



Mar/Apr 2016

Inside This Issue:

CDA Cares Volunteers Needed	2
Tobacco Tax	3
State Dent-Cal Program	4
Trustee Report	5
New Dentist Questions	6
CURES 2.0	7
New Book on Substance Abuse	7
Patient Record Requests	8
C.E. Courses	9
New Members	9
In Memoriam	9

NAPA-SOLANO



DENTAL SOCIETY

CDA: Sign petition to put tobacco tax on Nov. ballot

As you may know, CDA is a member of the Save Lives California coalition that is sponsoring a state ballot measure for the November 2016 election to increase California's tax on tobacco products. CDA's Board of Trustees recently approved our participation in the campaign, which also includes the California Medical Association; California Hospital Association; American Cancer, Heart, and Lung Associations of California; Service Employees International Union; Blue Shield of California; and other health care organizations.

Tobacco use continues to be a preeminent public health problem that dentists have been on the front lines of combating, often being the first to see the early signs of oral cancer and other tobacco-related dental problems. The ballot measure will raise the tax, which has not been increased since 1998, by \$2 per pack. This will help prevent and reduce tobacco use while also generating revenue for state health care programs. In addition to increased Medi-Cal/Denti-Cal funding, \$30 million will be allocated annually to the state's oral health program, overseen by the new state dental director, an unprecedented dedicated funding source for this program.

Like the No on Proposition 46 campaign in 2014, this campaign will be an extensive effort stretched out over many

continued on Page 3

From the President

Dear Colleagues and Friends,

Greetings from Turkey, a country that bridges the East and the West. Even though Turkey has been going through some rough times recently, daily life seems to continue as usual. What can be more exciting than seeing a 2,000-year-old Roman bridge still being used today!

continued on Page 2

From the President continued from Page 1

During my trip, I decided to visit a local dental clinic in Ankara, the capital city of Turkey. This is no ordinary clinic; it is a massive operation. There are 150 dentists, all specialty branches and several general dentists. The clinic, "Ankara 75. Yil Dis Hastanesi," serves over 1,000 patients a day!

There are four dentists in the section that I visited: one periodontist, Dr. Ebru Aksu, and three general dentists, Drs. Yasemin Gelisen, Merve Memi and Ihsan Sahin. They see walk-ins in the morning and scheduled patients in the afternoon. The clientele is the



Photo courtesy of Dr. I. Emrah Basaran

From left: Dr. Ihsan Sahin, Dr. Ebru Aksu, Dr. I. Emrah Basaran and Dr. Yasemin Gelisen.



Dr. Ebru Aksu, a periodontist, provides debridement to one of her patients.

Photo courtesy of Dr. I. Emrah Basaran

underserved and the refugees. I witnessed first hand the Syrian refugee situation that Turkey has to cope with. These refugees are provided with care at no cost to them.

No matter where dentists live and work, our profession provides a great service. This was evident in the gratitude that was expressed to these colleagues by their patients.

With warm regards,
I. Emrah Basaran, DDS

Volunteers needed for CDA Cares dental clinic in Ventura

The California Dental Association Foundation is hosting a CDA Cares free dental clinic April 16-17 at the Ventura County Fairgrounds. To help provide oral health care services at no charge to the large number of expected patients, the CDA Foundation needs volunteer dentists, including oral surgeons, as well as dental hygienists, assistants, dental lab technicians, physicians, nurses and pharmacists.

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

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

To date, the CDA Foundation and CDA have hosted eight clinics that provided \$13.1 million in dental care to more than 16,000 people thanks to the generosity of volunteers and support from the community.

Volunteers are needed in shifts during the following times:

- Friday, April 15: Clinic setup from 9 a.m. to 6 p.m. (no patients)
- Saturday, April 16: Dental clinic from 5 a.m. to 7 p.m.
- Sunday, April 17: Dental clinic from 5 a.m. to 10 p.m.

Volunteers may sign up for one six-hour shift or multiple shifts per day. To learn how you can get involved and to register, go to <http://www.cdafoundation.org/cda-cares/ventura>.

Tobacco Tax continued from Page 1



months; and dentists across the state will have an important role to play.

How can you help?

Right now our campaign needs to gather enough signatures to qualify the measure for the November ballot. We have less than two months left to collect several hundred thousand signatures, and the coalition is working to collect as many as possible through volunteer efforts. Every signature the Napa-Solano Dental Society can collect will save vital campaign resources that we will need to counter the tobacco industry, which is strongly opposing the measure.

CDA has already sent petition forms to NSDS and you may reach out to Executive Director Gail Grimm if you are interested in signing the form and/or gathering signatures yourself.

The process for gathering signatures is straightforward. Here's how it works: Each petition form has eight signature lines. Three critical points:

- 1) All signatures must be from California registered voters.
- 2) All signatures on an individual form must be from residents of the same county, based on the residence address they are registered under. So, for anyone collecting signatures from people from multiple counties, you will want to have separate forms with the appropriate county name filled in.
- 3) The person collecting signatures must fill out the "circulator" information at the bottom of the form.

The campaign has put together a video with more details. View it at <https://vimeo.com/firestarstudios/review/149912205/77f0cac5c2>.

What's the deadline?

All petition forms need to be returned to **CDA by April 15**. If you are planning to volunteer at CDA Cares in Ventura on April 16 and 17, you may return the forms to us at that time. If you are mailing them, the forms should be sent to:

California Dental Association
Attn: Marissa Allen
1201 K Street, 15th Floor
Sacramento, CA 95814

(Note that this is slightly different from the instructions you will hear in the video, which is aimed at a broader group – rather than sending us forms every time you collect any signatures, we'll collect them in bunches.)

CDA has a fact sheet that we can send you to that addresses the main points of the measure. It can also be found at <http://www.savelivescalifornia.com>.

CDA is very excited for the campaign ahead and the opportunities it provides for dentists to participate. We greatly appreciate all of the support you have provided in our past advocacy efforts and look forward to working with you this year.

If you have any questions, please contact Marissa Allen, Public Affairs Specialist, at 916-554-7349 or marissa.allen@cda.org.

NAPA-SOLANO



DENTAL SOCIETY

ORACLE

Newsletter of the
Napa-Solano Dental Society

1023 Empire Street
Fairfield, CA 94533
Phone: 707.428.3894
Fax: 707.676.1412

E-Mail: exec@n-sds.org

www.napasolanodentalsociety.org

EDITORS

Thomas Campbell, DDS
707.745.1994

James Stich, DDS
707.427.8836

EXECUTIVE DIRECTOR

Gail Grimm, CAE
707.428.3894

SERVING THESE COMMUNITIES

Allendale	Nut Tree
American Canyon	Rio Vista
Angwin	Rutherford
Benicia	Saint Helena
Calistoga	Spanish Flat
Deer Park	Suisun City
Dixon	Travis AFB
Fairfield	Vacaville
Liberty Farm	Vallejo
Napa	Yountville

OFFICERS & BOARD MEMBERS

President.....	Emrah Basaran, DDS
Past President.....	Sam Khoury, DDS
President-Elect	James Stich, DDS
Secretary/Treasurer.....	Arvin Mehta, DDS
Trustee	James Sanderson, DDS
Editors	Thomas Campbell, DDS
	James Stich, DDS
Board Members at Large.....	Jan Gerber, DDS
	Gerald Kaban, DDS
	Richard Portalupi, DDS
	Angie Ring, DDS
	Open Positions (2)

Committee Chairs

Membership	Kevin Adair, DDS
C.E. Program	Mark Sutter, DDS
Ethics.....	Bryan Scott, DDS
Peer Review.....	Vic Chaney, DDS
Well-Being.....	Valerie Godfrey, DDS
Federal/Travis AFB.....	Lt. Col. David Klingman, DDS

U.S., state make major investment in Denti-Cal

At the end of 2015, the state of California and the federal government reached an unprecedented agreement that will make an additional \$740 million investment in California's Denti-Cal program over the next five years. California has often made changes to its contract with the federal Centers for Medicare and Medicaid Services (CMS), which governs the operation of the Medicaid program (Medi-Cal in California), with the goal to increase flexibility and funding for the medical services covered by the program. This, however, is the first time the state's neglected and underfunded dental program, Denti-Cal, has received this kind of attention and substantial investment.

CDA advocated strongly for the final plan to focus on the under-resourced Denti-Cal program and urged the state to develop a plan that implemented substantive, outcome-driven programmatic changes to help improve and increase access to care in the program. While the initial waiver guidelines stop short of offering a comprehensive program transformation, they deliver much needed fiscal incentives for preventive care, care to young children, and continuity of care, allowing for some flexibility in the Denti-Cal program to better meet the needs of beneficiaries and testing some innovation at the local level, which are all elements CDA supported.

As we work to implement the waiver and leverage this important opportunity, CDA will continue to advocate for comprehensive reform and targeted, ongoing rate increases, which are still desperately needed. Additional opportunities to improve the program this year include working to support the efforts of the state's Little Hoover Commission, an independent oversight committee that is exploring potential improvements to make the Denti-Cal program easier to use and more attractive and viable for providers.

Moving hand in hand with these ongoing opportunities, the federal waiver, officially known as the Medi-Cal 2020 Waiver, offers a new influx of funding and reform efforts to help address the problems in our Denti-Cal system.

Incentives for early, preventive care

The state has set a goal to increase the number

of children (0-20 years old) who receive a preventive dental service by 10 percentage points over the five-year waiver period. To achieve that goal, the state intends to provide additional payments to providers for prevention services, but only once a countywide utilization baseline has been achieved. The state wants to increase preventive care for patients while still maintaining care for children who previously received this service. This represents a considerable investment in preventive care and recognizes the need for substantial increases in the funding providers receive.

Caries risk assessment and disease management pilot program

The state is seeking to pilot a caries risk-based treatment model, with the goal of emphasizing the provision of preventive services in lieu of more invasive and costly procedures. The state will provide authorization for additional services for children (0-6 years old) based on their level of risk using a caries risk assessment tool. Additional paid services can include exams, cleanings, and fluoride varnishes. Funding for motivational interviewing/counseling and the use of antimicrobials is also included.

The counties in which this pilot program will be offered have not yet been determined, though a focus will be on counties that currently have high treatment costs, low prevention services, and an indication of likely participation by dentists. Denti-Cal dentists who have been trained and certified by the Department of Health Care Services (DHCS) will be able to opt into this pilot program in selected counties. CDA was named in the waiver agreement as a likely partner in developing the training protocols. This program will begin in 2017.

Continuity of care

This pilot program is designed to ensure patients age 0-20 years old who access care continue to seek the care they need on an ongoing basis. To that end, the state will provide an annual bonus payment to providers for each child who receives a dental exam for two consecutive years at the same dental office. The per-child bonus increases in each subsequent year if treatment continues to be provided at the

continued on Page 5

Trustee Report

Results of the February CDA Board of Trustees Meeting

Jim Sanderson, DDS

The Board of Trustees met on Friday, February 12, 2016, and Saturday, February 13, 2016. The following is a summary of actions taken or reviewed on those two days.

CDA's Executive Director was evaluated and found to provide tremendous foresight and strong leadership. CDA is widely recognized as one of the foremost organizations in the entire nation.

CDA has agreed to participate with the American College of Dentistry on the Geis Ethics Project.

CDA's efforts continue in support of a measure to increase the tobacco tax in California.

After a victory against Proposition 46, which threatened MICRA's caps on malpractice settlements, CDA continues to monitor long-term MICRA protection.

CDA co-sponsored legislation seeking a state soda tax with dedicated Oral Health Program funding.

CDA's implementation of Aptify continues. The association's new management software will provide increased functionality to components and CDA.

The Treasurer reported that CDA's finances continue to be solid. Membership receives tremendous financial service from subsidiaries, which keep CDA dues at a fraction of the costs of the benefits members actually receive.

<p>The strategic plan has been revised to reflect the continuous changes facing CDA. Goals include:</p>	<p>Following is a summary of CDA's accomplishments in 2015</p>
<ul style="list-style-type: none"> ■ Expand non-dues revenue for CDA; ■ Conduct membership surveys to find out what members really want; ■ Expand TDIC services including outside California; ■ Continue to keep CDA Reserve Funds at healthy levels; ■ Keep CDA market level at or above 70.6 percent; and ■ Develop strategies for recruitment/retention. 	<ul style="list-style-type: none"> ■ Preliminary ruling in favor of CDA in its lawsuit against Delta Dental; ■ Start of The Dentist Service Company; ■ New State Dental Director Jay Kumar; ■ Successful in rolling back Denti-Cal cuts; ■ CDA Cares has provided more than \$13 million in free dental care to more than 16,000 patients; and ■ Past CDA President Carol Summerhays, DDS, is currently serving as ADA President.

Denti-Cal continued from Page 5

same treatment location. The amount of the bonus payments has not yet been determined.

Local dental pilot program

Toward the end of the negotiation process with CMS, the state added a fourth component of the

waiver funding – one dedicated to providing local entities with an opportunity to seek funding through a competitive bid process to design their own pilot programs. The programs must address one or more of the three domains already included in the waiver, using alternative program designs.

NEW DENTISTS

CDA provides answers to new dentist questions

Reprinted with permission from the California Dental Association.

New dentists have a lot to consider as they enter the workforce out of school. From permits and insurance to regulations and associateships, the decisions can seem endless and daunting. With that comes many questions. CDA Practice Support has updated a resource that answers many of the questions new dentists have.

The New Dentists Frequently Asked Questions resource, which is available at <http://cda.org/practicesupport>, covers everything from becoming an associate to purchasing a practice.

Below are answers to three common questions from new dentists who are featured in the resource.

I have questions about the contract the practice owner and I entered into because I have yet to receive anything in writing. How should I handle this?

Written contracts between owners and associates are critical. Too often, owners tell associates to come and work for them to see how things work out. Too many times, however, later never comes and contracts do not materialize. Many problems can arise between owners and associates, and when they have not been addressed in a written agreement, a resolution will be much more difficult. Never sign a contract that does not reflect the verbal agreement made between you and the owner. While dentists have many bills to be paid, signing a contract that is not favorable may cost much more in time and money.

I am leaving my associate position to open my own practice. Can I take the contact information of the patients I've treated so I can notify them of my new practice?

Whether you can do so depends on the terms of your employment agreement. If there is no employment agreement, or if the issue is not addressed in an employment agreement, the law may allow you to contact patients you have treated to inform them of your new place of practice. You may not use their contact information to send solicitations. You may not contact other patients of the practice that you did not treat. It is up to each patient to determine whether he or she will follow you to your new practice.



I am considering sharing space with another dentist to get my practice started. What are some of the things I need to consider?

Sharing space means you are either leasing or subleasing from the other dentist. It's very important to have a written agreement in place. Start the process by reading the article Leasing Commercial Property on <http://cda.org/practicesupport>. Be sure the agreement also addresses the use of the other dentist's employees, materials and supplies and the management of your patients' records. We advise seeking legal counsel to assist you.

To view more questions and answers, view the New Dentists Frequently Asked Questions resource on <http://cda.org/practicesupport>.

CURES 2.0 is open; enroll by July 1

The CURES 2.0 enrollment process is open to all providers, including dentists, and must be completed by the new deadline of July 1.

All dentists who are authorized to prescribe, order, administer, furnish, or dispense controlled substances must register in the Controlled Substance Utilization Review and Evaluation System (CURES) by July 1 and have updated browsers to access the system. Dispensed controlled substance prescriptions are recorded in CURES, which allows prescribers to look up a patient's controlled substance current usage and past history.

To access CURES 2.0, dentists are required to use Microsoft Internet Explorer Version 11.0 or greater, Mozilla Firefox, Google Chrome, or Safari. Access to the current CURES 1.0 is available for now, but the Department of Justice told CDA that dentists should have up-to-date browsers within the first half of the year to retain access to the CURES database. Previously, CURES 2.0 was planned to be in use by Jan. 1 of this year; however, the system rollout was not meeting important deadlines. The governor signed AB 679 (Allen), which CDA sup-

ported, moving the deadline for required registration to the new July 1 date.

Prescribers in the United States write nearly 100 percent of opioid prescriptions worldwide, and in California alone more than 1 billion dosage units of hydrocodone combination products were dispensed during the 2013-14 fiscal year. Opioid use and deaths attributed to abuse are sharply on the rise, sending government agencies and public health advocates looking for tools to turn the tide. The CURES system upgrade and the requirement for prescribers to register by July 1, as well as last year's Schedule II reclassification of opioid combination drugs, are all part of these efforts.

The CURES requirement was established in 2013 (SB 809 DeSaulnier), and directs the DOJ, in conjunction with the Department of Consumer Affairs and licensing boards such as the Dental Board of California, to develop a streamlined application and approval process to provide access to CURES for licensed health care practitioners and pharmacists.

If dentists have any questions they can email cures@doj.ca.gov. To register, visit <http://oag.ca.gov/cures>.

New book focuses on opiates and other substance use

The ADA in July released a book that aims to keep substance-using patients safe and avoid exposing dentists' practices to risk.

The ADA Practical Guide to Substance Use Disorders and Safe Prescribing helps dental practitioners identify and treat patients with substance use disorders, prevent drug diversion, and properly manage and prescribe controlled substances.

Book editor Dr. Michael O'Neil, vice chairman of the Department of Pharmacy Practice at South College in Knoxville, Tennessee, said the book is in response to high demand from dentists who have questions about how to deal with substance-abusing patients.

"We're in an epidemic of substance use and misuse," O'Neil said. "There's a lack of information on what to do in many of these circumstances."

The book helps dentists and staff:

- Detect substance use disorders (SUD) and

deter drug diversion;

- Treat patients with SUD and complex analgesic and sedation needs;
- Interview and counsel options for patients with SUD; and
- Understand federal drug regulations.

Commonly used illicit, prescription and over-the-counter drugs, as well as alcohol and tobacco, are also covered.

Special features include:

- Clinical tools to aid in the identification, interviewing, intervention, referral, and treatment of SUD;
- Basic elements of SUD, acute pain and sedation management, and drug diversion;
- Checklists to help prevent drug diversion;
- A chapter on impaired dental professionals; and
- A continuing education test worth 5 CE credits.

Handle patient record requests the right way

When a patient requests copies of his or her dental records, there are steps every dental practice should take to ensure that the request is handled properly, even when someone other than the patient requests the records. CDA Practice Support's resource Access to Patient Records FAQ contains important information for practices to know about patient record requests and adhering to privacy regulations as outlined in HIPAA.

"It's a resource that provides practices with valuable information that clarifies the circumstances for which dental practices can release patient records and how they should handle those requests," said CDA Practice Advisor Lee Bentz.

Information and images in patient records are the work product of a dental practice, but state law allows patients to have access to the information in the record once a written request is presented to the office. In addition, patients are not limited in the number of requests for access to, or copies of, the records.

Patient records include the following:

- X-rays;
- Photographs and models;
- Any written document in the chart; and
- Billing records.

If patient records are maintained electronically, a patient may have, upon request, an electronic copy of the record. Practices can transmit copies of patient records via unencrypted email only if the patient consents to receiving the information in this manner after being informed of the risks of unsecure communications.

When it comes to charging patients for copies of their records, a practice may charge no more than 25 cents per page or 50 cents per page for microfilm. The dental office may also charge all reasonable costs, not exceeding actual costs, to provide patients with copies of their records, which includes the cost of copying X-rays and postage. Additionally, practices are not allowed to withhold access to records until an outstanding account is cleared.

Divorced or separated parents

A parent generally has the right to access the health record of his or her minor child regardless of whether the parent has custody or financial responsibility. A dental practice may deny access to a parent if it determines that providing access may harm the patient. A parent does not have a right to access health records of an emancipated minor, who is under the age of 18, either married or divorced, on active duty or received a declaration of emancipation from the court.

It is important to note that a dental practice may not release information to a parent without the minor patient's consent regarding his or her drug or alcohol abuse, pregnancy, sexual assault, infectious and communicable disease status, HIV/AIDS status, sexually transmitted disease or mental health.

In addition, CDA Practice Support offers a sample letter that practices can send divorced parents to help clarify which parent has financial responsibility for the child's care. The resource, Divorced Parents Sample Letter, clarifies which parent(s) has the authority to offer consent for care and the financial responsibility regarding dental benefits.

Releasing records to someone other than a patient

Besides record requests from patients themselves, practices should also know under what circumstances records can be released to other people, whether it's a spouse, friend or non-custodial parent.

"Written authorization is necessary, and it's important for practices to have an authorization form that meets state and HIPAA requirements," said Bentz.

Practices can release records to anyone the patient chooses as long as the dental office receives written authorization signed by the patient or patient's representative and if the dentist has determined that releasing the records will not cause harm to the patient. The authorization form should specify who is to receive the records and if the release of records or information is limited in any way. CDA Practice Support's sample authorization form, Consent Form for Use or Disclosure of Patient Health

continued on Page 9

NSDS Continuing Education 2016

For registration and more information, contact Gail Grimm, CAE, Executive Director, 707.428.3894 or exec@n-sds.org.

DATE	TOPIC	INSTRUCTOR	LOCATION	TIME
May 19	Yoga for Restorative Health	Allan Nett	Chardonay	6 p.m.
Sept. 22	Business Law for Dentists	Ron Goldman	Chardonay	6 p.m.
Oct. 14	"Not a Full Mouth Rehabilitation Course"	Dr. Jose Luis Ruiz	Ramekins	9 a.m.
Dec. 2	Infection Control & Dental Practice Act	Tom Terry	Chardonay	3 p.m.

Records continued from Page 8

Information, meets state and HIPAA requirements and is available on cda.org/practice support.

Elements of a valid authorization form include but are not limited to:

- Handwritten by the patient or is in a typeface no smaller than 14 point;
- Description of the information;
- Intended use or purpose of the information;
- A statement that authorization may be revoked at any time;
- An expiration date for the authorization;
- Is not combined with any other form;
- Does not combine multiple uses of the information into one authorization form, with few exceptions; and

- Does not place conditions on the authorization, with few exceptions.

Other instances of access to patient records

Access to Patient Records FAQ outlines other instances regarding requests for patient records, including those made by employers, associates, public health organizations, dental board, law enforcement, and collection agencies. While circumstances vary regarding each entity requesting the information, it is important for practices to carefully follow regulations to minimize the risk of a HIPAA violation.

CDA Practice Support offers hundreds of dental benefit, employment, regulatory compliance, and practice management resources to CDA members as a benefit of membership. For more information on these resources, visit.

In Memoriam

Napa-Solano Dental Society extends its condolences to the family and friends of the following members who have recently passed:

Joel N. Gillespie, DDS, Fairfield, CA Jan. 4, 2016
 Brian E. Wahle, DDS, Napa, CA Feb. 10, 2016

New Member

The Napa-Solano Dental Society welcomes the following new member:

Debra Westervelt, DDS
 General Practice
 Napa



You are not a statistic.



You are also not a sales goal or a market segment. You are a dentist.
And we are The Dentists Insurance Company, TDIC.

It's been 35 years since a small group of dentists founded our company.
And, while times may have changed, our promises remain the same: to only protect dentists, to protect them better than any other insurance company and to be there when they need us. At TDIC, we look forward to delivering on these promises as we innovate and grow.

Endorsed by the
Napa-Solano
Dental Society

Protecting dentists. It's all we do.®

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