

# JOURNAL

Fall 2018

Hawaii Dental  
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# Hawaii Dental Association JOURNAL

Fall 2018

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**Correction to the Spring 2018 Journal: The names on page 25 were incorrect—Dr. Clyde Uchida to Dr. Clyde Umaki and Dr. Mitchell Fujiuchi to Dr. Milton Fujiuchi.**



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*HDA President*  
Robert Baysa, DDS

## What Is Your Grit?

Reflecting on my term as president, I have been both humbled and honored to work alongside you through the challenges and blessings the Hawaii Dental Association faced in 2018. For all of you, and for the collective experiences that have shaped this past year, I am truly grateful.

If there is one lesson over the years that is heaviest on my heart to share, it is grit. Dentistry is a lifetime learning process. Grow. Connect. Strive to be realistic, not perfect. Give yourself a break—take a vacation. Fit those vacation days around conferences if needed, but do take time to unplug and reconnect with your family. Drive your work rather than letting it drive you, and never lose your grit.

That grit is what got you all through dental school, developing your own practice, your ability to overcome through adversity, yet maintaining a sense of hope and resilience even when there were setbacks—that is what got you where you are today. My own personal story is no exception. In fact, looking back, grit was sometimes the only thing I had going for me, and I have my father to thank for that.

Dad went to medical school at Creighton University. He worked summers in California harvesting vegetables at the crack of dawn till dusk to make ends meet for tuition and living expenses. During his second year, his father told him there was no more money to pay for school. My Dad had two choices—quit school or go forward. Then he saw a sign—literally—of Uncle Sam pointing right at him. Dad's response of "I'll show you" was

to choose the path forward and since then, he has never looked back. Grit got him through a career in the military as Hawaii's state air surgeon and made his thriving medical group practice in Wahiawa possible.

Through my Dad's example, my hope was to follow in his footsteps and medicine. However, I ended up taking a detour which led me to another path, my passion in Dentistry. Dental school was not easy. I didn't give up. I couldn't let my parents or myself down. I had a rough first year, one I would have had to repeat, if not for the encouragement of my professors to tough it out. I retook dental anatomy over the summer, got to stay in my class and graduate on time. Grit got me through school and with hard work, I started as an associate which led to owning my own practice.

Armed with grit, the future is less daunting and more promising because you'll discover an attitude of resilience and a sense of community. We may work alone in our practices, but we are NOT alone. We have a team of advisors and mentors to help us with practice management, finance and legal matters. We also have an ace-in-the-hole as ADA members. My ah-hah moment came when I needed help on the insurance language of "Disallowed" and "Denied." By embracing hope and persevering through a frustrating situation, I came out ahead. Not only did I meet colleagues who helped me with my immediate problem, I broadened my network, connecting with experts in the field at a national level whom I otherwise would not have met.



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forward  
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## LETTER FROM THE PRESIDENT

>>

In closing, I'd like to challenge those of you who recognize the grit within, to consider taking on a position of leadership, to mentor a colleague, and most important, to tell your story. Embrace the grit that got you where you are today, to carry us forward together as an association. "Enthusiasm is common. Endurance is rare... We are running a marathon, not a sprint."\* Together we all can make a difference. What is your grit? 🦷

\*Angela Duckworth: *Grit: The Power of Passion and Perseverance* (New York: Scribner, 2018)



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HDA Executive Director  
Kim Nguyen, MSW

# What's Ahead?

**H**ard to imagine (but actually not really) that another year has flown by! By the time you read this, we will be one month away from closing out what was quite an event-filled year. So what did HDA do in 2018? Just to name a few key highlights...

Externally, we had another successful January 2018 Convention—the revenue of which helps fund key operations, followed by us hosting ADA's Executive Director Dr. Kathy O'Loughlin at our January 2018 House of Delegates. We supported the HDA Foundation so that it can focus on community outreach and raise the oral health awareness in our communities. We defeated legislation that was harmful to our profession while engaging with decision-makers, and provided legislative training and meet and greets with our young dentists. We created the Community and Public Health Program and the Membership Engagement Program, and revitalized the Endorsement Program—to better serve our members and community. We began development of a new business model, the County Assistance Program (CAP) to offer support to all four neighbor island components. We hosted the ADA and mainland friends and colleagues to our beautiful state, including offering a “bonus” Give Kids a Smile community event in October.

Internally, we restructured staffing to better align with our three-year strategic plan, which will end its first year in 2018. Our staffing now includes a Program Coordinator and a Membership Services Manager. We offered Zoom technology for members to join meetings online so we can see you and not just hear your voice! And we are in the process of updating

our corporate documents (who doesn't enjoy a bit of wordsmithing here and there?).

These tasks are setting HDA up for a more successful 2019, led by our leadership and dedicated member volunteers. I thank HDA President Dr. Robert Baysa and the 2018 leaders for their hard work, and look forward to working with incoming President Dr. Dayton Lum and the 2019 leaders.

For me personally, 2018 marks my first complete year with HDA. So I reflected on this full year ... here's how the conversation went on in my head: Q: How was it? Me: Well, it's never dull here, for sure! The office may be quiet at times, but there are always so many balls to juggle at any one moment. Like many of you, I probably added more to my To-Do list than I spent time checking off tasks. Q: Outside of our volunteer leaders, have I met a lot of our HDA members? Me: A good handful, but forgive me if I give you a blank look the next time we meet. Q: If I could have known one thing when I first started off the bat, what would that have been? Me: What questions to ask, to whom, and in what context!

As is the norm these days, everyone has more to do than time allows but when you have a moment, I invite you to stay updated with HDA, to ask questions, and to engage or re-engage. Ask yourself where you'll be with HDA in 2019? Here's wishing all of you a happy and healthy end to 2018 and to a productive 2019. 🍀



We supported the HDA Foundation so that it can focus on community outreach and raise the oral health awareness in our communities.

# 2019 HDA Calendar All HDA Members Welcome at All Meetings

**Board of Trustees**  
**9am–2pm, Oahu Country Club**  
**Thursdays**


*February 14, 2019*  
*May 2, 2019*  
*July 11, 2019*  
*October 10, 2019*

**Executive Council**  
**6:30–8:30pm, HDA Office**  
**Tuesdays**

*January 29, 2019*  
*March 12, 2019*  
*April 9, 2019*  
*June 11, 2019*  
*August 13, 2019*  
*November 19, 2019*  
*December 10, 2019*

**House of Delegates**  
**9am–C.O.B., Ala Moana Hotel**

Awards Ceremony to follow  
*Sunday, January 27, 2019*



**Conferences & Events**

<p><b>Legislative Breakfast, January 10, 2019</b>  <i>7:00am, Pacific Club</i></p> <p><b>Legislative Session Begins, January 16, 2019</b>  <i>10:00am, State Capitol</i></p> <p><b>Hawaii Dental Association CE Program</b>  <i>April 11–12, 2019, Honolulu Convention Center</i></p>	<p><b>ADA Dentist &amp; Student Lobby Day</b>  <i>April 14–16, 2019, Washington, DC</i></p> <p><b>ADA New Dentists Conference, Sept 5–8, 2019</b>          Moscone Convention Center, San Francisco, CA</p> <p><b>ADA Annual Session and House of Delegates</b>  <i>Sept 5–9, 2019, Moscone Convention Center</i>          San Francisco, CA</p>
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*Dates/times subject to change. Please call to confirm attendance. If you would like to add your event, please contact the HDA office.*



## E Komo Mai! **New Members**

**Terri Andrade, DDS**

**Bryson Chang, DDS**

**J DeMeo, DMD**

**James Fukuroda, DDS**

**Hsiao-Ling Hoshino, DMD**

**Madalyn Johnson, DDS**

**Howard Kang, DDS**

**Kai Kawasugi, DDS**

**Elliot Kim, DDS**

**Ha Kim, DMD**

**Supriya Koirala, DMD**

**Mariya Melnik, DMD**

**Jeffrey Miyazawa, DDS**

**Kenji Sakai, DDS**

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## In Memoriam

**Peter GC Wong, DMD**



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# HDA President-Elect on the Road!

By Dr Dayton Lum, HDA President-Elect

This summer's travels for the HDA leadership included my trips as President-Elect to Chicago for the annual ADA President-Elect Conference, and as part of a leadership contingent with HDA President Dr. Robert Baysa and Executive Director Ms. Kim Nguyen, to the Western States Presidents Conference in Whitefish, Montana.

All the state President-Elects annually attend the ADA P-E meeting, which coincided with the states ED and management conference. It was an opportunity to network with the incoming state presidents and their respective EDs. Our 14th district consists of Arizona, Colorado, Hawaii, Wyoming, Nevada, New Mexico, and Utah; meeting these future leaders was especially important. The ADA provided us with presentations on

leadership skills, organizational functions, and the various services they provide to assist states. Hot topics were establishing and carrying out a strategic plan for the Association (which HDA has worked on and are in our first year), creating membership services that are relevant to the economic and social changes that are occurring in our profession, and conducting meetings efficiently and in a measurable manner. All in all, the PE Conference was a very good meeting! The ADA and ADA Political Action Committee work hard for us with their support and advocacy on all levels of the Tripartite relationship.

The Western States Presidents Conference is a great meeting! Those states in attendance were the 14th district, the 11th district (Alaska, Washington, Oregon, Idaho, and

Montana serving as host), and the 13th district (California). Each state sends their President, President-Elect, and Executive Director. We were all asked to present on current work, our successes and challenges experienced, and our methods utilized. Other topics shared and discussed were related to current events, challenges that states are facing as an organization, third party payers, membership, conventions, dental industry manpower, mid-level providers, the Community Dental Health Coordinator program, and relationships with the ADA. Everyone left the Conference refreshed and on a high note...no losers here! Camaraderie ruled the day, as we universally felt that organized dentistry means we're more effective together. 🦷



From left to right: Dr. Dayton and Mrs. Joan Lum; Ms. Kim Nguyen; Mrs. Lora Baysa and Dr. Robert Baysa



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# GKAS Kuhio Community Event & Gala

By Drs. Scott Morita and Jaclyn Palola, GKAS Planning Chairs

Since Hawaii's first Give Kids A Smile (GKAS) event in 2014, over 3,000 children have been given dental care by 270 dedicated volunteers. GKAS, a project of the Hawaii Dental Association Foundation, has brought countless smiles to the keiki of Hawaii over the last four years and the smiles of October 2018 were no exception. With Honolulu hosting the American Dental Association's national convention for 2018, the GKAS program kicked into high-gear to put together two very special celebrations. The Give Kids A Smile Community Event at Prince Jonah Kuhio Elementary School and the Give Kids A Smile Fundraiser Gala at Sheraton Waikiki were highlights for dental professionals, both local and visiting. GKAS kicked-off the week on Wednesday, October 17 by hosting a community event at Prince Jonah Kuhio Elementary school. Over 200 students ranging from pre-school age to 5th grade arrived at school to take

part in a fun-filled day, to learn more about their oral health. Seventy volunteers, comprised of visiting dental professionals and those that call Hawaii home, came together to share clinical care, education and games with the keiki. Over 100 students received a dental screening and topical fluoride varnish from Hawaii-state licensed dentists, followed by oral care and nutrition education. Then, students were chaperoned to their cafeteria for the fun zone! Games and activities, such as balloon animals and face painting, were all necessities—and don't forget the goodie bags! It was a regular Wednesday made extra-special for the keiki of Kuhio Elementary by GKAS and their dedicated volunteers; volunteers that are willing to give their time, expertise and a smile to some of Hawaii's most important, yet underserved citizens.

With the success of the community event, the GKAS crew excitedly completed their last-minute

preparations for the Give Kids A Smile Fundraiser Gala on the evening of Saturday, October 20! Sheraton's ballroom housed over 300 guests who arrived ready to celebrate GKAS, "Hawaiian Style." A silent auction offered a variety of unique items for guests to bid on, including a signed Kobe Bryant jersey, dinner cruise, and a signed Justin Timberlake electric guitar, all benefiting the GKAS program. Guests also tested their luck obtaining some rare finds at the popular wine and whiskey wall, and were treated to both adult and keiki hula performances. SmileMaker awards were presented to Dr. Rachel DiPasquale, the Leong Family Dental, and Mr. Scott Kurosawa for their dedication to improving Hawaii's oral health. Upon the gala's conclusion, many guests remained at the After Hours to continue the celebration and dance the night away.



Dental leaders, Board members, staff, and volunteers from the HDA's Young Dentist Group, the HDA Foundation, and the ADA Foundation, get ready to deliver oral health education to Kuhio keiki.

# ADA Holds Annual Convention and Meeting in Honolulu

By Dr. Edmund A. Cassella, Sr ADA Delegate

The American Dental Association held its 159th Annual Meeting in Honolulu from October 18–22, and I am happy to report it was a very successful meeting. The meeting was presided over by Dr. Joseph P. Crowley, who was the current ADA President. The number of attendees was less than there were in 2009, the last time the meeting was held here. Unaudited numbers report that a little less than 17,000 registrants attended over 250 courses and visited over 500 booths. However, the attendees, courses instructors and exhibitors had nothing but positive remarks in spite of some glitches due to the hotel worker’s strike. Our own Dr. Calbert Lum, Chair of the Local Arrangements Committee, and his army of 200-plus volunteers helped to make this important event for Hawaii a success.

Most of the courses, exhibitors and ADA House of Delegates meetings were located at the Hawaii Convention Center with some spillover to the Ala Moana Hotel, while the ADA District Caucuses and Reference Committee meetings were held at the Hilton Hawaiian Village, designated the ADA headquarters hotel.

Our Hawaii Delegation (3) is in the ADA 14th District along with Arizona (10), Colorado (10), Nevada (3), New Mexico (2), Utah (5), and Wyoming (2). The number after the state signifies the number of Delegates allocated by the ADA based on ADA membership per state. Our 14th District has a total of 35 delegates, and each state is authorized the same number of Alternate Delegates to attend the Caucuses, Reference Committees and

the House. In addition to the Executive Director, each state can select a secretary to accompany the delegation.

The election of ADA officers is held the last morning of the House, and this year there were many more candidates than in recent memory. Four very qualified candidates ran for President-elect, and after the initial election and two runoffs, Dr. Chad Gehani from New York was elected. Dr. Gehani is an Indian immigrant who brings an energetic, inspiring persona to the ADA while expanding the demographic of ADA presidents.

For Second Vice-president, Dr. Craig Herre from Leawood, Kansas was elected and Dr. Ted Sherwin from Virginia was elected Treasurer. Dr. Sherwin was elected on the first ballot,



## >> GKAS continued

Our appreciation goes out to our Hibiscus sponsor Patterson Dental; to Central Pacific Bank, Hawaii Dental Service, Wealth Strategy, Invisalign, and Morita Orthodontics for the generous donations and to the ADA Foundation for its partnership, for both events; and to our Gala silent auction donors. Their support, along with that of the Gala attendees, raised over \$60,000 to support Hawaii’s oral health efforts. Much Mahalo to Prince Jonah Kuhio Elementary school for hosting our group and for allowing us to share our work. Our thanks also go out to all of the volunteers for their time and eagerness to help; without them GKAS would not be possible. And we would especially like to thank the keiki of Hawaii—thank you for giving us the opportunity to make a difference in your lives—keep smiling! 🦷

Top: SmileMaker awardees are recognized  
Bottom: A Kuhio keiki learns about healthy choices



# ADA CONVENTION & ANNUAL MEETING



even though there were five candidates vying for the position. This can be viewed as a testament to his qualifications for Treasurer.

The majority of Resolutions were left on the consent calendar and were approved; however, a few were pulled off to be discussed at the four Reference Committee meetings held from 7:00 am to 2:30 pm on Saturday, October 20.

## Reference Committee A: Budget, Business, Membership and Administrative Matters.

This section had significant discussion on Resolution 36 that was seeking a special assessment in the amount of \$58 to fund the third year of a 3-year pilot project called the “Find a Dentist” campaign. After much discussion, the House passed 36RC which supported funding the third year of this pilot project completely from reserves.

Resolution 35 was submitted by the BOT seeking a dues increase of \$22 to cover \$2,000,000 annual costs associated with increasing Search Engine Marketing to support ADA priorities. The Board believes this annual cost to be an ongoing operational expense allowing the ADA

to have enhanced presence on search engines for key topics that are most important to members and to have flexibility to adjust topics as new ADA priorities arise. The Reference Committee heard limited testimony regarding this dues increase and supported it. Dues will be raised to \$554 for ADA Active Members.

## Reference Committee B: Dental Benefits, Practice and Related Matters.

Resolution 33 was a hotly debated topic at both the Reference Committee and the House. It went through many amendments and substitute resolutions before the Reference Committee recommended Resolution 33RC be adopted in lieu of Resolutions 33, 33B, 33BS-1 and 33BS-2.

The resolution involves potential legislation for a dental benefit for Medicare. Resolution 33RC directs the president to appoint an adhoc committee with the relevant expertise to review and update Resolution 5H-2006 and identify an implementation plan and timeline to address eldercare including Medicare. A progress report is to be submitted to the 2019 HOD. This resolution has the

potential to have the greatest impact on dentistry at many levels, so I would encourage all dentists to be alert to any information or reports in the ADA media or public news media concerning Medicare dental benefits.

Resolution 25 was a recommended no vote by the BOT, but significant Reference Committee testimony in favor of RES 25 resulted in 25RC that was adopted and agreed with the Council on Dental Benefits Program’s (CDBP) recommendation to create a clinical data registry for dentistry. The RC noted the need for a comprehensive approach across multiple ADA agencies given that the future of dentistry will be data dependent. Resolution 75B was adopted and it originated in our District Caucus and it will result in data collection that will allow future comparison studies of the effectiveness of different practice delivery models.

## Reference Committee C: Dental Education, Science and Related Matters.

This Reference Committee is routinely scheduled for two hours while the other RCs are scheduled for 1.5 hours. The extra time is because Committee C has more Resolutions that result in copious debate. This year was the exception for controversy and debate, except for Resolution 26 and 26S-1 that gave increased importance to the Curriculum Integrated Format (CIF). Res 26 was the result of a 2-year comprehensive review of the Association’s 17 policies related to dental licensure. Redundancies and lengthy explanations resulted in streamlining the policies into a succinct yet comprehensive policy. The proposed policy also includes the



The Hawaii Delegation to the ADA (left to right): Drs. Curt Shimizu, Robert Baysa, Chris Lee, Dayton Lum, Patsy Fujimoto; ADA President Dr. Jeffrey Cole; Ms. Kim Nguyen; Drs. Neil Nunokawa and Edmund Cassella



portfolio-style and Objective Structured Clinical Exam (OSCE) testing modalities already accepted by some states. It also noted that the pathways to initial licensure reflected the policies presented in the report of the ADA/ADEA/ASDA Taskforce of Assessment of Readiness for Practice. There was some opposing testimony, but the “Comprehensive Policy on Dental Licensure” Resolution 26 was passed.

Resolution 13 was an amendment to the requirements for recognition of dental specialties and national certifying boards for dental specialties. Although this was considered a housekeeping amendment from passage of the National Commission on Recognition of Dental Specialties and Certifying Boards by the 2017 HOD, some members expressed concern, so Res 13RC resolved the minor word smithing concerns of the amendment.

### Reference Committee D: Legislative, Health, Governance and Related Matters.

Resolution 32 addressed awareness of the growing problem of 3rd party payer interference in patient care and the role of the ADA in this ongoing fight. Initially Res 32 asked for \$2,500,000 for dental benefits advocacy to be added to the SPA Program. This was considered too costly, but the resolution had merit, so Res 32S-1 was eventually passed after much debate and it directs the ADA to form a task force that will develop a broad-reaching strategy for state-based dental benefits advocacy and report back to the 2019 HOD.

Res 74 originated in our Caucus and was recommending continuing

education requirements to help dental office personnel identify Abused and Neglected Patients. This then became 74B and then 74RC. After supportive testimony for all but the implication of “mandatory requirement,” Res 74RC was adopted to encourage the appropriate ADA agency to draft model regulations for use by each state regulatory board for the purpose of including continuing education for the identification and reporting of abuse of children, people with disabilities, intimate partners and elders in continuing education courses. It also directed the ADA to provide courses as a free member benefit, and the word “requirement” was stricken.

Resolution 89 concerning Campaign Travel was vigorously debated and resulted in 89RC and then 89RC-S-1 which was voted down and then 89RC was adopted. It directs the appropriate ADA agency to study the options and concerns and to make recommendations for President-elect travel and report back to the 2019 HOD. Many delegates argued that travel to Districts gave the candidates better opportunities to meet District Delegations and to develop their public appearance speaking skills, but opposing testimony was directed at cutting costs by the use of video conferencing and related technologies.

Our Caucus I, II & III were Chaired by our very own Dr. Patsy Fujimoto, and she was praised for running efficient and entertaining meetings. She was also nominated for Trustee of our district along with three other delegates, and the vote resulted in Dr. Brett Kessler from Colorado being chosen to represent our seven states on the ADA Board of Trustees. He will be

inducted at next year’s 2019 House of Delegates in San Francisco. As an aside, Dr. Kessler completed the Kona Ironman October 13, the weekend before the ADA Annual Meeting. He competed in the 50-54 year old age group and finished with a time of 13:56:44. Impressive!

The high point of the HOD is the installation of the incoming ADA Officers and Trustees. This year Dr. Jeffrey M. Cole from Wilmington, Delaware, ADA’s 4th District, was installed as the 155th President of the American Dental Association on October 22nd. He gave an inspiring address to the House stating that the future of dentistry is bright and we should all strive to make a difference for our patients and our profession. Four new Trustees were also installed: Drs. Paul Leary, 2nd District; Susan Becker Doroshov, 8th District; Linda Johansen Edgar, 11th District; and James Stevens, 13th District.

Our current Trustee, Dr. Dan Klemmedson, is beginning the fourth and final year of his term, and he announced that he will run for President-elect at next year’s meeting in San Francisco. He was the only Trustee in his year group to declare candidacy for the PE position.

Our Delegation appreciates the opportunity to represent our members to our District and the ADA HOD. The HDA Delegation to the ADA includes Drs. Neil Nunokawa, Curt Shimizu, Patsy Fujimoto, Chris Lee, Robert Baysa and Senior Delegate Dr. Ed Cassella. Also in attendance were Delegation Secretary Dr. Dayton Lum and HDA Executive Director Ms. Kim Nguyen. 🍷

# Advocacy: What's in it for Me?

By Ms. Melissa Pavlicek and Mr. Danny Cup Choy, HDA Legislative Consultants

Few dentists, or maybe no dentists, enter the profession to become lobbyists, yet every day dentists are confronted with the results of federal, state and local oral health policies. A lack of water fluoridation and the failure to fund adult dental Medicaid coverage are policies that seem short-sighted at best. Seeing their effects moves many dentists to engage in advocacy. It becomes impossible to ignore the problems and the potential for good in laws and rules that affect every Hawaii resident's oral health. Whether you have submitted online testimony to the legislature, contacted your state representatives or met with legislators at the state capitol, your voice makes a difference. Another important advocacy opportunity is at the Board of Dentistry, both by serving as an appointed volunteer board member or attending and communicating to the members at the meetings. What's in it for dentists is the opportunity make a huge impact on the oral health of Hawaii residents.

Recently, Maui dentists gathered to review legislation introduced in the 2018 legislature and to discuss ways to engage further with key policy makers. Collectively, the members of the Hawaii Dental Association tackle important oral health issues such as:

**Fluoride.** A resolution was introduced that requested a study from the Department of Health on the impact of fluoride use for pregnant women and children. While the resolution did not pass, this has been an important

issue for dentists who are advocating for the health benefits of fluoridation while fighting misinformation about the supposed harms.

### **General and Direct Supervision.**

Nearly every year there are bills discussed at the legislature that attempt to put guidelines around what procedures hygienists and dental assistants are allowed to perform. When done right, these rules and regulations could benefit the public by ensuring greater access to quality care.

**Licensure.** Last year a bill was introduced at the legislature that would require the Board of Dentistry to issue a Hawaii license to any dentist who is licensed and credentialed in another state, regardless of whether the dentist had received any recent hands-on training or testing. HDA opposed the measure on the grounds that Hawaii's consumers benefit when appropriate credentialing is assured.

**Medicaid Adult Dental.** An ongoing effort continues to fund dental benefits for adult Medicaid beneficiaries. The impact of providing dental services to Medicaid parents not only benefits their overall health and tends to lower societal costs by averting emergency room visits, but increases the likelihood that children of covered adults have regular appointments with a dentist.

This is just a small sample of topics that are debated in the halls of the State Capitol. Clearly, these are important issues that require



Melissa Pavlicek



Danny Cup Choy

information and anecdotes from field oral health experts. Advocacy is an opportunity to both “give back” and “pay it forward,” to benefit the state of oral health in Hawaii. HDA will continue to keep its membership informed about the issues that matter to dentistry. And your legislative committee is engaged with policymakers to ensure dentists have a seat at the table. Your support is needed. HDA's strength is in its membership so reach out if you have data to share or a story to tell on important policy issues. Consider submitting testimony in 2019 on bills that are identified as priorities by the Hawaii Dental Association's leadership. Your input makes a difference and ultimately, the real winners are the people of Hawaii who will benefit from strong oral health public policy and the improved health and wellness that follows. 🦷

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**Act 153 (2018): Hawaii Senate Bill 2646 SD1 HD3 CD1**

**EFFECTIVE:** July 1, 2018.

**MEASURE:** Relating to Prescription Drugs.

**DESCRIPTION:** Requires prescribers of certain controlled substances to consult the State's Electronic Prescription Accountability System before issuing a prescription for the controlled substance, under certain circumstances. Provides that a violation by a prescriber shall not be subject to criminal penalty provisions but that a violation may be grounds for professional discipline.

*More Information: [https://www.capitol.hawaii.gov/session2018/bills/GM1262\\_.pdf](https://www.capitol.hawaii.gov/session2018/bills/GM1262_.pdf)  
<https://hawaii.pmpaware.net/login>*

**Act 151 (2018): Hawaii House Bill 1602 HD2 SD1 CD1**

**EFFECTIVE:** August 1, 2018.

**MEASURE:** Relating to Opioids.

**REPORT TITLE:** Opioid; Warning Label

**DESCRIPTION:** Requires the inclusion of a label warning of the risks of addiction and death on the packaging of any opioid drug dispensed by a health care professional or pharmacist.

*More Information: [https://www.capitol.hawaii.gov/session2018/bills/GM1260\\_.pdf](https://www.capitol.hawaii.gov/session2018/bills/GM1260_.pdf)*

**Act 066 (2017): Hawaii Senate Bill 505 SD1 HD2 CD1**

**EFFECTIVE:** July 1, 2018.

**MEASURE:** Relating to Health

**REPORT TITLE:** Opioid Therapy; Informed Consent; Prescription Limits; Nurses

**DESCRIPTION:** Requires prescribing healthcare providers to adopt and maintain policies for informed consent to opioid therapy in circumstances that carry elevated risk of dependency. Establishes limits for concurrent opioid and benzodiazepine prescriptions. Clarifies Board of Nursing authority to enforce compliance with Uniform Controlled Substances Act.

*More information: [https://www.capitol.hawaii.gov/session2017/bills/GM1167\\_.pdf](https://www.capitol.hawaii.gov/session2017/bills/GM1167_.pdf)*

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### Getting to Know

# Drs. Norman Chun and Glenn Okihiro

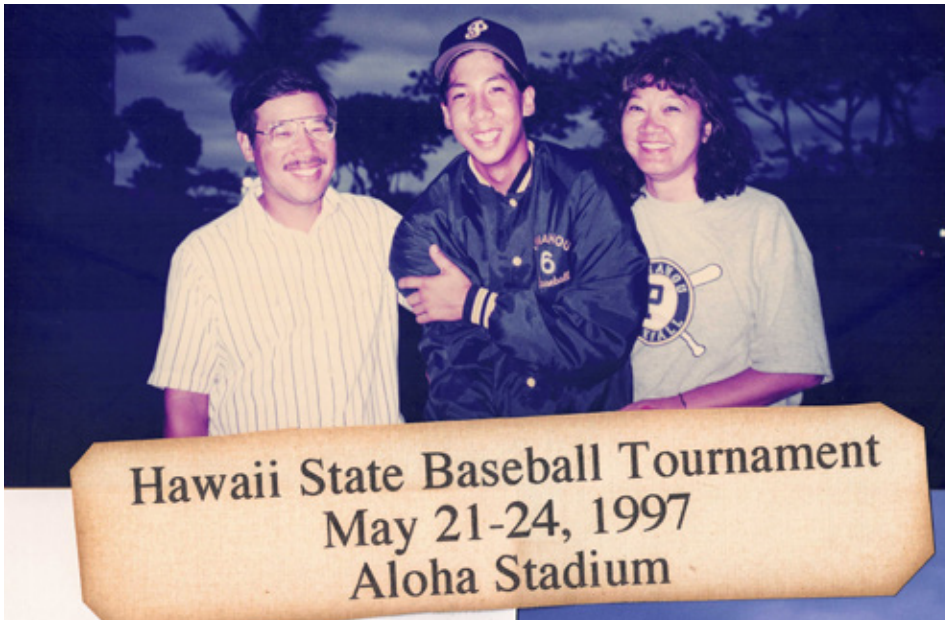
By Dr. Candace Wada, HDA Member

In this issue we are highlighting our hard-working legislative volunteers, Drs. Norman Chun and Glenn Okihiro. These guys tirelessly put in time in the best interest of Hawaii's practicing dentists and have been doing so for many years, as co-chairs for HDA's Political Action Committee and Legislative Program.

Dr. Norman Chun was born and grew up in Honolulu, one of three sons to go into dentistry following in the footsteps of their father, Dr. K.B. Chun, who practiced in Kailua. Norm attended Kapalama Elementary school and then Iolani School. He went on to college at University of New Mexico and then University of San Francisco. After undergraduate studies, he went

to University of Pittsburgh School of Dentistry and then Ohio State for Pedodontic residency. He joined his father's practice 37 years ago followed by his two brothers, Drs. Mark and Mitchell Chun. Norm is married "to my beautiful wife, Janet, whom I met during pediatric residency in Ohio and we have one son, Ryan, who is now in dental school in Utah." Three generations of Chun dentists and going strong! According to Norm, comparing today's dental school curriculum to that of the 70's and 80's is very different. More information has to be taught to the students today yet they are given the same amount of time to learn it as years ago; the schools have to sacrifice subjects or modify the amount of time devoted to certain subjects. Norm said that students are brought into the clinic and are treating patients far sooner than when he was in school. They are also exposed to scientific research sooner and learn about the specialties well before the end of their second year.

Norm was exposed to politics at a very young age. He said, "it seems that we were always attending political functions whether it was on the National, State or City levels. I got involved in the Hawaii Dental Association's PAC (Political Action Committee) when Dr. George Wessberg asked me to take the lead over 24 years ago. I have witnessed the change of respectful politics to the current angry, vindictive and divisive



Dr. Glenn Okihiro with son Kent and wife Lisa



Dr. Mark Chun; Ryan Chun, son of Dr. Norman Chun; Dr. Norman Chun, and Dr. Mitchell Chun





# Dentist by One

The American Dental Association and the American Academy of Pediatric Dentistry recommend that children see their dentist within six months of getting their first tooth - and no later than their first birthday.

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## HDA MEMBER PROFILE



politics. What has not changed is the fact that HDA and its members need to be involved in the legislative process. We need to have a seat at the table and be influential for the sake of our professional future. I highly advise both new and older dentists get involved with the HDA Legislative and Political Action Committees. We all have to push past our comfort zone when we deal with the legislative process. If we don't participate then we succumb to the whims of politicians dictating how we practice dentistry. This is the profession you chose so let's all stand up and support it."

Dr. Glenn Okihiro was born in Georgia while his father was stationed at Warner Robins Air Force Base

(AFB). He grew up around the country at different AFBs: in Georgia twice, Mississippi, Texas, California, Hawaii and Utah. Glenn said, "I believe I attended 11 different schools before graduating from Mid-Pacific Institute." He then spent time with the Navy in California and Iwakuni, Japan. He attended college at the University of Hawaii, transferring later to Creighton, and then onto Creighton University School of Dentistry. Glenn met his wife, Lisa, who supported him while he went to Creighton.

In reflecting back on what it was like when he was in dental school, Glenn said, "Dentistry has moved from the dark ages in terms of materials available. Composites were only useful in

anterior teeth due to durability. Implants were surgical steel and not very useful as compared to titanium today, and there were no computers for front or back. CEREC did not exist. Adhesive dentistry first promoted by Dr. Takao Fusayama was probably heresy back in the early 80's. Digital x-rays have replaced the old dip tanks." Glenn said, "Wow, these changes make me feel old!"

Positive changes in daily practice now have been computers, digital scanning and x-rays. Composites have replaced amalgam and allowed more conservative preparations. CEREC restorations are definitely a positive change. However, technology comes at a cost. Intraoral photos have made patient communication easier.

Glenn said he got involved with the legislative arena when he found a major insurance company changing codes to deny patient reimbursement. He said, "I wrote a letter to the HDA concerning this and another issue regarding patients having lower reimbursement if they don't see selected dentists. Dr. Courson appointed me to the legislative committee and that changed my life (as well as my free time!)" Glenn said, "My dad's comment to me years ago was that when something isn't quite right do something about it or don't complain."

Lastly, Glenn says, "Treat patients like family and they will take care of you in the years to come. I believe our profession can't be outsourced by computers or robotics for the foreseeable future." 🧡

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# How To Set Up and Use Nextdoor To Reach Local Patients

By Mr. Casey Schmidt and Ms. Wendy O'Donovan Phillips, *Big Buzz Marketing*

## What is Nextdoor?

Nextdoor is a private social networking program specifically designed to leverage the wealth of knowledge that exists in a local community to improve the lives of neighbors.

Some of the reasons local neighborhoods and communities use the Nextdoor app is to:

- Quickly inform others of a safety concern or break in
- Organize groups and activities within the local community
- Find a family dentist other neighbors trust
- Ask for help keeping an eye out for a lost dog
- Sell an old lawn mower

The Nextdoor app offers a wide range of benefits for you, your neighbors and your community and it's completely free to use.

According to DMR Business Statistics, there are over 17 million total recommendations and 160,000 active neighborhoods on Nextdoor, with 75% of U.S. neighborhoods engaged on the network.

## How Can You Use Nextdoor for Your Practice?

On Nextdoor, local neighbors can post suggestions or recommendations to a message board in their community and get feedback from other individuals in their local area. A business account on Nextdoor turns previous or current

happy customers into trusted referrers for your business.

## How Do You Set Up A Business Account on Nextdoor?

### Step 1: Create your account

Setting up a business listing on Nextdoor is easy. Simply navigate to the business page setup and select the business option.

Enter your practice name as well as city, state or zip code. If you see your listing appear, claim it by clicking on the claim button. If you do not see your practice, you can set up a new listing from scratch at the bottom of the results page.

Whether you have a listing or not, you will still have to either log into your personal Nextdoor account or fill out the name, email address and password to create a new Nextdoor account.

### Step 2: Confirm Your Listing

Once you confirm your listing, you will be prompted with a confirmation number. Nextdoor will send an automated call to the business phone number. Simply enter in the confirmation number to verify the account and continue on to setting up your business profile.

### Step 3: Add Your Business Information

Similar to a business page on Facebook or Twitter, you will only have to enter your information once and requires just a few items about

your practice. The first item is your logo. A 512 x 512 square fits perfectly. The next area is your message. It is important for those visiting your page that you avoid using sales language. Just be warm, honest and welcoming the way you would with a patient.

Be sure to enter all the information requested so that potential customers can reach out to you via their preferred method of contact. You can see in the picture below the information requested when creating your Nextdoor business listing. All of this information will be viewable to a potential customer or existing customer for the purpose of recommendations and/or contact information.

## How Do I Manage My Business Account on Nextdoor?

Your dashboard will provide you with a few insights on how to effectively manage your listing. The first option is your reputation. This is an overview of all recommendations tagged associated with your company page. This includes total recommendations, neighborhood reach and individuals reached within those neighborhoods. The reputation page also provides you with a few links to push awareness outside of Nextdoor.

To start getting recommendations, reach out to previously happy patients to see if they would mind taking a few moments to recommend you on Nextdoor.



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Residential first mortgages greater than 80% LTV require Private Mortgage Insurance (PMI), which is paid by the borrower and protects the lender from borrower default on loan payments. PMI cancellation is typically permitted: 1) borrower-requested cancellation, and 2) lender-required termination under the Homeowners Protection Act of 1998. For a borrower-requested cancellation, the borrower must provide a written request for cancellation to the lender on the date that the mortgage loan balance is first scheduled to reach 80% of the original value, based solely on the initial amortization schedule, regardless of the outstanding balance of the loan, or on the date that the mortgage loan balance actually reaches 80% of the original value. Or, borrower may request cancellation based on LTV and current property value (borrower pays for lender selected appraiser). The request can only be cancelled only if the borrowers have a good payment history and the borrower satisfies any lender requirements that the property value has not declined and that no subordinate liens exists. For a lender-required termination, the lender automatically cancels the coverage on the date that the mortgage balance is scheduled to reach 78% of original value, based solely on the initial amortization schedule, regardless of the outstanding balance of the loan and the borrowers are current on the mortgage payments. Program is subject to change or cancellation at any time without notice. Certain restrictions and conditions apply for "high risk" loans. Eligibility is subject to meeting income qualification, credit score requirements, as well as other factors. Additional financing options are available. Please consult an ASB residential loan officer for current rates & points/APR specific to your credit and lending situation.



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Take this opportunity to respond with a kind message thanking the individual for recommending your business. Individuals will sometimes send direct messages that will appear in your inbox.

We don't get anything for recommending Nextdoor, we just love the results we see dentists get with it. Nextdoor is a great place to get recommendations for your practice. The more you get the word out about your business, the more referrals you will get. 🦷

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*Wendy O'Donovan Phillips is CEO and Casey Schmidt is Director of Online Marketing from Big Buzz, the nation's third largest dental marketing agency and only full-service firm, offering more than 50 different marketing tactics, all backed by research. Phillips is the author of KABOOM! The Method Used by Top Dentists for Explosive Marketing Results, which is on the Amazon Top 100 List for Dental Office Practice books.*

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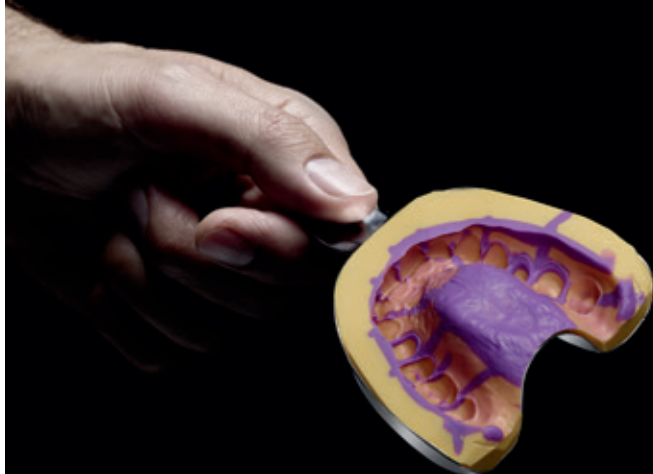


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# Safeguard Your Practice's Digital Information from Ransomware, Other Data Threats

By Ms. Jean Williams, *Contributing Author*

There was a time when kidnapping was confined to grabbing people against their will and holding them in exchange for money. Nowadays, the nefarious crime also includes snatching data from computers hoping to trade it for a cryptocurrency like bitcoin.

Dental practices can help avoid falling prey to these disruptive, costly and cunning system attacks, though, says Steve Newton, an executive for a Wisconsin Dental Association subsidiary that helps thwart such digital nuisances. For one, Mr. Newton suggests, dental practices can take key steps to prevent infection from ransomware—invasive software intended to lock away data until the thief receives a payment.

Ransomware is just one form of malware, a portmanteau for malicious software.

“What it really comes down to is that roughly 90 % of all viruses or ransomware attacks occur because of a mistake made by a user in the office—and these mistakes are literally occurring every single day,” he says.

User mistakes include clicking without thought on links in suspicious email that may be infected with a virus or visiting and clicking links on compromised websites.

A good first defensive move, Mr. Newton suggests, is putting all practice employees and team members through basic training on the most common ways that a ransomware or other malware attack can occur and to avoid habits facilitating such invasions. Second, a practice could limit or restrict use of Internet browsing

by defining permissions that increase the likelihood of staff navigating only on safe webpages.

Mr. Newton also suggests partnering with a well-respected information technology expert, who can help the office keep up with the latest security trends and develop a more comprehensive plan for risk reduction.

As a vice president for business development with WDA Insurance & Services Corp., Mr. Newton oversees DDS Safe, a backup system that supports HIPAA compliance for securing and backing up dental practice computer systems and data.

DDS Safe is a service from The Digital Dental Record, a for-profit subsidiary of the Wisconsin Dental Association that provides IT products and services to dentists. Along with an ADA Member Advantage endorsement, DDS Safe has earned co-endorsements from 33 state dental societies nationwide, including Hawaii Dental Association.

Rather than relying on just one means of backing up data and protecting it from threats like ransomware, DDS Safe provides practices with three backup safety nets: to an in-office external hard drive, online (in the cloud) and to a workstation.

“Backing up data three different ways allows us to restore information up to four different ways,” Mr. Newton says.

“No matter what circumstance you encounter, we're likely to have a method or a means to efficiently restore your critical information. That's not always the

case if you're doing just a cloud backup. That's not always the case if you're doing just an external hard drive.”

Even with caution, ransomware and other malware, in any form, can find their way into an office's system, Mr. Newton says. So, regular backups should be a fundamental office regiment.

A main reason the viruses are so often activated by unsuspecting computer users is that carrier emails often appear to be legitimate communications. “Ransomware attackers have designers on staff to make things look just like a Best Buy email or an email from Expedia or something like that—something enticing, something intriguing that makes people want to click on links,” he says. “And when they do, it (launches) the process of beginning the download and infiltrating your network. These ransomware developers, these teams of people working together, are no longer in a basement in their parents' house just creating code and trying to hurt people with it. It's become sophisticated because of the dollars associated with ransoms being paid in bitcoin and all of the cryptocurrencies.”

The Digital Dental Record advises every dental practice to take preventive measures to preserve the safety and integrity of its data. Aside from the intentional corruption of malware, other potential everyday threats to dental office data exists that DDS Safe can restore your data from include such hazards as natural disasters, fires and other disruptions.

To begin an inquiry about a DDS Safe program, dentists can sign up for a free

assessment of their data and systems at [www.dentalrecord.com](http://www.dentalrecord.com).

“As part of the process, we take five or ten minutes to measure the amount of data they have on their server,” Mr. Newton says. “We measure the Internet upload and download speeds and then based on the information that we obtain, as far as their infrastructure, their bandwidth within their practice and their goals, we recommend which solution might be best, either DDS Safe Pro, which combines our data backup and image-based backup, or DDS Safe might be enough to meet their needs.” 🦷

*Ms. Williams is a Chicago-based freelance writer and editor who specializes in practice and research news for dental and medical professionals. She can be reached at [writewoman12@hotmail.com](mailto:writewoman12@hotmail.com). This article, republished with permission, originally appeared in the summer 2018 issue of the ADA's Dental Practice Success.*

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