Health care reform in California: Activity on several fronts

California continues to move toward implementation of health care reform by working in different arenas on different aspects of the law.

Exchange Board to decide on qualified health plans

The Health Benefit Exchange Board, which oversees the soon-to-be created health and dental insurance marketplace authorized in the Affordable Care Act, is currently wrestling with decisions regarding which health and dental plans will be able to offer benefit packages in the Exchange once it is up and running.

The Exchange Board and staff are struggling with one of the fundamental questions regarding operation of the Exchange: What will the insurance offerings within the Exchange look like? The board is working to define the parameters that health and dental plans must use when putting together their bids for the board to approve for sale in the Exchange.

CDA has actively engaged the Exchange Board and staff regarding the structure of the dental benefit packages that will be offered for purchase, advocating that adult dental benefits be offered. While children’s dental benefits are part of the Essential Health Benefit packages that must be sold, adult dental benefits are designated as a leader, said Practice Support Center Analyst Katie Fornelli.

“From the minute you step into your practice, as an associate or as an owner, you are designated as a leader,” said Practice Support Center Analyst Katie Fornelli.

“The success of your dental team and the business is largely dependent on your leadership impression.”

Fornelli said setting up a vision and strategic plan is a good first step. A vision statement is a picture of the practice in the future, but it is more complex in that it sets the stage for goals and is a definition of the dentist’s leadership. This statement is intended to be an internal document to be shared with staff and those who are involved in the business operations of the practice.

“You vision statement acts as a compass for your practice. It may not provide you with the exact path to achieving your goals, but it will certainly point you in the right direction,” Fornelli said.

Effectively Utilizing a Vision Statement in the Dental Practice is a resource on the Compass that provides dentists tips on the best ways to craft their statements.

Once the vision is created and shared with the team, another resource — Strategic Planning Action Plan Worksheet — can help dentists become practice leaders.

A leader is defined as someone who has commanding authority or influence. Dentists are in a position of authority within their practices because their teams look to them for guidance.

The Practice Support Center’s website — cdacompass.com — offers dentists several resources that can help empower them to be the leaders their teams want them to be.

Compass helps dentists become practice leaders

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Once the vision is created and shared with the team, another resource — Strategic Planning Action Plan Worksheet — can help designate specific, measurable, attainable and realistic goals for everyone in the practice.

This tool should be used to create the short-term goals that will help the team work toward the “big picture” vision. The
Dental plans discuss benefit trends in California

At its August meeting, the CDA Dental Benefits Task Force heard from representatives of three dental benefit plan companies about the trends in the market and the factors that are affecting benefit product designs. This was the first of two meetings that the task force has planned with representatives of the dental benefit plan industry.

Speaking at the task force were William Ten Pas, P.D.M., president of Oregon Dental Service; Paul Mannos, DDS, dental director for United Concordia Dental; and Gary Doogan, DDS, national dental director for MetLife. Doogan is a former member of the CDA Board of Trustees and a member of the Dental Benefits Task Force.

“The message conveyed was that many factors affect the price of dental benefits, and the price affects the level of reimbursement to providers,” said Walt Weber, DDS, chair of the task force. “Competition keeps premiums low, and plans are affected by the same economic factors that any business must consider when marketing a product or service, and these factors are usually not under the control of a dental benefit plan company.”

One of the biggest factors affecting the design of dental benefit products is the continued flat economy. There’s a push toward PPO beneﬁt designs, and this push is driven by employers. Although dental costs are low compared with medical coverage, employers are looking to save wherever they can, even a few cents on the dollar; and if minor savings can come from revised dental coverage, they will often take it.

Each plan representative reported that in addition to a shift in the benefit designs being purchased by groups, savings are also being sought by patients covered by those plans. The plans have experienced a reduction in dental claim volume over the past few years. As the number of enrollees in plans has increased, utilization has declined. Higher cost treatments are being deferred by patients to a later time. However, preventive procedures have increased because plans tend to provide this care with no patient copayments.

Another factor in cost savings is the increase in companies that self-insure the dental beneﬁts of employees. A signiﬁcant amount of business done by dental beneﬁt plans is from administering self-funded plans, not in administering the commercial coverage they sell. In self-insured plans, employers, or often unions, pay directly for care for their members, with dental plans acting solely as beneﬁts administrators and fulfilling such activities as receiving and processing claims. Self-insured plans are group-driven in terms of design. In self-insurance, employers don’t purchase a prepackaged dental plan, but instead design a plan speciﬁc to their employee population. Groups want to manage health as much as they want to control costs, and groups tend to do this more effectively when they self-insure.

Dental benefit plans are often referred to as “third-party payers,” with patients being one party, the dentist being the second party, and payers being the third. But what has become increasingly evident in CDA’s dental beneﬁts research project is that there are more than three parties that have an interest in what beneﬁts look like and cost. In addition to patients, providers and payers, there are:
- Employers, the purchasers of coverage;
- Brokers and insurance consultants, who help purchasers identify what their needs are and what will be best for their members or employees;
- Trusts, unions and third-party administrators of self-funded plans;
- Organized dentistry, promoting the interests of providers, patients and the public;
- Payors, a mix of state and federal levels who deﬁne how the business of insurance operates under their laws; and
- The regulatory agencies that license insurance companies.

Even dental supply companies inﬂuence the marketplace, as they market new materials and equipment. Each interested party inﬂuences what dental beneﬁts look like and cost, and these inﬂuences are largely out of the control of the providers.

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Ad Council's oral health literacy 'toolkit' available online

The Ad Council's Kids' Healthy Mouths campaign launched last month with announcements and press coverage on national television and radio and in social media and newspapers. The primary message of the campaign is to encourage children to brush their teeth "2min2x", (two minutes, twice a day). The campaign's initial phase focuses on parents and caregivers of children ages 2 and younger to motivate them to protect kids from dental disease and pain.

The launch included extensive media and public relations outreach, communication in both English and Spanish, Ad Council public service announcement videos and online tools to support basic preventive care.

"This is very exciting for the entire oral health community," said CDA President Dan Davidson, DMD. "It's the first time in the Ad Council's 70-year history that a campaign has focused on children's oral health, and with more than 16 million children suffering from untreated tooth decay, this is very much needed."

In addition to the public service announcements and 2min2x.org, an interactive website where children and parents can learn more about oral health and dental disease prevention, the Ad Council created an online toolkit designed for dentists and dental societies to use in community outreach efforts. The toolkit, which can be found at 2min2xcasecouncil.org, contains resources, links to Ad Council videos and information about the campaign.

"We know oral health literacy is a priority for our members, and it's an important part of our access report," Davidson said.

"This toolkit will provide members and components an opportunity to do outreach in their communities." Components interested in engaging their communities can find several resources in the toolkit that will help that process. There are public service announcements that can be linked to websites, a generic/customizable outreach email template and educational resources such as CBSE's Cavity Keep Away and Pediatric Oral Health Access Program. For the social media savvy, the toolkit provides prewritten Facebook posts and tweets that can be shared. The campaign also has a dedicated YouTube channel, youtube.com/2min2x, where two-minute content is featured.

The Ad Council and a public relations firm promoted the launch of the campaign, generating stories on national and local television, in newspapers and through social media.

"We as a profession are all in this together, and by utilizing the resources on this toolkit, collectively we can make an impact" Davidson said.

CDA and 35 other dental organizations formed the Partnership for Healthy Mouths, Healthy Lives and collaborated with the Ad Council to produce the three-year advertising campaign, aimed at raising awareness about the value of good oral health for children. In addition to partnering with the coalition, CDA is a key member of the executive council, which oversees the development of the research-based messages.

Donations of approximately $3 million from the coalition members are being leveraged into the advertising campaign with an estimated media value of approximately $100 million.

"As a stand-alone state organization, we couldn't have launched a much-needed campaign like this on this scale. So we are pleased to have been a player in its development," Davidson said.

For more information, visit cda.org

State dental director/workforce study bill held in fiscal committee

As the 2012 legislative session neared a close, in an unexpected action, SB 694 (Padilla) was held in the Assembly Appropriations Committee and thus will not move forward in this legislative session. SB 694, introduced by Sen. Alex Padilla (D-San Fernando Valley) in January 2011 at the request of The Children's Partnership and supported by CDA after months of discussion and amendments, called for a study of the state Office of Oral Health and the appointment of a state dental director using revenue sources other than the state general fund in recognition of the state's ongoing fiscal challenges.

The bill also called for a privately funded university dental school study of the safety, quality and cost-effectiveness of specific procedures performed by registered dental hygienists and registered dental assistants in expanded functions.

Despite provisions limiting the bill's costs to the state, the Assembly Appropriations Committee staff expressed concerns about the implications of creating new state infrastructure — the office and dental director — that the state cannot fund and the potential future pressure on state funds if such infrastructure was initially established with private funds.

"Ultimately, SB 694 was held in the committee under a process known as "suspense. In both the Assembly and Senate, bills with any significant potential fiscal impact are collected on the "suspending file. Numerous bills are typically placed on the suspense file and are dealt with in a single hearing late in the legislative calendar. Unlike any other committee or either house floor, numerous bills are "held" in the appropriations committee at that hearing without a vote being taken, at the full discretion of the committee chair and house majority party leadership.

"Throughout this legislative session, we believe there was clear support from the Legislature and administration for the workforce study approach in SB 694," said CDA President Daniel Davidson, DMD. "However, the Office of Oral Health was essential to CDA's support for the bill, and we had been working with the committee, the author and sponsors on amendments that might address the committee's concerns regarding the office, concerns that we knew also existed within the Brown administration. Ultimately, the committee's concerns regarding these details were not alleviated before the hearing, and thus the bill was not moved forward."

Padilla responded to the committee action by stating his determination to pursue this issue in the next session. Padilla sent a letter to CDA, co-signed by Sen. Bill Emmerson, indicating that the special legislative session on health care that will be convened at end of the year will provide a great opportunity to work with legislative leadership, the governor and stakeholders on the details of funding the dental director and to fulfill the goals set out in SB 694.

In the letter, Padilla wrote, "I strongly believe in the importance of a viable, appropriately funded Office of Oral Health that can provide statewide leadership, as well as a university-based study to assess California's oral health workforce. I look forward to working with you in the special session to tackle the dental health access issue."

In response to the letter, Davidson said: "As I committed to CDA leadership following the committee action, CDA will continue to advocate for the association's policy as directed in the Access Proposal: Phased Strategies for Reducing Barriers to Dental Care in California and by the actions of the House of Delegates in March. Establishing an Office of Oral Health is the foundation of the access proposal."
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benefits are called “supplemental,” and the Exchange may choose whether to offer them. CDA has argued that offering adult benefits for consumers and small businesses will purchase will allow the Exchange to be the central location for comprehensive access to health and oral health benefits for both children and adults.

The other key dental benefits question relates to the issue of stand-alone plans. The Exchange will decide whether it will allow children’s dental benefits to be offered by stand-alone dental plans, by health plans as an integrated part of a medical benefits plan, or both. CDA has argued that the Exchange must offer stand-alone dental benefits to create parity and consistency with the current marketplace and the future marketplace outside of the Exchange. In addition, offering a variety of benefit options, including those provided by stand-alone dental plans, will ensure that consumers have adequate choice of products and packages.

Decisions on these key issues must be made in the next few months in order to give health and dental plans sufficient time to craft bids for the Exchange Board’s consideration and selection. The board expects insurance products and packages will be available for purchase through the Exchange in October 2013.

CDA will continue to advocate with the Exchange Board and staff to ensure implementation of the dental benefit packages meets the needs of dentists and their patients and optimizes access to needed dental care.

Administration discusses Healthy Families transition to Medi-Cal

Another key issue — the elimination of the Healthy Families Program — has now moved to implementation by the administration with oversight by the Legislature. The administration proposed and the Legislature approved the transition of all 875,000 children currently enrolled in the Healthy Families program to the Medi-Cal program. Without this proposal, about a quarter of the children would have been transitioned to Medi-Cal in 2014 as a result of the Medicaid expansion component of the Affordable Care Act. However, to score early budget savings, the administration proposed and got approval from the Legislature to move all of the children in 2013.

Given the severity and enormity of the Healthy Families Program elimination, CDA considers it a great achievement to outline their goals for the transition process: to facilitate a smooth transition, minimize disruption in services, maintain adequate provider networks, and ensure access to care.

Stakeholders questioned the administration’s ability to develop and maintain a sufficient network of dental providers within the current Medi-Cal structure — fee-for-service or managed care — to provide dental care to all 875,000 new enrollees. Department representatives expressed their intent to conduct a concerted provider outreach effort to encourage current Healthy Families program providers to become Medi-Cal providers if they are not already. In addition, the Department of Health Care Services plans to help those Healthy Families providers who are interested in transitioning to become Medi-Cal providers by expediting their enrollment in the program. The department representatives were clear, however, that an increase in the Medi-Cal rates paid to dental providers was not under the department’s control and not part of the current plan.

The department is required to get permission from the federal Centers for Medicare and Medicaid Services and submit a strategic plan for their implementation process to the Legislature by Oct. 1. CDA will continue to actively engage with the administration in the implementation discussions and with the Legislature in their oversight process, and will keep members informed as the issue progresses.
CDA legislation nears final passage

With just two weeks remaining in the 2012 legislative session, CDA-sponsored AB 2252 (Gordon) was approaching final passage to the governor’s desk. AB 2252 (Gordon) is intended to improve dental plan communication with dentists about contractual and policy changes. It would require plans to provide at least 45 business days’ written notice of any material changes to plan rules, guidelines, policies or procedures concerning provider contracting or coverage of or payment for dental services. It would also require plans that automatically renew their provider contracts to make available annually upon request a copy of the current contract and a summary of any material changes made since the contract was issued or last renewed.

As AB 2252 has moved through the Legislature this year, CDA has worked with legislative staff and dental plan representatives on a series of amendments that have clarified and streamlined the notification requirements without significantly compromising the bill’s intent. It has received unanimous votes in all committees and on the Assembly floor thus far, and is not expected to encounter significant opposition the rest of the way. Should AB 2252 received final passage in both houses of the Legislature as expected, the governor will have until the end of September to sign or veto the bill. If signed into law, the bill will take effect Jan. 1, 2013.

Hand-eye coordination in sports, helped him hit a home run in dentistry.

Scott Szotko had two passions growing up, sports and science. And while originally he thought he’d go into medicine, he began to think about dentistry in high school when his own dentist piqued his interest in the profession.

Everything coalesced in college when he realized that with dentistry, two passions growing up, sports and science. And while originally he thought he’d go into medicine, he began to think about dentistry in high school when his own dentist piqued his interest in the profession.

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

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Balanced life for optimal health

Achieving optimal health is more than eating right and exercising, and it’s more than the absence of sickness, attendees at CDA Presents in Anaheim learned during the seminar, Life in the Balance: Strategies for Optimal Health.

Recognized internationally as an expert in integrative medicine, Tieraona Low Dog, MD, presented an information-filled seminar about the importance of maximizing a person’s five pillars of health — emotional, intellectual, physical, social and spiritual well-being — which are all connected and essential for optimal health.

Looking at what happens when the body is under stress, Low Dog explored the negative impacts of prolonged, chronic stress on the body.

“When you think about what’s going on when you’re in a stressful situation, your heart beats faster, blood pressure rises and everything tightens up,” Low Dog said. “All of this is the stress response. It’s all designed to mobilize your resources so you can fight or you can flight and flee.”

The problem with chronic stress is its far-reaching negative impact on the body, which is detrimental to our health and well-being. Low Dog explained that the body begins to shut down long-term building projects, turns down the immune system and even the reproductive process.

“This nervous system is so fine-tuned and hard-wired in your body, when it’s too stressed out, it can cause all kinds of problems — heartburn, irritable bowel syndrome, headaches, you name it,” Low Dog said.

When faced with stressful situations, a person’s body produces cortisol, which influences food consumption by binding to receptors in the brain that stimulate an appetite, easy food consumption, headache, irritability, insomnia, weight gain, headaches, mood swings, increased infections and muscle tension are also linked.

“High blood pressure, high cholesterol, high blood sugar and insulin resistance are all linked to high cortisol levels,” explained Low Dog, who pointed to constant emails and text messages, traffic jams, and situations such as being a caregiver to an ill loved one as sources of stress.

Resiliency in dealing with life’s stressful situations explains why some people can seemingly roll with the punches and bounce back quickly, while others dwell on problems, become overwhelmed and turn to unhealthy coping mechanisms such as overeating, drinking too much and overspending.

Low Dog explained that everyone is born with innate resiliency, with the capacity to develop traits seen in resilient survivors:

- **Social competence** — empathy, humor and communication skills;
- **Autonomy** — a sense of identity, self-efficacy and ability to distance oneself from negative messages and conditions; and
- **Sense of purpose** — belief in a bright future, optimism, goals and spiritual connectedness.

“You’ve got to keep thinking ‘I’m strong, I’m capable, I can do it,’ ” Low Dog said. “When you take good care of your body, that gives you a strong mind and a calm mind.”

The presentation also focused on the benefits of exercise and research that proves its benefits, including lowering the risk of cancer by reducing insulin-like growth factor levels associated with increased cell tumor growth.

“Fat cells produce hormones that promote cell growth. They also produce proteins that cause inflammation and insulin resistance, which also promote cell growth,” said Low Dog, who encouraged audience members to walk 10,000 steps a day or practice Tai Chi, an ancient Chinese martial art that combines meditation and slow movement. “You want to move every day. Women who walked three miles a week had a 25 percent reduction in breast cancer.”

In addition to a nutritious diet, Low Dog believes dietary supplements have a role in keeping the body healthy. She also highlighted the need to get enough sleep by paying attention to the amount of evening time devoted to television and electronics, which can interfere with natural sleep cycles.

In closing her presentation, Low Dog emphasized the need for connectedness and the importance of nurturing relationships.

“Prolonged loneliness turns on genes that promote inflammation, a major driver of such chronic health issues as heart disease, stroke, diabetes and cancer,” Low Dog said. “Human beings are social animals — you need to be connected to other people.”

Low Dog added that a sense of optimism, expressing gratitude and avoiding grudges are also important factors in maintaining a balanced life.

“Healing is not so much about getting better, it’s about letting go of everything that isn’t you — all of the expectations, all of the beliefs and becoming who you are,” Low Dog said.

Administering local anesthesia is easy.
‘Activate’ patients with social media

Social media opens up a new world for dentists looking for different marketing ideas to acquire new patients and retain current patients.

That was the message from Patrick Barry, chief marketing officer at Demandforce, during his Developing a Social Media Strategy: Join the Conversation lecture at CDA Presents in Anaheim.

Barry’s lecture discussed new channels of marketing, advertising and communications that make up the social media space. He used case studies and real-world examples to explore ways in which practices are embracing online social networks, blogs, podcasts and Twitter to create brand awareness and buzz.

Barry said social media is a form of “network marketing.” He defines network marketing as “activating current customers to work on your behalf.”

“It’s exploiting the power of your connections with your patients and activating them so they can go out and be your fans and be your representatives in the community — be your sales force and be your marketing team,” Barry said.

Barry said “network marketing” through social media is an extension of traditional acquisition marketing (putting a message on TV, radio or print) and retention marketing (advertising to keep current customers).

Barry said the key components of a network marketing strategy are having a clear goal, objective and metrics to measure progress. Establishing connections also is important, he said.

“When you are talking to a patient, they are sitting there in the chair, and that is what dentists do, they have this unique connection with every one of their patients — it’s that physical connection,” Barry said. “You need to follow them elsewhere, be where your customers are, and increasingly that means social media, mobile devices, etc.”

Dentists send a direct message to their patients just by using social media platforms such as Facebook and Twitter, Barry said.

“What medium you choose is a message in itself,” Barry said. “The fact that you choose to communicate with them via Facebook or Twitter is going to say something very different about your practice. If you have a youthful, urban patient base for example, if you connect with them via Twitter the medium is going to say you’re ‘cool.’ It says you get them.”

Building a communications base is something practices should be looking into, Barry said. Focusing on email, text messages and social media is what constitutes that base. Collecting patient email addresses and then creating email campaigns to push to social media is another option Barry recommended.

Steve Beuligmann, DDS, an attendee of the course, said if dentists ignore social media and refuse to pick it up, they’re “going to get left behind.”

“It’s a wake-up call; this is the new reality. This is not a passing fad,” said Beuligmann, who is in the process of building a communication base for his Carlsbad practice.

Beuligmann said the course gave him some good strategies for whe and what to post on Facebook. During the course, Barry recommended dental practices post information about the past weekend on Mondays, a news item with a comment on Tuesdays, a humorous or inspirational post on Wednesdays, use Thursdays to review the practice’s reputation on websites such as Yelp, and on Fridays post about the upcoming weekend.

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Beuligmann said he knows what network marketing can do for a practice.

“Patients love to hear that you are actively engaged in educating yourself professionally,” he said.

Beuligmann’s focus on engaging with patients is an extension of what Barry hoped attendees took away from his course — connections lead to retention, which leads to sustainable growth.

“The medium is the message,” Barry said.

Contracting with dental benefit plans may seem like a good idea, but the painful reality is that you could actually lose money with some plans. Visit cdacompass.com/benefitplans for insight, blogs and calculators to make contract and fee decisions that are profitable, not painful.

cdacompass.com | where smart dentists get smarter.
CDA Cares
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so hard to try to fill a terrible void in helping so many people,” said Senate President Pro Tem Darrell Steinberg, “At the same time, it is really sad to me because I know that this is only necessary because of the budget cuts that we have made with great reluctance over the past number of years.” Steinberg is one of 11 elected officials who toured the clinic.

Richard Pan, MD, MPH, a Sacramento assemblymember, pediatrician and U.C. Davis educator, said he also is aware that state budget cuts are one of the main reasons there were so many people who camped out overnight to get into the clinic.

“It’s sad to see that there are this many people who were at the clinic who have been unable to get dental care,” Pan said. Pan has a message for his fellow elected officials.

“There is certainly a growing body of research showing that not only does oral health affect a patient’s quality of life, but it also has major impacts on their overall health. I think it’s important for people to understand that, particularly policymakers,” Pan said.

Assemblymember Mike Gatto also observed the line of people waiting outside of the clinic to receive care.

“The number of people lining up for care, and the number of people volunteering to provide it, was breathtaking. I greatly appreciate the CDA for stepping up to fill this vacuum,” Gatto said.

The Sacramento clinic was the second installment of CDA Cares — the first was held in Modesto in May. The Modesto clinic provided $1.2 million in dental care to more than 1,650 people over two days. CDA and the CDA Foundation developed CDA Cares to provide free dental services and oral health education to Californians who experience barriers to care and to raise awareness with the public and policymakers about the need for a state dental director and oral health infrastructure to support oral health.

“Things went smoothly not only for the patients, but also for the volunteers, according to Clinic Chair Russell Webb, DDS.

“There were many times when I thought, ‘Look at this machine running,’” Webb said. Planning for a CDA Cares clinic takes several months of work from a plethora of dentist leaders and community volunteers. Webb said there were lessons learned at the Modesto clinic that improved changes in Sacramento. Webb’s alterations included moving sterilization to the center of the clinic, thereby improving traffic flow so leads in each department (hygiene, oral surgery, anesthesia, etc.) didn’t get stuck in each other’s way.

Straine Dental Consulting donates $20,000 for CDA Cares
The CDA Foundation is pleased to announce a significant new sponsor — Straine Dental Consulting — whose principals Kerry and Olivia Straine provided a $20,000 donation to support the Foundation’s CDA Cares dental clinic in Sacramento, Aug. 24-25. The CDA Foundation hosts the free dental clinics to provide more than $1 million in free dental treatment and education to more than 1,500 patients at each event.

“We are very excited to begin our relationship with Straine Dental Consulting for CDA Cares Sacramento,” said Don Rolofson, DMD, chair of the CDA Foundation. “These events exemplify the best of our community in action, and it’s wonderful to receive support from Straine, an organization dedicated to the dental profession.”

Backed by more than 20 years of experience, Straine Dental Consulting has helped thousands of dentists across the country achieve their goals. “By tapping into the dentist’s vision and passion, complemented by the skills and expertise of the best consulting team in the nation, we can help dentists enjoy great success and satisfaction in their professional careers,” said CEO and President Kerry Straine. Straine Consulting is an industry leader in strategic planning, consulting and practice development, and offers custom-tailored services with the goal of increasing organizational and individual effectiveness within dental practices. Its expert consultants analyze every aspect of the practice — clinical, administrative, behavioral and economic.

“We know that dentists are very giving individuals, and it is consistent with our values to give back to our community by launching this philanthropic partnership with the CDA Foundation in our home state of California,” said Olivia Straine, vice president of Straine Dental Consulting. “We look forward to a long-term relationship with the Foundation and the good work it does in communities throughout the state.”

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“We are very excited to begin our relationship with Straine Dental Consulting for CDA Cares Sacramento,” said Don Rolofson, DMD, chair of the CDA Foundation. “These events exemplify the best of our community in action, and it’s wonderful to receive support from Straine, an organization dedicated to the dental profession.”

Backed by more than 20 years of experience, Straine Dental Consulting has helped thousands of dentists across the country achieve their goals. “By tapping into the dentist’s vision and passion, complemented by the skills and expertise of the best consulting team in the nation, we can help dentists enjoy great success and satisfaction in their professional careers,” said CEO and President Kerry Straine. Straine Consulting is an industry leader in strategic planning, consulting and practice development, and offers custom-tailored services with the goal of increasing organizational and individual effectiveness within dental practices. Its expert consultants analyze every aspect of the practice — clinical, administrative, behavioral and economic.

“We know that dentists are very giving individuals, and it is consistent with our values to give back to our community by launching this philanthropic partnership with the CDA Foundation in our home state of California,” said Olivia Straine, vice president of Straine Dental Consulting. “We look forward to a long-term relationship with the Foundation and the good work it does in communities throughout the state.”

For more information on CDA Cares, or to become a sponsor, visit cdafoundation.org/cdacares.
CDA Cares receives support from ‘chair sponsors’

As the Foundation makes plans for future CDA Cares events in California, an increasing number of members have inquired about how they can support the free dental clinics if they are unable to participate as a volunteer. In response, the CDA Foundation created an opportunity for CDA Cares supporters to “sponsor a dental chair” for $500 and provide patients a place to receive essential care.

“Contributing to CDA Cares, as a volunteer or by making a ‘chair sponsor’ pledge to the Foundation’s event, is not only rewarding to me personally but I know that the Foundation will leverage those resources to help our communities,” said Santos Cortez Jr., DDS, a pediatric dentist and one of CDA Cares’ initial chair sponsors.

The mission of the CDA Foundation is to improve the oral health of all Californians by supporting the dental profession in its efforts to meet community needs. Aligning with that, the goal of CDA Cares is to provide oral health services and education for more than 1,500 patients at each event.

In addition to the oral health services, CDA Cares shines a light on the type of pro-bono work dentists already do in their communities and the commitment of the dental profession. These events also raise awareness within the public about the importance of good oral health and with policymakers about the need for a state dental director and oral health infrastructure to improve the safety net for all Californians.

“I believe in the mission and direction of the CDA Foundation and want to help in any way I can,” Cortez said. “That’s the bottom line.”

Since then, commitments to sponsor a chair have been strong at the $500 amount as well as other levels.

“CDA Cares is one of the best things we do,” said Don Rollofson, DMD, chair of the CDA Foundation. “My colleagues’ support for these events has really made me proud,” said Rollofson.

Even if you can’t be there, you can make a difference in the lives of others by supporting the goal of CDA Cares.

For more information or to sponsor a chair at the next CDA Cares event slated for spring 2013, call 916.554.5942 or see “Sponsorship Opportunities” under “Support CDA Cares” at cdafoundation.org/cdacares.
To provide current information and offer easy-to-obtain C.E. units to its members, CDA’s Practice Support Center recently hosted a live interactive webinar to help dentists better understand the ins and outs of dental benefit plans.

Led by Michael Perry, DDS, the hour-long webinar PPOs: The Good, the Bad and the Ugly incorporated a question-and-answer format to detail dental benefit plans and determine if a plan helps meet practice production needs or works against that objective.

Before taking questions from participants, Perry, chair of the Practice Support Center Workgroup and founder and president of Momentum Dental Business Consulting, began the webinar by explaining four models of dental practice related to insurance.

The different models of private practice are defined by the dentist’s relationship with third-party insurance. Perry said. Models 1, 2 and 3 are considered hybrid models because they obtain a portion of patients through insurance contracts. The models are as follows:

- **Model 1** — two-thirds fee-for-service and one-third PPO;
- **Model 2** — one-third fee-for-service and two-thirds PPO;
- **Model 3** — one-fourth fee-for-service and three-fourths a mixture of PPO and HMO; and
- **Model 4** — purely fee-for-service.

Perry suggested that before agreeing to any insurance contracts dentists analyze the contract’s impact on the practice — doing the math by going through commonly provided procedures to determine if a PPO makes economic sense for the practice, based on fee restrictions.

“The relationship between fees, treatment time and practice overhead must all be determined before a contract is signed,” Perry said. “Doctors always have a choice in contracting or not with PPOs, and that choice will determine the model of their practice. Non-PPO intensive practices tend to be slower-paced and require a higher level of service to create value for a generally more discriminating patient base. PPO-intensive practices tend to be faster-paced and higher volume.”

In some cases, dentists may find an insurance contract is not profitable, and it may need to be terminated. However, the economy has changed the way PPOs function in the marketplace, Perry explained, and insurance providers in California are making it harder to transition out of PPO contracts.

“Any transition affecting 10 percent or more of your patient base needs to be planned out, and there are definitely things you don’t want to do,” Perry said. “Don’t discount the doctor-patient relationship.”

“Never just send a written letter,” Perry added, stressing the importance of having a transition plan for your practices. “There should always be a personal conversation with each patient to increase the likelihood of patient retention.”

Besides the impact on dentists’ patient bases, Perry explained how insurance is also impacting the future of associates.

“We are in the largest recession of my lifetime, and discretionary services are not being purchased at the volume they once were. There simply aren’t as many cosmetic procedures being performed, making a practice owner less likely to hire ancillary help,” Perry said.

In further discussion of current trends, and in looking forward to a positive light, Perry said, “In dentistry, the volume of innovation is amazing — and that trend is going to continue. Those who have the ability to create value for these innovations will thrive.”

For more on the practice of dentistry, the CDA Compass offers valuable resources and guides to help dentists run their practices efficiently.

“Consultants are costly,” Perry said. “One of my goals in working with the CDA Practice Support Center is to provide generic resources free of charge, offering them as a member benefit. There is so much information available now that years ago would have only been available in the private sector.”

“It place tremendous value on the Practice Support Center and CDA Compass.”

For more information, visit cdacompass.com.
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Using Google AdWords to drive practice growth

When marketing your practice online, a pay-per-click campaign is one of the fastest ways to have your website appear at the top of search engine results. The term “pay-per-click” references the concept that an advertiser (you) only pays when an Internet search user (prospective patient) clicks on your ad; you don’t pay simply to have your ad appear at the top of the search engine results.

PPC campaigns can have a positive impact on your practice when implemented correctly. A relevant, focused PPC campaign can help you drive more targeted traffic to your website and ultimately help you generate more new patient appointments. By following the techniques below, you can work toward an effective PPC campaign for your practice.

1. Set up a Google AdWords account:
   Go to google.com/adwords. Setting up your account can be completed in just a few simple steps.

2. Create a campaign:
   Once you are logged into your account, you will first create a new advertising campaign. Campaigns should be organized by theme for the services you want to advertise (such as cosmetic dentistry, general dentistry, orthodontics). You will later create “Ad Groups” under each campaign to target specific services.

3. Create Ad Groups:
   Ad Groups are a collection of ads under a campaign that correspond to a group of related keywords. Creating Ad Groups enables you to further segment your campaign to focus on specific products or services. For example, if your campaign is for “Cosmetic Dentistry,” and you want to market services for both “teeth whitening” and “veneers,” you should create separate ad groups for each of these services under the same campaign.

4. Generate ad text:
   After you create Ad Groups, you will set the ad text headlines, descriptions and URLs.

5. Select relevant keywords:
   Choose keywords that relate to your Ad Group title. When brainstorming keywords, make sure you use terms and phrases that people might search for on Google to find your product or service. AdWords also has a “Keyword Tool” that can help you build your keyword list.

6. Incorporate ad text into your website:
   If you are advertising a discount or particular service, make sure your ad links to a page on your website that displays this information to help prospective patients immediately find what they are looking for. Edit your webpage to include your keywords, the title of your ad group, and the title of your campaign.

Seeing that Google is the favored “go-to” search engine for 81 percent of Internet users, Google AdWords is prime real estate to help drive immediate traffic to your website and ideally convert these online search users into new patients.

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, call 888-327-5212 or visit prosites.com/cda.

$1 million in funding available to dentists through state repayment program

There is currently $1 million in funding available through the National Health Service Corps/California State Loan Repayment Program, and the application cycle is now open.

General dentists and dental hygienists are eligible for the program that helps repay outstanding government loans for expenses incurred during undergraduate or graduate education. The program authorizes repayment of educational loans to health professionals, who in turn must commit to practice in medically underserved areas in public or nonprofit entities for a minimum of two years and maximum of five years.

During the annual normal application cycle, the maximum award amount for an initial award with the California State Loan Repayment Program is $60,000 in exchange for a two-year service obligation. The award can be renewed for a third, fourth or fifth year in exchange for additional years of service. The maximum award amount for the third- and fourth-year service obligation is $40,000 for each year, and the maximum award amount for the fifth year is $30,000.

The application cycle ends on Oct. 1.

For more information, visit asph.ca.gov/HWDD/SIIP.html.

More than 7 million Americans currently abuse prescription drugs, according to the 2009 Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health. Each day, approximately 2,500 teens use prescription drugs to get high for the first time, according to the Partnership for a Drug-Free America. Studies show that a majority of abused prescription drugs are obtained from family and friends, including the home medicine cabinet.

To mark National Prescription Take Back Day, dentists are encouraged to dispose of prescription drugs that are no longer necessary in their practices.

For information on times and locations of the events, check the Drug Enforcement Adminis-tration’s website dead崤s.gov.
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TDIC updates ‘informed refusal’ form and recommendations

Revised form serves as a guide for required patient discussion

By Risk Management staff

Informed consent and documentation of recommended treatment are important parts of patient care, but what about informed refusal?

The Dentists Insurance Company advises that informed refusal of recommended treatment deserves equal consideration, especially since it is required by law in all states when a patient’s informed refusal holds potentially serious complications. TDIC recently revised its informed refusal form and recommendations to assist dentists in keeping records of such situations. The new form is available on TDIC’s website at thedentists.com, and TDIC analysts are prepared to answer any questions about informed refusal. TDIC’s Advice Line can be reached at 800.733.0634.

TDIC Risk Management analysts say informed refusal is essential because it proves the dentist had a discussion with the patient about the specifics of the recommended treatment and outlined the risks, benefits and alternatives of the proposed treatment. “Patients must know the potential consequences of refusing a proposed treatment or procedure,” said Carla Christensen, senior Risk Management analyst for TDIC. “For instance, a patient who refuses a recommendation to place a restoration on an endodontically treated tooth should understand the potential for fracture and what that could mean for the patient’s oral health.”

Rather than continuing to provide dental care to patients who refuse treatment when that refusal could pose a risk to their health, TDIC analysts are prepared to answer questions about informed refusal:

- Use TDIC’s informed refusal form as a guide for the discussion. Answer all questions and clearly explain all possible risks associated with forgoing treatment recommendations. Detail the benefits of the treatment and any alternatives that may be available. Have the patient sign the informed refusal form and keep it in the patient’s file.
- Document the date and details of the discussion in the patient’s chart. Record who was present, write down what questions were asked, summarize answers provided, and note that the patient understood and signed the refusal of treatment form.
- Conduct the discussion in person. Law requires dentists to lead the informed consent discussion and not delegate it to staff. However, staff can add to and enhance the discussion between the dentist and patient. If the patient requests a representative such as a relative, spouse, partner or caregiver be present, invite them to join the informed consent discussion and answer any questions they may have.
- Remain relaxed and ask questions. Risk management experts say open discussion helps the process. Ask why the patient does not want to proceed with the treatment recommendation. Is the refusal due to finances? Is the refusal related to fear? Once you have an idea why, continue the discussion by offering details about the procedure and what alternatives are available.
- Continue the documentation process. Informed refusal does not end after the first refusal. Make a chart entry concerning refusal of care at every following visit when you discuss the issue, no matter how much time has elapsed between visits.
- Give careful consideration to the case. Attention must be given to cases in which dismissing the patient may be the only reasonable option.
- Call TDIC’s Risk Management Advice Line at 800.733.0634 with any questions about informed refusal.

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Task Force

From PAGE 2

and payers of care.

The CDA Dental Benefits Task Force will be hearing from additional dental benefit plans about their policies and business practices in October.

Members interested in further resources on dental benefits can visit the Practice Support Center online at cdacompass.com.

For more information on this or other dental payment issues, contact the CDA Practice Support Center at 866.232.6362 or visit cda.org, quick links, “Dental benefits: CDA action and member resources.”

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Fairyear TDIC Professional Liability coverage rate depicted is for newly licensed and newer practicing dentists in the state of California and is valid for $1M/$3M coverage amounts. Rates subject to increase per schedule in years two through eight until they reach maturity.
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Chowan, Joanna Oh Yee
Geronce, Kenneth V.

Berkeley
Ching, Nicholas Yoshio
Shamo, Indu

Central Coast
LinBurns, Christine Chiki-Huai

Centro Costa
Chang, Chingfeng
Malk, Pooja
Petrou, John J.

Fresno-Madera
Hansen, Preston Grant
Prato, Jordan D.

Harbor
Groat, Christopher Allan
Ilem, Carlos Limasin
Khojai, Suzan C.
Norvazi, Arakia A.

Humboldt-Del Norte
Roman, Karla Zahira

Kern County
Bong, Linda
Cordell, Wes R.

Los Angeles
Dominicis, Yolanda Gabriela
Kim, Byungwook
Lee, Steve Chung Hoan
Martin, Shari
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Lah, Jeffrey Ryan

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Chatabi, Ortas
Fjeldsted, Paul Christian
Hoang, Tuon Q.
Lee, Yeona Shuwa
Marquez, Clara Martin
Nguyen, Brian Dzung
Salehpour, Maynam Mogid
Staadecker, Caury L.
Vu, Khoang Dang
Zakavati, Shaghayegh

Redwood Empire
Abassi, Farooq

Sacramento District
Chuduri, Rajesh
Espinosa, Patrice Marie
Keshav, Nilesh
Nguyen, Phuong Cat
Shaari, Said

San Diego County
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Londas, David A.
Packard, Jared Carter
Rashanamzadeh, Rashanak
Sato, Erick Y.
Shen, Timothy

San Fernando Valley
Ayala, Cordelia
Fatahi, Sepi
Khachatourian, Chris
Ovsepyan, Tiran
Phean, The Tai
Saghbazarian, Natale Christe
Zargarian, Albert

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Nelson, Gerald D.
Nguyen, Brian
Rouhani, Sanaz

San Gabriel Valley
Chu, Richard Tan
Oo, Jennesa Zin-Mar
Tran, Chau B.
Young, Nicholas Mun Siu
Youn, Tae Lim

San Joaquin
Piafano, Leonard James
San Mateo County
Davis, Tyler Wood

Santa Barbara-Ventura
Falmabee, Diana
Hodges, Ryan Joseph

Santa Clara County
Aggarwal, Parul
Chu, Wai Shan
Dinh, Anh Tuan
Haghpghan, Michelle M.
To, Theresa

Southern Alameda County
Nguyen, Duy Minh

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Jaramillo, Rivas Aymee

Yosemite
Boyle, Steven

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

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Geronce, Kenneth V.

Berkeley
Ching, Nicholas Yoshio
Shamo, Indu

Central Coast
LinBurns, Christine Chiki-Huai

Centro Costa
Chang, Chingfeng
Malk, Pooja
Petrou, John J.

Fresno-Madera
Hansen, Preston Grant
Prato, Jordan D.

Harbor
Groat, Christopher Allan
Ilem, Carlos Limasin
Khojai, Suzan C.
Norvazi, Arakia A.

Humboldt-Del Norte
Roman, Karla Zahira

Kern County
Bong, Linda
Cordell, Wes R.

Los Angeles
Dominicis, Yolanda Gabriela
Kim, Byungwook
Lee, Steve Chung Hoan
Martin, Shari
Melhroffie, Laleh
Selvam, Monique Nazi
Shah, Jay Ashokkumar

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Hardwick, Stephanie J.
Kim, Kwang Hyun

Monterey Bay
Garwood, Richard L.
Northern California
Lah, Jeffrey Ryan

Orange County
Ansari, Shokouh
Chatabi, Ortas
Fjeldsted, Paul Christian
Hoang, Tuon Q.
Lee, Yeona Shuwa
Marquez, Clara Martin
Nguyen, Brian Dzung
Salehpour, Maynam Mogid
Staadecker, Caury L.
Vu, Khoang Dang
Zakavati, Shaghayegh

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Gille, Jason Bradburn
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Packard, Jared Carter
Rashanamzadeh, Rashanak
Sato, Erick Y.
Shen, Timothy

San Fernando Valley
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Fatahi, Sepi
Khachatourian, Chris
Ovsepyan, Tiran
Phean, The Tai
Saghbazarian, Natale Christe
Zargarian, Albert

San Francisco
Nelson, Gerald D.
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Tran, Chau B.
Young, Nicholas Mun Siu
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The 2012 ADA Annual Session will be held in San Francisco Oct. 18–21 and offer more than 280 continuing education courses including live-patient demonstrations, hands-on workshops and a variety of lectures from industry leaders.

Advance registration for this year’s ADA Annual Session will end Friday, Sept. 21. All registrations received after this date will be processed at the increased registration fee; and registrants will be required to pick up their badges, tickets and other materials at the on-site registration area in Moscone North.

According to the ADA’s website, whether new to laser dentistry or seasoned veterans, attendees can expect to find comprehensive C.E. courses focusing on the technology, including the following:

- Clinical Applications for Diode lasers, by John Grobar, DMD, is an in-depth intermediate training program for current users of diode lasers. This course is a prerequisite for the hands-on Diode Laser 101 Workshop in which participants will use diode lasers and perform common clinical surgical techniques under experienced supervision.
- The World of Lasers Pavilion: A Hands-on Workshop, by Donald Coluzzi, DDS, is a free course that includes a lecture and hands-on exercises. After a presentation of the essentials of dental lasers and safety, participants will perform simulations of some common dental laser applications on pig jaws. The closing remarks will discuss integration of a laser into clinical practice.
- Lasers in the Dental Practice: A Live Patient Demonstration, an Education in the Round course, will be presented by Charles Hoopman, DDS, David Roshkind, DMD, MBA, and Donald Coluzzi, DDS, who will present a short lecture about laser fundamentals and then perform some typical soft and hard tissue laser procedures on patients to illustrate the utility and ease of use of lasers.
- New in 2012 — Lasers in Dentistry: A Two-Day Standard Proficiency Course, will be presented by Academy of Laser Dentistry course lecturer Will Graner, DDS, and Gloria Monzon, RDH. Participants who successfully complete both the written and clinical simulation proficiency examinations will be recognized as having completed the program for a Standard Proficiency Dental Laser Course and will receive a letter of successful completion from the AID.

For more information or to register, visit ada.org/session.
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