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**Poster Contest -** Dennis D. Shinbori, DDS & Stafford Duhn, DDS

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**Well-Being -** Bruce Hira, DDS
(Confidential assistance to professionals, spouse and staff for drug and alcohol abuse, call (415) 776-5855)

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**SFDS MOVERS AND SHAKERS**

**Dr. David Rothman – 2015 ACD Fellow**

On November 5, 2015 the American College of Dentists inducted 284 New Fellows at the Grand Hyatt Washington, Washington, D.C. Among them was SFDS Member and former editor, Dr. David Rothman. Congratulations Dr. Rothman!

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**Dr. Howard Pollick - ADA Expert Spokesperson**

Howard F. Pollick, BDS, MPH was reappointed to serve as a spokesperson on fluoridation for the American Dental Association. Dr. Pollick is a consultant to the National Fluoridation Advisory Committee and was honored with the Fluoridation Merit Award. He is a clinical professor in the Department of Preventive and Restorative Dental Sciences at the University of California San Francisco.

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**Dr. Dennis Song – SF Medical Society Political Action Committee Board**

SFDS President, also a member of the SF Medical Society, was asked to serve on the SF Medical Society’s PAC Board. Congratulations Dr. Song.

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**Dr. Tolstunov Releasing Two Professional Books**


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**ADA’s Dr. Kathy O’Loughlin Recognized As Outstanding Innovator in Dentistry**

ADA’s Executive Director Dr. Kathy O’Loughlin was recently awarded the Shils Award by the Dr. Edward B. Shils Entrepreneurial Fund, Inc., a non-profit organization dedicated to innovative leadership in health care. The Fund recognized “her leadership as a health educator, business executive, and professional society leader, as well as her staunch advocacy for improved oral health literacy, prevention and care for underserved populations.”
Another opportunity this year included the increased interaction with the San Francisco Medical Society (SFMS). I was invited to attend the Board and PAC of SFMS and we also had their President, Dr. Roger Eng, attend our Board meeting. With our own SFDS PAC undergoing positive growth and changes, this collaboration between societies will further our goals for the health of San Franciscans via legislative, fund raising, and volunteer efforts. We will continue this cooperative process to strengthen our stance for patient care.

Other exciting changes this year included improving our delivery of continuing education and expanding our social engagements including the Crab Feed with student research poster boards and selecting venues throughout the city for our social hours. Our Board listened to you with our Table of Fives project and you voiced your thoughts and ideas of what makes our Society great and what needs improvement. I thank all the dentists who took time out of their day to meet with us or speak on the phone to provide this invaluable feedback. I have been so fortunate to meet dentists from all over the city and at all stages of their careers to listen to their stories. Every one of these comments has been added to our database so that we can find trends to improve our work.

Sadly, we lost one of our long time colleagues, Dr. Steve Leighty from Sacramento actively working at the California Dental Association House of Delegates in November. None of the 222 delegates, staff, and leaders expected such an occurrence and such events make us realize that in every new day there are unknown unknowns. Out of respect and with much heartfelt sadness, the meeting was postponed for us to return in a few months.

Reflecting on his passing, we may not realize the amount of time spent in passionate discussion in preparation for debate and voting for resolutions that impact our profession and way of life. None of us do this for credit and we spend hours, evenings, and days away from friends, family, and practice solely for our belief in our organization to represent our profession, promote health, and instill legislative change to protect our members and public. Even with our strained budget, we CAN and ARE doing it with no small part from the SFDS administrative team led by Executive Director Deborah Elam who is also celebrating 15 years with us!

Thank you for allowing me to serve you. It has been an invaluable experience and I look forward to seeing you at another SFDS or CDA event. I am proud of the work that our Board and committee members have completed this past year. I have strong confidence that Dr. Gabany will lead our Society to wherever it needs to go and without limit. It CAN be done.
The 2015 California Dental Association Annual Session of the House lasted little more than an hour. Less than 12 hours prior to the 7:00 am Friday start, then CDA president Walt Weber and president-elect Ken Wallis valiantly provided basic life support to delegate Dr. Steve Leighty on the first floor of our CDA building at 1201 K Street. Dr. Leighty - a father, husband, friend and oral surgeon from Roseville and Auburn - was taken to the hospital where attempts to revive him were unsuccessful.

The CDA Executive Committee immediately held an emergency meeting to discuss next steps. The first impulse was to “soldier on”, it’s what we have always been taught to do. “Soldier on” is generally defined as to continue or persist despite adversity, difficulty and pressure. Additionally, “soldier on” can mean continuing on with one’s life after an event as is nothing happened. Could the House continue less than a half day after the passing of a member of the CDA family? Should we?

The sentiment turned when our executive director, Peter DuBois, recounted the history of hockey player’s first wearing helmets. He referred to the tipping point in August 1979 when the league mandated incoming players wear helmets. The rule eliminated the need for players to prove their machismo by not wearing a helmet. Mr. DuBois challenged the executive committee that it was “time to put on our helmets.” There was no overwhelming reason that most of the business of the House could not be postponed to grieve the loss of a CDA family member. People above process.

Friday morning, the Executive Committee’s recommendation to CDA’s 45th Session of the House was to accept a modified agenda, postponing the remainder of the agenda for a special session in three to six months. After a thirty minute recess for the delegates to discuss the motion amongst themselves, the motion to definitely postpone was on the floor. The president and president-elect of the Sacramento District Dental Society were the only two delegates to step to the floor microphone. Both spoke emotionally and eloquently in support of the motion to postpone. They related how they had originally come to the House that morning to do what Steve Leighty would have wanted, to “soldier on.” They also realized the raw emotion Steve’s passing had brought out among the members of the SDDS, the other delegates and the Executive Committee. Would Steve really have wanted the business of the House to be conducted under such an emotional cloud of grieving? The House, under a majority vote, said no – People above process.

“Mr. DuBois challenged the executive committee... People above process.”

People Above Process
I would like to brag about our Society a little. We recently received not one, but two **ADA Golden Apple Awards**. Now in its 27th year, the American Dental Association’s (ADA) Golden Apple Awards Program has 14 entry categories for state and local dental societies to gain recognition for their leaders, members and staff to showcase programs and activities produced between June 1, 2014 and May 31, 2015.

**Excellence in Interprofessional Relations**

New for 2015 is the category **Excellence in Interprofessional Relations** open to “coalitions that include a local or state dental association, which works inter-professionally in communities to improve oral health...that includes two or more health professions...” The SFDS received recognition for our collaboration with the San Francisco Health Improvement Partnership, a coalition of stakeholders (health care providers, agencies, dentists, and others) working together on a city-wide oral health strategic plan guided by the vision of “All children in San Francisco to be caries-free”. The need for coordinated, city wide strategic planning was born in 2012 when a group of oral health advocates, SF HIP, began meetings. The plan, published in November 2014, represents a challenge “to identify and address what would make the greatest impact on children’s oral health in San Francisco.”

Using data initially generated from our SFDS/DPH School Screening program, we had a starting point. Now in the launch/execution phase of the 3-year plan, workgroups meet monthly to ensure that the plan moves forward.

A huge round of applause goes to all the stakeholders and especially to members of the SFCOHP Partnership and to our SFDS members who support this effort. Most importantly, a huge thank-you to all of our members who have participated in our Kindergarten School Screening Program. SFDS can be proud that we are a part of the solution...we are making a difference.

**Excellence in Member-Related Benefits/Services**

The other award is for the SFDS 2014 Job Fair. SFDS leaders, envisioning an opportunity for our newest members to find gainful employment, and with hopes that our established members could fill open positions, worked tirelessly to host a Job Fair. In addition to graduating and new dentists, the SFDS Dental Job Fair was open to dental assistants, hygienists, front and back office team members seeking employment, thus helping to meet the staffing needs of our more established members. The SFDS Job Fair highlights the value of being a member of an organization that cares and seeks to help its members with one of their most pressing needs as a new graduate. The SFDS provided a variety of workshops for job seekers and employers, alike, as well as contract reviews and resume reviews.

We are particularly grateful to all the volunteers who made this event possible. Again, we are making a difference!

These awards were not easy to achieve. The various ADA selection committees reviewed submissions from State and Local Dental Societies from around the country. Not only am I proud that all this hard work is transforming our Society, but I am also honored that our successes have been recognized on the national stage by the ADA. Kudos to all of our committed volunteers and leaders – you make us proud!

And on that note, I want to recognize the leadership of outgoing president, **Dr. Dennis Song**. He promised a year of change and it has been a year of change. We’ve launched many new programs, initiatives, and collaborations—and we are reaping the rewards. Thank you for a fantastic, productive year, Dr. Song. Job well done! It has been a pleasure.
TRUSTEE REPORT
By Irene Hilton, DDS, MPH and Gail Duffala, DDS

Board of Trustees Summary

BOT Meeting September 18, 2015

The CDA Board of Trustees (BOT) held a meeting on September 18, 2015 in Sacramento. SFDS members in attendance included CDA Speaker Craig Yarborough, DDS, Secretary Natasha Lee DDS and Trustees Irene Hilton, DDS, MPH and Gail Duffala DDS.

One of the first orders of business was approval of the 2016 budget. Due to our stability in membership, success of CDA Presents, fiscal management of our expenses and reserves, and the CDAHCl dividend, CDA expects to produce a net surplus of $337,212 that will be returned to reserves. The benefit to our members is that our annual dues structure for 2016 will remain unchanged-- no increase in dues!

We are pleased to announce that our SFDS’ own Dan Davidson, DMD was selected to Chair the Budget and Finance Committee for ADA at the Annual House of Delegates.

The new California state dental director Jayanth Kumar DDS, MPH, provided an update on his work so far. He began his tenure on August 1st and brings over 25 years experience with the New York State Bureau of Dental Health. He will be developing a comprehensive state oral health plan for California and will collaborate with the Department of Health Care Services in managing oral health programs. He stated that many more must be done on the local level in California to reduce oral health care disparities among our children.

A portion of the board meeting was spent continuing to review the findings of the Member Relationship Survey. We are increasingly a data driven organization. According to the survey, important qualities that members and non-members value include CDA as professional, trustworthy, offering a unique set of programs and benefits, and being effective with its resources. Often value is associated with the frequency of touch. We need to reach out often. CDA staff is available to present the complete survey findings to component Executive Committees and/or boards to assist in assessing and developing member services and programs.

The board spent time discussing possible strategies for the implementation of various recommendations from the Governance Review Advisory Committee (GRAC), should the CDA House approve them. Guidelines and strategies were discussed to aid in the recruitment and selection of members for Task Forces. The use of task forces will allow CDA to respond to issues in a more timely manner.

Conflict of Interest policies were clarified with respect to the Peer Review and Judicial Councils. The Council on Peer Review is being charged to develop and implement a mediation phase into the existing peer review process. This is expected to reduce operational expense in the long term. Short term expenses may increase due to training of mediators in the implementation phase.

In closed session the board discussed a petition from the Western Los Angeles Dental Society that will be bought up before the House of Delegates.

Please do not hesitate to contact your two Trustees with any questions or concerns regarding this report or other issues. Thank you.

BOT Meeting October 21, 2015

On October 16, a difficult decision was made BY THE HOUSE to postpone the agenda of the 2015 HOD due to the loss of a fellow delegate during his volunteer service at this event. The delegate was Dr. Steve Leighty, Sacramento, past president of his dental class UCSF 1991. He will be missed. As our Speaker of the House Dr. Yarborough stated CDA “puts people above process”. Only essential business to ensure effective functioning/leadership of our organization (i.e.: installation of officers and budget) was voted on.

A special session has been tentatively scheduled for March 4-5 at the Hyatt Regency in Sacramento.

Subsequently, a brief meeting of the Board of Trustees was held on October 21, 2015. Dr. Ken Wallis presided as our new CDA President.

Ratifications of Presidential Appointments were approved including: Irene Hilton DDS, as Chair of the Nominating Committee; Natasha Lee DDS as Chair of the Policy Development Committee; and Dr. Craig Yarborough as Chair of Governance Review Subcommittee and Executive Committee Liaison to IAC.

Funds were approved to pay the 2016 CAPP dues, and to cover the expenses associated with the software update to the CDA general ledger system adopted in 2010. Management Objectives for the CDA Executive Director were also presented and approved.
The 20th Annual Chinatown Community Health Fair was another very successful, well-coordinated, crisply planned and smoothly run event! It took place at the Chinatown YMCA on October 17, 2015 (10:00 am-3:00 pm). Part of this year’s focus was improving children’s oral health.

This year, Pacific Dugoni had two stations: Dental Screenings and Children’s Activities/Education. 160 people received dental screenings and oral disease prevention education (50 of whom were children also received fluoride varnish applications). Approx. 90 children received oral health education in the Children’s Area.

Over 70 volunteers participated:

• 60 Pacific Dugoni dental students, faculty and staff (Dr. Bonnie Jue and SCOPE student leaders and volunteers, Dr. David Lee, Jan Fricke RDA and Juan Carlos Zaldana (manager) from the Pediatric Dentistry Dept.)
• 6 volunteers from the National Children’s Oral Health Foundation (America’s Tooth Fairy), including Gabrielle Jones
• 4 SFDS dentist/hygienist volunteers:
  o Mary Fong DDS
  o Ken Ng DDS with his daughter Morgan,
  o Frank Wong DDS and Wendy Leung RDH and their son, Conrad
CITY SMILES CONNECT

The SFDS Community Dental Health Committee has been busy readying for the launch of a Larell Denture (City Smiles Connect) project in partnership with Project Homeless Connect (PHC). Project Homeless Connect has clients that live on the streets and cannot find a job due to their physical appearance of edentulism and cannot afford to get to the same office for 6 consecutive appointments over a period of several weeks. Having an efficient way of denture delivery would improve their chances of employment and improved health. The Larell Denture system is an answer to that challenge. SFDS members gathered at the offices of Dr. Sandy Shih, September 29, to learn from Dr. Allen Wong how to provide care using this system. Our members continue to amaze and inspire with their generosity of service. Thank you to Drs. Ben Amini, Kenneth Bianchi, Norman Choy, Jeff Jang, Roy Kim, Sandy Shih, Russell Taylor, Kat Vo, Allen Wong and Noelle Bianchi, RDH, Emily Cohen of PHC and the PHC client who agreed to participate in this training session. We are making a difference!
ON YOUR BEHALF
By Claudia Masouredis, DDS, MPH, Chair Legislative Committee

2015 Legislative Review

A number of bills were under consideration this year that could impact dentistry. Detailed information regarding the bills can be accessed through the CDA website (www.cda.org/advocacy/legislation) or the State Legislative website.

AB 179 (Bonilla) Dental Board of California Sunset Review: This bill would extend provisions of the Dental Board of California to 2020.

Legislative Action: Dental Board sunset review legislation enacted this year (AB 179) raises the limit on dental licensure fees from $525 to $650 as of Jan. 1, 2016, and to $800 in 2018. The bill also exempts spousal care by dentists from the definition of professional misconduct (CDA did not take a position on the bill, but ensured that the spousal care exemption was included).

AB 366 (Bonta) & SB 243 (Hernandez) Medi-Cal/Denti-Cal Provider Rates: AB 366 and a companion bill SB 243 would immediately repeal prior year Medi-Cal and Denti-Cal rate reductions and establish future reimbursement rates on a par with federal fee-for-service and managed care programs. Currently the state has had a huge increase in Denti-Cal and Medi-Cal eligible individuals without a concomitant increase in the number of practitioners who will accept patients due to the low rate of reimbursement.

Legislative Action: Any actual change in reimbursement rates will only come by budget negotiations with the Governor’s office and will require strong advocates in both the Assembly and Senate. The Governor’s office has only recently shown an interest in addressing low reimbursement levels. Currently, California Medi-Cal/Denti-Cal reimbursement rates for most common procedures are 35% of the national average.

AB 502 (Chau) Dental Hygiene Practice: This bill as amended would allow an RDHAP in a Dental Health Professions Shortage Area (DHPSA) to maintain independent practice and would mandate that those hygiene services if covered under a 3rd party dental benefit plan would be paid at the same reimbursement rate as that of a dentist when that RDHAP is acting independently and is not directly employed by or functioning as an independent contractor of a licensed dentist. As initially proposed, this bill would have eliminated the requirement that patients obtain a prescription for RDHAP care and would have allowed RDHAPs to continue practicing in a DHPSA after that area loses that designation. In this amended form, CDA supports AB 502.

Legislative Action: This bill was passed by both houses and signed into law by the Governor.

The author of this bill is developing stricter criteria around how an RDHAP can continue to practice in a DHPSA and how to insure that the objective of the program is expansion of access to oral hygiene services for underserved populations.

AB 880 (Ridley-Thomas) Free Clinic Practice by Final Year Dental Students: This bill would permit a last year dental student to practice, without compensation and under the supervision of a licensed dentist, in a community-based free clinic or health fair. Currently, a dental student can practice in a community or free clinic if that facility is accredited as a teaching site by a California Dental School and is supervised by affiliated teaching faculty.

AB 203 (Monning) Safety Warnings on Sugar-Sweetened Beverages: This bill would mandate a warning label on most sugar-sweetened beverages sold in the State of California. These beverages would have a label stating, “Drinking beverages with added sugar contributes to obesity, diabetes and tooth decay.”

Legislative Action: Senator Monning introduced a similar bill, SB 1000, which failed passage in the Assembly last year after passage by the Senate.

AB 648 (Low) Virtual Dental Home Grant: This year CDA co-sponsored AB 648 which would establish a Virtual Dental Home (VDH) grant program using both private and public funding to expand this model into the state’s areas of greatest need. Four million dollars would be allocated by the state for training, equipment and technical support to develop the VDH model.

Legislative Action: Currently AB 648 enacted October 1, 2015.

SB 482 (Lara) Prescription Control: The CDA is opposed to this bill which would require prescribers to check a patient’s prescription history before prescribing a schedule II or III substance for the first time. In addition, this bill includes disciplinary action for lack of compliance unless the state’s Controlled Substance Utilization Review and Evaluation System (CURES) online database or internet access is not functional. This would be difficult to substantiate and would put dentists at risk for unnecessary disciplinary actions.

Legislative Action: This bill is on hold and will be reconsidered by the Legislature next year.

Please consult the CDA website for legislative updates and stay informed of issues that will affect dentistry. Mobilizing support or opposition is best accomplished BEFORE proposed legislation becomes law.

To SFDS Members and Families – Have a Happy Holiday Season! ♡
Retired Membership with ADA/CDA/SFDS:
Members retired from dentistry can become Retired Members with the ADA/CDA/SFDS, and get a reduction on dues if you fill out an affidavit before March 31, 2016. The only qualifier for Retired Membership is that you must not be collecting any income from work that requires having a dental license - whether employed as dental faculty, in private practice, working as a dental hygienist, being paid to speak on topics relating to dentistry, or doing any dental-related consultant work. For more details, call the SFDS at (415) 928-7337.

Paid Sick Leave Law accrual caps and usage:
Employers with fewer than 10 employees can cap paid sick leave accrual at 48 hours, while employers with more than 10 can set a cap of at least 72 hours. These caps are not an ‘annual limit’ of how much leave can be used, and are instead a limit of how many sick leave hours are available ‘in the bank’ for use at any one time. Once an employee hits their cap on paid sick leave, they would not accrue any additional leave unless hours already saved ‘in the bank’ are used. For example, if an employee at a 8-person office hits their cap of 48 hours of accrued paid sick leave, then uses 30 hours due to illness, he or she can accrue additional hours of paid sick leave once back at work until they reach the 48 hour cap.
(Source – www.sfgov.org/olse/pslo)

Don’t forget to update your information with the Dental Board:
The Dental Board of California requires that all dentists must notify them of any changes in your place of practice, or changes to your address on file, within 30 days. For name changes, the DBC requires a notification within 10 days. Update forms can be found on the DBC website, www.dbca.ca.gov. (Source - www.cda.org/practicesupport)
Jury or Witness Duty Leave – What You Need To Know

Employees are protected when they are called to serve on a jury or appear in court in compliance with a subpoena or court order as a witness. Absences from work for these reasons are protected by law; you cannot deny the employee the time off.

This requirement applies to all employers, regardless of size. You cannot terminate or discriminate against any employee who takes time off of work to serve on a jury or as a witness as required by law, if the employee gives you reasonable notice of the need for time off. Any employee terminated, threatened with termination, demoted, suspended or discriminated against in any way because of time taken off to serve on a jury or as a witness is entitled to reinstatement and back wages and benefits.

Employee Pay While on Jury or Witness Duty

Whether you must pay wages to an employee who takes time off for jury or witness duty depends on his/her status as exempt or nonexempt. You’re not legally required to pay a nonexempt employee’s wages while the employee serves on jury duty or as a witness. However, many employers voluntarily maintain a pay policy for employees on jury duty or serving as a witness, usually in the range of three to 20 days per year.

Rather than take unpaid time, a nonexempt employee who takes time off work to serve on a jury or as a witness can use vacation or personal leave, unless otherwise provided by a collective bargaining agreement.

If the employee is exempt and performed any work during the workweek, you must pay the exempt employee for the entire week. You cannot make deductions from an exempt employee’s salary for absences caused by jury duty or attendance as a witness if within any seven consecutive 24-hour periods, the exempt employee performed work. However, you can make deductions from an exempt employee’s pay if the employee performs no work at all in the workweek.

It is unlikely that an exempt employee will perform no work at all during a workweek. Exempt employees often will check messages before or after jury service, work on a weekend or any other time they are not engaged in jury duty.

Employees cannot be exempted from jury duty merely because they don’t want to serve, it’s inconvenient or they are needed at work. Employers cannot get an employee excused from jury duty. Employers may request a onetime postponement of jury service for personal or business reasons. For example, an employee might ask for a postponement because of a planned vacation, business trip or other conflict. The employee will be required to serve on jury duty at a later date, which can be up to six months from the originally scheduled date.

Documentation of Jury or Witness Duty

You can require employees to provide advance notice for jury or witness duty, where it is reasonable to do so. If the employee is unable to give advance notice, employers cannot take any action against the employee if he/she can provide certification of the need for leave within a reasonable amount of time after the absence. An employee called for jury duty will receive a summons from the court and can request proof of service from the jury clerk if he/she has to report for duty. The summons or proof of service from the court is sufficient certification.

Return to Work from Jury or Witness Duty

You cannot discriminate against an employee who takes time off for jury or witness duty. Unless there are extenuating circumstances, such as layoffs, you must reinstate the employee to his/her job. If you must lay off an employee who takes jury or witness duty leave, the employee has the same rights and seniority as if he/she had been at work.

For more information on jury duty and your obligations as an employer, visit the California Courts Jury Service website at: http://www.courts.ca.gov/jury-service.htm.

Sources: Labor Code section 230 and California Chamber of Commerce’s HRCalifornia.

San Francisco Dental Society : Page 11
How Do Numbers Measure the Success of Your Practice?

Tax specialist & CPA, Mr. Dave Riemer, talked about the benefits numbers have when building a successful practice. He covered the different ways numbers can be used to measure patient satisfaction, employee efficiency, and proficiency in providing quality patient care.

We would like to give thanks to our event sponsors – TDIC Insurance Solutions, Carestream Dental, US Bank and the American Dental Association’s grant funding for this program.
## I BACK THE PAC! Will you? Thank you - 2015 SFDS PAC Supporters:

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### In Memory

Our condolences to family and colleagues...

*Dr. Daniel Frederickson (1939-2015)*

**Member 1993-2015**

SFDS Retired Member, Dr. Daniel Frederickson graduated from the Loma Linda University School of Dentistry, Class of 1964. Dr. Frederickson taught at the University of the Pacific Arthur A. Dugoni School of Dentistry and practiced at 1 Embarcadero Center for a number of years before retiring in 2007. In lieu of flowers, donations may be made to the American Diabetes Association, the Belvedere-Tiburon Landmarks Society, or a charity of your choice.

❖
September 2015

- Ratified the actions of the August Executive committee to engage attorney to evaluate the current status/gaps of the SFDS PAC and make recommendations to correct deficiencies; initiate dialogue with the PAC officers to hold a PAC Board meeting no later than October 31; referral to PD committee to evaluate the possible development of an 8-hour IC/DPA course for DAs; support and sign the Stand With Save Lives CA petition to raise the tobacco tax.

- There being no additional candidates by petition and in accordance with SFDS Bylaws, Secretary Shuster cast the ballot for the election of 2016 slate of officers, directors, delegates and alternate delegates as follows: President – Dr. Joseph Gabany, President-elect—Dr. Matthew Young, Secretary—Dr. Vlad Shuster; Directors: Dr. Sima Salimi, Dr. Curtis Raff, Dr. Courtney Fitzpatrick, and Dr. Susan Soderstrom; Delegates for 2016: Drs, Gabany, Young, Del Carlo, Raff, Nogueiro, Salimi, Fitzpatrick, Shuster and Song; Alternate Delegates for 2016, Drs: Soderstrom (1st Alt), Weller, Elhsan, Taylor, Lee, Hebel and Jacobs.

- Approved issuing a CE voucher for all dues paying members, with the exception of life active, life retired, retired, RD0 (year of licensure), PGM, disabled, and HSW, issued at the time the dues are paid and that the voucher can only be used in the year for which dues are paid.

- Approved the 2016 Operating Budget

November 2015

- Special Order of Business: Ms. Tiffany Ren, RDA, Director of City College Dental Assisting Program provided an update on the state of the RDA program in response to demand for dental assistants.

- Approved contacting the Community College Chancellor to highlight the shortage of RDAs

- Approved formation of a task force of 4-5 people to look at needs and options regarding dental staffing shortages in San Francisco

- Approved presidential appointment of Dr. Carsen Bentley to the Community Dental Health Committee, term to expire December 2017

- Approved nomination/elections process change to allow electronic mail, or any other means of electronic transmission approved by the board for notification and election of officers, directors and delegates and that the requisite bylaws sections are amended accordingly to reflect these changes.

- Approved Governance Committee policy review recommendations to:
  - Rescind Policy 1-F Board Meeting Location Policy, Policy IV-D1 Advancement of Funds for Professional Development Committee, and Policy IV-C1 New Member CE Invite; extend Sunset Review Dates to 2019 for the following Policies I-G Committee Report Submission Guideline, I-I SFDS Contract Policy, II-A CDA First Alt Delegate Reimbursement, IV-D2 Review of Non-ADA Member Speakers and V-B Member Media Contact.

- Approved the 2015-2018 Marketing and Communications Plan

- Approved the job descriptions for President, President-Elect and Immediate Past President to include serving on the SF PAC Board

- Strategic Plan/Action Plan: Updated plan with accomplishments provided to the board in preparation for the 2016 board retreat. Executive Director Elam reported that two ADA Funded projects, Oktoberfest and Video Initiative did not materialized in 2015 and funds will be returned to the ADA.

- Nominations for Award of Merit and Committee Person of the Year approved.

- President Song, on behalf of the Board, thanked and presented Executive Director Elam with a plaque/gift for her 15 years of service to the Society
Managing Patient Records in a Practice Transition

State and federal information privacy laws require dentists to take precautions to safeguard patient information during a practice transition. Practice sellers should limit or de-identify patient information provided to potential buyers to ensure compliance with Civil Code Section 56.10.

If you are selling or transferring your practice, be sure to address two things in your contract: (1) transfer responsibility and liability for proper storage and disposal of records to the new practice owner and (2) ensure your continued access to those records for an indefinite period for the purpose of responding to any litigation. The new owner may agree to have custody of the patient record (the alternative is that the former owner retains the records), but the new practice owner cannot use the information in the records until a patient has provided authorization. The custodian of the records is legally responsible for ensuring the contents are secure and, if the records are to be destroyed, ensuring the process renders the contents unreadable.

The seller of the practice should inform all active patients of the transition. In the case of a sale, the buyer should review the notification letter for compliance with the terms of the sales contract. The notification letter should:

- State your termination date, including the last day you will be available for emergency care.
- Include a separate authorization form for patients to allow release of their records to the buyer or to another dental practice.
- Give the name, address, and phone number of the location where copies of dental records can be obtained after the termination date.
- Be sent no less than 30 days prior to your withdrawal from practice. 60 days notice is the recommended period of notice.

If you are leaving the practice of dentistry and no one is assuming responsibility for the provision of emergency care, send written notification to your patients in sufficient time before closing your practice to allow them to secure the services of another dentist and to have dental records copied and forwarded. A copy of the letter should be placed in the patient’s chart.

Note: For sample forms, check out CDA:
- Records Release Form at: http://www.cda.org/LinkClick.aspx?fileticket=jBQfm_nI-Mo%3d&portalid=0.
- The sample notification letter of a dentist retiring or relocating at: http://www.cda.org/LinkClick.aspx?fileticket=riQ3gDGOPJA%3d&portalid=0.
- The Separating from Practice checklist at: http://www.cda.org/LinkClick.aspx?fileticket=C0gKpZdcy28%3d&portalid=0.

...the new practice owner cannot use the information in the records until a patient has provided authorization.
OCTOBER 29th SOCIAL HOUR AT SUNSET RESERVOIR

With Halloween only days away, SFDS Members gathered at the Sunset Reservoir Brewing Company for the October Social Hour. San Francisco Firefighters (SFFD) were also fundraising for their annual Toy Program, and attendees had a chance to see an Aerial silk performance by one of the city’s very own firefighters. A special thank-you to Dr. Earl Capuli for his creative can-do resolve, to Dr. Monica Chmiel for her invaluable assistance in hosting this fun night out and to the SFDS members for ponying up the $20 donation to support the SFFD fundraiser.
A HUGE SHOUT-OUT OF THANKS TO OUR 2015 CDA CARES VOLUNTEERS...

CDA Cares Fresno, October 2-3, 2015
Cynthia Brattesani, DDS
Natasha, Lee, DDS
Sheila Leffall, DDS
Lisa Nguyen, DDS
Russell Taylor, DDS
Allen Wong, DDS
Bing Xia, DDS PhD
Craig Yarborough, DDS

CDA Cares Sacramento, March 27-28, 2015
Cynthia Brattesani, DDS
Gail Duffala, DDS
Jeff Jang, DDS
Natasha Lee, DDS
Angela Malhotra, DDS
Sajini Sasthri, DMD
Erin Shah, DDS
Dennis Song, DDS
Russell Taylor, DDS
Michael Tiller, DDS
Allen Wong, DDS
Craig Yarborough, DDS

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A Big Round of Applause to Our 2014-2015 Kindergarten School Screening Program volunteers, Drs.:

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- Geo. Washington Carver
- Cleveland ES
- Dr. Charles Drew College Preparatory Academy
- Bret Harte
- Malcolm X Academy
- Junipero Serra

KENNETH NG
- Francis Scott Key
- Robert Louis Stevenson
- Sunset
- Ulloa

BERGEN JAMES
- Hillcrest
- Mission Education Center
- George R Moscone
- Edward R Taylor

JAMES HAN
- Glen Park
- Guadalupe

DAVID SHEN
- Claire Lilienthal K-8
- Sutro

LAUREN HEBEL
- Grattan
- Harvey Milk

NATALIA SVENSSON
- Frank McCoppin
- Monroe

RAVI KOKA
- Rosa Parks
- Redding

ROSIE MARTIN
- Dr William L Cobb
- SF Public Montessori

JACQUELINE DELA ROSA
- Alamo
- Lafayette

KENNETH NG
- Francis Scott Key
- Robert Louis Stevenson
- Sunset
- Ulloa

BERGEN JAMES
- Hillcrest
- Mission Education Center
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- Dr William L Cobb
- SF Public Montessori

JACQUELINE DELA ROSA
- Alamo
- Lafayette

BERTY WONG
- Ulloa

CHAD LYEW
- Sheridan

Curtis Raff
- Dianne Feinstein

ANDY DUONG
- Argonne

Darren Machule
- Alvarado

Gabriella Pina
- West Portal

David Zovickian
- Buena Vista Horace Mann K-8

Katherine Vo
- Chinese Immersion School at De Avila

Russell Young
- Fairmount

John Fong
- Spring Valley

Sam Thacher
- Paul Revere K-8

Sandy Shih
- Glenn Park

Vivian Broadway
- Creative Arts Charter

SFDS hosted a “Thank-you” reception for our 2014-2015 School Screening Volunteers & San Francisco Department of Public Health Program Administrator Claire Sit.

To volunteer, contact Saushe Young at the SFDS: (415) 928-7337 or info@sfds.org.
## COMMUNITY CORNER – YOUR COMMUNITY NEEDS YOU!

<table>
<thead>
<tr>
<th>Program/Agency</th>
<th>What is it?</th>
<th>Date/Time/Loc.</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>K School Screening</td>
<td>Partnership with SFDPH &amp; SFUSD to screen kindergarteners</td>
<td>Morning/Afternoon 2-3 hours SF Public Elementary Schools</td>
<td>SFDS <a href="mailto:info@sfds.org">info@sfds.org</a> 415-928-7337</td>
</tr>
<tr>
<td>Project Homeless Connect</td>
<td>Partnership with SFDPH to provide dental care to homeless individuals and families</td>
<td>Half or full day Bill Graham Civic Center/ Southeast Health Center</td>
<td>SFDS <a href="mailto:info@sfds.org">info@sfds.org</a> 415-928-7337</td>
</tr>
<tr>
<td>Everyday Connect</td>
<td>Seeking dental services for those who are at risk of becoming homeless, currently homeless or recently transitioned into permanent housing</td>
<td>Ongoing. Project Homeless Connect 25 Van Ness Ave Ste 340 SF, CA 94102</td>
<td>Helpline 1-855-588-7968; Everyday Connect staff will respond to voicemail messages or email staff at <a href="mailto:edc@projecthomelessconnect.com">edc@projecthomelessconnect.com</a></td>
</tr>
</tbody>
</table>

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**SFDS Calendar of Events**

**December**

17 SFDS Executive Committee  
6:30 pm/SFDS, 2143 Lombard St.

24 Christmas Eve  
SFDS Early Closure 1 pm

25-Jan 1 Christmas/New Year  
SFDS Offices - Holiday Closure; Reopen January 4, 2016

**January 2016**

13 SFDS Annual Meeting & Volunteer Recognition Night  
6:00-9:00 pm/Marines’ Memorial  
609 Sutter Street

18 MLK JR Day  
Holiday – SFDS Office Closed

20 CPR BLS Renewal  
6 PM/SFDS, 2143 Lombard St.

23 SFDS Board of Directors  
6:30 PM/SFDS, 2143 Lombard St.

**February**

2 Membership/NDC  
6:30 PM/SFDS, 2143 Lombard St

9 New Dentist Seminar  
6:00 PM/SFDS, 2143 Lombard St

10 Infection Control & Dental Practice Act  
8:30 AM-12:30 PM/SFDS  
2143 Lombard St

11 Professional Development Committee  
6:30 PM/SFDS, 2143 Lombard St

15 Presidents’ Day  
Holiday – SFDS Office Closed

17 CPR BLS Renewal  
6 PM/SFDS, 2143 Lombard St.

23 SFDS CDHC Meeting  
6:30 PM/SFDS, 2143 Lombard St.

**March**

2 Annual Crab Feed  
5:30-9:00 pm/ St. Mary’s Cathedral, 1111 Gough Street

16 CPR BLS Renewal  
6 PM/SFDS, 2143 Lombard St.

24 SFDS Board of Directors  
6:30 PM/SFDS, 2143 Lombard St.

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**HEADS UP!**

- **ADA Explanation of Benefits Model Now Available:** The 2014 House of Delegates adopted Resolution 103 that called for the development of a model Explanation of Benefits (EOB) statement for the reporting of dental claim adjudication that could become the industry standard. The Council on Dental Benefit Programs developed a model EOB and shared it with several plan providers in the hope that it will become the standard. Visit the ADA Center for Professional Success to download the model. For concerns about EOB language or questions about dental benefits, email dentalbenefits@ada.org or call (800) 621-8099.

- **Online dues renewal** for CDA members is now open. Members can renew their dues in full or enroll in the electronic dues payment program (EDP) and pay in equal monthly installments automatically deducted from a designated checking account. For more information about online dues renewal, go to www.cda.org and click on the button: [Renew/Join](#).

- **2016 EDP auto renew:** All members who were on the EDP program in 2015 will automatically renew through EDP for 2016. If you would like to change their banking information, you can do so by completing the 2016 EDP Form available from CDA at www.cda.org. If you would like to cancel EDP, you can do so by mailing payment in full, calling CDA to make payment by credit card or emailing membership@cda.org with your request to cancel EDP. If a request to cancel EDP is received, CDA will re-bill for the 2016 membership dues.
Risk management articles and seminars often look at problemmatic cases where things go wrong during dental treatment, but let’s turn the tables and see what happens when a case goes right.

The following case involves the placement of dental veneers, a procedure that generates numerous questions, according to risk management analysts at The Dentists Insurance Company. TDIC reports regular calls to its Advice Line about veneer-related situations, and numbers show that veneer cases are sent to claims more frequently than cases involving other dental issues. In a recent two-month timeframe, Advice Line calls revealed 10 of 12 veneer-related calls ended up in the claims department. “Veneer cases can be difficult,” said a senior risk management analyst with TDIC. “There is not one easy answer.”

Risk management analysts are clear, however, that dialing the Advice Line does not mean your call is automatically sent to claims. Based on the facts of the call, the analyst may determine the case is beyond risk management and refer the caller to the claims department.

Some veneer cases have a more positive outlook than others. Here’s an example: Last October, a Northern California dentist placed five anterior veneers on a 29-year-old patient. The dentist discussed the procedure with the patient, and she signed an informed consent form. The dentist also charted the discussion and procedure and took photos, including a final photo of the smiling patient with the new veneers in place. The patient even gave a “thumbs up” in the photo.

The dentist was surprised when the patient called a month later and demanded a refund. She said another dentist had to “fix” the veneers. The dentist called TDIC’s Advice Line to discuss options about the best way to proceed.

The TDIC analyst recommended the dentist tell the patient he was willing to investigate further. The dentist should then ask the patient for permission to speak with the new dentist who fixed the veneers, so he could learn what was allegedly wrong.

In this case, the burden is on the patient to prove there is a complication with the veneers, and the dentist is poised for a favorable outcome thanks to good clinical work and recordkeeping.

Unfortunately, not all cases go this way. “Some would say we preach documentation,” said a TDIC risk management analyst. “Yet, in too many cases we find the documentation is spotty or incomplete. What we see is a lack of signed informed consent forms for invasive procedures such as veneers and no documented patient esthetic approval prior to the permanent cementation of veneers.”

Dentists have told analysts that patients often assume if they do not like the veneers, then the veneers can just be removed with no consideration of tooth coverage. The issue is whether the doctor was clear during the informed consent discussion that the tooth preparation is irreversible and veneers cannot simply be taken off.

Informed consent discussions about veneers include essential information...
about tooth preparation, potential consequences and possible alternatives. If orthodontics or periodontal surgery is recommended but the patient chooses veneers instead, be clear verbally and in writing about the risks, benefits and alternatives to veneers.

Equally as important are questions about what the patient expects from the treatment. Patients may bring pictures of celebrities they admire. Often the patient is looking at the overall appearance in the photo rather than just the teeth. Other times the patient is seeking a more youthful appearance. As a prominent dental attorney advises, “There needs to be a meeting of the minds about the patient’s expectations and the limitations of dentistry. Communicate what you can accomplish compared to what the patient expects, and make sure the patient hears you.”

Document the conversation and include the patient’s comments and questions. Keep consistent records throughout the treatment including progress notes, findings, patient and clinician concerns, and photographs. Claims professionals emphasize the importance of the dental record for continuity of care and keeping the facts straight. Without consistent and thorough recordkeeping, it is difficult to remember everything for every patient, especially relating to treatment that may have happened several months or even years ago.

Additionally, risk management experts always advise dentists to pay attention to any intuition they may have about a patient. This is especially true during an informed consent discussion about veneers. The desire for cosmetic procedures may be tied in with complex emotions, and the patient may be seeking a cure-all or miracle that even superior dental work cannot deliver. You are not obligated to take on every case that comes your way. As one well-known esthetic dentist put it, “In one instance, my best cosmetic case was one that I never started.”

Key Recommendations

To boost the success of veneer cases, TDIC strongly recommends the following:

- Communicate clearly with the patient about the irreversible aspect of porcelain veneers. Discuss tooth preparation, potential consequences and alternatives.
- Ask the patient to sign an informed consent form. Informed consent forms are available at thedentists.com.
- Chart the informed consent discussion, treatment plan and progress notes in sufficient detail.
- Photograph the procedure from start to finish.
- Prior to cementation of veneers, ask the patient to sign an esthetic approval form. Esthetic approval forms are available at thedentists.com.

TDIC’s Risk Management Advice Line can be reached at 800.733.0634.
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