


Hawaii Dental Association Journal



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Lili Horton, DMD, MS

My term as President of the Hawaii Dental Association is coming to an end soon. Although there have been many unprecedented challenges this year, I believe there were also many good opportunities to lead this organization, and to serve the dental profession in Hawaii. Recent enriching experiences included being your representative at both the Western President Conference (WPC) in Newberg, Oregon, and at the ADA Caucus I in Salt Lake City, Utah. You can imagine that having 13 participating states in one room resulted in a number of issues discussed, and it was an opportune time to also share HDA's experiences. Meeting many other dental leaders was time well spent away from home. It has been an honor and privilege to represent the 979 member dentists in Hawaii.

The upcoming year looks very promising for the Hawaii Dental Association. We continue to attract new members, and there are exciting initiatives for 2015: A Legislative Day, a breakfast for HDA women dentists, an expanded Give Kids a Smile Program, and as a result of our participation in the ADA State Public Affairs (SPA) program, a comprehensive strategic communications plan.

It has been a pleasure to work with HDA volunteer leaders, and the Board of Trustees has been supportive throughout the year. The generous time and dedicated efforts of all who are serving in the best interest of the Hawaii Dental Association is greatly appreciated.

My final thoughts: The Hawaii Dental Association needs to continue to be mindful of the new horizons that lie ahead for practicing dentists and for the Association in order to remain relevant to existing and new member dentists. Our changing landscape



Hawaii Dental Association

includes shifting demographics, high debt amongst recent graduates, delayed decisions to retire, emerging corporate practice models, new educational opportunities, communications connectivity to members, lack of interest in leadership roles, growing interest in advocacy but lack of participation, increased legislation which diminish the control of the practicing dentists in what they know is best for patients, continued insurance intrusions, and public health dentistry issues affecting members of the Hawaii Dental Association. I urge all of you to donate to PAC either at the national and/or state level, to consider leadership roles in organized dentistry and to continue to give back to the community.

In closing, thank you very much for giving me the opportunity to serve the Hawaii Dental Association. It has been a unique experience that I can say I enjoyed, but am glad to start the transition to our incoming President, Dr. Lynn Fujimoto. Best wishes to all for a wonderful remainder of the year as the holidays are right around the corner, and continued blessings to you. Thank you for being an HDA member and supporting the efforts of HDA leadership.

Respectfully,
Lili Horton, DMD, MS
 HDA President

Hawaii Dental Association

Mission Statement

The Association is dedicated to serving the profession of dentistry and the public of the State of Hawaii. The Association preserves the integrity of the dental profession, strengthens the doctor/patient relationship and promotes the Principles of Ethics and Code of Professional Conduct of the American Dental Association.

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Hawaii Dentist Runs for President Elect of the ADA




The Hawaii Dental Association Board of Trustees has voted to endorse and support our HDA past President Dr. Gary Yonemoto, an endodontist from Honolulu, to run for ADA President Elect for 2015.

Gary has also been endorsed by the delegates from the seven states that make up the 14th ADA Trustee District—Hawaii, Colorado, Nevada, Utah, Wyoming, Arizona and New Mexico—in a unanimous vote.

Gary has been the ADA Trustee from the 14th District for the past three years, and at the October 2014 ADA Meeting in San Antonio, TX, Gary presented himself as a candidate to the entire ADA House of Delegates (over 470 members).

The campaign can now officially begin. There are two other Trustees also running in the race, Dr. Hilton Israelson from Texas and Dr. Gary Roberts from Louisiana. The winner of this election goes on to be the President of the ADA in 2016!

Gary's campaign team is led by three Hawaii Dental Association members: Dr. Patsy Fujimoto (Big Island), Dr. Neil Nunokawa (Maui) and Dr. Ed Cassella (Honolulu). Dr. Curt Shimizu is the campaign finance chair and the campaign is also supported by Drs. Lynn Fujimoto, Glenn Okihiro and Darrell Teruya (all from Oahu). Many others are involved in launching this nationwide effort, and the campaign is supported financially by the seven states that each contribute significantly to the campaign. Besides the state contributions, other fundraising can be done but only among dentists. No funds can be raised or contributed from outside sources.

Any dentist from around the country can make an individual contribution to Gary's campaign by sending a check made out to "Yonemoto for ADA President Elect" and mailing to: Yonemoto for ADA President Elect, c/o Dr. Curt Shimizu, 1441 Kapiolani Blvd, Ste 412, Honolulu, HI 96814-4400. 

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
Hu-Friedy 77R—A handy tool

By HDA member Dr. Kevin Ching

“You don’t want that one, it has a ‘chick’ handle,” said the Hu-Friedy Rep, “You want the ‘guy’ handle.” She was referring to the handle of the ergo model elevator, which was designed for smaller, more feminine hands. The standard tapered hexagonal handle is larger and she insisted it would be more comfortable in my hands. I was drawn to the 77R because of the serrated edges around the lateral ridges of the elevator and because the Rep suggested that if I perform any sectioning of the teeth, that the 77R makes it a breeze. I was skeptical, but am always looking for solutions to make extractions easier, so I swallowed the bait and bought the elevator.

The 77R has a balanced feel, with a textured handle and a round end that makes the instrument feel controlled as well as comfortable when applying a vertical force to a tooth socket. The tip is a flat shovel shape, with an off-set angle, so I refer to it as the ‘off-set’ to my assistant who can distinguish it immediately from the other elevators. The off-set allows the elevator to angle in the interproximal space easier, and when the elevator is placed into a slot that has been prepped for sectioning it adds additional torque to the fragments, enhancing the fracture of the tooth apically, not quite a breeze, but it does make the job easier. The serrations are the best part of the tip, other elevators without the serrations sometimes make gaining a purchase difficult, but the serrations engage the root surface much more robustly, making elevation of the tooth easier. At first, I thought that this would be a specialty elevator that I would ask my assistant to provide for difficult extractions, or those that I really wanted to be as atraumatic as possible, but since it makes all extractions easier, I’ve included it in my basic oral surgery kit.



Since I've become a fan of the Hu-Friedy 77R, I was curious about the 77L, and why the Rep didn't sell me the L along with the R version. When I called her up, she told me that Hu-Friedy makes an L version, but no one buys it, and she didn't recommend it, so I took her advice since her recommendation against the 'chick' handle was so appropriate. Hu-Friedy has a no-questions-asked return policy if you don't like the 77R, you might want to give it a try as well: whether you get the 'chick' handle or not is your decision. 

Opportunities

Columnist Wanted

The *Hawaii Dental Association Journal* would like to bring back the popular "Chatterbox" column authored for many years by Dr. Joe Chang. Dr. Chang has retired, and we would like to see if any member would like to pick up the column. It is a "news and views" type column with short bites of info about our members and what is going on in their lives.

Interested? Please call Loren at the HDA office at 593-7956 or 800-359-6725 for info.

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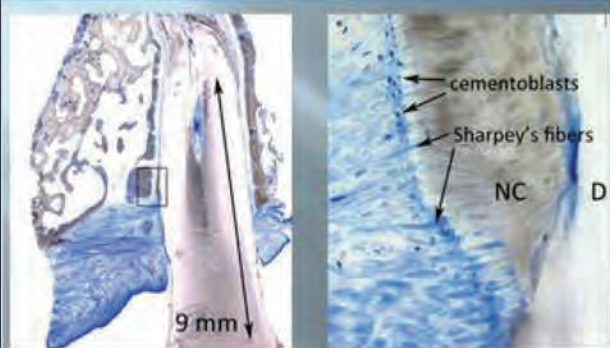
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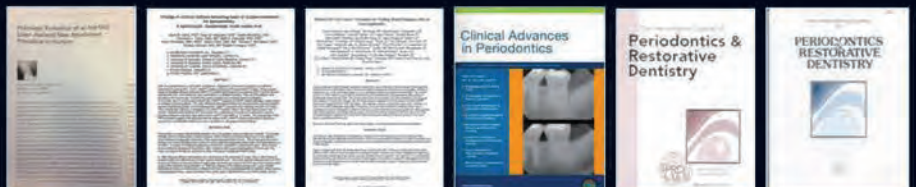
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- 2 HUMAN HISTOLOGIC studies documenting that New Attachment, including bone regeneration, occurs routinely. (See Histologic section below demonstrating significant new bone.)
- A plethora of Case Presentation articles with radiographs demonstrating meaningful bone growth, including in the AAP Online Journal - Clinical Advances in Periodontics Vol. 3, No. 2, May 2013; link: <http://onlinedigeditions.com/publication/?i=155994>.
- 25% of all active periodontists are now "LANAPERS" and the ranks are growing. In Hawaii, 4 periodontists now utilize the LANAP Protocol.
- Patients who know they need treatment but are fearful of conventional surgery are more often than not receptive to this minimally invasive approach.

Human Clinical and Histologic Evaluation of Laser-Assisted New Attachment Procedure:
Nevins, Marc; Camelo, Marcelo; Schupbach, Peter; et al
Int J Periodontics Restorative Dent Oct. 2012, #5; Vol 32:497-507.)



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Polyethylene Microbeads?

Polyethylene microbeads are commonly used as scrub beads, such as in exfoliating products, but are also sometimes used in chewing gum and toothpaste, as part of the product design. Small quantities of the colored polyethylene specks are included in some of Crest's toothpastes, including Crest Pro Health, which has the ADA Seal of Acceptance.



The American Dental Association's Council on Scientific Affairs monitors and evaluates the safety of all ADA Seal-Accepted products. If the council's evaluation determines sufficient scientific evidence exists that an ADA Seal-Accepted product poses a health risk, the council has the authority to withdraw the Seal from that product.

At this time, clinically relevant dental health studies do not indicate that the Seal should be removed from toothpastes that contain polyethylene microbeads. J

Soda Makers' Pledge Smaller Sizes, Less Sugar

Effort might help reduce tooth decay




Three leading soda manufacturers recently announced that they hope to reduce the number of calories that Americans consume from sugar-sweetened beverages by more aggressively marketing smaller sizes and drinks with less sugar. Coca-Cola, PepsiCo and Dr. Pepper Snapple Group announced that their goal is to reduce the number of sugar-related calories consumed by 20 percent over the next decade.

Cavity-causing bacteria in the mouth feed on sugar and produce acids that attack tooth enamel for up to 20 minutes after you eat or drink. Reducing the portion sizes of sugary drinks may help reduce tooth decay. If you must eat a sugary food or drink, consume it with a meal and drink fluoridated water. J

Wired or Wireless Networking?

By HDA member Dr. Malcolm Choy



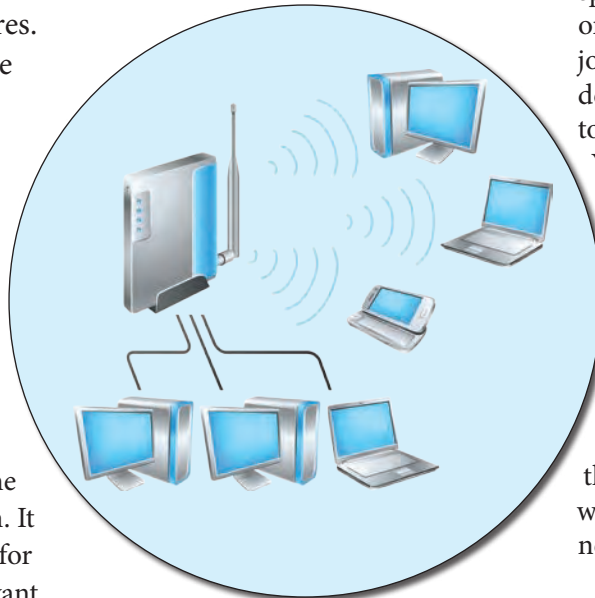
Computers are used in 85 percent of all dental offices. As digital equipment becomes more common, offices will need more than a single computer within their office to fully take advantage of this technology. The communication between multiple computers is called a network, but there are many ways to build the network beginning with deciding if you want a wired or wireless connection between them.

The oldest method of establishing a network would be using wires, typically called Category (CAT) Ethernet cabling, which is rated based on performance. CAT 5 is an older cable with a maximum speed of 10/100 Mbps that is capable of running most offices on a basic level, but is considered obsolete with more advanced cables easily available. If you are building a new network, I recommend at least using CAT 5e. It's better at reducing interference on the network and can provide a faster maximum speed of 10/100/1000 Mbps while also remaining reasonably priced close to CAT 5. The next step up would be CAT 6 which is currently the best and most economical way to have a fast reliable network. Its specifications are capable of utilizing any equipment on the current market and in the near future as well. The last type of cabling would be fiber-optic, but the specifications far exceed what most dental offices would require and the cost is quite expensive compared to CAT cables. While using cables may seem old fashioned, their ease of use, speed, and reliability is a huge advantage over wireless.

Wireless networks are very common and have become widespread by most internet carriers around cities. A private wireless network for your office is a great choice if it's difficult to install or to simply remove the unsightly wires. However, the trade-off is that the speed rating is lower than traditional cabling, and possibly subject to more interference since many devices use the same frequencies as wireless does. Wireless can also be more confusing to setup at first, but most companies have tried to make it as easy as possible for a basic setup. If you choose to use wireless, start with devices using the 802.11n or wireless-N specification. It is the most commonly used rating for distance, speed, and price. If you want to future-proof the network, you can use 802.11ac which is not as widespread, but should be the future of wireless technology for many years. Just remember that if you choose 802.11ac, all your devices need 802.11ac ratings as well to fully take advantage of the increased speed. However, it is backwards compatible with 802.11n devices and all previous wireless ratings, just with a lower speed and distance. A majority of dental offices should be able to take advantage of wireless-n or wireless-ac, but consult with your IT specialist in order to make sure that your network security is setup correctly.

Dental offices have become increasingly technology-driven and computer-dependent. Without a solid, reliable network you will only be adding to your stress while running your office. We are dentists and prefer to concentrate of dentistry, not worrying if our computers are running

correctly. An office will be able to run on a wireless network, but if you routinely transfer large amounts of data across the network, a wired connection may be necessary for optimal performance. Having said that,



I prefer a wired network whenever possible due to its reliability and speed. If your wireless router should ever fail, your entire network would go down, which doesn't happen with a wired network. There are companies that specialize in just laying down the wire, or most electricians can likely do the job as well. The quality of the setup is dependent on who you select, similar to any other repair or construction job. You not only want the correct cable placed, but the appearance and organization of it is what separates one company from another. If you decide to use a wireless network, most IT companies have experience in setting this up and can also tell you what equipment you would need. I would be more than happy to provide references of who I recommend based on our recent network installation. **J**

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New Resources on Emailing Patient Info

There is a new ADA resource called *Emailing Patient Information: A Resource for Dental Practices*. Using electronics means of communication for patient information is subject to specific HIPAA regulations, so this new ADA resource is a helpful means to learn about the issue. The resource contains sample forms and covers topics such as:

- Emailing patients
- Emailing radiographs to a specialist
- Encryption
- Breach notification



When it comes to emailing patients, every practice must decide how to meet patient needs but remain in compliance with regulations. These resources provide information that can help you better understand the legal issues and options. To access the online information, go to the ADA.org home page and enter “Emailing Patient Information” in the search box. From there, the search will guide you to lots of good information. 



Ebola Resources Update

ADA, CDC, OSAP provide resources to dental professionals

The ADA is monitoring recent Ebola cases in the U.S. They monitor information from the Centers for Disease Control and Prevention and the Organization for Safety, Asepsis and Prevention. The ADA is dedicated to providing the most up-to-date information for dental professionals on this evolving issue. Please visit the ADA website frequently for further updates.

The ADA Division of Science advises dental professionals not to treat dental patients if they have signs and symptoms of Ebola infection, because most oral health providers do not have the appropriate equipment, experience and skills to safely treat an Ebola-infected patient.

Resources

Ebola Virus Disease and Its Implications for the Oral Health Care Community, an ADA, CDC and OSAP facilitated-webinar: ada.org/ebola

Organization for Safety, Asepsis and Prevention Ebola Toolkit: osap.org/?page=ebola and OSAP.org

CDC Health Alert Network—Evaluating Patients for Possible Ebola Virus Disease: Recommendations for Healthcare Personnel and Health Officials: emergency.cdc.gov/han/han00371.asp

CDC Recommended Infection Control Practices for Dentistry: cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm)

CDC Health Care Provider Preparedness Checklist for Ebola Virus Disease: cdc.gov/vhf/ebola/pdf/healthcare-provider-checklist-for-ebola.pdf

The ADA Practical Guide to Effective Infection Control (P692): ebusiness.ada.org/productcatalog/product.aspx?ID=601 

Then and Now

By HDA member Dr. Candace Wada

Dr. Allison P. Tran-Yokota


Allison was born in Saigon, Vietnam and grew up in Wichita, Kansas. She was the only daughter among five brothers raised by two loving parents. She went to college at University of Kansas, Lawrence. After college she took some time off and ended up working as a dental assistant for a dentist who also happened to teach at UMKC dental school. She found that she really enjoyed dentistry and she was encouraged to apply to dental school. She got into and attended UMKC Dental School. She practiced general dentistry and taught at the dental school for a few years after graduating in 2004. Of all the specialties she had been exposed to at UMKC, she really loved periodontology. While teaching at the school, she had a chance to learn even more about perio and found it very interesting. So she decided to pursue specialization and graduated from the Periodontic Residency program at UMKC. She has been practicing periodontics since 2009.

Thinking back to the days when she was a dental student, she recalls that digital charting and radiographs were just starting to be taught. Now dentists are relying more on digital radiography and three-dimensional imaging for diagnosing and treatment planning. She likes these changes and believes they help her decide the best route of treatment to pursue with patients and to be more confident in her decisions. She has found seeking advice from experienced doctors has made a

big difference in how she practices and the business aspect of dentistry...they have insight that dental school doesn't teach you or that you may otherwise have to learn the hard way. One thing that has not changed at all is taking the time to talk to patients, explain treatment, and understand their concerns when they come to her office for care.



For fun, Allison enjoys hiking and yoga, as well as discovering places to eat with her husband, Brandon Yokota (also a dentist), and friends. She and Brandon enjoy hanging out at home with their dog, Molly.

Her advice to new dentists: "Our profession is all about customer service. Our goal is to treat patients with the utmost care and concern for their long-term health. We should do all we can: attend continuing education courses, study clubs, and listen to fellow dentists' advice to pursue excellence in our skills to reach that goal." 

Dr. Charles R. Sugiyama

Charles was born in the Territory of Hawaii to Dr. Francis and Fumiko Sugiyama in Kohala on the Big Island. His father was the only dentist in the plantation town. Charles wanted nothing to do with dentistry, witnessing the stress of running a country practice—crying children, adults moaning in pain. His cousin worked as an engineer for the county and Charles saw how he worked and thought “that’s for me!” So off he went to Oregon State University to study electrical engineering. After graduation and a three-year stint working in San Francisco, he returned home to Hawaii and worked at Pearl Harbor. Within six months he found his work meaningless and chaotic, but he met former patients of his dad’s who were so grateful to his dad that it instilled a new desire in Charles to become a dentist.

He attended the University of Iowa Dental School (’88) where his tuition was only \$4000 a year (what a deal!). He mentored younger dental students from Hawaii and, although dental school was the most stressful time of his life, it was also the most memorable time—with many road trips. He found he had a knack for waxing and lab work. Charles remembers using rubber base for impressions, film x-rays, no computers, no cell phones. Times have sure changed!

After passing the state dental board exam, Charles found work as an associate in a large practice. After a few years, he decided he would be happier on his own, and in 1997 he opened his own practice where he has



been ever since. He is concerned about the future of our profession—the rising costs of a dental education, higher cost of running a practice and the impact insurance has on our fees.

Charles used to be an avid trekker; no peak was too much for him. He has climbed Mauna Kea and Mauna Loa over a dozen times, and Everest base camp, Patagonia, Milford Trek, and Mt. Fuji. On a sacred mountain in Tibet, he threw prayer cards into the wind. Charles asked for someone special to share his life with and five years ago, he met Mitsuko and his trekking boots have been collecting dust ever since.

His advice to young dentists: “Don’t be the first to get something new, but don’t be the last—a lot of dental equipment and materials come and go. Join study clubs, you have so much more to learn and the more you learn, the more ignorant you realize you are. Treat only the patients that appreciate you. Life is too short. Start paying yourself and planning for the future, because the future waits for no one. Smile, because life could be a lot worse.” □

>> Then and Now continues on the next page

Dr. Lauren N. Bundschuh

Lauren Kanna was born in Waimea, Kauai graduating from Waimea High School. Her undergraduate studies were at UH, University of Massachusetts and finally at the University of Washington where she got a BS in Nutrition. Dentistry has run deep in the Kanna family blood for four generations and as an 8th grader, her first exposure came as an after school hireling at her Dad's practice. "Numba One Son," Stan Kanna, was destined to carry on her dad's legacy. Lauren took an interest in dentistry while at UW, although her father tried to dissuade her. "Japanese reverse psychology" worked and Lauren found herself at Northwestern Dental School where the majority of students and faculty were men. Those four fast and furious years were driven by requirements, traditional lecture format, and lab marathons.

There was great camaraderie amongst Lauren's classmates, who represented nations from all over the world. The Hawaii contingency held their own and was noted amongst the instructors as "good students." She graduated in 1986. The environment in dental school today is a bit different from back then, with a great increase in women students (up to 51%) as well as many more women faculty. Universal precautions were not a mandate as they are now, as HIV/AIDS was just emerging as a health concern in the 80's.

Lauren feels that today's graduating dental students are too heavily burdened with student loan debt. She has been practicing dentistry for 28 years—22 years in private practice and the last six years as the Dental Director for the West Dental Clinic of Ho'ola Lahui Hawaii, a non-profit Community Health Center.

Changes she notes are the digitization of the practice of dentistry, increased prevalence of latex allergy, evidence-based treatment planning, implants becoming the preferred treatment, and the emphasis on the oral-systemic connection which leads to a more vested interest in patients' oral health. Lauren can't imagine practicing without her LED headlight on her loupes


Then



Now

and she says that being older, and hopefully wiser, leads to better management, happy staff, and a happy dentist.

She has been married to Rick Bundschuh for 26 years and they have four children. Rick is one of the teaching and founding pastors of Kauai Christian Fellowship. Their home is a revolving door of activities, people and sand. Lauren's idea of fun is trying new recipes, eating new foods, especially cultural foods—the stinkier the better!

Her advice to the next generation of dentists: "It is more blessed to give than to receive. There are more people in this world that do not have access to oral care than there are that do. All of us should consider volunteering for a foreign dental mission, gifting those who cannot give back, with your skill, your time and your heart. The world needs you." 

Dr. Sanford K. Kamezawa

Sandy was born on Kauai, in Puhi, a small sugar and pineapple plantation town. He spent his grammar school days in Lihue, then spent two years at Mid Pacific Institute, returning to Kauai to finish high school. He played varsity football, basketball, baseball, and track & field at Kauai High School. He attended the University of California at Berkeley. His claim to fame: During his junior year, as a walk-on for the baseball team, the Golden Bears won the 1957 National Championship.


Sandy's mother raised her family on cod-liver oil, natto, chicken hekka and all kinds of fish products. She cradled her family with so much love that Sandy credits her for his good health. He came from a family of five, and when was three, his father died from kidney disease. Later, his mother married Shiro Kanemaru, older brother to Dr. Masao Kanemaru, a highly respected community leader from Wahiawa, Oahu.

Dr. Kanemaru (Uncle Masao), father of four sons (all dentists) and a daughter (a pharmacist), became a mentor to Sandy. Dr. Kanemaru was also one of two "taishos" of the Japanese Dental Society, which was active and viable thanks to him and Dr. Ken Kuwata. Dr. Ben Hirano—Uncle Masao's wartime buddy—also encouraged Sandy to consider dentistry. Dr. Hirano was a graduate of the Baltimore College of Dental Surgery—which he highly recommended. Sandy applied and got into the Baltimore College of Dental Surgery (an affiliate of the University of Maryland), the first dental school in the country.

Sandy graduated in 1961 and has been practicing dentistry for 53 years—the first two years in the U.S. Air Force in Tacoma, Wash., and the next 51 years in general private practice in Honolulu. His office lease expires in July 2015 and he plans on retiring at that time. Today, his only sport is golf and he has three hole-in-ones to his credit and hopes for more.

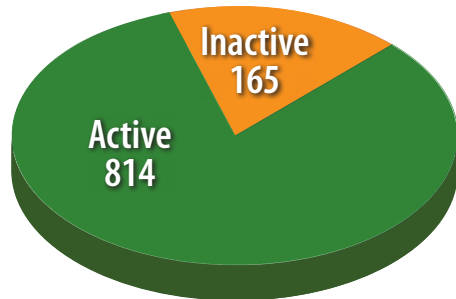


Reflecting back on the late 50s and early 60s, Sandy remembers that pre-clinical requirements for dental school were similar to medical school. The last two years of school were stressful because you needed to fulfill many requirements. Gold inlays, onlays, and gold foils were required. He wonders how many young dentists even know what gold foil restorations are! Sandy used to invest and cast his own wax patterns, now he sends them out, but still waxes and carves his own wax patterns having done so for 50+ years. He continues to use hydrocolloid for impressions. One newer technology he uses is a laser which he has used for over 10 years. He enjoys the company of his patients and still marvels at good dental work whenever he sees it.

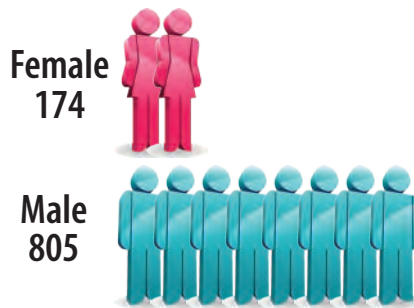
Sandy's advice to future dentists: "Learn as much as you can to render the quality and safe service expected of us. Enjoy what you're doing because the better you are, the more you'll enjoy it. Get the proper compensation for your services—as doctors we deserve it because we've earned it. It's not easy to work all day in a confined area trying to produce quality workmanship in a high speed world. Our profession is well-respected by the community and we need to maintain that trust and status. Dentistry has been a journey, not a destination, and whatever success I have accomplished, I owe it to many wonderful people: friends, patients, associates and specialists who were part of my DREAM TEAM." 

2014 HDA Membership— 979 Members!

BY MEMBERSHIP STATUS



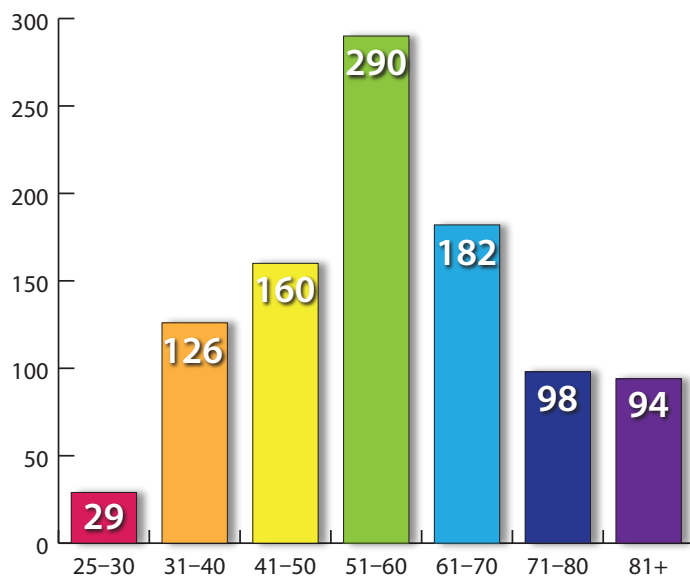
BY GENDER



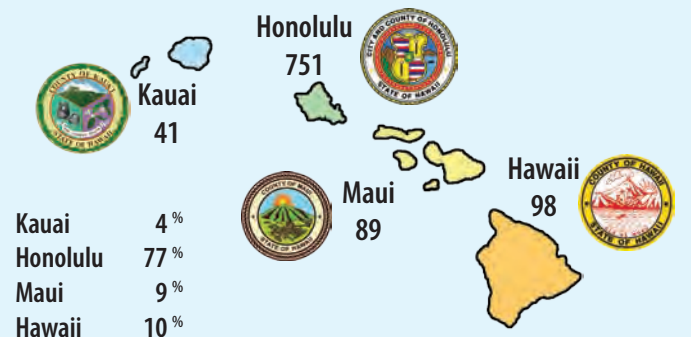
BY SPECIALTY

TYPES	TOTAL
General Practice	777
Endodontists	35
Oral Maxillofacial Surgeons	24
Orthodontists	51
Pediatric Dentists	43
Periodontists	28
Prosthodontists	16
Public Health Dentists	1
Oral Maxillofacial Radiologist	1
Total	979

BY AGE



BY COUNTY



TOP 20 DENTAL SCHOOLS FOR HDA MEMBERS

(rated by attendance)

UMKC	102	UCLA	25
Univ. of the Pacific	80	University of Iowa	25
Creighton Univ.	74	Tufts Univ.	24
Northwestern Univ.	68	Marquette Univ.	22
USC	68	Univ. of Pennsylvania	20
Univ. of Washington	60	St. Louis Univ.	18
Indiana Univ.	48	UCSF	18
OHSU	47	Loma Linda Univ.	16
Washington Univ.	34	New York Univ.	16
Loyola Univ. of Chicago	25	Univ. of Maryland	15

OUR MARKET

Dentists with Hawaii license	1515
Practicing on US mainland	408
Practicing in foreign countries	18
Practicing in Hawaii	1089
HDA members	979

HDA market penetration = **90%**

HDA Members 979
Nonmembers 110

(Data from Dept. of Commerce and Consumer Affairs as of October 22, 2014)



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