President’s Report
Paul M. Mallouk, DDS
pmallouk@yahoo.com

Mission Statement

It is the mission of the Kern County Dental Society to be the recognized source for serving the needs and issues of its members while assisting them in their service to the public.

Vision

KCDS membership is comprised of all dentists who share its core values and Code of Ethics, working together, cooperating in preventing oral disease and providing care for all in need.

Core Values

Integrity ~ Ethics
Leadership ~ Inclusiveness
Professionalism ~ Service
Education ~ Responsibility

All statements of opinion and supposed fact are published on the authority of the author under whose name they might appear and are not to be regarded as the views of the Kern County Dental Society unless such statement has been adopted by the KCDS Board of Directors. Acceptance of advertising does not imply approval or endorsement by the Kern County Dental Society of products or services advertised herein.

The CDA Foundation held another successful CDA Cares event in Sacramento at the end of March. Approximately 2 million dollars worth of dental treatment was provided to over 2000 patients. The next event will be held on October 2 and 3 in Fresno. Since it’s a relatively short drive for us, we would like to have a good number of volunteers from our component. We are hoping to hold a CDA Cares in Bakersfield in the next couple of years, so we are in the process of planning for this year’s Foundation Gala fundraiser. The date has been set for Saturday evening, September 12, so mark it on your calendars. It will be a formal event held at the Petroleum Club, with silent and live auctions, and will be a great opportunity to enjoy tasty food, socialize with colleagues and raise money for a worthy, humanitarian cause.

As you may have heard, the KCDS Study Club is back in action. It’s a perfect opportunity to both learn from, and help fellow dentists, and at the same time earn 2 CE credits at no charge. The club will meet quarterly. The next Study Club event will be held on Wednesday, June 24, 2015, at The Racquet Club at 6:00 p.m. A dinner will be served compliments of Café Med.

The CE committee is working hard to bring in good speakers, and to cover subjects that are of interest to our members. Please let Shannon know if you have any specific topics that you think would be a valuable addition to our CE program. Our next CE course will be held on July 24, 2015, at the Four Points by Sheraton and will cover the topic of Infection Control, Dental Practice Act and OSHA Compliance.

Also, please don’t forget our upcoming Dr. Leland Chow Memorial Deep Sea Fishing trip to be held on July 9/10, 2015. We only have a few seats left!!
News & Notes

◊ The KCDS office is in possession of the 2015/2016 Employment poster sets. Shannon will be out delivering during the next few weeks. If you would like to stop by the office or send one of your staff to pick one up, please let Shannon know.

◊ June 6, 2015 - Girl's Night Out - Tea Party will be held at Dr. Massoumi’s house beginning at 5:00 pm. A variety of teas, pastries and sandwiches from the Moo Creamery will be served. All female dentists are invited. No charge to attend. Call KCDS to reserve your spot.

◊ June 26, 2015 - KCDS Study Club will be held at the Bakersfield Racquet Club at 6:00 pm. Dinner will be from Café Med. No charge for members.

◊ September 12, 2015 - Save the date for our 2nd Annual Fundraising Gala to benefit the CDA Foundation and their program CDA Cares. The gala will be held at The Petroleum Club of Bakersfield. Cost will be $150 per person, $250 per couple or $1,000 per table. We are looking for sponsors and local businesses to donate prizes for our auction and/or raffle.

◊ July 1, 2015, is the effective date for employers to begin providing mandatory sick leave to all employees. Please see article on page 3 for more information.

◊ Jan 1, 2016, is the new deadline for dentists to choose to opt in, opt out or become a referring Medicare provider. Choosing not to do anything is not an option. If you choose to do nothing, your Medicare patients may have to pay out of pocket for a prescription or procedure that would have otherwise been covered by their Medicare benefits. CDA recommends keeping June 1, 2015, as a soft deadline so there is time for the processing of paperwork. Regardless of which direction a dentist elects to go, this process can take several months, so dentists are encouraged to evaluate patients and their practice well in advance of the Jan 1, 2016, deadline. More information regarding Medicare enrollment/opt out can be found via the following websites: cda.org, ada.org and cms.gov.

◊ The Taft Dental Hygiene Program is looking for patients. Particularly those with perio case types 2 & 3 and those with moderate to heavy deposits. The students are able to perform analog and digital x-rays. Appointments are approximately 1/2 day, 8-12 or 1-5. The fee is $20.00 per patient, no extra charge for x-rays. The x-rays can be forwarded to their regular dentist. The program is not trying to take money out of the dental community but they do need patients to hone their skills on. Please send a referral or two their way.

◊ Volunteers needed for CDA Cares dental event in Fresno - The California Dental Association Foundation is hosting a CDA Cares dental event Oct. 2-3 at the Fresno Convention Center, Exhibit Halls 1-3. To help provide oral health care services at no charge to the large number of expected patients, the CDA Foundation needs volunteer dentists, including oral surgeons, as well as dental hygienists, assistants, dental lab technicians, physicians, nurses and pharmacists.

Additionally, community volunteers are needed to help escort patients, translate/interpret, dispense medication, set up and tear down the clinic, register patients and volunteers, conduct exit interviews, enter data and provide oral health education.

CDA Cares is a program that allows volunteer dentists, with the assistance of other dental professionals and community volunteers, to provide dental services at no charge to patients who experience barriers to care.

The main goal of the clinic is to relieve pain and eliminate infection by providing cleanings, fillings, extractions and oral health education to 2,000 people during the two-day event.

To date, the CDA Foundation and CDA have hosted seven clinics that provided $11.2 million in dental care to nearly 14,000 patients thanks to the generosity of volunteers and support from the community.

Volunteers are needed in shifts during the following times:

- Thursday, Oct. 1, 2015: Clinic setup from 9 a.m. to 6 p.m. (no patients)
- Friday, Oct. 2, 2015: Dental clinic from 5 a.m. to 7 p.m.
- Saturday, Oct. 3, 2015: Dental clinic from 5 a.m. to 10 p.m.

Help make CDA Cares Fresno a success! To learn how you can get involved and to register, go to cdafoundation.org/cda-cares/fresno.

◊ Introducing our brand new logo:

Kern County Dental Society
Sick Leave Law Compliance Deadline Approaching
Reprinted from CDA.org

The effective date for employers to begin providing mandatory sick leave to all employees is July 1, or on the first day of employment for new employees — whichever is later.

The new law requires nearly every employer in California to allow all of its employees at least three paid sick days each year. The law provides that employees receive no less than an hour of paid sick leave for every 30 hours worked. (Caring for themselves or family members can be the reasons for taking the sick leave.)

In addition, here are other details of the law:

- The law applies to all employers, regardless of staff size.
- All part-time, full-time and temporary employees who work in California for 30 or more days in a year are eligible.
- No matter which method an employer chooses to provide leave, employers must provide at least 24 hours or three days for each eligible employee to use per year.
- Employee accrues from the first date of hire, but the employer can limit an employee from using the leave for the first 90 days of employment.
- The employer can limit employees to using no more than three days a year (24 hours).
- An employer who chooses to provide leave on an accrual basis, no less than one hour for every 30 hours worked, can limit the amount of paid sick leave to 24 hours/three days each year and can cap the total accrual banked by an employee to 48 hours/six days. Keep in mind that both regular and overtime hours are counted toward the employee’s accrual rate.
- If the employer already has a policy in place that provides for paid sick leave equal to or greater than the state requirement, there is no requirement to provide additional paid sick days. CDA recommends adding additional language to a practice’s employee manual that indicates that the policy adheres to the state requirements.
- The employer must provide the employee with a written notice indicating the amount of sick time available to the employee at each pay period. Records of an employee’s hours should be kept for a minimum of three years.
- If an employee should leave the practice, sick leave does not need to be paid out unless the employer’s policy combines the sick leave and vacation into a paid time off (PTO) policy.
- Noncompliance can result in fines and state penalties.
- An employee may determine when and how much paid sick leave he or she needs to use, but an employer can set a “reasonable minimum increment” of time not to exceed two hours. Dentists cannot require an employee to take sick leave in increments greater than two hours. For example, a dentist cannot tell an employee that he or she needs to take a half-day off for a brief morning appointment.

According to the Department of Industrial Relations, these are the six steps to successful compliance:

1. Display poster on paid sick leave where employees can read it easily. Document policy and share with staff.
2. Provide written notice to an individual employee at the time of hire with paid sick leave information.
3. Provide for accrual of one hour of sick leave for 30 hours of work for each eligible employee to use.
4. Allow eligible employees to use accrued paid sick leave upon request or notification.
5. Show how many hours of sick leave an employee has available. This must be on a pay stub or a document issued the same day as a paycheck.

Continued on page 4
6. Keep records showing how many hours have been earned and used for three years.

CDA has included information on page 22 in its new 2015 Sample Employee Manual that dentists can use to notify their employees about the changes to the paid sick leave law in California.

Dentists should review their employee manual every year and make any necessary changes so that the practice remains in compliance with current state requirements.

For more information, contact CDA Practice Support at 800.232.7645.
A dentist coming into the workforce out of school today has a lot of decisions to make in terms of their future and business decisions. To help with this, CDA Practice Support is hosting a two-day Smart Dentist Training titled “Maximize Your First Three Years” at CDA Presents The Art and Science of Dentistry in Anaheim.

Held at the Hilton Anaheim Hotel on Saturday, May 2, and Sunday, May 3, new dentists will get training in everything from building an online reputation using basic marketing platforms to contract and lease negotiation strategies for practice startup or acquisition.

Dentistry has changed a lot in recent years due to shifts in the dental insurance marketplace and a variety of other factors. This lecture series will put the business landscape of the profession into perspective by increasing a dentist’s understanding of the nuances of a career in dentistry and guide them toward achieving professional success.

Attendees will hear from industry experts (legal and financial experts, Practice Advisors and more) on valuable skills such as:

- Communication and interpersonal skills;
- Marketing and establishing yourself in the community;
- Risks associated with social media;
- Strategic planning and critical thinking;
- Avoiding legal minefields in the dental practice;
- Defining a plan to assist in student loan debt; and
- Personal and professional financial tips.

For more information and to view the schedule, visit cda.org/max3.
The U.S. Department of Health and Human Services (HHS) has determined 0.7 milligrams of fluoride per liter of water is the optimal fluoride level in drinking water to prevent tooth decay.

This recommendation, released April 27, updates and replaces the previous recommended range (0.7 to 1.2 milligrams per liter) issued in 1962.

CDA applauds this decision by HHS.

“We have known that HHS has been working on this for the last four years and are glad to see the final recommendations released. Community water fluoridation continues to be one of the most effective and safe ways to ensure that children and adults receive the decay-fighting benefits of fluoride, and the new recommendation will provide the optimal level,” said CDA President Walt Weber, DDS.

The HHS stated that the various ways in which people in the U.S. now receive fluoride is the reason the change was made.

“The change was recommended because Americans now have access to more sources of fluoride, such as toothpaste and mouth rinses, than they did when water fluoridation was first introduced in the United States,” HHS said in a statement (www.hhs.gov/newspress/2015pres/04/20150427a.html).

U.S. Deputy Surgeon General Rear Admiral Boris D. Lushniak, MD, MPH, cautioned that despite the fact that the optimal fluoride level decreased, there is still work to be done to make sure more people receive fluoridated water.

“While additional sources of fluoride are more widely used than they were in 1962, the need for community water fluoridation still continues,” Lushniak said. “Community water fluoridation continues to reduce tooth decay in children and adults beyond that provided by using only toothpaste and other fluoride-containing products.”

CDA and the CDA Foundation have a long history of supporting community water fluoridation. Before CDA-sponsored legislation in the early 1990s requiring water systems with 10,000 or more service connections to fluoridate their water supply when funding becomes available, only 17 percent of California’s population benefitted from fluoridated water. By 2012, the number of Californians receiving fluoridated water had nearly quadrupled to the point that 62.7 percent of the state’s population was receiving the benefits of fluoride.

The U.S. Centers for Disease Control and Prevention (CDC) has listed fluoridation of drinking water as one of the top 10 greatest public health achievements between 1990 and 1999 (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4850bx.htm) due to the dramatic decline in tooth decay across the country. According to the CDC, drinking water with the optimal level of fluoride keeps the tooth strong and solid and reduces decay by approximately 25 percent in children and adults. Community water fluoridation has been recommended by nearly all public health, medical and dental organizations including the American Dental Association, American Academy of Pediatrics, U.S. Public Health Service and World Health Organization.

The ADA recommends (http://www.ada.org/en/home-ada/public-programs/advocating-for-the-public/fluoride-and-fluoridation/ada-applauds-hhs-final-recommendation-on-optimal-fluoride-level-in-drinking-water) that communities continue to fluoride water at optimal levels and that those who live in non-flouridated communities help educate elected officials about the need to fluoridate. In addition, the ADA recommends patients talk to their dentists to make sure they are receiving the optimal level of fluoride.

For more information on the new recommendation, visit publichealthreports.org (http://www.publichealthreports.org/fluorideguidelines.cfm). For information for health care providers and individuals on how to prevent tooth decay and reduce the chance of developing dental fluorosis, visit cdc.gov (http://www.cdc.gov/fluoridation).

For information on the CDA Foundation’s efforts on fluoridation, visit cdafoundation.org (cdafoundation.org/fluoride).
Each dental office should have an implementation strategy that includes a vision of how they will offer their services to diverse populations. In California, many patients enter a dental practice with Spanish being their only language, and the dentist and staff should have resources available to effectively communicate with those patients.

CDA now has available a patient health history form that has been translated in Spanish for patients of a dental practice. Dental practices can print out the form and use it in their offices.

Showing the patient that there are resources available to them in Spanish as soon as they enter the building is a good way to set them at ease, said CDA Practice Analyst Michelle Corbo. “Health history forms should be completed by all patients in a dental practice,” Corbo said. “Additionally, it should be reviewed by the patient at each treatment appointment and updated every two years by active patients. It is important that they are reviewed in advance of any treatment by all providers working with the patient. Be certain to allow adequate time in the schedule for this review.”

A study titled Multicultural Issues in Oral Health, which was originally published in Dental Clinics of North America, said that the “social, political and economic pressures on the dental profession to meet the health needs of an increasingly diverse society will only grow over the coming decades.” The study goes on to say, “Inconsistent patient behaviors and attitudes related to compliance with treatment regimens is often a result of cultural conflict between minority patients and their providers.”

Sometimes, a young family member will accompany and attempt to interpret for his or her older family member. Some issues can arise in these situations if a younger family member is hesitant to tell the older one bad news about the status of their oral health.

Dental practices that create a communication strategy and stick to it will help make sure patients who have communication barriers receive the care they need, Corbo said.

For more information on communicating with patients of different ethnicities, contact CDA Practice Support at 800.232.7645.
Precise Documentation is an Advantage in Veneer Cases

By TDIC Risk Management Staff

Risk management articles and seminars often look at problematic cases where things go wrong during dental treatment, but let’s turn the tables and see what happens when a case goes right.

The following case involves the placement of dental veneers, a procedure that generates numerous questions, according to risk management analysts at The Dentists Insurance Company. TDIC reports regular calls to its Advice Line about veneer-related situations, and numbers show that veneer cases are sent to claims more frequently than cases involving other dental issues. In a recent two-month timeframe, Advice Line calls revealed 10 of 12 veneer-related calls ended up in the claims department. “Veneer cases can be difficult,” said a senior risk management analyst with TDIC. “There is not one easy answer.”

Risk management analysts are clear, however, that dialing the Advice Line does not mean your call is automatically sent to claims. Based on the facts of the call, the analyst may determine the case is beyond risk management and refer the caller to the claims department.

Some veneer cases have a more positive outlook than others. Here’s an example: Last October, a Northern California dentist placed five anterior veneers on a 29-year old patient. The dentist discussed the procedure with the patient, and she signed an informed consent form. The dentist also charted the discussion and procedure and took photos, including a final photo of the smiling patient with the new veneers in place. The patient even gave a “thumbs up” in the photo.

The dentist was surprised when the patient called a month later and demanded a refund. She said another dentist had to “fix” the veneers. The dentist called TDIC’s Advice Line to discuss options about the best way to proceed.

The risk management analyst asked the dentist about documentation surrounding the case. He had appropriate chart documentation, photos and the informed consent form. He said he took time to explain the procedure, including tooth preparation, and noted the conversation in the dental record. This documentation gave the dentist an advantage because he felt the veneers were clinically sound, and he had the evidence to back it up.

The TDIC analyst recommended the dentist tell the patient he was willing to investigate further. The dentist should then ask the patient for permission to speak with the new dentist who fixed the veneers, so he could learn what was allegedly wrong.

In this case, the burden is on the patient to prove there is a complication with the veneers, and the dentist is poised for a favorable outcome thanks to good clinical work and record-keeping.

Unfortunately, not all cases go this way.

“Some would say we preach documentation,” said a TDIC risk management analyst. “Yet, in too many cases we find the documentation is spotty or incomplete. What we see is a lack of signed informed consent forms for invasive procedures such as veneers and no documented patient esthetic approval prior to the permanent cementation of veneers.”

Dentists have told analysts that patients often assume if they do not like the veneers, then the veneers can just be removed with no consideration of tooth coverage. The issue is whether the doctor was clear during the informed consent discussion that the tooth preparation is irreversible and veneers cannot simply be taken off.

Informed consent discussions about veneers include essential information about tooth preparation, potential consequences and possible alternatives. If orthodontics or periodontal surgery is recommended but the patient chooses veneers instead, be clear verbally and in writing about the risks, benefits and alternatives to veneers.

Equally as important are questions about what the patient expects from the treatment. Patients may bring pictures of celebrities they admire. Often the patient is looking at the overall appearance in the photo rather than just the teeth. Other times the patient is seeking a more youthful appearance. As a prominent dental attorney advises, “There needs to be a meeting of the minds about the patient’s expectations and the limitations of dentistry. Communicate what you can accomplish compared to what the patient expects, and make sure the patient hears you.”

Continued on page 9
Precise Documentation is an Advantage in Veneer Cases

By TDIC Risk Management Staff

Continued from page 8

Document the conversation and include the patient’s comments and questions. Keep consistent records throughout the treatment including progress notes, findings, patient and clinician concerns, and photographs. Claims professionals emphasize the importance of the dental record for continuity of care and keeping the facts straight. Without consistent and thorough recordkeeping, it is difficult to remember everything for every patient, especially relating to treatment that may have happened several months or even years ago.

Additionally, risk management experts always advise dentists to pay attention to any intuition they may have about a patient. This is especially true during an informed consent discussion about veneers. The desire for cosmetic procedures may be tied in with complex emotions, and the patient may be seeking a cure-all or miracle that even superior dental work cannot deliver. You are not obligated to take on every case that comes your way. As one well-known esthetic dentist put it, “In one instance, my best cosmetic case was one that I never started.”

Key Recommendations

To boost the success of veneer cases, TDIC strongly recommends the following:

Communicate clearly with the patient about the irreversible aspect of porcelain veneers. Discuss tooth preparation, potential consequences and alternatives. Ask the patient to sign an informed consent form. Informed consent forms are available at thedentists.com. Chart the informed consent discussion, treatment plan and progress notes in sufficient detail. Photograph the procedure from start to finish. Prior to cementation of veneers, ask the patient to sign an esthetic approval form. Esthetic approval forms are available at thedentists.com.

TDIC’s Risk Management Advice Line can be reached at 800.733.0634.

Important Websites and Phone Numbers

California Dental Association
(866) 232-6362
www.cda.org

American Dental Association
(800) 621-8099
www.ada.org

Dental Board of California
(916) 263-2300
www.dbc.ca.gov
Shred Event with Metro Record Storage and Shredding
April 10th at Jastro Park
**Ads**

- **Dental Office for Rent**: 3204 Stine Rd., Bakersfield, CA 93309. 1500 Sq. Ft. w/ 5 exam rooms & waiting room. Move in ready! Call broker at 1-888-909-6362.

- **Practice for Lease**: Attractive free standing building with illuminated sign, fully furnished, w/w/o equipment, located on Stockdale Hwy with high traffic flow and visibility; 5 plumbed operatories, 4 fully equipped, 1800 sq. ft.. Call (661) 742-4594 or (661) 619-5789 for more information.

- **Office for Lease**: 2,300 sq. ft. dental building, great location, corner lot. 5 operatory rooms fully equipped. 27 parking spaces available. For more information call Dr. Ayala at (661) 444-0442.

- **Boat for Sale**: Ranger 198 VX bass boat, 200 hp Mercury Optimax motor, dual consoles, dual fish-finders, console model with GPS, three bank battery charger, custom cover for boat and motor. Ranger Trail trailer with fold away tongue. Boat in excellent condition. $29,500. Call Dr. Bill Powell, Sr. at (661) 832-9155.

- **For Sale**: 1. Mechanical instrument sharpener; 2. Orthodontic cabinet and supplies; 3. H-Wave/TENS therapy machine; 4. Articulators; and 5. Misc. Call Dr. Wil Flickinger at (661) 872-7575.

- **Office for rent or lease**: 1,000 sq. ft., 4 remodeled, plumbed operatories. Across from Bakersfield College. Major foot traffic for long-established office. $1,150 per month. Call (661) 871-0780.

- **Vacation rental**: Carpenteria beach condo. 2 bdrm, 1 bath, sleeps 6. Downstairs unit. Beach access. Wi-fi, surfing, kayaking, beach with lifeguard & activities center. Contact Dr. Bob Smith at (661) 619-5619.

- **Dentist wanted**: Seeking an experienced dentist to fill in on Saturdays in a private dental office located in Bakersfield, may lead to more days. Contact Dr. Pham at (661) 472-2803.

- **General Dentist - This is a very rare opportunity to work in an Ambulatory Surgery Center providing general dentistry to children, 10 years and younger, under general anesthesia. Surgery Center is licensed by the California Department of Public Health and also Accredited by the Accreditation Association of Ambulatory Health Centers (AAAHC). Please contact Vickie at 661 325 5437 or email resumes to Kasgilnursing@sbcglobal.net.

**Calendar**

**May**

- 1-2 CDA Presents - Anaheim
- 10 Mother’s Day
- 12 Board of Directors Meeting, 5:30 p.m.
- 25 Memorial Day

**June**

- 09 Board of Directors Meeting, 5:30 p.m.
- 19 Special House of Delegates
- 21 Father’s Day

- Prosthodontics or G.P. with passion and experience in prosthetics wanted. The individual needs a wonderful work ethic, personality and experience to be considered. We do have an in-house lab and all the modern equipment money can buy i.e. Cerec, C.T. scan. Contact Dr. Casteen at Center for Implant Dentistry in Bakersfield, CA via email at dr casteen@aol.com.

- Affinity Dental, a large Dental facility with more than 25 years of operation is looking for an experienced General Dentist in Fresno. Must have at least three years of experience, be very outgoing and friendly. This is a well established practice with great patient flow. For more information contact Monica Ruiz, email: ruizm@interdent.com, phone: 310-765-2463. Hours: Monday-Thursday from 8:00AM to 5:00 PM.

- **General Dentists Wanted for Bakersfield** - Are you a Dentist just wanting to focus on building relationships with your patients and providing quality care? With Dedicated Dental, you can count on us to manage the nitty gritty of your office so that you can focus on dentistry. We aim to provide our network of affiliated doctors and staff with a competitive benefits package, which include: medical, dental, vision, life insurance, 401K plan, CE credits, and career opportunities to advance with the company. We’re offering $5,000 on Sign-On Bonus. NEW GRADS WELCOME. Contact: Monica Ruiz, phone: 310-765-2463, email ruizm@interdent.com

- **General Dentist** - Full time Associate Dentist with experience needed for a modern practice in Bakersfield, CA. The office is fully digitalized and equipped with SIROLaser, Cerec® CAD/CAM, and integrated specialties. This opportunity allows for great income potential and benefits including medical, dental, vision, 401K, paid CE and malpractice. To learn more, contact Kristin Armenta at ArmentaK@pacden.com

May / June 2015 - Page 11
You are not a policy number.

And at The Dentists Insurance Company, we won’t treat you like one because we are not like other insurance companies. We were started by, and only protect, dentists. A singular focus that leads to an unparalleled knowledge of your profession and how to best protect you. It also means that TDIC is in your corner, because with us, you’re never a policy number. You are a dentist.

*Endorsed by the Kern County Dental Society*

**Protecting dentists. It’s all we do.**

800.733.0633 | tdicsolutions.com | CA Insurance Lic. #0652783