CDA has made significant progress on multiple dental benefit fronts last month, with passage of two pieces of legislation by a key committee and the launching of a task force dedicated to the comprehensive assessment of the entire dental benefit marketplace.

"We know the difficulties members are experiencing in working with dental plans and insurers to provide the services their patients need and to be appropriately reimbursed for those services," said President Daniel Davidson, DMD.

CDA is listening, learning and acting on our members’ behalf.

— President Daniel Davidson, DMD

Dental benefit bills pass first test

Sacramento CDA Cares adds premier sponsor

Patterson says dental clinic is ‘perfect fit’

CDA Cares has lined up a premier sponsor to provide products and materials for the upcoming dental clinic in Sacramento.

Patterson Dental Supply will be contributing disposable dental supplies and intra-oral and extra-oral imaging technologies at the Aug. 24-25 free clinic at Cal Expo.

Since 1877, Patterson has been involved in its local communities because the organization is structured to do so, said Branch Manager-Sacramento, James Ryan.

“It’s very important to us to support our local communities,” Ryan said. “We knew it [CDA Cares] was a perfect fit for Patterson, and we wanted to be involved.”

Patterson Companies Inc. provides supplies, equipment, technology and services to the dental, veterinary and rehabilitation supply markets through its Patterson Dental, sound alternatives. The symposium featured everything from infant oral exams to learning how to use diode

CDA Presents offers tips on improving practices

More than 28,000 people immersed themselves in the art and science of dentistry in Anaheim courtesy of CDA.

From pediatric dentistry to learning proper posture on the job, attendees of CDA Presents in Anaheim got a look into the art and science of the profession they care so deeply about.

More than 28,000 people attended the May 3–5 event at the Anaheim Convention Center. The show featured more than 100 lectures and workshops and an exhibit hall packed with approximately 600 companies that spotlighted several innovative products.

“We were very pleased with the turnout at this year’s show,” said James Van Sicklen, DDS, chair of the CDA Presents Board of Managers. “I think attendees enjoyed the informative lectures and educational options, as well all of the new industry products — all of which help them make good decisions in their practices.”

A two-part Pediatric Dentistry Symposium gave attendees an overview of traditional pediatric dentistry techniques, as well as some clinically

No show in S.F.

There will be no San Francisco CDA Presents this fall as a result of the ADA holding its annual meeting there in October — as it does about every five years.

CDA Presents will continue to pursue its ongoing goal of providing the best C.E. meeting possible. Look for the shows next year: April 11–13 in Anaheim and Aug. 15–17 in San Francisco.

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CAMBRA

Dental practices prep for participation in clinical study.

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Hazard communication

New standard requires employee training.

Page 10

Labor law

Employers must allow breaks but don’t have to enforce them.

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TDIC savings

New Optimum bundle discounts start July 1.

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Free ad

Use Google to make a video promoting your practice.

Page 12
MetLife reviews claims for submission patterns

CDA’s Practice Support Center has learned that MetLife is engaged in a review of dentists’ claims histories and is notifying dentists when its utilization review identifies general dentistry claims submission patterns that appear to be inconsistent with other practices in the same area. The letters state, “MetLife conducts ongoing reviews of dental claims. … The review aids in evaluating our dental benefit plan designs as well as our payment system capability, and helps us to ensure accurate claims payments.”

The claim history reviews reveal what appear to be “statistical outliers” in regard to the frequency certain procedures are performed in individual general dental practices. The MetLife letters note that a practice may render certain procedures in contrast to the average of dental practices in one’s area with a comparable patient demographic.

In speaking with a MetLife official, CDA was told that the letters are not intended to imply that a dentist found to be outside the average for certain procedures is providing unnecessary care. The findings are just that — a report of frequency of certain procedures as compared to the average of similar dentists in the general area. The purpose of the letter is to prompt those who receive the letter to consider the care being given, and why their pattern of treatment may be different from their colleagues’ patterns. MetLife acknowledges that some dentists may render care in a significantly different utilization pattern for a variety of reasons because of that dentist’s patient base or community.

MetLife’s representative emphasized that all dental benefit plans have a responsibility to their group subscribers as well as to their enrollees to ensure that care rendered is necessary, appropriate and meets generally accepted standards. Since standard of care is most commonly defined by what generally occurs in the community, these reports assist dentists in identifying where they may be rendering procedures differently from their peers.

“Many covered employer groups desire their dental carriers to perform utilization review to help ensure that health care dollars are spent as wisely as possible, and for care that meets generally acceptable clinical principles,” CDA was told. “In addition, many dentists may be very interested in knowing how their submission patterns compare to the industry average in their geographic area.”

While claims history reviews are providing information to help ensure that health care dollars are spent as wisely as possible, MetLife recognizes there is a likelihood that there’s a legitimate reason and explanation for an apparent excess over the average. For example, a dental practice in or near a retirement community may perform more crowns than a dental practice in a neighboring community that has a more varied age demographic profile that is more in line with the general population. In this example, a claims review may show a greater frequency of crowns placed, but doesn’t reveal the reason for that greater frequency.

MetLife invites dentists involved in these reports to contact the company, if they so choose, to provide feedback as to any particular reasons for wide departure from average dentistry reporting frequencies.

It’s understandable that receiving such a letter could be upsetting. The MetLife representative emphasized that the intent of the letter isn’t to place blame or make an accusation. The notifications do not suggest any sanction or other adverse action be taken. It simply informs of a treatment pattern revealed by a practice’s claims history in comparison to what may be comparable practices in the area. The letters do acknowledge that there are likely justified reasons for apparent differences in reporting cited, and MetLife states, “We are interested in understanding the reasons for this pattern and may contact your office.”

CDA recommends that if your practice receives one of these notices regarding your claims submission patterns, that you not wait for a contact from MetLife, but that you be proactive. CDA recommends that you contact the MetLife number provided in the letter — 315.792.6344 — and offer to send a letter explaining the uniqueness of your patient’s profile that justifies the apparent claim submission pattern.

For more information on this or other dental benefit payment issues, contact the CDA Practice Support Center at 866.232.6362.
DENTAL BENEFITS: Task force will send recommendations to house

From page 1

“Weather it is assignment of benefits, unilateral contract changes, or just the reality of a rapidly changing healthcare environment in California and nationwide, CDA is listening, learning and acting on our members’ behalf.”

Two CDA-sponsored bills were passed in April by the Assembly Health Committee, the first key step for new legislation introduced in the Assembly. Both bills received unanimous votes despite being actively opposed by the dental and health plan industry.

The first bill, AB 1579 (Campos), would require dental plans to reimburse directly an out-of-network dental provider who submits a written authorization from the patient to assign their benefits. To address strongly held concerns of the committee chair that a dental provider’s patient file could be compromised, the bill was amended prior to the hearing to require a patient notification and treatment cost-share estimate in order for an out-of-network dentist to receive the assignment of the patient’s benefit. The second bill, AB 2252 (Gordon), would require dental plans to provide at least 45 days’ notice to providers of any material changes to its rules and policies (i.e., policies related to fee adjustment), with the ability for providers to terminate their contracts if they do not agree to those changes.

“While these two bills will be further developed as they move through the Legislature, and their final outcome is not yet certain, they have given us a tremendous opportunity to educate legislators about the fundamental differences between dental benefits and medical benefits,” Davidson said.

“We’re excited to be able to do this work; it’s important work,” Weber said.

“We’re trying to first step back and look at it from the bigger picture — from the 30,000-foot level. At the end of the process, we will have some specific recommendations for the CDA House of Delegates and chaired by Secretary Walter Weber, DDS.”

Weber said the goal is to have about nine more meetings and then determine recommendations for the CDA House of Delegates in 2013.

“We’re excited to be able to do this work; it’s important work,” Weber said.

“Whether it is assignment of benefits, unilateral contract changes, or just the reality of a rapidly changing healthcare environment in California and nationwide, CDA is listening, learning and acting on our members’ behalf.”

The plaintiffs have since filed an amended complaint.

Many legislators have not understood how dentists deliver care and how our offices work. ... These bills are giving us an opportunity to correct those mis-impressions.”

— President Daniel Davidson, DMD

So Cal fluoride lawsuit dismissed

A U.S. District Court judge has granted a motion to dismiss a lawsuit seeking to stop the Metropolitan Water District of Southern California from fluoridating its water supplies.

The suit, filed by fluoride opponents in August of 2011, called on the MWDSC to stop adding hydrofluosilicic acid to the public’s drinking water due to claims that it constituted unlawful and unconstitutional medication of the plaintiffs since the compound has not been approved by the U.S. Food and Drug Administration for treatment of disease or dental cavities.

District Court Judge Janis Sammartino dismissed the lawsuit without prejudice to filing with MWDSC and its position that the Safe Drinking Water Act and not the Federal Food, Drug and Cosmetic Act is the applicable law concerning the treatment of drinking water by public water systems.

“We are pleased to see once again that the court has reaffirmed the ability of water suppliers and agencies to protect the oral health of residents in their communities,” said CDA President Dan Davidson, DMD. “This is a significant step toward ensuring that customers of the Metropolitan Water District of Southern California will continue to receive the benefits of community water fluoridation.”

In issuing her ruling, the judge also dismissed allegations that the water district had engaged in unfair and unlawful business practices under California law.

The plaintiffs have since filed an amended complaint.

The MWDSC serves nearly 19 million water district customers in Southern California.
Volunteer registration opens for Sacramento CDA Cares clinic

On the heels of the CDA Cares clinic in Modesto that was expected to offer free dental care to more than 1,500 people, the CDA Foundation is gearing up for its second event in Sacramento. Volunteer registration is now open for the Aug. 24-25 clinic at the Cal Expo fairgrounds.

“We had an incredible response to our call for volunteers in Modesto,” said Donald Rollfson, DMD, chair of the CDA Foundation. “We’re anticipating members and their dental teams as well as community volunteers will eagerly respond to the need in Sacramento.”

The Modesto clinic was on track to have more than 1,000 volunteers. The Foundation is calling on general dentists, oral surgeons, dental hygienists, assistants, lab technicians, nurses and residents to “man the stations” in Sacramento.

CDA Cares allows dental professionals to provide patients with free services such as cleanings, fillings, extractions, sealants and oral health education and assistance in finding a dental home. In addition, community volunteers are needed to assist with registration, clinic setup, data entry, escorting patients and translating. Out of the 700 volunteers scheduled each day for Modesto, 300 of them were dental and medical professionals.

The next CDA Cares event is scheduled Aug. 24-25 at the Cal Expo fairgrounds in Sacramento. CDA Cares is seeking dentists, specialists, hygienists, dental assistants, office staff members, dental lab technicians and other members of the community willing to donate their time.

Visit cdafoundation.org/cdacares.

Patterson Dental

From page 1

Webster Veterinary and Patterson Medical businesses.

In 2000, the company reached $1 billion in sales. Within the next three years, business operations expanded into three reportable segments: dental, veterinary and rehabilitation supply.

As Patterson’s largest business, Patterson Dental provides a range of dental products, equipment and software, turnkey digital solutions and most-needed services to dentists and dental laboratories throughout North America.

Patterson, which was named one of America’s 100 Most Trustworthy Companies by Forbes in April, is no stranger to providing dental care to underserved populations. They are a major sponsor of the Sacramento District Dental Society’s Smiles for Kids program and other large-scale dental clinics.

“Our dental partners are very involved, and it’s only natural that we are right there with them,” Roen said. CDA Cares is a collaborative effort among CDA, the CDA Foundation and America’s Dentists Care Foundation, the organization that puts on Missions of Mercy events. The CDA Foundation, with the help of volunteer dental professionals and hundreds of lay volunteers, will produce the two-day Sacramento event and rely on ADCFs national structure for expertise, equipment and data collection.

The patients not only receive treatment, but also oral health education and counseling regarding possibilities for future dental care. For example, after a patient’s treatment is complete, they receive an exit interview that offers counseling, oral health education, government program options and information on community clinics that they can adopt as a dental home.

“The need for these clinics couldn’t be higher than it is right now considering the California budget and the squeeze that has been put on dental service coverage,” Rollfson said.

State budget cuts eliminated virtually all adult Dentist-Cal benefits in 2009, decimating oral health services for more than 3 million poor, disabled and elderly Californians. In addition, the state eliminated funding for the California Children’s Dental Disease Prevention Program (SB 111), which provided preventive oral health care and vital resources to low-income children.

For more information about CDA Cares and to volunteer, visit cdafoundation.org/cdacares.

2012 CDA Cares sponsors

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For more information about CDA Cares and to volunteer, visit cdafoundation.org/cdacares.

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<td>Eliminate data entry. TruForm integrates with your Practice Software. Patients Pre-Register Online from your website.</td>
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Applications open for grants and scholarships

The CDA Foundation is currently accepting applications for its Student Loan Repayment Grant program and Latinos for Dental Careers scholarship. The Foundation offers financial support for dental education students. In this way, the Foundation wishes to help build a sustainable oral health workforce.

The Student Loan Repayment Grant program, which began in 2002, grants selected recipients an initial three-year award of up to $35,000 per year toward reducing their educational loans for a total repayment of up to $105,000.

This program has enabled 12 dentists to work in community clinics where they have helped 46,000 patients and provided nearly $13 million in oral health care for individuals who would otherwise go without. But patients aren’t the only ones to benefit from the exchange. To date, virtually all of the dentists from the program have remained not only in public health but also in the communities where they first served. The deadline to apply for the Student Loan Repayment Grant program is Aug. 15.

The Latinos for Dental Careers scholarship is made possible through the Foundation’s partnership with the Latinos for Dental Careers and supports individuals of Latino descent who are enrolled full time in dental programs at one of the California dental schools. Awardees will be invited to and recognized at the annual Latinos for Dental Careers Scholarship Awards in the fall. The deadline to apply for the Latinos for Dental Careers Scholarship is May 30.

For more information and to apply, visit caldfoundation.org/receive.

Practices ready for CAMBR study

If you decide to spend your life being a dentist, and want to do it well, then you want to take care of people,” said Nathan Kaufman, DDS — and that is why he is participating in the caries management by risk assessment clinical trial.

One of two his partners at North Berkeley Dental Arts represent one of 12 California dental practices joining forces with the UCSF School of Dentistry and the CDA Foundation in a two-year study intended to scientifically validate the benefits of CAMBR.

CAMBR formalized the process to assess a patient’s risk for caries by examining various health and lifestyle factors as part of their regular dental checkup.

“Dentistry is in the process of adding the disease management model to our current surgical model,” Kaufman said. “CAMBR is for real; it needs to be shown in clinical practice to be effective. As a result of this, we are going to be able to offer patients, not just excellence in restorative dentistry, but prevention that is more than preventive care — will include preventive treatments — that is what this is about.”

Kaufman, along with the other participating dentists and front office staff, were briefed last month on the study’s protocol and the patient inclusion and exclusion criteria by Peter Rechmann, DDS, PhD, of UCSF School of Dentistry, principal investigator for the study, and Rolande Loftus of the CDA Foundation, program director.

The briefings represent one of the final steps before patient enrollment begins.

“We wanted to make sure everyone in these practices, from the dentists, to the assistants, to the hygienists, to the front office are prepared to implement this study correctly,” Rechmann said.

The study will be implemented by participants at the front desk that alerts them that their dentist is involved in research to reduce the number of cavities they might get. If their interest is piqued and meet such criteria as participation in a science-based organization, the ADA encourages patients to talk to their dentists about their dental treatment. As part of the ADA’s recommendations to minimize radiation exposure, the ADA encourages the use of abdominal shielding (e.g., protective aprons) and thyroid collars on all patients. In addition, the ADA recommends that dentists use E or F speed film, the two fastest film speeds available, or a digital X-ray.

Dr. Peter Rechmann, principal investigator of the study, at right, briefs Dr. Nathan Kaufman, seated at left, and his dental team on the CAMBR study protocols last month. A briefing is one of the final steps before patient enrollment begins.

In participating practices, a sign at the front desk will alert patients that their dentist is involved in a research study.

He also believes that if the study is successful, it will change how dentists practice, similarly to when implants became common.

“This is going to be profound to the profession,” Kaufman said. “I think it is going to expand dentistry much like implants did, enabling us to offer our patients more comprehensive care.”

For more information on CAMBR and the efforts of the CDA Foundation, visit the “Publications” section of caldfoundation.org

ADA responds to study on X-rays, tumors

In response to a recent study that associates yearly or more frequent dental X-rays to an increased risk of developing meningioma (the most commonly diagnosed brain tumor), the ADA released the following statement:

“The ADA’s long-standing position is that dentists should order dental X-rays when they are necessary for diagnosis and treatment. Since 1989, the ADA has published recommendations to help dentists ensure that radiation exposure is as low as reasonably achievable.

“The ADA has reviewed the study and notes that the results rely on the individuals’ memories of having dental X-rays taken years earlier. Studies have shown that the ability to recall information is often imperfect. Therefore, the results of studies that use this design can be unreliable because they are affected by what scientists call ‘recall bias.’ Also, the study acknowledged that some of the subjects received dental X-rays decades ago when radiation exposure was greater. Radiation rates were higher in the past due to the use of old X-ray technology and slower speed film. The ADA encourages further research in the interest of patient safety.

“As part of the ADA’s recommendations to minimize radiation exposure, the ADA encourages the use of abdominal shielding (e.g., protective aprons) and thyroid collars on all patients. In addition, the ADA recommends that dentists use E or F speed film, the two fastest film speeds available, or a digital X-ray.

“On the X-ray recommendations, the ADA’s Council on Scientific Affairs will publish clinical guidance on the use of cone-beam computed tomography in an upcoming issue of The Journal of the American Dental Association. The ADA will share these recommendations as soon as they are available.

“Dental X-rays are valuable in helping dentists detect and treat oral health problems at an early stage. Many oral diseases can’t be detected on the basis of a visual and physical examination alone; and dental X-rays are valuable in providing information about a patient’s oral health such as early-stage cavities, gum diseases, infections or some types of tumors. How often dental X-rays should be taken depends on the patient’s oral health condition, age, risk for disease, and any signs and symptoms of disease that the patient might be experiencing.”

“The ADA encourages patients to talk to their dentists if they have questions about their dental treatment. As a science-based organization, the ADA fully supports research that helps dentists deliver high-quality oral health care safely and effectively.”

Additional information on X-rays can be found at ada.org.
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CDA PRESENTS

A lecture titled Some Days You’re the Pigeon, Some Days the Statue taught dental professionals how to bring out the best in people they work with and the patients they serve. The light-hearted course helped attendees discover the secret to finding purpose in all of their relationships and the impact that communication has on the culture and climate of a practice or home.

A series of healthy lifestyle lectures discussed trends in drug addiction/abuse, the link between nutrition and oral health, and the impact of sugar consumption on the oral environment and overall health.

Also at the conference, dental professionals were given the opportunity to relax at The Spot — a lounge for learning and networking that included educational lectures, an internet café, and a wine tasting event. The WineFUNdamentals Seminar and Reception held on May 4 engaged CDA Presents attendees in interactive wine activities and trivia. At the event, they learned how to distinguish the various scents and flavors in wine by tasting both white and red varieties and about pairings with both cheese and chocolate.

On top of all of this, CDA offered attendees discounted tickets for CDA’s Night at Disneyland on Friday, May 4. Members got the opportunity to purchase a Twilight Park Hopper Ticket at the discounted rate of $65. The ticket allowed access to both Disneyland and Disney California Adventure parks, plus a $25 meal voucher.

"We look forward to building on the success of the show to make the April 11–13, 2013 CDA Presents even better," Van Sicklen said.

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COMMUNICATION
1.6 billion in client revenue

REPUTATION
1.7 million consumer reviews

NETWORK
30 million local consumers
Employee training required by new hazard standard

All employers must train employees on a new system of communicating hazards now that federal OSHA has adopted revisions to its Hazard Communication Standard.

This regulation requires each employer to maintain material safety data sheets and to have a written hazard communication plan. Dec. 1, 2013, is federal OSHA’s deadline for employers to train employees on the new system.

During the next few years, the look of, and information on, safety data sheets and product labels will change.

The major changes to the Hazard Communication Standard include:

- **Hazard classification**: The new standard provides specific criteria for classification of health and physical hazards, as well as classification of mixtures. The term “classification” replaces the term “determination” used in the old regulation.

- **Labels**: Chemical manufacturers and importers will be required to provide a label that includes a pictogram that conveys specific hazard information, a signal word that indicates the relative level of hazard severity, a hazard statement that describes the nature of the hazard, and a precautionary statement that describes recommended measures to take to minimize or prevent adverse effects resulting from exposure to the hazardous chemical.

- **Safety data sheets**: The new sheets must be done in a specified 16-section format and order of information. Note the word “material” was dropped from the name of the document.

OSHA made the changes to conform with the United Nations’ Globally Harmonized System of Classification and Labeling of Chemicals, which experts believe to be a more effective system for communicating hazards to employers and workers. In addition, manufacturers of products produced and sold around the world benefit from having to comply with one fewer set of regulations.

Cal/OSHA is expected to adopt similar revisions to its Hazard Communication Standard. Cal/OSHA regulations must be at least as effective as its federal counterpart.

Employers are required to have a written hazard communication plan. CDA will revise its sample plan, which includes information that can be used for employee training, and will make it available to members after Cal/OSHA revises its standard. Staff training may be conducted by a knowledgeable dentist or staff person using OSHA and CDA materials or by a consultant who specializes in this area. A thorough understanding of the new system by all staff is the goal of the required training.

Additional information on the changes to the Hazard Communication Standard is on federal OSHA’s website at osha.gov/dsg/hazcom/index.html.

Sure, evacuating the pulp chamber is simple.

Employers must allow, but not ensure, breaks

The Supreme Court of California issued an opinion last month in the Brinker Restaurant v. Superior Court case, stating that while employers must allow for meal and rest breaks, it is the responsibility of the employee to take those breaks.

Under the April 12 opinion, an employer has to allow a “reasonable opportunity” for an employee to take a break; and if that employee chooses not to, it is at no violation of the employer.

The court’s opinion should provide some clarity for dentists and their employees. Meal and rest break questions are the No. 1 human resources call placed to the CDA Practice Support Center from members.

As it stands, a 10-minute rest break for shifts lasting 3.5 to six hours is required. Shifts of six to 10 hours require another 10 minutes. For meal breaks, shifts up to five hours require one 30-minute meal break, and a second 30-minute meal period after no more than 10 hours. Most dental practices close for lunch, so the timing of rest breaks may be the more important takeaway for dentists.

The court’s opinion comes after a state Supreme Court decision in 2007 that made it OK for workers to file for three years of back pay instead of one in cases of lost meal or rest breaks.
New insurance discount structure effective July 1

CDA members have exclusive access to the premier insurance coverage offered by The Dentists Insurance Company, and the company has some exciting news about TDIC Optimum, a professional bundle of insurance products.

Beginning July 1, current TDIC Optimum policyholders will benefit from the new bundle discount structure: a 20 percent discount on Professional Liability insurance, 10 percent discount on Building and Business Personal Property insurance and a 5 percent discount on Workers’ Compensation. As an added bonus, policyholders who take the current TDIC Risk Management course will receive a 5 percent discount on their Professional Liability premium for two full years.*

TDIC: Professional Liability and Building and Business Personal Property policyholders will soon receive their invoices and policy renewal documents, which reflect their new discounts. Payments are due July 1.

CDA members who are not current TDIC policyholders should call TDIC for a quote as the new Optimum discount structure becomes effective July 1, 2012.

TDIC Optimum — a bundle of Professional Liability, Building and Business Personal Property, Workers’ Compensation, and Employment Practices Liability — can protect dentists on all fronts of their practices. When a dentist places his or her Professional Liability, Business and Building Personal Property, and Workers’ Compensation with TDIC, he or she is receiving the optimum practice protection and generous multipolicy discounts** from a company with its heart, soul and history in dentistry.

TDIC, a subsidiary of CDA, is a company created and designed to provide quality insurance and stable rates for CDA members — TDIC now insures nearly 18,000 dentists nationwide.

To get a quote, apply for TDIC’s insurance products or request more information, call 800.733.0633 or visit tdicolutions.com. Insurance coverage is subject to underwriting.

To obtain the Professional Liability premium 5 percent, two-year, discount, dentists must complete the current TDIC Risk Management seminar. Call 800.733.0634 for current deadlines.

**Eligible multipolicy discounts apply to Professional Liability, Building and Business Personal Property, and Workers’ Compensation.

ADA advises that social couponing is fee-splitting

The ADA Council on Ethics, Bylaws and Judicial Affairs recently approved a new advisory opinion on the appropriateness of social couponing under the ADA Code of Ethics.

Social couponing is frequently discussed in dentistry and has been widely reported in national media. Some social couponing entities adopt a business model in which they actually collect the fees from patients or prospective patients for the health care provider's services and retain a defined percentage as payment for the marketing services rendered to the provider.

The ADA advisory opinion approved by the council is as follows:


“The prohibition against a dentist's accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via 'social coupons' if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected.

“Dentists should also be aware that the laws or regulations in their jurisdiction may contain provisions that impact the division of revenue collected from prospective patients between a dentist and a third party to pay for advertising or marketing services.”

The CDA Judicial Council plans to review the advisory opinion in June.

Now, let’s see if we can get to the root of staff training.

While there are myriad skills you learn in dental school, HR probably wasn’t even a footnote. Discover the ins-and-outs quickly with CDA’s Compass.

Turn lunch hours into brown-bag training sessions with ready-made Teaching Tools presentations. Study the importance of an employee manual with short, but informative, podcasts. Education, it’s why the Compass is perhaps the most important instrument a dentist could ever use.

cdacompass.com | where smart dentists get smarter.
Make a free commercial for your practice with Google

Those who watched the 2010 Super Bowl may have seen a 60-second commercial that featured a few simple Google search terms along with some background music. The commercial included a Google search box and created a romantic storyline by entering in several search phrases (starting with “study abroad in France,” which was then followed by search phrases that included “impress a French girl,” “long distance relationship advice,” “jobs in Paris,” “churches in Paris” and “how to assemble a crib”).

While this 60-second ad cost Google about $6 million to air, dental practices now have the ability to create and post their own “Google Search Story” video in just minutes, free of charge.

One of the most popular websites is YouTube; receiving more than 1 billion views each day. It has a free tool called Google Search Stories that essentially lets one create their own unique Google commercial — and dental practices can join in.

This YouTube feature makes it appear as if Google made a commercial. But with a customized story line and background music of their choice, dentists can make their own video and place it on their website, social media pages, and upload it to YouTube to promote their practice to prospective patients.

Using an online tool from Google, dentists can create their own commercials.

Here are the steps to create a Google Search Story:

Step 1: Visit Google Search Stories at SearchStoryCreator.com.
Step 2: Write your search phrases.

Once you arrive at this page, you can provide up to seven search phrases that will serve as your video’s story line. While writing these search phrases, it is important to keep the following tips in mind:

• Start general, end specific. Your search terms should start with general terms and phrases (such as teeth whitening, bad breath, toothache, etc.) and lead up to specific information about you and your practice.
• Make it relate to your services. You want your video to promote your practice, so make your search phrases relate back to any services you offer, your practice name and your location.

End it with a positive outcome. For the final search term (after your name), list a positive benefit patients experience after they receive your services. For example, “Love my smile!”

Step 3: Tie search phrases to applicable results pages.
In the right-hand column, you will be asked to identify the type of results pages you want to appear in relation to each of your search phrases. For example, next to the search phrase “crooked teeth,” you may want your results to show a web search. For the search phrase “before and after photos of orthodontics,” you would want the results to show images.

When you have completed this task, click “next.” (You can always go back and make edits after you preview your video.)

Step 4: Choose background music for your video.
There are several music themes and each has three different tracks you can choose from. Listen to several tracks, and then select the track that you like most or that fits your practice the best.

Once you have selected your favorite track, click “next.”

Step 5: Count to 10 while you wait for your video to be created.
Step 6: Sit back, relax, and enjoy the show.

It is estimated that 1 out of every 10 dentists will suffer from alcohol or drug abuse at some time in their life.

Help is one step away...
The CDA Well-Being Program

If you’re concerned that someone you know or maybe even yourself may have an alcohol or chemical dependency problem, support is available through the CDA Well-Being Program.

CDA Well-Being Program

Help is one step away...

Northern California 510.310.2395
Central California 559.359.5631
San Diego 619.275.7180
San Francisco/Bay Area 866.430.0922
Southern California 310.406.6199
San Francisco/Bay Area 818.437.3204
Consider all aspects of company when choosing patient financing

Dentists should consider creating a list of criteria when determining which patient financing company is right for their patients and practice. It is important to evaluate the company on a practical level instead of focusing solely on cost comparisons. It is the service and quality of a company or product that determines if it will be easier to use, better for your staff and welcomed by your patients.

- Stability and reliability — Find out how long the company has been in business and whether it’s dedicated to the dental industry. It’s important to select a patient financing company that will be there for you and your patients for the longterm.
- Reputation — Talk to colleagues, study club leaders, practice management coaches and office managers to gain firsthand feedback on their experiences and challenges working with the different companies.
- Ease of use for the practice — In a busy practice, patient financing must fit seamlessly into financial systems and be quick and simple to use.
- Range and flexibility of payment options — Patients’ financial circumstances vary dramatically. Make sure the company has a variety of special financing options and can be used again by the patient and their family (as credit becomes available) without the hassle of reapplying.
- Patient and practice costs — It’s important to understand both practice and patient costs (if any) and to ensure clear communication of financing policies with patients. A good patient financing company will provide free written materials and patient customer service that’s focused on the unique needs of health care financing.
- Practice support — It will be beneficial to your practice if the patient financing company you choose can connect you to valuable practice management information and resources.

Dentists should be aware that the California Dental Practice Act requires that they provide patients with a specified written notice, treatment plan and cost estimate prior to treatment being rendered and prior to establishing a third-party credit arrangement with the patient.

Through due diligence and research, dentists will be able to identify the program that best fits their needs.

CareCredit is endorsed by CDA, and members who have yet to add CareCredit can get started by calling 800.300.3046. Practices already enrolled can reach CareCredit at 800.859.9975.

**GOOGLE**
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You will be able to preview your video on this screen. If you are happy with your video, you will be ready to move on to the next step.

However, you may want to go back to edit your video (especially if this is your first time creating one). If this is the case, simply click “Edit Story” or “Change Music” and make any revisions you feel necessary.

**Step 7: Promote your video online.**
It is important to promote the video through various marketing media on the Internet to reach more prospective patients. Starting at the video preview screen, you can quickly upload the new video to YouTube (you will need a Google account to upload videos).

**Step 8: Create a title on YouTube.**
Creating a title is important. You should mention your name and/or your practice name to help viewers identify who the video is about. Underneath the title, select the genre for the story (selecting “family” allows for the broadest audience).

Add a description of the video. While this is an optional field, it is highly recommended that you complete it, as it is a great way to showcase your practice and highlight the services offered. It also is a good idea to include a link to your practice’s website in this section.

Once this information is complete, click “Upload to YouTube” and the commercial will be finished. By promoting the video through your website, social media pages and YouTube channel, you can help even more prospective patients find you when they search for a dental professional online.

It is no secret the Internet is the most powerful way for dentists to promote their practices, and free online tools such as these should be taken advantage of.

Lance McCollough is the founder and CEO of ProSites, a leading website design and Internet marketing company specializing in dental-practice marketing. Endorsed by CDA, ProSites offers easy and affordable website solutions to help dentists successfully market their practices online. For more information, please call 888.327.5212 or visit prosites.com/cda.
CDA-sponsored dental camp offers sample of dental careers

Western University of Health Science held a dental camp for approximately 50 local middle and high school students for the first time last month.

CDA co-sponsored the Pomona event, which mainly targeted students who are part of the Pomona Health Career Ladder, a partnership that creates a pipeline to guide and promote Pomona students through their education to careers as health care professionals.

Activities at the camp included drilling out a “cavity” on a plastic tooth and filling it with composite, taking alginate impressions of teeth, carving a tooth out of soap and learning dental and oral anatomy and basic dental terminology.

“The goal of the camp is to stimulate interest in the dental field, including dentistry, dental hygiene, dental assisting and dental lab technology,” said second-year Western College of Dental Medicine student Wade Banner.

Students also learned how to take care of their teeth with proper oral hygiene and how rewarding a career in dentistry can be.

“It’s a really good opportunity for people to be exposed to what dentists do. It isn’t just giving shots and drilling teeth. It’s helping people too,” Banner said. “We want to give students knowledge on what’s out there in dental careers — we want to give them the opportunity to pursue a worthwhile career.”

In addition to the new camp at Western, for several years CDA has co-sponsored two other camps at the Ostrow School of Dentistry of USC and the Dugoni School of Dentistry. The Dugoni camp was held Feb. 11, and the USC camp March 3. This year, more than 200 students participated in all three dental camps combined. Hundreds of dental students, dental hygiene students, dental lab tech students, practicing dentists and faculty have volunteered their time to make the camps a reality over the years.

The hands-on curriculum of the dental camp program was designed to meet a variety of objectives, with the primary being to highlight the many careers in dentistry, particularly to junior high school students with diverse cultural backgrounds. Secondary objectives include raising the “dental IQ” of young people regarding their own oral health.

Students often are paired with a dental hygiene student who guides each participant through the role of a dental hygienist. They apply a disclosing solution to each other’s teeth and then demonstrate proper brushing and flossing techniques. They also are given their own work area, with a block of soap, small knife and 3-D tooth images on paper and asked to carve a tooth based on an image presented to them.

In the clinic lab area, each student is given a mock tooth with a simulated curious lesion. The students use handpieces and instruments to prepare the restoration. They then place a composite material, shape, cure and finish the restoration.

For more information on the dental camps, contact Mary Sobieralski, CDA education administrator, at mary.sobieralski@cdla.org or 800.736.7071, ext. 4979.
NEW MEMBERS

On behalf of organized dentistry, CDA welcomes the following new members:

TRIPARTITE MEMBERS

Berkeley
Morford, Cynthia Kay
Raina, Sonia Turki

Butte-Sierra District
Arrona, Renee Kameko

Contra Costa
Crespin, Berta L.
Valerio, Wilma P.

Fresno-Madera
Csonner, Javana Rae

Harbor
Espinosa, Leonard R.
Surdilla, James

Los Angeles
Anderson, Darrell Ortiz
Bina, Pedram
Cohen-Gadol, Victoria
Knapp, Farideh Taghilou
Tabachnik, Gennady
Towning, Dena Erin

Napa-Solano
Edwards, Grace M.

Orange County
Cho, Eric Hsiemyue
Lin, Xia
Park, Jongsun
Pinto, Luis A.
Reber, Keith Eric
Soc, Psy

San Gabriel Valley
Tahwar, Diya

San Mateo County
Wasson, Hartpreet K.

Santa Barbara-Ventura
Judge, Natasha Joe

Santa Clara County
Balachandra, Nirmala

Southern Alameda County
Nair, Roshini

Tri-County
Lee, James Huyung
Mendoza, Patricia
Yap, Kimberly Pearl Lao

DIRECT
Salazar, Rosa Maria

CDA earns award for membership retention

CDA was recently recognized by the ADA for its member retention rate. In March, the ADA presented CDA with the Most Improved Active Member Retention Rate award for societies with more than 7,500 members. The honor was awarded during the ADA Conference on Membership Recruitment and Retention in Chicago.

The March 30–31 conference included a preluncheon awards ceremony that recognized state and local dental societies for their membership outreach efforts. Awards were presented in the following categories:

- Greatest Percentage of Nonmembers to Membership;
- Most Improved Active Member Retention Rate;
- Greatest Net Gain of New Dentists; and
- Greatest Net Gain in Membership.

Nearly 140 people attended the conference.

Obituaries

Leroy A. Buller, DDS
College of Physicians and Surgeons, 1947

James M. Cahill, DDS
Loyola University, 1954

Sheryl Jean Co, DDS
UCSF, 1993

William R. Houston, DDS
USC, 1978

Edward K. Ishii, DDS
University of Minnesota, 1948

Joe N. Kimura, DDS
Saint Louis University, 1960

Chang S. Lee, DDS
USC, 1997

Joseph William Morris, DDS
Case Western Reserve University, 1986

Donald T. Nakahata, DDS
UCSF, 1960

Irving S. Newmark, DDS
Indiana University, 1945

Kenneth H. Swanson, DDS
University of Minnesota, 1942

Who knew braces could help you stand taller, too? Jon Pascarella was the kid who never wanted to smile. He was insecure about his crooked teeth. What’s more, in a single-parent household, money for braces wasn’t easy to come by. One day, his mom suggested a payment plan to their orthodontist and thankfully he agreed. Braces didn’t just straighten Jon’s teeth; they transformed his being. The shy boy radiated confidence, smiled wide and knew, without a doubt, that one day he wanted to become a dentist.

Every dentist has a unique story behind why they chose this profession, but the reasons to join CDA are clear—advocacy, protection, education, support and being part of an organization dedicated to improving the oral health of all Californians.

Join. Share.
cda.org/member
You’ve built a practice as exceptional as you are. Now choose the optimum insurance to protect it.

TDIC Optimum

Anything but ordinary, Optimum is a professional bundle of products that combines TDIC’s singular focus in dentistry, thirty years of experience and generous multipolicy discounts. Creating the ultimate coverage to protect your practice, perfectly. And you wouldn’t have it any other way.

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Protecting dentists. It’s all we do.
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