



ORACLE

NAPA-SOLANO DENTAL SOCIETY NEWSLETTER

Online license renewal system to go live this year

The Department of Consumer Affairs is set to launch a new computer licensing system for dentists, hygienists, and assistants at year's end.

Known as the BreEZe system, it will allow dental professionals to apply for or renew their licenses online, pay with a credit card, track the status of an application or licensing request, submit address changes, and obtain proof of license



status. BreEZe also enables consumers to verify a professional license and file consumer complaints.

The Dental Board of California anticipates a transition period during which licensure renewals will be interrupted when BreEZe is activated sometime between Dec. 22 and Jan. 6. This means that the board will be unable to process any licensing requests for approximately five days prior to the "go live" date. As a precaution, the board urges dentists and registered dental assistants whose licenses expire in December 2015 or January 2016 to mail in their renewals as soon as they receive notification. Renewal notices are mailed 90 days prior to licensure expiration, so these notifications should be received during the first week in October for December renewals and early November for January renewals.

BreEZe became available for physicians, nurses, and a limited number of other California licensed professionals in 2013, at which time numerous issues were identified for correction. DCA has been working to address these concerns prior to the second-phase launch, which has resulted in a delayed timeline and significant budget overruns. As the licensing boards are responsible for the costs associated with the BreEZe system, CDA has urged DCA and the Legislature to work to find a solution to funding and finishing this project that minimizes the impact.

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FROM THE PRESIDENT

Dear Colleagues,

I hope all of you had a wonderful summer. I know our lawns are going "golden," and we all hope for rain.

As the holiday season approaches, especially Halloween, we will be seeing many kids walking around with bags of candy that they will be "enjoying" for many days.

I think this may be a good time to review some sugar-free products we can give

away instead of candy. During the holiday season, I like to have a small crystal bowl filled with sugar-free gum in the reception area. I usually get some sugar-free chewing gum from Costco or Sam's Club. I also order products from Amazon. This year, I also explored the exhibit floors of *CDA Presents* in San Francisco for additional giveaway options.

There are many products that contain xylitol, which a great friend to our teeth and maybe not so good a friend to our digestive system, if more than 14 grams are consumed. There are many different brands of chewing gum that contain various amounts of xylitol. For a quick reference,

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here are some of these brands and the corresponding amounts of xylitol.

Ice Breakers Ice Cubes Sugar Free	1.10 grams per cube
Zellies Xylitol Gum	1.00 gram
Spry Gum	0.72 grams
Trident with Xylitol	0.17 grams
Trident Xtra Care	0.14 grams

There are many more products on the market. As always, please keep xylitol products away from your

dogs since xylitol is toxic to them.

Another great option for a wonderful treat is sugar-free Jelly Bellies! After all, how can Ronald Reagan be wrong? From licorice to butter popcorn, from cinnamon to pineapple, the flavors are almost endless. Let's see if we can all help cut back on the consumption of sugar candy this year!

And as a quick reminder: CDA Cares is in Fresno Oct. 2 and 3.

**Thank you,
Emrah Basaran, DDS**

Prescription drug database changes looming

All dentists who are authorized to prescribe, order, administer, furnish, or dispense controlled substances must register for the Controlled Substance Utilization Review and Evaluation System by Jan. 1, 2016. All dispensed controlled substance prescriptions are recorded in CURES, which allows prescribers



to look up a patient's controlled substance current usage and past history.

The Jan. 1 requirement was part of a bill enacted in 2014 (SB 809 DeSaulneir). Among other things, the bill requires that the Department of Justice, in conjunction with the Department of Consumer Affairs and certain licensing boards, develop a streamlined application and approval process to provide access to the CURES database for licensed health care practitioners and pharmacists.

Dentists who plan to register before Jan. 1, and even those dentists who are already registered, should be aware of changes currently underway for CURES, which is also referred to as the California Prescription Drug Monitoring Program.

The Department of Justice and the Department of Consumer Affairs recently announced that the new CURES 2.0 went live on July 1. This upgraded prescrip-

tion drug monitoring program features a variety of performance improvements and added functionality.

To ensure a smooth transition from the current system, CURES 2.0 will be rolled out to users in phases over the next several months, beginning with early adoption by a select group of current CURES users who meet the CURES 2.0 security standards, including minimum browser specifications. The Department of Justice is identifying prescribers and dispensers who meet these criteria and will contact and coordinate their enrollment into CURES 2.0. For all other current users, access to CURES 1.0 will not change; and no action is needed at this time.

Re-registration for CURES 1.0 users will not be required. Currently registered users, when migrated to CURES 2.0, will be asked to reset their passwords and update their user profile information.

CURES 2.0 users are required to use Microsoft Internet Explorer Version 11.0 or later, Mozilla FireFox, Google Chrome, or Safari when accessing the system. According to the Department of Justice, CURES 1.0 will continue to be available until Jan. 1 for users with noncompliant browsers, to provide time for the browser upgrades required for CURES 2.0

Dentists should begin to prepare for universal adoption of the system by January, at which point all users will be required to meet CURES 2.0's security standards. (Go to <https://pmp.doj.ca.gov> to register.) If dentists have any questions, they can email cures@doj.ca.gov.



State review verifies Denti-Cal rates as low

The Department of Health Care Services released an annually required review on the current state of Denti-Cal reimbursement rates. One of the findings of the state’s audit of Denti-Cal released in December was that the Department of Health Care Services had not been conducting this review, and the department committed to completing it this year.

The report provides further confirmation that reimbursement rates are lagging significantly. California’s reimbursement rates for the 25 most common Medicaid services fall short of those in the similarly sized states of New York, Texas, and Florida and are only 31 percent of the national average for commercial insurance. Most notably, the report also states that while there has been a nearly 40 percent increase in enrolled children and 77 percent increase in enrolled adults since 2008, there has been a 14 percent decrease in the number of billing providers in that same time frame.

While the review looked at rates prior to the 20 percent increase in the new state budget, it further strengthens CDA’s case made during the special legislative session on Medi-Cal that much work remains on reimbursement rates.

AB 648 (Low – Virtual Dental Home Grant Program): CDA’s co-sponsored bill moved through the Senate Health Committee with unanimous support and is now in the Senate Appropriations Committee, where it will be referred to the suspense file for further work on a funding source for the \$4 million cost.

Summary of the July 24-25 Board of Trustees Meeting

Actions of the Executive and Evaluation Committees are subsequently considered by the board at its next meeting. All actions of the board will be moved to the House of Delegates for ratification as Board Report 3 or as a separate resolution.

Modifications to term and tenure: The board amended and approved a resolution lengthening the term and tenure of some office and committee positions.

Oversight of membership strategy and procedure: The board approved dissolving the Council of Membership and assigning itself with oversight of membership issues to create broader organizational support.

New dentist volunteer opportunities: The board amended and approved a resolution dissolving the Committee on the New Dentist and creating a structure in which new dentists are voting members of specific committees and boards, and creating a forum and networking opportunities for new dentist volunteers and members.

Development of dental policy recommendations: The board approved dissolving the Policy Development Council and using shorter-term task forces to address policy issues.

Composition of the CDA Executive Committee and Board of Trustees: The board, in closed session, amended and approved a resolution regarding the composition of the Executive Committee and board.

Executive and Evaluation Committees and Governance Review Subcommittee: The board amended and approved a resolution dissolving the

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**Newsletter of the
Napa-Solano Dental Society**

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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

2015 OFFICERS & BOARD MEMBERS

President	I. Emrah Basaran, DDS
Past President.....	Sam Khoury, DMD
Secretary/Treasurer	Jan Gerber, DDS
Trustee	Valerie Godfrey, DDS
At-Large	Walter Kuzma, DDS
At-Large	Art Louie, DDS
At-Large	Arvin Mehta, DDS
At-Large	Angie Ring, DDS

Committee Chairs

Membership	Kevin Adair, DDS
C.E. Program	Mark Sutter, DDS
Ethics	Bryan Scott, DMD
Cal-D-PAC	James Stich, DDS
Peer Review	Vic Chaney, DDS

Evaluation Committee Governance Review Subcommittee and assigning evaluation responsibilities to the Executive Committee.

Election of council and committee members:

The board approved designating itself the right to elect members to councils, committees, and the ADA delegation and to select members of subsidiary boards for election by the shareholder.

Role of trustees at the CDA House of Delegates: The board approved that current trustees and officers be precluded from service as a delegate or alternated delegate from a component dental society beginning with the house in 2017.

Oversight of committee work: The board approved assigning itself management oversight of committee work to reduce the amount of time required to conduct business.

Recommendations for council, committee, CDA Presents Board of Managers, and ADA Thirtieth District delegation vacancies: The board nominated candidates for positions on councils, committees, the CDA Presents Board of Managers, and ADA delegation for election by the house.

CDA Foundation Finance Committee: The Evaluation Committee recommended and the board approved revisions to the CDA Bylaws that state that members of subsidiary or affiliate boards that do not have separate finance committees be ineligible for service on the CDA Audit Committee for one year following board service.

Petition for charter in western Los Angeles area: The board, in closed session, amended and approved a resolution noticing the house with the potential CDA Bylaws amendments to change the number of components based on a petition received requesting a new charter in the western Los Angeles area. The Executive Committee also held a special closed session meeting to discuss the information regarding the petition for a new component.

Peer review addendum in non-discrimination cases: The board approved amending the Peer Review Manual to enable a resolution addendum to be provided to the dentist under review in non-determination cases.

Sleep Disorder Breathing Final Report: The board approved that the Report of Sleep Disorder Breathing be filed.

Nominating Committee meeting: The Nominating Committee met on July 25 and selected the following slate of candidates for presentation to the 2015 House of Delegates:

- President Elect: Clelan "Butch" Ehrler, DDS
- Vice President: Natasha Lee, DDS
- Secretary: R. Del Brunner, DDS
- Treasurer: Kevin Keating, DDS, MS
- Speaker of the House: Craig Yarborough, DDS, MBA

Respectfully,
Valerie M. Godfrey, DDS, MS

2015 CDA House of Delegates

**Oct. 16-18
Sacramento**

Napa-Solano Dental Society attendees:

Emrah Basaran, Chair of Delegation
James Sanderson, Delegate
Tom Campbell, Alternate Delegate
Valerie Godfrey, CDA Trustee
Gail Grimm, NSDS Executive Director
Kerry Carney, Editor, *CDA Journal*



Use caution when referring patients to side businesses

CDA has been made aware that an imaging company in Southern California is emailing dentists to offer a “bundle deal” on CT scans for patients. Purchasing such a package may be a violation of the Dental Practice Act because it would allow a profit on a referral.

Dentists who own a side business, such as an imaging company, also need to be cautious and make sure they stay in compliance with the Dental Practice Act. The Dental Practice Act prohibits referrals for “diagnostic imaging goods or services if the licensee or his or her immediate family has a financial interest with the person or in the entity that receives the referral.”

Alma J. Clark, DDS, chair of the CDA Judicial Council, said dentists need to be cautious in these situations.

“It is OK for a dentist to own imaging products in their office and even refer out to an imaging company that they have an ownership stake in, but only if it is done correctly and within the confines of what the Dental Practice Act allows,” Clark said.

There are two ways a dentist can offer imaging services to patients: either within the walls of his or her office or if there is a personal service arrangement in place that meets certain requirements. If neither of these exceptions apply and the dentist refers out to an imaging company that he or she has a financial interest in, it becomes a self-referral and it is prohibited.

The exceptions are:

1. If the services are performed within the dental office. The prohibition of Section 650.01 shall not apply to any service for a specific patient that is performed within, or goods that are supplied by, a licensee’s office or the office of a group practice.

2. A personal services arrangement has been established. If there is an arrangement, it must be in writing, specify all of the services to be performed, and the compensation to be paid must be set in advance, not exceed the fair market value and not be determined in a manner that takes into account the volume or value of referrals.

Under either of the above exceptions, the dentist must disclose the financial interest to the patient, or the parent or legal guardian of the patient, in writing at the time of the referral or request for consultation. This includes, in the case of a personal services arrangement, information on where a person may go to file a complaint against the dentist or the immediate family member of the dentist.

Dentists who fail to follow these requirements could face a misdemeanor violation or civil penalties up to \$5,000 per patient.

CDA’s *Guide to California Dental Practice Act Compliance* is available on <http://www.cda.org/practicesupport>. The guide is intended for use by dentists and allied dental health professionals to assist them in complying with the California Dental Practice Act. Information on this subject begins on Page 44 of the guide.

Henry Schein makes \$100,000 product donation to CDA Cares

Henry Schein Dental has provided its largest single ongoing donation to CDA’s statewide charity dental event, CDA Cares.

Schein — which provides health care products and services to office-based dental, medical, and animal health practitioners — will contribute \$50,000 in supplies to each of the next two CDA Cares events (Fresno and Ventura). Glenn Showgren, California zone general manager for Henry Schein, said the company is donating to stay true to its mission statement by helping underserved communities.

“We believe in the statement that Benjamin Franklin made: ‘Doing well by doing good,’” Show-

gren said. “Henry Schein has been successful in a business sense because we have never forgotten what Mr. Schein believed in when he started the storefront pharmacy in Queens, N.Y. It is important to provide good quality for a good value. However, it is also important to give back wherever possible.”

Henry Schein will be providing everything from infection control supplies such as gloves and barriers to restorative materials and anesthetics at CDA Cares through its \$100,000 combined donation.

“California is our largest single dental market in the United States, and I think it is important that we give back to this state,” Showgren said.

New NSDS website has a new look

Napa-Solano Dental Society has a new user-friendly website, with exclusive members-only information.

The website is available at <http://www.napasoladentalsociety.org/>.

Username and passwords from the previous website will no longer work. To access the members-only section, use the following information:

Your username is your last name plus the last three digits of your ADA number. For John Doe, ADA #123456789, the username would be doe789. (Capital-

ization does not matter for the username.)

Your password is the first letter of your last name capitalized plus your entire ADA number. For John Doe, ADA #123456789, the password would be D123456789. Capitalization DOES matter for the password.

Once in the members-only section, you will find a registration link for society C.E. courses, legislative updates, and the Oracle.

Below are screen captures of the new website and some of its featured pages.



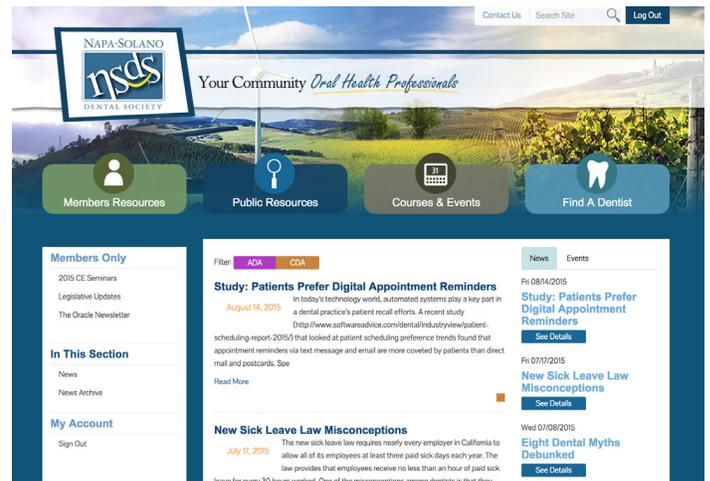
The home page of the new NSDS website.



Events, activities, and meetings are listed on the new calendar.



Information on upcoming education opportunities is listed on the Continuing Education page, and online registration is available.



Use the website to access dental-related news.

Veracity and integrity should guide specialty advertising

By Kenneth Jacobs, DDS, FACD
Member of CDA Judicial Council

In today's ever-changing dental landscape, one of the most intriguing and perhaps convoluted ethical and legal challenges facing our profession occurs in the arena of specialty advertising. It is interesting to note that on the surface this seemingly simple issue has developed into a complex set of ethical and legal dilemmas. Court battles between state dental associations and the Federal Trade Commission have ensued over potential anti-competitive issues. Constitutional First Amendment freedom of speech rights have also colored the specialty advertising debate such that state dental boards no longer enforce former advertising restrictions as they were determined to be unconstitutional.

First, it should be understood that the nine dental specialties recognized by the ADA and the designation for ethical specialty announcement and limitation of practice are Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Periodontics, and Prosthodontics. In order to announce as a specialist in one of these specialty areas of practice, a dentist must have successfully completed an educational program as prescribed by the ADA Council on Dental Education and Licensure.

Section 6.A of the CDA Code of Ethics states, *"It is unethical for a dentist to mislead a patient or misrepresent in any material respect either directly or indirectly the dentist's identity, training, competence, services, or fees. Likewise, it is unethical for a dentist to advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect."*

In addition, Section 6.B of the Code states, *"Dentists may use the degrees conferred upon them by diploma from recognized dental colleges or schools legally empowered to confer the same, the letters 'D.D.S.' as permitted by state law, and or the titles, 'Doctor' or 'Dentist' and any additional advanced*

academic degrees earned in health service areas. It is unethical for a dentist to use a title or degree in connection with the promotion of any dental or other commercial endeavor when such usage is false or misleading in any material respect."

Yet within the recent landscape, the lines of reality and legal/ethical specialty advertising have been blurred. The courts have ruled that freedom of speech and maintaining competitive marketplaces in some instances take precedence over potentially false or misleading announcements. We see in the legal precedent-setting case of Potts v. Hamilton, that even though Potts' credentials did not meet the "formal full-time advanced education" requirement of the advertising statute, the 2010 U.S. District Court ruling found the advertising statute violated Potts' rights of free speech and held the statute unconstitutional. As a result, in 2011, the Dental Board of California removed the specialty sections of the advertising statute. In addition, previous to the Dental Board action, CDA removed the "Announcement of Specialization and Limitation of Practice" section of its Code of Ethics.

As a practical guide, we can summarize what is prohibited and what is not prohibited for purposes of the CDA Code of Ethics as follows:

1. Dentists may not use "specialist in" one of the ADA recognized specialty areas of practice unless they have met the educational requirements and standards set forth by the ADA as mentioned previously.
2. Non-specialists who wish to announce the services available in their practices are not required to state that their services are being provided by a general dentist.
3. Specialists are not required to use "practice limited to," nor are they required to limit their practice exclusively to an announced specialty area of dental practice.
4. Non-specialists are not prohibited from using "practice limited to," nor are they prohibited from limiting their practice to an announced area of dental practice.
5. Non-specialists are not required to state

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Use a consistent procedure to discipline staff

Employee discipline is one of the hardest, but most necessary, components of practice ownership and employing staff.

It's human nature to avoid confrontation. As a leader, it's important to set the ground rules from the first day of employment. Creating an atmosphere of collaboration, mutual respect and trust early can reap long-term rewards for the employee, the dentist as the employer, and ultimately the practice. Employees who have a sense of ownership and investment will often perform in a manner that enables the practice to flourish and grow, according to CDA Practice Analyst Michelle Corbo.



Michelle Corbo

"Happiness is infectious! This atmosphere will resonate with your patients and lead to potential referrals," Corbo said.

Corbo recommended that dentists have an established office policy manual.

"Staying consistent with all employees in establishing clear, reasonable policies makes the difference between a smooth-running practice and one that's plagued with employee-related angst," Corbo said.

Dentists who don't already have a manual, or have one that's out-of-date, can download a Sample Employee Manual template at no charge on [cda.org/practicesupport](http://www.cda.org/practicesupport) at <http://www.cda.org/member-resources/practice-support/sample-employee-manual>.

Adherence to the policies should be understood by all employees and enforced equally by the employer. Each employee should be familiar with office policies and the consequences that may occur if he or she violates a policy — keeping in mind that the dentist should be flexible in the enforcement of certain rules if extenuating circumstances should arise. Any changes in office policies should be posted for all employees to see in advance of the policy effective date.

"Provide employees an opportunity to ask questions and have each sign an acknowledgement of the new policy and place it in the employee personnel file," Corbo said.

If a problem develops with an employee, the den-

tist should be prepared to have an open discussion bringing the behavior to his or her attention.

"By showing confidence and trust by involving the employee in finding a solution, not only will you likely get your desired result, you will have given the employee an opportunity to grow professionally and personally," Corbo said.

If this approach isn't successful, the dentist could develop a performance improvement plan that works best for their practice. (When it's necessary to discipline an employee, it's best to do so in private as to not cause embarrassment.)

There are situations in which a performance improvement plan approach may be warranted, as outlined below. However, it is important to emphasize in any written materials that employment remains at-will and either the employer or employee can terminate the employment at any time.

"Even if you decide to adopt a step approach to help facilitate disciplinary action, there are occasions when the first offense is egregious enough to warrant immediate termination," Corbo said.

One option for a performance improvement plan is as follows:

1. If it's a first non-serious violation of policy, perhaps provide a gentle reminder of your practice policy on an issue as it arises. Attempt to counsel the employee on ways to improve the behavior.
2. With a second offense, a sterner warning is given in the form of a written reprimand outlining any instances and warnings to date. Keep in mind that any timelines provided to the employee for improvement must be followed and adhered to prior to further action.
3. A final probationary warning with a clear understanding that any further instances are likely to result in dismissal.

While a dentist cannot control an employee's behavior or what he or she may do before or after a termination, it's important to have copies of any instances of poor performance or disciplinary forms placed in the employee's personnel record. If through this process it becomes apparent that the situation is

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NSDS Continuing Education 2015

For registration and more information, contact Gail Grimm, CAE, Executive Director, 707-428-3894 or exec@n-sds.org.

DATE	TOPIC	INSTRUCTOR	LOCATION	TIME
Sept. 24	Employee Law	Ronald Goldman, JD	Rancho Solano	6-9 p.m./3 C.E.
Oct. 2	Periodontology	Dr. Serge DiBart	Ramekins	10 a.m.-5 p.m./7 C.E.
Nov. 5	Practice Pointers for New Dentists	Ronald Goldman, JD	Chardonay	6-9 p.m./3 C.E.
Dec. 3	Infection Control, Dental Practice Act	LaDonna Drury-Klein	Chardonay	3-8 p.m./4 C.E.

SPECIALITY ADVERTISING

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"[Name of announcement area of dental practice] is not recognized as a specialty area by the ADA."

So what are the ethical principles that can guide us in our decision-making process regarding this complex issue? Veracity, or simply telling the truth, tells us that the public, our peers, and our patients in particular, rely on the information we disseminate to each so that truly informed decisions can be made. Furthermore, behaving with integrity enforces core values such that conflicts between actions and conscience are eliminated. Through open and honest disclosure, the possibility for a patient to be misled diminishes greatly and hence trust can flourish.

Additional resources about specialty advertising are available on <http://www.cda.org>. For further guidance, contact a member of your local ethics committee.

DISCIPLINE STAFF

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not improving and the dentist's decision is to terminate the employee, having a documented record of events showing objective reasoning and the steps taken prior to reaching that decision will be important should they need to have an accurate reference.

"A hazy account of the details that led up to termination can tip the scales toward the employee if the circumstances surrounding the termination are questionable. If poorly handled, it can be a disaster," Corbo said.

In the long run, it's better to try to improve employee performance than to go through the painful process of termination of employment — unless the employee has behaved in such a way that warrants immediate termination such as gross misconduct or theft. Often the performance issues are temporary and can be worked through, Corbo said.

NSDS New Members

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

Robert Aubuchon, DDS, MSD
Pediatric Dentistry
Fairfield

Mary Lou Gaerlan, DDS
General Practice
Suisun City

Khashayar Khomejany, DDS
General Practice
Vallejo

Jeffrey Nichelini, DDS
Orthodontics and Dentofacial Orthopedics
American Canyon

Raymond Scott, DDS
Endodontics
Napa

Jeffrey Youngberg, DDS
General Practice
Vacaville



**You are not
a policy number.**



tdic

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

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