



REDS News

Vol 47, Issue 1, Winter 2013

Redwood Empire Dental Society Care Fund Begins

New Charitable Arm of REDS Allows for Flexible Giving

REDS has been in existence since 1931, but has never had a charitable arm outside of the now dissolved REDS Auxiliary. As anyone who has set up a 501c3 can attest, it is a daunting project with considerable regulation to follow and costs to establish and administer. Fortunately, an alternative was found that allows us to "piggyback" on a fund through the Marin Community Foundation. This provides us, at minimal cost, the ability to offer REDS members a place to donate money as well as property including automobiles and real estate for the charitable purposes. The Redwood Empire Dental

Society Care Fund was championed by our president Peyman Hedayati as a major goal of REDS for 2012. With this fund, currently established by the REDS board with an initial \$1,500 contribution, future fundraisers and charitable events can more easily be put on with the assurance of proper tax documentation for the participants. Additionally, we now have a defined financial resource for us to use to make contributions to worthy causes that look to local organized dentistry for support. Anyone interested in making a contribution should contact the REDS office.

In this issue...

- 1 REDS Care Fund
- 2 President's Message
- 3 Are Dentists Still Doctors?
- 4 A Few Words
- 6 REDS BBQ
Staff Recognition With Style
- 8 Modern Restorative
Dentistry
2012 House of Delegates
- 10 New Members
Classifieds



President's Message: Filling the Need

Anthony Lieu, DMD



Hello Colleagues, We all have made it. We survived the 2012 end of the world implosion. My wife, Oriana, shared with me the possible scenarios of the various outcomes. There were aliens, rebellion forces on the other side of the teleportal, UFOs, and the world turning sideways. Maybe the world should have imploded because the current situation with the economy, insurance benefits, and access to dental care issues still linger from past years. We as a dental society must come together with new ideas and energy to make our time worthwhile for our community. Last year's goal was

to create a foundation to address the multiple needs from local organizations and programs. This incoming 2013 is the year we fill the need by raising funds to service and aid these deserving programs. With all the federal, state, and local resources drying up they will need our help more than ever.

There are plans to make this year fun and fulfilling. We must do our part to be part of our community and enjoy each other's company simultaneously. First and foremost, we have to get more involvement from the membership. I often see the same thirty smiling faces and wonder where all the other 400 members are. There needs to be a reason for you to come out. We have the reason. This year will be packed

with extravaganzas that will entice the old and the new. Our big project will be to draw a national speaker for a full day CE. Socially we will have theme dinners and partnerships to open our minds to other allied health professionals. Our goal is to raise money for the REDS foundation and have fun doing it. We cannot wait for the government to bail us out or wait until the law makers tell us how to treat the dental population. Let's get out there and get involved and be part of a small solution. That is what we can control. I encourage and hope that everyone will keep ears open and be involved. Happy 2013!!! Let's make this year the year for laughter and smiles.



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Are Dentists Still Doctors?

Jim Simonds, DMD

Editor

With the growing technological demands on dentists, how far away is the profession diverging from its roots in biological science? Are we still truly doctors or is the craft shifting toward oral engineering?



No, this is not a leading to re-re-re-review of the Krebs Cycle, but I would like to clarify our identity as oral doctors with greater medical responsibilities than we might otherwise consider. And to avoid the abstraction of an ethereal philosophical argument, I'd like to propose some real advantages to the dental practice that embraces the role of dentist as doctor for the benefit of patients, to restore professional pride within the practice and to improve the economic "bottom line".

Personally, I entered dentistry (and eventually periodontics) because it was biologically based, yet unlike medicine, dentistry didn't require I take stool samples from patients. I can handle buckets of saliva and mucous, but I am far less comfortable with the other end of the alimentary canal. I liked the unique combination of manual dexterity and intellectual challenge in a profession that provided a good income as dentistry offered. Earning the doctoral degree (I would be the first in my family to earn one) was a point of pride that would change my name forever and be an indelible link to the respected field of medi-

cine without the weight of dragging the on-call "anchor" as many physicians do. My family life has sacrificed little despite being in a surgical specialty.

Historically, I've seen changes in the profession.

While teaching a UOP many years ago, I could see evidence that dentistry was a cottage industry in the first half of the 20th century. The UOP clinic patients displayed gorgeous gold work performed by artisan dentists skilled at the craft of restoring teeth, though I wonder if they knew how to take blood pressure or critically evaluate a medical history. Moving into the 1970s there appeared to be a shift toward increasing the medical relevance of dentistry. Clinical requirements for bridgework declined in favor of taking medical rotations in dental school, and there was expanding concern for patient health and recognition that since the mouth is attached to the rest of the body, dentists should play a role in medical management of that body part. The talented oral medicine professor, the late Bill Bottomly used to tell the story of being questioned by a young female patient why he, as a dentist, needed to know whether or not she was taking oral contraceptives. Before telling her the real reason, he told the young lady that his dental fraternity was having a party the following weekend, and he was

responsible for making the guest list.

Continuing from the 1980s through present day, the technological upheaval saw vast increases in dental products, from restorative materials to computerized equipment. Today, sound training for milling machines, tooth scanners, cone-beams or lasers leaves little time for the medical part of dentistry.

Simultaneously, medical developments are burgeoning. New definitions of diseases, new protocols for treating common ailments, new medications, integration of complimentary/alternative medicine, and increased patient awareness and proactivity afforded by the internet is changing the face of medicine and how our patients are medically managed.

Dentists continue to be squeezed by economic stresses uncertainty and a competitive environment in nearly all large and medium metropolitan areas around the country. However challenging the economics, the medical responsibility for our patients is ever constant.

This confluence of circumstances reveals risks and rewards. With an aging population, the frequency of medical issues inevitably increases the risks to dentists that an overlooked medical condition such as diabetes, heart disease, respiratory illness, depression, or other systemic complication could cause a life (and practice)

Continues on page 9

A Few Words...

Martin Van Tassell
Executive Director



2012 was a year of many historic moments. Olympic Games, elections, natural disasters and insane human violence all punctuate our memory. 2013 starts with the high drama of the "fiscal cliff" and the potential effects to the economy. Dentistry is not immune from the environment we find ourselves. Yet in its quiet way, those in dentistry work to make things a little better one patient at a time. You work with the individual, the family, the community. You can take some considerable solace in the fact that you are part of a larger

body on the state and national level seeking to be sure the voices of dentists are heard. Dentists do care, and you do want to see improvement in the oral health of the community. By the same token, dentists have a lot of bills to pay. Everything comes with a price. We are sure to see challenging days ahead. Any ideas you may wish to share for the benefit other members are always welcome.



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The BBQ at John Ash



The grounds of the picturesque Vintners Inn are proving to be a new tradition and a favorite of active as well as retired REDS members. For the first time, 2012 BBQ featured attendance of spouses at this festive annual event. The food was given high marks by the 81 members and guests. This is one of the benefits of being in one of the finest areas for food and wine in the country. This is our second year hosting it at this location. The opportunity to step back from our busy lives and get together with one another is priceless.

Dr. Frank Hodges Shows Staff Recognition – With Style!

Frank Hodges and his staff had a trip of a lifetime to the Greek Islands this past September. They had been planning the trip for six years and paid for it by small monthly payroll deductions. Several staff took their husbands too. Besides Athens, Istanbul, and the Greek Islands, several staff went to Paris and Italy. Some of Dr. Hodges' staff have been with him for more than 25 years.



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DiTolla speaks on Modern Restorative Dentistry

Friday October 26 featured Dr. Michael DiTolla on the topic of Modern Restorative Dentistry. Dr. DiTolla gave an entertaining and informative presentation on current techniques and materials. This event was every well attended with more than eighty members and staff showing up for this event, including six

sponsor tables. With the weather being one of the best days in October on record, lunch was served out on the patio at FountainGrove Inn. This venue has proven to be a good fit for several of our functions with its good location and facilities. The responses on the food were also very favorable.



House of Delegates 2012

The 2012 House of Delegates was a comparatively tamer event than the 2011 and March 2012 sessions that debated the matter of SB694 that called for the study of “mid-level providers”. This year, the event was held at the Marriott in Newport Beach, handled fewer contested subjects, and did succeed in accomplishing the key tasks of budgets and guiding the direction of the California Dental Association. Additionally, considerable discussion revolved around the direction of medical and dental care in 2013 and beyond. First is the shift at the state level of the successful Healthy Families program into the troubled DentiCal program. Some 875,000 children will transition into an already burdened program that few dentists can afford to accept. The administration of the enlarged

DentiCal program has the potential of leaving many children with long waits at clinics and offices in the Redwood Empire and throughout California. Secondly, concern was voiced on what effects of the implementation of the Affordable Care Act will have on dentistry. Speakers to the House alluded to likely increasing role of government in the delivery of care. 2013 is sure to be a challenging year for CDA as it tries to remain engaged with government regulators and legislators. The CDA recognized the contributions of REDS member Dr. James Wood as he leaves his position as CalDPac chairman. The ADA conferred to CDA a Golden Apple Award for its guide for the new dentist. REDS member Dr. Michael Perry accepted the award. The video of it is on our facebook page.



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REDS welcomed Doni Bird as the presenter for the general membership meeting held on Tuesday November 13 at the FountainGrove Inn. Doni Bird has been the Dental Director of Allied Dental Education at Santa Rosa Junior College since 1993. With more than 80 members and their staff attending, it was one of our most successful events. It was good to see Doni back before a room of people doing what she does so well. We also thank the vendors who were present and who help defray the cost of the event.



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Are Dentists Still Doctors?

Continued From Page 3

could cause a life (and practice) threatening event. The need to keep up-to-date on medicine becomes a necessary function of dentistry.

The reward of medicine in dentistry, besides its benefit to patients, is that our medical activity with physicians opens the potential for practice growth by giving local physicians a pathway to direct patients with oral problems. What does the local primary care physician do when a patient has facial pain where a sinus problem is ruled out? To whom does the plastic surgeon refer his patients when the rhinoplasty is done but the dark and broken anterior teeth remain? The medically alert dentist will look to establish relationships with physicians so those patients with dental needs can be referred confidently by a medical office to a dentist they know.

I would encourage dentists and physicians seek a collaborative relationship for the mutual benefit of our patients -- and it wouldn't hurt our practices either. This can begin with building our medical knowledge base (patients confidence soars when the dentist is medically astute) by re-educating ourselves in current medical concepts as well as trends in medical diagnostics and therapy followed by proactive efforts to create an interaction between local medical and dental offices. The end result would be a sustainable elevation of our profession.



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