The Humboldt-Del Norte Dental Society

FORUM

September 2011

For Doctors, Staff and Allied Dental Health Personnel

Notes From The Executive Bulletin:

You can also read the bulletin online at **www. cda.org/eb**

Legislative update

The legislature returned from recess last week, with marathon hearings in both houses' appropriations committees as they sped toward their September 9th adjournment date. A hefty majority of the bills were placed on the committees' "suspense files" for bills with significant estimated costs; the committees will be taking up their suspense calendars later this week. One of the bills moved to suspense was SB 540 (Price – Dental Board sunset review), after some discussion prior to the hearing to settle some issues surrounding the administrative costs for the new Dental Assisting Council, which the bill would create. With that issue settled, we do not anticipate that SB 540 will have any difficulty moving off of the suspense file to the Assembly floor next week.

Another looming issue for the last few weeks of the session revolves around the Healthy Families Program. Due to the state's ongoing budget crises of the past few years, the program periodically has become significantly underfunded, to the point where it has had to cap enrollment. During the 2009-10 fiscal year, the problem was temporarily addressed by instituting a tax on Medi-Cal managed care plans, the proceeds from which were split between the Medi-Cal and Healthy Families programs. That tax expired last year, and efforts to reinstate it have not been successful due to resistance from Republicans in both houses, even though the plans themselves do not oppose its reinstatement, since the tax proceeds will bring down a 2-1 federal match, much of which will come back to the plans. With the program now facing a $130 million general fund reduction (which amounts to a 37 percent cut when the loss of matching funds is factored in), negotiations are again building for reinstating the tax before this session ends. We will keep you posted, as the outcome of this could have a significant impact on the program.

SB 540 (Price – Dental Board Sunset Review) was passed unanimously by the Assembly Business, Professions, and Consumer Protection Committee, after weeks of sometimes-intense negotiations focused on the Dental Board's composition and the role of the dental assisting community in the board's structure. Throughout the process, CDA's priorities have centered on maintaining the dentist majority on the board while working to ensure that the dental assisting community has a meaningful voice in the board's activities. Although language still needs to be finalized, we believe that we are very close to achieving both goals. As passed by the committee last week, SB 540 will simply add one public member to the board, which will make the board's composition eight dentists, five public members, one registered dental hygienist, and one registered dental assistant. In addition, the bill will create a new Dental Assisting Council, which will meet in conjunction with regular board meetings and be made up of five registered dental assistants and two members of the board. While we await final language spelling out the details, we believe that we are very close to having a Dental Board sunset review bill that CDA can fully support.

After the first full summer recess in many years, the Legislature returns this week with a full plate of activity for the last four weeks of the 2011 session. The main remaining legislative issue of direct significance to dentistry is SB 540 (Price), the Dental Board's sunset review bill. The bill will be heard on Wednesday in the Assembly Appropriations Committee, where amendments will be expected to be added to clarify the structure and role of the proposed new Dental Assisting Council, which would replace the current Dental Assisting Forum as a more formal venue, working directly in conjunction with the board, for airing issues of concern to the dental assisting community. In the meantime, the Dental Board itself met for two days last week in Sacramento and discussed a number of significant issues, including law and board policy relating to general dentist use of Botox and dermal fillers, implementation of new regulations governing the board's diversion program, and the pending application by De La Salle University for renewal of its certification as a board-approved foreign dental school for licensure purposes. No formal action was taken at this meeting on any of those items, which will be addressed again later this year. The board also received a presentation from CDA outlining the draft Access Report which will be acted upon by the House of Delegates this November.

Anti-amalgam activity in Orange County city

CDA is responding to a recent development in Santa Ana where the mayor signed a proclamation recognizing the efforts of Californians for Green Dentistry and its mission to create dental mercury amalgam-free zones in the United States.

Santa Ana has become the second city in California to call for a ban on dental amalgam. Last year, the same organization was able to persuade the city council in the City of Costa Mesa to approve a resolution calling for the ban of dental amalgam.

Californians for Green Dentistry also recently attempted to pursue a similar resolution in the City of Long Beach. Thanks to a quick and organized response from local dentists, the local dental society and CDA, the proposal, at least for now, has been put on hold.

Although the proclamation is not binding, CDA is currently working to educate the mayor and council members about the use of amalgam, a stable alloy that has been studied extensively and has an established record of safety and effectiveness.

CDA believes that the choice to use amalgam should remain an informed choice that is made by the dentist in consultation with each individual patient.

CDA encourages members to monitor city council agendas in their area for any dental amalgam activity and report it to CDA's Public Policy staff at **800.232.7645, ext. 4984**.

CDA to host regional access proposal forums

CDA has scheduled regional forums and webinars in July and August to discuss proposed strategies for reducing barriers to oral health care. Engage in the discussion and ask questions about the research, report and proposal that has been prepared for consideration by CDA's 2011 House of Delegates. A total of 13 forums and webinars are being held to ensure that members have an opportunity to learn more and have questions answered. The dates of the remaining access forums canbe found at **www. cda.org/eb**.

CDA Presents

Registration is now open for the San Francisco meeting, which will be held September 22-24, 2011 in the Moscone South Convention Center. Register today and secure your spot in the most popular workshops and events, get meeting materials mailed in advance, and save on guest fees. Learn more about the C.E. programs, tradeshow and special events at cdapresents.com.

Missouri Dental Board endorses proposals to create "midlevel" dental providers

The Missouri Dental Board recently became the first state board to endorse proposals to create a licensed dental therapist (DT) and a licensed advanced dental hygienist (APDH). Both of these positions would be authorized to perform surgical and irreversible procedures, including some extractions and restorations. The Missouri Dental Association testified before the board in opposition to these two proposals. Since the Missouri state legislature has adjourned for the year, no official action can occur until the next session, at which time a bill creating the two positions is expected to be introduced. The fact that the proposals come from the state dental board may provide the measures with more traction in the legislature than has been the case in other states. The Missouri Dental Association has created a dental workforce committee to address the issue.

***CDA Presents* and Rosh Hashanah**

CDA deeply regrets the overlapping dates of Rosh Hashanah and *CDA Presents* in San Francisco. The decision to confirm the dates, September 9-11, 2010, was not made lightly or without respect and understanding of its impact.

When setting convention dates, CDA works hard to avoid conflicts with holidays or religious or sacred observances. However, many factors affect the dates of availability with convention centers and unfortunately, there was no alternative solution for the San Francisco meeting.

None of the currently scheduled *CDA Presents* dates coincide with any Jewish holidays. As future years are finalized, CDA's priority will remain to avoid any such conflict.

CDA Foundation announces new application deadline for Dental Student Scholarship

The CDA Foundation Dental Student Scholarship program supports full-time students enrolled in a California dental school with a $5,000 scholarship to apply toward their dental education expenses. Criteria to apply includes:

- A letter of enrollment from school, proof of good academic and ethical standing, and certification of hours of volunteer service/community leadership; and
- Demonstrate financial need.

Additionally, applicants are encouraged to provide a letter of recommendation that speaks to the applicant's strengths as an individual and dental student.

The CDA Foundation has established a new open application period of August 1 - November 1, for the following year's Dental Student Scholarship award cycle.

For more information on the above program and to apply, please visit the CDA Foundation website at **cdafoundation.org/receive/dental_education_&_scholarships/dental_student_scholarship**

DONATED DENTAL SERVICES PROGRAM UPDATE

The Donated Dental Services (DDS) program is a national program that matches elderly, disabled and medically compromised individuals without sufficient resources to volunteer dentists who donate much needed dental care.

In California, DDS is managed by the CDA Foundation and divided into regional programs in Northern and Southern California.

In 2009, eligible applicants for the program dramatically increased due to the elimination of the adult Denti-Cal program. A high volume of patient inquiries continues as the Denti-Cal elimination approaches its first

year. We believe the majority of inquiries may be from patients who previously received Denti-Cal services and are currently experiencing dental problems up to one year after having access to this coverage. As a result, a high volume of patients are waiting to be placed into care, with a limited number of participating providers. The Northern California program has reopened the application process in most counties within its boundaries for the time being due to an increase in private funding. However, the Southern California program is not accepting new applications at this time.

The CDA Foundation will redirect inquiring patients to other sources of care, rather than place them on a lengthy waiting list. Given the vulnerable nature of most applicants, continuing to accept applications creates a false sense of expectation for quick placement in the applicant's mind and results in multiple, repeat phone calls from applicants checking on their status. This cycle only serves to slow the process of managing the active cases and pairing new recipients with dentists.

The CDA Foundation also recommends that members remind patients who are experiencing pain or discomfort and who are still enrolled in the Medi-Cal program that they should visit a Denti-Cal dentist, rather than the emergency room, for treatment. For most, they currently have a couple of limited options:

- If they have a dental emergency, they can receive services for the affected tooth. These emergency services are limited to relief from pain and infection and include extraction.

- If they are pregnant, reside in a nursing facility, or are developmentally disabled, they may receive some limited additional services.

We understand and share the frustration among the dental community in not being able to provide comprehensive referrals to patients in need of care. As always, the Northern and Southern California programs are seeking additional volunteers (general dentists, specialists and dental labs) to help expedite the placement of patients on the waiting list. Remember that DDS volunteers choose how many cases they would like to accept per year, treat pre-screened patients in the comfort of their own practice, are linked with volunteer specialists and/or dental labs if needed, and receive support and assistance from a DDS program administrator throughout the entire process. For more information on being a DDS volunteer, please go to **cdafoundation.org/give/ways_to_give/donated_dental_services**.

If you would like additional information please contact the CDA Foundation DDS program administrator at **800.232.7645 ext. 4971.**

Bankruptcy Q&As for dental offices

The following are frequently asked questions the CDA Practice Support Center receives regarding patient bankruptcies.

Q: If I'm not listed as a creditor by the patient when he or she filed for bankruptcy, can I continue to collect from the patient?

A: When the patient files for bankruptcy, he or she is required to list all creditors to whom money is owed. If the dentist is not listed as a creditor, this does not necessarily mean collections can continue. The patient may be able to later add the dentist as a creditor, as long as the debt was incurred prior to the bankruptcy filing date.

Q: A father with a child in the middle of ortho treatment filed for bankruptcy. What are my options?

A: Stop collecting past debt. Depending on the type of bankruptcy and patient's ability to pay, you may be able to create a new financial agreement with the patient as a way to collect only payments for the remaining treatment. Contact the bankruptcy court or trustee to inquire.

Q: The patient listed us as creditor, so we have stopped collecting past debt. But now the patient wants to come see us for future treatment. How should this be handled?

A: Determine whether you wish to continue caring for this patient in your practice and send a formal withdraw-from-care letter if you choose to dismiss the patient. If you do choose to continue seeing this patient, require payment in advance of treatment.

Q: The patient listed us as creditor, but the patient kept sending us a little money each month because he "felt bad" about listing the practice in his bankruptcy. Can we keep the money, or do we need to return it to the patient?

A: Contact the court or trustee that is handling the bankruptcy. If you are listed as a creditor, you are required to stop collecting payments. However, depending on the type of bankruptcy, the patient may be permitted to continue submitting payments directly to certain creditors.

CDA kit allows dentists to give infection control course

The following was available from the CDA Practice Support Center

Dentists can now become a provider for the eight-hour infection control course required for unlicensed dental assistants, and CDA has a resource to help.

Via the Compass website — cdacompass.com — CDA members have access to everything they need to become an approved provider of the infection control training for dental assistants.

The Dental Board of California requires any dental assistants hired after Jan. 1, 2010, to complete this eight-hour infection control course as part of the requirements for unlicensed dental assistants. In addition, assistants who have been employed for more than 120 days must complete this course and one on the California Dental Practice Act one-time only, within one year of employment.

Dentists can help assistants fulfill these Dental Board requirements by becoming a provider, and CDA's new

Infection Control for Dental Assistants (eight-hour) Provider Kit is designed to walk them through the process. The kit provides the necessary application documents and evaluation tools for conducting the preclinical/clinical portion of the course, coupling it with an online course for the didactic material.

The process of becoming a provider may appear burdensome, but this new CD-ROM kit contains materials designed to make the task easy.

Dentists can use the material to complete the Dental Board application; and once approved, they can set up training for assistants using the four-hour didactic online course at cda.org and providing the clinical coursework right in their offices. Once they become providers, they can even provide instruction for more than just their own staff. After the assistant successfully completes both components, the dentist would issue the certificate of completion.

The kit can be purchased by visiting cdacompass.com and clicking on the "Store" link in the upper right corner. The price of the kit is $750 for members and $3,000 for nonmembers.

For more information, contact Mary Sobieralski at 916.554.4979 or mary.sobieralski@cda.org.

Dental Advisory Group Minutes from August and July 2011Garnering community support for the Well Child Dental Visit:

Shared information on current WCDV services through Public Health Branch-MCAH and WIC, Burre Clinic (beginning with first tooth), 14 local dentists as per survey.

Public Health Branch to provide service until community partners assume role or need no longer exists.

The following bullets are ideas from DAG members on how best to support WCDV services:

- Collaborate with Pediatric Offices, possibility of sharing office space for WCDV, billing Medi-Cal for service, mobile van outside of facility.
- Possibility of TOOTH program providing WCDV/FV in schools twice per year; discussed parent consent/educational component for parents. Need "map" depicting where gaps in service might be by age groups/communities- (fluoride desert)
- Partnering with College of the Redwoods dental students for fluoride applications at provider clinics
- Possible locations for WCDV/FV clinics: Bayshore Mall, FRC's, Early Head Start playgroups; offering evening and/or weekend clinics. Option to provide WCDV education to parents in group setting with individualized exam/treatment of children.
- Children in rural areas might already have adequate access to dental care.
- Head Start seeing decrease in need for dental referrals for children since WCDV clinics started.

The following bullets are ideas from DAG member on how best to assist adults seeking dental care:

- Form subcommittee to address issues.
- Potential partners: realtors, service organizations, dental association, hospital ER managers.
- "MASH" model for dental care.
- Need local oral surgeon; explore traveling oral surgeon partnership with Burre to decrease client travel out of area for extractions.
- Create "Angel Fund" type program for adults.
- Letter to all DDS requesting donation of 1 free treatment for adult.
- Invite representatives from local hospitals to participate on subcommittee; collect data on number of ER visits due to adult tooth issues.
- Adult issues affect access to care for children and economic health of community.
- Panel (Leigh Oetker, Colleen Ogle, Karen Fox-Olsen, and Dr. John Sullivan) to present DAG issues to the Humboldt Dental Society.
- Interest in data on # of adult Medi-Cal clients unable to access care at Burre.

Statewide Oral Health Program Collaborative:

- Lake County looking to link statewide Oral Health Program collaborative – with focus on what's happening around the state re: prevention education and services
- Tooth Travelers is a mobile clinic that travels to communities on the North Coast offering dental services; for more information go to www.toothtravelers.org
- California Center for Rural Policy, Oral Health Assessment shows a decrease of 14% of student with untreated decay from 2006-07 to 2008-09

www.cdph.ca.gov./MCAHOralHealth has educational brochures and handouts available in English and Spanish

Review DAG Vision:

- Group discussed if DAG should rewrite/restructure the original vision from its focus on children's pediatric issue. Should DAG broaden the vision to include pregnant women and/or all individuals in the community?
- A subcommittee to be formed including Mary Scott, Marianne Hutchins, Trisha Cooke, Catherine DeSantis, Dian Pecora and a representative from

Paso a Paso, will work on rewriting the vision and report at next DAG meeting on Oct 25.

After vision piece is restructured DAG will then look at reasonable goal setting and how to measure the effectiveness of what's happening with children and adults in the community

Humboldt Area Foundation

Amy Jester, Humboldt Area Foundation

- Handouts/guideline available for applying for Twitty Funds and Angel Funds
- Dental Health Foundation accepting grant request thru Thursday

Sara Vogel, TOOTH is Looking at applying fluoride varnish in grammar schools, including educational component for parents/ guardians.

Next DAG Meeting:

October 25, 2011 (4TH Tuesday Of The Month) Brown Bag Lunch, Community Wellness Center 908 7th Street, Eureka Ca,

CONTACT Holly Baker 445-6030

TDIC Risk Management: The advice is free but the knowledge is priceless

By Jaime Welcher
Senior Risk Management Analyst, TDIC

Dental malpractice claims can come from anywhere. An angry patient demands a refund, a patient claims a poor outcome after she receives the bill or perhaps the dentist perforates a patient's sinus during a root canal. According to TDIC loss reviews, restorations, endodontic treatment, extractions, and implants are the procedures that generate most frequent claims. As for reasons patients file claims, they vary from dissatisfaction with treatment results to frustration due to miscommunication. By addressing an issue when it happens, a dentist may be able to avoid a claim or at the very least, cause the claim to be less severe.

TDIC Risk Management Department offers a variety of resources for dentists to utilize when needed. The most popular service is the TDIC Advice Line. Dentists call with questions ranging from how to dismiss a patient, to how to communicate with another dentist about a patient they have in common. During a call, the dentist presents the issue at hand, and then the analyst offers options the dentist can choose from based on claims experience. If the situation presented is beyond the scope of risk management, the analyst refers the caller to the claims department. A common misconception among policyholders is that calling TDIC Risk Management counts as an adverse incident and causes an increase in premiums. This is not the case. TDIC encourages policyholders to be proactive, seek assistance whenever necessary as doing so reduces risk outcomes and claim severity.

If a dentist does not take advantage of the Advice Line, we provide additional ways to avoid large losses. Dentists can also gain insight on how to handle adverse situations by reading *Liability Lifeline*, a quarterly newsletter published by TDIC and based on Advice Line calls and current industry trends. Policyholders can access articles on various topics via the web site at thedentists.com.

To encourage participation in TDIC's risk management seminars, we offer continuing education opportunities and a policyholder discount. In its 26th year of offering seminars, TDIC provides continuing education credits for dentists and staff. Dentists who are policyholders can take the most current seminar, "Good Intentions – Bad Outcomes" for a five percent professional liability premium discount. Dentists and staff can attend a live course or take a self-study course via CD or online.

Dentists will experience patient issues at some point in their career. While you cannot stop a patient from suing you, you can be proactive by addressing situations before they escalate. Call TDIC Risk Management for assistance at 800.733.0634. TDIC's risk management analysts give advice relative to all areas of the dental practice, including employment matters. They are not attorneys and some matters may need to be referred for legal advice.

NLP Offers Relief From Bruxism and Fear of Dentistry

By Dave Berman
8/11/11

Dentists frequently see patients experiencing fear or anxiety about dental work. Teeth grinding is another common challenge. Imagine how much easier your practice would be if all your patients could be more relaxed and in control of both their emotional state and unconscious behaviors. As a Certified Practitioner of Neuro-Linguistic Programming (NLP), I help people connect with the ability to manage such issues.

NLP is a versatile modality that can benefit people whose feelings or actions do not match their conscious intention or desire. This usually occurs due to the influence or control exerted by the subconscious part of the mind. NLP is a model of communicating with the subconscious via the senses to reorganize a person's "mental filing system," or how information is stored and accessed by the brain. In other words, NLP is a means of updating neurology (Neuro) using

the language (Linguistic) that drives how we manage our minds, moods, and models of reality (our Programming).

Developed in the 1970's, NLP is said to be the language structure of hypnosis, in part thanks to modeling the techniques of renowned hypnotherapist Milton Erickson. NLP was initially recognized for rapid relief of phobias, which can usually be eliminated in just one session and sometimes in only a few minutes. To understand how NLP works so quickly to restore conscious control of feelings and behaviors, picture the brain as a filing cabinet. The files are thoughts, beliefs, attitudes, memories, and emotions. The storage system is created and perpetuated via the senses - what we see, hear, feel, smell and taste. When attributes of sensory perceptions are adjusted, the filing system is reorganized and the brain's neurology is rewired.

We call these attributes "submodalities," and examples can be found in each of our sensory systems. For example, consider the ways you can modulate your speaking voice: volume, tone, pitch, tempo, inflection, accent, etc. In conversation, the same words said differently will prompt a different response. Likewise, our internal self-talk will affect our physical and emotional state, based on both what we tell ourselves, and how we say it. That makes NLP especially useful for building confidence and self-esteem, managing energetic states, and responding to difficult situations.

In the visual realm, the mind makes images that might be still or moving, color or black and white, bright or dim, near or far, big or small, flat or 3D, in focus or unclear, framed or panoramic, and viewed from within the situation or as if an observer. Someone with a phobia typically visualizes a feared experience as oversized and too close for comfort. When the picture is made smaller, black and white, run backwards and from a detached perspective, the conditioned response is interrupted and a more resourceful behavior can take its place.

Fears and anxieties about dentistry can similarly be addressed through this and other NLP techniques selected based on the client's personal mental map, the unique sensory representation of reality that defines how the individual's mental filing system is organized. NLP is also used to address bruxism and other compulsive behaviors by discovering and updating the unconscious "strategies" governing such actions. By identifying and interrupting undesired patterns of thought or behavior, people can learn to relax and trust their dentist.

Dave Berman is a Life Coach and Certified Practitioner of Neuro-Linguistic Programming (NLP). He offers private and confidential sessions on a sliding scale in his Arcata, CA office and remotely via Skype. Referrals and inquiries are welcome. Learn more at www.ManifestPositivity.com or call (707) 845-3749 for a free consultation

What is Privileged Communication?

By Yasica Corum
Risk Management Analyst

Privileged communication is the exchange of information between two individuals, which is confidential due to the nature of the relationship, such as a doctor-patient relationship.

Doctor-patient confidentiality begins when a patient seeks the advice, care, and/or treatment of a dentist. This applies to dental consultations as well. Patients seeking dental treatment or advice should not fear that their dental concerns, medical conditions or personal information will be disclosed to others. The expectation is for dentists to hold that personal health information in confidence and use it exclusively for the benefit of the patient.

Maintaining confidentiality covers not only what a patient may reveal to the dentist, but also what a dentist may independently conclude or form an opinion about, based on an examination or assessment of the patient. Confidentiality covers all of the dental record (including radiographs, lab reports, and billing) as well as all communications between the dentist and patient. It includes communication between the patient and dental staff and phone conversations between dental staff and third-party payers. The duty to preserve privacy even continues after a patient is no longer part of the practice.

Divulging health information is a privilege belonging to the patient, not the dentist. Only the patient may waive that privilege. In general, dentists should not release health information to a third party without getting a release signed by the patient. A common exception occurs when two dentists are treating the same patient and they consult each other regarding treatment. To obtain a sample "Release of Patient Records" form, visit the Risk Management section of the TDIC website at www.thedentists.com.

Medical issues warranting special confidentiality include mental health information, drug and alcohol abuse records, and HIV test results. Do not release this information unless you have express written permission from the patient or the patient's legal representative allowing you to do so.

If you have questions regarding the information presented in this article or you need to discuss another Risk Management issue affecting your practice, please call the TDIC Risk Management Advice Line at 800.733.0634.

Summary of the Executive Committee meeting of July 22
Actions Taken*

Reinstatement Fee Policy: The committee approved that appropriate governance documents be amended to reflect the restoration of the member reinstatement fee. The committee referred this item to the Governance Review Subcommittee (GRS) to prepare appropriate bylaws and other governance document language prior to further consideration by the Board of Trustees (board) and House of Delegates (house).

CDA Presents Board of Managers Composition: The committee approved the revised *CDA Presents* Board of Managers structure with amendments. The committee referred this item to the GRS to prepare appropriate bylaws and other governance document language prior to further consideration by the board and house.

Core Services Self-Assessment Process Recommendations: The committee approved the component core services definitions and that the Component Self-Assessment Task Force process be established to review the component core services and self-assessment practice.

Dental Laboratory Issues Recommendations: The committee approved sponsoring legislation to require all dental laboratories to provide written disclosure to the dentist of the materials used in all dental prostheses and provided for placement in a patient's mouth. The committee also approved sponsoring legislation to require all dental laboratories providing services to dental offices to register with the Dental Board of California.

Core Services Self-Assessment Report Filing: The committee approved that the report on Resolution 4RC-2006-H be filed.

Dental Laboratory Task Force Report Filing: The committee approved that the report of the Dental Laboratory Task Force be filed.

ADA Institute for Diversity in Leadership: The committee received an oral health curriculum presentation by Hema S. Patel, DDS, as part of her experiences as a participant in the ADA Institute for Diversity in Leadership. The committee also approved an expenditure of $3,000 support the promotion of oral health into the medical curriculum.

Presidential Appointments: The committee ratified the presidential appointments to the Core Systems Task Force and the Financial Institution Task Force.

June 3, 2011 Meeting Minutes: The committee approved the June 3 meeting minutes.

*Actions taken by the committee are presented to the board for consideration, and if approved, forwarded to the house.

New Business

Access Proposal Distribution: The committee permitted the release of the *Access Report: Phased Strategies for Reducing the Barriers to Dental Care in California* with an understanding that the research is a work in progress.

Combined summaries of the Executive Committee meeting of June 3 and the Board of Trustees meeting of June 3-4

Actions Taken*Minutes and Appointments: The committee and board approved prior meeting minutes and ratifications to presidential appointments to the Dental Laboratory Task Force, Committee on Reports, and student guest to the board.

Access and Workforce Recommendations: The committee and board discussed the final draft of the report from the Policy Development Committee on access and workforce. They also discussed and approved a related resolution from the San Fernando Valley Dental Society that CDA continue its commitment to using an evidence-based process in making recommendations to reduce oral health disparities and that as compelling data on the quality and safety of irreversible surgical procedures performed by non-dentists does not now exist, that until such data is available, CDA oppose any non-dentist provider performing such procedures. [A copy of the Access Report, *Phased Strategies for Reducing the Barriers to Dental Care in California*, is available to members at **www.cda.org/advocacy_&_the_law/access_to_care.**

Sleep Disordered Breathing Position: The committee approved a recommendation that CDA's position that it is appropriate for dentists to screen patients for signs of sleep disordered breathing and to work with physicians on diagnosis and treatment of such disorders, and that CDA supports increased awareness and education of dental professionals on appropriate involvement in such activities. Further, that CDA supports efforts to ensure dentists are recognized members of the health care team managing sleep disordered breathing to ensure that patients' health care benefits are maintained regardless of whether a dentist or physician orders the testing or provides care.

Peer Review TMD Guidelines: The committee recommended that the temporomandibular disorder guidelines in the *Guidelines for the Assessment of Clinical Quality and Professional Performance* be revised.

Powerhouse Science Center: The committee recommended that CDA become a founding partner in the Powerhouse Science Center project with the associated expenditure of $25,000.

Financial Institution Task Force: The committee and board approved that a Financial Institution Task Force be formed and directed to meet with appropriate federal and state regulators regarding forming a financial institution.

Relief Funding for the Missouri Dental Association Foundation: The committee and board approved immediate implementation of an expenditure of $10,000 to the Missouri Dental Association Foundation's Joplin Disaster Relief Fund to aid in tornado recovery efforts.

2010 Audit Results and Manual Review: The board received and approved the filing of the 2010 audit results. Additionally, the board approved the report on the review of the Audit Policy and Procedures Manual.

Election of Trustee to the Leadership Development Committee: The board elected Dr. Elizabeth Demichelis to the trustee vacancy on the Leadership Development Committee.

CDA Officers' Compensation Review: The board approved that no changes be made to the CDA officers' compensation in 2012.

Core Systems Task Force: The board approved the establishment of the CDA Core Systems Task Force.

CDA Foundation PBRN Activities: The board approved CDA's support for the CDA Foundation's partnership with New York University on the proposal for participation in the second stage of a long-term practice based research network (PBRN).

Relief Funding for Japan Dental Association: The board ratified the committee approval of relief funding of $10,000 and any associated bank transfer fees to the Japan Dental Association following the massive earthquake that hit Japan in March.

Community Water Fluoridation Funding: The board approved for immediate implementation CDA's support for the Community Water Fluoridation's national efforts with a $25,000 contribution.

Dental Trade Alliance Oral Health Literacy Campaign: The board approved for immediate implementation entering into an Memorandum of Understanding to develop a three-year public oral health campaign with $100,000 to be paid over three years.

We want to hear from you

Do you have important news from your committee? Thoughts you'd like to share?
Would you like to become a member? How about becoming an officer?
Classified ad; noteworthy item; an interesting case to share; birth announcements; graduation announcements; office or staff news; a personal biography if you are new to the dental society

Call 707-443-7476 or Fax: 707- 442-5857
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Visit HDNDS on the web www.hdnds.org
Or you may send items to: Newsletter Editor,
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ABSTRACTS

Comparison of orthodontic treatment outcomes in adults with skeletal open bite between conventional edgewise treatment and implant-anchored orthodontics.

Am J Orthod Dentofacial Orthop. 2011 Apr;139(4 Suppl):S60-8.

Deguchi T.

INTRODUCTION:
Open bites are known to be difficult malocclusions to treat. Generally, with conventional edgewise treatment, incisor extrusion rather than molar intrusion is observed. Recently, the use of miniscrews as anchorage has markedly increased. In this study, orthodontic treatment outcomes after conventional edgewise treatment and implant-anchored treatment were investigated by cephalometric analysis and several occlusal indexes. In addition, the stability of these patients 2 years after the retention phase was also analyzed.
METHODS:
Thirty adults (15 for nonimplant treatment [non-IA group] and 15 for implant-anchored treatment [IA group]) were our subjects. Cephalometric analysis, peer assessment rating, discrepancy index, and objective grading system were used.
RESULTS:
From the cephalometric values in the non-IA group, open-bite patients were generally treated by extrusion of the maxillary and mandibular incisors that resulted in clockwise rotation of the mandibular plane angle. In the IA group, intrusion of the maxillary and mandibular molars that resulted in counterclockwise rotation was noted. Furthermore, in the IA group, the soft-tissue analysis showed decreases in the facial convexity and the inferior labial sulcus angle that resulted in the disappearance of incompetent lips. In the retention phase, extrusion of the mandibular molars was observed in the IA group. From the objective grading system evaluation, significant reductions of overbite in canines and premolars were observed in both groups. Furthermore, less stability was observed in the IA group compared with the non-IA group according to the total objective grading system score.
CONCLUSIONS:
Ideal occlusion can be achieved in adults with severe open bite with both conventional edgewise and implant-anchored orthodontic treatment. However, absolute intrusion of the molars and improvement in esthetics might be achieved more effectively by using miniscrews as an anchorage device. In addition, since a significant amount of tooth movement occurs with miniscrews, careful attention is required during the retention phase.

Diagnostic ability of a cone-beam computed tomography scan to assess longitudinal root fractures in prosthetically treated teeth.

J Endod. 2010 Nov;36(11):1879-829.

Melo SL, et al.

INTRODUCTION:
This study evaluated the influence of cast-gold posts on the diagnostic ability of a cone beam computed tomography (CBCT) system in assessing longitudinal root fractures. In addition, the influence of gutta-percha and variations in voxel resolution were assessed.
METHODS:
One hundred eighty endodontically prepared teeth were divided into 3 experimental and 3 control groups and placed in a dry human skull. The teeth in the experimental groups were artificially fractured. Certain experimental and control groups were filled with gutta-percha cones. Other experimental and control groups were filled with cast-gold posts. All the teeth were viewed by using a tomography scan with 2 voxel resolution protocols (0.3-mm and 0.2-mm). A calibrated examiner, blinded to the protocol, assessed the images by using the nominated scan software.
RESULTS:
The kappa values obtained for intraobserver reproducibility were 0.84 and 0.93 for 0.3-mm and 0.2-mm voxel resolution, respectively. The presence of gutta-percha or posts reduced the overall sensitivity and specificity in both voxel resolutions, but with no significant association. The CBCT specificity values were similar and did not depend on the voxel resolution adopted. In contrast, the sensitivity values were significantly higher for 0.2-mm voxel resolution in nonfilled ($P < .05$), gutta-percha ($P < .001$), and overall ($P < .001$) groups.
CONCLUSIONS:
The CBCT diagnostic ability was not influenced by the presence of posts or gutta-percha, and the 0.3-mm voxel resolution images were demonstrated not to be a reliable protocol for the investigation of longitudinal root fractures.

Factors Associated With the Interdental Papilla Height Between Two Maxillary Central Incisors: Radiographic Study.
J Periodontol. 2011 May 4
Chang LC. et al.

Abstract
BACKGROUND: Various factors affect central maxillary incisor papilla height (PH) and central clinically observable papilla height (COPH) such that a study of these factors and their interaction is needed. This study reports on an investigation of the factors associated with PH and COPH in patients with/without papilla recession.
METHODS: The central papilla was visually assessed in 450 adults using standardized periapical radiographs of maxillary central incisors. Various vertical and horizontal distances were measured including: length from proximal cementoenamel junction to apical contact point (pCEJ-CP); bone crest to CP (BC-CP); BC to pCEJ (BC-pCEJ); papilla tip to CP (PT-CP); interdental width at pCEJ level (IW); width at BC level (CW); and width at PT level (PTW). PH was defined as length from PT to BC, and COPH as length from PT to pCEJ. Simple analyses for PH and COPH were performed and significant variables entered into multiple linear regression models.
RESULTS: Among all study subjects, papilla recession status and PT-CP were significant independent predictors of PH (both $P<0.001$). Age, papilla recession status, PT-CP, and BC-pCEJ were significant independent predictors of COPH (all $P<0.001$). Among those with papilla recession, CW and PT-CP independently predicted PH (both $P<0.001$). All variables tested (except gender and CW) were significantly associated with COPH in patients with papilla recession especially IW, PTW, PT-CP, and BC-pCEJ ($P<0.001$ for these variables).
CONCLUSIONS: In subjects with papilla recession, both IW and CW affect COPH and PH. The effects of age, BC-pCEJ on COPH differ in subjects without/with recession, suggesting that the initial change in COPH is large, but later slows after recession occurs if without severe interdental bone loss. However, further clinical study is needed to find out other variables which may decrease or ameliorate the severity of central papilla recession by restorative/prosthetic or orthodontic intervention and to confirm this possibility.

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HDNDS Calendar through March 2012

September 13, 2011 Board Meeting. St Joseph Hospital. 6:00pm
September 15, Dinner Meeting. Discussion of HOD Topics. Sea Grill, 6:00pm.
October 13, 2011 Dinner Meeting. "Understanding Legal Tools: A Down to Earth Guide to Lawsuit Protection, Prevention, and Tax Reduction." Legally Mind. Sea Grill, 6:00pm.
October 21, 2011 "Ergonomics and Personal Health Concerns" and "Slippery Slime: Biofilms of Interest"
7 units category Core. Nancy Andrews, RDH, BS. Baywood Golf & Country Club, 8am registration, 8:30-3 class.
November 17, 2011 Dinner Meeting. "Emergency Situations in a Practice" 2 units category CORE. Veronica Bonales, MD. Baywood Golf and Country Club, 6:00pm.
December 15, 2011 Board Meeting and Holiday Party. Ingomar Club.
January 20, 2012 "CE Express– Infection Control, California Law, OSHA Update."
7 units category Core. Marcella Oster, RDA. Baywood Golf and Country Club, 8am registration, 8:30-3 class.
January 26, 2012 Dinner Meeting. Trustee Report. Michael Belluscio, DDS. Location TBD.
February 16, 2012 Dinner Meeting. Speaker TBD. Plaza Grill, 6:00pm.
March 6, 2012 Board Meeting. St Joseph Hospital. 6:00pm
March 15, 2012 Dinner Meeting. Speaker and Location TBD.

To make a reservation or inquiry, please contact Dani at 443-7476 or email to hdnds@northcoast.com. Thank you!

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