

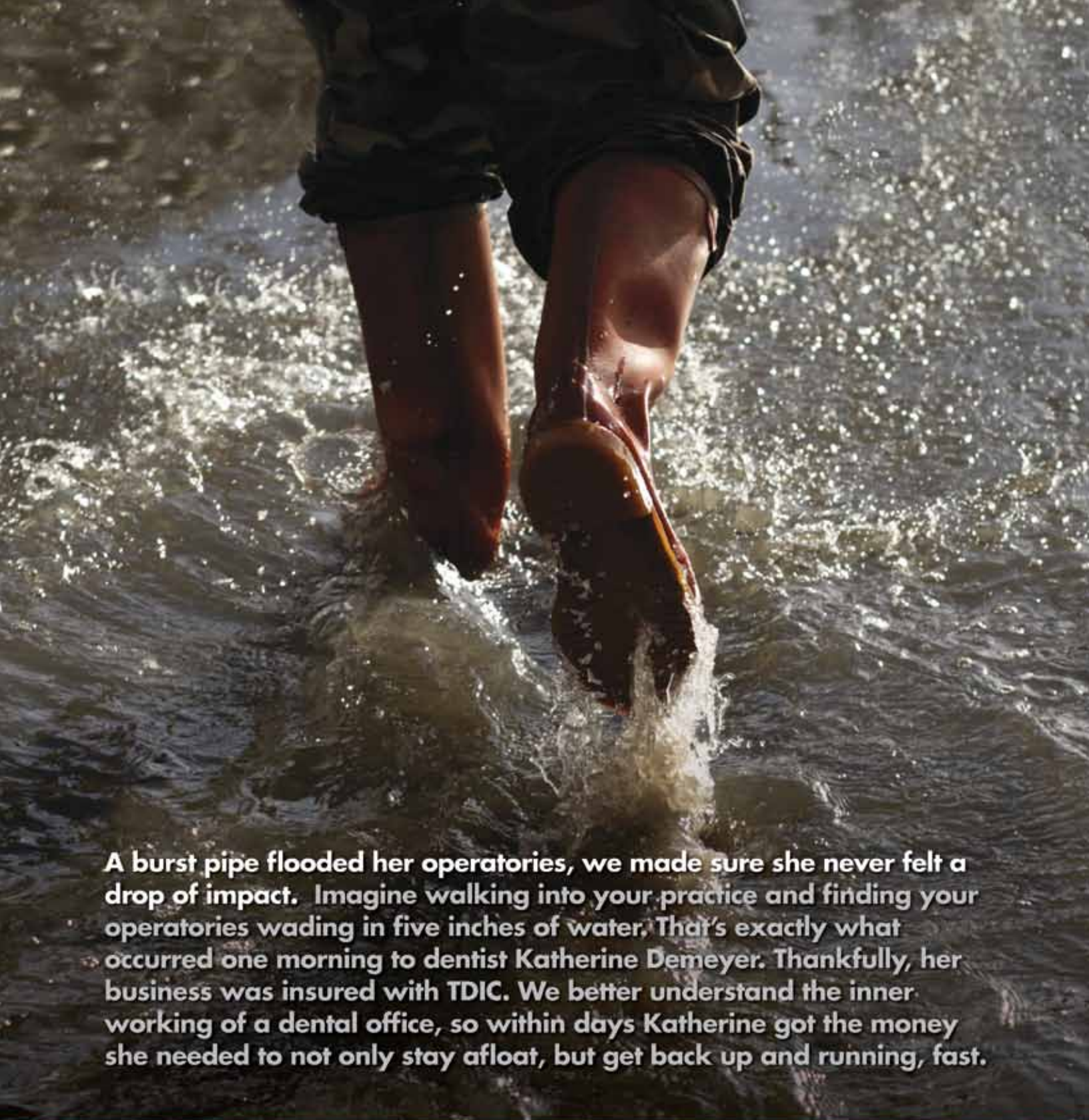


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Winter 2011

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Happy New Year's, HDA Members!

Have you made your New Years' resolutions yet?

If not, I have two resolutions for all HDA members to add to their list. First, reacquaint yourself with the HDA Bylaws. A copy can be found in your membership directory or online at our website. Granted, it's not as exciting as a Stephen King novel, but it's short and to the point. It will tell you about the governance structure of the HDA.

Second, seriously consider getting involved in the governance of the Association. Are there task forces or programs that have piqued your interest? Or is there some issue yet unaddressed that requires the formation of a task force?

The current governance system was specifically designed to respond to the needs of the Association and its members. Task forces, as defined in the Bylaws, are formed to address an issue with specific short term objectives. Programs, on the other hand, are for long term, ongoing activities.

Are you a more global type of thinker? Do you see the broader picture on issues? The Board of Trustees and the Executive Council oversee the activities of the Association. They also deal with the wider issues that face the Association. For a global thinker, this may be the place for you!

The foundation of the HDA is the volunteer. Without these individuals, we as an Association cannot be successful, nor can we accurately represent our membership. Please make a resolution to devote some time to the Association that represents the profession we love. The rewards are numerous, but the biggest reward of all will be the continued strength of our profession and the art and science of dentistry.

Mahalo!

Patsy Fujimoto, DDS
President



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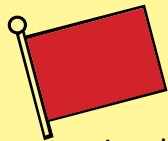


Hawaii Dental Association Convention



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Dentistry Exempt from Red Flags Rule



On December 18, 2010, President Obama signed the *Red Flag Program Clarification Act of 2010* into law. The legislation amends the *Fair Credit Reporting Act* to redefine the term “creditor” and will exempt dental practices and other small businesses from the onerous Federal Trade Commission’s (FTC) Red Flags Rule. This will free dental practices from these burdensome identity theft regulations. The ADA and others argued that the act was meant to apply to large loan and financial institutions, not to small practices that accepted credit cards to facilitate payment for services and were not in the business of making loans.

Yes!

HDA Legislative Agenda 2011

We will introduce two bills to the Hawaii Legislature this year.

1ST Bill “Relating to Uniform Information Practice Act”

This bill is designed to stop the State from posting unfounded complaints against dentists (or any licensee) on a public website without adjudication first. We believe that complaints must be verified as valid before being posted.

2ND Bill “Relating to Dental Services”

This bill is designed to stop dental (insurers) from capping non-covered, uninsured dental treatment services that a dentist may provide to his or her patient. We believe that if they don’t insure the service they should not be able to set a fee for that service.

HAVE SOME NEWS FOR HDA NOW?

Send your news to us at hda@hawaiidentalassociation.net

HDA Awards 2010

The 2010 HDA Awards were given out at the Annual Awards Banquet on January 20, 2011.

HDA Lifetime Achievement Award
Fumio Tsuji, DDS

HDA Distinguished Service Award
Glenn M. Okihiro, DDS

HDA President's Award
Steven Kumasaka, DDS

HDA Award of Honor
Clyde Sakamoto, EdD
Nancy K. Johnson, MSN

HDA Legislator of the Year
Representative Isaac W. Choy

Congratulations to all!

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5. Movies by Flixster
6. The Weather Channel
7. Google Earth
8. Bump
9. Skype
10. Paper Toss

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4. Google Earth
5. Yelp
6. Fandango Movies
7. Remote
8. iBooks
9. Bible
10. Solitaire

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3. Pocket God
4. Angry Birds
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6. Bejeweled 2 + Blitz
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9. AppBox Pro Alarm
10. Flight Control

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2. StickWars
3. FlightTrack
4. Backbreaker Football
5. Calorie Tracker
6. BlocksClassic
7. iFart Mobile
8. GoodReader
9. Cro-Mag Rally
10. Ambiance

Dental Apps

If you search for dental apps, you will come up with many sites offering over 100 dental-oriented apps for your smart phones or your tablets. Many are patient-oriented, but some are focused on your practice and on dentistry. More and more apps will be written for dentists in the future so be sure to search regularly. But, be careful to check the app thoroughly before downloading to see what it will do for you; read reviews or blogs about the app and choose carefully.

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Practice Management

Strengthening the Backbone of Our Financial Systems

By Lisa Philp, RDH, CMC

There are 44 systems at work in every practice that keep the practice running smoothly on a daily basis. Some of the most important are the five or six financial management systems. The financial management systems are the ones that contribute to the revenue engine of the practice and include financial arrangements, insurance claims management, pre-determination management, treatment planning and accounts receivable. But the backbone of the financial management systems is the written financial policy. Unfortunately, many practices that have a financial policy may not be including the right options, the right level of detail or using the policy in the right way to enhance patient communication. Without a written financial policy, team collaboration and understanding of the different options patients have to pay for their dentistry, it is challenging to achieve patient clarity regarding your payment expectations and the case acceptance that's possible. But, when there is a consistent policy that everyone can communicate, there is less stress, less leniency, and less chaos. Let's take a look at what an effective financial policy should include and how it should be used.

An Effective Financial Policy Should Be Specific

In basic terms, a financial policy is a list of the different ways patients can pay for care, clearly communicating payment options and responsibilities. But to maximize patient understanding and case acceptance, the financial policy should be very specific. First, your financial policy should list all payment options available. One of the biggest benefits of a written financial policy is it immediately shows patients all their choices and makes it easy for them to see you have a solution that will serve their needs. The more time they have to focus on cost, the harder it will be for you to address their concerns. So, you would list cash and checks and include an accounting reduction for prepayment if allowed by your state law. You would also list all the major consumer credit cards you accept such as Visa, MasterCard, Discover and American Express. If you allow payment by appointment, be sure to provide detail on payment expectations and your cancellation policy. Also remember to list all of your patient financing programs along with the specific plans available. ▶

Disclaimer: The opinions expressed in this article are those of the author and not necessarily the views or opinions of this publication or the association.

An Effective Financial Policy Should Be Used

A financial policy cannot do its job as one of the most important financial systems within the practice if it's left to languish in a drawer. Again, the sooner you communicate to patients you have financial solutions that help them get the dental care they need, the more they will regard you as their oral health advocate and have greater satisfaction with your practice. So, put a copy of your financial policy in your new patient welcome kits and post one in your office. The only place I recommend not posting your financial policy is on your website. I believe the money conversation should only take place when there is a relationship built on trust. We do not have a relationship with patients until they call our office, not when they are

seeking information on our site. What you should include on your website, though, is a statement of your commitment to finding both clinical and financial solutions that enable patients to enjoy oral health.

Most importantly, when the treatment plan is created and the patient is taken to a private environment to sit down and discuss the investment that's associated with the recommended dentistry, it's our obligation to inform before we perform. One of the top three breakdowns in patient relationships is improper explanation of fees when the patient is in an upright and coherent state. So one of the best ways we can ensure patient understanding is using a written financial policy during the treatment and fee discussions. This allows patients to both hear and read their payment choices, enhancing learning and information retention. Remember, 85% of adult learning is done visually.

An Effective Financial Policy Should Include a Patient Payment Agreement Form

Once the patient has committed to the dentistry and has chosen his or her preferred payment option, documenting the conversation with a patient payment agreement form is critical. This form ensures the patient understands what he or she is agreeing to and is meant to protect both the patient and the practice. The patient payment agreement form should detail the payment option chosen and the patient's payment responsibilities including amounts and the dates payment is expected. Patients should sign the agreement form and keep a copy for their records. The other copy should be filed in their patient file. In the unlikely event that a patient is reluctant to sign the patient payment agreement form, the practice should not move forward with care. One of my favorite phrases in dentistry is, "we will wait with you."

"Mrs. Jones, I understand there are times when saying 'Yes' is just not possible. If anything changes in your life before we see you again, please don't hesitate to call. We are happy to wait with you until the time for care is right."



An Effective Financial Policy Should Benefit the Patient and Practice

There are many ways a written financial policy benefits your patients and practice. First, there is more clarity in communication, so patients are happier. There are fewer unanswered questions. Patients don't have to try to "remember" what you said and what they committed to after they've left the practice because they have it in writing. Second, a financial policy demonstrates to patients that you are committed to finding a way for them to get the care they need. For your practice, a financial policy will make dentistry affordable, increasing case acceptance. You will also have more consistency, fewer "special cases" where patients are allowed to pay in a manner that is not beneficial to the practice because they are "friends" of one of the team members or because of their particular

circumstances. You'll also find you'll have lower accounts receivable. If you currently do not have a written financial policy and patient payment agreement form, it should be at the top of your "to do" list. Get the team involved and pay attention to detail. There are some great resources available to help you.

Your financial policy is the backbone of your financial systems. When you and your team create and use a strong financial policy you not only keep your practice healthy, but keep your patients happy and healthy. **NOW**

As CEO of Transitions Group, Lisa Philp works with dentists and their teams on a daily basis, solving problems and streamlining systems and processes within the practice.



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– Mason A. Savage, DDS



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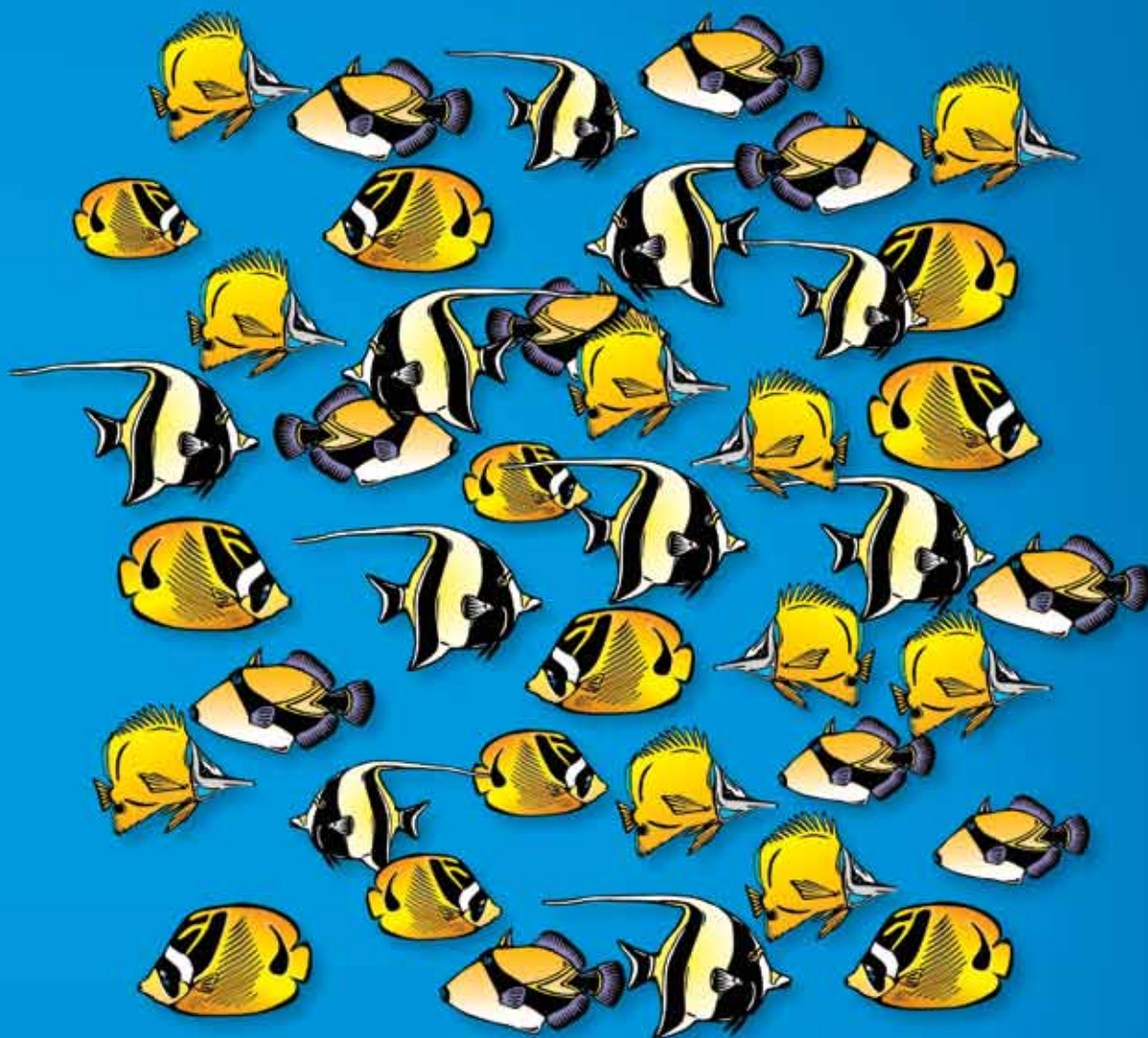
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Product Review



Michael L. Nishime,
DDS, LLC, FAGD,
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Feather Light LED by Ultra Light Optics

By Michael L. Nishime, DDS



In order to provide dentistry at its highest level, we need to be able to accurately see what we are doing. Telescopic loupes provide us with magnification, but we also need good illumination. A headband mounted or loupe mounted light source provides a line-of-sight light that reduces shadows to the operating field, and this may obviate the need for a fiberoptic handpiece and the need to constantly reposition the overhead light. Good illumination with a headlight and the use of telescopic loupes can help reduce eye strain and improve the operator's posture.

There are many different headlights available from light-emitting diode (LED) to non-LED headlights. This article is not written to compare the advantages or disadvantages of all the lights out there, but to report on the features of one particular light that I've been using for the past 6 months.

The Feather Light LED by Ultra Light Optics is the lightest and smallest LED loupe light available. It is smaller in diameter than a dime, and lighter in weight than a nickel. The next lightest LED headlight is more than 3 times heavier. There are mounting brackets available to allow the attachment of the light to all brands of telescopic loupes, and an optional filter is available to attach to the front of the light to prevent accidental curing of light cured composite materials. The lithium ion battery is fully charged within 3 hours and gives up to 8 hours of consistent brightness. The light intensity is rated at 3,600 footcandles. It should be noted that there are no current acceptable standards for measuring headlamp illumination, and manufacturers use different focal lengths (i.e. working distances) and different measuring units (e.g. lux, lumens, footcandles) for reporting illumination levels which makes it difficult to compare products from different manufacturers.

For me, the Feather Light LED headlight has provided more than adequate illumination to do all the various dental procedures I do in my office. I have two separate battery packs, so I always have one available to use. The light will give you no warning when the battery is about to run out of juice. It just goes out all of a sudden. The portability of the system makes it easy to move from one operatory to another, and the lightness of the system makes it comfortable to wear all day. **NOW**

Note: The views expressed are those of the author and do not necessarily reflect the opinions or official policies of the Hawaii Dental Association. The author has not received any remuneration for the products reviewed.



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TECH LIFE



Steve E. Wilhite, DDS

E-BOOK READERS

By Steve E. Wilhite, DDS

The Amazon Kindle was the first e-reader to gain mass-market popularity, and it remains the device most people think of when they think of contraptions to read e-books on. Now in its third generation, the Kindle is more refined than ever and even comes in a larger version, the Kindle DX, which features a 9.7-inch display.

There are several other e-readers out there now, including the Alex, jetBook Lite, iPad, Kobo, Libre eBook Reader Pro, Nook and Pandigital Novel. There are also apps (future article) for smart phones to make them into e-readers.

If you appreciate color screens, the new Barnes and Noble NOOKcolor may be a good choice. This Android-based e-reader has a 7-inch color touchscreen and will offer access to apps in 2011. The Apple iPad has revolutionized the market for tablet computers. The iPad is a powerful and versatile computer tablet, not a dedicated e-reader. That being said, I know several people that use it primarily as an e-reader.

Whichever e-reader you opt for, remember that the device itself is only as interesting as the content it contains. So why not preload it with a few titles? Project Gutenberg (www.gutenberg.org) has more than 33,000 downloadable public-domain titles (free) and links to more than 100,000 more. Or if you are giving one as a gift, include a gift card so your recipient can start gathering e-books right away.

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PROFILE

Lynn Fujimoto, DMD

By Ernest Scheerer, Jr., DDS



What is an average day like in your practice?

The difficult patients are sedated and treated in the morning until about 11:00 am. About 25% of my patients are special needs patients. We treat many autistic patients since about one in a hundred children are now diagnosed as having autism. The rest of the day is spent treating the typically developing child. About two times a month I will treat a child at the same-day surgery center at Queen's Medical Center where all the patient's dental treatment is completed in one appointment. Normally about half of the teeth need stainless steel crowns.

You are fairly active in dentistry outside your practice. What are you doing?

I teach in the Lutheran Medical Center's pediatric dentistry residency program. The program has eight residents and with two years of training they become pediatric dentists. I teach at the University of Hawaii's LEND interdisciplinary program. I also volunteer two nights a month at the Aloha Medical Mission, a free dental clinic in Honolulu.

Working, giving and self-fulfillment is the modus operandi for Dr. Lynn Fujimoto's balanced life style. Wanting to experience the midwest, Lynn chose Washington University in St. Louis for her college and dental education. She enjoyed treating children so much that she continued her education at UCLA where she earned a certificate in Pediatric Dentistry. It was during this time that she met her future husband, HDA member Dr. Steve Ertel, who was completing a general practice residency. They have a son, Kyle, who is majoring in exercise science at Point Loma Nazarene University. For 30 years ("I can't believe it, 30 years!") she has practiced with Dr. Kin Ching, a fellow pediatric dentist.

You are also very active in the Hawaii Dental Association. Why?

Presently I am HDA secretary and serve on the Executive Council. I also am active in the New Dentists, Membership and Well Being programs. You only get out of dentistry what you put into it. I've made a lot of friends by participating and really enjoy it. I think all the young dentists should get involved and the best place to start is at the county level. Dentistry is a great profession and some of the concerns I have are care for the needy and access to care.



With all this involvement do you have any personal time?

I'm active in my church and bible study. My church has partnered with Kokua Kalihi Valley Health Center to organize a mission to the Philippines to treat children with no access to

dental care. I work out twice a week with a trainer. My favorite place to visit is Tokyo but I don't speak the language. My favorite vacation is skiing at Tahoe.

What are your plans for the future?

I would like to cut back on my private practice and maybe do more teaching. In my present teaching, I am seeing that the new graduate has a lot to learn and I enjoy sharing what I know. Recently I was selected as one of five pediatric dentists to receive the Master Clinician Scholarship program at the Institute of Teaching and Learning in North Carolina. This will really help me become a more effective teacher. **NOW**



Ernest W. Scheerer, Jr., DDS



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Warfarin

By Randall Y. Kam, DDS

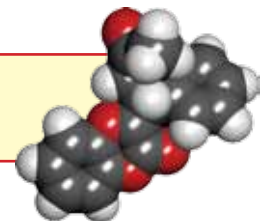
Warfarin is the most commonly prescribed anticoagulant in North America, and practicing dentists inevitably manage patients who are on prolonged anticoagulant therapy. Warfarin is a synthetic derivative of coumarin via its derivative dicoumarol, which was originally found in spoiled sweet clover animal feeds. The name Warfarin is a conjunction of the acronym for the Wisconsin Alumni Research Foundation, the organization funding the original research, and the ending “-arin” from the chemical precursor coumarin. Used to prevent thromboembolic events, Warfarin acts as a vitamin K antagonist and therefore interrupts the coagulation cascade at many levels.

Target INRs (International Normalized Ratio) for patients taking Warfarin ranges from 2.0 to 3.5. Evidence based studies indicate that Warfarin therapy be continued for dentoalveolar surgery, as the risk of a thromboembolic event are greater than the risk of hemorrhage. Localized strategies for hemostasis in such cases include gauze tamponade, tea bags, suturing and the use of products such as Gelfoam, Collaplug, Surgicel, Bone wax, Tranexamic acid mouthwashes, ActCel, and BloodSTOP.

Of the many drug interactions dentists should be aware of in treating patients taking Warfarin, broad spectrum antibiotics may potentiate Warfarin by changing intestinal flora and decreasing vitamin K absorption. **NOW**

BRAND NAMES

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War'-far-in

Warfarin is used to prevent blood clots from forming or growing larger in your blood and blood vessels. It is prescribed for people with certain types of irregular heartbeat, people with prosthetic (replacement or mechanical) heart valves, and people who have suffered a heart attack. Warfarin is also used to treat or prevent venous thrombosis (swelling and blood clot in a vein) and pulmonary embolism (a blood clot in the lung). Warfarin is in a class of medications called anticoagulants ('blood thinners'). It works by decreasing the clotting ability of the blood.



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Dental Study Clubs

By Dr. Gerald S. Takesono

The history of dental study clubs in Hawaii has been an interesting phenomenon. Throughout our history dentists in Hawaii have organized themselves into study clubs. An existing study club had reached its maximum membership, so the Pacific Dental Hui was formed in 1975, motivated by young dentists to meet monthly to exchange ideas, to become acquainted with other dentists, and to organize into a social and professional club.

Thirty five years later our study club remains active and continues to share knowledge on a variety of subjects like dentistry, practice management, legal concerns, investment and retirement-related subjects as well as community matters. For the dental community we have sponsored two occlusion courses with Drs. Niles Guichet and Terry Tanaka.

On the social side we have gotten to know one another's spouses and families and banded together during conventions and continuing education classes. Beside general practitioners our group also includes specialists in every aspect of dentistry and we have made referrals to one another and shared knowledge and problems to the benefit of our patients and our practices.

I would like to encourage young dentists to continue the study club tradition of education and camaraderie. However, this is the problem: obtaining a tax-exempt, nonprofit status has become a very difficult matter. Here's my solution: join our (or another) study club which has already been organized and learn from and with us, and as we retire, take over our club. We welcome new ideas and new dentists who will continue the existence of our study club. Why reinvent the wheel by starting a new club; just join an existing one!

I would sincerely hate to see the study club tradition fade away— It encourages dentists to be continuous students, something Dr. G.V. Black stated as being our obligation as professionals. Dentistry can be very isolating. Join a study club and expand your circle of professional friends. **NOW**

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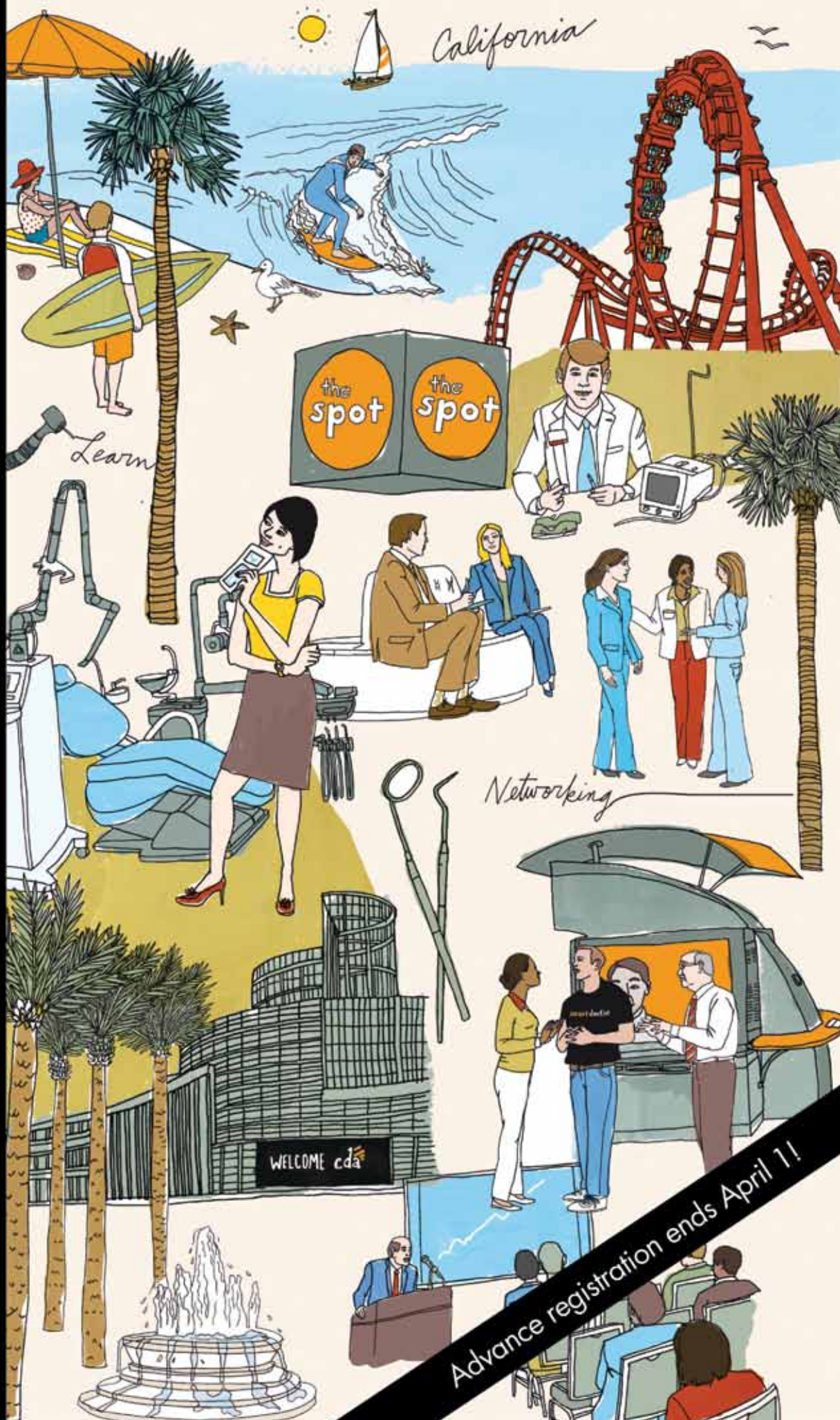
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The Hawaii Meeting 2011 was a great success with many attendees going to 12 different classes and visiting over 100 exhibitors showing their wares. Here are some attendance statistics:

Mahalo!

Grand Total Attendees
2277

Dentists 627

Dental Team 1116

Others 534

Dental Team 1116

Hygienists 357

Dental assistants 400

Business staff 342

Lab technicians 17

Others 534

Students 115

Family and friends 42

Volunteers 20

Exhibitor staff 345

Others 12

Dentists 627

HDA members 574

Non-HDA members 2

ADA or Foreign dentists 45

Military dentists 6

Mahalo to everyone for making The Hawaii Meeting 2011 such a big success!

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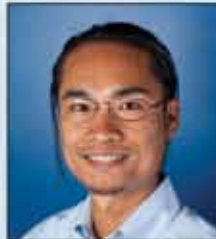
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