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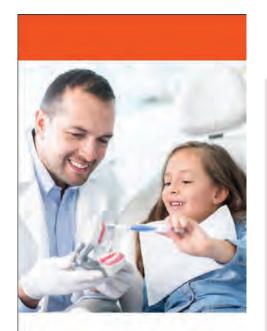
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Hawaii Dental Association JOURNAL

Spring 2018

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HDA President Robert Baysa, DDS

CCDD

I have become acutely aware of the value of leadership and what leadership development brings to the table.

You Don't Know What You Don't Know!

I know it is a cliché, 'you don't know what you don't know!' What I do know is that I have been blessed throughout my career to enjoy supportive colleagues who are happy to spend time discussing the latest trends in dental technology with me. This has enabled me to build on my knowledge and develop as a practitioner, and because we all have slightly different knowledge bases, there are always opportunities to learn from one another.

John Maxwell said it best... "Make it a point to continually search for a better way of doing things, even when things are going well, to ensure that a better alternative has not been overlooked and to keep your creative talents in practice."

Adapting to Change

My focus this quarter is A-D-A-P-T. To adapt is to be suitable for a new use or purpose, to modify. I have discovered that adapting to change is a life skill and a leadership imperative. As leaders, we are called to be flexible and adaptable, steering change and responding to change in a way that let's us be effective.

I recently returned from a March strategic planning conference in Florida for my practice. I was tasked with gleaning experiences from the past 10 years to plan the next 10 for my career and business. Collectively with HDA, we are tasked with the same process to develop our Strategic Plan, focusing on the three pillars: Membership, Community and Advocacy. How we implement this plan depends on our ability to adapt and work as a team, both as professionals and as leaders in the communities we serve.

Determination

I am grateful to the path set out by our predecessors as we are reaping the benefits. Although it was not always easy to navigate, their determination and tenacity to serve our members and to ensure the safety of the public is commendable. However, recent experience in accountability revealed that we should be careful not to grow complacent.

I would be remiss if I did not advocate for increased member involvement and participation.

Just as our practices adjust to meet the changing needs of the communities we serve, we need to continuously evolve to meet the needs of our growing constituency. So, I encourage you to speak up and share your ideas and concerns as a member, step forward to lead, and reach out to serve.

Awareness

While we as individual dentists may not all reap the same benefits from participation in the HDA, leadership is a benefit we all enjoy. These past few months in my presidency, I have become acutely aware of the value of leadership and what leadership development brings to the table. From the front lines of our offices to HDA and ADA boards, leadership determines not only 1) how we perform as individuals, but 2) how we support one another, 3) how we serve our communities, and 4) how we work together to shape the future of high quality and compassionate dental care. It is essential to be clear about our responsibilities and expectations in order to be accountable as members. Producing results is the price of membership.

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LETTER FROM THE PRESIDENT

>>

Policy

To illustrate my point, consider the recent legislative session. Combining the finesse of HDA along with Hawaii Public Policy Advocates (HPPA) make for successful efforts as the voice to influence legislators regarding policy and dental related bills. Did you know that as members of HDA, we have insight and the ability to influence bills affecting our profession, as well as the health community? Ms. Melissa Pavlicek, our legislative consultant, and her team at HPPA, have been guiding our legislative committee in the strategy thinking process. Ms. Pavlicek and our Executive Director Ms. Nguyen have been working together to streamline updates to our members. More of that later in this Journal. It's clear to me that our combined leadership and expertise in working towards a common goal achieves far more than any one of us could do working alone. Many hands make light work.

Timeless

That's a wrap for now. I'm heading off to a meeting at the HDA office (dinner included)! As I walk down the HDA short hall of fame, I am reminded of the donor names on the walls. All the blood, sweat and tears from our visionaries who paved the way for our organization is timeless. There were many sacrifices made which we are now enjoying in the mortgagefree building. I am so grateful for a meeting place that allows us to gather in a central hub. Whether you are just starting out in your practice, seasoned or retired, let's continue with the legacy of a viable association providing quality dental care. I challenge you to make a difference in the lives we touch...creating healthy smiles for a lifetime. $\widehat{\mathbb{W}}$



HDA Executive Director Kim Nguyen, MSW

6699

Change
happens every
day, so I invite
you to join and
engage with
HDA to
continue
moving forward.

Welcome to Spring!

I am writing this, literally on my one-year anniversary with the HDA! How's that to end one year and to start off a second? So please indulge me as I reflect on my one year's time and share my thoughts for the next. It seems cliché to say, but I really can't believe how quickly this first year has flown by. I got to jump right into the 2017 legislative session, and now get to experience a complete session in 2018 for organized dentistry. While legislative session is never dull, celebrating the little wins is important to keep up our momentum.

Although I had worked with the Pacific Northwest Dental Conference back in the day, 2017 and 2018 marked my first Annual Convention and House of Delegates with the ADA and the HDA. What better way to experience the energy, liveliness, and camaraderie of our profession than to be in the thick of things.

As you may know, I come from the 501c3 non-profit world. So imagine my interest when I heard about the formation of the HDA Foundation. The Foundation work, mighty in its mission, keeps me sufficiently tapped into the world that I know—it doesn't take away from HDA's mission but rather, enhances our profession to inquiring minds and even skeptics (yes, we have those). If you are looking for a charitable outlet, please consider the Foundation if you have not yet.

The Foundation also fits very nicely and neatly into HDA's newly-created three-year Strategic Plan. While the priority goals: Membership, Community, and Advocacy, should not be a surprise to any of us, how we reach these goals is up to us. I find that exciting, because

this means we all have a role in leading the HDA forward. I hope you all see yourself somewhere in this Plan.

We've also experienced some changes. As part of my move to update our office, we are without the Director of Operations position. I'll ask for your patience and understanding during this process and please know that member needs are always our top priority ... at any time.

Similarly, I want to assure all of our members, that Honolulu County Dental Society and HDA are actively envisioning and planning out Honolulu County's opportunities and evolution. For those of you who may have experienced some earlier inquiry or anxiety, do know that we have all wanted what's best for our members—to protect and enhance our profession. I am excited to see where we're headed... together.

Change happens every day, so I invite you to join and engage with HDA to continue moving forward, to get ahead of the legislative and regulatory tides, and to recruit and collaborate with, our next cohort of leaders.

Thank you to everyone who has made my first year memorable: The small but mighty HDA staff, our tireless officers and Board members, our community collaborators, my colleagues around the nation who are always willing to share, and our dedicated members who deliver nothing but the best for your patients and our kama aina. I am humbled to be a part of your team. \bigcirc

Kim Jarusen

2018 HDA Calendar All HDA Members Welcome at All Meetings

Board of Trustees

8:30am-1pm, Oahu Country Club Thursdays:

> May 3 July 12 October 11

Executive Council

6:30–8:30pm, HDA Office Tuesdays:

April 24 September 18 June 19 December 11

House of Delegates

2019

Check back shortly!



Conferences & Events

HDA President and Executive Director Visit *June 18*, Kauai County Dental Society

HDA President and Executive Director Visit June 26, Maui County Dental Society

ADA Presidents-Elect Conference, *July 22–24*, Chicago, IL ADA Management Conference, *July 23–26*, Chicago, IL

Western States Presidents Conference August 2–4, Whitefish, MT

HDA President and Executive Director Visit August 21, Hawaii County Dental Society

ADA 14th District Caucus I, September 7-9, Las Vegas, NV

ADA Annual Session/House of Delegates
October 18–22, Honolulu, HI

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

Jesse Hollander, DMDKelli Kanemaru-Takeuchi, DDSLawrence Shin, DDSMatt Hoshino, DDSJonathan Mah, DDSLisa Shitamoto, DDSBobee Hyland, DDSHong Murray, DMDPaul Yoo, DDS

Clifford Park, DDS

Andrew Inaba, DDS James Oh, DDS



In Memoriam

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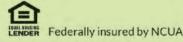
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Coming to Hawaii!

Community Dental Health **Coordinator Program**

at Kapi 'olani Community College By Sally Pestana, Program Director, Health Education Non-Credit, Kapi 'olani Community College

"The residents of every underserved community in America, and every vulnerable population group could benefit greatly from the efforts of a trained CDHC!"

- Ms. Marsha Beatty, Assistant Professor of Research, University of Oklahoma College of Dentistry

Community Dental Health Coordinators (CDHC) are dental hygienists and assistants who have additional professional training focused on case management, patient navigation, oral health education and promotion, motivational interviewing and community mapping. Their expertise links patients into available, but underutilized, dental care. They currently work in 21 states. Hawaii will be joining that roster this year!

While all CDHCs have basic core competencies, their job responsibilities vary depending on the goals of the clinics and communities they serve, including:

- Increasing awareness of the importance of oral health and how to become and stay healthy, through community outreach.
- Improving health outcomes by bringing at-risk patients, such as people with diabetes and the elderly, to their clinics. In New Mexico, a CDHC working with diabetes patients in a tribal community health center successfully eliminated missed appointments among her patients.

• Improving access to care by providing assistance with establishing dental homes for people in the community. In Arizona, a CDHC working in a single-dentist practice doubled the clinic's patient base and increased access to care in this remote, rural location.

"Until you have a CDHC, you don't realize how much potential it has for the clinic, it can relieve you of the burdensome follow up specialty medical and dental care can sometimes cause."

-Dr. Richard Huot, Former Interim Dental Director. Treasure Coast Community Health Center In 2004 the American Dental Association set up a task force to determine how to best meet the needs of dentally underserved rural, urban and American Indian settings and communities.

The ADA invested more than \$7 million in the CDHC pilot program. The ADA is currently providing technical assistance to 17 educational institutions with 137 graduates in over 30 states at the end of 2017.

Kapi'olani Community College has been chosen by the ADA to deliver the ADA curriculum for the Hawaii CDHC program. The college is currently seeking dental hygienists with outreach experience to teach in the new CDHC program, projected to start this summer. The program

includes 145 hours in the classroom, plus on the job learning designed to meet the needs of the patients served by the clinic or practice where the student is employed. Dental hygienists and dental assistants will be eligible for the program.

CDHCs are trained to:

- Work under a dentist's supervision, and within the confines of state dental practice acts, in clinics, private practices, schools, and other public health settings with people of similar ethnic and cultural backgrounds
- Address social, environmental, and health literacy issues
- Coordinate care in accordance with a dentist's instructions

"Great program. Could be used by a large group practice, a large health advocacy entity or multiple dental practices."

-Dr. Chuck Seleen, Director, Vermont Dental Care Program

Kapi'olani Community College plans to start the first student cohort this summer. The next step is to find dental hygienists with outreach experience willing to teach part time. If interested please contact Sally Pestana at pestana@hawaii.edu or 808-734-9235 for more information.

Visit www.ADA.org for more information.



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Voice of Dentistry Grows at the State Capitol

By Melissa Pavlicek and Danny Cup Choy, Hawaii Public Policy Advocates, LLC

Ctrengthening relationships with opolicy-makers and advocating for key oral health priorities are always key focus areas of the Hawaii Dental Association's legislative program. Two proposals that HDA requested legislators to introduce generated significant support and are still alive nearing the end of the legislative session. House Bill 2149 would allow dentists to complete six hours of ethics training over two years instead of the current requirement of three hours annually. This aligns with the two-year dental licensure timeline and provides dentists greater flexibility to complete this educational requirement. House Bill 2207 would create a tiered regulatory system for dental assistants while providing an opportunity to grow their responsibilities through greater education, training, and experience.

HDA was also successful in opposing potentially negative bills. One of the most concerning bills that did not advance would have allowed dentists to use their out-of-state license to practice in Hawaii with inadequate protections.

In addition to the many written testimonials submitted by HDA and its members on these bills, HDA members also strengthened relationships with their legislators. In January, HDA hosted a **Welcome Breakfast** for legislators to discuss HDA's policy priorities, but more importantly to build personal connections between member dentists and legislators, many of whom are key decision-makers on dental-related bills. Legislators are more likely to perceive testimony as credible if it comes from a trusted source.

HDA's Young Dentists received a legislative proclamation honoring their selfless work on behalf of Give Kids A Smile from legislative health committee chairs Senator Rosalyn Baker and Representative John Mizuno. HDA was also recognized by the two Chairs in front of the Senate and House, sending a message to the entire legislature that HDA supports its communities. More than 300 public service announcements were aired on local television to promote the February 24th Give Kids a Smile Hawaii event, in the Moilili neighborhood. Representative Daniel Holt who grew up in that area, stopped by to visit with the dentists and keiki.

HDA recently also launched a social media initiative to engage more young dentists in legislative advocacy. A video featuring Hawaii young dentists visiting the Capitol was posted to the group's Members-only Facebook page.

As a non-profit organization, HDA is restricted from political (elections) activity. However, Hawaii is in a very interesting election year which has the potential to impact oral health policy in 2019 and beyond, so HDA will continue to monitor state and local races. Competitive races for Governor, Lieutenant Governor, Congress, and numerous state house and senate seats will (or could) see new leaders elected. All of these offices impact policy that shapes the profession of dentistry. Through political action committees at the state and federal level, or personally, dentists will have the opportunity to express support for policy-makers who understand and support sound oral health policy. $\widehat{\mathsf{w}}$

Hawaii Public Policy Advocates, LLC is a consultant to the Hawaii Dental Association. Questions may be directed to mpavlicek@hawaiipublicpolicy.com or call Melissa Pavlicek at (808) 447-1840.



From left to right: Representative Kaniela Ing, Dr. Chris Nakamura, and Dr. Lynn Fujimoto

Dental FAQ Column:

Generally Speaking about General Supervision

By Dayton Lum, DDS, HDA 2018 President-Elect and Melissa Pavlicek, HDA Legislative Consultant

elcome to the Dental FAQ Column, a place where HDA shares the various inquiries we receive on particular topics. This quarter, we thought we'd start off with the good 'ol topic of General Supervision. As you may recall, this bill passed in the 2017 legislative session, and Governor Ige signed it into law last summer. Since then, there's been a flurry of questions about what it is, what does it mean for dentists, hygienists, patients ... and ultimately, patient and public safety.

Q: What does this bill allow, and not allow?

A: This bill allows licensed dentists to authorize their licensed hygienists to perform certain procedures on patients of record, without the physical presence of the dentists. This gives the dentists flexibility in their schedules, while allowing patients to receive certain procedures. If the dentists authorize general supervision, then there are additional safeguards.

Q: You say, "certain procedures and safeguards." What do you mean?

A: According to the bill, if the dentists allow general supervision, then the licensed hygienists:

"May practice under the general supervision of a licensed dentist and pursuant to an existing treatment plan with respect to patients of record who have had an examination by the licensed dentist; provided that a licensed dental hygienist shall not

perform any irreversible procedure or administer any intra-oral block anesthesia under general supervision."

That means the licensed hygienists can only perform procedures that are part of an existing treatment plan and on patients of record (so not on new patients)—because the dentists will have had to approve the procedures in advance after having diagnosed the patients. Irreversible procedures and intra-oral block anesthesia do not apply under general supervision and must be performed still under direct supervision (with licensed dentists physically present). Also, the licensed dentists must be available for consultation.

Q: Where can I find the link to the final bill?

A: https://www.capitol.hawaii.gov/hrscurrent/Vol10_Ch0436-0474/HRS0447/HRS 0447-0001.htm

Q: What's the difference between general and direct supervision?

A: According to Hawaii's Administrative Rules 16-79-2, https:// cca.hawaii.gov/pvl/files/2013/08/ HAR-16-79-C0816.pdf:

"Supervision" means prescribing objectives and procedures and assigning work, provided that the person supervising shall be a licensed dentist. The levels of supervision are defined as follows:

(1) "Direct supervision" means that the supervising licensed dentist

examines and diagnoses the condition to be treated, authorizes each procedure, remains in the dentist's office or in any facility defined in section 447-3, HRS, while the procedures are being performed, and shall be responsible for all delegated acts and procedures performed by dental assistants and licensed dental hygienists.

(2) "General supervision" means that the supervising licensed dentist has examined and diagnosed the condition to be treated and has authorized each procedure to be carried out in accordance with the dentist's diagnosis and treatment plan. The presence of the supervising dentist is not required; provided the dentist shall be available for consultation and shall be responsible for all delegated acts and procedures performed by licensed dental hygienists. In the case of programs under the supervision and control by the department of health or in any facility specified in section 447-3, HRS, the foregoing shall not apply except that the supervising licensed dentist shall be available for consultation, shall be responsible for all delegated acts and procedures performed by licensed dental hygienists and the procedures pursuant to section 447-3, HRS, shall have been prescribed by a licensed dentist or otherwise be authorized by law.

At the core of this bill, and essentially at the core of everything we do, is patient and public safety. If you choose to practice general supervision, do so with clear understanding of the provisions.

If you have a dental topic that you'd like HDA to review and discuss or that you want to submit, let us know at hda@hawaiidentalassociation.net or call us at the office. No guarantees that we can publish FAQs on all topics suggested but we want to hear from our members! \widehat{W}

This article provides general information and does not constitute legal advice. Information about current laws and rules can be found at the state Board of Dental Examiners website at: http://cca.hawaii.gov/pvl/boards/dentist/. For specific legal inquiries, please consult an attorney.

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Office Staff Conflicts

By Ron Miller, DDS and Karen Miller, MHRM

o you spend time distracted from your practice of dentistry because a few employees in your office do not get along? Besides the irritation to you because of the tension that most likely exists in the office, have you considered what those bickering employees are likely costing your practice in dollars and patient good will? A rough estimate of a conflict between two staff members over a two week period potentially costs your practice \$2,000.

Many dentists may not be aware of the learning tools and help available today to deal with the human and business aspects of office staff conflicts. While practicing dentistry, workplace conflicts were the most distracting, unproductive and emotionally draining part of my career.

Controlling conflict is a business problem that can be solved. According to Daniel Dana's book *Managing Differences: How to Build Better Relationships at Work and Home*, there are three levels of conflict. These levels are: blips, clashes and crises. Turning toward mediation may assist you in handling crises and clashes in the workplace. The process of mediation has been around for a long time and continues to grow. Depending on the level of conflict there are different types of mediation available.

What does a conflict look like when it has reached a crisis level? Normally you will observe a deterioration in the relationship between two or more employees. It is apparent in how these individuals are treating each other on a regular basis. Harsh words may be

continually exchanged, individuals will generally avoid each other, unexpected behavior by these individuals will be observed and co-workers will often feel uncomfortable in the presence of the feuding employees. You can "feel" when employees are at a crisis level of conflict. The situation needs to be addressed. however, you intervening as a third party in crises situations may ultimately get you caught up in the conflict, making matters worse. However, avoiding the situation creates a lose-lose solution for everyone and that hurts the practice. And, if one or all the employees involved are dismissed, with the current 2% unemployment, you may end up not finding a better replacement. The retraining costs as well as potential legal liability with that solution makes resolving the conflict between the two employees the best solution. Googling "mediation Hawaii" will bring up for-profit and non-profit organizations that should be considered when the conflict is at a crisis level. The type of mediation used, as well as the cost of the mediation will depend on the organization chosen. In crisis mediation the outcome will generally focus on the relationship gone awry.

In mediation for clashes in the workplace, the outcome of the mediation will focus on resolving a business issue. Workplace clashes are spotted when employees have multiple arguments over the same issue, when there are occasional outbursts by employees or when you observe unexpected behavior in front of your patients. You may have the ability to

successfully address clashes within your practice. Telling employees to behave themselves or ignoring and wishing the behavior would disappear is not likely to be productive. You can be trained to mediate, teach your employees to selfmediate or bring in an outside party to mediate. Self-mediation is where one party involved in the clash acts as a mediator, following a structured process. A third-party mediator, whether this is a trained business leader. or an outside mediator will assist the employees in resolving the clash by having them focus on the business issue/problem. In both self-mediation and mediation with a third-party mediator, the process starts by ensuring the business issue/problem is defined. A simple example of a business problem is employees exchanging words in front of patients, causing patients to feel uncomfortable. Once the business issue/ problem is defined, the mediator meets with the employees. The mediator guides the parties as they talk to each other, moving the employees in the direction of jointly resolving the business issue/problem. In this type of mediation, employees must come up with a resolution because the issue/ problem is a business problem that must be resolved. The mediator is present to guide this process along.

There are alternatives to consider if you choose to personally mediate at a clashing level. One simple tool is taking the course "The Art of Conflict Management" by Michael Dues which

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RISK MANAGEMENT



is available through

www.thegreatcourses.com. There are also many books available to guide you in the process of mediation. You may also want to consider reading/viewing information on conflict in general to better understand it as a science. There are also trainers available to teach you and/or your staff to mediate effectively. If you believe that employee conflict is costing your practice money and you are committed to addressing it as a business issue, making an investment whether in your time and/or money will assist you in obtaining meaningful outcomes.

The final category of conflict are blips in relationships. These types of conflicts are normal and to be expected in healthy interdependent relationships. However, healthy relationships must be tended to if the intension is not to allow a blip to elevate to a clash.

Dana's book states the goal of mediation in the workplace is "a shift in attitudes from "you-against-me" to "us-against-the-problem." Guiding employees to examine their conflict in terms of your business success is challenging. But, if conflict is addressed correctly, there are valuable outcomes for your practice. \widetilde{W}

Ron Miller is a retired dentist. He was the President of the Hawaii Dental Association in 1997. Ron has been a Certified Financial Planner (CFP) since 2003. He can be reached at ron@resourcem.com

Karen Miller has been a Human Resources professional for over 20 years. She is now focusing her HR practice on assisting businesses with resolving business issues resulting from employee clashes. She also volunteers at the Mediation Center of the Pacific as crises mediator. She can be reached at loralmenterprises@gmail.com



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Give Kids a Smile Hawaii 2018

By Scott L. Morita, DDS, Give Kids a Smile Chair

ive Kids a Smile (GKAS) Hawaii celebrated its 4th year of HDA volunteer dentists impacting the lives of Hawaii's kids. With the help of Hawaii Public Policy Advocates, the HDA Foundation secured a joint Senate & House of Representatives proclamation recognizing February as GKAS month. Throughout the month of February, a dozen dentists visited seven schools to conduct hygiene presentations and gifted over 600 students with goodie bags full of dental hygiene products from Patterson and school supplies from Central Pacific Bank (CPB). 10,000 Give Kids a Smile flyers were distributed to schools in the Kaimuki-McKinley-Roosevelt district, Aloha Medical Mission, the Queen's Medical Center, and PACT. The event was featured on radio stations and in commercials on local news stations to encourage attendance.

On February 24, over 100 kids received free dental care at Waikiki Health Makahiki Clinic during GKAS Hawaii. Over 120 volunteers, including 40 dentists, helped throughout the day. This year's theme was "Under the Sea," and the children had an extremely engaging experience. Families were welcomed by Smile Ambassadors who hosted them throughout the GKAS activity course. First stop was the photobooth where kids could choose from different props and take photos with Miss Hawaii Kathryn Teruya and Alex the Sheltie from CPB. The kids were then ushered toward the interactive oral hygiene and nutrition counseling stations. From there, the kids moved onto Arts & Crafts, then upstairs to receive treatment. Community Case Management Corporation was present near the clinic to help families register kids for Medicaid as needed. Following treatment, the kids walked down to the Molar Mania Fun Zone where they were greeted with music, games, prizes, face painting, and balloons. Upon checking out, kids received oral hygiene goodie bags along with their choice of a healthy snack.

GKAS is a program of the Hawaii
Dental Association Foundation, which
has changed the lives of Hawaii's kids
by providing over \$14,000 of free
dental care this past February and a
priceless introduction to good oral
hygiene and nutrition habits. This was
all made possible thanks to the volunteers who were so giving of their
precious time, the generous donors
who provided for our fundraiser in
abundance, and our loyal sponsors
Central Pacific Bank, Hawaii Dental
Service, Patterson Dental, and Wealth
Strategy Partners.

HDA Foundation's GKAS

HDA Foundation's GKAS Hawaii February 2018 Facts:

- Over 700 children's lives impacted
- \$14,000 in dental care provided
- Visiting support from Representative Daniel Holt
- Over 120 Volunteers
- Over 40 HDA Volunteer Dentists
- Signed Give Kids a Smile Hawaii Proclamation by the House of Representatives & Senate
- Principal Sponsors: Central Pacific Bank, Hawaii Dental Service, Patterson Dental, and Wealth Strategy Partners
- Media coverage from three news stations



Hawaii Dental Association Journal | Spring 2018

Member Profiles

Your County Presidents By Candace Wada, DDS



Patsy Fujimoto, DDS

Hawaii County Dental Society President

Patsy was born in New York City while her father was attending dental school. Besides her late father being a dentist, her brother Dr. Alan Fujimoto, also is. She decided to become a dentist after finishing hygiene school. She felt that she could do the work and didn't want to regret not trying to apply and get in to dental school. She attended the University of the Pacific Arthur A. Dugoni School of Dentistry in San Francisco.

Her advice to fellow dentists: "Get involved and stay involved! In the age of email, text, phone and video conferencing, staying involved is not difficult and your opinion and thoughts matter. Take time to learn the issues and workings of your association."

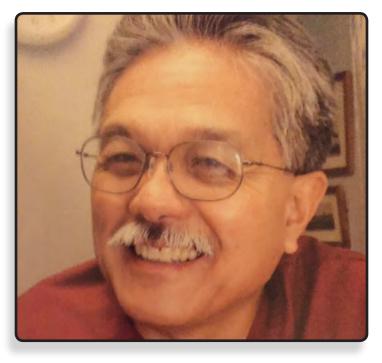




Rhinelle Hirose, DMD

Honolulu County Dental Society President

Rhinelle graduated from dental school at Oregon Health and Science University School of Dentistry after attending HPU on a scholarship. Her interest in dentistry sparked after she got a job as a dental assistant and lab technician for an orthodontic practice. She said, "Honolulu County Dental Society is at a point where some new and exciting changes are happening. I want to blend the older traditional values with modern ideas and instill a platform where all generations of our colleagues can network and collaborate." Her advice: "Don't be afraid to tackle sensitive issues and long-standing older policies; don't just follow the herd. Lead it and take a stand. Be active, be passionate, be involved."



Clay Hiramoto, DDS

Kauai County Dental Society President

Clay graduated from Loyola University School of Dentistry after finishing his undergraduate degree at UMKC. While an undergrad at UMKC, the older Hawaii dental students (Clyde Uchida, Donald Segawa, Harold Goya and Mitchell Fujiuchi) "took care of" the Hawaii undergrads; they had class notes and back tests for classes like organic chemistry—just like a fraternity. Clay was destined for dentistry—his older brother Jay went into dentistry and his mother was a nurse. Being involved in the HDA, rising up from being a local county officer to Kauai trustee, Clay has learned involvement is key. He has also been involved in the Legislative Committee. His words of wisdom for others in the profession: Treat your patients the way that you would want to be treated.





Zachary Dodson, DDS

Maui County Dental Society President

Zachary went to University of the Pacific Arthur A. Dugoni School of Dentistry, in San Francisco. After graduating, he attended Tufts University School of Dentistry for an endodontic residency in Boston. He comes from a family of dentists, his father and two brothers are dentists as well, and his mother is a dental hygienist.

Zachary became involved in organized dentistry because he wanted to do his part to help and support our profession. His advice to future dentists: "The HDA is great for networking amongst your colleagues and also for finding the answers for many of the challenges dentists must surmount."

2017 Dental Marketing Year in Review

By Wendy O'Donovan Phillips

A fter surveying hundreds of patients nationwide in 2017, we have compiled the following data to help dental practices increase production and profitability in 2018. In our proprietary survey process, we ask 25 key questions to uncover trends and changes in dental marketing year over year. This report details the cumulative data from three of those questions.

What type of marketing do you pay attention to when searching for a dentist?

(1) Referral: 37%

(2) Online search: 21%

(3) Newspaper: 2%

(4) Email: 2%

(5) Online reviews: 18%

(6) Signage: 4%

(7) Radio/TV: 3%

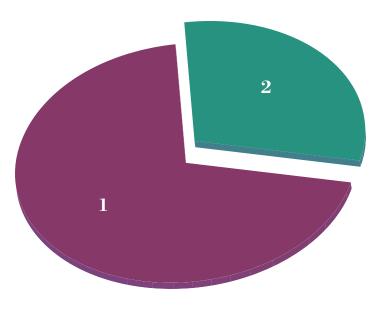
(8) Social media: 7%

(9) Direct mail: 5%

Would you search online for a practice like this one?

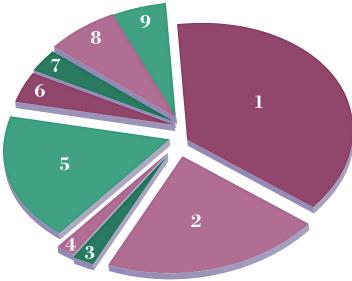
(1) Yes: 70%

(2) No: 30%



The data shows a continued upward trend from last year, with the 2016 results indicating that 63% of patients would search online for a dental practice. Still, practices investing only in online marketing are missing out on reaching 30% of potential new patients.

There are more than 50 marketing tactics that a dental practice could deploy, and of those, only a handful is right for your practice right now. The majority of practices realize higher production dollars and profits when the marketing plan includes the right combination of marketing tactics: brand/awareness, traditional, internal and online/digital.



While referrals are still the leading answer, they are down to 37% from 67% in 2016. Trends also show an increase in importance and significance of social media in a patient's decision-making process. Recent studies show that 88% of consumers trust online reviews as much as personal recommendations. ¹

This data illustrates another growing trend in marketing: patients, and consumers as a whole, will utilize and research on several different platforms before making a decision, especially when their health or that of their family members' is involved. They may hear about the practice from a neighbor, scan the practice's website, and check out online reviews or the practice's social media profile. Then they may recognize the practice's direct mail flyer that was sent two months ago in the stack of papers in their study. That totals four different contact points that they made with the practice brand before making a decision.

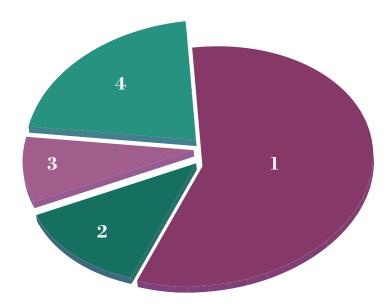
Focusing on a single marketing tactic limits the pool of potential new patients, as well as credibility and trustworthiness. By maximizing your marketing in a strategic and data-driven way, the practice will be able to target, attract and retain the ideal patients, building trust and the foundation for strong relationships before they even pick up the phone to schedule an appointment.

What would be the easiest way to encourage you to write a review or make a referral?

(1) Email reminder: 58%

(3) Handwritten note: 9%

(2) In-office reminder: 13% (4) Small reward: 21%



Interestingly, email reminder is holding steady from 2016's report. This data shows us how willing people are to sing the practices' praises and send new patient referrals, but generally one of two things tends to happen:

- The patient gets busy with life and simply forgets to refer or write a review
- The patient doesn't realize the practice is accepting new patients

People are willing to send friends and family to their dental practice or write a review and it needs to be extremely easy for them to do so, however; they need to be reminded. One way to do this is to send a monthly email reminder to the patient base with a link directly in the email for them to write an online review.

We all like to be incentivized and rewarded. Offer patients a small gift card when they refer. Or, enter names of referrers into a drawing, select a winner monthly or quarterly and announce it via social media and in-office communications for all patients to see.

While these are the major trends we saw in dental marketing in 2018, our philosophy is that each practice has its own unique print in the world. Resist the temptation to copycat what everyone else is doing and explore all the possibilities for the best outcome. \widehat{W}



Source:

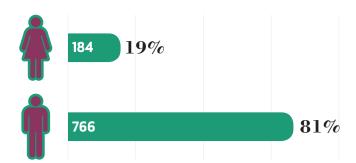
1) https://searchengineland.com/88-consumers-trust-online-reviews-much-personal-recommendations-195803

Wendy O'Donovan Phillips is CEO of Big Buzz, the nation's third largest dental marketing agency and only full-service firm. They offer more than 50 different marketing tactics, all backed by research. She 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. She has been honored by the American Marketing Association for excellence in her field, and she has been hired by the American Dental Association as an expert consultant in marketing.

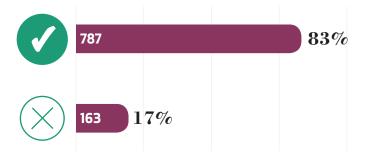
2017 Membership Data

Data current as of Oct 9, 2017

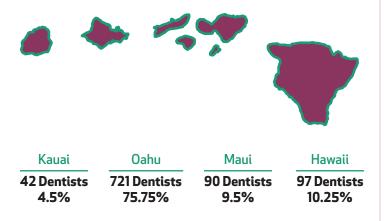
Membership by Gender



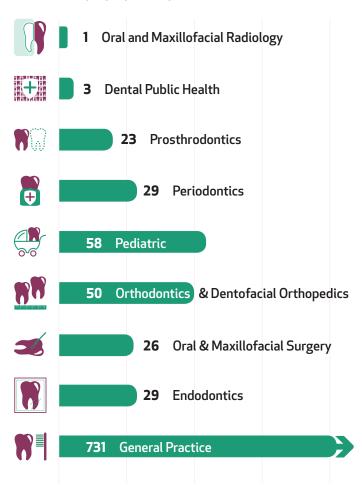
Membership by Active Status



Membership by Counties



Membership by Specialty



Market Penetration

Total Dentists with a Hawaii License	1515	
Dentists Practicing on US Mainland	404	
Dentists Practicing in Foreign Countries	15	
Dentists Practicing in Hawaii	1096	
Total HDA Members	950	
Market Penetration	87%	

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As important as your **medical expertise** is to your practice, the physical ability to **do your job** and **earn income** - is just as critical.

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How would you pay your bills and business debts? How would you recover lost time and revenues? How would you rebuild your practice? What would be the emotional impact on you and your loved ones?



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