Right around the time that the economic recession began crippling both the public and private sectors, CDA launched the Practice Support Center and its Compass website (cdacompass.com).

That was a little more than three years ago. The PSC and CDA Compass now have a vast repository of nearly 600 practice management resources available that help dentists navigate the rocky waters of a down economy.

Michael Perry, DDS, chair of the Practice Support Center Workgroup and a CDA member for more than 30 years, recently spoke to the Update about the economy’s impact on dentistry and how the PSC and CDA Compass have expanded since their inception to help dentists run their practices more smoothly.

Perry is the founder and president of Momentum Dental Business Consulting and has spoken nationwide on various topics related to private dental practice as a business. He is also a member of the CDA Dental Benefits Task Force.

The Practice Support Center Workgroup was created a year and a half ago to establish a business plan for the Practice Support Center and to find ways to expand it in order to provide more services for members.

Below are excerpts from the interview.

Update: What are the biggest impacts a down economy has on a dental practice?

MP: There are two major issues. The first one is when you have an economic downturn, the discretionary services that dentists provide, whether general dentists or specialists, are going to be purchased less by the general public. People save their teeth in large measure because of

National oral health ad campaign to encourage brushing ‘2min2x’

An unhealthy mouth can be linked to obesity, diabetes and heart disease. It also can impact a child’s ability to learn, develop self-esteem and speak properly. Compounding these problems, more than 16 million children suffer from untreated tooth decay.

These are just a few of the reasons a three-year national advertising campaign on the importance of good oral health is kicking off during the week of Aug. 6. The campaign is a collaborative effort among the nationally recognized Ad Council, New York-based Grey Advertising and the Partnership for Healthy Mouths, Healthy Lives dental coalition. CDA is a participating member of the coalition, which is made up of 40 dental groups led by the Dental Trade Alliance Foundation.

Volunteer registration for August clinic now open online

Wildarae, 92, of Modesto is currently on Medi-Cal, has no dental insurance and is living in low-income housing.

Unable to afford it, she has been in need of dental work for three years. That is, until she read about CDA Cares in The Modesto Bee. Luckily, Wildarae lives within blocks of the Modesto Centre Plaza and was able to get on her mobility scooter in the middle of the night and drive down to the line of people already waiting outside of the CDA Foundation’s free dental clinic on May 19. Wildarae put a pillow on the handlebars of her scooter and slept in line from 1 to 5:30 a.m. (when the clinic opened its doors).

“I don’t do this too much, I just get across the street to go to the library, so this is a little farther away,” Wildarae said.
CDA Presents lecture assesses what constitutes successful dental plan partnerships

The state’s economy is a bit flat, and while there are signs of recovery in the general economy, that recovery is slow, and some sectors may not return to robust growth anytime soon.

Health care is a sector of the economy that has been somewhat immune to downturns. When care is necessary, it is not likely that people will put it off, at least in the long term. But how groups insure their members for needed care is being affected by slowdowns in the economy.

A lecture at CDA Presents in Anaheim led by Michael Perry, DDS, discussed how dental practices can assess their production needs, and how much or even whether the dental plans that they contract with contribute to fulfilling those production needs. In addition to practicing general dentistry in Santa Rosa, Perry is the founder and president of Momentum Dental Business Consulting, and has spoken nationwide on various topics related to private dental practice as a business. He is also chair of the CDA Practice Support Center workgroup and is a member of the CDA Dental Benefits Task Force.

Perry’s course summarized the types and characteristics of dental benefit plans, showing how provider contracts affect the business model of a private practice. An emphasis in the lecture was that it’s important to know one’s philosophy of practice, because the dental plans one contracts with may be consistent with that philosophy, or may work contrary to it.

“It’s often assumed, particularly by newer dentists, that signing with any or possibly all dental plans will enhance the income of the practice, but that isn’t necessarily true,” Perry said.

The treatment modalities a practice offers and excels at might not suit some plans given their scope of coverage, payment policies and reimbursement levels.

“A dentist needs to assess how a plan pays for those procedures, and whether the time necessary to perform certain procedures makes the reimbursement for those procedures a winning proposition for both the patient and doctor,” Perry said.

Perry concluded that dental practices may be in contract with some dental plans, which may make it impossible to meet production and income needs regarding overhead, material costs and staff salaries when trying to work within those plans’ policies. The lecture provided tools and guidance necessary to assess whether the plans a dental practice is contracted with help toward meeting production needs or work against that objective.

“This type of assessment is vital in a time of economic slowdown. In an effort to save on the cost of benefits, employers are increasingly looking to lower cost, often less generous benefit products,” Perry said. “Dentists contracted with these plans may find they are doing more for less, and that some of the plans they are contracted with aren’t making economic sense for their practices.”

While dental practices may have more patients because of dental care coverage, some plans are not always viable for a practice.

The material presented by Perry concludes that dentists always have a choice. A profitability analysis for each common dental procedure and for each dental insurance plan a practice is contracted with, will provide objective information concerning which contract choices are prudent and which are not.

For some, not contracting with a dental plan brings with it the fear of a loss of patients covered by that plan. Perry acknowledged that patients will likely be lost to a practice that terminates a dental plan contract, but those losses can be minimized if the practice carefully plans for the transition and brings those covered patients along in a strategic way.

“The best thing a dentist has going for his or her practice is the quality of care the practice provides, and the relationship the dentist already has with patients of the plan,” Perry said. “Many patients will be willing to stay with a dentist, even when the dentist terminates the contract with the patient’s plan.”

A successful transition, however, requires planning and the execution of that plan with the patients concerned, Perry said.

“One just can’t cancel an insurance contract and expect affected patients to stay,” Perry said.

Perry also offered attendees of the lecture strategies necessary to minimize the loss of patients when a practice withdraws from the plan network that covers the patient.

While plan designs may become even leaner in terms of coverage and reimbursement, Perry emphasized that dentists do have choices and discussed the means to exercise them.

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**Dental Benefit Plans**

By Greg Aiterton
cda.compass.com where smart dentists get smarter™

**QUESTIONS:**

What does LEAT mean with regard to dental benefit plans?

**ANSWER:**

Some plans contain a least expensive alternative treatment, or LEAT, clause on predeterminations. Under the patient’s dental plan, if more than one covered service can be used to treat a condition, coverage may be provided only for the less costly covered service. If a patient chooses the alternative, more costly treatment, rather than the less costly service, the patient is financially responsible for the plan’s co-payment and the difference in cost between the plans’ approved fees for the services submitted by the dentist and the alternate service, for example, the difference in the allowed amounts between amalgams and composites. Although the dental practice should inform the patient of the LEAT clause and treatment coverage limitations, all choices with respect to treatment should be determined and decided by the dentist and patient.

For more information, on this topic, refer to Chapters 2 and 5 of the Dental Benefit Plan Handbook.
Student Loan Repayment Grant making impact in Central Valley

Adriana Ustarez-Oji, DDS, sees herself in many of the patients she treats at the Family HealthCare Network in Visalia. Her family moved to the United States from Bolivia when she was a young child, and she would often have to translate for her parents and siblings when it came to medical visits, mail and other important messages.

“I see the little girls translating for their parents, and I see myself in them. Part of the reason why I chose to work for the underserved is because I have experienced it,” said Ustarez-Oji, recipient of the CDA Foundation’s 2011 Student Loan Repayment Grant.

By providing financial assistance, the Student Loan Repayment Grant has helped Ustarez-Oji provide oral health services to underserved populations in a Central Valley town made up of mostly farm workers and those who have been affected by cuts to the state’s dental programs.

“It’s a valuable thing because it helps financially; I graduated with significant debt.”

Student Loan Repayment Grant

Deadline for grant application approaching

Adriana Ustarez-Oji, DDS, was announced as the 12th recipient of the Student Loan Repayment Grant at the annual session of the House of Delegates last November. Since July of last year, she has been working at the Family HealthCare Network, getting hands-on experience in a community clinic setting that has produced some surprises.

“What has surprised me the most is that I see kids on a daily basis with abscesses in their mouths and the mothers don’t know what they are,” Ustarez-Oji. “They don’t hurt, so they don’t know it’s an active infection. It’s just amazing that we live in the U.S. and children suffer from abscessed teeth.”

Ustarez-Oji said she also treats patients with chronic caries daily and regularly performs extractions on children.

“Due to a lack of education and lack of resources, a lot of my patients and parents have a hard time understanding that caries is a disease,” Ustarez-Oji said. “It’s a multifactorial challenge too, because sometimes they are faced with either fixing a tooth or paying rent.”

Ustarez-Oji enjoys the fact she is making a difference.

“It is definitely nice to know that the work I am doing is having an impact on the people of Visalia,” Ustarez-Oji said. “I feel like I am at the right place.”

To date, virtually all of the dentists who have been awarded the Student Loan Repayment Grant have remained not only in public health, but also in the communities where they first served. Ustarez-Oji is no different.

“This is where I want to be,” Ustarez-Oji. “I want to keep expanding and working in communities like this; 100 percent.”

To apply for the grant or to donate to the Student Loan Repayment Grant program, visit cdafoundation.org.
Split result for CDA dental benefit bills in Senate

With the 2012 legislative session heading into its final stages, CDA’s two sponsored bills reached their policy committee hearings in the Senate.

One bill is moving forward after amendments were negotiated that removed opposition, while CDA chose to halt further promotion of the other bill after key legislators and staff requested amendments that CDA’s leadership believed would have made the bill overly burdensome for dentists.

AB 2252 (Gordon) was passed by the Senate Health Committee on June 27. AB 2252 will strengthen requirements for disclosure by dental plans to their contracting providers and give providers opportunities to request, obtain and agree to important contract changes from plans. Prior to the hearing, AB 2252 was amended to additionally streamline the requirements of the bill to make it more workable for dentists as well as the dental plans that had been in opposition. These amendments removed all known opposition to the bill, which will be heard next in the Senate Appropriations Committee, likely in August, after the legislative summer recess.

“We are very pleased with the progress of AB 2252,” said Jean Creasey, DDS, chair of CDA’s Government Affairs Council. “Our members have expressed increasing frustration with dental plans that make major contract changes without giving them adequate notification, and we are gratified that many plans have been willing to work constructively with us to achieve that goal through this bill.”

CDA’s other sponsored bill, AB 1579 (Campos), was intended to require dental plans to honor enrollee requests to assign benefits to noncontracting dentists. The bill had already been significantly amended in the Assembly to add requirements for noncontracting dentists to give enrollees information on their rights and obligations.

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The Senate Health Committee chair and staff, after reviewing the bill, asked CDA to accept amendments to AB 1579 that would have placed additional significant disclosure burdens on dental offices in exchange for requiring dental plans to honor assignment of benefits. After a thorough discussion, the Government Affairs Council at its June 8 meeting made the decision that proceeding with the bill would not be in the best interest of California dentists and directed CDA staff to ask Assembly-member Nora Campos to drop the bill.

“The Government Affairs Council seeks to promote legislation that will be a benefit to CDA members and the public, and ultimately AB 1579 did not meet that criteria,” Creasey said. “While we are disappointed that AB 1579 will not become law this year, the bill provided great opportunities to educate lawmakers and staff of not only the importance of dental benefits but how differently they function in the marketplace, which can only help us in our future advocacy efforts.”

State dental director, workforce study bill advance

Legislation calling for the creation of a statewide Office of Oral Health and dental director, and a study of certain expanded procedures performed by nondentist licensed personnel, passed out of an Assembly committee on June 26.

With further technical refinements still to be finalized, SB 694 (Padilla) received unanimous support from the Assembly Health Committee.

With the amendments agreed to thus far, CDA expressed its conceptual support for the bill while Sen. Alex Padilla completes work on remaining technical amendments that will ensure that the bill is consistent with CDA policy.

“Since this bill was first introduced in skeletal form last year, CDA has made very clear to Sen. Padilla that we could only support a bill that was fully consistent with policy established by our House of Delegates,” said CDA President Daniel Davidson, DMD.

Prior to the Assembly Health Committee hearing, SB 694 was substantially amended to provide increased clarity on the scope and jurisdiction of the proposed workforce study. The amendments were largely in line with the policy position adopted by the special CDA House of Delegates meeting that was held in March in response to member concerns about the study’s implications.

Consistent with CDA policy, the June 20 amendments state that the study would be limited to registered dental hygienists and registered dental assistants in extended function practicing in public health settings under the direct, general or remote supervision of a licensed dentist. Specific procedures to be studied would include administration of local anesthesia; tooth preparation for, and placement and finishing of, direct restorations; placement of interim therapeutic

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Dental benefits task force analyzes national, state trends

The Dental Benefits Task Force, a new entity called for by the 2011 CDA House of Delegates, met for the second time last month.

The task force has been charged with taking a comprehensive and rigorous look at the current realities and anticipated trends in the dental benefits marketplace, and identifying ways to enhance the position of providers and patients.

At its June meeting, the task force focused on topics such as national practice trends, the rise of the corporate practice and benefit plan demand among group purchasers.

“I thought it was a good kickoff,” said Walter Weber, DDS, chair of the task force. “We looked at trends across the industry, mainly nationally, with a closer look at California trends in upcoming meetings. We were looking at benefit design demands from the employer perspective.”

The task force is made up of a cross-section of 12 dentists from different stages of practice and is expected to conduct research on the health care environment, trends in dental care financing, dental plan coverage and payment policies.

When the work is completed, the task force will issue a report making findings and recommendations to guide CDA policy efforts.

Weber called the June meeting “educational” and said the group got into the status of the marketplace for purchasers.

“We discussed what purchasers are looking at when purchasing insurance and how that has changed because of the economy,” Weber said.

“Since 2007, there has been a trend toward greater cost-shifting to employees in groups as employers are seeking ways to save on the cost of employee benefits,” Weber said. “There are a decreasing number of people with full-time employment since 2007, an increase in part-time employees, and those who are unemployed. Employers tend not to extend benefits to part-time employees, so this trend is, in part, the result of employers’ efforts to cut their cost of employee benefits.”

The result, Weber said, is “there are fewer people out there with dental insurance than there were prior to 2007.”

An industry study conducted by the National Association of Dental Plans also was discussed. One of the key findings of the 2011 Purchaser Behavior Study was that dental benefits are considered important to employees, so employers have a high interest in offering some form of dental benefits as it helps distinguish them in the job market.

“If you want to attract good employees, companies still consider dental coverage important,” Weber said.

The study said employers find health insurance to be the most important hiring tool, followed by providing a 401(k) plan, Dental coverage ranks third.

The task force’s next two meetings are on July 13 and Aug. 3.

“There is still a lot more to come,” Weber said. “In the next task force meetings, we’ll be hearing how health care reform is going to impact medical and dental coverage from both a national and a California perspective, and we’ll be hearing directly from some dental plans in California about changes in coverage and payment policies.”

Members interested in further resources on dental benefits can visit the Practice Support Center, established in 2009 to assist members with practice management issues, including dental benefit concerns, online at cdacompass.com.

For more information on this or other dental benefit payment issues, contact the CDA Practice Support Center at 888.232.6362.

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**Using Local Search Marketing to Grow Your Practice**

You probably already know that the most effective way to reach new patients is no longer through the phone book, it’s through the Internet. As online local searches grow by approximately 33% each year, traditional yellow-page advertising drops by 4% each year. Recent studies indicate 83% of households utilize the Internet to search for local businesses.

Also, people aren’t just searching from their desktop computers. One out of five cell-phone users with mobile Internet access report using online business directories from their smartphones. Most online directories have a mobile app that enables a user to immediately view personalized directions to a business on their mobile device—a tremendous asset for new patients driving to an initial appointment. Yelp business directory’s mobile phone app alone has been downloaded by more than 8 million users!

According to Google, 20% of searches made each month (3.6 billion searches made annually) reference location. One in three searches conducted by the world’s 1.2 billion smartphone users is for local information. **The point is: if prospective patients are searching for services based on location, you should be marketing your practice accordingly.**

**Claim Your Business Listings**

Local search marketing is one of the latest and most powerful techniques used by businesses to reach local prospects. It utilizes online business directories to limit search results to businesses in a specific geographical area. For example, if someone were to search for “Sacramento dentists,” results would showcase dentists in the Sacramento area.

The top online business directories include Google Places, Yahoo Local, Bing Local and Yelp; and they are free. There are hundreds of online business directories, and some do have monthly subscriptions fees. Consider adding your listing to additional directories—the more exposure you have, the better chance a potential patient has of finding you online.

**Maximize the Impact of Your Listings**

Every online directory requires you to set up an account before you can claim your online listing. After you set up your Google, Yahoo, or other account, expect to answer several questions regarding your practice. These answers will help showcase your services to online prospects. As you create your listing, keep the following tips in mind:

**Be as thorough as possible.** Every question was created with a purpose in mind. The more information you provide, the greater the opportunity to convince a prospective patient you’re the dental professional for him or her.

**Provide consistent information.** If you state in one directory that you offer sedation, you should mention this in all the other directories you list in. You want to provide consistent information.

**Be accurate.** Be sure contact information, such as your phone number, address, web address (URL), and other information is correct.

**Provide pictures and video.** A few attractive office photos can pique interest in potential patients, and further optimize your listing for search engines. Adding a video is also helpful.

Here are some additional points to consider when claiming your listing on major directories:


Google allows you to input 5 different “categories” you want to be known for, including some pre-programmed dentistry options. If you’re a general dentist that offers cosmetic and sedation services, and want to highlight them, the “Categories” section is the perfect place to input “Cosmetic Dentistry” and “Sedation Dentistry.” However, don’t feel obligated to only use Google’s pre-defined categories—you can always enter your own.

**Yahoo Local** - [http://local.yahoo.com](http://local.yahoo.com)

Yahoo asks for a lot of information that other directories do not, including what brands your business carries. Yes, patients do want to know what brands you carry. Many people feel more comfortable with a product they’re familiar with, so list them before you offer.

**Bing Local** - [http://www.bing.com/local](http://www.bing.com/local)

If you have social media accounts (Facebook and Twitter), Bing allows you to connect those accounts to your business listing. Take advantage of this! Connecting your accounts makes it easier for patients to see what’s going on at your practice.

**Yelp** - [http://www.yelp.com](http://www.yelp.com)

When it comes to stating your specialties, express what you’re known for. If you’re frequently recommended for your orthodontic services, highlight them. Use Yelp’s “Specializes” section to list all of the services your practice provides.

**A final tip:** Complete your listings while you’re at your practice. As a security measure against spammers, Google, Bing, and Yelp require a verification phone call be made to the phone number that will be advertised. You’ll want to be at your office so you can answer the automated phone call.

**Do It Now!**

If you’re not marketing to your local online audience, you may be losing prospects to competitors in your area. Claiming your online business listings helps you target local patients and can improve your practice’s rankings on search engines. The benefits of taking the extra step to maintain your online business listings are many. What are you waiting for?

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CAMBRA allows dentists to be ‘CSI detectives’

A CSI-detective analyzes crime scenes and collects and processes evidence. Dentists who practice CAMBRA protocols can play a similar role when investigating a patient’s mouth, according to John Featherstone, MSc, PhD, dean of the UCSF School of Dentistry.

Featherstone, a professor of preventive and restorative dental sciences, led the CAMBRA Management by Risk Assessment in Practice lecture at CDA Presents in Anaheim in May. CAMBRA offers dental professionals the opportunity to assess a patient’s risk for oral disease by examining various health and lifestyle factors as part of their regular dental checkup. Based on an assessment, the dental professional can make recommendations for lifestyle changes as a preventive measure to stop cavities from forming in the future.

“This is detective work,” Featherstone told the audience of dentists, registered dental hygienists, registered dental assistants, dental students and office staff.

To illustrate his point, Featherstone recalled a 21-year-old patient who was referred by her general dentist to the UCSF School of Dentistry because she wanted a second opinion on whether she had a cavity. At the school, the woman was identified as having the cavity and radiographic lesions, but her teeth were in good shape.

“This is a mystery, how can this be, that this woman with beautiful, gleaming white teeth has a cavity and several radiographic lesions?” Featherstone asked attendees.

The answer: She was being referred and wanted to show UCSF that she had a clean mouth, so she cleaned her teeth vigorously the day she came to see them, Featherstone said.

“This is human nature and part of the detective deal,” Featherstone said.

After doing some detective work, Featherstone discovered she was a college student living in an apartment, which resulted in a poor diet of snacking frequently on carbohydrates. She also had white patches from orthodontic treatment, meaning bacteria had grown in her mouth that caused demineralization. Those bacteria didn’t go away when the brackets came off.

“So what did that tell me? She most likely has a huge amount of cariogenic bacteria in her mouth,” Featherstone said.

Featherstone began formulating a CAMBRA treatment plan for the patient’s general dentist to implement. He did a bacteria test, measured her saliva and wanted to show UCSF that she had a clean mouth, so she cleaned her teeth vigorously the day she came to see them, Featherstone said.

To help improve the oral health of all Americans, the ADA launched the new website mouthhealth.org. The site features care and treatment information to help people get and stay mouth healthy for life. The website is organized by life stages and includes information on the top 10 dental symptoms, how to handle dental emergencies, A-Z oral health topics, and how to find an ADA member dentist and ADA Seal of Acceptance products. Also included are videos, tips and activities and a special section to make oral health care fun for children.

He then pieced together enough evidence to know she was a high-risk caries patient due to the high levels of cavity-producing bacteria in her mouth, lack of attention to regular oral hygiene with a fluoride toothpaste, and poor diet.

Featherstone recommended the patient be put on a high-risk regimen of chlorhexidine rinse daily for one week each month and high-concentration prescription fluoride toothpaste daily.

“She was motivated, she wanted to fix it, she didn’t want any more cavities and she bought into fixing her own problem,” Featherstone said.

The patient was sent back to her general dentist who fixed the cavity, and she was tracked for two years. She also modified a diet that, along with a fluoride rinse, allowed her to change her eating habits, and began chewing xylitol gum. After that, her cavities lesions were under control, and she experienced no further issues with cavities, Featherstone said.

“Success story — this is how you can do this,” he told the audience. “Work with the patient to get to the bottom of it.”

The CDA Foundation supports the CAMBRA approach. Featherstone, Peter Rechmann, DDS, PhD, also of UCSF, and the CDA Foundation are currently conducting a practice-based research project that aims to prove the effectiveness of CAMBRA in private practice.

In early 2011, the Foundation hosted a CAMBRA Management by Risk Assessment Symposium in San Francisco. The symposium was sponsored by Platinum sponsors CariFree, Dentacare Foundation and Delta Dental; Gold sponsor 3M ESPE; and Silver sponsor Ultradent Products — gathered a wide range of stakeholders within dentistry. Representatives from universities, third-party payers, private and public practice, and philanthropy were among the speakers.

For more information on CAMBRA and the efforts of the CDA Foundation, visit the “Publications” section of caldodont.org under the “Who We Are” tab to read articles on the topic that have appeared in the Journal of the California Dental Association.

ADA survey: Americans score a D on national oral health

According to a new survey from the American Dental Association, Americans score a D on national oral health knowledge.

The finding is based on a series of true or false questions ranging from how often to brush and what age should a child first brush and what age should a child first see a dentist to implement. He did a bacteria test, measured her saliva and wanted to show UCSF that she had a clean mouth, so she cleaned her teeth vigorously the day she came to see them, Featherstone said.

“What’s more, According to the National Institute of Dental and Craniofacial Research (NIDCR), nine out of 10 adults ages 20-64 have had cavities in their permanent teeth. Dental disease is the most common chronic disease suffered by children. According to the NIDCR, nearly half of children ages 2-11 years old have had cavities in their baby teeth.

New website launched

To help improve the oral health of all Americans, the ADA launched the new website mouthhealth.org. The site

- 81 percent of respondents mistakenly think that sugar causes cavities when it’s really germs in the mouth that feed on sugar and then produce acid, which attacks tooth enamel. In time, these acids attack the enamel to the point where a cavity forms, and
- 59 percent of respondents don’t realize cavity-causing germs can be passed from person to person.

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An estimated 10 million Californians experience barriers to dental care, and while those numbers are alarming, CDA and the CDA Foundation are working to change that with CDA Cares free dental clinics.

The Modesto CDA Cares event provided $1.2 million in dental services to 1,650 of those in need. In August, we’re holding another event in Sacramento and the demand is sure to be extreme, which is why we need your help.

Join your fellow dentists and become a chair sponsor for $500 and provide a place for thousands of patients to receive essential care. It’s a gift sure to have a huge impact.

To donate and to learn more, visit cdafoundation.org/cdacares or call 916.554.5942.
Brett Kessler, DDS, FACD, had a patient come in for an apicectomy, which calls for post procedure pain relief; and Kessler prescribed 12 Vicodin tablets.

The next day, the patient contacted Kessler claiming he accidentally flushed the Vicodin down the toilet. Kessler prescribed more. The day after that, the patient called and said the stitches came out and Kessler must redo the procedure. Kessler performed the procedure again, but the behavior continued.

“The next day, he calls and says, ‘I don’t know what your problem is Doc, but my stitches keep falling out.’” Kessler recalled during his Wellness Track: Methamphetamine — Destruction of Mouths, Lives and Communities lecture at CDA Presents in Anaheim.

The problem wasn’t Kessler’s treatment; the problem was that the patient had a drug addiction.

“Addiction hijacks your brain,” Kessler told the attendees at his lecture. This particular patient would later end up going to the emergency room and claiming Kessler had abandoned him, but Kessler made sure to inform the necessary medical professionals that he had treated the patient fairly but could no longer provide for him because the patient needed help of a different kind.

After hearing this story, an attendee of Kessler’s Wellness Track lecture asked what the right time is to cut a patient off if they have an addiction problem.

“In a case like this, I would say, ‘I’ve given you the appropriate pain medication for the procedure that I’ve done, and I can’t give you any more. I think we should get you to a pain management specialist,’” Kessler replied.

Kessler maintains a private practice in Denver and has taught occlusion, comprehensive care and leadership at the University of Colorado. He is the vice president of the Colorado Dental Association and speaks internationally about various topics on well-being in dentistry.

According to Kessler, in 2011, 131 million prescriptions were written in the United States for Vicodin, 81 million for Oxycontin and 32 million for Percocet. That totals 244 million for narcotic pain medication in one year.

“If you extrapolate that out in a linear basis, the U.S. population is 307 million, that means 80 percent of the U.S. population was given prescriptions for narcotic pain medication last year,” Kessler said.

But prescription drugs weren’t the only topic of discussion during Kessler’s lecture at CDA Presents.

Methamphetamine — also known by its street names meth, speed, ice, chalk, crank, tweak, glass and crystal — is a cheap, easy-to-make drug that is a nationwide problem. According to the 2001 National Survey on Drug Use and Health, 12.3 million Americans ages 12 and older tried methamphetamine at least once in their lifetimes.

Those who are on meth can have symptoms such as a gaunt appearance, repetitive motor activities, skin sores from itching, weight loss, dilated pupils, a dirty chemical smell from the drug’s manufacturing process, decayed/missing teeth, and a sense of being agitated, among others.

“We dentists are the first point of contact,” Kessler said. “We are most likely the first health care professionals to see this demographic because they are worried about the way they look or because they are in pain.”

Meth users also have decreased salivary flow, meaning their PH levels go down, making their teeth softer and more prone to cavities. The drug also leads to dry mouth, which in turn leads to ingestion of sodas and other sugary/acidic drinks.

Kessler recommends dentists move forward very slowly with a patient who has a substance abuse problem in order to build trust so the patient feels the dentist is someone in whom they can confide.

Kessler said he typically tells the patient, “I need to know the root of the problem before I can help fix you because if we don’t figure out the root of the problem, it is going to repeat itself, and I want the dentistry to work for you so you don’t have to deal with this again.”

The California Department of Justice has a Prescription Drug Monitoring Program system that allows preregistered users — including licensed health care prescribers eligible to prescribe controlled substances, pharmacists authorized to dispense controlled substances, law enforcement and regulatory boards — to access timely patient controlled substance history information. The state’s database, known as the Controlled Substance Utilization Review and Evaluation System, contains more than 100 million entries of controlled substance drugs that were dispensed in California. Visit cda.ca.gov for additional resources for patients, visit the Substance Abuse and Mental Health Services Administration’s website samhsa.gov for more information.
Wildarae would end up getting the care she needed, including a partial denture (the clinic provided 143 denture arches and partials to patients). While grateful for her treatment, her face lit up when talking about the volunteers at CDA Cares.

“Everything has just been wonderful, and everybody is smiling and thankful,” Wildarae said. “I am so happy; I just feel like I have been blessed.”

The interaction with patients such as Wildarae is one of the main reasons many of the dental professionals at CDA Cares Modesto enjoyed their volunteer experience.

Danielle Muratore, RDH, decided to volunteer in Modesto because she wanted to find a way to give back to her community and make a difference in people’s lives.

“What I’ve got from this today is how much people really appreciate what we are doing for them and people just said, ‘Thank you so much,’” Muratore said.

CDA Cares Modesto was the first of many future free dental clinics that are expected to be put on by the CDA Foundation. The next clinic will be held Aug. 24–25 in Sacramento at the Cal Expo Fairgrounds.

Dental professionals provided free oral health care to 1,650 people in Modesto. CDA President Daniel Davidson, DMD, called his volunteer experience “very gratifying.”

“Every patient who sat in the chair thanked me profusely, and it’s always great to help people,” Davidson said. “It is gratifying that we can all come together. It’s a testament to CDA and how an organized effort can result in doing good for the community.”

The clinics are a collaborative effort among CDA, the CDA Foundation and the national charitable organization America’s Dentists Care Foundation. The CDA Foundation, with the help of volunteer health professionals (dentists, oral surgeons, periodontists, orthodontists, pediatric dentists, dental hygienists, dental assistants, lab technicians, physicians, nurses and pharmacists) and hundreds of lay volunteers, produced the two-day clinic and relied on ADCF’s expertise, equipment and data collection software.

Jennifer Ivers, RDH, volunteered in Sacramento and volunteered in the past, you should come too,” Ivers said. “It means more to you when you know that you are affecting the people that you are in the community with.”

Daniel Nam, DDS, performed many fillings and extractions for people at the Modesto clinic.

“I am just happy to be able to get them out of pain,” Nam said. “This is a great event. It’s so wonderful to be a part of it; and I hope this only promotes more awareness that it’s 2012, we’re here in the United States, we’re in California and a lot of people are hurting.”

Kathleen, another patient at CDA Cares Modesto, began having tooth pain in March. Her husband recently passed away, she lost her house four years ago and she has 15-year-old triplets with learning disabilities.

“Money is tight.”

Kathleen was able to have her pain relieved and, like Wildarae, expressed deep appreciation for the volunteers.

“Everyone has been very helpful, very polite, very courteous and very encouraging!” Kathleen said. “I am just very, very grateful for all of the people who have volunteered their time to do this.”

To experience how volunteer work can change lives, Davidson recommends dental professionals encourage their peers to participate in CDA Cares Sacramento.

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To experience how volunteer work can change lives, Davidson recommends dental professionals encourage their peers to participate in CDA Cares Sacramento.

“Talk to other dentists, and reserve that late August date [Aug. 24–25] for Sacramento,” Davidson said. “If you haven’t volunteered in the past, you should commit whatever time you have to this event — you won’t be disappointed.”

When it comes to talking to patients about financial or treatment options, it’s important that everyone on your team is on the same page. Thankfully, there are sample scripts conveniently located on CDA’s Compass. From new patient appointments to third-party financing, there are plenty of valuable resources that will have your office running smarter than ever.

cdacompass.com | where smart dentists get smarter.
CDA Compass offers new resource on pregnancy, baby-bonding guidelines

The Practice Support Center receives frequent calls regarding employer maternity and paternity leave in California, and now the CDA Compass has a resource available to help dentists with those questions. The Pregnancy, Maternity/Paternity and Baby Bonding Leave in California resource (available at cdacompass.com) tackles some of the biggest misconceptions in dental practices regarding employer rights under state law. In a color-coded spreadsheet, the resource breaks down state disability insurance, paid family leave, pregnancy disability leave, and the California Family Rights Act and Family Medical Leave Act under federal and California laws.

“This resource is a result of questions members continue to have on this subject, which can be confusing for employers and employees,” said Katie Fornelli, a CDA practice analyst. “In California, there are two income replacement programs that all employees in California are eligible to apply for and receive – state disability insurance and paid family leave. Both programs are available to employees, upon application approval through the state, during pregnancy, following the birth of a child, and during a specific period to bond with a minor child.”

One of the misconceptions among dentists, according to Fornelli, is that they are automatically required as an employer to provide the employee pregnancy disability leave, which allows up to four months, or 88 working days, of leave.

“An outlined in the new Compass resource, the amount of pregnancy disability leave must be determined by the employee’s health care professional, and can be taken during pregnancy or following the birth of a child,” Fornelli said. “Because the employee’s health care provider determines the amount of leave taken before and after the birth date, a dentist should request a medical authorization from the employee.”

Bernadette Bantly, a labor and employment law attorney, said another misconception dentists have is how long they have to hold an employee’s job open when they are out on disability leave.

Bantly said the maximum time a dentist needs to hold the employee’s job open is four months. (In cases where the California Family Rights Act applies, there is an additional 12 weeks possible.)

“It is not necessarily four months from when the baby is born; it is a maximum total of four months of pregnancy-disability leave, whether taken before or after the baby’s birth, and whether taken in a lump sum of time or intermittently,” Bantly said. Only employers with five or more employees (in the past 12 months) are required by law to provide pregnancy disability leave. Also under pregnancy disability leave, no employer compensation is required, and the employee’s same positions and pay/hours must be reinstated upon returning to work. For employers with fewer than 50 employees, group health benefits must be provided to the same extent as done for any other unpaid disability leave.

Fornelli recommends dentists understand the laws that pertain to their employees and make sure their employee manuals reflect these laws.

“As a business owner, it is important to understand what your employee manual states about employee leaves of absence from the practice,” Fornelli said. “Always seek legal counsel to ensure your employee manual follows California law and make sure you and your employees review the manual on an annual basis, at a minimum.”

Additional information on employee coverage waiting periods under state law, employer responsibilities and how all of the pregnancy leave programs work in coordination with one another can be found on the Compass’s new pregnancy resource. CDA is the only state dental association in the country with a service like the Compass. Since its inception in 2009, the Compass has built a vast repository of more than 600 practice management resources, including fax forms for medical releases, consent forms and the fully customizable Sample Employee Manual – 2010 Edition.

To find the Pregnancy, Maternity/Paternity and Baby Bonding Leave in California resource and other information, visit cdacompass.com.
Campaign from PAGE 1

“This is going to be a very visible campaign, and we want California dentists to be familiar with it,” said CDA President Daniel Davidson, DMD. “The campaign creates an opportunity for us to share information about good oral health habits with our patients and others we see on a daily basis.”

The campaign will include extensive media and public relations outreach, communication in both English and Spanish, videos and online tools to support basic preventive care. The goal will be to improve children’s (ages newborn–12) oral health by educating parents and caregivers about the importance of a healthy mouth, and motivating and empowering them to prevent children from experiencing dental pain. This approach is expected to resonate with parents by appealing to their protective instincts.

“There is a large portion of the population that does not understand the basics of brushing or how to achieve and maintain good oral health,” Davidson said. “That population is the one that this campaign will be targeting.”

The campaign will focus on elevating the importance of simple behaviors such as brushing “2min2x” — or two minutes, two times a day — and monitoring that activity. Connecting parents and children to more in-depth oral health resources will be an additional goal of an interactive website that will feature videos, illustrations and educational materials designed to encourage good oral health habits.

“The idea is to take these basic concepts and explain to parents that if they follow them, they can protect their children from pain and suffering. Research for the campaign showed that message resonated with these populations,” Davidson said.

The coalition expects that the campaign could cost between $2.4 million and $3 million. The funds would pay for the hard costs associated with the campaign, including conducting qualitative and quantitative research, television, radio and print production; distribution through TV, radio, newspapers, magazines and the Internet; media monitoring; research tracking studies; website development; public relations; and media outreach.

The partnership’s costs are being leveraged into donated media time (advertising/media exposure on television, radio, newspapers and magazines) with an estimated ad space value of approximately $100 million over three years.

“CDA has partnered with other dental organizations and the Ad Council on this campaign because a statewide effort of the same magnitude would have cost the association tens of millions of dollars if we did it alone,” Davidson said. “The Ad Council campaign will have a national audience, and we couldn’t be more excited.”

The campaign is developing a website for the Partnership for Healthy Mouths, Healthy Lives as a central place for campaign materials. There will be more information on the campaign featured in future issues of Update and at cda.org.

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Ad Council ‘2min2x,’ oral health literacy campaign

Launch date: Week of Aug. 6

Partnership for Healthy Mouths, Healthy Lives: A coalition of 40 dental organizations, including CDA and led by the Dental Trade Alliance, approached the Ad Council about creating an oral health literacy campaign.

Reasons for campaign: More than 16 million children suffer from untreated tooth decay. Many parents lack basic information about oral health.

Main message: Prevent your child from experiencing dental pain by making sure they brush for two minutes, two times a day.

How campaign will be launched: Media and public relations outreach, communication in both English and Spanish, videos and online tools through a campaign-specific website.

CDA’s participation: The 2011 House of Delegates authorized $100,000 (paid in equal parts over three years) for the three-year campaign, which will be leveraged — along with partner contributions — into an estimated media value of approximately $100 million.

Checking credit card rates can save money

Many processors will give dentists an attractive qualified credit card rate when they know that most of their transactions will not qualify at that rate. Elavon, a CDA Endorsed Program, recommends dentists find out what rate they are really paying for their credit card processing.

Dentists can determine that rate through some simple analysis of their processing statement. Elavon recommends taking the total amount of fees being paid and dividing that by the total dollar volume of the transactions processed. The resulting number is what is called the effective rate — the average rate paid per transaction.

Although the real rate is determined by the number and volume of transactions processed, the processor’s effective rate is determined by the average rate paid by all dentists using his leases.
Marketing your dental practice to the Instagram audience

It was big news when Facebook announced it would acquire Instagram for a whopping $1 billion — the most ever for a mobile phone app. However, it’s easy to understand why the social media company saw Instagram as a good fit for its business.

Instagram has grown exponentially since its launch; and after opening itself up to the Android market, it saw even faster growth. As the most popular photo-sharing application on the market (with more than 40 million users), this free smartphone app is something business owners can take advantage of by utilizing it to promote their brand and target their local audience.

To get your practice started on Instagram, you first need to download the app on your smartphone and create an account. We recommend creating an account with a username that is easy for patients to remember. Instagram users worldwide will be able to see your username, so it is recommended that your username represent your practice (e.g., LA_Dentist or DigitusDDS). Next, edit your profile to share a little more information about your practice, including a 150-word biography and your website address (URL).

As with any effective marketing campaign, there are tricks of the trade when using Instagram. Think of Instagram as a photo blog on which you can market your practice with a balance of interesting and artistic images that showcase brand, practice and staff, alongside images of your community, local events and area. To begin taking images, you can either use an image that is previously saved on your phone, or you can use the camera within Instagram by tapping the center camera icon to take a photo.

**Link social media accounts together**

Instagram supports many social media platforms. By linking your other social media accounts to your Instagram account, you can upload your images across all social media platforms. To link your accounts, click on the bottom right tab located on the Instagram home screen (the icon resembles an ID card). Now, at the top-right hand corner, click on the three vertical dots, and click “Edit Sharing Settings.” For each social media platform (Facebook, Twitter, foursquare and Tumblr) you will input your account’s login credentials. Connecting various social media profiles allows you to connect with your audience across all social media platforms, ultimately increasing your exposure to current and prospective patients.

When you upload an image, you can select the social media accounts you want to simultaneously upload the image to. It is important that you check the boxes of each account you want the images to appear on, or it will only upload the image to Instagram.

**Instagram + Google Maps = increased exposure**

Local marketing is all about location, and Instagram has a geo-tagging feature, enabling you to identify the exact location where your photos were taken. And, with the integration of Google maps, any user who clicks on the tagged image location can easily pull up your Google Places profile directly from the Instagram app, giving users access to additional information about your practice.

Users can also search for businesses within Instagram using the search feature. To enable users to search for your practice, enter your practice information into the database by visiting geotagcreator.com.

**Making the most of your account**

The tips below will help you increase your online exposure. As with most marketing techniques, employing multiple methods at once is the most effective way to achieve greater success.

1. **Past regularly** — This is the cardinal rule of any social media profile. If you want followers, and you want to keep people interested, you have to maintain their curiosity. With Instagram, images scroll vertically in a linear manner based on the date and time they are posted, so if you aren’t posting images regularly — at least weekly — you won’t be noticed. Now, this doesn’t mean you have to walk around your office snapping photos all day. Spend your day off taking 30–40 images and upload a few throughout the day. Another idea is getting your staff involved so everyone can participate in the photo-sharing opportunity.

2. **Use hashtags** — Instagram users constantly use a hashtagging search feature to sift through images and find new users to follow and images to “like.” By accurately tagging your images, you can increase your “followers” and “likes” on Instagram. Hashtags help identify the category of your images and will display under your image. Hashtags do not allow spaces and punctuation, so if you want to enter a phrase simply insert the “#” symbol and make the phrase one word (e.g., #teethwhitening). An example of using hashtags in a photo series for teeth whitening is: “Look at the #beforeandafter on this patient’s new #smile! The difference that #teethwhitening can make is impressive.”

3. **Create an online Instagram profile** — There are several websites that allow you to feed your Instagram photos to an online profile. This can help your online Instagram profile and images to rank organically in Google for the hashtags you use regularly on your Instagram photos. Some reputable examples include statigram or instaprof appspot.com.

4. **Promote your Instagram account** — You can promote your Instagram account at your office, on your website and even on your Facebook account. Simply state: “Follow us on Instagram (@ DigiratiDDS).” This way the more you can let people know about your Instagram account, the greater will be your exposure to new patients to find and follow you.

You can also print your Instagram photos (via postagram.com) and display them in your practice, or entice patients to enter a contest to have their photos featured in-office, thereby increasing your followers and generating interest between your office and your patients.

5. **Engage with other users** — To effectively connect with current and prospective patients through social media accounts, you must remain “social.” While you aren’t face-to-face, you still have to engage users to help them feel connected to you online.

With regard to Instagram, this means finding images from other “Instagrammies” that you like. When you find images you like, it is recommended that you comment and follow these users, as this ultimately helps you increase your exposure. The more involved you are with other users, the more likely they are to comment, like and follow you as well.

**Consider your audience first**

You may argue that Instagram isn’t for you and that photography isn’t your thing. However, if you’re one of the nearly one-third of the population described as visual — whether that means a visual learner of someone who is simply intrigued by images — which equates to 2.1 billion visual people, regardless of whether writing is a visual person, chances are your patients and potential patients are; and they’re on Instagram wanting to see your practice through your camera lens.

**Demandforce launches ‘Demand More’ campaign, 87 new features**

Demandforce, a CDA endorsed partner and leader in online marketing and communications, has launched a campaign called Demand More, announcing a long list of new features and enhancements to its Demandforce product.

These new features contribute to a greater online presence for more than 10,000 dentists and 25,000 other Demandforce business users, enabling them to form and nurture relationships with consumers.

Demandforce pioneers technology for service industry businesses to grow new demand rapidly while nurturing their current customer (or patient) base. These new features, according to Demandforce, are found to show a strong, positive correlation between public reputation and actual business performance.

“All of the new features enable Demandforce subscribers to continue to stay ahead of the curve and be competitive in today’s Internet economy,” said Patrick Barry, Demandforce chief marketing officer. “Demandforce continues to innovate; and for this release, we have bundled all of the new features under three main pillars: more innovation, more connections and more success.”

More innovation means enhancement to the email campaign functionality. Demandforce syncs with the practice management system and provides specific patient and appointment information to reach patients. Demandforce users can send unlimited customized and segmented emails, upload unlimited images, edit content, and change the look and feel of emails instantly.

More connections means Demandforce has expanded its connections to include Civic, InsiderPages, Yelp.com and Bing, which increases customers’ visibility to many more consumers. Practice contact information and certified patient reviews are now syndicated to more places across the web, automatically. Patients can now schedule appointments directly from those websites; and all of that activity is automatically tracked, allowing customers to always know where each of their appointment requests comes from.

More success means Demandforce has expanded the Demandforce Network to give customers unlimited and unprecedented access to every contact that is connected to Demandforce in their local area. Demandforce says its Demandforce Network helps attract high-quality patients and customers, increases business awareness and increases revenue.

Demandforce is a CDA Endorsed Program. To learn more about Demand More, visit demandforce.com. 
CDA Presents in Anaheim breaks attendance record

CDA Presents in Anaheim drew a record-breaking attendance of 28,934. The overall attendance, which included 7,212 dentists and 6,285 dental assistants, broke the previous record set April 2002 at CDA Presents in Anaheim.

“The high attendance numbers at CDA Presents in Anaheim give us the satisfaction of knowing, without a doubt, that members continue to consider the show a valuable benefit of CDA membership,” said James Van Sicklen, DDS, chair of the CDA Presents Board of Managers.

CDA Presents encompasses dynamic speakers, an extensive tradeshow, numerous C.E. credit opportunities and social events. The May 3–5 event featured more than 155 lectures and workshops (attendees earned a total of 30,172 C.E. units) and a 130,000-square-foot exhibit hall at the Anaheim Convention Center packed with approximately 580 companies that spotlighted several innovative products.

On top of the record attendance, attendee survey results reflected a 91 percent overall satisfaction response.

“We work hard to bring the highest level of education and dental products to CDA Presents, so it is very gratifying to hear that such a high percentage of attendees were satisfied with their experience,” Van Sicklen said. The CDA Presents Board of Managers scouts national dental meetings to create a speaker circuit unlike any other. This gives dental professionals one of the best ways to stay on the cutting edge of the dental industry, and attendees can attest to this.

Steve Beuligmann, DDS, has been attending CDA Presents for 25 years and said the show always gets him “excited about dentistry.”

“It’s the shot in the arm that really makes me ready to go back and fire things up for another year,” Beuligmann said.

Gary Altenburg, DDS, called CDA Presents “very fascinating and helpful.”

“I find the information at the meeting here probably better than many other meetings that I have attended,” Altenburg said.

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.

For more information, visit cdapresents.com.

New TDIC Risk Management seminar could help dentists avoid lawsuits

Incomplete documentation, omission of necessary procedures, failing to fully inform patients — these are just a few things that can lead to a lawsuit in a dental practice.

To avoid such lawsuits, TDIC is offering a new Risk Management seminar, The High Cost of Shortcuts, that presents real case studies to dentists and staff members to help them understand best practices on charting, radiographs, communication with patients and the dental staff, office protocol when dealing with patient emergencies, and recommending treatment plans. Policyholders who attend also will receive 3 C.E. units and a 5 percent discount* on their TDIC Professional Liability premium for two years.

“This course helps dentists make better choices in dealing with patients every day,” said Sheila Davis, assistant vice president of Claims and Risk Management.

The first live course will be held in Burlingame on Friday, Aug. 24, at the DoubleTree by Hilton Hotel. Additional dates and locations are scheduled for the fall, including eLearning options. Registration is available starting Aug. 1.

Risk Management staff are familiar with multiple aspects of dentistry and are solely dedicated to assisting dentists with questions regarding their Professional Liability coverage — a true benefit provided to policyholders with zero impact on their Professional Liability premium.

For more information, visit tdic.org/seminars.

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quality of life, and not always because they want good health, so the general demand for services is less. When those services are not purchased as frequently, there is going to be a reduction in practice income. Doctors carrying significant debt will have trouble with cash flow.

The other issue has to do with the dental insurance industry. Many plans today pay low benefits and force doctors to accept low payments. Health care premiums in general have been increasing at a rate greater than inflation, and that started long before the recession hit. Employers in general were feeling an economic pinch when benefits for employees became expensive. When the recession hit, employers said they could no longer afford health care premiums, including dental insurance premiums, and demanded those decreases. Now, employees are buying lower quality insurance, the rules are more constricting for dentists, and dental practices are vulnerable to that problem.

**Update:** Why are young dentists struggling?

MP: Younger dentists are struggling because they haven’t been educated on the business side of a dental practice. The business training materials you can purchase privately are very expensive, and younger dentists are priced out. I am a professional consultant myself, and much of what is available out there in the industry is difficult to learn. With the Practice Support Center and CDA Compass, we wanted to take that general information that is out there for sale and make it available to dentists in order to force the private consulting industry to raise the bar.

**Update:** You often hear that dentists do not receive enough business training in dental school. Why is more education on the business side of running a practice so important?

MP: Dentists are left-brained individuals. They are very good at stringing together a large number of steps with great precision, but many have trouble with some other skill sets that would make them entrepreneurial and good business leaders. Characteristics that make them good clinically often do not work in their favor when it comes to the business side of running a practice.

**Update:** How is the Practice Support Center trying to help dentists through this difficult time?

MP: This year, the Guide for the New Dentist was launched. I was fortunate enough to be able to contribute some of the content myself, while collaborating with others on other portions. It is a wonderful introduction to the business side of dentistry. I have not seen anything quite like it coming out of dental schools, the ADA or the private sector. It is unique in that it is a resource that contributes to giving dentists the basics they need to run a practice. CDA members can visit cdacompass.com to download it for free.

**Update:** How could you have benefited from a resource like the Guide for the New Dentist when you graduated from dental school?

MP: If I had had the Guide for the New Dentist as a senior dental student, when I was near the end of dental training, it would have had a huge effect on my ability to make decisions at the beginning of my career. Young dentists coming out of dental school don’t know what they don’t know. They know they have a lot of debt and are excited about treating patients. In my day, almost any business decisions you made as a dentist would result in financial success. It was easy to win in the marketplace. When I graduated from dental school, every dentist could easily find employment and keep busy so they would have an adequate cash flow to service their debt and live their life. The present-day dentists graduating from dental school and moving into a practice was a natural evolution. There are dentists today that still perceive that those easy conditions exist. Some are uncomfortably surprised when they attempt to buy a practice or even find employment.

**Update:** What new trends are you seeing in dentistry today?

MP: The most positive thing in dentistry today is the large number of treatment modalities and commensurate materials that are now available for patients. The technology and techniques are increasing at an incredible rate. There is no service in my practice that I provide the same way I did in 1979. There are many procedures where the technique is completely different. Our ability to provide services has never been at a higher level.

Because of the economy, more patients are going to be investing in treatments out of pocket, and they will do so only if they perceive value. Many of the practices owned by CDA members who are thriving right now are selling services that weren’t available 20 years ago. If dentists have the appropriate communication skills to explain treatment options and create value, they will thrive; I am very optimistic about that.

**Update:** From the Practice Support Center’s launch until now, how have you seen it grow, and what has been the feedback from members?

MP: Members have been very receptive to it! The number of members using the Practice Support Center and CDA Compass has increased steadily over time. There are more than 12,500 registered Compass users now — that’s a lot of usage. On top of this, I couldn’t be more pleased with the number of resources available today. In addition, Practice Support Center analysts are fielding 500 calls a month.

**Update:** What is your favorite resource on the CDA Compass?

MP: The Choosing a Dental Practice Model resource is very valuable. It explains the doctors’ relationship with insurance in a business sense.

**Update:** What is in store for the future of the Practice Support Center/CDA Compass?

MP: We are focusing on continuing education programs for dentists. We are working right now on a project that will allow us to analyze a member dentist’s practice statistically and determine where their strengths and weaknesses are on the business side, then offer actual trainings in areas where they need help.

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**Support**

From PAGE 1

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**New disposal options for medical waste**

Mail-back systems for sharps disposal have been around for years. As of last September in California, mail-back systems are available for biohazardous waste and pharmaceutical waste. This is a new option for dental practices reluctant to sign a contract for monthly pickup of very small quantities of regulated waste.

Mail-back systems for medical waste must be approved by the Department of Public Health. DHIP regularly updates and posts lists of participating companies online at cdph.ca.gov/certificlalmedicawaste/Pages/MailBack.aspx. All the listed companies offer a mail-back system for sharps. WasteWise/WCM and XMed Disposal Inc. are the two companies on the list that offer mail-back systems for biohazardous and pharmaceutical waste. If ordering the Isoluzer system from WasteWise, be aware that there are two different products with the same name. One Isoluzer product is for the treatment of sharps waste. The other Isoluzer product is a mail-back system for sharps and biohazardous waste. The mail-back service is distinguished only by the letter "h" in the product name.

The XMed Disposal system offers a variety of sizes. Visit the DPH website and watch the video tutorial to learn more.

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**Credit Card Rates**

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processed, the following example illustrates how a qualified rate and effective rate can differ:

- **John Doe Dental Associates**
  - **Qualified rate:** 1.5%
  - **Total monthly fees:** $250
  - **Total monthly volume:** $10,000
  - **Effective Rate:** $250/$10,000 = 0.025 or 2.5%

Elavon offers practices a customized program that discloses all rates and fees. If an effective rate is higher than 2 percent, a dentist could benefit from the Elavon processing program.

Dentists can turn their computer into a cost-effective payment terminal with Elavon’s VirtualMerchant. Virtual Merchant is a complete hosted payment solution that instantly transforms a computer into a “virtual” payment terminal.

VirtualMerchant Mobile allows dentists to accept payments via their smartphone. For a limited time, Elavon is offering its VirtualMerchant or Virtual Merchant Mobile for $99. Included is a card reader to swipe cards for face-to-face transactions.

**For a free rate analysis, contact** the CDA account representative at 800.226.9332, ext. 8053, or email dentalassoc@elavon.com. You will need to provide a current statement for the analysis.
New members
On behalf of organized dentistry, CDA welcomes the following new members:

Alameda County DS
Bullard, Sean L.
Kim, John H.

Contra Costa DS
Guerguis, Raab Wadie
Park, Steven Yong Chan

Los Angeles DS
Akagi, Jennifer Kiku
Christensen, Nathan Fjeldsted
Salwan, Meenakshi
Villar, Raquel Buenaventura
Youn, Yeaseul

Napa-Solano DS
Nare, Prash Vihal

Northern California DS
Ash, Carolyn Marguerite
Carter, Parvin Salmasie
Shoak, Christine Theresa
Wise, Andrew Russell

Orange County DS
Niemiec, David Anthony
Passamano, Robert J.

Sacramento District DS
Arellano, Guillermo Arturo
Claus, Christopher
Mayeda, Chris Y.
Niazi, Sadia Z F.
Yang, Magnus Kok

San Diego County DS
Adourian, Edward Arax
Aubry, Brian

San Francisco DS
Oh, Connie S.
Pung-Yamato, Chong Pei Nikki
Wilson, Bradley Paul

Santa Clara County DS
Oh, Sarita
Vallante, Michael Car Quindara

Tri-County DS
Kim, Jinsoo
Nguyen, Dan C.
Patel, Neil V.

Western Los Angeles DS
Kahn, Rahana Khan

Budget deal exempts dental from managed care shift

As this issue of Update was going to press, the Legislature was voting on a state budget agreement that includes a phased-in elimination of the Healthy Families Program and the shifting of its 880,000 enrolled children into the Medi-Cal program over the course of 2013. The intent of the legislation, which Gov. Jerry Brown has sought for two years, is to shift most children into Medi-Cal managed care plans that are the same or equivalent to the ones they are currently enrolled in for the Healthy Families program.

Culminating two years of CDA advocacy in response to the governor's proposal, the legislation implementing this change contains dental exemption language requiring that children currently enrolled in Healthy Families be transferred to the Medi-Cal fee-for-service program instead of to a dental managed care plan, with the exception of Sacramento County (where dental managed care is mandatory) and Los Angeles County (where it is a voluntary option).

Once the budget process is completed, further details will be provided at cal-dent.org and in future issues of the Update.

Obituary
Paul D. Backman, DDS
USC, 1943

Charles W. Betner, DDS
College of Physicians and Surgeons, 1950

Robert G. Delucchi, DDS
University of the Pacific, 1981

Olive H. Scheideman, DDS
Loma Linda University, 1967

Alphonso A. Valdes, DDS
USC, 1955

Often, where you come from defines where you’re going.

A fifth-grade field trip to a dental office was the spark that led Mao Her-Flores to dentistry, but her experiences as a young girl working in the fields with her parents are what shaped her choice of where to practice. You see, as a young dentist, she ran a community clinic where she cared for migrant workers and their families. And in the faces of her littlest patients, she saw herself.

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 competitive multipolicy discounts. Creating the ultimate coverage to protect your practice, perfectly. And you wouldn’t have it any other way.

**TDIC Optimum Bundle**
Professional Liability
Office Property
Workers’ Compensation

Protecting dentists. It’s all we do.
800.733.0633
tdic.solutions.com
CA Insurance Lic. #0652783