

Signature CENTRAL COAST DENTAL SOCIETY

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CCDS President Dr. Keyla Springe

Dear Friends,

Occam's Razor & Hanlon's Razor

Just recently I was talking to a psychologist friend, who knows that I am very interested in his science. I'm always fascinated by what makes people tick. I'm an eternal people watcher. He said he was giving me some philosophical thoughts I would like... and indeed I loved it! So, I decided to share it. Hope you will enjoy my new knowledge.

Occam's Razor

Also known as the "principle of parsimony," Occam's Razor suggests that when faced with multiple competing hypotheses or explanations for an event or phenomenon, the simplest one, with the fewest assumptions, is likely the most accurate. This razor is rooted in the idea that convoluted, overly complex explanations often lead to unnecessary confusion and complications. It is primarily applied to scientific and logical situations. The simplest explanation is preferable, they are easier to verify, and the simpler solutions are easier to execute. While Aristotle had already made use of this concept, Occam's Razor derives its name from William of Ockham, a 14th-century philosopher and theologian.

In medical diagnosis, doctors look for the simplest explanation for a set of symptoms before considering rare or complex diseases. A ball at the top of the hill will roll down in order to be at the point of minimum potential energy. If a person repeats the same action on a regular basis in response to the same cue and reward, it will become a habit as the neural pathway is formed, and less and less energy will be necessary to complete the same action.

Because there are exceptions to any rule, be careful applying this to important or risky decisions. Avoid confirmation bias and always use logic, experience, even empirical evidence. "When you hear hoofbeats behind you, in most cases you should think of horses, not zebras - unless you are on the African savannah." The Occam's razor does not substitute critical thinking. It's just a tool that helps make thinking more efficient. Just don't complicate what could be easy.

Hanlon's Razor

This razor offers a more humane perspective on interpreting the actions and motivations of others. It says that you should "never attribute to bad intentions (malice or self-interest) that which is adequately explained by other causes (stupidity, ignorance, carelessness, incompetence, or lack of information.)" In other words, don't assume that someone acted out of a desire to cause harm, as long as there is a reasonable alternative explanation. Consider that incompetence or ignorance may be more plausible explanations. Hanlon's Razor encourages empathy and

President (cont. on page 2)

CENTRAL COAST DENTAL SOCIETY

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All expressions of opinion and supposed fact are those of the individual author and do not necessarily represent the views and policies of the Central Coast Dental Society.

This publication solicits announcements, essays, and articles of interest to the general membership of the CCDS. All contributions are subject to space and/or content editing at the editor's discretion.

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President (cont. from page 1)

understanding by recognizing that mistakes and misunderstandings are common in human interactions. This is a more recent concept with a less-defined origin. It was Robert J. Hanlon, who popularized the idea in the 1980s, although similar sentiments have appeared in various forms throughout history.

Here are some illustrations of this razor: if a driver suddenly cuts you off in traffic, rather than assuming malicious intent, you might consider that they didn't see you or made an honest mistake. In a workplace setting, if a colleague's actions seem to undermine your project, explore whether there might be a misunderstanding or lack of information. If your email hasn't been answered, it could be that the person has been extremely busy or trying to find the information you've asked for. If you applied for a job and haven't heard back for a while, it's not necessarily because you're not good enough, it may just be that the person in charge of the process is on vacation.

There are several benefits to applying this razor: it can help us find the right explanation for people's actions, avoid the negative emotions associated with assuming bad intentions, it helps assess situations more quickly and easily, it can be seen as doing the right thing from a moral perspective, it facilitates our relationship with others, and makes us take actions that we otherwise wouldn't.

To sum it up, Occam's Razor and Hanlon's Razor are like our trusty companions in dealing with life's dilemmas. Occam's Razor encourages us to keep things simple and elegant when we're untangling the mysteries of the natural world, while Hanlon's Razor reminds us to approach people's actions with empathy and a kindhearted perspective. These two razors are like handy tools in our toolkit, helping us make sense of the world's enigmas of human interactions.

Sincerely, Keyla Springe, DDS CCDS President

EDITOR'S MESSAGE

Dear Colleagues,

I would like to encourage our members to submit articles, events, birth announcements or local news to me to include in our newsletter. Please forward them to my email address:

> Jonfu.dds@gmail.com I look forward to hearing from you.

Jon Fu, DDS CCDS Editor

HAITI ADVENTIST HOSPITAL DENTAL CLINIC

By Peter Nelson, DDS

After my retirement from dental practice in 2016, my goal has been to establish a dental clinic at Haiti Adventist Hospital. My son, Scott, has worked as an orthopedic surgeon there since the massive earthquake struck Haiti in 2010. The epicenter was close to the hospital, and Scott was one of the first responders. He operated day and night for three days to save patients who suffered crushing injuries. Shortly afterward, he and his wife Marni moved to Haiti full-time to work in the hospital.

Haiti is the poorest country in the western hemisphere and the third most polluted country in the world. There have been no quality dental services in the country for regular citizens since the earthquake struck. After the quake, the one hospital dentist left because his entire family had been killed and the clinic severely damaged. Because of the infrastructure damage, the political and economic problems, pandemic issues, and now gang warfare dominating the country with frequent kidnapping and ransom security problems (more civilians have died in Haiti than in Ukraine), establishing a dental clinic has been a challenge. Friends and family have generously provided funds for the hospital and to establish the dental clinic.

The great news is that after years of planning and hard work, the dental clinic opened in July 2023. We have two well-equipped operatories and the potential for two more. I just recently delivered a portable digital x-ray unit. There are three wonderful, grateful Haitian dentists working at the clinic full-time. The challenge now is quality care and sustainability. As Haiti Adventist Hospital has earned a reputation as one of the best trauma centers in the country, I believe our dental clinic will be known for its high quality and caring service.

In my career I have had the privilege of working in about 25 countries (several multiple times). Nowhere are the situations more difficult and the medical and dental services more needed than in Haiti. The patients and employees are lovely and are so grateful. Grinning, they will often say in Creole, "Bon bagay!'—which means, "All good!"

David Augsburger wrote that Jesus made three strange promises to His disciples: 1) They would be absolutely fearless 2) They would be frequently in trouble, and 3) They would be absolutely happy. I have found, as my son has, that these promises still hold true today.





HAITI ADVENTIST HOSPITAL DENTAL CLINIC



CCDS APPLAUDS OUR MEMBER, DR. PETER NELSON, FOR HIS EFFORTS AND ACHIEVEMENT TO RESURRECT A CLINIC TO PROVIDE QUALITY DENTAL TREATEMNT FOR THE DESERVING PEOPLE OF HAITI. WE THANK YOU FOR YOUR GIFTS OF ABOUNDING LOVE AND CARE.

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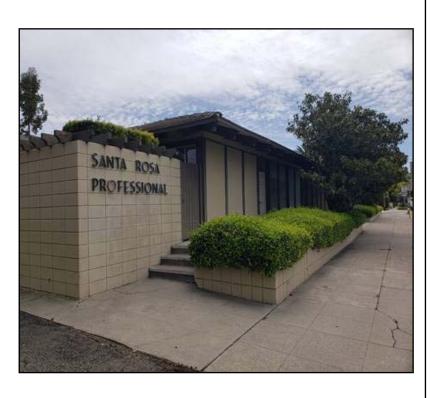
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BOARD OF COMPONENT REPRESENTATIVES MEETING SUMMARY October 13, 2023



Lynn Sayre-Carstairs, DMD

<u>Chair Report</u>: The chair provided an overview of the August and September board of directors' (board) meetings.

CDA Board Proposal: Revisiting the Challenge Statement: BCR participated in small groups, discussing the board's challenge statement to create short and long-term financial sustainability, deliver value that meets members' needs and preserves membership, and prepare the organization to meet the needs of the future; as well as the board's decision to postpone the ADA optional membership proposal.

<u>Review of Component House Resolutions</u>: BCR shared feedback regarding the House of Delegates Reference Committee Hearings resolution, authored by the Sacramento District Dental Society. The BCR's feedback will be provided to the resolution author(s) for consideration.

CDA Education and Events: BCR received information regarding CDA's new education and events programming, how the new offerings are designed to increase member engagement and market share, and CDA's component engagement philosophy in the planning and implementation of these programs.

<u>President/President-Elect Meeting:</u> BCR provided feedback regarding the proposed agenda and meeting format for a component president/president-elect meeting, which will be held in conjunction with the house of delegates.

BCR Subcommittee Report: The Component Resources Subcommittee provided an update, highlighting the progress of their **work** since August.

CDA MAJOR ISSUES & PRIORITIES

1. Dental Insurance Accountability & Transparency

An estimated 86% of Californians have some form of dental insurance coverage. Nationally, of those with dental coverage, nearly 50% have employer-sponsored coverage; 21% have coverage through Medicaid or other public programs; and 5% purchase a dental plan on their own.

The enactment of the Affordable Care Act (ACA) in 2010 resulted in comprehensive reform of medical insurance plans, which led to increased transparency and patient protections. However, dental insurance plans were exempt from many of the ACA's provisions. Dental plans are also exempt from other federal and state rules that medical plans must follow. In important victories for California dentists and their patients, Gov. Newsom signed two CDA-sponsored bills this year that take steps to address this issue. Both bills will take effect Jan. 1, 2025.

AB 1048 – **Patient Protections & Rate Review (CDA-Sponsored):** This legislation by Asm. Buffy Wicks (D-Oakland) will establish stronger patient protections and transparency in dental insurance plans by:

- Prohibiting dental plans from denying claims related to a patient's pre-existing dental conditions.
- Prohibiting imposing arbitrary waiting periods in the large group market.
- Requiring dental insurance premium rates to be reviewed by state regulators to ensure value for patients and employees.

CDA Major Issues (cont. on page 10)

NEW DENTISTS (Practicing 10 Years or Less or New to the Area) MIXER, DINNER AND CE Tuesday, October 24, 2023











UPCOMING 2023 & 2024 CONTINUING EDUCATION COURSES

FRIDAY, NOVEMBER 10, 2023 *In Person and Virtual—you choose* "The Myths of Pediatric Dentistry" David Rothman, DDS

FRIDAY, JANUARY 26, 2024 *In Person and Virtual—you choose* "Responsibilities and Requirements of Prescribing Schedule II Opioids" & "Medically Compromised Patients" Patrick Quaranta, DMD

> FRIDAY, MARCH 22, 2024 *In Person and Virtual—you choose* "Quality Care in a Material World" Daniel Ward, DDS

FRIDAY, APRIL 26, 2024 *In Person and Virtual—you choose* "SuperGeneralist: The Pathway to Independence and Fulfillment" Mark Malterud, DDS, MAGD

FRIDAY, SEPTEMBER 20, 2024 *In Person and Virtual—you choose* "Infection Control, OSHA, Ethics and CA Dental Practice Act" Nancy Dewhirst, RDH, BA

> FRIDAY, OCTOBER 25, 2024 *In Person and Virtual—you choose* Brian Novy, DDS

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CDA Major Issues (cont. from page 6)

Dental plans are able to impose waiting periods, often ranging from three months to one year, before patients can access certain benefits (even though they are paying premiums). These arbitrary waiting periods limit the ability for a patient to access needed care, usually major services like a root canal or a crown. Dental plans can also deny coverage for pre-existing dental conditions like a missing tooth or genetic conditions like a cleft palate. Furthermore, dental insurance is currently exempted from the state's mandated review process for insurance premium rates. This review process applies to many other types of insurance including medical, automobile and pet insurance. Meanwhile, recent reports of health care spending show that out-of-pocket expenses for dental services grew by 16% in 2021, and a California Health Care Foundation survey found that <u>38% of Californians</u> have a family member who skipped dental care last year due to cost. And yet, the typical annual coverage maximum for a dental plan has been \$1,500-\$2,000 since the 1970s (a \$2,000 annual maximum in 1970 would be equivalent to \$15,745 in 2023 dollars). AB 1048 will require greater oversight of dental insurance, authorizing the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) to review premium rates and help protect consumers from unreasonable or unjustified increases.

AB 952 – ERISA Notification (CDA-Sponsored):

his legislation by Asm. Jim Wood, DDS (D-Santa Rosa) will increase transparency of dental insurance by requiring appropriate notification to patients and dentists of whether a dental plan is state or federally regulated.

Dental insurance is generally regulated by state law, apart from "self-insured" employer plans which are regulated at the federal level through the Employee Retirement Income Security Act of 1974 (ERISA). In a state regulated dental plan, an employer pays a premium to an insurance carrier, and the carrier pays the cost of health care claims for anyone in the plan (employees and their dependents). Alternatively, in a federally regulated "self-funded" dental plan, an employer pays fees to an insurance carrier for certain administrative services, but the employer bears the cost of any employees' health care claims. Despite the numerous California laws and regulations setting standards for insurance, dental plans that are federally regulated simply do not have to comply with California requirements.

The differences between state regulated plans and federally regulated plans can be extensive for both patients and dentists. As a result, understanding what a plan will cover and what a patient must pay out-of-pocket can be difficult and frustrating. Patients don't know where or how to resolve conflicts with their plan and dentists lack clarity on the type of plan they are dealing with until after the billing process has been completed (when the plan has denied coverage or cited a billing exemption for services already rendered).

With over 40% of Californians enrolled in dental plans that are regulated under federal law, it is vital for patients and providers to be aware of which regulations and laws apply. While states do not have the authority to regulate these federal ERISA plans, additional transparency for patients and providers can be put into place at the state level.

AB 952 will require dental plans, at the time of determination of coverage for patient eligibility, to disclose to the provider whether the patient's dental coverage is federally regulated and subject to federal compliance. It will also require that the term "state regulated" be displayed prominently on the front of the patient's insurance information. This simple transparency measure will benefit patients and dentists without unduly burdening dental plans.

2. Workforce Shortages/Dental Office Staffing

Dentistry is facing an ongoing workforce shortage of allied dental staff, exacerbated by the COVID-19 pandemic, particularly among unlicensed dental assistants (DA), registered dental assistants (RDA), and RDAs in extended function (RDAEF) positions.

In November 2021, 87% of dental offices reported that when compared to pre-pandemic, it was extremely challenging to recruit and hire dental assistants. In the same survey, 44% of dental offices identified that trouble filling vacant staff positions has limited their practice's ability to treat more patients. Additionally, it is estimated that over the last 10 years, there has been a nearly 50% decline in the number of first-year enrollment in dental assistant education programs.

CDA is pursuing both immediate and long-term solutions through recruitment and training programs, legislation, and state budget funding to improve dental career pipeline opportunities. We support proposals that will allow RDAs to become fully trained and licensed more quickly, while maintaining quality of care. It is important to ensure the dental assisting career ladder provides meaningful career growth opportunity and is attractive to those entering the dental workforce.

We are pleased that the last two state budgets have made major investments in health care workforce development that provide opportunities to address dental staffing needs. CDA is especially supportive of additional funding for the High Road Training Partnership program focused on support for health career training, and the newly created Apprenticeship Innovation Program that will provide funding in sectors where apprenticeship training has not traditionally been common. CDA is engaged with the Newsom administration on opportunities to establish dental assisting apprenticeships and will continue to advocate for training programs targeting the allied dental workforce.

3. State Budget: Medi-Cal & Health Equity/2024 Ballot Measure

CDA has joined with the <u>Coalition to Protect Access to Care</u> to file a ballot measure for the November 2024 election that will protect and expand funding for California's Medi-Cal program. The measure would permanently secure new funding for Medi-Cal dental services, student loan repayments, health care workforce development and other programs.

Medi-Cal currently provides medical and dental coverage to 15 million low-income Californians (1/3 of all residents and half of all children), making it the largest provider of health insurance in the state. The program continues to grow and, after decades of underfunding, it needs long-term, permanent funding solutions.

The ballot measure is an important opportunity to build on Medi-Cal's recent progress and ensure health care dollars stay in the health care system. The restoration of Medi-Cal dental benefits that had been eliminated during the Great Recession, substantially improved reimbursement rates (40% increases or more across most covered dental services) and other major programmatic changes have led to meaningful and sustained results in the Medi-Cal dental Program. In the past five years, the state has seen a 30% increase in Medi-Cal dental providers, a rate that is consistently increasing each year, as well as a doubling of patient utilization of Medi-Cal dental services since the Great Recession.

The ballot measure would provide an ongoing funding source by permanently extending the state's recently renewed "managed care organization" (MCO) tax on health insurance companies. The revenue would be dedicated for Medi-Cal and specific health programs (as opposed to the state's general fund like previous MCO taxes) and Medi-Cal dental services would be among the programs receiving funds starting in 2027. CDA is also pleased that the recently approved 2023-24 state budget protects recent investments in oral health access and equity, despite the budget

CDA is also pleased that the recently approved 2023-24 state budget protects recent investments in oral health access and equity, despite the budget deficit. In addition to protecting Medi-Cal, the budget protects a first-of-its-kind, \$50 million investment to build and expand dental facilities for patients with special needs, and \$10 million for community-based clinical education rotations for dental students to work in dental health professional shortage areas (DHPSAs).

Updated October 30, 2023



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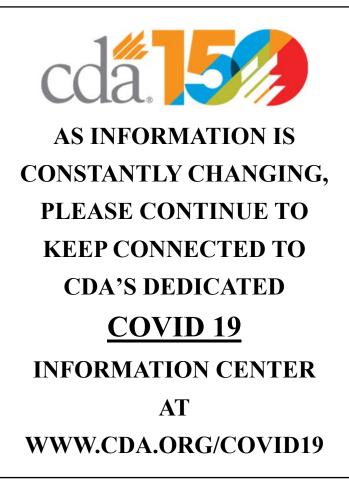
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