



GP NEWS



The Publication for the General Practitioner

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Dr. Anita Rathee of West Hills Is Spirit of Leadership Awardee

The California Academy of General Dentistry has named Dr. Anita Rathee as the recipient of the prestigious Dr. Deon Carrico "Spirit of Leadership Award." It was created in the memory of Dr. Carrico who was a member of the AGD from the time of its inception and was our executive director for many years. The criteria states that this award goes to a member who has consistently contributed time, effort and talent for the betterment of the CAGD. Dr. Rathee clearly fits the criteria, and then some. She served in all officer capacities and was our president for 2006. Dr. Rathee has remained active in the affairs of the CAGD as an advisor to the CAGD Board of Directors and serves at her own expense in most instances involving meetings. Dr. Mike Bromberg, Legislative Chair for the CAGD and Legislative and Governmental Affairs Chair for our National AGD, says of Anita: *"Anita Rathee has long been, and continues to be, a great asset to the Academy. She works hard as a strong and vocal supporter to promote the concept of continuing to allow only dentists to perform irreversible surgical procedures, and by doing so, she echoes the sentiments of dentists across the country. Her background in public health gives her position even greater credibility. She clearly has the qualifications and credentials to receive this award and she exemplifies the criteria possessed by those who continue to lead long after their elected positions have expired."*

Dr. Rathee has served various leadership roles in organized dentistry at the local, state and national level including serving as President of the CAGD in 2006. She continues to serve on the CAGD Board as an advisor. She is a past membership chair of the CAGD and has completed two three-year terms on the AGD membership council. She has been re-appointed for a second three-year term on the AGD Council on Dental Practice. This council deals with many issues that are important to the practice of dentistry, including workforce issues, dental code revisions, and representing patients' and dentists' interests with insurance carriers and other parties. She has represented California as a delegate to the AGD House of Delegates (HOD) for over ten years and has chaired the reference committee on Advocacy and other priorities and the reference committee on Administration, Image and Membership at two separate HODs. Dr. Rathee has been elected to serve as a delegate to the California Dental Association HOD for two years and will be representing the San Fernando Valley Dental Society to the CDA HOD again this year. She has been Editor of the San Fernando Valley Dental Society (SFVDS) since 2008 and continues to serve on the executive committee and Board of the SFVDS.



DR. ANITA RATHEE
Past President of the CAGD

Dr. Rathee graduated from Dalhousie University School of Dentistry in Halifax, Canada and completed a General Practice Residency at Vancouver General Hospital. After obtaining her California license and practicing in San Fernando Valley for a few years, she went on to obtain a Master's degree in Public Health at UCLA. Dr. Rathee feels that providing the best patient care requires a lifelong pursuit of continuing post-graduate education, a value upon which the AGD was founded. In that vein, she continues to update her and her staff's skills by attending numerous post-graduate courses throughout the year.

Notwithstanding her education in Health Policy and

(continued on page 4...RATHEE)

NEW CONCEPTS AND TECHNOLOGY

Atraumatic and Efficient Exodontia

DR. KARL KOERNER

Saturday, November 19, 2011

8:00 a.m. till 5:00 p.m.

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The emphasis of this presentation is on routine extractions that become more difficult than expected. The course covers advanced instrumentation and procedures that minimize bone removal (atraumatic extractions) while not sacrificing speed. Also included is a discussion on how to avoid or manage many common complications. For example, bleeding problems (mainly patients on anticoagulants), nerve injury, sinus problems and infection.

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This course will enable the general practitioner to:

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In This Issue:

- 2 Delta/CAGD Meeting in Orange County
- 5 President's Message *by* Dr. S. Lockwood
- 6 **SC**AGD Implant CE Meeting *by* Dr. Garfield
- 7 Trustee's Message *by* Dr. Jay Thompson
- 8 Watchdog Report *by* Dr. Guy Acheson
- 10 New Masters in the AGD
- 13 New Fellows in the AGD
- 14 A Capwiz Recap *by* Dr. Myron Bromberg
- 15 Ski and Learn *by* Dr. Bob Barrett
- 16 CAGD's Annual Meeting in Orange County
- 17 Regional Director's Message *by* Dr. M. Lew
- 18 FellowTrack North *by* Crystal Aspiras
- 19 MasterTrack III Curriculum *by* Dr. Ringrose
- 20 Implant Educator Course *by* Dr. Treva Lee
- 22 **SS**AGD News *by* Dr. Howard Chi
- 23 Lifelong Learning and Service Recognition
- 24 **NC**AGD Activities *by* Dr. S. Madireddi
- 26 Welcome New Members
- 27 **SD**AGD Continuing Education *by* Dr. Keshav
- 28 CAGD Website *with* Tips

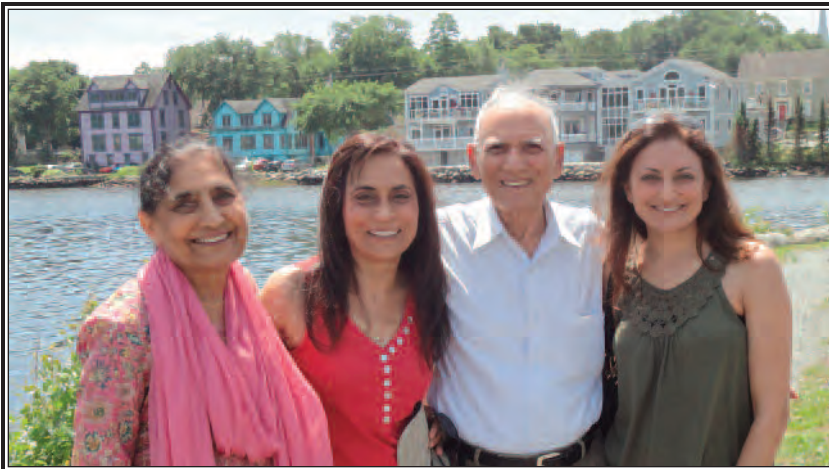
RATHEE *(continued from the page 1)*

Administration, Dr. Rathee is a strong proponent of private practice dentistry and the importance of preserving the right of every patient to receive quality dental care by a fully-trained and licensed dentist. She feels strongly that non-dentists doing irreversible surgical procedures that only licensed dentists are currently permitted to perform would only jeopardize the safety of the public, especially the most vulnerable populations we serve. Dr. Rathee has lobbied in Washington, D.C. for patient's rights, safety of the public and many issues affecting the practice of dentistry.

Dr. Rathee has proudly raised two children in Southern California. Her son, Rajan Singh, is starting his sophomore year at UC Davis as a Computer Science and Engineering major and obtained his Eagle Scout rank just last year. Kiran Singh, her daughter, a senior at Calabasas High School, has completed numerous hours of community service, and has been recognized for her service at Cedars-Sinai Hospital Teen Line, a teen help hotline.

Dr. Rathee's dedication to serving her community and profession started in her undergraduate and dental school years when she volunteered at Children's Hospital in Halifax, Nova Scotia and served as Editor for her Dental School Journal.

She has continued to volunteer in many capacities at her children's schools and in their Girl Scout and Boy Scout troops. She served as the Dental Director for M.E.N.D. community Center in Pacoima, California in *(continued on page 13...RATHEE)*



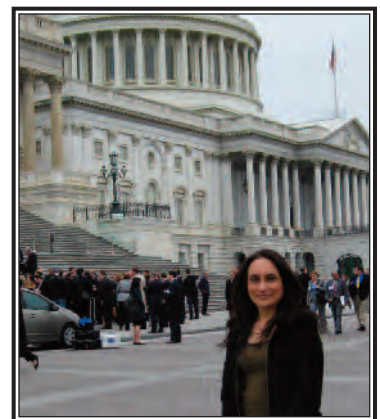
Dr. Rathee with her parents and her sister at picturesque Mahone Bay in Nova Scotia (August, 2011)



Anita helping her son with his Eagle Scout project



Dr. Rathee with her daughter's girl scout troupe when they visited her office in 2005



Dr. Rathee at our nation's capitol on a lobbying trip (April, 2010)



SFVDS Legislative Dinner: Dr. Rathee, Dr. Mark Amundson, Assemblyman Cameron Smyth, Dr. Harry Markarian and Dr. Jorge Alvarez



Dr. Rathee, son Rajan Singh and daughter, Kiran Singh



DR. STEVE LOCKWOOD
La Jolla

PRESIDENT'S MESSAGE

CDA's Access To Care Proposal Looked at Critically by the CAGD

Dear Colleagues,

Recently, the CDA has researched the barriers affecting access to dental care for Californians who are underserved. Their three-phase approach to meet the oral health needs of citizens addresses education and oral health literacy; appointment of a state dental director (Phase I); implementation of state and federal funded school children dental examinations including greater DentiCal coverage and dentist reimbursements for children's care; and residency programs for new dentists in underserved areas (Phase II). The above proposals are excellent; in fact, some of them have been tried and have been eliminated due to financial shortcomings within our state.

The third phase introduces the utilization of non-dentist providers (*often referred to as mid-level providers*) who could, by legislative approval, be permitted to perform dental procedures currently limited to dentists with DDS or DMD credentials. This abrupt departure of oral and dental health delivery has not been effective in other countries and is the agenda of deep-pocketed donor organizations such as the PEW Center on the States, Kellogg Foundations, and the CDA Foundation. The agenda is to create a cheap labor force in response to an artificially-created dentist shortage. The truth is that there is a shortage of public health dentist *positions* in California. At a recent county dental society board meeting, CDA representatives shared that large numbers of the recent dental graduates have been forced to seek employment outside of California. CDA Leaders have stated a desire to have ethnically sensitive individuals work their respective communities, but one state dental school (UCLA) has only admitted a 1% Latino freshman class.

CDA Leadership, including the CDA Executive Director, Mr. Peter Dubois, is not opposing mid-level providers. No one desires to thwart commonsense proposals to help others, but a clear departure from the California Practice Act to propose legislation permitting non-dentists the ability to diagnose, give local anesthesia and extract teeth is simply unacceptable. Such a reckless proposal, even as a pilot study, invites huge public health and safety vulnerability and liability. I urge the CDA to use its resources to convey strong opposition of non-dentists performing duties currently limited to dentists.

Recently, I listened to a young dentist express that he always felt he would be missing something professionally if he was not an ADA member and thus continued to pay his annual dues. His knowledge of the CDA proposals has made him question CDA's commitment to support him in his profession. As GPs, we need the voice of CDA, but the current CDA Leadership is being courted by political movers such as the PEW Center on the States and the Kellogg Foundation to hijack our profession. This will seriously compromise the CDA as we know it...our professional voice for sound clinical dentistry through continuing education.

I applaud my peers who continue to care for patients, serve the public through volunteerism, and represent us in leadership positions in organized dentistry. Let your state legislators and CDA delegates know your opinion regarding the non-dentist providers. This is our time to confront this foolish proposal.

Sincerely,

Stephen E. Lockwood, DMD, MAGD

"The truth is that there is a shortage of public health dentist positions in California."

The views expressed are those of the author as an individual and do not necessarily reflect the position of the California AGD.

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DR. JAY THOMPSON
San Diego

MESSAGE FROM OUR TRUSTEE

Private Practice **or** Employment?

On March 25, 2010, the New York Times ran an article by Gardiner Harris entitled “More Doctors Giving Up Private Practice.” In this article, Mr. Harris states that “Traditionally, American medicine has been largely a cottage industry. Most doctors cared for patients in small, privately owned clinics—sometimes in rooms adjoining their homes. But an increasing share of young physicians burdened by medical school debts and seeking regular hours, are deciding against opening private practices. Instead, they are accepting salaries at hospitals and in health systems. And a growing number of older doctors—facing rising costs and fearing they will not be able to recruit junior partners—are selling their practices and moving into salaried jobs, too.

“As recently as 2005, more than two-thirds of medical practices were physician-owned—a share that had been relatively constant for many years, the Medical Group Management Association says. But within three years, that share dropped below fifty percent, and analysts say “the slide has continued.”

On June 20, 2011, in the Doctor Employment Lawyer blog, published by Chicago, Illinois Doctor Employment Lawyer: The Prinz Law Firm, P.C., states: “Physician Employment: Private Practice, Hospital Employment or Something Else?”

Posted in Chicago Physician Attorney, Doctor Employment, Doctor Employment Contract by the Prinz Law Firm, P.C. on June 20, 2011: “Permalink Share Private practice can be extremely rewarding for doctors, but the practice of medicine is not a one-size-fits-all profession and physicians have many choices today. Between hospital employment, flex positions, and locums tenens, new doctors can craft a medical career unlike those of the past.

“For doctors who want to avoid the ‘business of medicine,’ hospital staff positions or temporary locum tenens positions may be a better option. You have the ability to negotiate a long-term or short-term physician employment contract, depending on your career and personal goals. Knowing your options is the first step to determining where you want to go with your career.

“Regardless of which option works best for you, they each bring with them unique issues. In private practice, you may be expected to build your own patient base and focus on practice development. In a hospital setting, you may be dealing with more bureaucracy. And most locum tenens positions require that you do a little of everything.”

The trend is there. More and more physicians are moving to employment and away from private practice. Because of this, the choices they will be able to provide their patients will be determined more and more by the employer of physicians instead of the physicians themselves. I believe that this is a troubling trend.

In dentistry today, we see similar pressures facing dentists seeking to establish themselves in private practice: high dental school debt, increasing governmental regulations, limited practice management education, attempts to limit scope of practice and the proposal to introduce independent mid-level dental therapists. Because of these challenges, it would be unfortunate if dentists begin to choose employment over private practice.

I have been in private practice for over twenty-five years, and I believe that today dentistry offers greater fulfillment and opportunity than it did when I first became a general dentist. The AGD has been a resource for me as I had to learn new skills and techniques which have allowed me to provide the care my patients require.

With the challenges facing young dentists today, the Academy of General Dentistry is even more important than it was twenty-five years ago.

If you aren’t a member yet, consider joining the AGD; or if you know a dentist who is just establishing his practice, encourage him or her to join.

“...it would be
unfortunate
if dentists
begin
to choose
employment
over private
practice.”



Watchdog

REPORT

Dr. Guy Acheson, DDS, MAGD, Watchdog Committee Chairman, CAGD Vice President, Fair Oaks

Ladies and Gentlemen:

The midlevel provider push is in full swing in California. Agendas are being put forth. Testimony is being provided. Opinions are starting to form. Legislation is being put on the calendar. Where is California AGD in this mélange?

The CAGD has been following events very closely for the last two years. We have attended every Dental Board of California meeting to monitor developments. We have been talking with AGD representatives in Alaska, Canada, Minnesota, Washington and Missouri. We are closely following the California Health Workforce Pilot Project #172 that has dental assistants and hygienists excavating dental caries and placing glass ionomer restorations under telemetric supervision, a CDA Foundation sponsored project. We are paying close attention to the California Dental Association activities and have attended all of their town hall meetings on their Access Report to date. We have provided presentations at several local dental societies on the midlevel provider issue. We have had our own town hall meetings on the midlevel provider issue.

As usual in this column, I will now provide my own perspective on the situation to date. These are my opinions and do not represent any positions by the Academy of General Dentistry or the California Academy of General Dentistry.

I want to compliment the California Dental Association for the work they have done so far in preparation of their Access Report. They have spent two years constructing this document and I feel they have taken a fairly well rounded look at the problem of providing dental care to disadvantaged people, especially children, in California. I also feel that Drs. Soderstrom, Davidson, Fine, and Reggalio have done a very good job distilling down the contents of the CDA Access Report in their town hall meetings. I agree with their three phase approach to improving access to dental care for the disadvantaged people of California, especially the primary goal of Phase One; establishing a Dental Director in the state of California with the strength of character, political savvy, public health credentials, bureaucratic power, and administrative support to be able to establish a committed and organized approach to improving dental care to the disadvantaged and underserved persons in the state. Without leadership, without a vision, without a mission statement, without significant and dependable financial support there is no hope for improving access to dental care in the public health sector. This has been and is the state of public health dental care in California.

8

I do have some issues with the CDA Access Report. They begin in Phase Two; expanding access by using the tools we currently have.

The Access Report says that the capacity of existing private practice and public health dentists to expand and treat the 30% of Californians who are the disadvantaged does not exist. The research they paid for says that private practice dentists are operating at 96.5% of their maximum capacity and public health dentists are at 84% of their maximum capacity. *Really?* They also say that a survey of 72 dentists found that only 50% would even consider seeing DentiCal patients.

In 1983 I started my practice by treating DentiCal patients. That was the core of my practice. By 1990 I was essentially out of the DentiCal business having been worn down by the perpetually changing documentation requirements, lost claims, lost radiographs, consultant reviews, delayed payments...*the list was endless.* I continued to accept DentiCal patients in my hospital practice since they were mainly children and there were virtually no dentists who worked in the hospitals. My hospital practice was more a labor of love than a business

"...private practice dentists are operating at 96.5% of their maximum capacity..."

since significant parts of my treatments were not paid due to retroactive denials and documentation requirements that were not possible to meet with these special patients. The DentiCal bureaucracy cut no slack for the patients who needed general anesthesia, so it got to the point where each patient required at least two general anesthesia sessions. The first was just to complete an examination with charting, radiographs and photographs. Then I would submit a pre-authorization and negotiate the treatment plan. Only then could I go to the hospital a second time and have reasonable assurance that I would get paid for the treatment I provided.

In 1992 something remarkable happened. DentiCal got sued for effectively denying care due to their unreasonable documentation requirements and their arbitrary lowering of fees. DentiCal lost the suit. DentiCal overnight dropped onerous documentation requirements for the basic services, raised reimbursement to 80% of UCR, and paid in a timely manner. The chief consultant for hospital dentistry cases called me to explain the new system so that I no longer had to submit my patients to a general anesthesia just for the examination. I opened my schedule and treated many more patients. Turns out, so did a great number of my regular dental colleagues. From 1992 to 1994, compared to historical norms, the number of DentiCal patients treated doubled and the amount of treatment provided quadrupled. So, don't tell me that the general dentists in California would not respond and be able to provide significantly more treatment to DentiCal patients. Of course, the amount of money that DentiCal was paying out was deemed to be excessive, so they shut down their largess. By about 1996, I disenrolled from the DentiCal program.

The CDA Access Report mentions Registered Dental Assistants in Expanded Functions (RDAEF) as a *(continued on next page)*

tool to expand the capacity of existing dentists to provide care. It does not see this as a practical tool to expand capacity due to the reluctance of dentists to hire RDAEFs. I expressed my dismay at the lack of seeing RDAEFs as part of the CDA solution to Dr. Soderstrom at the first town hall meeting. He asked me if I would hire an RDAEF right now. I had to say "no." My answer is "no" not because I would not hire an RDAEF. In fact, we have had an RDAEF in our dental practice. It is "no" because I would not change my business plan, reconfigure my office, and commit to a new staff member unless DentiCal could demonstrate that it is a stable, reasonable, well-funded, and predictable business partner.

A part of the CDA Access Report that I truly agree with is the need to emphasize prevention as the primary solution to the early childhood caries problem. Dental caries is virtually 100% preventable. There is no rational reason for the caries epidemic that exists world-wide, not just in California. You cannot drill your way out of this caries problem. Pew and Kellogg hold up New Zealand's dental therapist program as the model for mid-level providers in California. They constantly tell everyone that New Zealand has solved the caries problem with dental therapists. If you would take the time to do some reading you would find that New Zealand did a strategic review of their dental program in 2005 because despite having a dental therapist at virtually every elementary school, providing free dental care in the schools, and having extensive water fluoridation, the rate of dental caries has continued to rise. There is unlimited free dental care for children up to the age of 18 and the caries rate continues to rise. Not only that, but because of chronic underfunding they cannot retain dental therapists due to inadequate pay and worn out dental facilities.

Public health dentistry suffers world-wide from chronic underfunding. Pew and Kellogg like to hold New Zealand's dental therapist model as one of the most effective tools they see for solving the problem of dental caries. Australia, Canada, and Great Britain also have dental therapist providers modeled after the New Zealand program. All of these countries are experiencing a problem with retention and recruitment of dental therapists due to inadequate salaries. New Zealand changed the training of dental therapists several years ago to include dental hygiene training. This is so the dental therapists can augment their income by working as hygienists for private practice dentists part time. They are allowed to practice their dental therapist duties only in the public health system. Australia and Canada also have problems with retention and recruitment due to inadequate salaries, also have included hygiene training in their programs but, they have allowed their dental therapists to practice in their own independent private practices providing both dental therapist and dental hygiene services to try and counter these problems of retention and recruitment. I can easily see this occurring in the United States when mid-level providers complain that they can't make a decent living due to poor/inconsistent compensation when working in public health settings. Since they can't provide expanded services like a dentist, they can't generate other sources of revenue to compensate for the inadequate compensation for public health dentistry.

I ask you, does this sound like a dental workforce model that is the solution to California's dental woes?

I am surprised this isn't talked about more widely in the current

debate about healthcare in general. MediCal is also chronically underfunded with regard to payment for services. Hospitals are most affected because they cannot refuse to treat a patient if they are MediCal. The hospitals make up for this with cost shifting; setting their UCR fees high enough to make up for the underpayment by MediCal. I see this every month in my hospital practice.

I have two very current examples of California's lack of commitment to prevention of dental disease. I have already spoken about how early California was in adopting expanded functions in allied dental health professionals to help expand access to care. California has more categories of dental providers than any other state in America. Expanded functions for dental assistants began in 1986 and the duties were dramatically expanded in 2010. Dental Hygienists have existed since 1930 and Dental Hygienists in Alternative Practice (independent practice in public health settings, schools, and residential care facilities) was begun in 1986 with full licensure in 2002. California's most consistent dental public health program was the California Children's Dental Disease Prevention Program (CCDDPP) which began in 1979. Dentists and hygienists would provide prevention education, fluoride rinse programs, and many times sealant programs in elementary schools that had at least 50% of their students in the free lunch program. This program provided services to almost 350,000 children every year! The program was cancelled in 2009. This is one of the core programs that the CDA Access Report would like to see going again. The second prevention effort in California was with the First Five program. This is funded by a tobacco tax with the tax money protected for early childhood caries prevention and treatment. This has been the major funding source for water fluoridation and building of dental clinics specifically for disadvantaged children. The state has not cancelled the program but has taken back all of their unused money, their reserve funds. Expansion of water fluoridation has been killed since this money was targeted to specific water fluoridation projects that were planned based on these funds. How in the world can you develop a new dental allied health provider category that is dependent upon government funding to pay the salaries with this kind of track record? And, this was BEFORE our current fiscal mess.

If I had more space, I would continue. I have presented you with a couple of the big topics. Ladies and gentlemen, my fellow dentists, you must pay attention to this issue. Especially younger practitioners because this can significantly change your professional future without providing any significant benefit to the people of California. Talk to your colleagues. Ask questions of your dental leaders. Do not just sit back and wait to see what happens. You probably will not like the results.

As always, you are invited to contact me for discussion or more information.

Guy E. Acheson, DDS, MAGD

drGuyacheson@gmail.com

or

916-214-6663

9



"...does this sound like a dental workforce model that is the solution to California's dental woes?"

Congratulations To These New



DR. PARSA T. ZADEH
Beverly Hills, California



DR. THERESA DAO-MAKIYAMA
San Jose, California



DR. JAYMA CLAUS
Napa, California



DR. SAKO OHANESIAN
Anaheim Hills, California

Becoming a Master

The California practitioners pictured qualified to receive the Academy of General Dentistry's prestigious Mastership award in San Diego at AGD's Annual Meeting in July. They successfully completed a rigorous curriculum outlined by our national Academy.

Mastership is the highest honor available in the AGD and one of the most respected and recognizable designations in the dental profession. Less than one percent of the general practitioner population have ever achieved this lofty goal. We currently have only 156 actively practicing in California out of over 20,000 general dentists. To achieve Mastership, a dentist must complete a minimum of 1,100 hours of approved continuing dental education. Most who reach this level have achieved many more hours than the minimum number. At least 400 hours must be accrued in participation (*hands-on*) courses, those that involve actual participation and the presentation of a technique or skill under the supervision of highly qualified experts.

Masters have been trained by the best to be the best.



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Fallbrook, California



DR. JOHN CHAO
Alhambra, California



10 DR. BEN CHEW
Fremont, California



DR. RAFI BALABANIAN
Santa Clara, California



DR. ARNOLD C. PAULOS
Pleasanton, California



DR. MAU NGUYEN
Menifee, California

Masters *(participants from California, Arizona, Nevada, Oklahoma, Colorado and Wyoming)*

MANY OF THESE MASTERS STUDIED IN CALIFORNIA IN CAGD'S MASTERTRACK PROGRAM OPERATED IN THE SAN FRANCISCO BAY AREA BY DR. RICH RINGROSE



DR. PATRICIA DEGRAW-SCHWARTZ
Orange, California



DR. BRIAN L. DANIELSSON
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DR. MELANIE HULL
Phoenix, Arizona



DR. JUSTIN T. CHAPMAN
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DR. STEVEN E. SMITH
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DR. EDWARD H. MOUSALLY
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San Diego, California



COL. PATRICK FOLEY
Ft. Carson, Colorado



MORE NEW
MASTERS
AND
NEW FELLOWS
ON THE
FOLLOWING
TWO PAGES



NEW MASTERS (continued from page 13)



DR. AUDREY A. FOROUTAN
San Diego, California



DR. ANA BRIGHTLEAF
Topanga, California



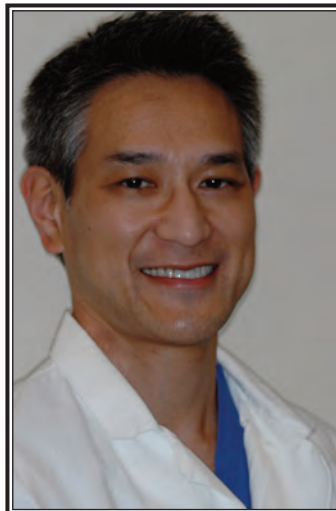
DR. JAMES MELLERT
Torrance, California



DR. TERRY WHEELER
Torrance, California



DR. STEVEN A. MYERS
Fullerton, California



DR. ALBERT CHOW
Thousand Oaks, California



DR. ROBERT DEVIN
Reno, Nevada



DR. SHADROUZ KIANOURI
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Congratulations To the New Fellows in the AGD

Candidates for Fellowship in the Academy of General Dentistry must have been members for at least three years prior to becoming a Fellow. They have completed a minimum of five hundred hours of continuing education in no more than a ten-year time frame, and have passed a comprehensive 400-question written examination.

The following dentists received their Fellowship in San Diego:

DR. WILLIAM J. BLACK
Antelope

DR. ANTHONY KIM
Riverside

DR. LARRY PAWL
La Mesa

DR. LINH M. CAO-CHAN
El Cerrito

DR. EUGENE Y. KIM
San Diego

DR. LONG N. PHAN
Murrieta

DR. FRANK CEJA
National City

DR. HAO-WEI LIU
Concord

DR. BLAKE WILLIAM SCOTT
Fresno

DR. BURKE PAK-KING CHEUNG
Tarzana

DR. DAI-CHEN LIU
Cupertino

DR. RICARDO A. SUAREZ
Whittier

DR. ANTHONY G. CHING
Bakersfield

DR. SHANTHI MADIREDDI
Los Altos Hills

DR. THOMAS T. VAHDANI
Mission Viejo

DR. JOHN COFFEY
Santa Cruz

DR. ADINA MANOLESCU
Woodland Hills

DR. WILLIAM F. WIGHT
Dana Point

DR. RAMI DIMITRI
Anaheim

DR. CONNIE MILLARE-PASCO
San Francisco

DR. MICHAEL YANG
Santa Ana

DR. NAMITA DUTTA
San Diego

DR. AUNG MYO MIN
Monterey Park

DR. ANDREW W. YAP
Buena Park

DR. KAMEL GERMANOS
San Diego

DR. J. ART MIRELEZ, JR.
Fresno

DR. LAIMUI YEUNG
Bakersfield

DR. BRIAN R. HAIG
Santa Ana

DR. LYNN MOJICA
San Francisco

DR. KYUNG OK YOON
Whittier

DR. MICHAEL L. HETSKO
Murrieta

DR. SARAH NABAI
Palo Alto

DR. SHITAL KAZI
San Lorenzo

DR. ALINA NAWROCKI
San Diego



RATHEE *(continued from page 4)*

1996. Anita has worked in community dental centers for Los Angeles County as well as in Vancouver, Canada. Her diverse background and experience has fueled her passion for dentistry and for volunteerism.

The CAGD is especially proud of Dr. Rathee and congratulates her on receiving this prestigious award.

A Capwiz Recap

Myron J. (Mike) Bromberg, DDS
Legislative Chair, California AGD
Legislative and Governmental Affairs Chair, National AGD
ADPAC Board Member, National AGD

Why did you join the Academy of General Dentistry? If you're like most of our members, you wanted access to someone to represent your interests on important issues or you wanted high-quality continuing dental education or it's possible that one was your initial reason for joining the AGD, and the other has become more important to you as you've built your practice.

As the AGD approaches its sixtieth anniversary, it remains committed to offering its members quality CE and representing members' interests to groups within and outside of dentistry. As a result, advocacy on behalf of general dentists has become even more critical at both the federal and state legislative levels, in part because of:

- * Increased efforts to introduce new types of dental care providers
- * The introduction of objectives and strategies relating to oral health objectives by federal agencies and other national organizations
- * The ongoing evolution of the health care delivery system as a result of changes contained in health care reform legislation
- * Efforts to maintain electronic patient records.

The AGD can only be a successful advocate for you if we have your support. One easy, yet effective, way for members to get involved in the AGD's advocacy efforts is to contact their legislators in response to pending votes and major initiatives. In recent months, you may have received emails urging you to use Capwiz to contact your legislators and voice your opinion on matters that will affect your patients and your practice.

What is Capwiz?

Capwiz is an online communication vehicle that allows members—and even their colleagues and patients—to share their opinions about important topics with their state and federal legislators.

Where do I find it?

Capwiz is available under the “Advocacy” tab on the AGD's website. To use this function, click “Government Relations,” and then select the “Contact Lawmakers” tab.

How do I get started?

Just enter the basic information requested and Capwiz will automatically tell you the names and political affiliations of your local and national leaders. It will also save your contact information and automatically populate those fields the next time you go online to respond to an action alert.

How do I use it? When do I use it?

The AGD's lobbyist in Washington, D.C., offers recommendations regarding when to issue a national action alert, typically in response to an upcoming vote on legislation that will impact patients and providers. For local/state concerns, constituent leaders work in conjunction with AGD Headquarters' staff to develop and release action alerts in response to upcoming votes.

Each time the AGD issues an action alert, members can click through to an e-mail message suitable for sending to a legislator. Members are welcome to customize those messages and are encouraged to share relevant personal stories as customizing the e-mail can make the message much more meaningful to legislators. Even an e-mail message that has been changed only slightly can lead to an “ah-ha!” moment that may prompt a legislator to see an issue in a different light.

How long does it take?

It takes just a few minutes to enter your ZIP code and contact information into the Capwiz system. After that, it's up to you. You can spend just a few minutes and send the message exactly as it's written, or you can opt to take the time to personalize your message by including relevant information or a personal experience that explains why you feel the way you do.

Does Capwiz really have an impact?

It can, but only if you use it. Once you contact your legislators, you may receive an automatic message letting you know that your email was received and thanking you for sharing your views.

Recently, one AGD member did some research to find out the name of the person on his congressman's staff who monitors health care issues. He directed his letter to that individual and within a few days received a telephone call asking him to be on an advisory board for health care issues. He was also asked to submit names of professionals for the congressman's advisory board committee. *(continued on next page)*

The THIRTY-SECOND SKI & LEARN SEMINAR will be at

Park City, Utah

The Southern California Academy of General Dentistry and the Western Society of Periodontology will hold their Thirty-second Annual Ski and Learn Seminar in Park City, Utah from February 4 thru February 11, 2012 at the Snowflower Condominiums.

The package price is \$1,595 per person, four persons sharing a two-bedroom, two-bath condominium. The price includes round trip air, LAX to Salt Lake City Utah, seven nights lodging, five days of skiing—Park City (2 days), Deer Valley (2 days) and the Canyons (1 day)—baggage handling and service charges, Welcome Wine and Cheese Party, NASTAR Race and an Awards Banquet.

The speakers will be:

Jim Y. Kim, DDS, MPH, MS, *Diplomate, American Board of Periodontics and American Board of Oral Implantology, President, Western Society of Periodontology*

Subject: Long-term Stability of Dental Implants

Bradley J. Sandvik, DMD, FAGD, *General Dentist, Board Site Visit Evaluator for the Dental Board of Arizona*

Subject: Emergency Medical Management

Philip Mendelovitz, DDS, *Clinical Professor of Restorative Dentistry, UCLA*

Subject: What's New in CAD-CAM and Digital Dentistry

Bruce Houser, DDS, MS, *Board Certified Periodontist, Scottsdale, Arizona*

Subject: Extraction and Socket Preservation Bone Grafting Preserving Bone To Maximize Esthetic Outcomes



Course Tuition:

- > Doctors \$255
- > Auxiliary Personnel \$110
(CE credit = 16 hours)

Martha Perez will once again be arranging our travel and accommodations.

You can contact Martha at:

SKI.com

2349 Honolulu Avenue
Montrose, California 91020



800-525-2052, Ext. 3045
or 818-553-3345

Dr. Robert W. Barrett
Ski Seminar Chairman

CAPWIZ (continued from the adjacent page)

Does Capwiz have other features?

Yes! Capwiz provides quick links to all types of related information, including brief biographies, committee memberships, information about sponsored legislation, the names of key staff members, and more. It even lets you know whether a legislator voted in support or against issues important to the AGD.

Capwiz also allows you to contact members of your state dental board and local and national media outlets.

So how many AGD members use Capwiz?

Quite frankly, not enough. Since January of 2010, nearly fifteen percent of AGD members have responded to an action alert, with those 4,450 members sending a total of 13,858 messages to their elected officials.

How do I learn more about local and national legislative issues that will affect my patients and my practice? Staying informed is easy. For local information, read your constituent magazine, visit the AGD website, and ask your constituent leaders for additional information. Volunteer to work with the current chairperson to strengthen your constituent's voice on the issues that matter or to be your constituent's legislative chairperson.

Information about federal issues is available under the "Advocacy" tab of the AGD's website under "Current Issues." State and national legislation can also be found in the Advocacy Section of the website under "Government Relations." You can get up-to-the-minute advocacy information by checking the AGD's Advocacy Twitter feed. And you do not need a personal Twitter account to check out what the AGD is up to. Just click on the Twitter icon found on the AGD website, or like the AGD's Facebook page.

Contact advocacy@agd.org if you'd like to have your name added to the distribution list for Washington Briefings, an e-newsletter that provides brief recaps of federal legislative and regulatory issues that have the potential to impact your patients and your practice.



Hold the Dates!

2012 Annual Meeting * Friday-Saturday, January 13-14, 2012

Clinical Implant Prosthodontics

The Complete Picture

John DiPonziano, CDT, DDS, MAGD, DICOI

Lecture course on Friday, January 13, 2012

This in-depth course will review various implant components and indications. The lecture will be supplemented with a comprehensive handout and flow chart, which will illustrate how to achieve the desired prosthesis in a systematic, logical manner. Topics will include impression taking and prosthetic design for single crowns, multiple units, stud and bar overdentures and fixed-detachable prosthesis. Also, a review of radiographs and surgical stents that will show proper pre-surgical planning. A portion of the lecture will be devoted to the "Teeth-in-an-Hour" concept. The indications and procedures for guided surgery and prosthetic elements of this modality using CT scan computer-based technique, as well as the model-based mapping technique.

Implant Prosthetics Workshop

John DiPonziano, CDT, DDS, MAGD, DICOI

Hands-on course on Saturday, January 14, 2012

In this hands-on program, the participants will manipulate the fixed and removable prosthetic parts that were discussed in the lecture. Impression material will be provided and fixture and abutment level impressions will be made by each course attendee. This will allow participants to assess what constitutes an accurate impression for consistent clinical results.

Oral Surgery Workshop

Karl Koerner, BS, DDS, MS

Hands-on program on Saturday, January 14, 2012

On life-like dentoform models, participants perform surgery procedures that are a prelude to doing them on patients. Principles and techniques are realistically implemented on models, including surgical extraction, root retrieval, multiple extractions, alveoplasty, moderate third molar impaction, biopsy, socket bone graft, mini-implant placement and other procedures. The objective of the course is to enable the GP to return to his or her office with knowledge superior to merely listening to a lecture presentation; to have a solid feel for soft tissue incisions, bone removal, and placement of bone graft material; to know first-hand how various surgical materials are used and/or manipulated; and to understand standards of care regarding several surgeries commonly done in general practice.

Full, explanatory brochure will be in the mail soon.

Hilton/Orange County Airport Hotel

18800 MacArthur Boulevard, Irvine, California





DR. MIKE LEW
Regional Director
for CAGD

A BRIEF HISTORY LESSON FROM OUR REGIONAL DIRECTOR

The Future of YOUR Dentistry

We are in the summer of 2121. The U.S. government is continuing its program of debt reduction by reducing government spending. Employment is still an issue. And the Federal Reserve has just increased the prime rate again to slow inflation. *How is your practice doing?*

No one knows the future. The experts don't know the future. Today, traders on Wall Street keep looking for the return of the Bull Market, but many investors are reducing their exposure to volatile securities and moving their assets toward bonds and gold because they believe another Tsunami of financial trouble is coming. This double dip in the financial markets happened during the thirties and could happen again. It is an interesting game of "what if" to play. Please indulge me.

I remember back in the late eighties when similar predictions were abundant. The pundits were predicting the end of everything. Buy gold! Reduce debt! Move to a farm and grow your own food! And then we witnessed the greatest expansion of the stock market in years. If you were a pessimist, you missed out. If you were an optimist and invested in yourself and your practice you did well. Some dentists became hostage to Managed Care/HMO dentistry. Other dentists did well in that environment because they became educated in how to work in that industry. Still other successful dentists prospered by enhancing their communication skills, improving their customer service, and expanding the dentistry they offered to their patients. They provided cosmetic dentistry. They restored handicapped mouths with implant dentistry. And they did well. And still other dentists just moved away to where HMO dentistry did not exist. The common thread amongst all HMO dentists is that they were proactive about their future.

What if our real taxes increased? What if the double digit inflation of the late seventies or early eighties returned? What if corporations continued to reduce benefit programs such as "dental insurance." How can you prosper in this future?

In this dark future, how could you create a future which gives opportunity for prosperity? I would suggest the following:

1. **Reduce YOUR debt.** Reducing debt is difficult, but essential no matter which future you decide.
2. **Decide YOUR future.** Decide what the future holds for you, then manage accordingly. If you are optimistic, then aggressively expand. If you are pessimistic, then defensively focus on building on your strengths (*your patient base, your services, your reputation in the community.*)
3. **Invest in YOURSELF.** You are in one of the best businesses. Your question will be how to position yourself—how to market yourself for the next ten years. A high-end concierge dental office will do well where there are enough wealthy clients who want and can pay for those services. Those geographies will be there. Remember that Dr. L.D. Pankey practiced and prospered during the Great Depression. The AGD will help you to become that type of dentist. I recommend attending the AGD Dental Practice Workshops in November, 2011 in Las Vegas to accumulate ideas how you can get there.

Basic service dentistry will remain and continue to be a needed service. I find that I personally find that type of dentistry the most gratifying. So, my own question will be answered by HOW to offer these needed services and remain successful. The AGD will partner with me through education and advocacy as I seek the solutions to my future.

One of the most highly requested benefits from our membership is more information dental practice management. The response is Practiceology, a landmark learning event hosted by the Academy of General Dentistry that brings the brightest minds in the industry together to teach you the science of practice management.

To learn all that you need to become a success in both, I recommend that you attend the "Practiceology Summit" to be held at the Cosmopolitan Hotel of Las Vegas from November 10-12, 2011. The address is 3708 Las Vegas Boulevard South, Las Vegas, Nevada 89109. The registration fee is \$195.

Register by going to the website: www.AGD.org

FellowTrack North Oral Sedation



CRYSTAL ASPIRAS

Crystal Aspiras, Senior Student AGD Vice President, UCSF School of Dentistry

The CAGD FellowTrack Program and the Northern California AGD hosted an oral sedation continuing education course at Microdental Lab in Dublin, California on Saturday, April 30, 2011. The course was conducted by Dr. Michael D. Silverman, President and faculty member of DOCS Education, the nation's leading sedation continuing education organization.

The focus of the presentation was to educate dentists on the methods, techniques and power of sedation in dentistry. About fifty general dentists, and dental students from the University of California, San Francisco and the University of the Pacific were in attendance. When asked what she thought of the oral conscious sedation course, third year UCSF dental student, Marina Skyket, responded, "The sedation class was very informative and gave me a chance to see what options there are to use for phobic patients. It opened the door to treatments that can be used for simple sedation to make the patient comfortable and at ease at the dentist."



Some student attendees at the sedation course presented at Microdental Lab in Dublin, California.



18 Dr. Costigan and Dr. Silverman with third and fourth year AGD-member students from UCSF School of Dentistry



Dr. Michael Silverman answers questions about sedation techniques from dental students.

MasterTrack III Curriculum (YEAR TWO)

You can start gearing up for what will be a very interesting second year which includes hands-on projects at both meetings (bone grafting and esthetic composite placement).

FIRST SESSION—October, 2011

Thursday, Friday, October 27, 28 PERIODONTICS Dr. Randall Rowland *Sponsored by Zimmer Dental*

Diagnosis and documentation will be covered including the use of radiographs and charting. Root debridement will be discussed along with the latest information on locally placed anti-microbial agents. Surgical procedures such as crown lengthening, apically re-positioned flaps and gingival augmentation grafts will be presented. Cases involving full flap osseo-mucogingival surgery will also be shown. A hands on bone grafting workshop will end the day Dr. Rowland is the former Professor and Director of Periodontology at UCSF where he was also Director of the Graduate Residency Program in Periodontology. Dr Rowland is Board Certified by the A.B.P. These 2 days of 16 lecture hours will provide, with presentations, 32 participation units in Periodontics

Protocol Presentations:

Saturday, October 29 REMOVABLE PROSTHETICS Dr. John DiPonziano
ORAL DIAGNOSIS Dr. Alan Budenz

Each participant will give a 10 to 12 minute Power Point presentation to the group based on work done since the previous session. This will be monitored and commented upon by the lecturers and group. Participation will double the lecture hour credit in the hands on categories of Removable Prosthetics and Oral Diagnosis. If no participation, lecture hour credits only will be given. An additional 8 hours of participation credit in Electives or Removable Prosthetics will be given those who participate.

Sunday, October 30 ORTHODONTICS Dr. Rob Veis *Sponsored by Space Maintainers Laboratory*

This course will cover the basic orthodontic knowledge needed to diagnose and make treatment decisions concerning growth and development problems in children. You should be able to treat patients who have problems with space maintenance, crowding and cross-bites. Adult minor tooth movement procedures including crowding and forced eruption of anterior teeth and up-righting of molars will be covered. Appliance design using both fixed and removable approaches and clinical exercises will be taught. Dr.Veis is the Clinical Director of Space Maintainers Laboratory. He is a prominent teacher-clinician of orthodontic applications in general practice. This six-hour lecture will give the participant with presentation, twelve hours of credit in Orthodontics

SECOND SESSION—April, 2012

Thursday, Friday, April 19, 20 ESTHETICS Dr. Stephen Poss *Sponsored by Caulk/Dentsply*

This two-day lecture/hands on work shop will start with the latest materials and advances in esthetic dentistry. The first day will include the ten principles of smile design and indirect posterior inlay/onlays and when each is appropriate. Tetracycline staining, crooked teeth and diastema closure will be discussed. A quick and easy way to provisionalise 8-10 units in 15 minutes will be shown.

On the second day, clinicians will place direct composites, prepare and fabricate provisionals for inlay/onlays, veneers and all ceramic crowns. Dr. Poss has directed numerous live patient continuums emphasizing aesthetic dentistry. He is currently the Clinical Director at The Center for Exceptional Practices in Cleveland and a member of the editorial team of Reality publishing. Dr. Poss lectures internationally on esthetic dentistry and TMD. Dr. Poss is an active consultant to several dental manufactures in the area of new product development and refinement. He has numerous articles published in most of the leading dental journals. He maintains a cosmetic oriented restorative practice in Brentwood, TN. Attending these 16 hours of lecture will give presenting participants 32 hours of hands on credit in Esthetics.

Protocol Presentations:

Saturday, April 21 ORTHODONTICS Dr. Rob Veis
PERIODONTICS Dr. Randal Rowland

Each student will give a 10 to 12 minute Power Point presentation based on work done since the last session. This will be moderated by the previous speakers and the group will ask questions and make appropriate comments. Presenters will receive double credit in the hands on category for these two subjects. An additional 8 hrs hands on credit will be given to those who participate in the category of Periodontics.

Sunday, April 22 SPECIAL PATIENT CARE
Dr. Eric Shapira

This presentation will be geared towards serving the dental needs of our increasing population of geriatric patients. This course will help you to become familiar with the aging process. You will develop an understanding of the interview process of the geriatric patient. Diagnosis and treatment planning will be emphasized and you will learn about the most common medications used by aging patients and their physiologic side effects. Dr. Shapira is a Master of the Academy of General Dentistry and a former Assistant Clinical Professor at University of the Pacific School of Dentistry. He has a MA in Clinical Gerontology and now works as a Dental Consultant, Educator and Gerontologist. This six-hour lecture, with presentation in the following session, will yield twelve units of hands on credit in Special Patient Care.



RECAP (with participation in presentations)

Periodontics.....40 hours of hands on credit
Orthodontics.....12 hours of hands on credit
Esthetics.....40 hours of hands on credit
Special Patient Care....12 hours of hands on credit

The approval of sponsors does not imply endorsement by the California AGD of course content, products or therapies presented. The participant must make the decision as to the merit and practicality of the materials to which they are exposed.



Dr. Rich Ringrose, MasterTrack Course Director; Dr. Mark Dellinges and Dr. Fritz Fenzen

Dr. Ringrose thanks Dr. Dellinges and Dr. Fenzen on a job well done after their presentation on Removable Prosthetics to the MasterTrack group last April in Oakland. Dr. Fenzen is chair of Graduate Prosthetics

at UCSF and Dr. Dellinges is a Clinical Professor in the Dept. of Restorative Dental Sciences at UCSF Dental School.

“Achieving the AGD Fellowship, and especially AGD Mastership status, are goals deserving the attention of every general dentist.”

— DR. GORDON CHRISTENSEN

Implant Continuum

Treva D. Lee, DDS, MAGD, FICOI



DR. TREVA LEE

Comprehensive Interdisciplinary Implant Continuum. Now isn't that a mouthful (*pun intended*) of a name for a course? That's what we got with the new association of CAGD and Implant Educators. The genesis of this course was through the efforts of Dr. Sun Costigan, as she had polled the MasterTrack I group and others as to which course topic would be best to offer on an in-depth basis. The survey said, "IMPLANTS." Implant Educators, based in Florida, was willing to give it the cross-country try.

Led by Dr. Rick Ferguson and our own CAGD member, Dr. John DiPonziano, our group of over twenty-five attendees spent the next nine months meeting at the Waterfront Hotel on Jack London Square in Oakland. In addition to attendees from Northern, Central, and Southern California, we also had dentists from Oregon, Nevada, and New Mexico learning about placing and restoring implants with an "A-to-Z" thoroughness, but always from a restoratively-driven perspective. The lecturers were a combination of practicing general dentists and specialists many of whom have their own seminar series and are well-regarded nationally and internationally. All lecturers offered support that extends beyond the duration of the course. Hands-on activities ranged from making surgical stents, using CT scan software, soft tissue procedures on frozen pig jaws, simulated bone grafting techniques, ridge splitting/expansion, determining occlusal schemes for fixed and removable prosthetics, to name a few procedures that kept us from snoozing through a session!

And, as may well be expected, when a group of AGD members gather, we learn from each other as much as from the course presentations. We had doctors who had never attended an implant course, nor had they placed an implant, to doctors who had attended maxi-courses and placed hundreds of implants. The camaraderie during breaks, lunches, and dinners was great and made for an enjoyable time. Implant Educators gives their courses on the East Coast too, so there was some flexibility in making-up a missed session.

A unique aspect of this continuum is that we were "fast-tracked," courtesy of Dr. Ferguson, to become Fellows of the International Congress of Oral Implantologists. A highlight was when many of us received our Fellowship award at the ICOI meeting in Las Vegas in February. Another perk, was the optional DOCS course that presented protocols that California dentists may perform without an oral conscious sedation permit.

Remember, the majority of dentists placing and restoring implants also learned from a series of weekend courses. This continuum definitely increases a dentist's knowledge and confidence. Plus, the tuition savings for AGD membership, early sign-up, and decreased travel and lodging expenses are a nice benefit.

Special thanks to the representatives from Prexion, Salvin, Microdental Labs, and BioHorizons. The next Implant Continuum begins in September of 2011, and will be held in Irvine. Brochures have already been e-mailed to CAGD members.



After classtime, we gathered for refreshment, food and socializing



Dr. Ed Tjan, Dr. Ron Fair, Dr. John DiPonziano



Dr. Robert Devin (*Nevada*) and Dr. Sun Costigan



Dr. Alan Golshanara and Dr. Steve Kigawa



Dr. Justin Brink, Dr. Rick Ferguson, Dr. Nick Beye



Dr. William Choi, Dr. Rick Ferguson and his parents



Dr. and Mrs. Richard Argant (*New Mexico*)



Dr. and Mrs. Darrell Chun



Dr. Maung Aye and his guest

Sacramento-Sierra AGD News

Howard Chi, DMD, MA., MAGD, *President, SSAGD, Stockton*

As the 2011 year began, the SSAGD had already begun its planning keying off of our successful 2010 year. We wanted to have a running start this year by having our big CE course early. We hosted a hands-on sinus lift program utilizing the crestal approach in May of 2011. Our speaker was Dr. Michael Chen with Hiossen Implants who sponsored the course. We utilized modern social networking by announcing our course through our SSAGD Facebook and a CAGD e-mail blast. The response was huge with people signing up from all over the state of California and even outside our state. The course was very successful with our class being filled to capacity. In the morning, we had the presentation of the material with emphasis on the science and technique of performing a sinus lift. In the afternoon, participants had a chance to apply what they learned in the morning for the hands-on portion on utilizing the crestal approach to sinus lifts. The participants had a great time learning in a highly energetic atmosphere. *What a way to start off the year!*

In June, the SSAGD hosted a town hall meeting lead by Dr. Guy Acheson, "The Future of General Dentistry in California: Do You Know What Is Happening?" at the Shepherder Bar and Grille in Rancho Cordova. There was an intimate gathering of practitioners from throughout the region to discuss the importance and impact the mid-level providers might have on dentistry. Dr. Acheson lead the lively discussion by taking a historic look at how this came about with date lines, reference materials and hand outs for the participants. Many had questions and tried to project what our future may look like. Dr. John Bettinger, President of the Dental Board of California, also attended and helped with some very insightful information. A great night indeed. Thank you, Dr. Acheson, for your leadership!

With the remaining year, we will continue with our dinner study club meeting with a search for new members and board members. We may even host another course, but we will see. As for our current board, we have worked hard for the past two years and have put the SSAGD on the map of success with income that we have not seen previously. Our organization is on solid financial ground with very strong leadership.

We have three members who are representatives of the SSAGD on the CAGD board! Dr. Guy Acheson was one of our representatives for the CAGD House of Delegates meeting in San Diego. *The following is his report from the HOD meeting:*

“Why? Why volunteer to spend three days of my life (five with travel at both ends) trapped in a hotel with a bunch of dentists discussing how the Academy of General Dentistry should organize itself, write its policies, and state its opinions on dental matters? Why? It’s the people. It’s the incredibly talented, motivated, caring, opinionated, and diverse people that make up the AGD. In our own offices, we are kings. In our local AGD groups, we generally have a like mind with just a few outliers. When you get the whole AGD together, Americans and Canadians, you may find that your opinion is not supported by many people at all. You learn how other people think. You get the opportunity to try to pitch your ideas and convert the masses. You change your ideas. It is a tiring and inspirational process.

(continued at bottom of the adjacent page...SSAGD)



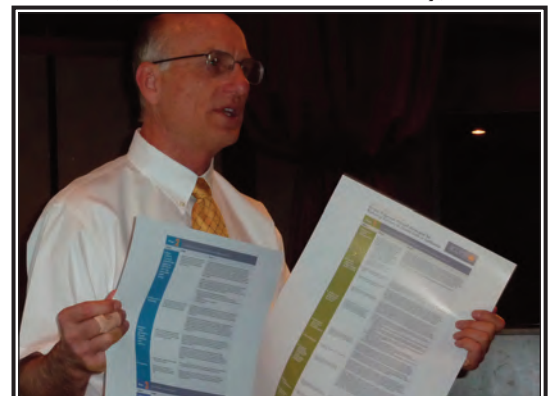
Participants at the SSAGD hands-on sinus lift course in May
(Hiossen Implants sponsored the course)



Practicing the sinus lift technique on a duck egg
(SSAGD hands-on course in May)



Dr. John Bettinger (blue shirt), President of the Dental Board of California, attended the Sacramento-Sierra AGD Town Hall meeting.



Dr. Acheson explains the CDA Access Report to attendees at the SSAGD Town Hall meeting.

LLSR Earned by Three California Dentists



DR. RICH RINGROSE
Clearlake



DR. STEVE LOCKWOOD
La Jolla



DR. TIM VERCELES
Hayward

Lifelong Learning and Service Recognition (LLSR) was created to recognize the achievements of those AGD Masters who clearly recognize the professional obligation to remain current in their profession and to create an example so that each member of the dental profession never loses sight of this obligation. Achieving the LLSR from the Academy of General Dentistry tells colleagues and patients of your continued commitment to lifelong learning and quality patient care.

Masters of the Academy of General Dentistry embody the Academy's principles and ideals. They accept an obligation to continually prove themselves worthy of that designation throughout their professional lives. Becoming a Master in the AGD means that there are certain obligations that go along with the honor.

Masters are expected to:

1. Continued commitment to lifelong learning
2. Be a mentor to associates and new dentists
3. Improve the quality of continuing education
4. Be a voice of the General Dentist.

If you are a Master and are interested in more information about the requirements for this recognition, contact:

Academy of General Dentistry
Department of Dental Education
211 East Chicago Avenue, Suite 900
Chicago, Illinois 60611-1999

Phone: 888-AGD-DENT (243-3368)
Fax: 312-335-3428

SSAGD (continued from adjacent page)

“One of my highlights for this year's annual meeting was volunteering in the free clinic. We provided care for military vets in recovery from various addictions and troubled lives. My assistant was a pre-dental student from the University of California, San Diego, my alma mater. She had never assisted before. To see and hear the appreciation of the vets for the treatment we provided was very satisfying. To see the wonder and amazement in the eyes and body language of my first-time assistant gave me great hope for the future of the dental profession. I had the opportunity to explain to my assistant that the AGD has provided me the motivation to continue to learn throughout my career and to maintain that passion and enthusiasm for dentistry that she is just experiencing and that I continue to have.”



Student volunteers at the CAGD dental clinic for military vets in San Diego with Dr. Guy Acheson (blue folder, blue lanyard)

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BECOME A FAN OF THE CALIFORNIA AGD ON FACEBOOK

Shanthi Madireddi, DDS, *President, NCAGD, Los Altos Hills*

Learn even more about the activities coming to you in your area as well as across the state. The Northern California AGD is giving away a \$25 Amazon gift card to one of our Facebook fans. The winner will be chosen randomly in September. You do not need to belong to the Northern California AGD component to participate.

The Northern California Academy of General Dentistry presented three participation courses April through mid-August of 2011. These include a leadership workshop, an endodontic workshop, and a dental lasers workshop. All classes were held at the Sobrato Center in San Jose. Dr. Tim Verceles taught and facilitated a course titled "A Leadership Workshop" on April 15th. Dr. Frank Cervone presented "Scientific Advancement for Endodontic Excellence" on June 17th through a generous sponsorship from Tulsa Dentsply. Dr. Robert Convissar presented "Laser Dentistry" on August 19th. Advocates-for-Access sponsored all three courses. Photos from the laser course will be published in the next issue of the GP News.

The Northern California Academy of General Dentistry honored Dr. Tim Verceles with a crystal plaque on June 17th. Dr. Verceles has served on the NCAGD board in various capacities. His diverse background at the VA hospital and in private practice has given him broad perspectives on issues facing California dentists. Dr. Verceles' strong work ethic, calm but inspiring leadership style and tireless mentoring have encouraged many others to emulate him.



Dr. Frank Cervone demonstrates the use of an endodontic microscope



Dr. Craig Crispin and Dr. Mina Levi practice endodontic instrumentation



Dr. Sun Costigan and Dr. Ralph Hoffman discuss instrumentation technique



Two happy course participants

NCAGD ACTIVITIES *(continued from the adjacent page)*



“Scientific Advancements for Endodontic Success”... an especially interesting course presented by Dr. Frank Cervone.



Dr. Tim Verceles presented and facilitated a leadership class



Dr. Hema Patel practices extemporaneous speaking. *She loved doing that...!*



Dr. Renee Myers, Dr. Dinu Gray, Dr. Roxana Lo and Dr. Sun Costigan enjoying after-classtime at Maggiano's Santana Row.



Dr. Tim Verceles (and his children) accepting his NCAGD Leadership Award



Dr. Sun Costigan, President-Elect of the CAGD and Dr. Mina Levi.

NCAGD helped sponsor and support the very successful dental outreach program at the AGD Annual Meeting in San Diego.


If you have any questions or comments about NCAGD membership, benefits, networking or mentoring opportunities, CE courses desired, or anything else, *please e-mail:*

smadireddi@gmail.com

or call: 650-804-5037


Welcome To Our New AGD Members

Dr. Joshua D. Adcox, *South Pasadena*
Dr. Zahid Ahmed, *Upland*
Dr. Marilou Alquiros, *Glendora*
Dr. Scott Arceneaux, *Loma Linda*
Dr. Douglas Baasch, *Loma Linda*
Dr. Bruce Beard, *Woodland Hills*
Dr. Maria Ligaya Bravo, *Dublin*
Dr. Mark Brown, *Grass Valley*
Dr. Stella Chan, *San Bruno*
Dr. Jeremiah Choi, *Loma Linda*
Dr. Paul Chon, *Santa Ana*
Dr. Andrey Eng, *Yorba Linda*
Dr. Carmen Freiberg, *Dana Point*
Dr. Shaun Gabucan, *San Jose*
Dr. Aaron Gelman, *Larkspur*
Dr. Robert Goodis, *Lakewood*
Dr. Artin Gorjian, *Fresno*
Dr. Eddi Graham, *San Diego*
Dr. Beatrice Haddad, *Pasadena*
Dr. Jonathan Haynie, *San Francisco*
Dr. Mark Hower, *Los Angeles*
Dr. Jason Hsieh, *Glendale*
Dr. Marysol Iniguez, *Santa Ana*
Dr. Scott Jereb, *Rohnert Park*
Dr. Cesar Jimenez, *El Cajon*
Dr. Majid Kashani, *Huntington Beach*
Dr. Anilkumar Khandare, *Alhambra*
Dr. Issac Kim, *San Clemente*
Dr. Yeun Joo Kim, *San Francisco*
Dr. William Kushner, *Danville*
Dr. Matthew Lau, *Alameda*
Dr. Cheong Lee, *Los Angeles*
Dr. Joseph Lee, *Mountain View*
Dr. Robert Levin, *Huntington Beach*
Dr. Austin McClure, *Santa Cruz*
Dr. Archana Naifu, *Tracy*
Dr. Amy Nguyen, *Cerritos*
Dr. Lan-Anh Nguyen, *San Francisco*
Dr. Yeghisheh Mirzoyan, *Van Nuys*
Dr. Ellen Miyashiro, *La Jolla*
Dr. Eric Pena, *Northridge*
Dr. Grace Park, *Loma Linda*
Dr. Monica Rancourt, *Murrieta*
Dr. Mehran Raza, *San Diego*
Dr. Muhannad Al Salayta, *Los Angeles*
Dr. Jilly Shao, *Los Angeles*
Dr. Rani Shina, *Poway*
Dr. Prakash Sojitra, *Modesto*
Dr. Mailene Soyster, *Sunnyvale*
Dr. Farnoosh Tabesh, *Studio City*
Dr. Tracy Taddey, *La Jolla*
Dr. Stephanie Tran, *San Jose*
Dr. Larry Tabor, *Castro Valley*
Dr. Khanda Tawfig, *Cajon*
Dr. Allison Trout, *Rocklin*
Dr. Tigran Vardanian, *Roseville*
Dr. Chirag Vora, *Corona*
Dr. David Watson, *Ojai*
Dr. Anthony Weber, *Los Angeles*
Dr. Maryl Wilson, *Brea*
Dr. Ying Wu, *Union City*



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DR. BILL DORFMAN

Trends in Dentistry, Practice Management, Marketing and More

Friday, September 23, 2011 * Marriott Mission Valley, San Diego

How do you elevate your practice to your goals? How can you motivate your team to do the same? How do you, or can you, market in this economic environment? How do you know what equipment to purchase and have a great return on your investment? How can you manage your team members effectively and teach them to believe in the same principles?

Search no further...! Dr. Bill Dorfman will teach you and your team members how to do this! He is an exceptional speaker, motivator, innovator, entrepreneur and dentist to the stars. Dr. Dorfman will captivate and hold your attention during his amazing presentation to achieve your goals. He has lectured nationally and internationally to thousands of dentists and team members, has been the featured dentist on Extreme Makeover and has been invited to numerous T.V. shows. Dr. Dorfman, who still maintains a practice in Beverly Hills, will share his practice strategies and his road to success with you and show you how to incorporate the same into your practice.

Registration begins at 8:00 a.m., seminar begins promptly at 9:00 a.m. Lunch will be provided at noon with breaks in the morning and in the afternoon. The seminar will conclude at 4:00 pm. with seven CE units provided. Registration deadline is September 8, 2011. Late Registration fee of \$35.00 per attendee.

Tuition: AGD member.....\$ 197
Non-member.....\$ 249
Each Team Member...\$ 79

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Questions: 858.876.910

REGISTRATION (print in capital letters). Cancellation policy: Must be ten days prior to meeting for a credit toward a future meeting.

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Phone _____ Fax _____ E-mail _____

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Team Member _____ Team Member _____

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Discounts on CE: As a member of the California AGD, you have an account already created which enables the discounted rate on some courses.

How To Login: You can do so by logging in to www.CAAGD.org just like you do at AGD.org. In the blue "Log In" box on the left, type your six digit AGD number and your "Password" which is usually your birthdate as eight digits in a row with no dashes. MMDDYYYY. For example: January 28, 1970 makes your password 01281970.

Website Highlights: Upcoming CE course listing, calendar and registration online. We've researched and listed important dental associations on our "For the Public" page. Dentist's Advocacy issues are listed in a scroller on the right side of every page. AGD benefits are also easily found on our website.

**CAGD
website tips:**



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Read this issue and previous issues that are in our archives.

- "General Dentistry"
- "AGD in Action"
- "AGD Impact"
- "GP News"

Education Journals and Publications



Students' Page:

You can find the six dental schools in our state, post your resume, and a transition manual for graduates.

Education for Dental Students