The Installation of Bao Khanh Nguyen, DDS, MSD as President of the Dental Society
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The Cutting Edge

The Official Magazine of the Santa Clara County Dental Society

Vol. 56, No. 2 - February, 2020

Caring for Our Aging Population

sccds
Santa Clara County Dental Society

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contents

Our aging population is growing and our current methods of meeting their oral health needs are presently inadequate. The need for a growing coalition of healthcare providers to understand the needs of our aging population is becoming self-evident. This month, we explore some of the unique symptoms, conditions and treatment methods dentists should be aware of when caring for elderly patients.

Departments

Articles

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SCCDS Mission
The mission of the Santa Clara County Dental Society is to assist our member dentists with their practice needs and to improve the oral health of our community.

SCCDS Vision
The vision of the Santa Clara County Dental Society is to be the leader in providing innovative valuable services to our dentist members and in working to improve the oral health of the community we serve.

Policies
Editorial Content: It is the policy of SCCDS to accept articles in its magazine and website as vehicles for the fair sharing of information and opinion germane to and effective and useful for members in their practices.
Members and vendors may submit articles.
The Editor and Executive Director are authorized to reject an article if it is inappropriate, unnecessarily controversial, written in poor taste, self-promoting or inaccurate. Articles deemed questionable by our Editor and/or Executive Director may be reviewed by the Communications Committee and voted on, with a majority ruling. An author whose article has been rejected may assert their option to present to our Board of Directors for review and a final decision.
Members and vendors may author only one article per issue and no more than four in a year. Exceptions are members of the Communications Committee, the Executive Committee and committee chairs.
Legislative articles must be reviewed by the Santa Clara County Members Political Action Committee and submitted by that committee chair. The article must be educational without taking a position.
Photos must be originals taken and submitted by the author. If there is no provenance for the photo, permission must be received from the photographer or the photo will not be used.
Staff and the Editor reserve the right to edit an article for grammatical and spelling errors, sentence or paragraph construction and length, remembering the goal of maintaining the message and tenor of the article.

Advertising Content: It is the policy of SCCDS to accept advertising in its printed publications and website as a service to members to inform them about services, opportunities and products germane to and effective and useful in their practices. Such advertising must be factual, dignified and adhere to the ethical guidelines for advertising establish by the ADA Principles of Ethics and Code of Professional Conduct, the CDA and the advertising guidelines of the Dental Board of California. Advertising must be related to dentistry or provide a service or benefit to members. All advertisements submitted are subject to review by the Editor, Executive Director, or President. SCCDS reserves the right to accept or reject advertising for non-adherence to the Code or this policy. Such decisions will be non-discriminatory with regard to gender, religion, age, race or ethnicity.

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2018 Overall Newsletter, Honorable Mention
2018 Platinum Pencil Award for The Dentist's Mentor
2016 Outstanding Cover, Honorable Mention
2016 Leadership Article, Honorable Mention
2016 Platinum Pencil Award for The Dentist's Mentor
2015 Overall Newsletter
2015 Special Citation Award for The Dentist's Mentor
2013 Silver Scroll Division 2 Award

sccds GENERAL MEMBERSHIP MEETINGS

Santa Clara County Dental Society

Thursday, February 13, 2020

Cariology and Cardiology

with Robert H. Lustig, MD, MSL

Join us on the second Thursday of the month!*

Villa Ragusa

35 S. 2nd Street, Campbell

6 pm: Cocktails
7 pm: Dinner
7:30 pm: Presentation

March 12, 2020

The Changing Face of Dental Sleep Medicine and TMJ

with Dr. Jessica Sabo

April 9, 2020

Oral Cancer

with Dr. Nita Chainani-Wu

May 14, 2020

CBCT

with Craig Dial

September 10, 2020

Composites

with Dr. Patrick Roetzer

October 8, 2020

Surgery/TMJ

with Dr. Stephen Thaddeus Connelly

REGISTER AT SCCDS.ORG OR CALL 408.289.1480 BEFORE THE TUESDAY PRECEDING THE MEETING.

INFORMATION

SCCDS general membership meetings are prepaid dinner meetings for members. Registration and check-in are required for entry, but require no additional charge. Deadline to register is the Tuesday prior to the meeting.

Keyword verification is required for continuing education credit.

Non-CDA member DDS: $90
Retired/Life Members: $35
Non-DDS: $45

*Meetings are held February through May and September through December.

PARKING

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February 13, 2020 General Membership Meeting Topic

Cariology and Cardiology

with Robert H. Lustig, MD, MSL

Course Description:

Mountain Dew Mouth has been the scourge of dentists for decades. Dental caries are the greatest single cause of craniofacial pain. But there's a new disease which affects even more people: Mountain Dew Liver. Non-alcoholic fatty liver disease (NAFLD) wasn't even discovered until 1980 and now up to 1/3 of Americans suffer from it. Especially children: 13% of autopsies in children show NAFLD; and 38% of obese children have this disease. Both tooth decay and NAFLD rates have been increasing and excessive sugar consumption explains both.

It's a popular misconception that glucose can cause cavities. Glucose polymerizes on the teeth and forms a "biofilm" which actually protects the tooth from decay. This is why cavemen didn't get cavities.

Glucose also doesn't cause NAFLD. Only 20% of the glucose consumed finds its way to the liver and the overwhelming majority of that glucose is turned into glycogen (liver starch), which is not dangerous. It's the fructose moiety of the sugar molecule that causes both diseases.

Fructose doesn't contribute to the mouth biofilm. It is metabolized by the mouth bacteria into lactic acid, which burns a hole right through the biofilm and through the tooth. And fructose in the liver gets turned into fat in the mitochondria, which drives NAFLD, which is the leading cause of liver transplantation now, surpassing alcohol. And yet, who is most susceptible to both diseases? Children, because they are the biggest sugar consumers. Physicians and dentists must be united in supporting public health measures to reduce chronic disease.

Biography:

Dr. Robert Lustig is Professor of Pediatric Endocrinology at the University of California, San Francisco. Dr. Lustig has become a leading public health authority on the impact sugar has on fueling the diabetes, obesity and metabolic syndrome epidemics, and on addressing changes in the food environment to reverse these chronic diseases.

Dr. Lustig is a neuroendocrinologist, with basic and clinical training relative to hypothalamic development, anatomy and function. Prior to coming to San Francisco in 2001, he worked at St. Jude Children's Research Hospital in Memphis, TN.

A native of Brooklyn, New York, Dr. Lustig went to Stuyvesant High School in Manhattan, graduated from Massachusetts Institute of Technology in 1976 and received his M.D. from Cornell University Medical College in 1980. He completed his pediatric residency at St. Louis Children's Hospital in 1983, and his clinical fellowship at UCSF in 1984. From there, he spent six years as a post-doctoral fellow and research associate in neuroendocrinology at Rockefeller University. He has also been a faculty member at the University of Wisconsin-Madison, and the University of Tennessee, Memphis. In 2013, Dr. Lustig received his Masters in the study of Law from the University of California, Hastings to enable him to impact the food industry through policy change.

Dr. Lustig has authored 125 peer-reviewed articles and 73 reviews. He has mentored 20 pediatric endocrine fellows and trained numerous other allied health professionals. He provides endocrinologic support to several protocols of the Children's Oncology Group. He is the former Chairman of the Ad hoc Obesity Task Force of the Lawson Wilkins Pediatric Endocrine Society, a member of the Pediatric Obesity Practice Guidelines Subcommittee of The Endocrine Society, a member of the Obesity Task Force of the Endocrine Society, a member of the Pediatric Obesity Devices Committee of the U.S. Food and Drug Administration, a member of the Bay Area Board of Directors of the American Heart Association, and a member of the Steering Committee of Healthy Foods, Healthy Kids of the Culinary Institute of America. He also consults for several childhood obesity advocacy groups.

SCCDS General Membership Meetings are held on the second Thursday of February, March, April, May, September, October, November and December at Villa Ragusa:
35 S. 2nd Street, Campbell (on 2nd St. off of Campbell Ave.)

REGISTER AT SCCDS.ORG OR CALL 408.289.1480 BEFORE THE TUESDAY PRECEDING THE MEETING.

MASTERING CLINICAL DIGITAL PHOTOGRAPHY

with Robert Shorey, DDS

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- Take photos that chronicle treatment progress, support clinical findings for insurance claim submission, allow you to better visualize findings and share them with your patients and colleagues
- Use classic SLR style cameras
- Make a close-up smartphone system that can work for clinical images

The course is separated into 3 parts: Camera photography basics in the morning followed by hands-on coaching demonstrations/anatomic reveals and finally a group practice session designed to help you master clinical photography before you leave for the day.

About Robert Shorey, DDS
Dr. Robert Shorey serves as Editor for the Santa Clara County Dental Society's award-winning magazine *The Cutting Edge*. He has taught hands-on classic digital clinical photography at multiple local and state association meetings including CDA Presents. He has also written articles about digital photography for the Journal of the California Dental Association and DentalTown. He owns a private practice in Morgan Hill, California.

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Planning for Our Aging Population

by Robert Shorey, DDS

As health care professionals we are in a unique situation to influence the health and well being of our geriatric patients. In our modern society, some mistakenly believe that as they approach the end of their lives, oral health should no longer be a priority. This mistaken belief may be held by geriatric patients themselves, their children, their caregivers and worst of all, their treating physicians. Another expression of society's lower priority for oral health is the lack of dental benefit programs covering routine preventive care for elders. Fortunately, our fellow physician healthcare providers are increasingly realizing the importance and relationship of oral health to total health and well being. Recognizing the inflammatory effects of periodontal disease, the pain of acute dental infections, the pain of poorly fitting prosthetics or the inability to gain adequate nutrition due to a failing dentition are all findings relative to the lack of proper oral care. The unattended mouth can become a very dirty place and a source for bacteria to cause serious illness in the lungs (pneumonia is one of the chief causes of death in nursing homes) and other highly vascular areas where bacteria may travel from the mouth to invade the heart or artificial joints. Chronic health conditions like diabetes and dementia are known to be exacerbated by poor oral health.

The result of many medications and the aging process results in a low flow of saliva (xerostomia) and an increase in plaque buildup and caries susceptibility. Some of this could be prevented by setting aside the unscientifically supported concept that two cleanings a year is a sufficient regimen for dentists and hygienists to maintain good oral health. Two cleanings are inadequate to continually treat highly susceptible populations, like the elderly with chronic health issues, because this regimen cannot stay ahead of the plaque buildup which leads to periodontal disease, root caries and potentially pneumonia. A good starting point to help our aging population is for our profession to promote more frequent hygiene visits based on the individual risks of each patient. Besides dry mouth, the loss of vision or the loss of coordination may make it difficult or impossible for the elderly to care for themselves adequately.

Because many elderly are on fixed incomes, they sacrifice in substantial areas of their lives. Some forego taking needed medications, some forego keeping regular dental checkups and many begin eating unhealthy meals high in carbohydrate content and low in protein. The result of these actions is a scenario that increases the likelihood of further decline in health. Dentistry can play an increasingly positive role in helping our elderly population. Screening our patients during visits to determine whether they are seeing a physician regularly, reviewing vital signs and whether they are taking prescribed medications and determining if they routinely are eating healthy foods can help improve our elderly patients' lives. Check out the Nutrition Screening Initiative supported by the Academy of Family Physicians and The American Dietetic Association for screening tools that can be used to review an elderly patient's nutritional status (nutritionandaging.org).

The need for a growing coalition of healthcare providers to understand the needs of our aging population is becoming self-evident. Today, approximately one in eight of our US population is over the age of 65. By 2030, 72.1 million Americans will be over the age of 85 which, according to projections will be 19 to 20 percent of the population. Often the social aspect of socializing and eating with other people is lost when the elderly lose their spouse or close friends. Medicine and dentistry need to find ways to help these people with new outreach ideas and methods. As is noted in this article, our aging population is growing and our current methods of meeting their oral health needs are presently inadequate. This issue of the "Cutting Edge" is a meager start to open an important conversation and perhaps the impetus for we dentists to seek solutions.

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news

In Memoriam

Jerrold Hiura, DDS
Sep. 8, 1947 - Dec. 26, 2019

Happy New Year to all of our members. The Ethics committee will be presenting short articles on various issues in the next few months. We hope you find the articles useful as you continue to practice ethically in the year ahead. If you have any questions, please send them to content@sccds.org.

Making Arrangements for Emergency Care of Your Patients

An issue arose over the holidays whereby several dental offices "signed out" to the Dental Society for emergency coverage while they were closed. Thus, a patient with a swollen cheek, avulsed tooth or toothache was instructed to call the Dental Society for help. To be clear, the Dental Society Office is a wonderful group of people but they are not dentists. And being tasked with finding an emergency dentist for your patient in need is not one of our staff members' roles.

From a common sense, ethical and legal standpoint, providing prompt coverage for our patients when our office is closed is an important part of our responsibilities as practitioners. In fact the ADA "Principles of Ethics and Code of Conduct" states "Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients of record." And TDIC recently wrote about it in their latest "Lifeline Issue."

So here's what to do about coverage for emergencies:

- Do not sign out to the dental society.
- Do have an arrangement with a colleague or group to provide coverage.
- Do leave a clear message for patients on your voicemail or with your answering service.

Avoiding Misleading Statements

This is the time of year that you might be thinking of updating your website or planning your practice marketing strategies. Please keep in mind the Code of Ethics of the California Dental Association.

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

"Section 6.A.4. Subjective statements about the quality of dental services can raise ethical concerns."

Many of you may be adding or changing patient testimonials. You must be careful in what the patient states when you publish it. They cannot testify to the dentist's skill or quality of service, but can testify to their own personal experience, comfort and pleasantness of staff. The testimonials need to be realistic, not misleading. For example; it is not okay to say "Dr. John Doe is completely painless and is the cheapest dentist in town." It is okay to say "Dr. John Doe is very gentle and friendly and his rates are reasonable." They must be your own patients. It would be prudent for them to sign a consent form just as you would for photos of patients.

Online Directory Updates

Starting in February, the online member directory at SCCDS.org will be updated to reflect ***only*** the specialties and practice types approved by the ADA. Currently, the drop down menu on the website shows a variety of practice types including several user-defined categories. The list of available practice types will be:

- Endodontics
- General Practice
- Oral and Maxillofacial Surgery
- Orthodontics
- Orthodontics and Pediatric Dentistry
- Orthodontics and Periodontics
- Pediatric Dentistry
- Periodontics
- Prosthodontics
- Providing Anesthesiology for Dentistry
- Public Health
- Retired
- Other

Please visit sccds.org and check your profile to ensure you have selected one of these practice types. While you're there, please check your profile for any other changes you may wish to make. Contact us if you need help making any changes.

NEW MEMBER

Natalie A. Okuhara, DDS
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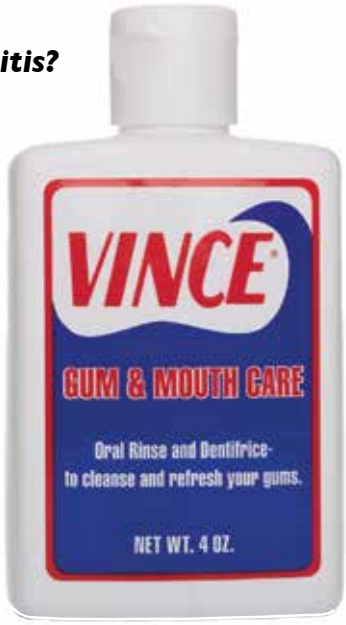

Gregory R. Abate, DDS, owner of Abate Dentistry in San Jose, has practiced dentistry in the local community for 34 years. Dr. Abate would like to introduce you to an amazing dental care product called VINCE Oral Rinse: Gum & Mouth Care, which he sells and has emphasized in his dental practice for years.

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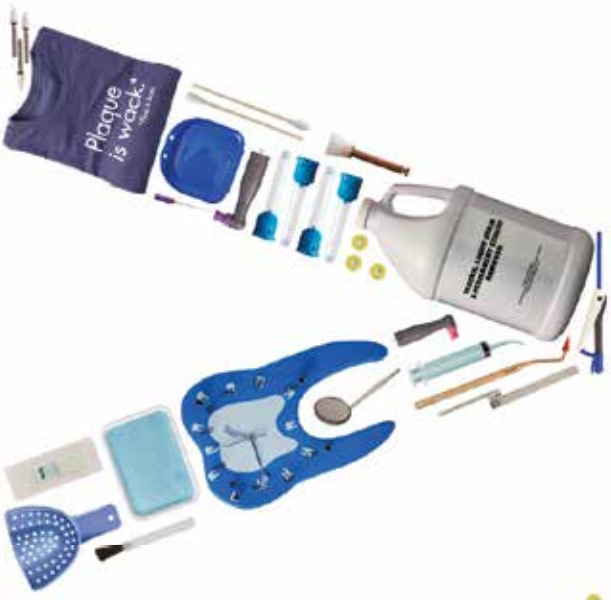

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The Grapevine

SEND US YOUR PICS!

Whenever you attend an SCCDS event or course, snap a photo and send it to content@sccds.org! We love to share photos of our members having a great time!

Dr. Don and Sheila Call hosted a Dinner for 10 event at their lovely home with Dr. Jennifer Yau and Chris Vu. Guests included (back row, L-R): Dr. Angela Chai and her guest; Dr. Theresa Dao and her guest; Dr. Hae Jin Yim and her husband; Dr. Katy Rosen; Dr. Alicia Wang; Dr. Monica Duarte; (front row) a guest of Dr. Theresa Dao; Dr. Jennifer Yau; Chris Vu; Dr. Don Call; Mrs. Sheila Call and Dr. Jason Wu.

Drs. Augie Lagemann and Sarah Murray also hosted a Dinner for 10 event! Their guests enjoyed a wonderful dinner at Casa Lupe restaurant in Campbell. (L-R) Dr. Chirag Patel; Dr. Amy Griffith; Dr. Janice Lee; Kevin Shimizu's guest; Dr. Matthew Warnock; Dr. Augie Lagemann; Dr. Bliss Zin; Dr. Sarah Murray; Dr. Vicky Nguyen; Dr. Kevin Shimizu; Dr. Elena Ebrahimian and her guest.

Dr. Wesley Chan and his wife Patti were among several volunteers to perform fluoride varnish application for students at Lynhaven Elementary School in December.

Dr. Gayatri Sakhram (L) and her assistant also volunteered their time to apply fluoride varnish at Lynhaven School.

Dr. Bao Khanh Nguyen, her husband Tam and her daughters, Kailey Doan and Kyra Doan.

The Installation of

Bao Khanh Nguyen DDS, MSD

as 2020 President of the Dental Society

On Saturday, January 11, SCCDS warmly welcomed its President for 2020, Dr. Bao Khanh Nguyen. The event was held at the historic San Jose Woman's Club where Dr. Nguyen's friends, family and colleagues enjoyed a delicious dinner followed by live music and dancing. It was a lovely evening celebrating our new President. We are pleased to share her remarks from the evening below.

I grew up in San Jose and have called the Bay Area home for 25 years. I graduated from the University of the Pacific orthodontic residency program in 2006 and I have been a member of SCCDS since then. During my past years serving on the SCCDS Board and on various committees, I have been fortunate to have met many inspiring, hard-working members and leaders of our organization and have made lifelong friendships along the way. I am incredibly grateful and proud to be able to follow in the footsteps of great past presidents of SCCDS, one of whom is Dr. Niloofar Zarkesh, whose dedication and warmth have inspired me since we started working together on the Board. As your incoming President, I am very excited for the year 2020 and the vision I have for the future.

Firstly, I look forward to meeting more new members and making more friendships. As part of SCCDS's leadership team, I am here to listen and promote our members' professional interests. I welcome comments and suggestions. Please tell me how SCCDS can help you. We have over 1800 members, and I want to engage even more of our membership this year. One of my goals is to host regular, scheduled Board assessment events where we can evaluate ourselves, make improvements if needed and increase members' engagement. These events will also allow members to give us feedback on what we can do to meet their needs better.

Secondly, I hope to increase our organization's presence in the community and further develop our outreach programs. Our hardworking Community Service Committee is planning our first ever SCCDS CARES event, similar but smaller than CDA CARES. I'm sure many of you have volunteered in the past. Bring your volunteer experience to our very own SCCDS CARES event!

We have some exciting events already planned, and I look forward to working alongside all of you during these events. Our big annual Give Kids a Smile (GKAS) event is coming up on February 5th, 6th and 7th. This is where we provide free dental screening exams at local schools and community centers, teach kids and their families the importance of good oral hygiene and encourage regular check-ups with their dentists!

Last year we had more than a hundred volunteer dentists and assistants and performed nearly 7,000 screenings. We would love to have as many volunteers as we can, so please sign up with the SCCDS office.

Thirdly, I want to promote our SCCDS presence on social media. I have two young daughters and many young cousins and they remind me every day how much social media permeates their lives and influences their choices. Over the past year, our organization met many financial goals and was able to spend resources on developing a brand new website. On the website and at our dental society office, members can access information, register for continuing education seminars and social events, network with each other, form mentorship relationships between our newly-graduated young members and more seasoned members, and look up dentists and specialists in the area. Our patients in the community can also rely on our professional website to gather health-related information that is up-to-date and validated. We can educate our patients and the public, embrace our roles as health caretakers and advocate for the importance of our profession as a whole. I am asking for your help starting now. Follow SCCDS on Facebook, Instagram and Twitter. Like us and check in with hashtags when you are at our general monthly meetings or at our volunteer events. Send event photos to content@sccds.org. Check our website regularly and let your patients know about our organization. I want our members to feel more connected and to let potential members know how SCCDS can be of service to them!

Those who know me know that I am a do-er and a planner, not much of a talker! I promise to continue to earn your trust and support as President this year. I will strive to work hard for you and our amazing organization.

Lastly, I want to show my gratitude to some important people in my life. First is a thank you to my husband, Tam, and my family. They have been great supporters of everything I do. They understand and encourage my passion to volunteer in the community and my leadership involvements, which, admittedly, do take up my time and keep me away from home. Second is a thank you to our wonderful SCCDS staff: Candace, Megan, Katie, Michael, Erich and Tim, who work incredibly hard to make sure everything runs smoothly on the back-end. Third is a thank you to all of my colleagues and referrals, who I am humbled and grateful to call my friends as well. Thank you for your kindness and trust in me throughout the years.

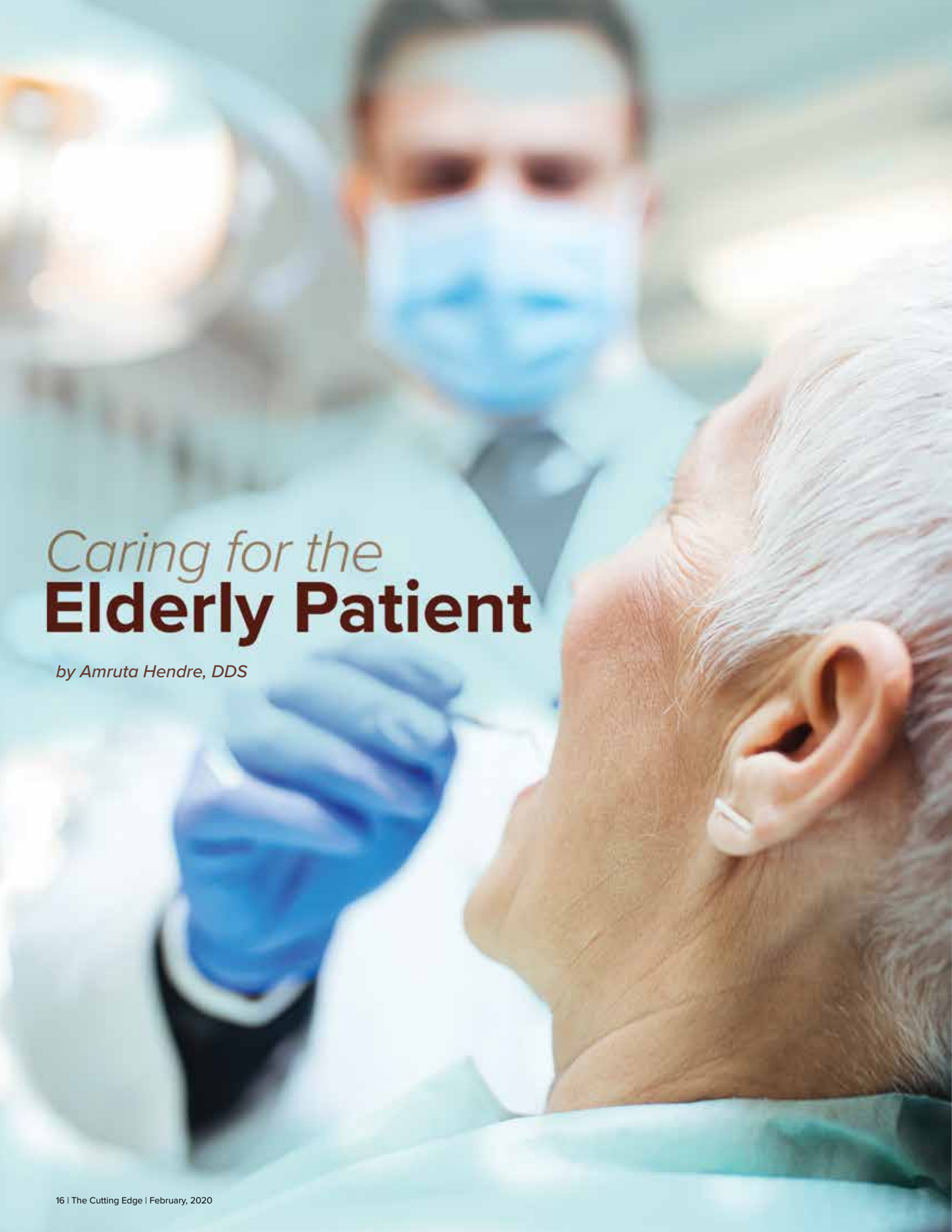
Dr. Nick Nguyen installing Dr. Bao Khanh as President.

Immediate Past President Dr. Niloofar Zarkesh and Dr. Bao Khanh Nguyen.

Family, friends and colleagues gathered for selfies as the party continued.

SCCDS Past presidents turned out to celebrate our new leader. (L-R) Drs. Nick Nguyen, John Pisacane, Ken Wallis, Phyllis Ishida, Thien Bui, Bao Khanh Nguyen, Peter Griffith, Niloofar Zarkesh, Steven Cohen, Diane Casey and Stephen Beveridge.

Many members of Dr. Nguyen's family came out to help her celebrate.



Caring for the Elderly Patient

by Amruta Hendre, DDS

Remember when we all read the articles warning us about

the silver tsunami?

Well, guess what? It's here.

In 2017, nearly two-thirds of older adults visited a dentist. Henceforth dentists will continue to see a steady increase in the number of older patients in their practices. And that is why it is important to equip ourselves with enough knowledge so that we feel confident to welcome this population and care for them.

Old age is the result of continuous changes in the body at the cellular and molecular levels throughout a person's lifetime. Changes such as wrinkles on the skin or wear of the teeth are a part of the normal aging process. Also, chronic diseases such as diabetes and heart disease are more prevalent with advanced age. The interaction between one or multiple chronic conditions and age-related changes results in a multitude of problems that can affect the oral cavity of an older adult.

Some of the age-prevalent oral conditions include:

- Dry mouth: The role of saliva is important in the digestion of food, remineralization of teeth and maintaining ph balance in the oral cavity. Age does not affect the production of saliva. However, systemic conditions such as Sjogren's syndrome, rheumatoid arthritis, diabetes and HIV are known to cause salivary hypofunction. Also, many medications used today such as antidepressants, antihypertensives, antihistaminics, decongestants, etc. can cause oral dryness. Radiation in the head and neck region results in atrophy of the salivary gland and causes extreme dryness in the mouth. Symptoms include difficulty in speaking and swallowing, burning sensation and poor nutrition. Treatment includes sipping water, lubricating mucosa with olive oil or OTC salivary substitutes. In extreme cases pilocarpine, 5mg tid is recommended.
- Oral Candidiasis: The growth of this opportunistic fungal infection is a common finding in older adults. Often seen in patients with dry mouth, malnourishment, uncontrolled diabetes, reduced immunity and dentures. Candida appears as pseudomembranous white plaques or erythematous red painful lesions. Early detection and treatment of Candida is important, as it is associated with the development of epithelial neoplasm. Local treatment with Nystatin is often effective, but systemic Fluconazole can be used if needed. If Candida lesions reappear multiple times, the patient should be evaluated further for other systemic causes.
- Plaque accumulation: The accumulation of plaque happens due to altered oral environment from age-related changes, salivary hypofunction, medications and diet. Excess plaque accumulation is a risk factor for aspiration pneumonia in hospitalized and institutionalized elderly. Difficulty to mechanically remove plaque is a sign of reduced functional, psychological or sensorial ability in an older patient. With the first sign of any such disability, the dentist must increase the frequency of dental visits, alter tooth brushing technique and involve family and care team in education and prevention of the onset of periodontal disease.
- Periodontal disease: This chronic inflammatory disease affects 70% of older adults. Severe periodontitis results in tooth loss. Bacteria enter the bloodstream through ulcerated periodontium and trigger an immune response that contributes to the development of systemic disease. Periodontal disease and systemic disease are interdependent and treatment of one condition has shown to affect others. For example, the treatment of periodontal disease has shown to reduce glycemic index and Hb A1C levels in diabetic patients. The goal of periodontal treatment in the elderly is to stop the progression of the disease and reduce inflammation through plaque removal. All older patients respond well to periodontal treatment.
- Dental Caries: Exposure of root surface from gingival recession, dry mouth and improper plaque removal due to decreased functional ability lead to the development of root caries in older adults. Untreated root caries progress faster, encircling the tooth and resulting in loss of the crown. Complete caries excavation is not recommended due to proximity to pulp. Partial caries removal, application of caries arresting agents such as SDF and atraumatic restorative treatment (ART) using GIC are ideal for frail older adults. Prevention with daily use of high fluoride toothpaste,

frequent application of fluoride varnish and use of CAMBRA products is equally important.

- Tooth loss: Complete or partial tooth loss in older adults can lead to poor mastication, insufficient food intake, poor nutrition and diminished quality of life. Prosthetic replacement of missing teeth can improve mastication and reduce the risk of malnutrition. However, before fabricating any fixed or removable prosthesis, careful consideration should be given to the patient's ability to maintain his or her oral hygiene due to any cognitive and/or functional impairment.
- Oral cancer: Oropharyngeal cancer is seen later in life from prolonged exposure to carcinogens such as alcohol, tobacco products, HPV and sunlight. The survival rate significantly improves with early detection of the lesion. Hence oral cancer screening is recommended regularly. Palliative and preventive care are preferred in patients undergoing cancer treatment. Routine dental treatment can be resumed after complete recovery.

Challenges in Providing Care for the Elderly

- Dependency: Declining functional status in older adults increases their dependency on others for providing necessary care. A functional older adult or even one with a cane can easily reach a dental office, but a wheelchair-bound person has to be brought up to the dental office by family members or caregivers for treatment. Which may or may not be possible due to time and finances. Accessing care is furthermore challenging for institutionalized elderly. Treating functionally dependent older patients can be equally challenging for a dentist. At times these patients cannot be transferred to a dental chair and have to be treated in the position patients feel comfortable. This is time-consuming and can cause many issues.
- Cognitive status: Declining cognitive status creates many challenges for a dentist in providing care. Communication with the patient is time-consuming and requires a lot of patience from the practitioner to answer repeated questions, but it is a key factor in a successful outcome. Communicating with the patient's caregiver and family is essential in obtaining consent when necessary, collecting health information, setting appointments and training and supporting them to help older adults practice good oral care at home. Sensory changes in vision and hearing can affect a patient's understanding of treatment as they cannot see or hear you. They may just say "yes" to everything you say. Using large font and bold prints for instruction sheets, maintaining eye contact and speaking clearly and slowly is recommended to get the message across.
- Insurance coverage: Limited dental coverage limits treatment choices for the patient and the practitioner. Older patients often elect treatment based on what is covered rather than what is recommended, mostly due to financial reasons. Often that means electing to extract a tooth that can be restored or electing to leave an infected tooth in the mouth because they can still eat with it and removal will not guarantee a replacement.

The Future of Geriatric Care

- Team work: For successful and holistic treatment outcomes for the wellbeing of our patients, the dentist has to be a part of the healthcare team. Sharing EHR across the team can alert the dentist to any changes in health status and dental treatment can be modified accordingly. Vise versa, any changes in dental status can be viewed by other health care providers so additional treatment and support can be provided. For example, diet can be changed post-extraction and the patient can be observed outside the dental clinic for any postoperative complications.
- Use of technology: Advancement in technology should be used to improve dental outcomes for older adults. An electric toothbrush is a start but more innovation is necessary to ease the burden on caregivers and improve quality of life for all. Dental practitioners should be trained in the delivery of the teledentistry model of care. This model of care connects a remote patient who would otherwise not utilize dental service to a provider. Teledentistry services can range from simple consultation from the comfort of your clinic to a functional community-based model where the dental auxiliary team collects diagnostic data and provide preventive services in the community, with patients being brought to the clinic only for complicated dental procedures.
- Expanding coverage: Expanding dental coverage for older adults or adding dental benefits to Medicare part B will significantly improve access to care and dental service utilization, but this is work in progress.

In conclusion, to successfully treat the aging population, the dentist must believe in the importance of oral health, especially for their older patients who present with systemic, cognitive and functional complexities. They also must work with other health care providers and educate and train them to improve oral and general health outcomes.

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- How to safely qualify your home office for big tax deductions even if you spend most of your office time at your practice.
- About the new and improved food and beverage deductions for the dentist in private practice and the entertainment deductions that survived tax reform. Plus, learn about an added bonus when you know the rules and you have employees.
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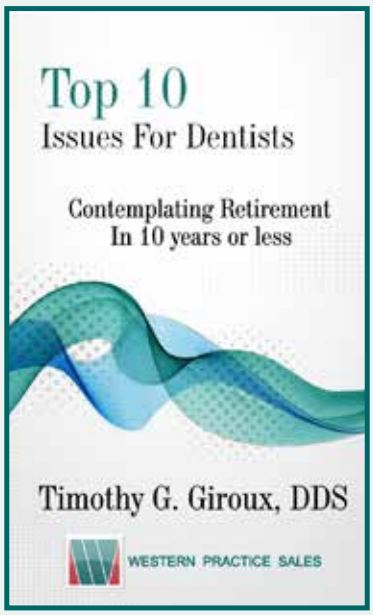

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Top Ten Issues for Dentists Contemplating Retirement in Ten Years or Less

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ASK THE BROKER

How do you determine the listing price of my practice?

The single-most important factor in determining the practice sales price is the collection total of the previous calendar year. Lenders and Buyers like to see stability without large variances from year to year. It should be obvious that steady, slight increases in revenues are always better than even the slightest of decreases. Poor performance of one of three years should not affect pricing, unless it is the last calendar year that shows a significant drop. Therefore, try to maintain a stable practice, make sure you finish strong and make all your December deposits for that last year you will be filing!

Practices are priced based heavily on gross receipts. Let's work through some scenarios and options. If you plan to practice 2-3 more years, it is not worth investing extra money in the practice. In this case, I would just advise finishing strong, especially to reflect your last tax return which will be filed. If you plan to practice approximately 5 years, spending large amounts of money for new technology may not necessarily return the investment unless it helps to increase your production. However, this being said, purchasing new equipment may increase your enjoyment of practicing dentistry and therefore be a worthwhile investment.

With 8–10 years remaining to practice, modernizing the practice with the latest and greatest is generally a great idea. Leasehold improvements typically last 5-8 years, so making the investment at this time to spruce up the office will enhance the desirability of the sale. It may also give you greater satisfaction of working in a first-rate environment for the entire duration of the leasehold improvements. **Most importantly, since practice values are based on gross receipts, keep up the good work!**

With factors affecting the current practice market such as a large number of "Baby Boomers" choosing to retire coupled with a lower percentages of Millennials wanting to own dental practices, it is important to make decisions now that will help your practice stand out from the rest when you decide to sell! Call or email us today for a free copy of Dr Giroux's book "Top Ten Issues for Dentists Contemplating Retirement in Ten Years or Less".

Timothy G. Giroux, DDS is currently the Owner & Broker at Western Practice Sales and a member of the nationally recognized dental organization, ADS Transitions.
You may contact Dr Giroux at: wps@succeed.net or 800.641.4179

Geriatric Oral Health Care

by Shakalpi Pendurkar, DDS, MPH

California law defines anyone 62+ years old as "geriatric". A geriatrician is a provider that practices the branch of medicine dealing with the diseases, debilities, and care of aged persons, the study of the physical processes and problems of aging. In 2018 there were 5.6 million adults aged 65+ years old in California of which 46% had an annual dental visit. AARP is now 1 million strong and growing. An estimated 12 million of the 20 million beneficiaries in Medicare Advantage (60+%) get some dental coverage. This leaves an estimated 48 million Medicare beneficiaries without dental coverage, a number that grows every day. Almost all (93%) older adults want dental coverage in Medicare, despite cost concerns. Seniors generally incur higher utilization on the major restorative – 2.3 times the regular adult utilization. Utilization on the diagnostic, preventive and basic restorative areas is about 50% higher than younger adults. 34% more seniors are considered "high risk" than younger adults. The high risk also associates with the high utilization that senior citizens without prior dental insurance incur;20% higher cost than those with prior coverage. Older adults in skilled nursing facilities have lower rates of immediate or urgent treatment needs than those who are not. Older seniors are more likely to be poor, older women are more likely to be poor than older men and older people of color are more likely to be poor than others. How people age in poverty is influenced by social policies and structures. Systemic causes of poverty for older adults include shrinking a safety net; changing economy; rising costs; racism/sexism; lack of stable, safe housing; health status; food security and nutrition; transportation; social isolation; elder abuse; language barriers and disabilities.

Accredited dental schools in the United States follow CODA standards that state graduates must be competent in providing oral health care within the scope of general dentistry to patients in all stages of life and graduates must be competent in assessing

the treatment needs of patients with special needs. However, a more cohesive vision is needed for pre-doctoral education. There should be more defined curricular components for the clinical care of elders. Few clinical faculty have received post-doctoral training in geriatric dentistry, resulting in widely ranging levels of experience and comfort in treating older adults. Only 57% of dental schools teach clinical geriatric dentistry and only 34% have a special care clinic for frail elders. Currently, there are few faculty with geriatric dentistry training to maintain and grow the didactic and clinical curriculum. Only 6 geriatric dentistry training programs remain in the US. It is obvious that the need for geriatric care will be expanding in the future and although a specialty has been established in this area of need, most general dentists will be providing geriatric care due to a shortage of "geriatric dentists".

The other issue is that of "ageism" in healthcare where providers are unwilling to treat older adults due to internalized societal age biases, negative attitudes, time constraints, lack of appropriate reimbursement, disinterest in treating medically compromised patients as well as with maintenance rather than curative care. Often older adults perceived that their concerns are downplayed, and report their providers have a dismissive communication style and that they did not receive needed treatment. To care optimally for this aging cohort, dentists need to be knowledgeable about the many conditions, disabilities, and age-related changes associated with aging.

Opportunities for improved care can be broadly categorized under education, care delivery systems and public policy.

Dental schools need to educate and train students to work with the elderly, disabled and special needs populations. The didactic and standardized patient curriculum needs to be developed for pre-doctoral education. Inter-professional education and practice, as well as community-based dentistry externship programs, could help with training and improving access to care. Use of the Seattle Care Pathway, conducting comprehensive or periodic oral evaluation which is completed in one clinic session, would be helpful. Elements assessed during the exam are chronic disease and functional status, ability to give informed consent, elder abuse and neglect. The focus is on prevention where oral home care recommendations are made. Treatment modifications are based on assessment and patient needs. Communication is very important between the dental team and the patient as well as caregivers.

Teledentistry and mobile clinics are important models of care for the aging population. House-call dentistry is not a traditional dental practice and can offer more than just an exam. All dental services including comprehensive care are offered at the patient's place of residence and the patient can make an informed decision on what treatment is best for them. This eliminates the need for travel to a dental clinic which could be a barrier for accessing care. There is often less dental anxiety/phobia since the patient is in their own environment and family members are able to be bedside to comfort the patient through treatment. It also allows patients to take breaks as needed. However, this model of care delivery could have potentially higher overhead cost than traditional private practice and most practices that provide this service are fee-for-service which limits the use of patient's insurance. Insurance does not pay for the house-call code (D9410) and Medi-Cal only covers D9410 for skilled nursing facilities at a very low rate.

Public policy includes strategies for improving the oral health of older adults by expanding private and public insurance dental coverage and preparing all members of the dental workforce to better serve older adults, including frail elders. Integrating dental and medical into comprehensive health homes and collaborating with state and federal organizations involved with the regulation of long-term care facilities are strategic. Educating older adults and their caregivers to improve their oral health and empowering them to advocate for the services they need are others. Enhance infrastructure and build partnerships. Expanding our current reach such as the Medicare Dental Benefits Act 2019 which helped restore Denti-Cal adult benefits and fee reimbursements helps. Five bills have been introduced to expand access to care including Medicare Dental Act of 2019 (Kelly, HR 4650), Medicare Dental Benefit Act of 2019 (Cardin, S22), Companion House Bill Medicare Dental Benefit Act of 2019 (Barragan, HR 2951), Medicare Dental, Vision & Hearing Benefit Act of 2019 (Doggett, HR 1393), Seniors Have Eyes, Ears, and Teeth Act (Roybal-Allard,

HR 576) and Medicare and Medicaid Dental, Vision, and Hearing Benefit Act of 2019 (Casey, S. 1423). Most are designed to incorporate oral health into existing structures and benefits would be available both in fee-for-service and Medicare Advantage plans. Existing low-income protections would apply and it would help integrate oral health with other health services. Coverage would be provided for preventive, basic and more complex procedures. CH.R. 576 would remove language from the Medicare statute that currently excludes coverage for dental care. H.R. 1393 adds dental, vision, and hearing coverage to Medicare by removing the exclusion and details of what these benefits would look like. H.R. 576 would remove language from the Medicare statute that currently excludes coverage for dental care. S. 22 proposes a Medicare dental benefit that includes coverage for diagnostic, preventive, restorative, and other care within Part B. House Speaker Nancy Pelosi introduced language to add dental and vision to Medicare using the savings estimated in her drug pricing bill.

In conclusion, as we all face the reality of an aging population, it is important we understand the current situation as well as how we can be better trained, what policies and care delivery models can be adopted to help improve access to oral healthcare and how we can ultimately improve quality of life for this population.

References:

1. *Bhaskara S, Barzaga CE. A healthy smile never gets old: a California report on the oral health of older adults. Center for Oral Health 2018.*
2. *"Ageism in Healthcare" by Ettinger et al. JDent Educ 2017*
3. *Best Practice Approach Report Oral Health in the Older Adult Population (Age 65 and older), Best Practices Approaches State and*
4. *Community Oral Health Programs, May 2018, Association of State and Territorial Dental Directors (ASTDD). http://www.astdd.org*
5. *Working Together to Manage Diabetes: A Guide for Pharmacy, Podiatry, Optometry, and Dentistry: Embrace a team approach to diabetes care ;Recognize signs of diabetes; Reinforce the importance of annual screening and healthy habits; Bi-directional referrals. Source: National Diabetes Education Program. www.insightcced.org/communities/cfess/eesiDetail.htmlref=60, Justice in Aging*
6. *http://files.kff.org/attachment/Issue-Brief-How-Many-Seniors-Live-in-Poverty*

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with Kim Guzman of the California Employers Association

February 21, 10 am - 12 pm
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Join CEA and SCCDS as we bring 2020 into focus for you! We'll get you up to speed on new employment laws for 2020 and cases that will alter your policies and practices going forward. As the regulations change, be sure you are informed and ready to protect your organization. Topics will include:

- AB5—are independent contractors a thing of the past?
- SB778—harassment prevention training updates and deadlines
- Minimum wage increases—more than 17 across the state!
- Employee handbook updates

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Succession Planning

by Daniel Hrynezuk, Massachusetts Mutual Life Insurance Company in California, LIC # 0K98543

It may be hard to imagine right now, but odds are the business you've worked so hard to create will be owned by someone else in the future. Eventually, you will either give up the helm voluntarily when you retire, or involuntarily as the result of an unexpected event.

Charting a path for your small business

Succession planning helps you specify, in writing, what will happen to the business when you retire, become disabled, die prematurely, or otherwise step down. It is not a one-time event, but instead a continuous process that starts with your goals, and builds and improves over time. Your succession plan is also a roadmap for you, your family and your employees to help ensure that, in the event you are no longer able to run the company, any ill-advised decisions are kept to a minimum. By creating a succession plan today, you can make the decisions now about what will happen to your company in the future.

What goes into a succession plan?

Like any strategy your business may already have in place, a succession plan follows the same principles. It should address the who, what, when, where, why and how you would like to transition your business. Your professional tax advisors will be able to provide you with detailed guidance on setting up a succession plan customized for you and your company. Generally speaking, your succession plan should address the following:

- Your goals – what do you want from the business when you exit?
- Your successor(s) – who will take over and are they prepared?
- Ownership – what will future owner roles be, and what will the ownership percentages look like?
- Management – how will you keep key employees on board through the transition and beyond?
- Transfer plans – what are the steps involved in the transfer, and what is the timeline?
- Triggering events – what events (death, disability, retirement, divorce, bankruptcy) will start the transfer process?
- Purchase price/financing – Where will the funds come from for a buy-out and what are the tax implications?

Other considerations

Your succession plan will also have an impact on both your retirement plan and estate plan. Some additional considerations you will need to keep in mind:

- Value of the business: You need to know the true value of the company so you are confident the succession plan is accurate. Keep tabs on company value regularly (every three years) and update your succession plan to account for any changes
- Estate equalization: If a family member who works in the business is the chosen successor, you should indicate how you plan for equitable distribution of the remainder of your estate for other family members, such as other children, who have no knowledge of the business.
- Sale proceeds: You'll also want to include instructions relating to taxes from the proceeds of the sale of your business, and detail what should occur regarding your personal estate plan.

Timing matters

Regardless of what form your succession plan takes, its ultimate success often hinges on timing. The sooner you start planning for the eventual transition, the more flexibility you'll have in making future adjustments because, let's face it, the only thing that's guaranteed is change.

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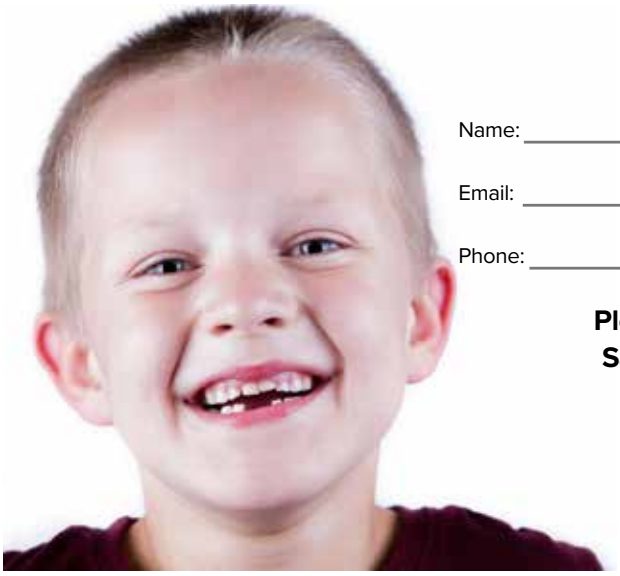

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classifieds

FOR LEASE

FOR LEASE
Fully furnished 1,419 sq. ft. dental office (equip list avail.) FOR LEASE in Berryessa area at 750. N.Capitol Ave., S.J. Well-maintained dental complex w/ easy access to 680 frwy & VTA light rail. 5/1000 parking. $2.95/sf Gross – incl. mntce of compressed air & oral vacuum.Contact exclusive agent: Geri Wong Lic.#01142432 (408) 987-4134

PEDODONTIST OPPORTUNITY
Lease in Morgan Hill's most desirable dental location. Have established GP, Periodontist and Oral Surgeon as neighbors. This location has newly widened streets, close to city hall, county library, schools and vibrant downtown. Plumbing, cabinetry and nitrous in place. Contact Jon Hatakeyama via email at: jyhdds@smilefiles.com for more information.

FOR LEASE
981 SF to 1,535 SF office suites. Compressed air, suction lines and plumbing available to suites. Plenty of parking onsite. Near shopping center and direct access off of Hwy 680.
Call agent Geri Wong 408-987-4134

FOR LEASE
Palo Alto office space for lease. 1,292 SF . 4153 El Camino Way. Ground floor unit with easy access and signage opportunity. Lots of natural light. Reserved parking stall for doctor. Call Geri Wong, agent. 408.987.4134

FOR LEASE
Dental office space located in an established location in Morgan Hill. We are looking for an Orthodontist who desires locating in a growing family oriented community. This location features an established and separate Oral Surgery practice, Periodontist and one of the most established general/cosmetic dentist in the area. Contact Jon Hatakeyama, DDS at: jyhdds@smilefiles.com for more information.

2+ OPS IDEAL FOR SPECIALIST
Santa Clara, near 101/Whole Foods
Flexible lease $300/d or TBD/m (408) 390-7707

PRIME SARATOGA LOCATION
Dental office for lease, 3 ops, 1050 sq. ft. Call for more info. Laura (408) 838-7577

FOR SALE

DENTISTS SERVING DENTISTS
– Western Practice Sales invites you to view our ad on pg 21 to claim a courtesy copy of Dr Giroux's latest book, Top 10 Issues for Dentists Contemplating Retirement in 10 years or less. Visit our website, westernpracticesales.com to view all of our currently available practices. 800-641-4179

WANTED

DENTAL PRACTICE & REAL ESTATE WANTED
A General Dentist wants to buy a dental practice. With or without real estate. Open to all options and arrangements. Please call, text or leave message at (408) 892-8993.

TYPODONTS AND MOUNTING POLES
SCCDS needs typodonts and mounting poles for students! Please bring to the next Monthly Meeting to donate or call us at 408.289.1480 to discuss any other donations. Thank you in advance!

SERVICES

NOTARY SERVICES
Offered to SCCDS members by Megan Duncan, Notary Public. SCCDS members receive 2 free notarized signatures over the lifetime of their membership. $12 per notarized signature thereafter. Call 408.289.1480 to make an appointment. This is a members-only benefit. Services are provided by appointment only. Notary cannot provide legal advice or dispense forms. Members must provide documents to be notarized.

Classified Advertising Rates

Members: Minimum charge $25 for 3 lines or less. $6 for each additional line.

For non-members: Minimum charge $40 for 3 lines or less. $7 for each additional line.

Classified ads must be submitted no later than the 1st of each month for inclusion in the following month's issue.

To place a classified ad, please contact Megan Duncan at 408.289.1480 or email megand@sccds.org.

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SCCDS General Membership Meetings

March 12, 2020
The Changing Face of Dental Sleep Medicine and TMJ
with Dr. Jessica Sabo

April 9, 2020
Oral Cancer
with Dr. Nita Chainani-Wu

May 14, 2020
CBCT
with Craig Dial

September 10, 2020
Composites
with Dr. Patrick Roetzer

October 8, 2020
Surgery/TMJ
with Dr. Stephen Thaddeus Connelly

Register for these and more events today at **sccds.org**