actually visionary. ■

FROM THE EDITOR'S DESK



WE WERE GOING TO BE REAL DOCTORS

By **Paul D. Raskin, DDS**

When we were Freshmen, the first thing they told us was that we were going to be real doctors. There were physicians and there were dentists. Those were the two kinds of real doctors. One kind was the *everything-else-but-teeth* kind of doctors and the other kind, the kind we were becoming, was the *teeth* doctors.

If it were true, that we are doctors of the mouth; what is it then about the mouth, of all organ systems in the human body, that permits people with mouth sickness to *negotiate* its care rather than aggressively assure, nay, demand, its complete freedom from disease? In general medicine and surgery, time and experience has dictated the proper courses of treatment and we select the one, based upon our physician's recommendation most likely to result in recovery. The cost be hanged, the rigors of therapy endured, we simply want to get better... in every other part of our bodies but our mouths.

The most common questions about dental treatment plans always boils down to these two: "Am I worth it?" and "Is *it* worth it?" What kind of questions are these!? They reflect an attitude of neglect, procrastination and denial; with the added frustration that the problem didn't resolve itself on its own. Signs of disease are routinely ignored. Finally, when intolerable symptoms present, it falls upon us the dentists to *urge* the sufferer to do the right thing.

Is it really any wonder that humans regard their teeth with antipathy? The dentition begins to go bad in an otherwise healthy individual early in life. Often, the teeth require aggressive treatment at an age when no understanding of the unpleasant professional invasion is likely. Even when repaired, they remain troublesome ever after. From a psychological point of view, teeth reside in one of the most personal regions of the body, one that few others are permitted to even touch let alone enter with pointed and honed instruments. They are prone to ongoing deterioration in spite of counter-measures. They are rarely aesthetically acceptable to their owners in their natural state, demanding whitening, straightening, adjusting, removing, repairing and cleansing. It is exceedingly uncomfortable to service them even if nothing major needs to be done. And worse, they are expensive at a time when many other obligations come ahead of them.

A medical doctor I have known for sixty years called me some time ago with this question:

> "I have a bad lower molar tooth. My dentist says it will need a root canal and a crown. Should I have him do it or should I just have him pull it?"
>
> "Amputate?" I asked him. "How can you imagine that would be good for you?"
>
> "Well, first of all, it's way cheaper," he said, "and I don't chew on that side anyway and it's in a place where no one could see that it's missing."
>
> "Jeez!" I thought. "Where do I start?"

He got a proper diagnosis and a proper treatment plan from his proper tooth doctor and he behaves as if his sick molar tooth were expendable, like his tonsils or his vermiform appendix. How could this doctor have reached his situation in his life without acquiring even the most basic understanding of teeth when he knows so much about the entire rest of the body?

At one time, I had the privilege to be the Chief of the Department of Dentistry at U.C. Davis School of Medicine, Sacramento Medical Center. Along with my appointment as Assistant Clinical Professor of Dentistry in the medical school came the duty to lecture the residents for an hour or so in dental embryology, anatomy and pathology of the mouth. It was anomalous that there was a dental department in a medical school. This resulted from the university having taken over a county hospital that already included dentistry. I had happened along during this conversion. Because I was there, I was able to impart snippets of knowledge to the future medicos. These brief sessions would be the only exposure to the details of teeth and supporting structures these doctors would ever receive. Most other doctors — trained elsewhere — whom I have asked, said that nothing had been said in the course of their training about the teeth and jaws.

Why the practice of dentistry and medicine are so utterly separate is a question that I have thought about at great length. I believe the answer may lie in their disparate origins. The two professions, medicine and dentistry, germinated from separate and dissimilar seeds. Medicine developed from the priesthood, the magicians; dentistry, from barbers and before that, no doubt, from the most brutish individuals in the tribe who were psychologically equipped to remove aching teeth from awake and hyperaesthesic subjects. The medicine men and women simply could not apply any specific remedy to dental disease. No nostrum had efficacy. Accordingly, the nobles, the priests, the practitioners of "the magic," referred the tooth problems to the amputators. These two disciplines have been separate for so long, anastomoses between the branches of these discrete knowledge trees rarely occurred — until recently.

But hark! There have been some medical and dental publications, lately, that include articles that do correlate some oral (periodontal) with some systemic (cardiovascular) disease, for example. One would think it obvious that inflammation or sepsis anywhere else in the body would long ago have been cause for concern or even alarm. However, existence of disease conditions in the mouth have been shrugged off, viewed as unimportant or unrelated and, until recently, not inserted into the health equation. Perhaps, beginning currently, the two knowledge trees will begin to conjoin at certain branches. This could lead to an equality of professional importance previously unimagined.

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CATHY'S CORNER

DEDICATION

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

You can say it's just your job. It's what you are "supposed" (air quotes!) to do. People expect it. But, what "is" (another air quote!) your job? And, is it your life too?

As we come down from a very busy past two months, I am reflecting on the people with whom I work: the volunteers of course, but especially the ladies at the SDDS Office — our staff. This month was no ordinary month, for sure. And it is without saying that our staff has gone way above and beyond their normal job description! Believe it or not, the SDDS staff members also have "other lives," and they — we — try to do it all and in balance. A couple of us have side businesses, volunteer activities, and just plain fun lives with lots of interests. This month was particularly challenging and, to them, I am very grateful that they have successfully pulled off every event with style, grace, organization and teamwork.

Inside a period of twenty days, we have pulled off events and activities that involved more than 2500 people for five separate events. Organizing them, routing them, registering them, feeding them, reorganizing them (sometimes) and then sending them off.

It started with TWO Bump Dinners in January — all to benefit our Foundation. We, the staff, plus my husband and my dear friend cooked a gourmet, seven course meal (complete with great wines!) — twice on two separate Friday nights in January. Thank you to all who "bought" us — hope you had fun!

Then, for Smiles for Kids on February 2nd, each one of us volunteered in an office as a site coordinator or "travelled" spreading thanks and taking pictures. More than 1400 people were involved in this project; they had a place to go, a place to be, and a job to do. With Erin playing lead on this, she was "our boss." Thanks, Erin, for organizing a masterful project. And thanks Lisa, Della and Mel for all you did on this project as well.

For the New Member Dinner on February 6th, we hosted 85 members at the Spaghetti Factory — a record number for this event! With the help of the Membership Committee, this event was a success — even though it was four days after Smiles for Kids! The set up, the advertising, the RSVPs, the contracts — again… teamwork on this one! And thanks, Lisa, for all you did for this as well.

For Midwinter Convention… again the epitome of teamwork! From the theme and logo design (wow, thanks, Mel!), to all printed materials and publications, to the tedious registrations, billings and, yes, balancing (!), Midwinter Convention was another great success. Thanks, Della, for organizing another superior convention (and staying under budget!). And thanks, Mel, Lisa and Erin for packing, lifting, balancing, double-checking, designing, organizing and working your feet off — literally!

One of the joys of my job is to be part of the teamwork, the support and the friendship that overtakes a heavy and busy project. I'm not saying we are stress-free at SDDS — by no means! But, I am proud to say that we do have a team that "plays well with others," as the kindergarten report card used to say. One of us may play "lead" in the production at hand, but each member of the team has a valuable and indispensable role. And for that I am so proud.

Everything SDDS does is done in house. From the *Nugget* production, to the major events, registrations, sales… we do it all. We design, layout, manage, register, market, sell. We — the five of us. So thank you to my staff for their dedication. Now go back to the kickball league, the plays, the special event planning, the designing and … the gym! ■

Cathy

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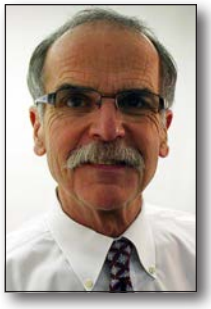

CAN DENTISTRY & MEDICINE GROW CLOSER TOGETHER?

By **Richard J. Raskin, MD, FACP**

"Why should we even have to ask this question!" I hear you thinking. Since these disciplines are both part of a health care delivery team dedicated to provide society with excellent health care, shouldn't their primary goal be the coordination of patient care to assure good clinical outcomes, with maximal efficiencies?

Whatever the pressing question of the day, from Iraq to global warming, I believe it's always best to create a sports analogy — in this case football. The New England Patriots have achieved a nearly perfect season this year (Super Bowl results are pending as I'm writing this) by virtue of two assets: the intrinsic talent of its personnel and the ability of its leadership to assure superlative teamwork and communication among each participant. Snaps from center need to be precisely timed, passing routes need to be exact and hand-offs need to be perfect to achieve success in the NFL. Offense and defense communicate continually with one another to identify opponents' strengths and weaknesses. Each player works diligently to assure that the team as a whole achieves the desired outcome.

Unfortunately, the American health care system is very different from the New England Patriots (or even the San Francisco Forty-Niners!) We have the finest and best-trained dental and medical talent it the world, but are sorely deficient in communication and teamwork. American health care is fragmented, compartmentalized, parochial and non-universal. Each component (whether it's the health insurers, pharmaceutical companies, allopathic physicians or dental physicians) maintains its own lobbyists and pursues its own legislative agenda. Fifty million Americans have no medical health insurance and a much larger number have no dental health coverage. Patients often overlook preventive care, causing a far more costly and serious future health impact. These systemic problems contribute to a huge national issue, but are also evidenced on a day-to-day basis by practicing clinicians across the country.

Within health care, it is clear that the best outcomes and the greatest efficiencies result from coordination and collaboration among many disciplines and specialties. This is true whether the focus is the individual patient or the American health care system generally. Communication and collaboration have always been a problem within allopathic medicine. Specialization within medicine has led to a large number of silos, with every specialty and sub-specialty developing its own guidelines and pursuing its own agenda. As a group practice medical director, a good deal of my time was spent trying to get the primary care doctors to talk with each other, and with the specialists. Within a medical group, it is theoretically possible to develop policies and procedures that encourage better communication — even building sanctions for poor communication into the policy! Yet even in that setting, examples of non-communication surfaced frequently. Communication between dentists and allopathic physicians is even more compromised than it is among MDs. Within an open access system like the ones in which most clinicians practice, there are almost no systematic means of encouraging better communication.

So how does this improved communication happen?

Can dentistry and medicine grow closer? Is this desirable? Absolutely! We all know that internal systemic illness is often first identified within the mouth. Regional lymphadenopathy, salivary dysfunction, gingivitis, candidiasis and dental fracture are just a few early intra-oral physical findings that have systemic import. Within the field of rheumatology alone, several conditions including scleroderma and Sjogren's syndrome have significant and often profound dental and oral implications. Appropriately timed communication between dental and medical practitioners would help identify early disease, encourage better clinical follow-up and ultimately improve outcomes. In addition, both clinicians would enjoy enhanced patient loyalty, an expanded referral base and increased revenues.

So how does this improved communication happen? Some of it occurs through interactions at the societal level. I recently participated in a task force sponsored by the Hospital Association of Rhode Island designed to bring together representatives of acute hospitals, skilled nursing facilities and health plans. The goal was to develop procedures that would improve the communication of clinical information among these three entities. After a series of monthly meetings, we reached consensus on the critical elements of an improved communication system, including a delineation of each party's responsibilities and a clarification of the exact clinical and administrative data that needed communication. Within only a few months of implementation the results have been very favorable, including many fewer administrative issues, complaints and adverse outcomes. Similar meetings between the Sacramento District Dental Society and the local medical society counterpart could be extremely useful in identifying gaps in communication and in the development of appropriate remedies.

Another set of opportunities to bring dentists and medics together resides at the grass-roots level. Participation in grand rounds and other clinically-focused discussions by both dentists and medics allows for the informal raising of issues relating to communication. Direct provider-to-provider communication when issues arise is always preferable to attempting to resolve through the use of surrogates. While a medical director in a large multispecialty group practice, we adopted a policy that phone calls made directly from one clinician to another were to be taken immediately (unless he/she were involved in a procedure

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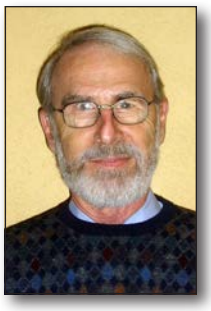


HOW DID THIS BECOME MY PROBLEM?

By **Paul D. Raskin, DDS**

More than have a few dentists have asked, "Why do the orthopedists who place artificial joints not provide their patients with post-operative instructions regarding future dental care?" Why is it up to us dentists to find the entry of an artificial joint in the health history after the patient has shown up for treatment, call the orthopedist to find out what premedication he or she prefers, write the prescription then re-appoint the patient for a future visit, losing the productive time at the chair ourselves?

Isn't the necessity to premedicate before dental treatment one of the ultimate things an orthopedist would want to impart to his or her patients when the joint replacements had been completed? Kind of like the list of things we want our surgical patients to do following extractions or other invasive procedures. If only to save ourselves an untimely telephone call, we will tell them what we want them to do, give them a written list and maybe even call **them** before **we** go to bed. It's just good practice.

In accordance with this month's *Nugget* subject, *Can Dentistry and Medicine Grow Closer?,* while the above is a real issue, the question is asked here more in a rhetorical sense than one for which an answer is required at the moment. What the question asks in a deeper sense, is why dentistry and medicine continue not to consult one another more commonly, why we don't have a protocol for visiting their meetings and they ours.

The inestimable benefit of organized dentistry and medicine is the potential to easily disseminate information and facilitate the assimilation of that knowledge within the bodies of each discipline. Why wouldn't interdisciplinary connection also be as valuable?

It would be easy for representatives of each profession to deliver a talk on the subject of cooperative and coordinated care to the other when treatment courses can intersect. It is obvious that both parties would save trouble, avoid interruption and insure competent patient management if each participant knew the other's needs.

At present, we dentists become aware of changes in premedication recommendations through dental journals, post-graduate courses or in casual discourse with colleagues. Sometimes, the Government alerts us. Sometimes, we remain in the dark because we "just never got the word."

For starters, why couldn't we invite an orthopedist to give us a talk at one of our monthly meetings? It wouldn't need be an in-depth procedural lecture. It could be a general survey of what those specialists do. What does it actually look like when they replace a knee or a hip? Why does it matter to that patient if he or she gets or doesn't get the prophylactic antibiotics after the joint replacement healing is complete? Show us some catastrophes that have resulted from failure to premedicate. Or, is it just precautionary? Does it really matter most of the time?

Open up the possibility for our spokespeople to visit them in exchange. Let's ask the most basic of questions: *does the quality of general health go up per dental consultation*? Are the medical doctors becoming aware of the correlation between periodontal health and cardiovascular health? Why, in nearly fifty years of dental practice have I yet to receive a referral from a medical doctor? Maybe it is not their fault. Maybe it is up to us to bring the two of us closer together. We might imagine that they don't care enough about the mouth to take it seriously. Perhaps they assume we have it under control and, until being told otherwise, are leaving it up to us.

If it is true that future studies will demonstrate that good oral health is inseparable from good somatic health, it will be impossible for dentistry and medicine to remain apart. Along with our responsibilities as restorative dentists, we must then also be seen by the General Physicians as Oral Physicians. As such, there will be no excuse to continue not to communicate. ■

PHYSICIAN INTERVIEW

With **Mark P. Owens, MD**

The *Nugget* seized a moment during our most recent family Christmas dinner party and interviewed one of the guests, Mark Owens, MD He is, a medical doctor, board certified general surgeon, Assistant Director of the Trauma Unit and Chief of Staff at Mercy San Juan Medical Center.

Nugget (N): Dr. Owens, you have been in medicine and surgery for, what, fifty years, counting medical school?

Dr. Owens (Dr. O): That's about right. My freshman year at University of Michigan Medical School was 1958. My undergraduate degree was earned at Brandeis University in Waltham, Massachusetts.

N: And your specialty training?

Dr. O: Again, the University of Michigan but I'd have to say that my time in Viet Nam probably afforded me more experience as it relates to my present job.

N: You mean trauma surgery? What duty did you have in Viet Nam?

Dr. O: Yes, nonstop trauma surgery. In Viet Nam I was a general surgeon in a M*A*S*H* Unit.

When we look into a mouth, we look right past the lips, teeth, mandibles and key in on the tonsils.

N: After Viet Nam, then what?

Dr. O: I was in private practice of General Surgery until I helped create the Trauma Department at Mercy San Juan Hospital.

N: So, with many and varied experiences in medicine and surgery where you potentially might have been in a learning situation, tell me what information has been vouchsafed to you regarding the mouth?

Dr. O: *Vouchsafed* is the perfect verb, here. They neither *permitted* nor *granted* us the privilege. They apparently didn't want us to know *anything* about the mouth. It was never mentioned. Back in medical school, we knew guys who were in dental school, next door. These guys could take a handful of extracted teeth and put them in their pocket and by feel alone, could identify and give numbers (!) to them without looking. We thought, "What kind of creatures are these dental students? Teeth have numbers?"

N: How do you think these students differed from you and your fellow medical students?

Dr. O: We recognized there was a huge disconnect right away. There's no question that the dental students were intelligent and driven, in the same way we were. In fact, the first two years of didactic were essentially identical. But, the dental students seemed to have an artistic bent that was not common among us.

N: You know that, in addition to the mouth and the teeth, the dental students are also responsible for knowing the anatomy and pathology of the whole body. What did they do with you do when it came to learning about the mouth?

Dr. O: They must have figured you guys have that part covered. So they didn't bother us too much about it. When we look into a mouth, we look right past the lips, teeth, mandibles and key in on the tonsils. As a subject during our training, it was downplayed.

N: In the literature we are beginning to see articles describing certain relationships between, for example, periodontitis and cardiovascular disease. Does this seem surprising to you that it has take so long to suspect that oral and systemic health are in some way connected?

Dr. O: *(Laughs)* Of course, but it is as I said earlier, we just thought you guys had it under control. Sort of like the attitude we MDs used to have about our role in general: We were Jupiter and the dentists and the psychiatrists were just two minor moons orbiting around us.

N: Are you MDs also beginning to see articles connecting the two disciplines?

Dr. O: You know, I am involved in trauma surgery and acute care. Naturally, those articles that address things that I do are the ones that catch my eye. It's like you don't notice the tire ads in the newspaper until you need new tires. But I will tell you that I think about some tooth related subjects from time to time. For example: when you have a gum infection and you brush your teeth, certainly there must be a resultant bacteremia. There must be a relationship to occult system pathology. Cardiomyopathies definitely come to mind, joint replacement and dental abscess.

Definitely, we would each benefit from meetings.

N: So, do you think the two professions might benefit from a closer alliance, information-wise?

Dr. O: Absolutely! The first place that I can think of might be in a Family Practice Residency Program. Definitely, we would each benefit from meetings, maybe one or two a year to discuss areas where we interface.

N: If I remember correctly, it was you and your brother, Dr. Leon Owens who initiated the U.C. Davis School of Medicine, satellite General Surgery Residency section at Mercy San Juan Hospital many years ago. Is that right?

Dr. O: That is correct. We have been very active in promoting educational agendas.

N: Would you like to head up an interdisciplinary task force for the improved proximity of dentistry and medicine?

Dr. O: There is no question about it; your wife is the best cook in the family! I think I see Cousin Michael over there; I'll catch up with you later. ■

Sacramento Sierra Academy of General Dentistry

Sacramento-Sierra Academy of General Dentistry's mission is to promote excellence and professional growth for general dentists through continuing education and hands-on courses. Founded in 1999, the Sacramento-Sierra component is the newest of four organizations that comprise the California AGD.

Approximately 300 dentists are members of the Sacramento-Sierra AGD. We conduct several treatment planning dinner meetings, a glo-ball golf tournament and BBQ, and an annual meeting and hands-on continuing education course at UOP Stockton during the year.

In addition to the local membership functions, AGD members receive state and national publications, access to state and national CE courses, CE tracking accessible online, and the option of pursuing fellowship and mastership awards. Equally important is AGD's advocacy efforts that represent the general dentist and protects the way we all practice dentistry today.

We welcome any dentists interested in joining us.

California Academy of General Dentistry

Sacramento - Sierra Component

Kevin Kurio, DDS
President
(916) 632-1220
kurio@sbcglobal.net

2008 Calendar

CE/Dinner Meeting	March 20	Seasons Restaurant	Davis, CA
CE/Dinner Meeting	May 22	Mayflower Restaurant	Sacramento
CE/Dinner Meeting	September 25	Shahrzad Restaurant	Rancho Cordova
Glo-Ball BBQ & Golf	October 4	Bradshaw Ranch GC	Sacramento
Annual Meeting and CE	November 8	UOP	Stockton

SACRAMENTO DISTRICT DENTAL SOCIETY'S FOUNDATION

A CHARITABLE 501-C3 ORGANIZATION

YOUR FIRST LOOK AT SMILES FOR KIDS 2008!

2008 SMILES FOR KIDS QUICK STATS:

21,000
children screened in the Fall 2007
kids in urgent need of care being treated on SFK Day

750
children scheduled to be seen on SFK Day

30
private dental offices opened to treat these children on SFK Day
from South Lake Tahoe to Jackson, Roseville, Elk Grove, Davis, Woodland • 5 county area: Placer, El Dorado, Amador, Yolo, Sacramento

350
volunteers worked on SFK Day
all dentists, hygienists, assistants & volunteer staff

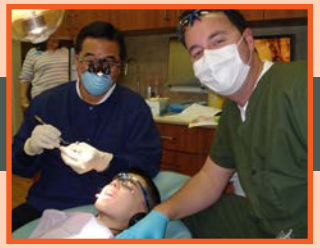
82
dentists worked on SFK Day
February 4, 2008

160
additional dentists will Adopt-a-Kid
ongoing treatment after SFK Day

65
children will have orthodontic treatment
free of charge

MORE STATS TO COME!









The PHANTOM of the OPERA

PHANTOM OF THE OPERA

May 29, 2008 • 8pm • $80 preferred orchestra seating

With some of the most lavish sets, costumes and special effects ever to have been created for the stage, Andrew Lloyd Webber's "The Phantom of the Opera" directed by Harold Prince traces the tragic love story of a beautiful opera singer and a young composer shamed by his physical appearance into a shadowy existence beneath the majestic Paris Opera House. Adapted from Gaston Leroux's classic novel of mystery and suspense, this award-winning musical has woven its magical spell over standing room audiences in more than 100 cities worldwide and is now the longest running show in Broadway history. "Phantom" returns to Sacramento to take your breath away.

ORDER DEADLINE: APRIL 18, 2008

$25 PER TICKET IS TAX-DEDUCTIBLE!

Order quickly — seats are going fast!

NEED A LAUGH?

The minister just had all of his remaining teeth pulled and the new dentures were being made. The first Sunday, he preached only 10 minutes. On the second Sunday, he preached only 20 minutes. But, on the third Sunday, he preached 1 hour 25 minutes. When asked about this by some of the congregation, he responded this way:

"The first Sunday, my gums were so sore, it hurt to talk. The second Sunday, my new dentures were hurting me a lot. The third Sunday, I accidentally grabbed my wife's dentures... and I couldn't shut up!"

A tour bus driver is driving with a bus load of seniors down a highway when he is tapped on the shoulder by a little old lady. She offers him a handful of peanuts, which he gratefully munches up. After 15 minutes, she taps his shoulder again and hands him another handful of peanuts. She repeats this gesture about five more times.

When she is about to hand him another batch, the driver asks the old lady, "Why don't you eat the peanuts yourself?

"We can't chew them because we've no teeth," she says.

Puzzled, the driver asks, "Then why do you buy them?"

The old lady replies, "We just love the chocolate around them!"

IT WAS A CRAB FEED FIESTA!

Sacramento District Dental Alliance 19th Annual Crab Feed

February 8, 2008 • Dante Club

Dedicated members of the Sacramento District Dental Alliance presented the nineteenth annual Crab Feed fundraiser on February 8, 2007. Our theme was Crab Feed Fiesta and thanks to Past President Senora Sharon Goby and Past President Senora Stephanie Cripe, we were decorated with bright colored festive piñatas and giant flowers, which were offered for sale at the end of our event. Senora Irene Campbell, our raffle and auction coordinator, presented a variety of fabulous donated treasures gathered by our small but mighty delegation of volunteers, including Senora Kathi Webb (Treasurer), Senora Debbie Burke (Dental Health), Senora Ann Peck (Past President), Senora Judy Yee (Past President), Senora Margaret Jackson (Past President), Senora Sue Hanefield (Past President), Senora Tamara Rosa (Secretary), Senora Deborah Adair (Past President) and Lori Daby (Past President). Our group of two hundred enthusiastic supporters danced the night away with the music of Divine Intervention, featuring all of our dancing requests for the evening. Our sincere thanks goes to all those who donated and supported us by attending this years event.

Our goal was to generate funds for our annual donation to the Sacramento District Dental Foundation. As you are aware, the SDDF is an entity of the SDDS that supports Smiles for Kids and other philanthropic projects that greatly benefit the dental health of our community. We are proud to continue our tradition of support for the Sacramento District Dental Society and its Foundation. Please help support the Sacramento District Dental Alliance by encouraging your spouses, significant others, family and friends to join us in our efforts. We can guarantee fun times, life long friends and a dedicated purpose. We look forward to seeing all our wonderful supporters next year!

BABY NUGGET

BROUGHT TO YOU BY YOUR DENTAL HEALTH COMMITTEE

OPEN YOUR HEARTS & PRACTICES TO CHILDREN WITH SPECIAL HEALTHCARE NEEDS

By **Chester Hsu, DDS**

Filling A Dire Unmet Need In Society

As dentists, many of us seek over the course of our careers to grow in new directions, acquire new skills and explore new opportunities to serve the community. The massive turn out of local dentists who participate each year in the "Smiles for Kids" program is a testament to that. As members of the Dental Health Committee, we are asked to discuss issues pertinent to the dental health of our community and, if possible, spotlight those areas of particular need in order to share that message with our fellow SDDS members. For those who are seeking to help fill an especially dire unmet need in our community and society abroad, I hope to provide some food-for-thought and precipitate your consideration of accepting and treating Children with Special Health Care Needs (CSHCN) in your dental office. The vast range of conditions that may affect a child with special health care needs may seem daunting; however, treating CSHCN is essentially about doing your research on a patient's particular condition prior to their appointed visit, and perhaps a consultation with the patient's physician. Having an encyclopedic memory of all the conditions out there is not necessary, nor realistic. I hope to provide in this article useful references and informational resources to make it easier to prepare yourself for the often very rewarding experience of serving this "special" population. The dental skills necessary to treat these patients are ones we already have.

Children in general have, at times, difficulty accessing dental care. For those children who have special health care needs, the situation is far graver. Consider these statistics:

Approximately 12–18% of children in the US have special health care needs.

According to a National Survey of Children with Special Health Care Needs, around 80% of CSHCN reported a need for dental care in the past 12 months, more than any other category of health care need.

In the same survey, 10.4% of those CSHCN with recent dental care needs did not receive all of their needed dental care.

Uninsured patients, those from low SES families or those with particularly profound disabilities had difficulty accessing care.

Relative to all other health care service categories, unmet dental care needs affected the most CSHCN.

Picture, if you will, a child with Autism (which affects approximately one in 150 births, and is considered to be the fastest growing developmental disability in the US); and then picture this child's overwhelmed, overburdened parent with limited resources, faced with daily challenges that we can only begin to imagine. Now picture this child with Autism in pain, yet unable to communicate this to the parent who may be oblivious not only to the child's suffering, but also to the importance of dental health as it relates to the overall health of their child. Were they to seek dental care for their child, who would see them? Doesn't everyone deserve a dental home?

Around 80% of children with special health care needs reported a need for dental care in the past 12 months.

Autism is just one of many conditions that a CSHCN might present with. As defined in the American Academy of Pediatric Dentistry (AAPD) reference manual, a child is defined as having special health care needs if he/she has a persistent developmental or acquired physical, cognitive, sensory or emotional impairment that requires special considerations and/or services for the implementation of health care beyond that of the general population. This may range from relatively prevalent chronic asthma to less common and more debilitating developmental disabilities such as Down syndrome, autism, cerebral palsy and complicated aggregates of conditions such as DiGeorge's syndrome with concomitant Tetralogy of Fallot. Individuals with these or other conditions require special consideration when delivering dental care.

Presenting further challenges, the unique demographics of families of CSHCN include increased poverty rates, uninsured rates and more single-parent households. More CSHCN are staying at home and cared for by their parents and families rather than institutionalized as they were in decades past. But these children are nonetheless faced with obstacles to their dental care that are significant. Some parents of CSHCN are anxious about how their child will react to dental care. We must reassure them so that they will not be dissuaded by their own fears from getting their child the dental care they need. Other parents may refuse to follow medical or dental recommendations that may pose obstacles in delivering care to the patient. It's important to be flexible and open-minded when discussing health issues with the family, and listen with an empathetic ear to their concerns and fears.

Some disabilities are more debilitating than others. For some of these patients, dental care in the hospital may be the only realistic option. If hospital dentistry sounds intriguing to you, there are local hospitals and surgery centers that are open to having dentists treat their patients on an outpatient basis. There is a credentialing process that differs from one hospital/surgery center to the next. It's best to start by calling the medical staff office of the hospital or the surgery center you're interested in to acquire the materials, forms and information needed to apply for credentialing for yourself and your staff. You will likely find that some facilities are more equipped and open to accept dental cases than others. If you do know dentists in your area who are already doing hospital dentistry,

continued on page 16

CONTINUED FROM PAGE 15

ask them where they go to treat patients in the hospital. Those facilities are more likely to be dental-ready. Realistically, operatory time is limited and you'll have to essentially compete for this limited time with other physicians. It may take months to schedule and see a patient in the hospital. Each year, the University of the Pacific (UOP) offers, through their Department of Dental Continuing Education, a hospital dentistry course that is an excellent preparatory course and provides a very good overview of hospital dentistry.

Still, there are many child patients with SHCN that you'll be able to see and treat right in your own dental office. Utilize the internet or text resources to learn about conditions with which you are not familiar. Or, perhaps, consult with a fellow colleagues "in-the-know." It is also vital to consult the child's physician and get his/her opinion in writing whenever possible. You should be familiar enough with the condition to provide emergency treatment if the need arises. Make sure to also get a thorough medical/dental history. Often there can be more than one condition present. Don't be discouraged if things don't go as planned, even different children with the same condition may have different issues and needs. Always be flexible to accommodate your patient's needs and have a contingency plan in place when possible. Allow more time for their visits, or schedule at slower office times. Train your staff to be confident and caring when accommodating CSHCN and their families. Try, when possible, to pair the same assistant and doctor each time with the patient, as it helps establish rapport and trust.

The internet may be the best tool you'll have when seeking to obtain information on a particular condition your patient may have. Aside from "Google-ing" information, listed below are some helpful websites that I suggest book-marking on your computer at your dental office:

Diseases Database

www.diseasesdatabase.com/

extensive database on disease information

Online Mendelian Inheritance In Man

www.ncbi.nlm.nih.gov/sites/entrez?db=omim

search conditions using multiple keywords, very useful when you notice several clinical irregularities in a patient but don't know the condition

Autism Society of America

www.autism-society.org/site/PageServer

the fastest growing developmental disability

Special Care Dentistry Association

www.scdonline.org

annual meetings and an excellent journal subscription with membership

Specialized Care Co.

www.specializedcare.com

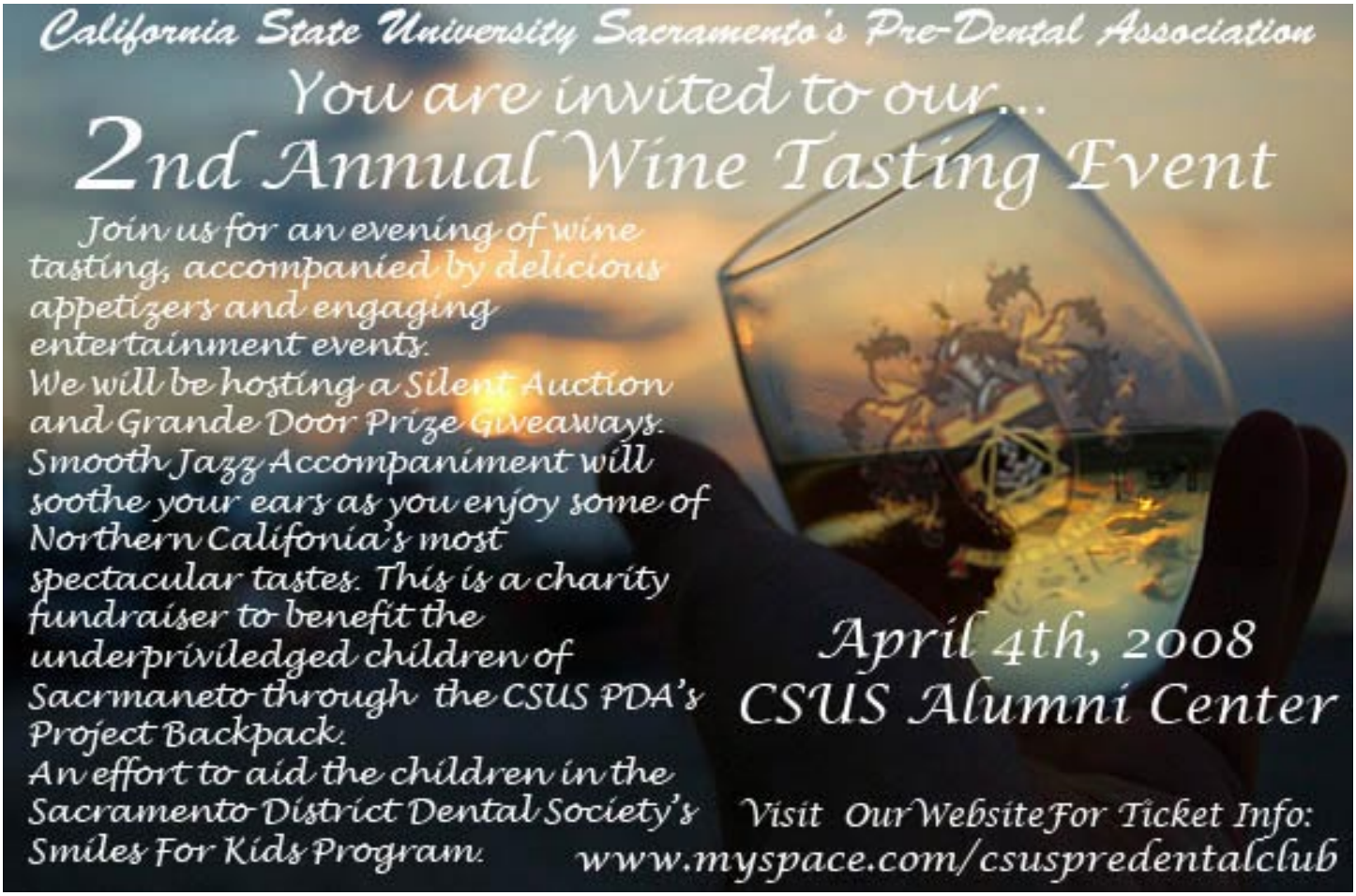
a variety of products designed to help you and care providers improve the oral health of CSHCN, including a video demonstrating an unique behavioral management technique designed to help dentists effectively see and treat autistic patients in the dental office

An interesting technology on the horizon that may prove particularly beneficial for the special needs and other high caries risk populations is STAMP (Specifically Targeted Anti-Microbial Peptides). Researchers at UCLA have developed

Try, when possible, to pair the same assistant and doctor each time with the patient.

a lollipop that utilizes this technology that specifically targets and kills Streptococcus Mutans (the main bacteria responsible for initiating and proliferating tooth decay) without harming other "good" bacteria. It is one of the new probiotic approaches to treating dental caries that have been in development. A great-tasting (I've tried one myself) orange flavored STAMP lollipop is already available for purchase from their website *https://www.c3-jian.com/products.php*. No official marketing has taken place for their product yet. They are currently working on other flavors that taste "natural" and plan on more widespread distribution of their lollipops in the not-so-distant future. Of course we should not forget to provide more traditional preventive strategies that include vital dietary counseling with tailored hygiene instructions for the care-givers.

Some thought and preparation will help you prepare for a visit with a CSHCN and help make a positive difference in that child's life. Your decision to open your heart and practice to these special patients is all that's needed. So what are you waiting for? ■



For your next practice purchase consider:

Redding California

web site: visitredding.com

Consider the advantages of working and raising your family in Redding, California. Go to Redding's web site and look at the life style that awaits you in this community. We presently have two wonderful practices for sale there. Please call us for complete information about these practices. Two additional practices to be listed in March 08.

NEW

• **FOR SALE:** *General Dentistry Practice.* Redding, CA. This practice is located on the Sacramento River in Redding. 2007 Gross Receipts were 1 million with $315K adjusted net income. There are five operatories in this 2,500 sq. ft. building. The practice reports 1,731 active patients and 14 new patients per month with 8 days of hygiene per month. The practice features Dentrix software, digital X-ray and digital Panolypse. In January 2008 the Record Searchlight publication "Best of the North State" acclaimed this to be the areas Best Dentist. Pictures of office are available. Doctor is retiring.

NEW

• **FOR SALE:** *General Dentistry Practice.* Redding, CA. This practice has been in the same location for 18 years. 2007 collections were $630K with adjusted net income $250K. The practice has 5 operatories and 5 days of hygiene. There are 1,625 active patients with 16 new patients per month. The office is 1,950 Sq. Ft. with ample parking. Eagle software. Owner is retiring after 40 years of practice.

• **FOR SALE:** *General Dentistry Practice.* Redding, CA. This 2,000 sq. ft. has 5 operatories with digital radiography and intraoral cameras. The 2007 collections were $850K with just a 5[illegible] adjusted net overhead. There are 7 days of hygiene with approximately 2,700 active patients. The office is located in a multistory office building providing privacy while allowing all operatories to have beautiful outside views. Owner is retiring.

SOLD 2008

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Photo by John Poimiro

OH, THE PLACES YOU'LL GO

By **Brian Shue, DDS**
Editor, San Diego County Dental Society

"You have brains in your head.
You have feet in your shoes.
You can steer yourself
Any direction you choose.
You're on your own.
And you know what you know.
And You are the guy who'll decide where to go."
—Dr. Seuss

Stephen Covey. Tony Robbins. Dr. Seuss. Great leadership gurus of our times. Wait—can that be right? Seuss, a leadership sage? Did Seuss motivate people to walk on crackling hot coals without blistering their feet? Can this former La Jollan be mentioned in the same highly effective breath as the others? Of course, he can. Have you not read "Oh, the Places You'll Go," his eponymous book from 1990?

My daughter loved to have this book read to her, as well as other books from Dr. Seuss like "One Fish, Two Fish," "The Tooth Book" and "Green Eggs and Ham" (she didn't really like the "Cat in the Hat," as she didn't understand why the mom would leave her two young children home alone — maybe it was a 60's thing). You should pick up a copy of "Oh, the Places You'll Go" — it is good reading, no matter what age — and enjoy an inspirational and whimsical look at how to succeed in life and receive great advice on becoming a leader.

The American Dental Association also believes it is important to develop leaders to face the challenges of our future. The ADA Institute for Diversity in Leadership, a three-part leadership development course held at ADA Headquarters in Chicago, Illinois, is now accepting applications. Twelve dentists will be selected from across the country to participate. This one-year program is tuition-free and all travel expenses are covered.

Applicants should meet the following criteria:

- Active-licensed dentist
- In practice for a minimum of five years
- Demonstrates promise as a leader, but has not held any significant leadership role in organized dentistry
- Able to commit the time necessary to successfully complete the program
- Belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles

The Institute is lead by faculty from the Kellogg School of Management, Northwestern University. Courses from the professors from this nationally top-tiered business school will be given on: decision making, leadership challenges in a diverse world, marketing, communications and negotiations, to name a few. Each dentist also develops and completes a personal leadership project based on a civic or professional issue of importance, will have a chance to network with the ADA leadership, and will be given the opportunity to work with a national advisor.

The application and details are available at www.ada.org/goto/diversity and requires completion of an essay section and letters of recommendations. The deadline for receipt of applications is April 30, 2008.

You could be the next dentist chosen. I participated in the 2004-2005 Institute program and came away with a strengthened devotion to my profession, a deepened commitment to my patients and my community, and an enthusiastic dedication to organized dentistry that I had never imagined possible. In short, it was life-changing.

For more information, go to the web address mentioned above, or call 1-800-621-8099, extension 4699 or email: starsiaks@ada.org.

"And will you succeed?
Yes! You will, indeed!
(98 and ¾ percent guaranteed.)"
—Dr. Seuss ■

2008–2009 ADA Institute for Diversity in Leadership Program

Three-part personal leadership course held in Chicago, IL

No tuition or fees; all travel expenses covered

Applications:
www.ada.org/goto/diversity

Deadline: April 30, 2008

YOU: THE DENTIST... THE EMPLOYER

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.

NOTIFICATION OF EARNED INCOME TAX CREDIT

Reprinted with permission from the **Los Angeles Dental Society**

Effective January 1, 2008, California employers who are required to provide unemployment insurance must notify all employees that they may be eligible for the federal Earned Income Tax Credit (EITC) within one week before or providing an annual wage summary including but not limited to a Form W-2 or Form 1099. Posting this notification on a bulletin board or sending it through office mail is insufficient, but such notification may be used in addition to individual notifications as required under this new law. The notification must be handed directly to the employee or mailed to the employee's last known address.

Employers may create their own notification form including instructions on how to obtain any notices available from the Internal Revenue Service for this purpose, including but not limited to the IRS Notice 797 and Form W-5, or any successor notice or form. However, the law provides the following sample language to use:

"Based on your annual earnings, you may be eligible to receive the earned-income tax credit from the federal government. The Earned Income Tax Credit is a refundable, federal income tax credit for low income working individuals and families. The Earned Income Tax Credit has no effect on certain welfare benefits. In most cases, Earned Income Tax Credit payments will not be used to determine eligibility for Medicaid, supplemental security income, food stamp, low-income housing or most temporary assistance for needy families' payments. Even if you do not owe federal taxes, you must file a tax return to receive the Earned Income Tax Credit. Be sure to fill out the earned income tax credit form in the federal income tax return booklet. For information regarding your eligibility to receive the earned income tax credit, including information on how to obtain the Internal Revenue Service notice 797 or form W-5, or any other necessary forms and instructions, contact the Internal Revenue Service by calling (800) 829-3676 or through its website at http://www.irs.gov/."

The law also reminds employers that they must process Form W-5 for advance payments of the EITC upon request of the employee, as required by federal law.

Employers are encouraged to consult with their payroll service, accountant and/or legal counsel regarding compliance with tax laws. ■

ANOTHER **QUICKIE** FROM **CEA**

SOMETHING YOU PROBABLY DIDN'T KNOW...

EMPLOYMENT APPLICATIONS

According to Labor Code Section 431, if you require an employee to sign an employment application, you must file a single, blank copy of the application form with the state Labor Commissioner. Don't risk violating a labor code. File your copy, by sending it to:

Division of Labor Standards Enforcement
P.O. Box 420603
San Francisco, CA 94142

If you need to order employment applications, you can do so on line at www.employers.org, under the store link. These applications have been reviewed by a labor law attorney for accuracy. ■

We Were Going to Be Real Doctors

CONTINUED FROM PAGE 5

Data that compare patients who have systemic disease and who have *disease-free teeth and/or gums* with patients who have systemic disease who also have *diseased teeth and/or gums* has not yet come forth. Moreover, how can we know if one causes the other or the other causes the one? Or are these just coincidental? If it can be shown that there is a direct relationship, it will be inevitable that we will henceforward be what we were promised as dental students, physicians of the mouth. If that direct correlation fails to materialize, I am afraid we shall continue to resemble contractors of mouth repair.

Failing, thus far, a *general* and *absolute* cause and effect correlation between dental and systemic health, as a profession simply of tooth restorers, we will have to look forward to continued negotiation of our treatment plans. Patients will select their care on other than health criteria. They will procrastinate. They will minimize. They will balk. We will do our best to guide them into the most favorable solutions and they will find some justification for hedging.

Inasmuch as mouth health, as yet, is not normally considered to have mortal consequences, I think we have done a remarkable thing convincing so many of our fellow humans to avail themselves some of our services. We have succeeded in assuring most them it is worth the trouble in spite of the potential for recurrence of problems. Not that good work doesn't often outlive our patients, but the very fact that we are busy with fillings, crowns, bridges, implants and dentures for people who have been coming to us all their lives is proof enough that the need for repair remains high in spite of our most earnest ministry. Pretty Sisyphean, don't you think? (Here, Doc, roll this rock up the hill so that it can roll back down and you can roll it up again.)

I am looking forward to the forthcoming of infallible information linking a healthy mouth with a healthy body that will have convinced people to ask me, as their mouth doctor, what I recommend as the proper and best treatment for their condition. Then, I want to hear them say, "Hang the cost; Let's get started; my *life* depends on it!" ■

Can Medicine & Dentistry...

CONTINUED FROM PAGE 7

that might cause patient harm if interrupted.) This policy was initially unpopular, but was eventually embraced by clinicians, as it virtually eliminated "phone-tag" and actually saved time and energy over the course of a day's work. For those not working in a group setting, adopting this as your own policy can provide similar benefit, as others to whom you need to speak to will remember the courtesies extended to them in the past.

Martin Luther once wrote, "You are responsible for what you say, but also for what you do not say." All clinicians have an ethical, professional and legal responsibility to communicate with colleagues in a timely and appropriate fashion. Improved communications between dentistry and medicine not only brings the two disciplines together collegially, but improves clinical outcomes and practice efficiencies. Who knows? With that sort of teamwork, even the Forty-Niners may have a shot at making the Super Bowl in 2009!

Richard Raskin, MD *is a board-certified internist and rheumatologist, and is a graduate of the University of California, Berkeley and Northwestern University School of Medicine. His career includes many years of clinical practice and medical director responsibilities with several companies nationally. His most recent position was Chief Medical Officer, Eastern Division, Secure Horizons/UnitedHealth Group. Dr. Raskin lives with his wife and son in Avon, Connecticut. He is the brother of Paul Raskin, DDS.* ■

ABSTRACTS

Influence of specific restorative techniques on the biomechanical behavior of endodontically treated maxillary premolars

P. Soares, et al
J of Pros Dent 99:1 2008

The use of direct composite resin restorations, laboratory-processed composite resin, and ceramic restorations provided significantly greater tooth fracture resistance compared to teeth restored with amalgam in MOD preparations of endodontically treated teeth.

Oral breathing and head posture

A. Cuccia, et al
Angle Ortho 78:1 2008

Oral respiration alters the muscle forces exerted by the tongue, cheeks, and lips upon the maxillary arch. Intraorally, the dentist might expect to find a narrow maxillary arch with a high palatal vault and an increased presence of a posterior crossbite and Class II malocclusion. Prolonged oral breathing also causes an increase in head elevation and a greater extension of the head related to the cervical spine.

Laboratory-made fixed space maintainers: A 7 year retrospective study

M. Fathian, et al
Pediatr Dent 29:6 2007

The study found that 63% of the 323 space maintainers that were placed lasted their anticipated lifetimes or were still in use. Most (62%) of those that failed were due to cement loss.

RTB

VENDOR MEMBER SPOTLIGHTS

Straine Consulting is a practice management, consulting, coaching and training firm with its corporate headquarter located in Sacramento, California working with dentists in every state and Canada. Straine's experienced team of consultants includes accountants, dentists, behavior and communication analysts, coaches, and trainers with experience and expertise in business and dentistry. Straine's approach of developing custom operating policies, which support each client's unique vision, come to life with its daily hands-on training, coaching, and monitoring services.

Alliance Partner: Henry Schein Dental selected Kerry Straine in 2000 to provide continuing education workshops more than 13 times a year to its sales force at its innovative Career Development program. Learn more about this powerful relationship at www.henryschein.com.

Consulting: Straine offers the most affordable and unique month-to-month consulting service in the industry, which includes onsite training and/or workshops on management systems, policy development, leadership, and communication.

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The Straine Performance Scorecard™: Straine offers daily, weekly, and monthly benchmarking to ensure each client's unique vision is realized in a timely manner.

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Professional Speakers: Kerry Straine and more than 12 Straine Management System™ certified consultants speak to dentists and their staff all across the country and are available for customized speaking engagements.

Web-Based Reporting: Straine offers virtual onsite consulting through its unique online program, StraineOnline.

Each SDDS member is offered a free Straine Practice Analysis™, valued at $1,495, when he or she joins the SDDS or upon annual renewal of membership. The analysis includes a written report, graphic representation of the practice, and one-hour teleconference with Kerry Straine. To take advantage of this benefit call John Hansen at 916.568.7200 and mention SDDS membership.

The mission of Straine is to advance the understanding, practice and development of leadership for the benefit of all professionals in the dental industry.

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2008 SDDS COMMITTEE MEETINGS:

Auxiliary Advisory • SDDS • 6:30pm
2008 meetings TBA

Board of Directors • SDDS • 6:00pm
Mar 4 • May 6 • Sept 2 • Nov 4

CE Committee • SDDS • 6:30pm
Mar 31 • May 19 • Oct 6 • Dec 1

CPR Committee • SDDS • 6:30pm
May 7 (yearly calibration)

Dental Health Committee • SDDS • 6:30pm
Apr 21 • Sept 30 • Dec 9

Ethics Committee • SDDS • 6:00pm
May 19 • Oct 6

Foundation (SDDF) • SDDS • 6:30pm
Apr 21 • Sept 30 • Nov 19

Golf Committee • SDDS • Times TBA
Mar 24 • Apr 28

Leadership Dev. Committee • SDDS • 6:00pm
Mar 25 • Apr 15

Legislative Committee • SDDS • 7:00pm
Apr 14

Mass Disaster / Forensics Committee • 6:30pm
Sept 17 (yearly calibration)

Membership Committee • SDDS • 6:30pm
Mar 24 • May 27 • Sept 22 • Dec 1

***Nugget* Editorial Committee • SDDS • 6:15pm**
June 3 • Oct 28

Peer Review Committee • 6:30pm
Mar 13 • Apr 10 • May 8 • Sept 11
Oct 9 • Nov 13 • Dec 11

SacPAC Committee • SDDS • 6:00pm
Apr 14

For dates & times not listed above, visit the SDDS calendar at www.sdds.org/calendar.htm

MARCH 2008 COURSES

GENERAL MEETING:

Fraud & Embezzlement... Know the Warning Signs

March 11, 2008

Kent Williams, DDS

MEMBER FORUM:

How to Structure Employer / Employee Benefit Plans

March 27, 2008

John Eby (Greenbook Financial)
Eugene Hsu (AIG Financial)

CONTINUING EDUCATION:

Prescription Drugs & Herbal Therapies that Increase Bleeding Risk & Osteoporosis: Assessment, Prevention & Pharmacotherapy

March 28, 2008

Ann Eshenaur Spolarich, RDH, PhD

ADVERTISER INDEX

COMMITTEE CORNER

By **Walter Lamackis, DDS**
Chicago Dental Society

James R. Musser, DDS
Nugget Editorial Committee Chair
(pictured)

Nugget Editorial Committee:
WHEN ALL ELSE FAILS, FALL BACK ON YOUR INTEGRITY

It is the responsibility of the *Nugget* Editorial Committee to bring timely, topical information to the membership of SDDS. In this spirit, the Editorial Committee thought you might find the following article interesting.

I was piqued this summer by a front-page article in the Wall Street Journal profiling an ophthalmologist who places diamond chips in the sclera of the eye for rock stars and other glitterati (no pun intended). Perhaps the ophthalmologist's laser surgery base had withered. But more likely, he fell victim to a society that will pay big bucks for a little body decoration. Jewelry sprouts from tongues, lips, eyebrows, navels and other, tenderer body parts. Tattooed ladies are common today. To my knowledge, the only time a doctor is involved is when an infection ensues.

Magazines and tabloids are crammed with missives from plastic surgeons and "esthetic dentists" advertising their elective services to a public that willingly pays extra to look different. The signs were there in the go-go 1980s when patients happily paid a premium to have cartoon characters and fairies etched on molars.

These changes come to dentistry at a time when there is less disease to treat. ADA statistics show that 40% of dental procedures are preventive, and more disturbing, 40% of the gross revenues are too. I am sure this fact has not escaped the militant hygienists.

Some dentists market their practices by offering devises to control food intake, botox injections and sleep apnea appliances among other services outside the traditional practice of dentistry. The phrase "Spa Dentistry" is becoming more common. I am not concerned about the incense, the slippers or the heated eye masks. To me, the most egregious procedures are those that remove healthy enamel to achieve a youthful appearance.

> *The chasing of the fountain of youth has reached epidemic proportions.*

Esthetic dentistry courses are filled with practitioners "oohing" and "aahing" over dramatic before and after slides and intently leaning in when the lecturer quotes fees as high as $3,000 per tooth. There often is a euphemistic phrase at the beginning of the presentation dealing with malaligned teeth: "The patient refused orthodontic treatment." Yeah, right. Since these procedures are relatively new, I wonder what happens when the patient ages. I have a hellish vision of a future abounding with leathered-skin octogenarians who have preternaturally pearly white teeth.

Clinicians don't necessarily bear all the blame. Patients demanding a quick fix to achieve youthfulness inundate us. The lure to create something exciting and receive a high fee for is overwhelming to a dentist struggling with educational debt, overhead expenses and the cost of raising a family. The reality is that it is expensive to be principled. When I hired my associate, who eventually became my partner, I was gratified when he refused to extract the six remaining teeth of a patient. It wasn't easy. He stood his ground and was rewarded by the patient leaving the practice. Maybe the days when people could afford principles are gone forever. I hope not.

There is another, more insidious problem troubling or society: The quest for unnatural perfection and everlasting youth. Lauren Hutton who graced many covers of fashion magazines is now in her 50s. She no longer uses an appliance to disguise a diastema and does not allow an airbrush to remove her well earned crows-feet. I think she is more beautiful than ever, but again, I think Eleanor Roosevelt and Golda Meier were beautiful too. The chasing of the fountain of youth has reached epidemic proportions.

As dentists, we are admonished to do no harm. Zig Ziglar tells us, "The most important persuasion tool in our arsenal is integrity."

This article reprinted with permission from the Chicago Dental Society. ■

WE'RE BLOWING YOUR HORN!

CONGRATULATIONS TO...

Dr. David Miller, who has been designated a Champion of Evidence-based Dentistry by ADA (one of 150 dentists selected nationwide).

Drs. Glen Tueller, Bob Tilly, Barry Hoffman and Robert Shorey, on their triumphant return from Tahoe… sans injuries! *(photo at right)*

SDDS, on another successful MidWinter Convention — 2008 marks the 28th year of this fantastic event.

Dr. Paul Binon, along with Drs. Stephania Kano and Don Curtis, on their research article entitled *"A Classification System to Measure the Implant-Abutment Microgap."* The article was published in the International Journal of Oral and Maxillofacial Implants. To date, Dr. Binon has published more than 40 articles related to dental implants. ■

SDDS "ski bunnies" hit the slopes: Drs. Glen Tueller, Bob Tilly, Barry Hoffman and Robert Shorey

Have some news you'd like to share with the Society? New babies, achievements, retirements, new offices — we'll report them all! Please send your information to SDDS via email (melissa@sdds.org), mail (915 28th St, Sacramento, CA 95816) or fax (916-447-3818). Call SDDS at (916) 446-1227 for more information.

PAY YOUR DUES!

A lapse in membership can affect your eligibility for life membership down the road. PLUS you'll be without the many benefits of SDDS membership for the duration of the lapse. **MARCH 31, 2008** (the last day to pay your 2008 tripartite dues) is quickly approaching. Take care of your payment (and avoid a $100 re-instatement fee) by mailing to CDA or calling SDDS today!

IT SAVES YOU MONEY!

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)*

TDIC Insurance Solutions . . (800) 733-0633

Denti-Cal Referral . . . . . (800) 322-6384

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

MARCH 2008

Ahmadreza Ahmadi, DDS
General Practitioner
9105 Bruceville Rd, Ste 8A
Elk Grove, CA 95758
(916) 478-2521
Dr. Ahmadreza Ahmadi graduated from Heinrich-Heine-University in Dusseldorf in 1997 with his DDS. He is currently practicing in Elk Grove and Redding and living in Elk Grove with is wife, Mehrnush.

Kevin Chang, DDS
General Practitioner
1212 Coloma Way, Ste C
Roseville, CA 95661
(916) 786-2008
Dr. Kevin Chang graduated from UCSF School of Dentistry in 1999 with his DDS. He is currently practicing and living in Roseville with his wife, Brooke.

Robert Groesbeck, DDS
Orthodontist
5501 Stockton Blvd
Sacramento, CA 95820
(916) 739-0585
Dr. Robert Groesbeck graduated from UCLA School of Dentistry in 1997 with his DDS and later completed his specialty there in orthodontics in 1999. He is currently practicing in Sacramento and Chico and living in Rocklin with his wife, also new SDDS member, Marcia Younger, DDS, MSD.

Mahmoud Mohamed, BDS
General Practitioner
Office Address Pending
Dr. Mahmoud Mohamed graduated from University of Alexandria located in Egypt in 1992 with his BDS. He is currently living in Sacramento.

Marcia Younger, DDS, MSD
Orthodontist
1701 Watt Ave
Sacramento, CA 95825
(916) 974-2515
Dr. Marcia Younger graduated from Ohio State University in 1998 with her DDS and later completed his specialty in orthodontics at University of Washington Medical Center in 2000. She is currently practicing in Sacramento and living in Rocklin with her husband, also new SDDS member, Robert Groesbeck, DDS.

NEW TRANSFER MEMBERS:

David H. Roholt, DDS
Transferred from Monterey Bay Dental Society
General Practitioner
210 Lincoln Way
Auburn, CA 95603
((530) 885-5696
Dr. David Roholt graduated from UCSF School of Dentistry in 1989 with his DDS. He is currently practicing in Auburn.

Stefanie A. Shore, DDS
Transferred from Western LA Dental Society
General Practitioner
1906 Del Paso Rd
Sacramento, CA 95834
(916) 263-9884
Dr. Stefanie Shore graduated from UOP Arthur A. Dugoni School of Dentistry in 2004 with her DDS. She is currently practicing in Sacramento.

Hong Cheng, DDS
Transfer from Fresno-Madera Dental Society
General Practitioner
520 Cottonwood St, Ste 4
Woodland, CA 95695
(530) 669-6688
Dr. Hong Cheng graduated from dental school in 1985 with her DDS. She is currently practicing and living in Woodland.

NEW APPLICANTS:

Haytham Abbas, DDS

Jorge de la Osa, DDS

Mohamed M. Mahmoud, DDS

Paulyn Rodriguez, DDS

Tigran Vardanian, DDS, MSD, PhD

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

TOTAL MEMBERSHIP (AS OF 3/1/08): 1,536

TOTAL ACTIVE MEMBERS: 1,302
TOTAL RETIRED MEMBERS: 183
TOTAL DUAL MEMBERS: 3
TOTAL AFFILIATE MEMBERS: 7
TOTAL STUDENT MEMBERS: 4
TOTAL CURRENT APPLICANTS: 5
TOTAL DHP MEMBERS: 33

TOTAL NEW MEMBERS FOR 2008: 11

MIDWINTER 2008
FEBRUARY 21–22, 2008

The 28th Annual MidWinter Convention & Expo was a ROARING good time!

Watch next month's issue for highlights from this spectacular CE event.

MIDWINTER 2009: FEBRUARY 19TH & 20TH

DO YOU HAVE YOUR SDDS MUG & HAT?

BOTH ITEMS ARE AVAILABLE FROM THE SDDS OFFICE FOR $10 EACH

SEE ENCLOSED INSERT TO ORDER

LINK TO YOUR PRACTICE WEBSITE ON WWW.SDDS.ORG!

$200** for 6 months {or} **$300 for one year

SDDS members only, please.

See **www.sdds.org/MembersOnline.htm** for more information.

HAVE A DENTAL OR BABY NUGGET TO SHARE?

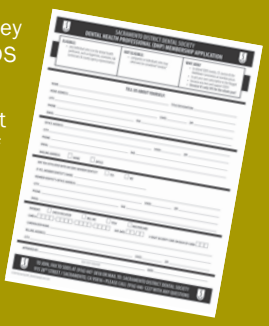
Our *Dental Nugget & Baby Nugget* columns are in need of submissions!

If you have a bit of knowledge to impart on the topic of pediatric dentistry (up to a page) or dentistry in general (about a paragraph is fine), send to SDDS (melissa@sdds.org).

WHAT IS A DHP MEMBER?

DHP (Dental Health Professional) Membership allows the individual in the dental health profession (hygienists, assistants, office staff, lab technicians, county agency representatives, etc) to participate in the many member benefits offered by SDDS.

This membership is a great opportunity for staff members to receive their own mailings (including the Nugget!) and be included in continuing education, even if their doctor chooses not to attend. DHP members can attend all SDDS events (including CE courses and MidWinter Convention) at member prices, receive a subscription to the Nugget and much more, for a low $95 annual dues payment.



Doctors, sign your staff up so they can take advantage of what SDDS Membership has to offer!

Staff, sign yourself up for this great program and reap the benefits of SDDS membership!

Visit www.sdds.org for additional information.

Fax completed application to SDDS at (916) 447.3818.

ALERT: ARE YOU RECEIVING EMAIL FROM CDA?

ARE YOU RECEIVING EMAIL FROM CDA?

CDA 's Information Technology (IT) Department has identified an issue specific to AT&T Internet and e-mail subscribers with e-mail addresses in the format of username@sbcglobal.net. Some time in late November, a feature called "SpamGuard" was enabled on all sbcglobal.net accounts. When this happened, many people noticed that they were no longer receiving mail from anyone @cda.org. Mail content filters at the hosting service, Yahoo, are blocking the cda.org domain. CDA IT is in the process of correcting this.

If you are aware of anyone experiencing problems receiving e-mail from CDA, they should visit the AT&T/Yahoo mail account at http://att.my.yahoo.com and log in with their account name (e-mail address) and password. Once logged in, there are two options. SpamGuard can be disabled or a filter can be enabled to allow CDA mail to bypass the spam filters to allow mail to flow down to your mail client (such as Outlook). Please note that past e-mail from CDA will still be in the Spam folder and will need to be moved to the inbox. As well, this problem may affect other domains hosted at Yahoo.com and similar corrective actions can be taken. For AT&T (sbcglobal.net) customers, help can be found in several ways, including calling AT&T Yahoo! DSL accounts: 1-877-722-DSL-5 (1-877-722-3755). ■

IN NEED OF A HYGIENIST?

Sacramento Valley Dental Hygienists' Association has a free service for dentists looking for a temporary or permanent dental hygienist.

Please contact Teri Emry RDH at temryrdh@comcast.net for more information or if you would like to list your position.

EVENT HIGHLIGHTS

SDDS Membership Committee presents the

2008 NEW MEMBER DINNER: **FEBRUARY 6, 2008**

Dr. Peter Worth kicks off the evening with advice on the pitfalls of being a new dentist.

Dr. Robert Gillis explains the Crowns for Kids program to benefit Sacramento District Dental Foundation.

It was a full house as more than 80 SDDS members filled the Old Spaghetti Factory in downtown Sacramento.

Attendees learned about: New member involvement • Benefits of study groups, mutual aid groups & disability groups • What SDDS does for its members

SDDS HAPPY HOUR

March 13, 2008

IL FORNAIO (400 CAPITOL MALL, SACRAMENTO)

6:30pm • No host

NO RSVP NECESSARY! JUST SHOW UP!

PRESENTED BY THE SDDS MEMBERSHIP COMMITTEE

See insert for more info!

LINK OF THE MONTH

Is your practice website the next link of the WEEK?

SDDS features a member doctor's website every week on our home page. Click and discover who's up this week, at:

www.sdds.org

Stumbled upon a great link?
Email it to melissa@sdds.org, to submit it as a possible link of the month!

Nugget Classifieds

Positions Wanted

ENDODONTICS: In your office 2–3 days/month or ? 30+ yrs experience. References upon request. Contact Dr. Koett, Sr. (916) 337-6202. *02-07*

HAPPIER PATIENTS • Anesthesiologist will minimize stress for you and your patients • Industry recognized • Board certified • 20 years experience • Call (800) 853-4819 or info@propofolmd.com. *05-07*

EXPERIENCED GENERAL DENTIST desires part-time associateship. Prefer one or two days per week. Call (916) 215-3356. *03-C1*

I AM RETIRED AND ABLE TO SUPERVISE YOUR OFFICE, do exams and treat emergencies, while you vacation or take leave. Dr. Leif C. Overby, FAGD, MAGD. Ph (916) 434-7033. *03-C1*

Practices For Sale

NORTHERN CALIFORNIA COAST — Well established 5 op GP located in a high traffic area. Long-term, dedicated staff and loyal patient base. 2007 collections exceeded $1 million. Building is also available. Practice Transition Partners, (888) 789-1085, www.practicetransitions.com. *03-08*

Equipment For Sale

GLOBAL PROTEGE MICROSCOPE FOR SALE. 3.2x, 4.2x, 6.4x, 9.6x, 12.8x. Includes binocs & reticle, wall mount with extension arm and is upgraded for video & camera. Global will relocate & reinstall for small fee. Great value at $9500 — Call Paul Binon at (916) 786-6676. *03-08*

For Lease

EL DORADO HILLS! 1490 SqFt. for lease, Build to Suit. Perfect for Specialist! Adjacent to Endodontist/Owner. Close to new Town Center. Professional buildings have beautifully landscaped courtyard (waterfall, putting green, creek). Rent will be reasonable, with modest TI allowance to help build to suit. eldoradoendo@yahoo.com (916) 205-8825. *05-05*

SUITE FOR LEASE — 2 OPERATORY: Sacramento Dental Complex — Midtown. Possible to purchase existing equipment. Great for new practice. Please call (916) 448-5702. *03-07*

HIGHLY VISIBLE LINCOLN OFFICE SPACE — Divisable up to 8,000 sq ft for lease or purchase. Ground up built by a dental contractor specialist. Call (916) 772-4192 for details. *01-08*

DENTAL OFFICE SPACE AVAILABLE FOR LEASE in professional building. Located in Elk Grove. 1800 sq feet, 5 operatory spaces, large reception room, business office, laboratory and private office. Ph Mel Bell (916) 479-1827. *02-C1*

Employment Opportunities

A GREAT OPPORTUNITY! If you are planning or considering opening a practice in El Dorado Hills, give me a call!!! Dr. Linssen (916) 952-1459. *02-07*

DENTIST — RURAL HEALTH CLINIC — in Corning, twenty minutes north of Chico. Good salary percentage. Part/Full time. Serving mostly Medi-Cal patients. Opportunity for partnership. Call James at (530) 321-2927. *06/07-07*

CALIFORNIA DENTAL ASSOCIATE — MALE/FEMALE. Placerville, CA — Fee for service, long established practice. Great, professional, sophisticated, expanded function staff. 12 day hygiene week. Family oriented, great schools, friendly community, in gold country. $600/day + production, PT start / FT future. Experience requested. Resume to: drsands@jps.net or Dr. Sands, DMD; 2900 Cold Springs Rd; Placerville, CA 95667. *10-07*

ASSOCIATE — Kids Care Dental Group is looking for a pediatric specialist who loves working with kids to help us take care of our growing patient base. Great private practice with tons of potential for growth. Call Derek at (530) 263-2454 or fax your resume to (916) 290-0752. *11-07*

DENTIST: Temporary replacement for maternity leave. 2–3 days/week. Sacramento practice. Please fax resume to (916) 481-4416. *03-C1*

SDDS Members 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 members 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.

SDDS CALENDAR OF EVENTS

MARCH

4 **Board of Directors Meeting**
6:00pm / SDDS Office

5 **Continuing Education**
The Doctor as CEO
Virginia Moore & Debbie Castagna
Sacramento Hilton — Arden West
2200 Harvard Street, Sacramento
6:30pm–9:00pm

7 **Fun Times Ski Trip**
Alpine Meadows

11 **General Membership Meeting**
Fraud & Embezzlement…
Know the Warning Signs
Kent Williams, DDS
Alliance / Spouse Night
Sacramento Hilton — Arden West
2200 Harvard Street, Sacramento
6:00pm Social
7:00pm Dinner & Program

12 **Alliance Board Meeting**
Noon / SDDS Office

12 **The 25th Annual Putnam County Spelling Bee**
8:00pm / Sac Community Center

13 **Fun Times "Happy Hour"**
6:30pm / Il Fornaio (Sacramento)
No host

Peer Review Committee
6:30pm

24 **Golf Committee**
6:30pm

Membership Committee
6:30pm / SDDS Office

25 **Leadership Development Committee**
6:30pm / SDDS Office

27 **Member Forum**
How to Structure Employer / Employee Benefit Plans
John Eby (Greenbook Financial)
Eugene Hsu (AIG Financial Services)
Sacramento Hilton — Arden West
2200 Harvard Street, Sacramento
6:30pm–8:30pm

28 **Continuing Education**
Prescription Drugs & Herbal Therapies
Ann Eshenaur Spolarich, RDH, PhD
Sacramento Red Lion Inn
1401 Arden Way, Sacramento
8:30am–1:30pm

31 **CE Committee**
6:30pm / SDDS Office

31 **Last day to pay tripartite dues!**

APRIL

1 **General Membership Meeting**
Changing Lives with Functional Jaw Orthotics (FJO)
Richard E. Johnson, DDS
Sponsored by Dockstader Dental Lab
Back to School / Recruitment Night
Sacramento Hilton — Arden West
2200 Harvard Street, Sacramento
6:00pm Social
7:00pm Dinner & Program

NOTE DATE CHANGE!

MARK YOUR CALENDAR FOR THE **29TH ANNUAL MIDWINTER CONVENTION**
FEBRUARY 19 & 20, 2009 • TONS OF CE & A GREAT TIME! SEE YOU THERE!

Loads of CEU!

ALLIANCE / SPOUSE NIGHT!

March General Membership Meeting

Earn 3 CE units!

MARCH 11, 2008

FRAUD & EMBEZZLEMENT… KNOW THE WARNING SIGNS

Speaker: Kent Williams, DDS

Various studies showed that one-third of employees embezzle company property. In the dental practice, this can range from something trivial like a box of paper clips to the theft of thousands of dollars. It is a subject that dentists are reluctant to talk about when it happens to them. Dr. Williams will give detailed histories of various dental office frauds and embezzlements — how they happened and what should have been done to prevent them. You will learn: ***Causes*** *(why do employees embezzle),* ***Methods*** *(how embezzlement occurs),* ***Danger Signs*** *(indications that you are being embezzled) and* ***Safeguards*** *(how to prevent embezzlement)*

6pm: Social & Table Clinics / 7pm: Dinner & Program
Sacramento Hilton — Arden West / 2200 Harvard Street / $52 Member price

SACRAMENTO DISTRICT DENTAL SOCIETY

915 28th Street
Sacramento, CA 95816
916.446.1211
www.sdds.org

ADDRESS SERVICE REQUESTED