

Volume 33, Number 3

October, 2009

WHAT IS THE AGD DOING ON BEHALF OF THE GENERAL DENTIST IN 2009?

Academy of General Dentistry at Work in Washington, D.C.

The AGD held its *Third Annual* A Great Dentist Goes To Washington *Government Relations Conference* in March in Washington, D.C. with sixty general dental practitioner attendees from across the nation. The conference is an event put on by the AGD's Legislative and Governmental Affairs (LGA) Council. The conference began with LGA Chairman, Dr. Myron Bromberg, giving the State of General Dentistry address which gave a broad portrait of issues general dentists face in their practices today and a preview of what battles may come in the future.

After Dr. Bromberg's address, there was a presentation called Congress 101, which dove into the intricacies of how things get done within the legislative process. Moving beyond the simple explanation of how a bill becomes a law, the speaker from the Congressional Research Service, an agency which exclusively services Congress, shared how legislative differences get resolved between the chambers, the main organizing features of Congress (i.e. parties and committees), committee activities, and more.

Health care reform being a top priority for President Obama and the Democrat-controlled Congress, Democrat leaders are set on making concrete plans and are not speaking esoterically about moving forward. The AGD recognizes the need to be prepared to engage in this debate. "Hill" visits by attendees were the beginning of an ongoing dialogue on this issue. Members let Congressmen, Senators, and their staffs know that both they as individual constituents, and the AGD as an organization were ready to engage and be available to participate

AGD takes concerns of GPs to legislators in our nation's capitol

in health care reform discussions. During the "Hill" visits, members shared the ideas and solutions presented in the AGD's White Paper on Increasing Access To and Utilization of Oral Health Care Services and left behind a copy of the White Paper in the packets created for all "Hill" office visits.

The AGD has retained a new Washington lobbyist firm, Washington Strategic Consulting (WSC), which came on board with the AGD officially in January of this year. WSC has been serving as the AGD's eyes, ears and voice in our nation's capitol, representing the AGD on various legislative coalitions while lobbying for and monitoring issues of importance to general dentists and their patients. The AGD's 2009 Federal Agenda is being lobbied actively by the AGD's Legislative and Governmental Affairs (LGA) Council.

While the conference ultimately cumulated in visits with federal lawmakers, the skills learned and brought home by attendees are applicable at the state level as well. Attendees were asked to work with their constituent colleagues to put on a government relations conference of their own. It is at the local level where the most significant changes can happen and the attention of general dentists is most needed. (continued on page 4...see WASHINGTON) The
California Academy

of
General Dentistry

2010 Annual Meeting

The Westin
South Coast Plaza Hotel

in

Costa Mesa

January 9 and 10, 2010

Hold these dates and watch for details in future mailings

Introduction
to
Comprehensive
Implant
Dlacement
and
Restoration

Dr. Jon Julian, Speaker

Sponsored by



GRNEWS On This Ossue:

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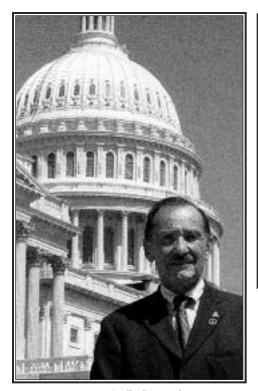
	2	CAGD's Annual Meeting Announcement
	5	President's Message by Dr. Rich Ringrose
	6	National AGD President's Message
	7	New Masters and Fellows <i>by</i> Dr. R. Hubbert
	8	SDAGD by Dr. Stephen Lockwood
		Value and the Marketplace by Dr. Lockwood
	1	PIO Report by Dr. H. Seldin and SCAGD CE
	2	Implant Placement CE by Delta and CAGD
	3	President's Council Mtg. and AGD BENEFITS
		Policies Passed at AGD Annual Meeting
	5	
	6	SSAGD News by Dr. Sireesha Penumetcha
	7	Dental Education by Dr. Robert Garfield
	8	MasterTrack by Dr. Richard Ringrose
2	0	FellowTrack by Lynda Tran (UCSF Student)
2	3	SSAGD Implant Symposium by Dr. Acheson
2	4	NCAGD by Dr. Chitra Shikaram
2	5	Ski and Learn by Dr. Bob Barrett
2	6	A Book Review by Dr. Michael Lew
2	7	Membership Application
2	8	Welcome To Our New Members

WASHINGTON (continued from page 1)

It is at the state level where legislation or rule changes are introduced proposing to expand the number of dental hygienists on a dental board, expand the scope of practice for members of the dental team, limit the procedures a general dentist should have the right to choose to perform, and other similarly powerful proposals that could alter the way one's dental practice operates.

The attendees were asked (after their visits with legislators) if there should be any specific follow-up with a particular Member of Congress or Senator. The AGD's lobbyist firm will be contacting each office visited to provide a copy of the AGD's federal agenda and to keep the AGD's name familiar to the staff so that we may be a resource for any oral health related inquiry and included in legislative discussions.

If you would like more information about anything concerning what is being done legislatively relative to the practice of general dentistry, please e-mail **advocacy@agd.org**



Dr. Myron "Mike" Bromberg National Chairman, AGD's Council on Legislative and Governmental Affairs



Your California AGD and our National AGD organization in Washington, D.C. meeting with staff of Senator Boxer, Senator Feinstein and Senator Waxman.

Pictured around the table, from the left to the right are:

Senior Staff Investigator, Anne Morris from Senator Waxman's Committee on Oversight and Government Reform; Spencer Perlman, AGD's lobbyist in Washington, D.C.;

Dr. Anita Rathee, West Hills (Dental Care Chair); Dr. Mike Bromberg, Reseda (National Chair, Council on Legislative and Governmental Affairs);

Dr. Bill Langstaff, Villa Park (CAGD President-Elect); and AGD's National President (when this photo was taken),

Dr. Paula Jones, Naperville, Illinois (foreground, right).

... even more is being done for you:

A new tool has been created to inform members on issues that are affecting dentists in their state. Members may view regulatory and legislative activities being tracked by AGD for their state, including a synopsis of the bill or regulation and its current status. *The new map can be found on the AGD web site at:*

http://www.agd.org/issuesadvocacy/hotissues/activity/

The AGD Access To Care Task Force, which developed the *White Paper on Increasing Access to and Utilization of Access to Oral Health Care Services* reconvened and began its work on devising the legislative and public dissemination plan to implement the access to care solutions set forth in the White Paper. As part of the dissemination plan, a letter signed by AGD President, Dr. Jones, and AGD LGA Chairman, Dr. Myron Bromberg, along with an executive summary was sent to all 535 Members of Congress and U.S. Senators. Additionally, every state legislative chair has been contacted and asked to inform their state legislative chambers' health committee chairpersons about the solutions proposed in the White Paper as access to care is considered at the state level.



DR. RICH RINGROSE
Clearlake

"..legislation
may be passed
tomorrow
preventing you
from
implementing
...skills in your
practice."

California AGD PRESIDENT'S MESSAGE

Find Your Voice

There are many reasons to be a member of the California Academy of General Dentistry. Traditionally, the main reason has been to improve and expand your skills as a general practitioner to better serve your patients. However, in these changing times of turf wars with specialist groups, interference by third parties, restrictive manufacture's policies, midlevel provider issues and increasing governmental regulations; advocacy is rising to the top of the list.

If you are standing alone against these challenges, it is like being stranded on a deserted island yelling out into the darkness for help. No one would hear you. The only organization exclusively dedicated to serving the interests and professional needs of general dentists in the state of California is the CAGD. Becoming a member and maintaining your membership in the Academy will assure your voice will be heard.

We at CAGD have not forgotten the importance of providing opportunities for our members to receive quality continuing education. On the average, a continuing education course is being presented somewhere in California once every ten days by the CAGD or one of its four components. From quality education to the only achievement-based awards in general dentistry, the Academy ensures our members stay on top of the latest trends, access quality continuing education, and are recognized as the educated voice of general dentistry. Dr. Gordon Christensen said "achieving AGD Fellowship and especially Mastership status, are goals that deserve the attention of every general dentist."

Advocacy issues and continuing education are intertwined. What good would it do you to attend continuing education courses to expand the scope of your skills today when legislation may be passed tomorrow, preventing you from implementing these skills in your practice? We have seen this happen with conscious sedation.

If you are not yet a member, we need your voice to join ours so that we may be better heard. If you are a member, consider taking this message to a colleague who may not be familiar with our organization.

Richard J. Ringrose, DDS, MAGD



DR. DAVID HALPERN *Columbia, Maryland*

organization that maintains a viable group that is unafraid to lobby the government, confront third parties, debate special interest groups..."



EXCERPTED FROM THE AGD PRESIDENT'S ACCEPTANCE SPEECH

Membership in the AGD

For me, the AGD is a great organization that tirelessly advocates so that I can "do what I do." From cosmetics to endo and anywhere in between—the AGD ensures every day that I can "do what I want to do" as a general dentist.

Our Board is developing a plan with two overarching goals. These two things are not surprising: *They are* MEMBERSHIP and ADVOCACY. I say not surprising because previous presidents have broadcast these two goals loud and clear. Membership and advocacy are not new, but they are the centerpieces of the new strategic plan. All of our programs and projects should be designed to address one or both of these goals with measurable results. That's the "strategic" part of the plan. We must have all agencies of the organization—our leadership, councils, committees, task forces, and our House of Delegates—focused on remembering that "the thing is only two" in order for us to succeed with these goals and ultimately succeed in our vision to become the premier organization for general dentists. Whenever we talk about our becoming the premier organization, the discussion of our membership and the value it brings to our members always comes up. But, we have to give people a reason to join and remain members.

The point is, with all of these decisions, we have a choice. Of course, when it comes to paying taxes, you have no choice. But for almost everything else, we choose whether or not we want to pay a price for things in life. What we pay for by being a member of the AGD is the privilege of knowing that an organization is out there that exclusively serves our needs and represents our interests so that we can continue to "do what we do." Unfortunately, it's a privilege that many take for granted.

Many general dentists take for granted that there is an entity that protects us and is vigilant to forces outside our control that potentially influence our ability to deliver the highest level of dental care to the greatest number of people. Many take for granted that someone is monitoring the quality of educational experiences that we volunteer to attend, but absolutely need, to maintain our standard of care.

But today there are 36,000 GPs who don't take any of this for granted. They pay their "taxes" in the form of member dues to support the organization that does everything it can to allow these members to use the AGD's support, programs, and services.

Likewise, we must not take our current members for granted. Once these general dentists join, we need to remind them of their responsibility to stay—not because of what they think they need to receive, but because their dues dollars continue to allow an organization to exist that is vigilant to their needs and interests. It is an organization that maintains a viable group that is unafraid to lobby the government, confront third parties, debate special interest groups, and help protect the public. Instead of asking them to join the AGD or stay with the AGD, tell them that the AGD makes it possible for them to "do what they do" today and every day.

Congratulations New Masters and Fellows!

New Masters

Four California general practitioners qualified to receive the Academy's prestigious Mastership Award in Baltimore this year (see names and photos below).

Mastership is the highest honor available in the Academy of General Dentistry, and one of the most respected and recognizable designations within the dental profession.

Approximately 2,700 general practitioners in the United States have ever achieved this goal. There are currently about 160 actively practicing Masters in California. That is out of about 19,000 GPs in the state.

To achieve Mastership status, individuals must complete a minimum of 1,100 hours of approved continuing dental education. Most have completed much more. At least 400 hours must be accrued in participation (hands-on) courses, courses that involve actual clinical application and the presentation of a skill under the supervision of highly qualified experts. Masters have been trained by the best to be the best.

California's new Masters are:



DR. LILIAN ONG West Covina



DR. ARIA IRVANI El Toro

New Fellows

With respect to becoming a Fellow of the Academy, one must complete a minimum of 500 approved dental education credits and pass a very comprehensive 400-question examination.

While attaining Fellowship is a challenge, it assists practitioners in remaining current with what is new in dentistry, and serves to incorporate techniques into their practices that eventually benefit their patients.

California's new Fellows are:

DR. WOOJONG KO Springville DR. JUSTIN T. CHAPMAN
Merced

DR. CHERYL GOLDASICH
Torrance

DR. MUNA ALMOAYAD

Madera

DR. BRUCE BOSLER Vacaville DR. KAMRAN TABIB Reseda

DR. JAYMA CLAUS
Napa

DR. KAREN GIANNOTTI

D IOUN E TONG

Fremont

DR. JOHN K. TONG Cupertino

DR. REED T. PUELICHER
Sacramento

DR. KEYLA SPRINGE

Atascadero

DR. WILLIAM AKOP

Burhank

DR. CHRISTOPHER WONG

DR. SIREESHA PENUMETCHA

DR. DAVIS LOUIE *Hillsborough*

DR. MARYAM SALEH
Roseville

DR. SANDHYA HEGDERancho Santa Fe

DR. INWOO YI *La Canada-Flintridge*

DR. KATHERINE KUCERA



DR. ESSAM A. IBRAHIM Moreno Valley



DR. CRAIG BRANDON *San Diego*

San Diego AGD CE Program



Friday, October 9, 2009 (8:30 a.m. till 4:30 p.m.)

Course: "Dental Implants and Extraction Site Bone Grafting"

Speaker: Michael Tischler, DMD, FAGD

Subject: Dental Implants

Location: DoubleTree Hotel, 7450 Hazard Center Drive, Mission Valley, San Diego 92108

(619) 297-5466

This course will present the principles of implant dentistry and bone grafting so you can better serve your patients. Implant dentistry is here to stay and if a patient is a good surgical candidate, implants are an ideal way to replace missing teeth. This course is an extensive overview of these disciplines allowing you to communicate and include these modalities into your practice with more confidence. This course is applicable to all implant systems. Diagnostic Computerized Tomography (CT) imaging and its value will be discussed as well. Additionally, the course will provide attendees with an understanding of the benefits of preserving alveolar bone and attached gingivae by treating extraction sockets with bone graft. General dentists are extracting over 26 million teeth annually and most patients will choose to replace the missing teeth. Through grafting an extraction site, bone can be maintained for periodontal stability of adjacent teeth, increased attached gingivae, prosthetic stabilization, esthetic pontic form, and dental implants. Dr. Tischler will convey the science and principles from the perspective of a general dentist. Hands-on model work is included in the course (CEU will be 7 hours of participation). Fee: \$250 AGD members; \$275 non-members; \$75 auxiliaries (fee includes Continental breakfast and lunch; parking complimentary)

RESERVATION FORM for the Friday, October 9th Course

Name					St	_Staff Member(s)											
Address_																	
Phone									A	GD #_							
Payment enclosed (encircle one): Visa M/C												Am	ount				
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Cardhold	ler si	gnatı	ıre										_Exp. o	date			CCV #

To register: COPY and FAX this form to Dr. Stephen Lockwood with your credit card # to (858) 558–3053 or MAIL with check to SDAGD/Dr. Lockwood at 4150 Regents Park Row, #230, La Jolla, California 92037.

For more information, e-mail Dr. Lockwood at drsteve330@hotmail.com or call (858)558-3050

Implant Dentistry Is Do-able by GPS...Two cases as examples Treatment performed by

Case No. 1



A healed socket bone graft is seen in site #8 after four months of healing. The patient has been wearing an interim removable partial during the healing process.

Adequate tissue is present for an esthetic implant crown.



Dr. Stephen Lockwood of La Jolla

Zirconium abutments can reduce dark color transmission through areas of thin gingival biotype. Note the tissue health at the margin.

Case No. 1 (continued from the adjacent page)

Radiograph shows contours of an implant abutment that will support normal papilla formation.

Implant dentistry continues to evolve and improve as the marketplace demands the most natural looking dentistry that is available.



Patients understand the value of implant dentistry and a Implants are a restorative discipline with a surgical component. normal smile. Wholeness is achieved on several levels: esthetics, phonetics, hygiene and dental longevity.

Case No. 2



This patient's chief complaint was that she had a gap in her smile and wanted an implant.



There was adequate tissue to proceed with the implant treatment option.



Radiographic image of #3 reveals a porcelain-fused-tometal implant crown. Note the unique metal substructure design

to support the porcelain. Unsupported porcelain and



The replacement of one posterior tooth can enhance a patient's smile. Some patients have an extended smile zone. Taking photographs are useful in diagnosing and documenting cases as well as serving as a library to help other patients better understand their own dental possibilities.

Do You Add Value To the Marketplace...?



Stephen E. Lockwood, DMD, MAGD, President, SDAGD, La Jolla

Having now practiced for more than twenty years, I ask myself if my practice and my skills still add value to the marketplace. Do new people and existing patients continue to seek my care? This is a really tough question and it challenges me to reflect on what has worked in the past as well as prepare myself for the future of dentistry. More importantly, however, I realize that I need to be present for each opportunity to care today for the patient in my chair. Being present requires complete focus on the individual who entrusts care to me. Will I be able to eliminate all distractions and prejudice and really listen to my patients? Will they sense that I have their best interests in mind? Will my patient feel safe in my office with me and my skilled team members?

I have learned over the years to value the implied trust patients have in me when I see that they have scheduled an appointment. I have been a patient in various medical offices and I know what it feels like to be slightly anxious in anticipating meeting a new doctor. Within seconds of entering a waiting room, I am automatically evaluating the environment. Subconsciously, I am trying to determine if the place is safe and if the staff is respectful. I hope the doctor will be empathetic and respectful, but I am especially sensitive to the supportive staff. Do they welcome me and acknowledge my presence? I have also observed my own staff members as they interact with the patients and I am very proud to witness the respectful and enthusiastic manner in which they engage in patient communication. Frankly, I believe that dentistry is much better at this compared to most medical offices and clinics. I realize within the first five seconds of meeting a patient that they are evaluating if they can trust me to care for them. If I pass the patient's test, they will allow me to continue to be their doctor for the next appointment. I have learned to take nothing for granted. The marketplace has many options from which to choose.

This marketplace seems to be getting more diverse than ever before. In our practice, our patient age range is approximately age three to ninety-three. We have diverse ethnicity in our city and this is reflected in my patients and staff as well. The ease in which we address this wide range of groups is a product of good office communication, ethics, and maturity. I made a decision a long time ago to employ an ethnically diverse staff and this has had many dividends. It has enhanced our value in the marketplace as persons of all groups continue to see the respectful way other patients are treated and the respectful way our team members interact.

The social and human aspects of running a dental practice are one link in creating value in the marketplace. Other areas include being prepared as the owner/dentist to provide quality dentistry in a safe, predictable, and comfortable way. There are so many paths a dentist can take to achieve this goal. Whether we make a timely referral to a specialist or increase our skills in performing more clinical services, we have the opportunity to improve our ability to diagnose and treat even more patients—thus expanding our market. Taking relevant CE courses and availing oneself of lifelong learning is necessary to remain abreast in our ever-changing field. Whether we use a lot of fancy technology in our practice or not, the quality of care depends on the skill and knowledge of each individual dentist performing a specific procedure on a specific day on a specific patient.

Each day is an opportunity to perform the best dentistry. This can be a challenge as most of the techniques, materials, and procedures we learned in dental school have evolved. To continue to bring value to the market-place, it is <u>essential</u> for me to evolve, as well. It demands timely relearning, retraining, and retooling to keep up with the marketplace. We all have our pace at doing this and must find the balance weighing our time and money. Additionally, there is a growing need to allow our team members to learn with us and assist in the implementation. I have to be careful to make sure my staff is trained and prepared to deliver along with me. Again, this is part of having a team that respects each other and works well together. Change, therefore, becomes exciting rather than frustrating. However, if I just become a "CEJ" (CE Junkie), I may risk out-learning or growing beyond my staff and really effect little change in my delivery. One way I attempt to keep the enthusiasm and love of learning at a practical level is to invite my staff members to certain CE courses where we all attend. Also, I encourage and pay for CE courses my staff members present to me. (continued, bottom, next page)

Dublic Information Officer Report



Harriet F. Seldin, DMD, CAGD PIO, San Diego

As the CAGD Public Information Officer (PIO), it is my pleasure to share the AGD's messages for good oral health and good oral health policy to media around the state. This is done through local PIO contacts in California's four AGD components—San Diego, Southern California, Northern California and Sacramento-Sierra. If you have contacts in the media or just want to get involved in this exciting area, please contact me or your CAGD component president.

At the AGD Annual Meeting in Baltimore in July, I attended the annual PIO breakfast meeting on behalf of the CAGD. It was great to learn from AGD's leadership and media experts, and hear from PIOs from around the country about their efforts and successes. The AGD national office supports PIO activities at the state and local level.

We've been spreading the word around California about AGD's White Paper on Access to Care. Since Health Reform is a top issue in the news, we thought local media would be interested.

Although not every press release is picked up, all are opportunities to educate reporters and to get out the word that the AGD is an important resource for them on oral health issues.

Many of AGD's messages to the media are dental health tips for the public. Several months ago the San Diego Union-Tribune quoted the AGD's "General Dentistry" on "the dental downside to energy drinks." If you see the AGD quoted in your local media, please thank them, and also let me know. A reporter who picks up one AGD press release might use other information from us in the future.

Through our network of component PIOs, we hope to develop relationships with local health reporters and spread the AGD's oral health messages to the public in California.

Please join me and your component PIO in this work.

drhfseldin@aol.com

SCAGD Continuing Education

December 6, 2009 (Sunday) . . . 8 CE units. Tuition: AGD members @ \$99; non-members @ \$119

Orthodontic Treatment Appliances by GPs... How To Treat These Everyday Cases Yourself Dr. Rob Vies

For information and registration, call the SCAGD office at 310-471-4916. Registration 7:00 a.m. Tuition includes breakfast and lunch. Program from 8:00 a.m. till 4:00 p.m.

SCAGD regular meetings are held at the Embassy Suites Hotel/Anaheim South
11767 Harbor Boulevard, Garden Grove 92840 (just south of Disneyland)

Telephone: 714-539-3300

MARKETPLACE (continued from the adjacent page)

The Academy of General Dentistry is a unique organization solely committed to the professional growth and advocacy of the general dentist. I have met several AGD colleagues who openly share ideas and perspectives on dentistry which continue to empower me as a general dentist. Through the AGD, I have been able to keep an ear to the ground of a fast and upcoming future. I have trusted the AGD to present timely and relevant CE courses that have allowed me to relearn, retrain, and retool.

The marketplace will seek the dentists who are on top of their game, who care passionately about people, and who can deliver artistic treatment. There has never been a better time to be a dentist. The demand for healthy, wholesome, and beautiful smiles has never been higher. Do you participate in a dental organization that will guide you through your career and help you bring more value to the marketplace? Consider the AGD and begin expressing your commitment to yourself and your patients as you embark on the Academy's Fellowship and Mastership Awards.

FOR ALL DENTISTS

Implant Placement, Bone Augmentation and Restoration

**Saturday, November 7, 2009



**Raymond Choi, DDS ** Muna Soltan, DDS

*Jerry Peck, DXLT

Doctor, are you referring out all of your endo, all of your perio, and all extractions...? *Obviously not!* Then why not learn to safely place a few, simple, quick and easy implants also? *It will surprise you how easy it is.*

The program will teach you exactly how to place, graft (*if needed*) and restore the more routine dental implants into fresh extraction sockets and healed sites on an every day basis with safety, reliability and at minimal cost in your practice. Referrals to surgical specialists are for the more complicated cases.

Routine implant placement is both the most beneficial tooth replacement a patient can have, and at the same time, the most time-profitable treatment dentistry has <u>ever</u> known. What are you waiting for? Now is the time!

Course tuition: \$85 for AGD and Delta Dental members

 $215 for \underline{non}$ -AGD and \underline{non} -member Delta Dental registrants

\$115 for dental auxiliaries

For registration information, please call Lynn Peterson, CAE, at 877-408-0738 or call Robert Garfield, DDS, at 310-471-4916

This program is made possible by sponsorship of the **California AGD**, **Delta Dental** and **IMTEC**, a **3M Company**

A THINK TANK OF DENTISTS FROM ALL OVER CALIFORNIA

President's Council for Future Planning



DR. WM. LANGSTAFF President Elect Villa Park

On August 8, 2009 the inaugural session of the President's Council on Shaping the Future took place at the offices of Sullivan Schein in San Bruno. A forum was created from a cross section of member dentists in California with a goal to generate progressive ideas and develop recommendations for shaping the future of the CAGD, ensuring its continued growth and evolution as an organization that can fully meet the challenges facing general dentistry and serve the needs and interests of members. The participants engaged in an interactive, dynamic process of assessing the CAGD's strengths, problems, opportunities and threats; identifying the issues, priorities and opportunities.

A strategic recommendations report is currently being worked on that will present all the rich input from the group in a cohesive and cogent way that can be clearly understood. The CAGD Board will take the results of the President's Council into consideration at the next board meeting on September 12, 2009 at the Palace Hotel in San Francisco.



The Council for Future CAGD Planning: Dr. Chika Raju, Dr. Steve Lockwood, Dr. Bill Langstaff, Dr. Rohit Keshav, Dr. Mahtab Sadrameli, Dr. Guy Acheson, Lynda Tran (student), Dr. Rich Ringrose, Dr. Sireesha Penumetcha, Dr. John DiPonziano, Dr. Mark Miller, Dr. Lilia Larin, Dr. Darryl Tkachyk, Lynn Peterson (CAE), Nancy Fitzgerald (meeting facilitator), Dr. Mike Lew.

THE LATEST BENEFITS FROM YOUR AGD

Free Online Continuing Education

Earn CE anytime, anywhere through the latest free online courses on the AGD Web site. Get one hour of self-instruction credit per module on topics like early childhood caries prevention and the "open sandwich" technique for pediatric dentistry. The AGD and GC America have partnered to offer this online CE for free to all AGD members, thanks to a generous grant from GC America, Inc. to the AGD Foundation. Find more CE opportunities by visiting the Education section of the AGD Web site.

Free Contract Analysis

Do you know the ramifications of the contract you're about to sign with a dental benefits contractor or insurer? Does the contract you have already signed allow the insurer to recoup payments already made to you? Get answers to these questions and others through the AGD's FREE contract analysis service.

Understanding third-party contracts is a key element to timely and secure reimbursements for procedures deemed necessary by you, the general dentist. Learn more by logging in to the AGD Web site and clicking on the "Practice Management" tab or by contacting the Director, Dental Care Advocacy, at BenefitsAdvocate(S).agd.org

AGD BALTIMORE ANNUAL MEETING

Policies That **Passed** of Great Interest To GPs

Lou Tricerri, DDS, FAGD, Vacaville WITH Michael Lew, DDS, MAGD, Novato

From July 8-13 in Baltimore Maryland, the Academy of General Dentistry had its Annual Convention and House of Delegates. Resolutions discussed and debated can be placed into three categories: 1. Resolutions which affect the AGD policy on dental practice including advocacy; 2. Resolutions which affect member benefits including continuing education; and 3. Resolutions which affect the internal governing of the AGD. This report focuses on AGD dental practice policies which passed and are of the greatest interest to the majority of our members, including those on advocacy and continuing education.

Resolution 300 Establishes that the AGD advocate that a dental practice may continue to service its patients for up to two years after the death or incapacity of the owner/doctor, so that the family may have time to sell the dental practice.

Resolution 301 Establishes that the AGD advocate that third party payers cover surgical implant placement and restoration of the same implants.

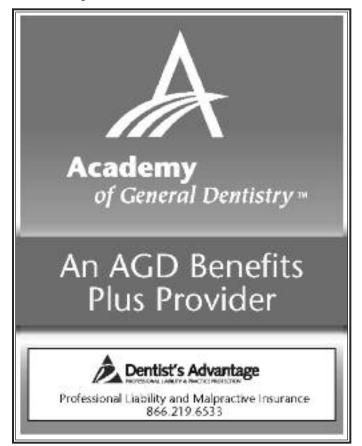
Resolution 306 Establishes that the AGD advocate that when one or more dentists are involved in implant dentistry, the final restorative treatment should be in agreement with all involved parties, including the patient <u>before</u> treatment is started.

Resolution 314 Establishes that the AGD will begin development of a Federal Political Action Committee (PAC) task force to address the numerous issues that confront general dentistry in Washington today, including the current debate on healthcare.

Resolution 315 Establishes that the AGD will form an advocacy fund. This fund would allow all states to have access to funds to fight state issues that affect the general dentist in their respective legislative bodies. This year, we fought in Colorado the right to use MAGD and FAGD after the doctor's name. In Minnesota, we are currently fighting the laws that allow mid-level providers to provide dental care in place of a dentist. This fund may allow the CAGD to attend the Dental Board of California to advocate on behalf of the general dentist.

Resolution 316 Establishes that the AGD will be at any federal legislative healthcare reform.

Resolution 317-R Establishes that the AGD advocate that insurance companies <u>not</u> set fees for non-covered/non-reimbursed procedures.



Resolution 319 Establishes that the AGD is opposed to all corporate mandates that require specific mandates that require specified quantities of utilization of the corporation's products in patient treatment without any qualitative assessment of each dentist's proficiency with the products and without substantial clinical evidence of patient harm as a result of utilization in less than the specified quantities as prerequisites for continued access to the use of the corporation's products with which we want to get involved.

Resolution 200 Establishes that the AGD allow up to 150 lecture/participation continuing education credit for teaching and publication. Full-time faculty, after joining ADA accredited institutions, get 100 hours for the first year and 25 hours each year thereafter.

Resolution 201 Establishes that the AGD allow up to 75 hours of participation credit for oral presentations given with Allied Dental Organizations. The AGD will look into allowing 75 hours of participation credit for the oral presentations given for the AACD fellowship.

The CAGD thanks those delegates who sacrificed their vacation time to serve the AGD House of Delegates including:

Jeff Lloyd, Immediate Past CAGD Trustee; Jay Thompson, CAGD
Trustee; Richard Ringrose, CAGD President; William Langstaff, CAGD
President-Elect; Michael Lew, CAGD Vice-President and Regional Director; Steve Lockwood, CAGD Treasurer and SDAGD President; Louis
Tricerri, NCAGD President; Sun Costigan, CAGD Membership Chair;
Sireesha Penumetcha, SSAGD President; Robert Garrett, FellowTrack
Chair; Myron Bromberg, AGD Legislative and Governmental Affairs
Council Chair; Anita Rathee, CAGD Dental Care Chair; Tim Verceles,
President-Elect; Harriet Seldin, Public Information
and John DiPonziano AGD Distinguished Dentist.

Southern California AGD Presents a Repeat of the March, April and July Workshops

Implant Placement, Restoration and Bone Augmentation for all dentists (14 units CE)

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1	p course with models, surgical by step instructional guideline		reference syllabus and
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	*The CE bargain of a life		
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+ NOTE THE <u>TWO</u> LOCATIO	NS (8:00 a.m. till 4:00 p.m. both days)		
Friday, October 2 a	at 27030 Malibu Hills Road, Calabasas Hill	ls 91301 818-444-33	300
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	* Instructors: Dennis Smiler, Dr.		oltan, dds; nton, mdt; Robert Garfield, dds
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Fax: 310-472-6729	Telephone: 310-471-4916		11 phone: 310-890-4363
DRIVING DIRECTIONS:			
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Avenue. <i>Proceed s</i>	5 Fwy. or 405 Fwy. to the 101 West ("nor outh to Ventura Boulevard. <i>Right on</i> Ver 361 Ventura Boulevard.	th"). Proceed towantura Boulevard to	ard Encino. Exit on Hayvenhurst Petit. Right on Petit and into the
HOTELS/MOTELS:			

Courtyard by Marriott, 15433 Venture Boulevard, Sherman Oaks, 91403 East West Suites Motel, 15485 Ventura Boulevard, Sherman Oaks 91403 Tokyo Princess Inn Motel, 17448 Ventura Blvd., Encino, CA 91316 818-981-5400 818-981-0500 818-788-3820 \$ Variable?

\$80

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15

Sacramento-Sierra AGD News

Sireesha Penumetcha, DDS, FAGD, President, SSAGD, Elk Grove

The SSAGD has been involved in a variety of activities these past few months. I had my first opportunity to serve as a delegate to the House of Delegates held at the AGD Annual Meeting in Baltimore, July 8-12. There were some interesting resolutions passed. I also had the pleasure of receiving my FAGD award at the convocation ceremony from Dr. Paula Jones, the first female president of the AGD.

There were nineteen new Fellows (FAGD), four new Masters (MAGD) and two Lifelong Learning and Service Recognition (LLSR) recipients this year from California. From the Sacramento-Sierra AGD there is a total of fifty-seven FAGD awardees, seventeen MAGD awardees, one ABGD awardee and one LLSR awardee to date.

Our very own Dr. Guy Acheson, from the Sacramento area, earned the LLSR award. Let us keep the numbers rolling, and actively pursue quality education, which is truly what our organization stands for; quality education to better serve our patients and our profession. To date in California, we have 472 active Fellows, 162 active Masters, and seven active LLSR's. *Hearty congratulations to all the award recipients!*

UPCOMING EVENTS:

A treatment planning CE/dinner meeting will be held at the Old Spaghetti Factory, 1910 J Street, Sacramento 95814 on September 24th at 6:30 p.m. The event will be moderated by Dr. Guy Acheson.

Our Annual Glo-Ball and BBQ Golf Tournament will be held at the Bradshaw Ranch Golf Course in Sacramento on October 3rd. There will be raffle prizes, and non-golfers are welcome for the BBQ and to enjoy some time with colleagues. Your family is most welcome. *Make sure you reserve in advance.*

Plans are being set for our Annual Meeting to be held November 14-15 in Sacramento this time. This year, we are organizing four major implant companies to present their systems the first day, then a hands-on component the next. This is a great format for those considering implants, as you can compare and see what the similarities and differences are among these systems. This is also a great way to get participation CE when you attend both days. There are a limited number of seats available, so make sure you call us today to reserve yours (see the ad on page 23).

I would like to share that being involved with SSAGD at a local level and attending the AGD Annual Meeting has brought tremendous joy and accomplishment to me on both a personal and professional level. That I have been given this opportunity is a dream come true. I highly encourage fellow members of our SSAGD to consider serving on the board. It is not what you give, but it is what you receive that makes it that much more rewarding. The main reward you get is also knowing that you are surrounded by dentists you would otherwise only read about in journals. Here they are, right beside you, willing to guide and mentor you through your journey. Come and attend one of our CE events and you will see for yourself the inspiration and knowledge you receive from these quality courses that are put together for you.

I hope to see you all for the Glo-Ball Tournament as well as the Annual Meeting. *If I do miss an event, it's because I am* [busy] in the hospital delivering my baby!



California delegates at their Caucus Meeting at the AGD Annual Meeting in Baltimore



California delegates socializing at dinner after a long caucus meeting



Dr. Sireesha Penumetcha, Dr. James Thompson and Dr. Mike Bromberg



Delegates from California



Dr. Harriet Seldin and Dr. Sun Costigan at the AGD annual meeting



Dr. Sun Costigan, Dr. Steve Lockwood and Dr. Anita Rathee



Illuminating Facts about Much of Today's Dental Education

Robert Garfield, DDS, FAGD, Los Angeles

I have watched the following saga unfold since about 1975. Approximately fifty percent of today's graduating seniors go into a dental specialty right away after graduation. Today, specialists are so numerous that they are competing with each other, let alone with general practitioners.

This trend has occurred, in my opinion, because in the '70s the dental schools shed their image as ivory towers of social consciousness and became what everyone else is: A for-profit business and part of the dental education industry. More graduates equals more income. The AGD is the specialists' nemesis since it provides specialty training to GPs in a meaningful manner, taught mostly by specialists we contract with to train us.

After numerous discussions with senior dental students from California and other state's dental schools, it is my opinion that subjects like oral surgery and periodontal surgery have been "watered down" in the undergraduate curriculum. In my opinion, this has been part of an overall plan by many administrators and faculty members who are involved in curriculum planning, primarily specialists. Essentially, referral is being taught for everything except single restorations, simple endodontic cases and hygiene. This is the reason that "after dental school" private teaching educational providers like the Newport Coast Oral-Facial Institute, the Esthetic Professionals Training Center in Tarzana, the Las Vegas Institute, Team Atlanta, the Scottsdale Center and many others are flourishing. They fill the gap of lost training for GPs in dental school and do a great service to our patients. It is no wonder why advocacy and hands-on workshop courses have become so popular with the Academy of General Dentistry.

I graduated from dental school in the 1960s. At that time our undergraduate curriculum, as it pertained to oral surgery, was practical, comprehensive and hands-on. Surgical principles were constantly drummed into our heads in the classroom and in the oral surgery assignment clinic. Simple extractions, difficult extractions and pre-prosthetic bony surgery were all included. There was never any doubt in the minds and hands of my classmates as to flap design principles and the management of hemorrhage, bleeding, infection and pain. Our instructors, all oral surgeons, believed, and openly stated, that they were relying upon us to take the routine surgery "load" off of them so that they could concentrate more on what they were trained for, namely, "the big stuff," such as jaw fractures, difficult third molar extractions, troublesome lesions and all of those orthograthic surgeries. Of course, at that time, specialists comprised about 5% to 10% of the dental profession, depending upon location. Today, it's about 30% and growing. I recently observed at a local dental school that nearly half of the senior class planned to go into specialty residencies.

By the mid-1980s all of this changed, coincidentally with predictable dental implants being introduced into North America from Europe. As it happened, the European implant research and manufacturing interests gave the training and "authority" for dental implants to the North American oral-maxillofacial surgery specialty, despite the fact that nearly all of the "experimental" implant dentistry in North America for years was done mostly by general practitioners and very few oral surgeons.

It did not take long for oral-maxillofacial surgeons to discover that placing implants was probably the most time-efficient and profitable treatment that dentistry had ever known. Add to that the implant's ability to arrest alveolar bone resorption and give the patients what they perceived as "real teeth" and stable dentures, all without the alteration of adjacent tooth structure. This encouraged most patients to readily accept the treatment plan regardless of cost. The combined effect of these factors was too good to share with general practitioners, or even periodontists, who wanted "in" on the implant placement economic pie.

First, it was the periodontists, who in 1987, fought the oral surgeons politically and legally for their implant placement "turf" rights. The oral surgeons maintained that periodontists were not qualified to do this type of surgery. Their real fear was that periodontists were not totally dependent upon referrals as oral surgeons are for implant patients. These patients already were part of the periodontist's own practice and recall base, hoping to have their compromised teeth saved. The periodontists won the turf war.

(continued on page 22...see GARFIELD)

MASTERTRACK

Pathway To Clinical Excellence

Richard J. Ringrose, DDS, MAGD, Course Director and CAGD President

With the ending of the current and second MasterTrack, "Pathway to Clinical Excellence" in the fall of next year will come the beginning of the third program. MasterTrack provides the difficult to attain 400 hands-on hours of CE necessary to meet the requirements to become a Master in the Academy. The group meets twice a year over a four-year span. Each session lasts for four days with a total of sixteen subjects covered. The cost of the program will be \$2,800 per year . . . a very economical \$28 per unit of participation CE. If you are interested in participating, and are not already on the waiting list, please call our Executive Director, Lynn Peterson, at 877-408-0738.

CURRICULUM YEAR 4-----First Session, October, 2009

October 22nd

Oral Surgery Protocol Presentations Dr. Michael Leizerovitz

The participants will give a short presentation to the group and will be moderated by Dr. Leizerovitz. Pertinent comments and questions will be raised by the group or the moderator. Those who attended the previous lectures in March, and who participate and present, will be given up to 40 hours hands-on credit in Oral Surgery.

October 23rd and 24th

Implant Workshop *Moderated by Dr. Robert Garfield*

Sponsored by **Implant Direct**

This will be a customized course using various speakers prominent in the field of implant dentistry. This lecture and hands-on workshop is designed to provide the GP with the ability to treat the simple implant dentistry indications seen in their practice. Topics to be covered include: Patient Communication and Motivation, Diagnosis and Treatment Planning, Radiograph and CT Scan Interpretation, Record Keeping and Failure Avoidance. Surgical Placement and Restoration of Implants will be taught using live case videos and bench model simulations.

AGD's new "Educational Objectives for the Provision of Dental Implant Therapy by Dentists" will be discussed. Dr. Garfield is a former Assistant Professor of Fixed Prosthetics at UCLA and currently conducts an implant instruction and technology service for dentists. These two days of 16 lecture hours provide with presentation, 40 hands-on credit in Implant Dentistry.

October 25th

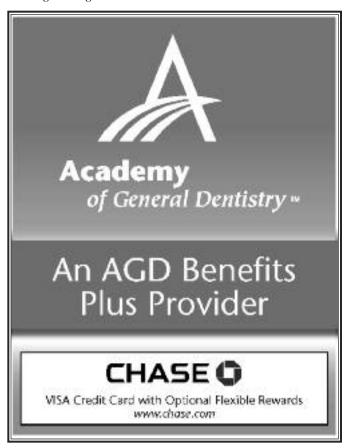
Occlusion/Fixed Prosthetics

Dr. Terry Tanaka

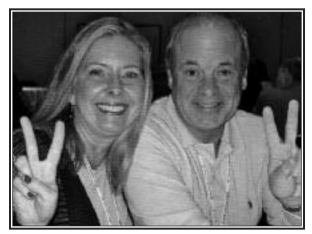
This session will serve as an introduction and form a foundation for the three day program in April. Topics to be covered include: Differential Diagnosis of Head and Neck Pain, TMD and Occlusion (how and when are they related), Medications and Splint Therapy Used To Effectively Treat TMD, Management of Occlusal Forces, Tooth Wear, Parafunction and Bruxing. There will be a review of the literature and a discussion on articulator selection.

Participants are urged to bring mounted study models of potential patients for discussion with Dr. Tanaka and the group. Dr Tanaka is a Clinical Professor at USC School of Dentistry, Department of Graduate Prosthodontics. He is the founder and director of the "TMD and Restorative Dentistry Study Groups." He has published numerous articles and is widely recognized as a research anatomist and for his teachings in advanced restorative procedures. Dr. Tanaka holds Fellowships from the Academy of Dentistry International, American and International Colleges of Dentists and is a Master of the Academy of General Dentistry. He is a Diplomate, American Board of Oral Facial Pain and a member of numerous other restorative and prosthetic-

related societies and academies. He maintains a private practice in Chula Vista.

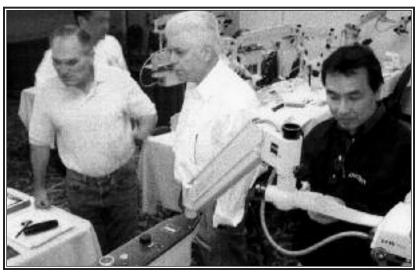


Dr. Rich Ringrose, MasterTrack Director and current President of the California AGD with Dr. Cliff Ruddle at one of the courses



MASTERTRACK (continued from adjacent page)

Get on the Waiting List



Dr. Roger Garrett, Dr. Cliff Ruddle and Dr. Leonard Fu at one of the courses made available for Fellows who are working toward Masterships

California AGD Executive Director and Certified Association Executive, Lynn Peterson with Dr. Ringrose, Course Director

Together, they run the very successful MasterTrack Program for the California Academy of General Dentistry

CURRICULUM YEAR 4-----Second Session, April, 2010

April 8th

Implant Presentations

Dr. Robert Garfield

Attending the March workshop and lecture will give 40 hours of hands on CE credit in Implant Dentistry for those who present to the class and moderator. Presentations may be either on the Prosthetic or Surgical aspect of implant dentistry or a combination of both.

April 9th, 10th and 11th Occlusion/Fixed Prosthetics Dr. Terry Tanaka

These three sessions will prepare the participants for their final presentation in October. Participants will evaluate mounted study casts, dental x-rays and TMJ tomograms and develop treatment plans for patients with a variety of occlusal and skeletal disorders. The class will learn the new classifications of malocclusion, esthetic guidelines, related to maxillary and mandibular dysphasia, facial thirds, the E-line and the relationship to anterior tooth wear and the Curve of Spee. Occlusal vertical dimension; can and how much it should be altered? Two step occlusion, segmented rehabilitation and maintaining the OVD and the centric relation position will also be covered.

October 25th

Occlusion/Fixed Prosthetics Dr. Terry Tanaka

This session will serve as an introduction and form a foundation for the three-day program in April. Topics to be covered include: Differential Diagnosis of Head and Neck Pain, TMD and Occlusion *(how and when are they related),* Medications and Splint Therapy Used To Effectively Treat TMD, Management of Occlusal Forces, Tooth Wear, Para function and Bruxing. There will be a review of the literature and a discussion on articulator selection.

Participants are urged to bring mounted study models of potential patients for discussion with Dr. Tanaka and the group. Dr Tanaka is a Clinical Professor at USC School of Dentistry, Department of Graduate Prosthodontics. He is the founder and director of the "TMD and Restorative Dentistry Study Groups." He has published numerous articles and is widely recognized as a research anatomist and for his teachings in advanced restorative procedures. Dr. Tanaka holds Fellowships from the Academy of Dentistry International, American and International Colleges of Dentists and is a Master of the Academy of General Dentistry. He is a Diplomate, American Board of Oral Facial Pain and a member of numerous other Restoratives and Prosthetic related Societies and Academies. He maintains a private practice in Chula Vista.

FellowTrack Activities

Lynda Tran, AGD Chapter President, University of California, San Francisco

While many dental students are always on the move and constantly searching for more to learn, there always seems to be time set aside for the remarkable FellowTrack activities.

On Saturday, April 18th, students visited MicroDental Laboratory to learn about <u>Increasing Implant Case Acceptance in 2009</u> with intriguing presentations from Dr. Brian Mahler, Dr. Janice Wang, Dr. D.S. Pannu, Dr. Leo Arellano and Dr. Eric Yabu. Topics ranged from the introduction of Southern Implants, placement of the Tri-Nex implant, case presentations, implant-supported removable prosthetics, and CBCT.

The following day, current and past officers attended the <u>CAGD FellowTrack Student Leadership Conference</u> sponsored by Henry Schein. Important issues were discussed, such as streamlining FellowTrack membership sign-up. Future events were brainstormed for the upcoming 2009-2010 school year *(see below).*

To finish off the 2008-2009 school year, UCSF and UOP welcomed Dr. Tim Verceles (*incoming NCAGD President*) to come speak about <u>Life after Dental School</u>. Students were inspired by his thought-provoking discussion, which covered financial planning, practice plans, personal development and leadership development.

On Monday, July 13th, UCSF hosted a <u>Practice Management Course</u> by Kerry Straine, discussing the most pressing issues dental students may face while running a dental office.

On Saturday, August 22nd, Henry Schein provided students with the opportunity to learn about <u>CAD/CAM</u> and discuss techniques for taking the ultimate impression and creating a great temporary. Following the hands-on course, students milled out their very own extracoronal restorations.

On Saturday, October 17th, students will get the chance to learn more about <u>Cosmetic Dentistry</u> and receive hands-on experience with veneers, hosted at MicroDental Lab.

In January of 2010, an intensive course sponsored by Henry Schein will cover the use of <u>Lasers, Crown Lengthening Procedures and Suturing Techniques</u>.



Students receiving excellent instruction on implants.



UCSF students enjoying a bit of breakfast and getting their hands on some implants.



Students receiving hands-on experience with implants.



UCSF students attending the implant course.

comments.

E-mail Lynda Tran

Lynda.Tran

ucsf.edu with any questions

FellowTrack Activities (continued from adjacent page)



Dr. Verceles sharing what life is like after dental school with UCSF students.



Alice Hsieh (VP), Lynda Tran (President), Dr. Verceles and Alison Adachi (President Elect).



Dr. Sun Costigan (Immediate Past President, NCAGD), Lynda Tran, Dr. Verceles and Alison Adachi.



Students enjoying a Thai dinner while gaining considerable insight from Dr. Verceles.



The especially popular FellowTrack Program, initiated by Dr. Yolanda Mangrum of Sonoma, has provided excellent exposure to the real world of general dentistry for hundreds of students over the past four years. To the left is a group from three years back ... young people who are now part of the dental community.

Bay area schools have considerable momentum with FellowTrack activities. Southern California schools (USC, UCLA and Loma Linda) are in the formative stages with the program, having received positive responses from all three deans. You are invited to participate by contacting Dr. Roger Garrett, CAGD's FellowTrack Program Director. He asks for dentist volunteers (pre-Fellows, Fellows and Masters) to pair up with one or two students from each of the five schools. If you wish to participate, Dr. Garrett can be reached at 818-591-2480 or at rgarrettdds@adelphia.net or write him at 23695 Calabasas Road, Calabasas, California 91302-1502

GARFIELD (continued from page 17)

By the late 1980s, both the oral surgeons and the periodontists realized how important it was to keep the GPs from attempting to place their own implants. In the surgeon's opinion, GPs were supposed to refer the patients to them for implant placement.

They came up with all kinds of half-truth scare tactics telling the GPs that implants were difficult to do; pain and bleeding could ruin their day (or night), and they should not even consider placing them, even in the most simple and easy situations. In order to ensure that the GPs took this advice, oral surgeons and periodontists who were on dental school faculties as department chairpersons began to restructure their undergraduate curricula to discourage or exclude the management of bleeding, pain, infection and the performance of actual surgeries in any practical and meaningful way. Surely this would dissuade general dentists from ever thinking about placing their own implants. Never mind that the placement of implants is far less traumatic, and far less likely to cause bleeding and pain than deep scalings, endodontic treatments and the packing of retraction cord. Many implants can be placed without reflecting a soft-tissue flap.

Almost overnight meaningful surgical training and experience, and the surgical management of patients was removed from most undergraduate dental curricula. Insidiously, undergrads were prevented from learning to place implants, expecting it to be stressful, dangerous and risky.

We now have recent dental graduates who actually believe that the placement of any and all implants is a surgical specialty procedure, which, in many cases, it is definitely not. These GPs, for the most part, now feel uncomfortable about even thinking about anything "surgical." It's an old story of economics having political influence on what is taught, and in effect restricting competition and keeping the cost of treatment high.

Virtually all of the dental implant manufacturing companies have come to realize that this situation is bad for their business and bad for many patients, since it restricts implant use and raises costs. These companies are reaching out to the general practitioners with offers to teach them to place and restore implants, and attempting to include the supportive training in surgery, tissue management, and patient management that our dental schools seem to have phased-out during the past 25+ years. In 2005, the world's largest implant company, the successor to the one that gave the implant "rights" to the oral surgeons in the early 1980s, entered into a contract with the Academy of General Dentistry and the Perio Institute, to teach implant place-

ment and restoration to GPs at the AGD's Annual Meeting and its nationally sponsored regional meetings.

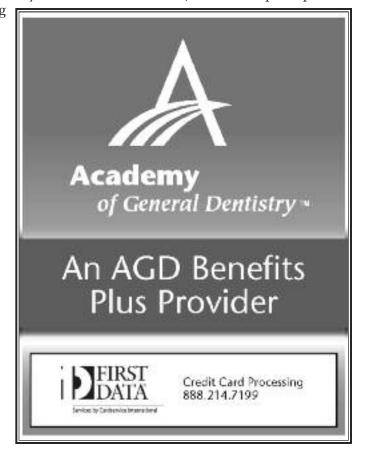
Nature and the free market have a way of dealing with many inequities. *Remember, dental implants are a restorative discipline with a surgical component.*

Just for the record, the SCAGD is sponsoring two-day hands-on workshops on implant placement, restoration and bone grafting on October 2-3, and again November 20-21 (the registration form is in this issue of the GP News, page 15). The first three of these courses held this year sold-out quickly. Each course is comprised of twenty-four dentists and involves handout instructional documents, a reference syllabus and quality instructors all at the lowest tuition possible.

For more information, call SCAGD at 310-471-4916 or e-mail to drrobertgarfield@aol.com

Dr. Garfield is a 1963 graduate of Northwestern University Dental School. He's a former assistant professor in fixed prosthodontics at the U.C.L.A. School of Dentistry and a solo private practice with an emphasis on periodontal prosthesis, occlusal reconstruction, implants and innovative laboratory technology. He has been a member of the CAGD and SCAGD Boards of Directors since 1979 serving in all board positions, and is presently the CAGD's Associate Editor of the GP News, and the Executive Director of the SCAGD. Since his

the <u>GP News</u>, and the Executive Director of the SCAGD. Since his retirement from practice, Dr. Garfield conducts an implant instruction-technology and laboratory service from a facility in his home.



Sacramento-Sierra Academy of General Dentistry Annual Meeting

IMPLANT SHOPPING DAY

November 14–15 2009 (Saturday and Sunday)

Clinical lecture presentations on Saturday (8 hours of CE)

Hands-on system workshops on Sunday (4 hours of participation)

See, touch, feel, compare and contrast four different implant systems at one course . . . all in one place!

Holiday Inn Sacramento Northeast 5321 Date Avenue, Sacramento 95841 (Highway US 80 and Madison Avenue)

Fees: Saturday lectures for members @ \$275; non-members @ \$300

> Sunday workshops for members @ \$75; non-members @ \$100 (students pay member fees)

Send an e-mail for sign-up or for more information to Dr. Guy Acheson at:

drguyacheson@gmail.com

Four Major Implant Companies!

ASTRA-TECH



The Astra Tech presenter will be Dr. Ronald Larsen, a Sacramento prosthodontist with twenty-six years of experience with dental implants. He helped develop "Implants in a Week" and uses the "Teeth in an Hour" technique. The workshop on Sunday will present all components of the Astra Tech system and a review of the Atlantis Virtual Abutment Design system.

BIOHORIZONS



The Biohorizons presenter will be Dr. Kevin Kremer, a general dentist from Chico. Dr. Kremer is a graduate of the Misch International Implant Institute and a Fellow in the International Congress of Oral Implan- tologists. The Biohorizon workshop will cover their complete implant system and the benefits of the Biohorizon 3 in 1 abutment system.

NEOSS



The Neoss presenter will be Dr. William Litt Perry, a prosthodontist from Saratoga. Dr. Perry has a long career in dental research, holds several dental patents, and has presented extensively including for the California Academy of General Dentistry MasterTrack Program. The Neoss workshop will emphasize their extensive abutment systems, including their plastic preformed abutments, the Access abutment for angulation correction, and their custom zirconia abutments that can be fabricated from any CAD/CAM technology.

STRAUMANN



The Straumann presenter will be Dr. Michael Forde, a Roseville prosthodontist. He was the 2007 winner of the American Academy of Maxillofacial Prosthetics' Joseph B. Barron Award and the American College of Prosthodontists' John J. Sharry Prosthodontic Research Competition.

Northern California AGD Continuing Education Courses, Fall 2009

Chitra Shikaram, DDS, Editor, NCAGD, Campbell

Periodontal Surgery for the General Practitioner

with Frank Martinez, DDS, MS

Friday, September 18, 2009

Sobrato Community Conference Center at 1400 Parkmoor Avenue, San Jose 95126

This participation course is designed to enhance or develop the general dentist's skill in basic periodontal surgery. The surgical procedures will be taught using fresh swine jaws (maxillary and mandibular). The necessary materials needed for the hands-on program will be provided.

7 CE Units • Course Fee: \$195 for AGD Members, \$295 for Non-Members Registration: 8:00-8:30 a.m. · Instruction: 8:30-4:30 p.m. · Lunch provided

Register before October 1st and save \$50! Register for both courses and save \$100!

Register: www.ncagd.com · Questions: 707-685-4337

Mini Endodontic Root Camp for General Practitioners

with Kit Weathers, DDS

Friday, November 20, 2009

Renaissance Stanford Court, 905 California Street (on Nob Hill), San Francisco 94108

This Mini Camp can help general dentists improve efficiency and hourly production as well as determine which patients to treat and which to refer out.

THIRTIETH ANNUAL SKI and LEARN SEMINAR of the SOUTHERN CALIFORNIA ACADEMY of GENERAL DENTISTRY

Snowmass/Aspen, Colorado

Bob Barrett, DDS, MAGD, Ski Seminar Chairman, Torrance

FEBRUARY 6-13,

Of Fliffieth Annual Ski and Learn Seminar will be held in Snowmass/Aspen, Colorado from February 6-13, 2010. Our seven high program will begin with a Sunday Night Wine and Cheese Party. There will be a mid-week Nastar Race. The final event will be our Friday Night Awards Banquet.

We will be staying at the Top of the Village Condominiums, a ski-in, ski-out location. Our accommodations will be largely two- and three-bedroom units. The units will have daily maid service, VCRs, DVDs, washers and dryers in each unit, outdoor pools, whirlpools, sauna, steam room, fitness center and daily coffee service, free shuttle service . . . to name only a few of the amenities.

The trip will include round-trip air and bus transportation, seven nights lodging and lift tickets for five out of the six days. The cost for the trip will be \$1550 per person, the same as the last two years.

We will have four outstanding scientific sessions:

- Brant Bradford, Col., USA, Chief of Prosthodontics, Ft. Irwin National Training Center, California TOPIC: Clinical Prosthodontics: Past, Present and Future
- → Jefferey Forester, Col., U.S. Army, Ret., Walter Reed Hospital, Maxillofacial Prosthodontist, Potsdam, New York TOPIC: Oral Sedation: A Means To Make Dentistry Less Stressful and More Productive
- ◆ Philip O. Mendelovitz, DDS, Clinical Professor of Hospital Dentistry, UCLA School of Dentistry TOPIC: Incorporating New Techniques and Ideas in Your Dental Practice
- ◆ Bruce Houser, DDS, MS, Board Certified Periodontist, Scottsdale, Arizona
 TOPIC: Periodontology 2010 Update: Current Directions in Periodontal Regeneration,
 Implants, Periodontal Plastic and Pre-Prosthetic Surgery

Our scientific program includes a daily morning video, coffee and discussion. The tuition for the sixteen hours of continuing education credit is \$235 for dentists and \$100 for auxiliaries.

Our last ski seminar held at Beaver Creek, Colorado in February, was a great success, enjoyed by all (*see the photos on the next page*). Reservations can be made now for the upcoming trip to **Snowmass/Aspen**, Colorado 20**10**.

Ski.com, once again, will be handling our travel arrangements. They can be reached at **800–525–2052**, Ext. 3045. Ask for Martha Perez. For reservations, send a deposit of \$500 to **Ski.com** at 2349 Honolulu Avenue, Montrose, California 91020. *Mark it to the attention of* Martha Perez.

Tuition fees are to be sent to **Ski.com** (formally Sportours) or contact Dr. Robert Garfield, Executive Director, SCAGD at 2720 Aqua Verde Circle, Los Angeles, California 90077 or call 310-471-4916.

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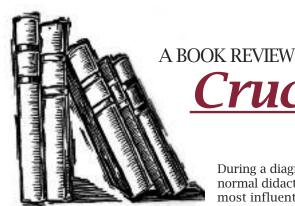
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25



Crucial Conversations

Michael Lew, DDS, MAGD, Regional Director, CAGD, Novato

During a diagnostic medical seminar this year, after finishing his normal didactic course, the doctor continued by describing the most influential book over his practice in the past five years.

<u>Crucial Conversations</u> by Kerry Patterson et al, provides strategies

which helps to manage situations when there is relationship breakdown. <u>Crucial Conversations</u> discusses strategies which over 20,000 successful managers *(from outside of dentistry)* have used for confronting others.



Dr. Michael Lew Novato

The current dental management literature is replete with recommendations for success through Novato leadership. If leadership involves inspiring our teams to visions and constructing goals to achieve those same visions, then management is that daily activity that keeps our teams on track toward those visions and goals. I believe that success also requires confrontational management which cannot always be delegated to someone else. This book describes one tool which can be useful in those confrontations.

Imagine for a moment that you have a dental practice with a staff of twelve. During your last productivity report, everyone's favorite hygienist has low productivity numbers. No raises will be given this year because of the poor economy. At the Annual AGD Meeting, you buy a beautiful laser machine which has a favorable return on investment. On your return from the meeting, you confront your hygienist about her low productivity. She fires back at you about your equipment purchase. How do you handle this?

It is your office. You are in control! You make the decisions. They are simply little serfs participating in your conquest of dental land. And the staff have "no say" in your decisions. This is one strategy, but you may see a loss of staff.

The analytical doctor defends herself/himself by immediately demonstrating the cost/benefit analysis inclusive of a discussion of historic low interest rates and the increased productivity. Who wouldn't understand the logic behind the purchase? But the staff may "tune you out" before you start.

Or, you could create safety in this conversation and together develop a strategy to improve her productivity without further discussion about the equipment purchase. Dental practice management firms recommend that we discuss how the equipment purchase contributes to the vision and goals of the practice. But the when staff do not show "buy in," what do you do? When more relevant and accurate information becomes available, collectively we can make better choices (it may mean we have to give up that wonderful machine). And when choice is shared, then people willingly act on whatever decision they make. Staff contributes more when they are committed to act compared to when coerced to act. Crucial Conversations states that "When it comes to risky, controversial, and emotional conversations, skilled people find a way to get all of the relevant information out into the open."

<u>Crucial Conversations</u> agrees "not...every decision be made by consensus or that the boss shouldn't...make the final choice." In my own workplace, most decisions are not shared. The boss is the boss. But difficult decisions have greater odds of success if the staff engages in conversation about the decision.

Briefly, some ideas on how to engage in difficult conversations include the following suggestions:

- ✓ Work on me first (focus on developing your own skills as a successful communicator).
- ✓ Focus on what you really want out of this conversation.
- ✓ Look to see if others are moving toward silence or expressing strong emotions.
- ✓ If the emotions or feelings are interfering with the conversation, then think how to repair the situation through apology when appropriate, or contrasting your position by stating what you do not intend with a statement to what you do intend; or CRIB (*Commit, Recognize, Invent, and Brainstorm*) to get to a mutual purpose. "Commit" is to seek a mutual purpose; "Recognize" is to recognize yours and their strategy to achieve that mutual purpose may be different; "Invent" is to create a new mutual purpose if necessary, and "Brainstorm" is to strategize how to achieve the mutual purpose.
- ✓ If strong emotions are keeping you stuck in silence or inappropriateness, then "Change your Story."
- ✓ State your position including the facts and your conclusions about the facts, then explore their position.
- ✓ Move to action.

This small review only gives a sample of the book. I would recommend it as part of your management library.



2009 GENERAL MEMBERSHIP APPLICATION

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