

February 2021

the

Nugget

Caring for Patients
with Special Needs



Get Ready For Our UPCOMING EVENTS



REGISTER TODAY February 1-5, 2021
Classes range from 7:30am-9:00pm

**SEE PAGES 26-29 TO VIEW THE LIST OF
COURSES AND OTHER INFORMATION!**

**FEB
17**

HR Webinar • Wednesday, 12–1:00pm • \$59

2021 Employee Handbook Updates (1 CEU, 20%)
Presented by California Employers Association

An employee handbook is one of the most important communication tools you can have between your company and your employees. Not only does it set forth your expectations for your employees, it also describes what they can expect from you and ensures your business complies with state and federal employment laws. Learning objectives:

- The Benefits and Risks of an Employee Handbook
- Essential Provisions
- Policies Required by State and Federal Law
- Recommended Policies such as Social Media
- What NOT to put in an Employee Handbook

**MAR
9**

**Online General Meeting (via Zoom) • Tuesday
6–8pm • \$49**

**Metabolic Syndrome, Its Etiology and Connection to Chronic
Disease in Modern Man** (2 CEU, Core)
Presented by Robert Shorey, DDS

Nutrition is an undervalued component of good health and our dental curriculums. Dental caries has plagued mankind and the rate of dental caries has not declined substantially even though we have excellent dental services and fluoride. Today the rate of diabetes is continually increasing along with obesity and insulin resistance. What do these things have in common — fermentable carbohydrates and snack foods. So little is clearly understood what constitutes good nutrition. Our talk will touch on the current state of humanity and nutrition. We will review what is becoming known as metabolic syndrome and discuss how dentistry could play a key role in better health, better nutrition and prevention of chronic disease.

Courses/events may be affected based on COVID considerations and social distancing guidelines. If necessary, alternate plans will be offered.

**MAR
17**

CPR - AHA BLS Blended Learning Course

Wednesday, 3 Time Sessions
(6-6:45pm, 7-7:45pm, and 8-8:45pm)

\$77.50 (\$31 paid directly to AHA for the online course and the other \$46.50 paid to SDDS for the skills check portion)

For the Healthcare Provider (4 CEU, Core)

The March CPR Course will be an AHA blended learning course. Blended learning is a combination of eLearning (online portion), in which a student completes part of the course in a self-directed manner, followed by a hands-on session.

There are three potential time slots for the skills test session on that day. When signing up you'll select your preference (note that we will do our best to accommodate your preference, but sessions may fill up).

**MAR
24**

HR Webinar • Wednesday, 12–1:00pm • \$59

The Pros and Cons of Alternative Workweeks (1 CEU, 20%)
Presented by California Employers Association

**MAR
25**

Business Forum Webinar (via Zoom)

Thursday 6–8pm • \$75

Buy It, Build It, Lease It (No CEU)

Presented by Dave Olson, Olson Construction; Gary Perkins, GP Development; Brett LeMmon, Thomas Doll; George Cochrane, Banner Bank; Keith Dunnagan, BPE Law Group

**MAR
26**

Continuing Education (via Zoom)

Friday, 9–11:00am • \$99

**Treating Patients for Life – The Role of Dental Implants
in an Uncertain Post-Pandemic World** (2 CEU, Core)

Presented by Michael D Scherer, DMD, MS, FACP
(Sponsored by Zest Dental Solutions)

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Article / series of articles of interest to the profession

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2019 • Golden Pen, *honorable mention*

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2016 • Golden Pen, *honorable mention*

2015 • Special Citation Award

2014 • Outstanding Cover, *honorable mention*

2014 • Golden Pen, *honorable mention*

2013 • Outstanding Cover

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President's Message



By **Volki Felahy, DDS**
2021 SDDS President

Meeting the Needs in Our Practice

This month's *Nugget* is focused on patients with special needs. Most of us can successfully treat patients who have some special needs. Some patients, for example, may be wheelchair-bound and simply need help to be physically transferred to the dental chair; others may need premedication or a specific chair position for dental treatment to be performed successfully. Although there are many patients with needs that can be treated in-office, there is a subset of patients that may need more help. This subset of patients with special needs generally will require help from a provider who can treat them in an outpatient hospital setting. The dental community is diverse, as are the different levels of comfort practitioners have in accommodating and treating patients with unique needs. I am confident that most of us can accommodate a wide variety of unique needs in-house. I do believe that as the needs of the patient get

more specialized, the comfort level of most dentists declines. This can be seen by the large demand for dental homes that are equipped to support patients with more severe special needs.

My nephew, who is now five, was born severely autistic. He has a spirited older sister, two very attentive parents, and a supportive circle of extended family. It was a shock to the family when a definitive diagnosis of the severest form of autism was made. I honestly had no idea how hard and emotionally draining it could be for a parent of a child with special needs. Parenting styles and techniques that we would think of as common-sense parenting could send my nephew into a screaming fit for hours. Activities we would consider to be simple, such as getting a haircut or going shopping for groceries or out to dinner, just cannot be done without real fear of a meltdown, impulsive, or reckless behavior that sometimes can be very violent. Dental

work for my nephew requires a lot more than my office could ever provide for him. I have great empathy for my brother-in-law and his wife and the challenges that they face daily.

I have learned through my experiences with my nephew to have a high level of empathy for patients and their families who may need a bit more from me and my office to have their dental treatment performed. I hope that reading the articles in *the Nugget* this month may inspire you to learn more about the challenges that special needs patients and their families face. Thank you to all our members who serve these very special patients!

A handwritten signature in black ink, appearing to read 'Volki Felahy'.

Are you interested in being an SDDS leader?

Find out how you can get involved in SDDS Leadership! All organizations need individuals willing to step up to help make the organization successful and SDDS is no different. Each year there are opportunities to join a committee that helps to shape the future of SDDS! Find the Committee sign-up forms and Nominating forms as an insert in this issue!

Deadline to sign up is February 15th!



Reflections...

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

Here it is February and we are one month away from a full year of the “COVID-19 Life.” Just thinking what we all have been through, and how our lives and our businesses have changed, how our family has been impacted, our work and workplace impacted, and just how we look at things and do things now ... compared to a year ago... Wow. Sad. Scary.

But.. light and glimmer is starting to show through.

These past few weeks of 2021, we’ve spent navigating vaccines, negotiating options, and pushing out information all with the goal to find answers to the many, many, many questions we get at SDDS – on a daily basis. What is in the news, in an email, on a website changes constantly and we strive to keep up with it all. Thank you for reading our emails.... I know they are a lot but, seriously, our interest and responsibility is to keep our members informed.

By the time you are reading this issue of the *Nugget*, we hope that every SDDS member dentist and their staff will have received their vaccine. As I am writing this article (January 14), more and more dentists are getting signed up and called back within 24 hours to make the appointment. It is only through the efforts and partnerships with our County people that we are succeeding. Thank you to Sacramento, Amador, Placer, Yolo and El Dorado Counties for their partnership with SDDS. And thank you to our members for keeping us in the loop and informing us on what you are hearing.

So, we are still Zooming – and the Super CE WOW Week is Feb 1-5th. We sincerely hope you will attend a class or two. Or request the class ON DEMAND and watch it at your leisure. We’ve worked really hard to make this “Midwinter substitute” a reality. We are blessed to have so many wonderful sponsors; we are equally blessed to have wonderful speakers presenting fabulous topics... please support them with your attendance.

So the glimmer is growing. We’ve learned a lot through this; we’ve grown and accepted the challenges of Covid, Zoom, pivots and redirection. Just like the line in my favorite musical, WICKED: “it’s just a different way to look at things.”

Happy SUPER WEEK OF WEBINARS, Super Bowl and Super February!



WE HOPE TO SEE YOU THERE!

Head to pages 26-29 to get more information on the Super CE: Week of Webinars event!

Cathy

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By Nima Aflatooni, DDS
Associate Editor

We Can All Help

A few months ago, I recall doing a hygiene check for a patient who had been diagnosed with severe autism. She was incredibly sweet but struggled with verbal skills and had difficulty during long appointments. She was in need of restorative care and had been previously treated using IV sedation. My office did not offer these services at the time, and it made me think how difficult it must be for patients like her to receive the dental care they need. Was there someone I could refer her to? Was there another way I could treat her without sedation?

I struggled with answering these questions, and I felt a sense of hopelessness for her and for the many patients like her. Patients

with special needs and their families endure challenges many of us could not imagine. From day-to-day mundane tasks to financial and health struggles, many of these families learn to cope with limited resources and support.

When it comes to their oral health needs they turn to the dental community for answers, and as leaders in the community, we need to be there to address them. Saying that we are not adequately trained or do not possess the right facility to treat these patients is not enough. We can do better, and we must do better.

In these articles, you will learn more about this special group of patients and what

YOU can do to treat them. If you do, you are in a position to change someone's life or help a struggling family. The authors are experts in the field of dentistry for special needs patients. Their experience with this wonderful group of people is only overshadowed by the immense compassion they have for these patients.

After reading these articles, I have found new tools and techniques that can help treat my autistic patients. It is my hope you will learn about patients with special needs, and potentially overcome your own fears and doubts about treating these patients. ■

UPCOMING CE COURSE!

Treating Patients for Life – The Role of Dental Implants in an Uncertain Post-Pandemic World*

Sponsored by: **ZD ZEST DENTAL SOLUTIONS**

COVID-19 has changed the landscape of our dental practices, how do we pivot and thrive in a post-pandemic clinical practice? In this presentation, the focus is on how to improve the quality of life of your patients and improve practice growth using dental implants. Emphasis will be placed on focusing on a broad range of dental implant options using affordable and low cost strategies to treat patients to get patients to say yes to treatment even when the world is going crazy!

Michael D Scherer, DMD, MS, FACP

Dr. Scherer is an Assistant Clinical Professor at Loma Linda University, a Clinical Instructor at University of Nevada – Las Vegas, and maintains a practice limited to prosthodontics and implant dentistry in Sonora, California. He is a fellow of the American College of Prosthodontists, has published articles, DVD training series, and in-person and online courses related to implant dentistry, clinical prosthodontics, and digital technology with a special emphasis on full-arch reconstruction. As an avid technology & computer hobbyist, Dr. Scherer's involvement in digital implant dentistry has led him to develop and utilize new technology with CAD/CAM surgical systems, implement interactive CBCT implant planning, and outside of the box radiographic imaging concepts.

Friday, March 26, 2021

9am – 11am

Webinar/Zoom Meeting

2 CEU, Core

\$99 SDDS Members & Staff

\$89 DHP Members

Head to sdds.org or use the insert included in this issue to get signed up for the class today!

* Note change of program, speaker is the same!

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of our listings.*

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FAIRFIELD AREA: *NEW LISTING!* 7 Ops, Digital, Digital CB/Pano. Newer equipment, Specialties referred. 2019 GR \$1.7M. #CA1824
CITRUS HTS/FAIR OAKS: *NEW LISTING!* 4 Ops, Paperless, Hi-traffic area. 2019 GR \$295K, 2018 GR \$340K. Fast sale needed. #CA1832
FAIR OAKS/CITRUS HTS: Desirable area, 38 yrs. Goodwill, 4 Ops, Nice décor, Digital, 6 hyg days/wk. 2019 GR \$970K on 4 day/wk. #CA656
FOLSOM/EL DORADO HILLS AREA: 5 Ops, 4 Equipped, Strong hygiene prog., Modern office in growing area. 2019 GR \$540K. #CA1629
GREATER SACRAMENTO: Desirable area, 38 yrs. Goodwill, 4 Ops, Digital, 6 hyg days/wk. 2019 GR \$970K on 4 day/wk. #CA656
GREATER SACRAMENTO: *Price reduced!* PPO/Condo, 33 yrs. Goodwill, 4 Ops, Digital, I/O Cam. #CA561
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LAKE TAHOE AREA: Resort area, 6 Ops, 5 Equip, Digital, 42 yrs Goodwill. 2019 GR \$579K on 22 Dr. hrs/wk. #CA608
NORTH SACRAMENTO AREA: *NEW LISTING!* 3 Ops, 1 add'l shared, Paperless, Digital, CEREC, Busy street location. 2019 GR \$671K. #CA1745
STOCKTON AREA: 1/3 partnership share, Digital, 10+ Ops, GR \$508K. #CA1389
STOCKTON AREA: *Price reduced and will consider chart sale!* 1/3 partnership share, Digital, 10+ Op facility, GR \$462K. #CA1624
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YOU SHOULD KNOW

SHOULD COMPANIES REQUIRE COVID-19 VACCINES?

Reprinted with permission from California Employers Association

Many employers are wondering whether they may require their employees to be vaccinated from COVID-19. The short answer is yes.

Generally, employers may require employees to be vaccinated, so long as the vaccination is job related, consistent with business necessity, and the employer makes reasonable accommodations for disabilities and sincerely held religious beliefs. But, perhaps the better question is should you require it?

Business Necessity

Under the Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA), an employer may require a vaccination or medical exam when it is “job-related and consistent with business necessity.” As such, whether an employer may require a COVID-19 vaccine is likely to turn on questions such as: (1) Does the employee work in a high-risk setting (such as in a hospital or health care facility)? (2) Does the employee often interact with the public (such as a cashier at a grocery store)? (3) How effective is the vaccine?

Guidance from federal and state agencies, such as the EEOC and DFEH, is likely to follow on this issue; however, current guidance suggests that government agencies will allow employers to require COVID-19 vaccinations, at least in some settings.

The EEOC has determined that COVID-19 meets the “direct threat” definition under the ADA, which provides employers greater latitude in requiring medical exams and health-related questions in the workplace. For instance, this is why employers may mandate temperature screens at work related to COVID-19. It is likely that this same “direct threat” standard will support an employer’s right to require employee vaccinations. In theory, this would mean the employer could send someone home without pay or terminate them if they ultimately refuse to take the vaccine.

Reasonable Accommodation

Even if employers can require employees to take the COVID-19 vaccine, they should expect a flood of requests for exceptions or “reasonable accommodation.”

Specifically, employers may receive a request for an accommodation based on a disability or medical condition. You should handle these

requests as you normally would under the ADA and FEHA, by engaging in an interactive process with the employee to determine whether you can provide a reasonable accommodation that allows the employee to perform the essential functions of the job. You may request specific information from the employee, including the nature of the limitation or disability and the difficulty or issue that the vaccination causes.

Title VII and the FEHA also require employers to provide accommodations for sincerely held religious beliefs. As a practical matter, you should assume that requests for religious accommodations are based on sincerely held beliefs because the term “religion” is construed broadly under state and federal law.

Practical Considerations

Employers should also consider employee morale, fears, and concerns. Some employees may be fearful about vaccination side effects. Others may be open to taking the vaccine, but may want to wait until it has been available for a while.

When the time comes, employers should consider explaining their rationale to employees regarding why the vaccine will or will not be required. Prior to the decision, you may also invite employees to raise their thoughts or concerns in a supervised and productive setting. You could send out an anonymous poll to get your employees’ thoughts on this very new issue. Buy in will go a long way in ensuring people are “heard” on the issue and understand the employer’s goals or perspective.

Consult Counsel & Call the SDDS HR Hotline

When it comes to COVID-19 vaccinations, the circumstances are unique and there is no precedent on this issue. We recommend you consult legal counsel if you choose to send someone home without pay or terminate an employee who refuses to take the vaccine, or if you deny a request for a religious or medical/disability accommodation.

Still have questions? The SDDS HR Hotline is here to help you navigate through the ever-changing landscape of COVID-19 in the workplace. As we continue to receive guidance from government agencies on COVID-19 vaccinations, we will share that new information with you. Call us anytime M-F between 8am and 5pm.

MEMBER BENEFIT

All primary offices will receive a free copy of the 2021 Employment Law Poster in February.

Additional posters are available for sale through SDDS for \$24.95 (member price).

Don't throw it away! Unfortunately, we will have to charge you for a replacement.

**MEMBER
BENEFIT**



**WE ARE PUSHING OUT
ALL COVID-19 VACCINE
INFO WE GET VIA EMAIL
- MAKE SURE YOU ARE
RECEIVING OUR EMAILS**



By **Guy Acheson, DDS**
SDDS Member

Dr. Acheson graduated from University of the Pacific, School of Dentistry in 1979. In the U.S. Air Force he completed residencies in General Practice and Conscious Sedation, then continued as Chief of Periodontics and Oral Surgery at Edwards Air Force Base until 1983.

He is currently on staff at Sutter Memorial Hospital, Fort Sutter Surgery Center, and Kaiser South Sacramento.

Dr. Acheson thrives on helping people of all ages achieve the healthy and attractive smiles they desire, and maintaining them for a lifetime. He has spent his career learning all that dentistry can provide and continuously improving his skills in delivering quality dental care.

Special Needs Persons Need a Dental Home

Attention deficit hyperactivity disorder (ADHD), developmental delay, cerebral palsy, Alzheimer's, traumatic brain injury, the frail elderly, epilepsy, trisomy 21, Parkinson's disease, quadriplegia; these are all diagnoses attached to people who have dental healthcare needs. What goes through your mind when you are told your next new patient has such a diagnosis? For me, I was getting very anxious about what their behavior would be. Would it disrupt my office? Will it be safe? Will it upset the other patients in my office? How will my staff handle these potential challenges? What kind of accommodations will I have to provide? What kind of uncomfortable body positions will I have to assume in order to work with this person? At times I was mentally exhausted before the patient ever entered my office.

My dental education had one very large void and that was treating special needs patients.

My dental education had one very large void and that was treating special needs patients. In school our full attention was focused on practicing four-handed sit-down dentistry. Learning to position the chair and light to allow me to see and work comfortably. The patient was required to comply with being laid back to where they felt as if they were upside down. They needed to allow the use of suction and to swallow when needed and to hold still so that we could see the distal of tooth #2. Patients just can't randomly move when using a periodontal probe or for goodness sakes...a drill.

My only exposure to special needs patients was very limited and in the pediatric clinic.

A couple of young adults with ADHD and developmental delay who resisted being laid back and had random body movement. At that time the management techniques were restraints of some type; holding hands, arms and legs, papoose boards, blanket wraps, Velcro straps, and even staff or family laying on top of the patient. I never liked it and thankfully it was only a couple patients.

Who will help these individuals? How will they be helped? Where will these services be provided? Some of the answers were revealed to me in my dental and anesthesia residency. My residency included special needs patients and learning to work in a hospital setting where sedation and general anesthesia were added to my tool kit. What a revelation to be able to overcome all of the behavior and ergonomic issues and provide the same dental care as compliant patients in my office setting. No restraints. No awful body positions that made me sore for several days later. No fear of a dental drill going into the pulp or tongue or cheek or lip when the patient moves suddenly. Root canals instead of pulpectomies or extractions. Regular dental crowns instead of stainless-steel crowns. Well placed and finished composites instead of slap-dash glass ionomers. Thorough root planing instead of a "best we could do" prophyl.

After completing my Air Force obligation, I moved to Sacramento and joined a group practice. Hospital dentistry was rare in our area with oral surgeons and pediatric dentists the norm. Pediatric dentists were and are the norm for special needs patients because of their training in behavior management and hospital dentistry. Essentially, a special needs patient was a permanent pediatric dental patient.

It was both rewarding and disheartening to work with special needs. All were referred to me whether by another dentist or a caseworker or through a friend. Virtually all were in crisis when they came to me. Caries

“What is most important for these patients is to have a Dental Home. A place where they feel safe and welcome. A place where they don’t get hurt. You are not responsible for providing all the care that these patients need. You are a resource.”

untreated for years. Unable to have effective hygiene services for years. Many missing teeth because the only treatment they could obtain for a problematic tooth was extraction. After I provided care they would disappear. Back to their primary care dentist or until the next dental crisis. After several years I had patients returning to me. Patients who I had provided comprehensive care were back with a mouthful of new caries. A repeating cycle that virtually always ended with more tooth extractions.

What I saw was continued inadequate oral hygiene. What I heard was poor eating habits for oral health. I would talk about adequate oral hygiene but the person who did the tooth brushing was equally frustrated because they “were doing the best that they could.” “Jimmy won’t cooperate!” Typically the families had no knowledge of prescription fluoride toothpastes, fluoride mouth rinses, fluoride varnish, chlorhexidine products, xylitol products, sulcular brushing, interdental cleaners; and most of these patients were under the care of a dentist. I decided that I needed to do something different for this population. I started with fluoride varnish. I asked patients to come every three months for

fluoride varnish. That was simple, quick and the literature supported it being effective. I dedicated a block of time in my schedule just for these patients. My staff and I talked about how this would minimize disruption to other patients, allow us the flexibility to have multiple staff members available to help manage a challenging patient, not worry about loud vocalizations or patients who wander or run through the office. It allowed more space for wheelchairs. What I learned transformed my approach to special needs. Instead of patients being confused and upset with being in a place they didn’t know, they started looking forward to their visits. For many of these patients their regular daily routines provide predictability and stability. When they recognize the people, the voices and the space, their behavior usually improves dramatically. We get to know the caretakers and family. Trust is developed. As behavior improves, I can provide some hands-on instructions in how to brush someone else’s teeth; body positioning, retraction, lighting, use of direct vision when brushing. But most importantly, I am providing immediate feedback and instructions to the caretakers. When I can show a caregiver what they are doing well

and compliment them, it has tremendous impact. More often than not, the caretaker becomes tearful from the gratitude of being recognized for doing a great job. These are rewards I rarely get from my regular practice.

The end result is that the oral health of these patients is dramatically improved. Many of these patients have gone more than ten years without any new caries. With improved behavior and trust I can schedule them with my hygienists for preventive care. Often, I can now complete some significant dental restorations in my office. A completely different situation than the stressful, unpredictable and relatively unproductive experiences I had in my early years.

What is most important for these patients is to have a Dental Home. A place where they feel safe and welcome. A place where they don’t get hurt. You are not responsible for providing all the care that these patients need. You are a resource. You need to recognize when they need help and if you can’t provide that help, know where to refer the patient to. That is a Dental Home. YOU CAN BE a Dental Home. ■

WANT TO LEARN MORE ABOUT TREATING SPECIAL NEEDS PATIENTS IN YOUR PRACTICE?

Check out the recording of the webinar “Special Needs Patients in the Dental Practice – Everyone Can Do It... Will You?”

Speakers: Mary Rittenhouse, Alta Regional Center; Rodney Bughao, DDS; Guy Acheson, DDS; Sonya Bingaman, State Council of Development Disabilities (SCDD); Donnell Kenworthy (Parent’s Perspective); Jim Morris (Parkinson’s speaker)

More and more dentists are needed to help treat patients who have special needs. Do you? Would you like to know more? Would you be willing to if you knew more of “what you need to know?” This program will bring together dentists, experts in the

field, parents and special needs patients to discuss issues experienced such as autism, Parkinsons, other special needs and what patients need within the dental environment, physical, medical and mental limitations, cognitive special needs and more.

Available to watch on-demand!

The webinar was originally hosted in September 2020 (sponsored by HealthNet, LIBERTY Dental Plan, Access Dental Plan and Every Smiles Counts).

The webinar is available on YouTube: youtube.com/watch?v=Hu_jTLie_bU
Watch it today!



Special Needs, *Special Patients*

By **Alexander H Malick, DMD, FAGD**
SDDS Member

Dr. Malick is a graduate of University of Connecticut School of dental medicine and completed a US Army GPR program in Lawton, Ok. He practices routine and General Anesthesia restorative dentistry and is a subspecialist with Hill Physician Medical Group providing Dental Sleep Medicine and Orofacial pain services.

Shortly after moving to Roseville from the Bay Area, I came across the opportunity to see patients under general anesthesia. Expecting to see patients with Dental Phobia/Anxiety, I was surprised to see a number of Special Needs (SN) patients requesting dental care. I saw:

1. Autism Spectrum Disorders, in the severe category
2. Down's Syndrome patients with significant cognitive deficit
3. Physically compromised patients (motor vehicle accident)
4. Tourette's syndrome with uncontrolled movement disorder
5. Post-Traumatic Stress Disorder patients
6. Various types of congenital/developmental cognitive disorders
7. Atypical neurological abnormalities.

I decided to look into this "underserved" patient pool as a possible focus of practice, but soon discovered why they were underserved!

By the time these patients are adults, their families have exhausted most of their financial resources. Unlike the typical dental setting where our patients complete their care over an extended time period, the SN patient requires completion of their dental care in one visit. This means they must be able to pay for all the services in one lump sum.

Without the luxury of a thorough initial exam, X-rays, and treatment plan, I am not able to offer the families an estimate of fees for the dental work. In addition, anesthesiologist fees are time-based and without the luxury of a treatment plan, I am not able to estimate the treatment

time and anesthesia fees. So, basically, the patient's family has to be prepared to write a blank check!

I have been approached by several state and local agencies, including Medi-Cal and Alta Regional Center, to see the hundreds of patients they have on their waiting list. However, I would have to accept Medi-Cal fees which would not be compatible with my practice finances.

In my experience, these patients and their families are true heroes. They face difficult challenges on a daily basis.

In my experience, these patients and their families are true heroes. They face difficult challenges on a daily basis. Simply managing their daily activities of living (feeding, bathing, dressing, hygiene) takes incredible patience and love. There are little funds or resources available to support these families and the little that is available is at best mediocre. Most of the care takers have lost their jobs and have no income stream. I am often asked if I would accept payments, but none of the other providers and labs are willing to do that. These families often have poor credit, so they are unable to use healthcare financing. As a result, their loved ones get no dental care. Sad, but true.

I am not exactly sure at what point it was decided that dental care is not a part of healthcare? The media, politicians, and

insurance companies talk about affordable healthcare, but dental care is always kept separate as if teeth and gums are mere furniture inside the human body! There is little mention about the SN patients, and no exceptions are made to accommodate their dental care needs. Medical insurances, at the very least, refuse to cover the cost of out-patient general anesthesia. Most dental anesthesiologists are not willing or able to bill medical insurances. Coverage for anesthesia services alone would make dental care more accessible and affordable to these families. If there is any need to reform our healthcare systems, it seems reasonable to start with the special needs patients.

I asked a few of the families I have treated to express their perspective on “access to care”, these are excerpts from their comments:

“...It’s been a rough experience trying to find a dentist who is willing to help my brother. Alta Regional told us to go to Highland Hospital in Oakland for a dentist. We went and were placed on a hold because there are a lot of people ahead of us. It’s already a year, and we still have not heard from them. It’s been very frustrating to get care for my brother. There aren’t enough dentists in our area that do hospital dentistry and accept Medi-Cal/Medi-Care. My brother went without dental care for a long time. There was a court battle with Alta to provide another dentist but it was not successful.” -EG

“My daughter is a 43 yo with Cerebral Palsy, nonverbal, limited mobility and seizure disorder.....There are established processes for identifying medical service providers and resources...for the special needs individuals; but dental services are

an impossible task...I called the dental association for help to identify a dental provider for my daughter, but discovered they had no way of identifying dental providers capable of treating special-needs individuals...The lack of structured process and coordination for dental care services will continue to be an issue if we don’t start to address this and consider other options...Individuals with special needs, such as my daughter, face challenges of identifying the dental providers who can perform the services, moreover, that the services be covered by both the dental and private medical insurances.” -ALM

As a dental organization, we must make it our mission to help these patients get timely basic dental care at a reasonable cost.

Call to action: The dental care needs of a special needs patient are routine for most general dentists. The problem is finding an anesthesiologist willing to provide general anesthesia at a reasonable fee and within a reasonable time frame. Most dental anesthesiologists do not want to be bothered by medical insurances billing. Medical anesthesiologists see dentistry as “easy money” without the hassles of billing insurance. How can we, as a dental organization help these patients?

1. Form a committee for the implementation of dental care for the special-needs patient.

2. Work with local, state, and federal agencies to identify resources and provide information for families of the SN dental patient.
3. Demand legislative action and resources.
4. Hold fundraising events to pay for anesthesia services.
5. Contact the American Society of Anesthesiologists and recruit their help.
6. Collect data and demographics of the scope and need within the general population.
7. Assemble a list of dentists ready and willing to see these patients so that when a family calls, referrals can be made.
8. Work with medical and dental insurance companies to cover anesthesia services.
9. Contract with facilities (Surgicenters, out-patient wings of hospitals) willing to see these patients and arrange for efficient protocols to reduce costs.
10. Develop financing to make dental care more affordable to these families through monthly payments.

As a dental organization, we must make it our mission to help these patients get timely basic dental care at a reasonable cost. I have met some of the most amazing families desperate to find dental care for their loved ones. They are loving, caring, and appreciative and want the best for their family member. Caring for these patients reminds me why I chose dentistry for my career. It is our duty to help these angels. ■



Oral Health Considerations for Patients with Special Needs

By Paul E. Subar, DDS, EdD, FACD

Dr. Subar earned his DDS and GPR certificate in hospital dentistry from UCLA School of Dentistry, and his Doctorate in Education and Administrative Leadership from the University of the Pacific, Benerd College of Education. He is a Professor, Chair of the Department of Diagnostic Sciences, and Director of the Special Care Clinic/Hospital Dentistry Program at the University of the Pacific Arthur A. Dugoni School of Dentistry in San Francisco.

Dr. Subar also maintains a faculty appointment as Clinical Professor, Department of Family Medicine, University of California, San Francisco School of Medicine.

My work as an academic, and practicing hospital dentistry allows unique access to the care of patients with many rare and challenging conditions requiring oral health management. One day I may be treating a patient with Kostmann syndrome, Lennox-Gestault syndrome, or Phelan-McDermid syndrome, and the next day treating patients awaiting heart, liver, kidney, or lung transplants. The list of conditions, syndromes, diseases, and situations seem endless. One day, I'll be in the clinic setting delivering dentistry, the next day in an operating room setting. And the next day, teach concepts of medically compromised patients to dental students and practicing dentists.

Hospital dentistry and the care of patients with special needs, or those medically compromised, is a unique area of dentistry that I have been humbled and fortunate to serve in for 25 years since completing my hospital dentistry residency. In this article, I hope you find some basic information that will raise your awareness into the unique world in which I find joy and meaning, dispel some myths, and challenge your notion of what it means to treat patients with special needs.

There are many terms used to describe people who have trouble receiving dental treatment in a routine manner. Included in this definition are "people with special needs," "people with disabilities," "patients with complex needs". Unfortunately, there are no agreed upon definitions, but I prefer to use the definition of patients with complex needs to mean "those patients with moderate to severe medical, developmental, or psychosocial conditions that impact a patient's oral health."

It has been established that people with chronic medical illnesses, developmental conditions, and psychosocial issues experience more oral health care problems than others who do not suffer from these

conditions. Advances in medicine have increased the likelihood that people today live longer with comorbidities that would previously have shortened their lifespan. Patients with special needs have also seen improvement in life expectancy. 40 years ago, for example, the typical person with Down's syndrome would have a life expectancy of roughly 12 years, compared to more than 60 years today. Advances in health care treatment have improved the quality of life and life expectancy of patients with special needs, thus the growing number of patients who need oral health care. According to the United States Census data, 27.2% of the population are living with a disability, with 17.6% living with a severe disability which significantly impairs quality of living. These patients have significant difficulties in with Activities of Daily Living such as ambulation, bathing, dressing, eating, and self-hygiene among others. This represents a little less than 1/3 of the population of the United States who may have problems accessing basic oral health care services, in addition to this data, the Surgeon Generals report from 2000 found significant untreated dental disease across the board in patients with a variety of developmental conditions including cerebral palsy, autism, seizure disorder and genetic syndromes such as Down's syndrome. These numbers indicate an increasing patient population facing challenges in finding care, and in providers being able to provide that care.

It can be a very rewarding part of a provider's career to deliver services to this patient population. However, in order to be successful, oral health providers should be prepared to understand the unique challenges in caring for patients with special needs. In my case, I undertook 2 additional years of a hospital based General Practice Residency which prepared me for this unique area of dentistry to practice. However, for the majority of patients seeking care, all that is required is a desire

to learn, provide real, patient focused attention, empathy, and of course patience.

Becoming familiar with social service agencies, community living arrangements, and advocacy organizations that operate in their community is very helpful in the success of delivering care. It's very important to understand the social context of disease that can complicate delivery of even basic oral health to patients with complex needs. Many patients with developmental disorders, for example, have care facilitated through one of 21 Regional Centers throughout California. These non-profit agencies, funded through the California's Department of Developmental Services, were created through the Lanterman Act of 1975, and provide local resource for patients with developmental disabilities and their families. Understanding the function of the Regional Center in your area, can greatly assist you in providing the ultimate care to your special patients. Regional centers function as a source of

patient information, assist with referrals to dentists and physicians, as well as legal activities including consent issues.

For most patients with special needs, little alteration needs to be done in the delivery of dental services. For some patients however, a greater emphasis on data gathering is important. There is a tendency of dentists to focus solely on dental history and problems first, but emphasis on medical history, social history, and family history can help direct appropriate dental treatment. Some neuromuscular disorders, such as cerebral palsy, tend to be stable over the lifetime of a patient. Other neuromuscular disorders such as Huntington's disease tend to worsen over time. An understanding of the patient's primary disease and long term prognosis can greatly assist the oral healthcare professional in providing the best, long term care to their patients with special needs. For these patients, it's also important to consider how their patient will care for the treatment once it has been completed. Will be patient be

able to care for their restorative dentistry, or do they rely on caregivers to manage their daily hygiene? Complex treatment plans beyond a patient's ability can reduce the chances of an individual maintaining good, long term oral health.

The challenges in caring for patients with moderate to severe medical, developmental, and psychosocial conditions can be great. With improvement in medical treatments, the numbers of patients with these conditions has been steadily growing. It is very likely that patients with complex needs will find their way into your practice at an ever-increasing rate. I have found it tremendously rewarding personally and professionally to focus my career in both the hospital and clinic on the care of these unique and wonderful patients for the last 25 years. With some training, an interest in helping those who cannot help themselves, empathy, creativity, and energy, you too may find caring for patients with special needs to be one of the best parts of your practice. ■



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By **Allen Wong, DDS,
EdD, DABSCD**

Dr. Allen Wong has taught postdoctoral general dentistry for over 30 years in AEGD programs (Pacific and UCSF) and is the director of Pacific's Hospital Dentistry Program and was the Director of Highland Hospital Restorative Implant program. He has lectured nationally and internationally in the areas of special care dentistry, rotary endodontics, implant restorations, and minimally invasive dentistry. He is active with Special Olympics Special Smiles program (Global Clinical Advisor), American Academy of Developmental Medicine and Dentistry (AADMD President) and member of Special Care Dentistry Association (SCDA).

Currently teaches at the University of the Pacific Arthur A. Dugoni School of Dentistry as a Professor in the Department of Diagnostic Sciences as well as private practice in San Francisco.

A Helpful Guide to Incorporating Patients With Special Healthcare Needs to Your Practice

Patients with special health care needs (SHCN) can be categorized as being medically compromised or developmentally delayed. This article will be specifically focused on patients with intellectual/developmental disabilities (IDD).

According to the CDC, developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavior areas. About one in six children in the U.S. have one or more developmental disabilities or other developmental delays¹.

A diagnosis of "Developmental Disability" requires an onset of a condition occurring before 18 years of age, is chronic, will require lifelong services, and is associated with substantial functional limitations in most areas of daily living.

Developmental disabilities can be caused by environmental or genetic factors. In many cases, there are comorbid conditions that "add insult to injury."

In the category of environmentally related neurodevelopmental disorders, the effect to the brain can result in cerebrogenic conditions such as intellectual disability, sensory impairment, neuromotor dysfunction, seizure disorder, and abnormal behaviors as a primary issue. The conditions may occur at birth or be acquired during their life time.

Genetic related neurodevelopmental disorders result in syndrome specific conditions that affect growth and development in either the cephalic, cervical, cardiac, pulmonary, skeletal, connective tissue, endocrine, metabolic and/or gastrointestinal systems as their primary issues.

To complicate the matter, not all diagnoses present in the exact same manner and may have varying degrees of severity or even multiple diagnoses and comorbidities.

Some of the most common developmental disabilities are Down syndrome (most common genetic cause of intellectual

disability), Fragile X syndrome (most common inherited cause of intellectual disability), Fetal Alcohol syndrome (most preventable birth defects and intellectual disability), cerebral palsy (neuromuscular function disorder usually from brain hypoxia) and autism spectrum disorder, the most prevalent and fastest occurring diagnosis.

**Access to oral health care
is the most unmet need that
people with intellectual
disabilities face.**

Access to oral health care is the most unmet need that people with intellectual disabilities face. There are many barriers to care including economic, stigma, communications, culture, regulations, accountability and lack of provider participation to name a few. In addition, lack of dental professional education and training leading to lack of provider's comfort level and willingness to treat this population.

Pediatric dentists who are trained in delivering care to patients with SHCNs have now become an age defined² specialty and are not expected to treat patients over the age of 18 or 21. As a consequence, there are fewer general dentists ready, willing or trained to see the patients who age out of pediatric offices.

In the past, dental education did not prepare dentists to learn about or treat this population unless they did a postdoctoral residency program or had a personal connection with some family or friend with IDD.

Although dental schools have revised their curriculums to address the education of the students, the Commission of Dental

Accreditation (CODA) guidelines state students must be competent in the diagnosis and treatment planning of patients with special needs. There were no strict requirements for didactic or clinical training until 2019 when the ADA was influenced by the National Council on Disability regarding the ethical obligation to teach dental students the diagnosis and care for people with IDD as an educational competency.

Postdoctoral residency programs (GPR/AEGD) have also increased training expectations for the care of patients with SHCN.

SHCN continuing education courses for dental professions are rarely offered and not often available. Many of the large national dental meetings do not offer much in terms of SHCN training.

Dental Needs Crisis

Many patients experience chronic pain and are unable to express themselves. This may lead to untoward behaviors, including aggression. Often psychotropic drugs are erroneously prescribed when the underlying medical problem may simply be of dental origin. A broken restoration (filling), fractured tooth or an abscess can result in chronic pain and the inability to eat, sleep or rest. It is no wonder that a patient with a tooth or gum problem can be uncooperative after suffering constantly for days or weeks when someone is simply trying to “brush their teeth”. Many a times the caregiver gives up on trying to brush or care for the oral cavity to avoid more drama. That patient may be mislabeled as uncooperative and combative and often overmedicated to reduce their complaining, a condition known as “diagnostic overshadowing” in the medical field.

Your Role as a Provider

The key to treating patients with special needs is to evaluate, understand and modify treatment and techniques to accomplish a procedure. It is not as important to have knowledge or be an expert in the field as much as your willingness to learn about the patient and try to improve their oral and overall health. Regular and frequent care can support the adage that “it is often easier to prevent a dental problem than to treat it”.

Many patients have never been able to access or receive routine care so their past experiences may have resulted in trauma and

anxiety especially if the visit was for dental pain. In addition, they may have felt rushed and even “violated” from lack of empathy from those caregivers who are equally anxious and nervous. When a patient or a caregiver has trust in the dental team, the outcomes can be very positive and rewarding. Instead of focusing on what a patient is not able to do, consider what the patient can do, given the time and proper positive encouragement.

People First Language

Remember that when communicating, it is important to focus on the person with a diagnosis rather than the diagnosis defining the person. For example, a person with hypertension versus a hypertensive patient. The terminology for the population is IDD and never mentally challenged or “retarded”. It not only hurts the feeling of the patient but their loved ones. Special Healthcare Needs (SHCN) or Special Needs is a broad description of a population including the neurotypical population and not used to describe an individual since we all have “needs”.

1. Seek to understand, then be understood

Obtaining a thorough medical and dental history can provide the clinician with an appreciation of the patient’s past treatment. Whenever possible, it is advisable to receive this information prior to the appointment in order to better evaluate the patient. A call the day before to prepare the patient/careprovider of the expectations for the visit could be helpful. Even a teleconference on the phone can help to add familiarity to the new patient.

For unfamiliar patient diagnoses, it may be necessary to educate the dental team of the highlights and potential concerns. For instance, patients with autism are likely sensitive to certain sensory aspects and may not like physical contact. Therefore, the lights can be very annoying, the sounds of the suction and handpiece are very loud, the texture of the dental bib or chair may feel odd, the dental smells and certainly the taste of the dental items can be offensive. By realizing this, you can desensitize the patient by introducing items incrementally and controlling the environment. In some situations, you may even give them sample items to take home on their initial visit/tour of the office to get familiar.

The patient’s family or caregiver may be able to provide you with much relevant

personalized information. Knowledge of the patient’s past experiences can also contribute to the clinician’s ability to provide safe and effective care.

2. An ounce of prevention is worth a pound of cure

Treating patients with special needs may require modifications in appointment scheduling. Additional time may be necessary or the patient may require more frequent, shorter visits. These adjustments may be due to the complexity of the required treatment, the patient’s ability to cooperate, their behavior, and or physical and cognitive limitations.

Desensitization and other behavior guidance methods is essential. The desired outcome of the patient’s visit is to provide a positive experience which can be reinforced at subsequent visits.

The patient, caregiver, or parent needs to know what the clinician hopes to accomplish in order to reinforce the objectives of the dental team.

3. Nonverbal communication is loud, be careful how you sound

Patients with developmental disabilities including those with autism spectrum disorders may be more perceptive of the dental teams actions and interactions.

Be sure to reinforce positive behavior with a smile or gestures of approval.

Everyone wants to succeed and the team should all be supportive of one another.

Developing the Team

Clinical dental treatment is the most exacting and demanding medical procedure that persons with developmental disabilities undergo on a regular basis throughout their lifetime. It is more important to develop trust with any patient before treatment.

Dental treatment is basically surgical in nature, usually requiring controlled placement of sharp instruments in intimate proximity to personal space, airway and highly vascularized and innervated oral tissues.

Changes in routine procedures can create patient anxiety and fear. The dental team needs to be prepared to minimize variables that could be a distraction or hurdle for the patient.

Your office can best function when everyone is familiar with the philosophy regarding specific populations. The receptionist, dental assistant, hygienists and any other

staff need to know the goals, limitations and expectations of the patient and any idiosyncrasies the patient may have.

Each office should have their own culture regarding patient treatment.

Scheduling the Patient

For the initial appointment if a patient has behavior concerns or sensory concerns, an early morning appointment is advisable for everyone to be fresh and before too much activity in the office arises. As mentioned before, the health history should be given to the parent/caregiver prior to the visit for the clinician to review and prepare the team. The information provided can therefore be more accurate when done at home at their pace so that the attention of the caregiver/ parent can be used to help the patient remain calm. A call by the dental office before the appointment to answer any questions can help to alleviate some tension and apprehension as well as reinforce the goals of the appointment.

Desensitizing

Gradually exposing the patient to new situations in a positive manner can minimize the patient's anxiety and fear. Developing a trusting relationship should be the office's main goal.

The desensitization process breaks down a task into short segments in order for the patient to process and become comfortable. The desensitization can be as simple as a tour of the office and a tour of the instruments/ equipment to be used on models or demonstrations. The staff should seek to offer information at a pace that is comfortable to the patient and not overload or over sensitize them.

Some offices use story boards or books to assist in familiarizing the patient so that they can review the pictures and process at home.

Special Needs, Special Concerns

Dental caries is a multifactorial disease and each patient responds differently. There is even a genetic component towards this environmentally affected disease. Teeth undergo a challenge throughout the day of times of demineralization and times of remineralization. If the balance is sided towards demineralization, we grow dental caries. The dentist must be astute to recognize the patterns in order to control the risks and enhance the protective factors to avoid dental caries formation.

Most patients with special needs have an increased dental caries risk (extreme risk) due to medications they take which often reduce salivary flow or lack proper oral hygiene. Patients with a physical disability may not be able to accomplish effective oral hygiene practices due to dexterity and coordination and those with an intellectual disability may not comprehend the need or the technique. For those patients, they are dependent on others to guide them towards success.

Saliva is the most important variable in the oral health due to its protective mechanism and the ingredients it contains to help remineralize the teeth. Healthy saliva has the consistency of water, should be abundant, is responsible for buffering acids towards neutrality and contains phosphates and calcium. Stringy, bubbly, thick or a poor salivary flow contributes to the demineralization process (increasing caries risk) and potentially increases gingival changes.

A preventive strategy should include a diet consistent with a decrease in acidic foods and beverages with an emphasis in rehydration of water throughout the day.

Decreasing Acids

In dental caries, there is a shift toward increased proportions of acid-producing and acid-tolerating species, such as mutans streptococci and lactobacilli, although other species with relevant traits can participate in demineralization.³

There are many strategies in neutralizing acids in the mouth that the dentist can recommend. The quickest method to neutralize a mouth may be to rinse with water or modified water with baking soda (sodium bicarbonate) whenever a person feels their mouth is dry or especially at night before one sleeps.

Although the neutralizing ability of sodium bicarbonate (baking soda) has been known for many years, its anticaries potential as an additive to fluoride dentifrice has received only limited investigation.⁴

The recommendation of 1 to 2 teaspoons of baking soda in a glass of water may taste very salty to the patient and can be a factor for those with hypertension. One may start with a gradual amount of baking soda at first to desensitize the patient. Perhaps a half a teaspoon in a glass is mildly noticeable but can significantly change the acidity of water. A neutral or basic oral environment not only decreases demineralization, it also favors remineralization of the teeth.

Other rinses, both over the counter and prescription advertise remineralization qualities in their products and should be reviewed with your dentist. Those rinses that have an alcohol base should be avoided in patients with a history of dry mouth or liver concerns.

Remineralizing Teeth

As mentioned before, dental caries is a multifactorial disease. Fluoride is an important element to the rebuilding of the tooth structure but would be overly simplistic to say "just brush with fluoride toothpaste." The process of remineralizing is best in a neutral or basic environment where there are sufficient building blocks of fluoride, calcium and phosphate present.

Fluoride can be in various vehicles such as toothpastes, gels, rinses, foams, tablets and varnishes. There are toxic amounts of fluoride and the clinician should be familiar with the total exposure of fluoride to a patient when making a treatment plan. The most effective delivery of fluoride in an office setting is fluoride varnish, which can be effective up to 3 months. Daily application of fluoride toothpaste or high fluoride toothpaste is a good method to continue the therapy. Remind patient to allow the toothpaste to stay on the teeth long enough before rinsing in order to get maximum benefit of the application.

NEW on the Horizon: Caries Arrest (Silver Diamine Fluoride)

Since 2014 in the United States, Silver Diamine Fluoride (SDF) has been available for the accepted use as a desensitizing agent from the FDA. An off label use of SDF has been for caries arrest and remineralization. This off-label use is now permissible and appropriate under U.S. law. A CDT code was approved for caries arresting medicaments for 2016 to facilitate documentation and billing.⁵ SDF is a liquid that is applied with a microbrush contains silver that arrests caries and the diamine fluoride aides in remineralization. The indications would be for asymptomatic teeth that do not have caries to the pulp and clearly reversible symptoms if any. Local anesthesia is usually not needed and SDF has been used to control situations of uncooperative patients, buy time to address problems, and chemically treat multiple caries in children, geriatric and special needs populations.

SDF may be applied once and covered with glass ionomer cement restorative material or used alone with multiple applications. The side effect is a staining (brown to black) of pathological material but does not stain healthy tissue.

In non-compliant patients, the application of 38% SDF might be used as an adjunct to fluoride toothpaste, to remineralize incipient caries lesions of permanent teeth where esthetics is not a concern.⁶

**This article is a modification of the author's publication with MetLife Insurance for "Introduction to Patients with Special Healthcare Needs"*

Online Resources:

American Academy of Developmental Medicine and Dentistry: www.aadmd.org

Special Care Dentistry Association: www.scdonline.org

ADA Mouthwatch: <https://www.mouthhealthy.org/en/az-topics/s/special-needs>

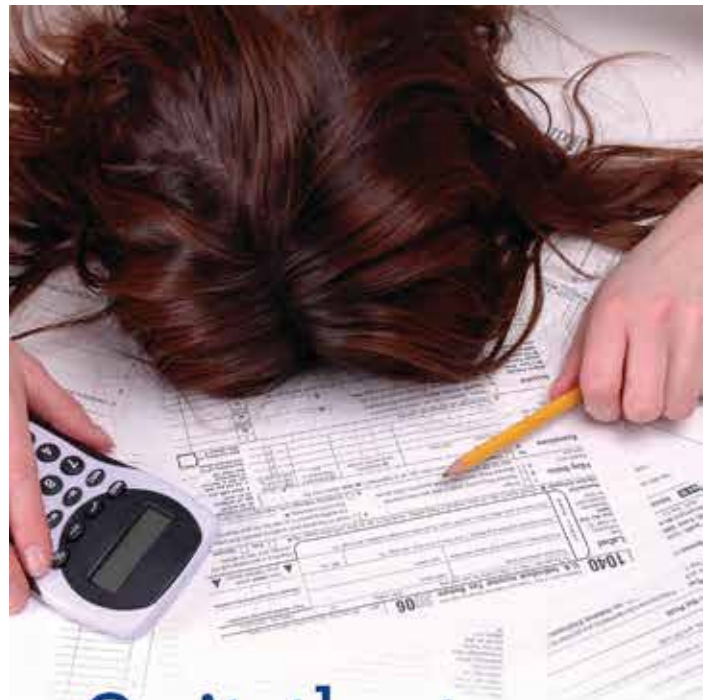
Colgate: <https://www.colgate.com/en-us/oral-health/conditions/developmental-disabilities/whats-different-about-special-needs-dentistry-0215>

<https://www.colgate.com/en-us/oral-health/conditions/developmental-disabilities/whats-different-about-special-needs-dentistry-0215>

Guideline on Management of Dental Patients with Special Health Care Needs: http://www.aapd.org/media/Policies_Guidelines/G_SHCN.pdf

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NOTICE: EXPEDITED LICENSURE FOR REFUGEES, ASYLUM SEEKERS, AND HOLDERS OF SPECIAL IMMIGRANT VISAS

Reprinted from the Dental Board of California

Beginning January 1, 2021, individuals in the following categories who apply for licensure by the Dental Board of California may seek an expedited licensure process.

1. Refugees pursuant to section 1157 of title 8 of the United States Code;
2. Those granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to section 1158 of title 8 of the United States Code; or,
3. Individuals with a special immigrant visa that have been granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8.

In order to receive the expedited licensure process, individuals must provide documentation of their refugee, asylee, or special immigrant visa status when submitting their application package. Please note that this does not mean a license or permit must be issued, but simply that the process will be expedited.

Link for information and documentation examples: https://www.dca.ca.gov/about_us/ab2113.shtml

VOLUNTEER TO HELP ADMINISTER THE COVID-19 VACCINE

Information from the Medical Reserve Corps – Sacramento County

Dentist volunteers willing to help, please sign up! Dentists to volunteer with the Sacramento Medical Reserve Corps to give COVID-19 vaccinations. There are a lot of shifts at the SCPH vaccination clinics to fill!

Contact: Lynn Pesely, Coordinator, Sacramento Medical Reserve Corps
Sacramento County Office of Emergency Services

Office (916) 874-2291 • peselyl@SacOES.org

NEED AN ADDITIONAL COPY OF THE 2021 EMPLOYMENT LAW POSTER?

Additional posters are available for sale through SDDS for \$24.95 (member price). You can find the form to purchase an additional copy as an insert in this issue!

WERE DOING SMILES FOR KIDS AND SMILES FOR BIG KIDS A BIT DIFFERENTLY THIS YEAR

Make sure to head to the Foundation page (on page 35) to read how SDDF is pivoting to adapt to the current situation! Now is a great time to get involved and help your community!



THE CROWNS FOR KIDS PROGRAM IS THRIVING! CROWNS FOR KIDS RAISED \$26,620 FOR THE FOUNDATION IN 2020!

Have you participated in our Crowns for Kids Program yet? If you'd like to be part of the program as well, it's a simple process to get started. The first thing you'll need is a Crowns for Kids jar. Just call the SDDS office for one at (916) 446-1211. You then fill the jar with scrap metal, and then call Jim Ryan at Star Group to pick up their jar! Then Star Group sends the Foundation a check for the Foundation each month for the money made from the jars!

Gary Ackerman, DDS
Dean Ahmad, DDS
Craig Alpha, DDS
American River Dental
Nancy Archibald, DDS
Arena Family Dental Care
Barnes Family Dental
Beams Dental Care
Beautiful Smile Dentistry
Damon Boyd, DDS
Brookside Oral Surgery
Capitol Peridontal Group
Kirsten Chang, DDS
Richard Chang, DDS
Chapa-de Indian Health
James Childress, DDS
Garth Collins, DDS
Cozy Dental
DiTomasso Dental

DiMariano Family Dentistry
Pamela DiTomasso, DDS
Lisa Dobak, DDS
Elk Grove Endodontics
Vivian Fernandez, DDS
Angela Ferrari, DDS
Debra Finney, DDS
Foothills Dentistry
Fountains Dental Excellence
Franck Family Dental
Gateway Dental
Mitch Goodis, DDS
Edi Guidi, DDS
Laurie Hanschu, DDS
Happy Tooth Dental Care
Harbor Dental Group
Harmony Family Dental
Gregory Heise, DDS
Ryan Higgins, DDS

Dick Huang, DDS
Innova Dental
Richard Kennedy, DDS
Laurie LaDow, DDS
Longoria Dental Group
Luis Mendez, DDS
Edward Montalbo, DMD
Kenneth Moore, DDS
Ngai & Phipps DDS
Michael O'Brien, DDS
Viren Patel, DDS
Pearl Family Dentist
Stacy Peters-Nelson, DDS
Pier 210 Dental Group
Moji Radi, DDS
Hana Rashid, DDS
Ibtisam Rashid, DDS
Christy Rollofson, DDS
Sacramento Oral Surgery

Serenity Dental
Purvi Shah, DDS
Howard Shempp, DDS
Richard Shipp, DDS
Stefanie Shore, DDS
Sun Oaks Dental
Jonathan Szymanowski, DMD
Alex J. Tomaich, DDS
Valley Oral
Ash Vasanthan, DDS
Alex Vilderman, DDS
Julie Villa, DDS
Kim Wallace, DDS
Ian Wong, DDS
Karen Yee, DDS
Siri Ziese, DDS



YOU

THE DENTIST, THE EMPLOYER

MEMBER
BENEFIT!

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

Checklist: Employee Tested Positive/Exposed to a Confirmed or Suspected Case of COVID-19

By California Employers Association (SDDS Vendor Member)

SDDS HR Hotline
NEW EXCLUSIVE NUMBER
FREE TO SDDS MEMBERS!

888.784.4031

- ☐ Establish communication with the positive employee (who should already be at home awaiting results).
- ☐ Confirm coworkers who were in “close contact” with the positive employee, as defined by the CDC.
- ☐ Administer any applicable leave laws they may be eligible for, including, but not limited to, FMLA, CFRA, reasonable accommodation under FEHA/AD, FFCRA leave and Supplemental Paid Sick Leave under AB 1867 or local ordinances (through December 31, 2020), and/or California PSL. Also, provide benefit information, including required pamphlets, to the employee.
- ☐ Review site safety plan on a regular basis, ensure it is being followed!
- If working on-site, send them home immediately and decontaminate all work spaces.
- DO NOT identify the positive individual. Protect confidentiality.
- Sample message: “Someone in our workplace has tested positive for COVID-19 and identified you as a potential close contact according to the CDC definition. If you are at work, please prepare to leave as quickly as you can. Once you get home — or if you are already working from there — find a place to self-isolate, monitor yourself for any symptoms, talk to your doctors and review CDC information. We are here to support you. Please reach out to _____ with questions or assistance.”

situation please call your doctor and visit CDC information. The company is here to support everyone during this difficult time, and we all send our best wishes to the people affected. Please contact _____ with any questions.”

Employee Tests Positive

- ☐ Find out any co-workers the employee has had close contact with - be over-inclusive.
 - Ask the employee
 - Check with supervisor(s)
 - Verify site safety plan has been followed
 - Review surveillance video, if applicable
- ☐ Alert everyone in close contact with the positive employee and provide them CDC guidance, including CDC information on symptoms. Do this as soon as possible - by phone, text, or email.
- ☐ After alerting these close contact individuals, decide what and how (phone, text, or email) you will communicate to rest of team.
 - Don't share names of positive individuals or those in close contact.
 - Sample message: “One of our employees recently tested positive for COVID-19 and is now self-isolating. Close contacts have been told and were asked to leave the workplace and self-isolate. The workspaces have been decontaminated following CDC guidelines. If you were not already told you were a close contact, then you are not one. If you have questions about COVID-19 or your

Employees Who Have Had Close Contact to COVID-19 as Defined by the CDC

- ☐ Potentially exposed employees who have symptoms of COVID-19 should self-isolate and follow CDC recommended steps. If employee later tests positive, follow steps above.
- ☐ Potentially exposed employees who do not have symptoms should remain at home or in a comparable setting and practice social distancing according to CDC guidelines for community exposure.
- ☐ If employer is considered a critical infrastructure, follow the CDC guidelines for implementing safety practices.
- ☐ If working on-site, send them home immediately
- ☐ Decide what and how (phone, text, or email) you will communicate to rest of team
 - DO NOT identify the individual. Protect confidentiality.
 - Sample message: “One of our employees was recently exposed to a confirmed or suspected case of COVID-19 and is now self-isolating.

The Company is following CDC guidelines and does not feel there are any additional risks to employees. If you have questions about COVID-19 or your situation please call your doctor and visit CDC information. Please contact _____ with any questions.”

For Both Positive Test Result and Exposure to COVID-19

- ☐ Administer FFCRA leave or supplemental paid sick leave, as applicable, (through December 31, 2020) and other leaves for employees who are seeking a medical diagnosis or have been advised by a medical provider that they must self-quarantine and are unable to telework. Provide benefit information as necessary. (Consider telework as an option.)
- ☐ Don't answer medical questions - tell employees who are self-isolating to call their doctor and provide the CDC information. These employees will self-monitor for symptoms as defined by the CDC (i.e., fever, cough, or shortness of breath) and remain self-quarantined, as advised by their health care professional.
- ☐ Follow CDC guidance on length of isolation and returning to work. Check with your county/city in the event additional local measures are in place.
- ☐ Consult CDC, OSHA and Cal-OSHA business guidance.
- ☐ Contact local public health agency if required, or for additional information.
- ☐ Review site safety plan, ensure it has been followed, and update as necessary.

Reporting Obligations

Report any COVID-19 “outbreak” in your workplace, as defined in current California Public Health Department Guidance, to your local public health agency within 48 hours.

Report all serious injuries, illnesses, and deaths (including those related to COVID-19) within 8 hours to Cal-OSHA, in accordance with the agency’s reporting requirements.

- ☐ Report COVID-19 positive test to your workers’ compensation claims administrator in writing within three business days. Do not reveal personally identifiable information, unless the employee claims the infection is work-related or has filed a claim form. (Note: additional details are required, such as COVID-19 test date, worksite addresses where employee reported, etc. Consult an HR Director.)
- ☐ Effective January 1, 2021, under Assembly Bill 685, once you learn that an employee or a subcontractor's employee has tested positive for COVID-19 (or been ordered to self-isolate for 14 days), you must provide written notice within one business day to other employees who worked at the same job site.
 - The notice must contain information about what COVID-19 related benefits the employee is entitled to under federal, state, and local laws, and the employer's disinfection and safety plan.
 - Keep a copy of all notices provided to employees for three years. ■

Download This Resource

California Employers Association provided us with this article as an amazing resource for you! They created a version in PDF format that includes hyperlinks to additional information and resources as well!

You can view and download the PDF from CEA from our website here:

<http://bit.ly/CEA-CovidChecklist>

Upcoming HR Webinars

Presented by **California Employers Association** (SDDS Vendor Member)

One hour online and audio seminar. You will only need a telephone, cell phone and/or computer (computer not required). All you need to do is dial, listen and ask questions if you desire. Sign up online at sdds.org

2021 Employee Handbook Updates

Wednesday, February 17th • 12-1pm
1 CEU, 20%

An employee handbook is one of the most important communication tools you can have between your company and your employees. Not only does it set forth your expectations for your employees, it also describes what they can expect from you and ensures your business complies with state and federal employment laws.

The Pros and Cons of Alternative Workweeks

Wednesday, March 24th • 12-1pm
1 CEU, 20%

In California, employers may create Alternative Workweeks that allow their employees to work longer shifts and avoid overtime penalties. However, implementing an alternative workweek schedule requires strict adherence to state guidelines. Join us for our webinar on alternative workweeks to learn all of the steps that must be followed for the successful implementation of an AWS, what mistakes to avoid and what to do if you realize you have done it all wrong.

The Power of Trust and Influence

Wednesday, May 26th • 12-1pm
1 CEU, 20%

Even the most successful leaders have good intentions that are often misread by those they lead. Perception gaps are often symptoms of low trust that can have economic consequences for your business. The costs go up as productivity and engagement go down. The foundation of effective leadership is the ability to build and sustain trust. This course will focus on behaviors that are essential for creating an organization high in trust, motivation, accountability, and results.

YOUR PATIENTS ARE WONDERING, “IS IT SAFE TO VISIT THE DENTIST?”



Help set their minds at ease with real-life stories that explain how you will keep them safe.

Many of your patients are wondering whether it is safe to visit the dentist. In the midst of a pandemic, regular cleanings and check-ups may seem like something that can be put on indefinite hold. However, good dental health is essential. California's dentists are ready to provide that important service – while keeping patients safe.

N&R Publications is proud to be working with the Sacramento District Dental Society to create an eight-page publication that addresses patients' safety concerns during

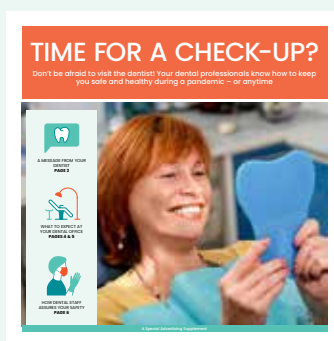
the pandemic. The goal of this publication is to communicate important safety information to patients, both online and in print.

The publication seeks to assure patients that now is a good time for a check-up. Dentists are experts at creating and maintaining a safe, disease-free environment, eliminating potential risks as much as possible. The publication can be customized to fit each individual dentist's needs and to showcase their staff and practice.

We'd like to help you invite your current and potential patients back into your practice!

This eight-page publication will invite your patients back to your dental office. It includes:

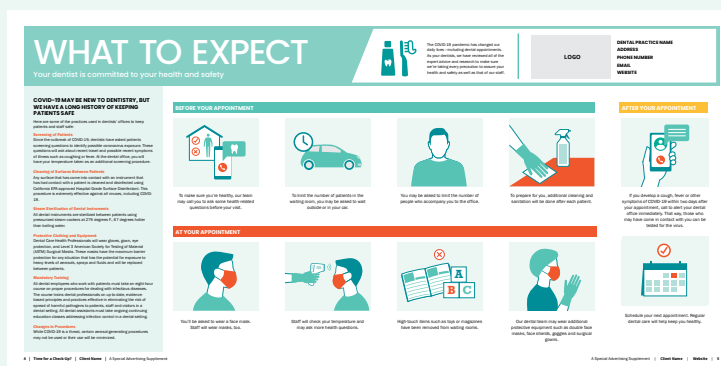
- 7 pages created with the assistance of the Sacramento District Dentist Society
- One customized page with a story and details about your practice
- Your contact information on the back page
- An online digital flipbook that you can link to your social media or email outreach
- The ability to re-use any of the publication's content in your other outreach programs



Cover



Back page



Center spread



N&R Publications – Our Unique Approach

The News & Review, an independently owned publishing company since 1977, is known for award-winning journalism and commitment to excellence. We have more than 40 years of experience writing stories, taking photos, and engaging readers in our communities. In 2010, we founded N&R Publications.

We use a unique journalistic approach that begins by bringing together key stakeholders in a “storyboard” meeting to identify key points and develop a narrative arc. We use storytelling techniques to help organizations communicate their message, and we are the only organization in the country doing this kind of work. We have published more than 600 publications, which you can see on our website at www.nrpubs.com.

The standard price for an eight-page publication is \$16,000. However, because of the partnership between the Sacramento District Dental Society and N&R Publications, we can provide member dentists this publication at a fraction of the regular price. **For member dentists, the cost of an eight-page publication is \$4,950 (Non-member price is \$8,550).**

ADDITIONAL COSTS FOR PRINTING AND MAILING WILL DEPEND UPON YOUR OUTREACH PLAN. WE CAN:

- Print and mail these publications to your patient mailing list
- Print and mail these publications to selected zip codes around your practice
- Create an e-bulletin (a one-time email newsletter with dental safety information, links to the stories, and information about your practice) and email it to your patients
- **Your total cost** for an 8-page publication plus printing and mailing 5,000 copies OR emailing to your patient email list **would range from \$5,950-\$8,900, or \$1.19-\$1.78 per patient** (for member dentists), plus sales tax as applicable.

WE CAN HELP YOU CREATE A DISTRIBUTION PLAN THAT FITS YOUR BUDGET AND MEETS YOUR MARKETING GOALS. ADDITIONAL SERVICES:

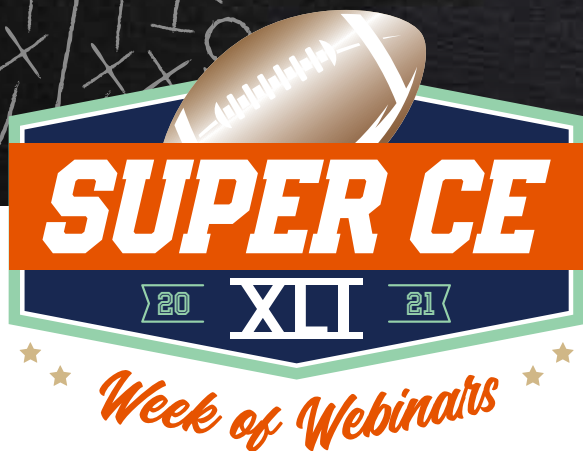
- We can print and insert your publication into local newspapers
- We can translate your publication into multiple languages
- We can create social media campaigns or animated videos to tell your story

WE WOULD LOVE TO TELL YOUR STORY!

**CONTACT US
TODAY!**

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joec@newsreview.com

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(916) 806-4259
jeffv@newsreview.com



IT'S A HAIL MARY KINDA YEAR!

With the current COVID situation, we need to change things up for our 2021 Convention & Expo and we're hoping you'll join us. This year we're hosting Super CE - Week of Webinars (WOW), with five days of webinar programming. Check out the courses listed below!

MONDAY FEBRUARY 1, 2021

Noon-1:30pm · 1.5 CEU, Core
HIPAA: Highlights, Hoopla and Hooley
Theresa Sheppard, RDA

5:30pm-8:30pm · 3 CEU, Core
RM18: Calibrate Your Risk Radar
Ruchi Sahota, DDS; John Sillis, Esq.
 Sponsored by TDIC

TUESDAY FEBRUARY 2, 2021

7:30am-9:00am · No CEU
Breakfast with the Brokers
Brian Flanagan, Integrity Practice Sales; Ray Irving, Professional Practice Sales; Tim Giroux, DDS, Western Practice Sales; Roy Fruehauf, ddsMatch

7:30am-9:00am · 1.5 CEU, Core
OSHA with a COVID Twist
Leslie Canham, CDA, RDA, CSP

Noon-1:30pm · 1.5 CEU, Core
Incorporating Behavioral Strategies into Your Dental Practice: Treating Patients with Special Needs
Mary Rettinghouse, MS, BCBA; Amy McCreary, MS, BCBA; Autism Clinical Specialists, Behavior Analysts; Alta Regional Center
 Sponsored by LIBERTY Dental Plan

Noon-1:30pm · 1.5 CEU, 20%
Tech Tools That Put Practice Management into Hyperdrive
Paulina Song, MHA; Zentist

6:00pm-8:00pm · No CEU
Conquering COVID Consequences: Stress, Anxiety and Silver Linings
Gary Zelesky

6:30pm-8:30pm · 2 CEU, 20%
Rise and Thrive - Find a Practice Within Your Practice (Docs Only)
Melinda Heryford, MBA

WEDNESDAY FEBRUARY 3, 2021

7:30am-9:00am · 1.5 CEU, Core
Simple Solutions/Complex Problems - Don't Look at Just Teeth - Look at the Whole Patient
Tim Mickiewicz, DDS
 Sponsored by True Function Laboratory

7:30am-9:30am · 2 CEU, Core
Infection Control
Leslie Canham, CDA, RDA, CSP

Noon-1:30pm · 1.5 CEU, Core
IT Security Nightmares
Jonathan Szymanowski, DMD, MMSc

5:00pm-6:00pm · 1 CEU, Core
Ortho Pearls: Boundaries of Orthodontic Treatment
Peter Worth, DDS

6:00pm-8:00pm · 2 CEU, Core
Why We Need to Incorporate Teledentistry in the Dental Practice
Theresa Sheppard, RDA

6:30pm-8:30pm · 2 CEU, 20%
Workers' Comp - RM Best Practices (Docs Only)
Trina Cervantes, RDH; Jennifer Rivas & Christina Fisher, Sedgwick; Sponsored by TDIC

THURSDAY FEBRUARY 4, 2021

7:30am-9:00am · 1.5 CEU, Core
The Identification and Management of Vesiculobullous Lesions of the Oral Cavity
Rashidah Wiley, DDS

7:30am-9:30am · 2 CEU, Core
California Dental Practice Act
Leslie Canham, CDA, RDA, CSP

Noon-1:30pm · 1.5 CEU, 20%
Shake Off Your Scheduling Blues - Make an Easy Comeback
Melinda Heryford, MBA

Noon-1:30pm · 1.5 CEU, Core
Do You THINK You're Compliant? Compliance is More than a Checklist!
Theresa Sheppard, RDA

THURSDAY FEBRUARY 4, 2021 CONT.

Noon-2:00pm · 2 CEU, Core
A Fly on the Wall: An In-Depth Behind the Scenes Look at a Successful Relationship Between a Dental Laboratory Technician and Dentist
Miles R. Cone, DMD, CDT, FACP
 Sponsored by GC America

6:00pm-7:30pm · 1.5 CEU, Core
Phantom Tooth Pain
Clifford Chow, DDS

7:30pm-9:00pm · 1.5 CEU, 20%
Why Your Patients Won't Tell Other People That You Are an Amazing Dentist ... And What You Can Do to Change That
William van Dyk, DDS

FRIDAY FEBRUARY 5, 2021

7:30am-9am · 1.5 CEU, Core
Case Presentation on a COVID Budget
Bryan Judd, DDS

7:45am-9:45am · 2 CEU, 20%
Claims, Compliance and Communication - What's the Magic Combination?
Christine Taxin; Sponsored by CareCredit and Weave

10:00am-Noon · 2 CEU, Core
Immediate Implants for Enhanced Esthetics - Workflow for Faster, Easier and Better Outcomes
Ash Vasanthan, DDS, MS

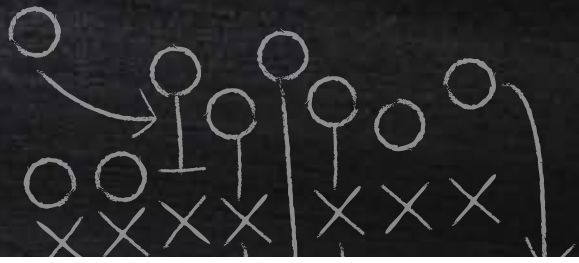
Noon-2:00pm · 2 CEU, Core
Creating Predictable Results When "Opportunity" Happens
Mark Malterud, DDS, MAGD
 Sponsored by Zest Dental Solutions

2:00pm-4:00pm · 2 CEU, Core
Carte Blanche: Aesthetic and Functional Foundations for the Complete Denture
Miles R. Cone, DMD, CDT, FACP
 Sponsored by Zest Dental Solutions

ONE CLASS \$59 | TWO-THREE CLASSES \$49 EACH | FOUR+ CLASSES \$39 EACH

- SDDS DHP Members taking 2 or more classes, call SDDS to receive a \$10 discount per class.

- The pricing above is for member dentists and their teams. Non-members please call SDDS for pricing: (916) 446-1211.



THANK YOU TO OUR CURRENT SPONSORS!

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MISS OUT ON ATTENDING A LIVE SUPER CE COURSE?

Sign up for an on-demand webinar!

Many of our courses will be available to watch in a non-live webinar recording format after the Super CE Week of Webinars event (do note that there will be some classes that are live only, and will not have recordings).

In Mid-February we will announce when these recordings go live to purchase and watch! Keep an eye out on your email in the coming weeks for this exciting announcement!

THANK YOU TO OUR EXHIBITORS

Access Dental Plan ▪ Adams Dental Consulting
Anutra Medical ▪ Banner Bank ▪ Benco ▪ BPE Law Group
CareCredit ▪ Caresteam ▪ ddsMatch
Dental Management Solutions Inc ▪ Fechter & Company, CPAs
First US Community Credit Union ▪ GC America ▪ Health Net
Integrity Practice Sales ▪ LIBERTY Dental Plan
Medi-Cal Dental ▪ Melinda Heryford ▪ MUN CPAs
Patterson Dental ▪ Resource Staffing Group ▪ Shofu Dental
Straumann ▪ Swiss Monkey ▪ TDIC ▪ TEKagogo ▪ Thomas Doll
US Bank ▪ Weave ▪ Western Practice Sales ▪ Zentist
Zest Dental Solutions

ZOOM THE ROOM

Hear from the exhibitors in 5 minute increments during our Zoom the Room event. View the schedule below!

ZOOM THE ROOM SCHEDULE

TUESDAY, FEBRUARY 2, 2021

4:30-4:40PM	Patterson Dental (Happy Hour Sponsor)
4:40-4:45PM	TDIC (Speaker Sponsor)
4:45-4:50PM	SHOFU
4:50-4:55PM	Anutra Medical
4:55-5PM	Medi-Cal Dental
5-5:05PM	Zentist
5:05-5:10PM	CareStream
5:10-5:15PM	Straumann (Mailing Sponsor)
5:20-5:25PM	BPE Law Group
5:25-5:30PM	Health Net (Breakfast Sponsor)
5:30-5:35PM	Swiss Monkey
5:35-5:40PM	ddsMatch
5:40-5:45PM	Thomas Doll
5:45-5:50PM	Adams Dental Consulting

WEDNESDAY, FEBRUARY 3, 2021

12:10-12:15PM	Fechter & Company CPAs
12:15-12:20PM	BENCO
12:20-12:25PM	Health Net (Breakfast Sponsor)
12:25-12:30PM	Patterson Dental (Happy Hour Sponsor)
12:30-12:35PM	Western Practice Sales
12:35-12:40PM	GC America (Speaker Sponsor)
12:40-12:45PM	TDIC (Speaker Sponsor)
12:45-12:50PM	Dental Management Solutions
12:50-12:55PM	Resource Staffing Group
1-1:05PM	TEKagogo
1:05-1:10PM	First US Community Credit Union
1:10-1:15PM	MUN CPAs
1:15-1:20PM	Banner Bank
1:20-1:25PM	US Bank
1:25-1:30PM	Access Dental (Coffee Sponsor)
1:30-1:35PM	Melinda Heryford
1:35-1:40PM	LIBERTY Dental Plan (Lunch & Speaker Sponsor)
1:40-1:45PM	Weave (Speaker Sponsor)
1:45-1:50PM	Integrity Practice Sales (Coffee Sponsor)
1:50-1:55PM	CareCredit (Speaker Sponsor)
1:55-2PM	True Function Laboratory (Speaker Sponsor)

Zoom the Room may be taking place during our Super CE Week of Webinars event, but it will be OPEN TO ALL SDDS MEMBERS to attend! Watch your email to learn how to attend!

Limited Time SPECIALS

SHOFU EXHIBITOR

Many "buy more save more" specials (visit sdds.org).

WEAVE EXHIBITOR

Watch a Demo for a chance to win an Apple Watch!

TEKAGOGO EXHIBITOR

\$25 off an hour of service using promo code SAC2021.
Offer Expires March 31, 2021.

TDIC SDDS VM

Attend risk management class, get 5% off insurance premium

BLUE NORTHERN BUILDERS SDDS VM

Sign a contract to work with BNB on your project –
Receive a free 1-hour initial interior design consultation in our office with a local design firm.

Complete a project with Blue Northern Builders –
Receive a \$1,000 Visa gift card, or a \$1,000 donation to the charity of your choice.

FECHTER & COMPANY SDDS VM

1-hour free consult, analysis of your overall tax situation, basic recommendations.

FIRST US COMMUNITY CREDIT UNION SDDS VM

Visit firstus.org for more information, or contact one of our business specialists for a no-obligation, FREE review to see how we can help you with any business need.

FREE Business Checking and a full line of financial services for your business.

INTEGRITY PRACTICE SALES SDDS VM

Free appraisal of the current value of your practice.

MUN CPAS SDDS VM

Complimentary three-year review of your business and personal returns.

N&R PUBLICATIONS SDDS VM

25% minimum discount for SDDS Members.

RESOURCE STAFFING SDDS VM

5% discount for SDDS members who place a Direct Hire order.

THOMAS DOLL SDDS VM

Get first 3 months of full accounting services half off.
Complimentary 1-hour strategy session.

ZENTIST SDDS VM

Complimentary practice analysis with our practice consultants, IT setup including hardware and software, and 1st month free (\$10,000 value!).

SIGNED UP EARLY?

A goodie bag is coming your way!

Our first 300 registrants of the Super CE: Week of Webinars are getting awesome goodie bags sent out to them! We know you aren't getting the traditional Expo Hall experience this year, so SDDS and all the wonderful sponsors are bringing a bit of that experience to you!

Also, if you're one of the first 100 morning course registrants or 100 lunchtime course registrants you'll also find a \$20 DoorDash gift card included in your bag! Thank you to our sponsors for making this possible!



WE'LL SEE YOU
on a webinar **SOON!**

Board Report



Lisa Dobak, DDS
Secretary

January 5, 2021

Highlights of the Board Meeting

President's Call to Order and Welcome

Dr. Volki Felahy called the meeting to order at 6:00 pm. Dr. Felahy welcomed all the new Board members to the 2021 year! Board responsibilities and duties were discussed and all Board members will be "available and visible" to the SDDS members and represent SDDS well to all of its members.

The 2021 Guests of the Board were approved: Dr. Jeff Sue and Dr. Stephanie Sandretti. The purpose of the guest of the Board is to give members a taste of how SDDS works and, hopefully, groom them for future leadership opportunities. Thank you for accepting our nomination!

Leadership Training and future LDC plans: Dr. Felahy would like to propose an "extension" of duties for the LDC committee to not only include the nomination process, but to expand the leadership training. Topics will include SDDS budget training, SDDS bylaws and policies, leadership strategies, SDDS structure and other inspirational leadership training topics. The LDC committee will invite others to participate, as well as the Board members to be included.

Secretary's Report

Dr. Wes Yee reported that 2020 ended better than expected with 105 new members. Not as many were lost as we had anticipated – a good thing! We continue to have a market share above 82%! We will continue to work on the nonmembers in our area and emphasize member benefits (like all this vaccine information we are getting out to our members!).

Treasurer's Report

Dr. Felahy, Treasurer for 2020, reported that 2020 will still be a good year, in spite of the COVID restrictions on all

of our programs. Luckily our Midwinter Convention was completed in February – a major member benefit and non dues revenue source. Our reserves are still untouched and the DTI grant income also helped in the non dues revenue side. Membership was not significantly reduced in 2020 and we hope for a good year in 2021. Our investment accounts (reserves, invested conservatively) showed a good gain as of year end. Since, originally, SDDS as a 501c6 did not qualify for PPP, we will qualify in this new application process for 2021. Hoping for good results. Dr. Felahy thanked Cathy Levering for managing our finances so well during the challenge of 2020!

Action Items

Approval of the following:

- Signature approval for check signing
- County representatives for Board members
- Leadership Development Committee members

Old Business

COVID, Vaccine updates: Discussed the delivery of vaccines and dentists helping administer; each county has their own process and protocol and SDDS has gathered all the information and is keeping our members informed.

New Business... New Ideas - Projects For The Year

2021 Task Forces: Dr. Felahy reviewed the proposed task forces; Board members will also be assigned to serve as members (not liaisons):

- Mediation Task Force
- LDC "expansion" re: leadership training
- Bylaws Revision Task Force

- Member Benefits and Services Task Force
- County Oral Health Initiatives Task Force

Executive Director's Report

Cathy Levering reported on the following:

- Hamilton Tickets – we have 100 tickets for late Sept show in Sacramento
- The Kitchen Dinner – 4 tickets left (late Sept.)
- Programs and plans through April will all be virtual – hoping for May in person

Trustee's Report

Drs. Bellamy and Patel reported the focus for CDA this year is core membership, advocacy and education.

Adjournment

The meeting was adjourned at 8:22pm – ahead of schedule!

March 2, 2021 at 6pm



NORTHERN CALIFORNIA PRACTICE SALES

Dental Practice Sales and Appraisals

Sacramento

Located in Campus Commons, this long-standing practice was one of the first in the area when it became a central medical-dental location. This practice has multiple generations of loyal and satisfied patients. The owner has collected an average of nearly \$600,000 in each of the past three years with an owner's net in excess of \$200,000. With four to five days of hygiene and all specialty procedures referred to local specialists, this six-operatory facility is a solid platform that can be taken to the next level.



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Job Bank

The SDDS Job Bank is a service offered only to SDDS Members. It is published on the SDDS website and provides a forum for job seekers to reach other Society members who are looking for dentists to round out their practice, and vice versa. If you are a job seeker or associate seeker contact SDDS at (916) 446-1227. For contact information of any of the job bankers please visit www.sdds.org.

ASSOCIATE POSITIONS AVAILABLE

Sabrina Jang, DDS • Sacramento • PT/FT • GP/Pedo
Christian Hoybjerg, DDS • Sacramento • PT • Ortho
Monica Tavallaei, DDS • Sacramento • FT/PT • Pedo/Ortho/Endo/OS
Madhavi Yellamanchili, DDS • Roseville • PT/FT • GP
Brian Orcutt, DDS • Sacramento • PT • GP
Aaron Reeves, DDS • Sacramento • PT • GP
Peter Kim, DDS • Sacramento • PT • GP/Endo/OS
Jason Scorza, DDS • Sacramento • PT/FT • GP
Cynthia Weideman, DDS • Citrus Heights • PT • Ortho
Marcela Diaz, DMD • Elk Grove • PT • Oral Surgeon/GP
Robert Catron, DDS • Cameron Park • PT • GP
Monika Gugale, DDS • Sacramento • FT • GP
Thomas Ludlow, DDS • Sacramento • PT • GP
Marina Mokrushin, DDS • Folsom, Rocklin • GP
Raj Zanzi, DDS • Sacramento • PT • GP/Ortho
Nina Tecson, DDS • Elica Health • Sacramento • FT • GP
Sunny Badyal, DDS • Sacramento • FT • GP
Jeff Summers • Kids Care Dental • Sac/Stockton • PT/FT • Oral Surgeon
Capitol Periodontal Group • Sacramento • FT • Perio
Michael Hinh, DDS • Sacramento • PT • GP
R. Bruce Thomas, DDS • Davis • PT/FT • GP
Ana Maria Antoniu, DMD • Sacramento • FT/PT • GP
Amy Woo, DDS • Sacramento • PT • GP/Endo
Christopher Schiappa, DDS • Pioneer • PT • GP
David Park, DDS • FT/PT • GP
Jeff Summers • Kids Care Dental & Ortho • Calvine/Elk Grove • FT • GP/Ortho
Elizabeth Johnson, DDS • various WellSpace locations • FT/PT/Fill-In • GP

DOCS SEEKING EMPLOYMENT

Michael Nguyen, DDS • FT • GP
Curtis Le, DDS • PT/FT • GP
Alberto Vargas, DDS • FT • GP
Yasi Mahboub, DDS • FT • GP
Yen Nguyen, DDS • PT/FT • GP
Erica Hsiao, DDS • PT • Perio
Behdad Javdan, DDS • PT • Perio
Bruce Taber, DDS • Fill-In • GP
Steve Murphy, DMD • FT/PT • Endo

one

2

one

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The Quandary Quarterback— (quan·da·ry: “a state of perplexity or doubt”)

Monthly compliance advice that empowers you and your team



Dear SDDS Member,

For the second installment of our ongoing series focused on the “safe dental practice”, the Quandary Quarterback will continue with the education and best practices checklist for your Office Compliance Coordinator. Last installment, we discussed the importance of in-house education and preparedness – this month

we need to look at the areas in which Compliance Coordinators can look for adherence to standards and areas of weakness within the practice – this month it’s all about sterilization protocols.

– *The Office Compliance Coordinator*

If you or your office staff have questions to submit for guidance and advice, please submit to *The Nugget* at SDDS via mail or email (sdds@sdds.org) at any time – all questions may be submitted anonymously.

The Safe Dental Practice - Part Two

As dental offices continue to face the challenge of implementing and maintaining an effective, efficient, affordable and compliant office safety program, Cal-OSHA standards require us to develop and maintain safety protocols around instrument processing, sterilization protocols and aseptic procedures, to name a few. By designating an Office Compliance Coordinator (OCC), his/her primary responsibility is to manage patient and provider safety measures. The specific duties of this coordinator may vary from one dental facility to the next, but similar responsibilities prevail throughout our profession overall. We recommend using the content outline of a well-written, well-organized OSHA compliance manual as your training guide for the entire year, with monthly or quarterly safety meetings that delve into the content areas of the requirements contained in the manual.

For example, a great safety meeting topic could come from the Fire and Emergency section of the compliance manual. The OCC can ensure that everyone knows the layout of the building to determine the best location for gathering outside in the event of an evacuation, make everyone “walk the fire line” to means of egress, locations of the fire extinguishers, perform an outdoor exercise on how to shoot off an extinguisher, confirm the location of the first aid kit and how to shut off the office gas, if applicable. These are all great topics for a safety meeting that did not require costly expensive outsourcing – you have everything you need in your compliance manual for this month’s

safety meeting – add pizza and ice tea and it’s a fun safety lunch meeting!

Although the OCC remains responsible for the overall management and coordination of the safety program, maintaining a safe environment requires the commitment and accountability of everyone in the practice. Some of the key overriding management-type duties for the OCC to consider are:

1. Serve as a positive role model for safety; set a good example for the entire team.
2. Keep everyone involved and informed; open lines of communication are key.
3. Seek ideas, opinions and comments from all members of the dental team; encourage new ideas to promote greater efficiency, effectiveness, lower costs, and improved patient acceptance (this is a GREAT safety meeting topic).
4. Allow all to take part in fun fact-finding efforts, identification of hazards, and decision-making processes; allow the whole team to share in establishing, maintaining and amending the written safety protocols (another GREAT safety meeting topic).
5. Explain the purpose of tasks to better understand why and how the correct performance of a task such as cleaning and disinfecting a room specific to the germicide used can enhance the correct performance of procedures.

6. Recognize compliance; one employee’s efforts completed well can facilitate continued safe practices and encourage others to do the same (we recommend presenting the “best in class” during your safety meeting with a cupcake and candle, or a coffee gift card; anything to generate a moment of praise for example-setting by a team member).

A successful compliance coordinator ensures that everyone is aware of safety procedures for the office, however, the focus needs to pivot toward meeting engagement through activities, collaborative roles and meetings that encourage compliance with infection control, chemical safety, fire safety and emergency processes, and team discussion.

Don’t let complacency become your in-office compliance norm; believe in the ability of your OCC to be creative and supportive of all and ensure that compliance is simply a way of life. Patient and employee safety are critically important to every office regardless of the challenges we encounter in the world of disease transmission. Processes and protocols need to be established initially, reviewed periodically, and monitored continually so that they become our standard of care, not our response to emerging disease threats that are ever-present in our role as a dental healthcare provider.

Best wishes! ■



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SDDS Foundation

Morphing, Pivoting, and STILL Serving our Community!

It's February and it's NORMALLY the time for our Smiles for Kids program. NORMALLY, thousands of kids are screened in the fall. NORMALLY many dental offices are open the first Saturday in February. NORMALLY 200 volunteer dentists and team members help on SFK Day. NORMALLY hundreds of kids are treated, adopted and taken care of. NORMALLY thousands of dollars and hours are donated.

But NOTHING IS NORMAL right now!

So, in the continued vein of our pivoting SDDS and SDDF culture these days, we are going to create a NEW NORMAL for 2021 and we hope all of our SDDS members will participate with us. It's happening in February and March and we hope to make it easy for you participate. And it will be a new way to deliver our wonderful Smiles for Kids and Smiles for Big Kids programs to our community.

The good news is that more and more patients are getting insurance and, especially, MediCal. Most of them do have their dental homes and we refer a lot every day. But the current crisis has shown that many people are facing new financial challenges they hadn't had before... and we'd like to help those people.

Here's the plan:

In Your Practice Lapsed Patient/Family

1. Identify a family, an elderly patient, a child or children already in your practice who you think has fallen through the cracks of COVID, job loss, business loss or hard times this past year.

2. Invite them to be your SFK and/or SFBK patients
3. Let us know that you are participating (just email us at Smilesforkids@sdds.org that you "have a good candidate" and we'll add you to our list of volunteers and donated pro bono cases)
4. When you are finished, take a picture with them, send us a story – we'd love to share.
5. THANK YOU!

Adopt a Patient Who You Know Needs Help

1. Do you know someone in your community, your church, your neighborhood who you can help? (Kids or adults)
2. Invite them to be your SFK, SFBK patient.
3. Do good.
4. THANK YOU!

Are You Already Doing a Lot of Pro Bono Work?

1. Let us know so we can "count this up" – all of your good work needs to be (and should be!) compiled.
2. We'd love to track the demographics of all our members' donated work (and we know you are doing a ton!)
3. And if you let us know, you can come to shopping day too!
4. THANK YOU!



Smiles for Kids.



Smiles for BIG Kids.

Volunteer to Adopt a Child or Adult Patient

1. Send us an email that you would like to volunteer to adopt a patient; we'll send you a patient or two (or more if you want!)
2. Specialists – we always need help to refer our SFK and SFBK patients (especially ortho, pedo and oral surgeons)
3. THANK YOU!

And again – THANK YOU for all you do for our community's dental health!

The great news is that we have tons of great supplies, kids gifts, toothbrushes, oral health education, swag, goodies, and much more for you to enjoy and use for your patients. We will be having a shopping day for all volunteer dentists to come and shop – we'd love for you to help us "spread the oral health word." We have mugs and pins and wonderful thank you gifts if you participate so, please, help us with this project. Again, just email us and tell us "I'd love to help with a child, a parent, an elderly patient" and we'll get you signed up.

Thank you for your consideration and willingness to help! ■

Are you a
member of our
Foundation?

It only costs \$75 a year to be a member of our Foundation. The Foundation funds our Smiles for Kids and Smiles for Big Kids programs!

Will you join? Email us at sdds@sdds.org to become a member and make a difference.

Thank you for supporting the Foundation!



THE ANGRY GNOMES ARE RIDING FOR

SMILES FOR KIDS



Meet Tony!



March 12-18th, 2021 Tony and the motorcycle club he is President of, The Sierra Trail Dogs will ride 800 miles from Ensenada down to Loreto in four days.

Day 1: Ensenada - San Quintin

Day 2: San Quintin - Catavina

Day 3: Catavina - Bay of L.A.

Day 4: Bay of L.A. - Loreto

Day 5: Loreto - La Paz

**How can you
support this effort?
You can pledge!**

- » Once there was Paul Revere's Ride
- » Now there's Tony Vigil's Ride! (Desco, Vendor Member)
- » Tony likes to ride dirt bikes
- » Tony LOVES the SDDS and the SDDS Foundation. Tony and his club members want to help Smiles for Kids
- » Tony and his club are riding for Smiles for Kids

Two Ways to Support

- » By the mile
- » By a lump sum donation

Please use the enclosed form and return it to the SDDS Office.



Desco



Secretary, Directors and Delegates, Oh My!

By **Carl Hillendahl, DDS**
2020 SDDS President; 2021 LDC Chair

I wish everyone a Happier New Year in 2021. It has been an interesting year serving as SDDS President. I did not know, when I accepted the LDC nomination in 2017 to proceed up the chairs to president in 2020, that 2020 would be a year plagued by an unanticipated Black Swan event (Covid). The unprecedented demands for contagion control significantly changed the way we do things. Thank goodness we had the leadership in place to be able to make that pivot in the format of how we conducted business and programs. I am indebted for all the leadership and support supplied by the Board of Directors, our executive director, Cathy Levering, and the SDDS Staff to help get through this year in surprisingly good shape. I wish better luck to all future SDDS Presidents.

All organizations need to have individuals willing to step up and accept responsibility to be successful. SDDS is no exception. One thing for certain is constant change. Membership demographics are constantly changing, members retire, and new members join the Society. The way we do dentistry is constantly changing, new regulations,

innovations, and the occasional pandemic. We, as a Society, need to find diverse individuals with fresh ideas willing to participate in leadership positions to maintain the relevance of the Society to its membership.

Once again, it is that time of year when SDDS, in preparation for the future, is looking for leaders. As the Immediate Past President, I have the honor of chairing the Nominating and Leadership Development Committee (LDC). We have populated the LDC with members that have played a role in leadership positions at SDDS and have an awareness of our society membership. The Committee meets once or twice a year and the goal of LDC is to nominate and provide candidates for open leadership positions for the following year (2022).

In 2022, there will be positions open for Secretary of the Executive Committee (the future 2024 president), SDDS Directors, SDDF Directors, and Delegates to the CDA House for 2021 and 2022. If you have an interest in joining the SDDS governance team, you can self-nominate by filling out the Nomination Form-2021 that was included in

the last issue of *the Nugget* or is available at www.sdds.org. Lots of members are reluctant to step outside their comfort zone and self-nominate, so if you know someone you feel is perfect for a leadership position at SDDS you can nominate them by filling out the Nomination Form-2021 on their behalf.

Dare to lead. Step out of your comfort zone and self-nominate or nominate today. Forms submission deadline is February 15, 2021 and the LDC convenes on February 22, 2021, so time is of the essence.

Hopefully, we have all been vaccinated by now. Have a Great Year.

Deadline to submit nominations is February 16, 2021!

A healthy and safe New Year to all,

Carl Hillendahl, DDS

2021 SDDS Committees Schedule

Standing Committees

CPR Committee

Apr TBA • Aug TBA • Nov TBA

Nominating/Leadership Development

Feb 16

Foundation

Foundation Board

Feb 23 • Sep 27

Other

Sac Pac

TBA

CDA House of Delegates

TBA

Advisory Committees

Continuing Education Advisory

TBA

Mass Disaster/Forensics Advisory

TBA

Nugget Editorial Advisory

Feb 23 • Sep 20

Strategic Plan Advisory

Schedule as needed

Budget and Finance Advisory

Schedule as needed

Bylaws Advisory

Schedule as needed

Legislative Advisory

Schedule as needed

Leadership

Board of Directors

Mar 2 • May 4 • Sep 7 • Nov 2

Executive Committee

Feb 19 • Apr 9 • Aug 6 • Oct 8 • Dec 3

Task Forces

Mediation Review

TBA

Member Benefits/Services

Feb 22 • Apr 26

Oral Health/Prop 56 Initiatives

TBA

COVID Care Packages



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Package Options

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sanitizer spray and phone sanitizer

Pack of 10\$240 (\$300 value)

Ten pieces each of the following:
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sanitizer spray and phone sanitizer

Single Item Pricing

SDDS or SDDF Face Mask.....\$9
B-Safe Key\$13
Phone Sanitizer\$6
Sanitizer Spray.....\$2



♥ Spread Kindness,
not COVID ♥



Product Descriptions

SDDS or SFK Face Mask

- 2 ply cotton mask with nose wire

B-Safe Key

- use on keypads, smartphones, touchscreens, elevator buttons, to open some doors and more!
- copper plating has anti-germ properties

Phone Sanitizer

- anti-microbial spray solution
- built in microfiber screen cleaner

Sanitizer Spray

- antibacterial spray in a pocket size tube

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TOTAL MEMBERSHIP

(as of 1/12/21:)

1,798

MARKET SHARE:

83.1%

ENGAGEMENT RATE: 93%

TOTAL ACTIVE MEMBERS:
1,396

TOTAL RETIRED
MEMBERS: 315

TOTAL DUAL
MEMBERS: 9

TOTAL AFFILIATE
MEMBERS: 13

TOTAL STUDENT
MEMBERS: 9

TOTAL CURRENT
APPLICANTS: 4

TOTAL DHP
MEMBERS: 46

TOTAL NEW
MEMBERS FOR 2021: 3

New Members

February
2021

ASHLEIGH AREIAS, DDS

General Practice

Dr. Areias earned her dental degree from UOP Arthur A. Dugoni School of Dentistry in 2018. Her office location is currently pending.

HASANAIN HABEEB, DDS

General Practice

Dr. Habeeb earned his dental degree from Mexico-Universidad De La Salle in 2020. He is currently practicing at Western Dental in Sacramento.

SYED MAHBUB, DDS

General Practice

Dr. Mahbub earned his dental degree from Mexico-Universidad De La Salle in 2020. He is currently practicing at Western Dental in Sacramento.

Pending Applicants:

Markus Kopa, DDS
Nitasha Goyal, DDS
Melissa Petersen, DDS
An Ta, DDS

Congratulations to Our New Retired Members!

John Lewis, DDS
Dwight Miller, DDS
Stephen Ott, DDS
Charles Stamos, DDS
Brian Royse, DDS

We're Blowing your horn!



Congratulations to Margaret Delmore, MD, DDS on being awarded the President's Award for 2020 for her work as the Chair of the CPR Committee! The CPR Committee shifted from in-person to a blended online format and Dr. Delmore helped make it a smooth transition!



LET US KNOW YOUR NEWS!

Get married? Pass your boards? Got published? Let us know your good news and we will feature it in "Blowing Your Horn."



In Memoriam

Dr. Eugene Daffner passed away on December 20th, 2020. He had a Temporal Arteritis inflammatory condition that reduced his auto immune system when he contacted

Covid-19 pneumonia. He had a practice in Carmichael before retiring in 2006. He became a life member with SDDS in 2009.

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 Practice Support . . (866) CDA-MEMBER
(866-232-6362)

TDIC Insurance Solutions . (800) 733-0633
Denti-Cal Referral. (800) 322-6384
Central Valley
Well Being Committee . . (559) 359-5631

SPOTLIGHTS:



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- Labor Negotiation
- Harassment Training & Investigations
- Legislative Updates
- Discrimination Claims
- Unemployment Claims
- Wage & Salary Issues
- Employee Productivity
- Workers' Compensation
- Leadership Development
- Discipline & Termination Issues
- Substance Abuse Strategies
- Workshops & Seminars

Benefits or Special Pricing for SDDS Members:

HR Hotline (FREE to SDDS Members!), (888) 784-4031: Ask HR professionals about employment law, employee issues and other employment related matters.

Kim Gusman, President/CEO

kgusman@employers.org

Employers.org

(916) 921-1312



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Craig Fechter, CPA — President

cfechter@fechtercpa.com

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Charles Cochran – SVP, Business Banking Team Lead

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Shanna Madden – Strategic Client Partner

smadden@avesis.com

PremierLife.com

(916) 922-5000

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Steve Shupe, VP
916.928.1068
asimedical.com



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Jeff Daner
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anutramedical.com



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descodentalequipment.com



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Regional Manager
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pattersondental.com



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nrpubs.com



Since 2020

Education

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LaDonna Drury-Klein
916.358.3825
thefade.org



Since 2015

Office Construction

Blue Northern Builders, Inc.

Morgan Davis / Lynda Doyle
916.772.4192
bluenorthernbuilders.com



Since 2007

GP Development Inc.

Gary Perkins
916.332.2300
gpdevelopmentcorp.com



Since 2016

Olson Construction, Inc.

David Olson
209.366.2486
olsonconstructioninc.com



Since 2004

Parc Studio-Interior Design

Claire Blocker / April Figgess
916.476.3982
parc-studio.com



Since 2018

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BPE Law Group, PC

Keith B. Dunnagan, Senior Attorney
Diana Doroshuk, Firm Administrator
916.966.2260
bpelaw.com/dental-law



Since 2016

CA Employers Association

Kim Gusman, President/CEO
800.399.5331
employers.org



Since 2004

Dental Practice

Kids Care Dental & Orthodontics

Jeff Summers
916.661.5754
kidscaredental.com



Since 2016

Dental Refining

Star Group Global Refining

Jim Ryan
800.333.9990
stargroupus.com



Since 2009

Practice Sales

ddsmatch

Roy Fruehauf
916.918.5752
ddsmatch.com



Since 2020

Integrity Practice Sales

Brian Flanagan
855.337.4337
integritypracticesales.com



Since 2014

Professional Practice Sales

Ray Irving
415.899.8580
PPSellsDDS.com



Since 2017

Western Practice Sales

Tim Giroux, DDS, President
John Noble, MBA
800.641.4179
westernpracticesales.com



Since 2007

Practice Services

Comcast Business

Lisa Geraghty
916.817.9284
business.comcast.com



Since 2014

Zentist

Paulina Song
415.323.4937
zentist.io



Since 2020

**we love
our Vendor
Members!**

we love
our Vendor
Members!

WHY BECOME A VENDOR MEMBER?

The Vendor Membership program offers so many great benefits! As a Vendor Member, you'll receive: four complimentary half page ads in *The Nugget*, a booth at our MidWinter Convention (or alternate event), the SDDS Membership Roster (send out quarterly via email), complimentary exhibitor tables at 3 meetings/events per year, and much more!

Financial Services

Banner Bank

Charles Cochran, SVP,
Business Banking Team Lead
916.648.2100
bannerbank.com



Since 2017

Fechter & Company

Craig Fechter, CPA
916.333.5360
fechtercpa.com



Since 2009

First US Community Credit Union

Bob Miller
916.576.5679
firstus.org



Since 2005

MUN CPAs

John Urrutia, CPA, Partner
916.724.3980
muncpas.com



Since 2010

Thomas Doll

Brett LeMmon
925.280.5766
thomasdoll.com



Since 2019

US Bank

Tom Collopy
916.924.4546
usbank.com



Since 2017

Staffing

Resource Staffing Group

Debbie Kemper
916.993.4182
resourcestaff.com



Since 2003

Swiss Monkey

Christine Sison
916.500.4125
swissmonkey.io



Since 2016

Dental Plans

Access Dental Plan

Shanna Madden
916.922.5000
premierlife.com



Since 2017

Health Net of California

Felisha Fondren
877.550.3868
hndental.com



Since 2018

LIBERTY Dental Plan

Lisa Rufo
800.268.9012
libertydentalplan.com



Since 2016

Insurance Services

The Dentists Insurance Company (TDIC)

Lloyd Brown
800.733.0633
tdicsolutions.com



Since 2011

SDDS VENDOR MEMBERSHIP SUPPORT IS A WIN-WIN RELATIONSHIP!

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

Our Vendor Members pay \$3,900 per year; that includes a booth at MidWinter (or alternate event), three tables at General Meetings, advertising in *The Nugget*, and much more. Our goal is to provide Vendor Members with the opportunity to connect with and serve our members. We realize that you have a choice for vendors and services; we only hope that you give our Vendor Members first consideration. The Vendor Members program and the income SDDS receives from this program helps to keep your dues low. It is a wonderful source of non-dues revenue and allows us to provide yet another member benefit. Additionally, we reach out to our Vendor Members for articles for *The Nugget* (nonadvertising!).

Our Vendor Members are financial, investment and insurance companies, legal consultants, dental equipment and supply companies, media and marketing companies, HR consultants, construction companies, billing consultants, practice sales and brokers, practice resource and staffing consultants, technology, dental plans, and even our Crowns for Kids refining partner!

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Volunteer opportunities

SMILES FOR KIDS

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



TO VOLUNTEER, CONTACT:

SDDS office (916.446.1227 • smilesforkids@sdds.org)

SMILES FOR BIG KIDS



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

TO VOLUNTEER, CONTACT:

SDDS office (916.446.1227 • sdds@sdds.org)

AUBURN RENEWAL CENTER CLINIC

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

TO VOLUNTEER, CONTACT:

Dr. Steve Holm (916.425.6766 • sholm@goldrush.com)

THE GATHERING INN

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

TO VOLUNTEER, CONTACT:

Kathi Webb (916.743.5351 • kwebbft@aol.com)

CCMP (COALITION FOR CONCERNED MEDICAL PROFESSIONALS)

VOLUNTEERS NEEDED: General Dentists, Specialists, Dental Assistants and Hygienists.

TO VOLUNTEER, CONTACT:

CALL: (916.925.9379 • CCMP.PA@JUNO.COM)

EVERYONE FOR VETERANS

SDDS is partnering with the national program, Everyone for Veterans, to provide care for combat veterans and their families who cannot afford, nor have military coverage, dental care. Can you adopt a vet? Hope so! Call SDDS (916.446.1227), or email us (sdds@sdds.org), to help us with this wonderful program.

For More Information: everyoneforveterans.org/for-dentists.html

Classified Ads

EMPLOYMENT OPPORTUNITIES



California Northstate University, College of Dental Medicine is looking for an individual to teach Basic Pharmacology. We are looking for a Pharmacologist, Pharmacist or Dentist with interest in teaching. Contact: Rosemary.wu@cnsu.edu. 2/21c

Private practice in Roseville, owned by Dr. Hetal Rana, looking for a qualified/driven associate dentist to join my team 1-3 days per week. Our beautiful, state-of-the-art office uses the latest technology, including Cerec, iTero and more! We offer a well-established patient base and a patient-centric approach. Candidate: Must love working with patients of all ages, excellent communication skills, honest, ethical, compassionate, friendly/team-oriented, and experienced with Cerec. Expectations include: current dental license in California, current malpractice insurance policy, review patient notes/charts for accurate charting/documentation, current CPR certification. Please email resume to info@ranadental.net. 06-7/20

PART TIME General Dentist for Cameron Park growing office. Ownership oriented, motivated dentist preferred. Start with 1-2 days/week. Email resume to sacramentoadd@aol.com. 06-7/20

Kids Care Dental & Orthodontics seeks orthodontists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us...come find out why! Send your resume to talent@kidscaredental.com. 06-7/17

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

EMPLOYMENT OPPORTUNITIES

Kids Care Dental & Orthodontics seeks dentists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us...come find out why! Send your resume to talent@kidscaredental.com. 06-7/17

FOR LEASE



Greenhaven professional building on Secret River Drive. Beautiful outdoor views from all 4 operatories. 1500 square feet, panorex room, large lab, private bathrooms, and all utilities paid except for phone and internet. Nightly janitorial service and compressor and evacuation systems included in the rent and the responsibility of the landlord. Total price of \$3,100 per month with 5 year lease and two 5 year options. Generous TI allowance also included. Call Greg Maroni, DDS, (916) 421-3815. 2/21c

Fully built out dental offices at 2821 Eastern Ave, Sacramento; 125 Ascot Drive, Roseville; Retail suites well suited for dental in Citrus Heights, busy Auburn Blvd location near I-80 and Yuba City; Ranga Pathak 916-201-9247, Broker Associate, RE/MAX Gold, DRE01364897. 1/21

Greenhaven Dental Office For Lease. Professional Dental Building 930 Florin Road Ste 100. 1,396 S.F. \$1.85 PSF Plus Utilities. Contact agent 916-443-1500 CA DRE Lic. #01413910 11/20

SACRAMENTO DENTAL COMPLEX has one 3 unit suite which is equipped for immediate occupancy. Two other suites total 1630 sq. ft which can be remodeled to your personal office design with generous tenant improvements. 2525 K Street. Please call for details: 916-448-5702. 10/11

PRACTICES FOR SALE



Campus Commons dental practice for sale. For more information please send an email to Stephen Molinelli of Northern California Practice Sales at molinelli@aol.com or call 650-347-5346. 2/21

Having Trouble Restarting Post-COVID? A+ Dental Care Group can help. Discover the benefits or our flexible affiliation model. Contact Dr. Tim Herman at 916-217-2458 or tim.herman@aplusdentalcaregroup.com to learn more. 06-7/20

PROFESSIONAL SERVICES



MONEY IS WALKING OUT THE DOOR. Have implants placed in your office and keep the profits. Text name and address 916-769-1098. 12/14

LEARN HOW TO PLACE IMPLANTS IN YOUR OFFICE OR MINE. Mentoring you at your own pace and skill level. Incredible practice growth. Text name and address to 916-952-1459. 04/12

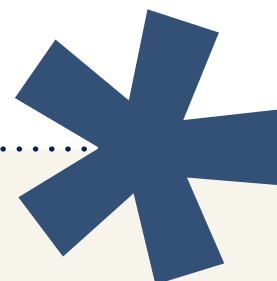
EQUIPMENT FOR SALE



Equipment for sale: Photomed Camera System, Canon 30 D Digital SLR Camera, Canon Macro lens EF 100mm 1:2.8, Macro Ring Lite MR-14EX. Asking \$800 or best offer. Call Pat at (916) 752-5574. 2/21c

ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS



FEBRUARY

1-5 Super CE - Week of Webinars
20 courses to choose from
/ Zoom Meeting

16 Leadership Development Committee
6:15pm / Zoom Meeting

17 HR Webinar
2021 Employee
Handbook Updates
California Employers Association
12-1pm / Telecom

17 CPR Calibration Meeting
6pm / Zoom Meeting

19 ExComm Meeting
7am / Zoom Meeting

23 Foundation Board Meeting
6pm / Zoom Meeting

23 *Nugget* Committee Meeting
6:15pm / Zoom Meeting

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



SAVE THE DATE: February 1-5, 2021
Classes range from 7:30am-9:00pm

**VISIT SDDS.ORG TO REGISTER TODAY! THE FIRST
300 REGISTRANTS WILL RECEIVE A SWAG BAG**

**MAR
9**

General Meeting
2 CEU, CORE • \$49

Metabolic Syndrome, Its Etiology and Connection to Chronic Disease in Modern Man

Presented by Dr. Robert Shorey

Nutrition is an undervalued component of good health and our dental curriculums. Dental caries has plagued mankind and the rate of dental caries has not declined substantially even though we have excellent dental services and fluoride. Today the rate of diabetes is continually increasing along with obesity and insulin resistance. What do these things have in common — fermentable carbohydrates and snack foods. So little is clearly understand what constitutes good nutrition. Our talk will touch on the current state of humanity and nutrition. We will review what is becoming known as metabolic syndrome and discuss how dentistry could play in key role in better health, better nutrition and prevention of chronic disease.

This course is being offered as a Zoom meeting only. To register, please go to <https://www.sdds.org/events/gm-march2021/>

If you are a 2020-21 DMD member, you will receive a credit.

TUESDAY
6PM-8PM

ARE YOU REGISTERED FOR THE GENERAL MEETING?