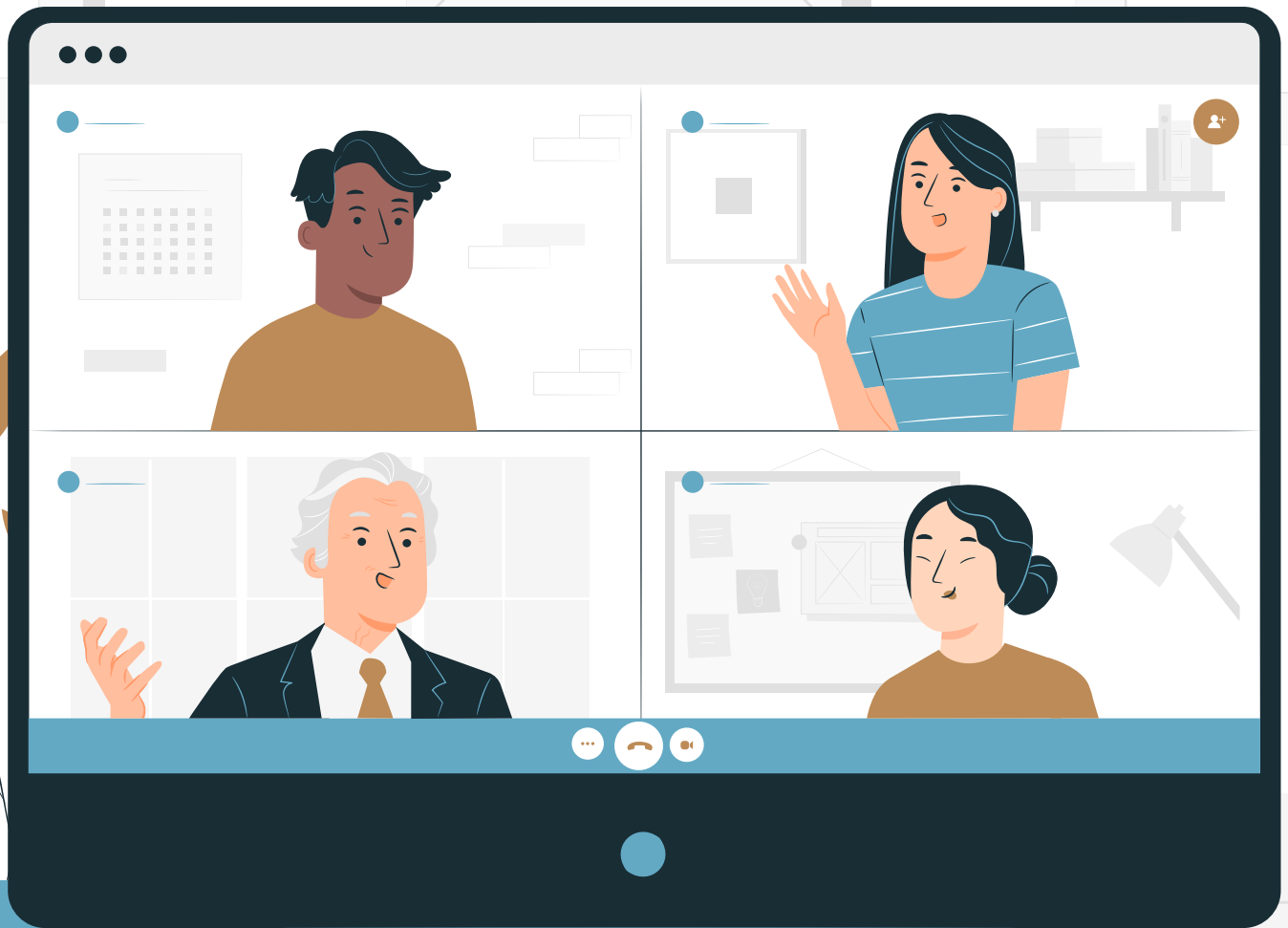


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# Hawaii Dental Association JOURNAL

Winter 2021

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# TMD vs TMJ

Temporomandibular Disorder (TMD) is caused by jaw, facial muscle, and joint problems. The joint responsible for chewing is called the temporomandibular joint (TMJ), and connects the temporal bone of the skull to the lower jaw.



## SCIENCE behind TMD

The muscles and bones affected by TMD

- 1** TEMPORALIS MUSCLE  
closes and retracts the mandible (jaw bone)
- 2** TEMPOROMANDIBULAR JOINT  
connects the temporal bone of the skull to the mandible.
- 3** MASSETER MUSCLE  
closes the jaw for chewing.

## TMD CAUSES



clenching or grinding teeth



day-to-day stress

**FACT:** many TMD/TMJ issues can trigger migraines and chronic headaches.

*"As a 45 y.o. mother of 3 kids - I was having pain every day for the last 3 years. Finally - my dentist referred me for Botox and it's been incredible. My headaches are gone and my jaw feels so much better in the mornings. Wearing my night guard and using Botox for TMJ has improved the quality of my life. Thank you! - A.K."*

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*HDA President*  
Patsy Fujimoto, DDS

# We Have Your Back. Then. Now. Always.

## We had your back. Then...

It has been a year like no other—historic, unprecedented, upending. The HDA staff and leadership quickly realized the need of our membership for substantive and fact-based information. This became our immediate priority.

There are a host of people I need to thank who worked tirelessly to make that information accessible: Drs. Wayne Leong and Scott Kanamori of the HDA COVID-19 Rapid Response Team; our HDA staff—Ms. Kim Nguyen, Ms. Toni Perez, and Ms. Rachelle Teruya; and Ms. Melissa Pavlicek, our legislative consultant.

As the pandemic progressed, I was deeply impressed by the resilience, strength, and patience of our members. Although we did not always agree on courses of action, members soldiered on and persevered.

## We have your back. Now....

2021 will be a year of rebuilding and reassessing the HDA's path forward. While this health crisis is not over, I believe we have the talent, resolve, and tools to adapt and keep moving forward.

## We have your back. Always....

As our Strategic Plan outlines, the HDA is dedicated to three principles: membership, community, and advocacy. These principles guide the work of the Board of Trustees and the House of Delegates in creating policies on behalf of our members.

However, for a moment, I would like you to consider what our dental community and practices would be like if the HDA and ADA did not exist.

## Without organized dentistry there would be:

- No advocacy:
  - No one at the table when state and federal legislation regarding dentistry is crafted.
  - No one to monitor the alphabet soup of federal agencies: FEMA, CDC, DHHS, and DOH.
  - No one to push for the dentist and the dental team to be considered essential health care workers to get priority for PPE and vaccination.
- No communication and dialogue with public health organizations;
- No community involvement and outreach like Give Kids a Smile;
- No resources like easily accessible evidence-based tool kits, FAQ sheets, and webinars.

These guiding principles continue to assure our members of the association that we will be advocating and working for you.

## We have your back. Then. Now. Always.

By now, you have received the renewal notice for HDA membership. If you have renewed your membership, I thank you very much. If you are still considering whether to renew or not, I would respectfully ask that you reflect on the values of membership that are embodied in our Strategic Plan.

Your membership supports the leadership and the HDA, allowing us to speak with unity and strength.

We have your back. Then. Now. Always ... and we want you to have ours. 🦷



I was deeply impressed by the resilience, strength, and patience of our members.

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HDA Executive Director  
Kim Nguyen, MSW

## 2020 Be Gone!

Welcome to 2021! I hope this finds you well-rested from the 2020 holidays. Like many of you, I am very relieved that 2020 is over but am very curious as to what 2021 will bring. The unknown has never been any more mysterious.

While there is much to be said about 2020, I'll only say that a worldwide pandemic reveals much about our strengths, abilities, and shortcomings—as individuals and as a society. We've had to adapt *because* we had to adapt. For some, those adaptations are slowly becoming our norm. For others, we can't wait to “revert back.” Wherever you fall on this spectrum, it's the loss of normalcy, of what we knew, and the ensuing confusion, that continue to create angst and frustrations. We get it!

That is certainly true for where we are with the vaccination roll-out. We see it everyday when we communicate with health officials, when we synthesize unknown information for our members, and when we do our best to activate on and respond to our members' inquiries (even non-members). By the time this *Journal* arrives in your digital mailbox, we sure hope that those of you who want the vaccine, will have gotten it. For those of you who are still trying to get on the vaccine radar, we continue to hound health officials. Believe you me, we are just as frustrated but HDA is not the state government which is responsible for this rollout. But we are communicating and directly working with health planning officials at the state and county levels through meetings, emails, calls, and text messages. As the Executive Director of a very small but hardworking office, I continue to ask for and am appreciative of, your patience and understanding, as

we seek out answers, voice our concerns, and identify answers to push out real-time and useful information.

A reminder that we continue to work and meet virtually in 2021—HDA meetings, the 2021 Hawaii State Legislative session, online CE courses, and tagging onto the Arizona Dental Convention. Although we can't meet in person at our traditional January convention, HDA continues to offer CE courses so our members can meet their licensing requirement. That leads me to the influx of the same question—have there been accommodations/changes to the number of CE credits allowed for “computer courses?” The Board of Dentistry has stated that it does not have the authority to make this change, even in times of crises. Therefore, HDA advises our members to continue taking the courses you need/want, be sure to keep all relevant course documentation as proof, renew when it's time and submit all proper paperwork, and if requested—submit a waiver with an explanation. This worldwide pandemic is just that—it affects all of Hawaii's 1,500 licensed dentists (as I'm sure it affects other professions as well).

So all this is to say, please continue hanging in there with us. Even though our team is working remotely and on a staggered schedule, we continue to advocate and work for our membership the best we can. We have a new slate of officers and Board of Trustees, but the focus remains the same—supporting our members (you!) so you can best take care of your patients. 🦷

A handwritten signature in black ink that reads "Kim Nguyen". The signature is fluid and cursive.



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# 2021 HDA Meeting Calendar

All HDA Members Welcome at All HDA Meetings

## Board of Trustees

8:30am–1pm

via Zoom (unless otherwise noted)

**Thursdays**

May 6

July 8

September 30

## Executive Council

6:30–8:30pm

via Zoom (unless otherwise noted)

**Tuesdays**

March 17

April 28

June 23

August 11

October 27

## House of Delegates (HOD)

8:30am–COB

Ala Moana Hotel

Sunday, November 21

HOD Reference Task Force  
(RTF)

TBD



## Conferences & Events

### HDA 2021 CE Series

March 4, April 22, July 15, and September 16 (via Zoom)

ADA Conferences: TBD

Western States Presidents Conference

July 31–August 1, Monterey

### ADA 14th District Caucus I

TBD, Salt Lake City

ADA New Dentists Conference: TBD

ADA “SmileCon” Annual Session &  
House of Delegates

October 10–16, Las Vegas

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 J Andrade, DDS

Burt Kawamoto, DDS

Brady Shirota, DDS

Sheri Tyau, DDS

Tyler Yamada, DDS



## In Memoriam

David Iwasaki, DDS

Robert Kuribayashi, DDS

Dennis DO Lee, DMD

# Member Mahalo

By Dr. Rosemarie Tan, HDA Foundation Board Member

In this issue, the HDA Foundation (HDAF) features a long-time HDA member Dr. Wilfred Miyasaki.

Born in Hawaii and raised in Waipahu, Wilfred decided to become a dentist because as a child he was known as the candy king, having eaten a lot of candy and having a lot of cavities. Having spent numerous occasions at the dentist for his restorations without anesthesia, he dreamt of a better way, and made it his life's goal to improve dentistry.

Wilfred received his dental training at the Oregon Health Science University School of Dentistry, but his education did not stop there. To keep up with the latest developments in dentistry, he took countless hours of continuing education classes through two of the world's most prestigious centers of advanced dental education, the Pankey Institute and the Las Vegas Institute. He is a life member of the

ADA and a fellow of the Academy of General Dentistry.

Wilfred's visions include emphasis on prevention, to offer choices and individualized care, to treat not only the teeth but also the whole person, and to enhance self-esteem by creating beautiful smiles. Helping to change people's lives extends beyond the walls of his practice. Wilfred believes in the importance of giving back to his community and has provided numerous charitable work throughout the year for years!

One event that Wilfred is most proud of is "Dentists with a Heart," where free dental care is provided to those in need on Valentine's Day. Wilfred has also led the Hawaii campaign for Smiles for Life and Garth Brooks' Touch'em All Foundation to help raise money for disadvantaged and seriously ill children in Hawaii and throughout the United States. He has donated

repeatedly to the St. Jude's Children Hospital, Make A Wish Foundation, and Kapiolani Children's Hospital.

And now, in continuance of his philanthropic work, he has created and funded a Charitable Lead Annuity Trust, which will provide a charitable donation of \$142,500 within 18 years to primarily fund the HDAF's annual Give Kids A Smile program. Wilfred hopes that our members who feel the same way as him about what our profession can do for our patients and community will be inspired to donate as well, whether it be with time or money.

Wilfred enjoys spending time with his wife, Gwen, and his son David. If he is not at this office, he can be found playing tennis on Saturdays at the Manoa tennis courts or the Diamond Head tennis courts. Dr. Wilfred Miyasaki is an inspiration to us all! 💙



Long-time member and GKAS supporter  
Dr. Wilfred Miyasaki



Dr. Miyasaki and his family: his son David, David's wife Nan Zhou, and his wife Gwen



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# HDA 2021 CE Series Update

By Dr. Jaclyn Lum, Convention Chair

Welcome to 2021, where all things are still reeling in the aftermath of 2020. Whether we like it or not, we are here and will survive through it! It's a year of hope with many changes but erring on the side of caution and reminding all to be patient. Due to the state and national level of recommendations and restrictions large gatherings such as in-person conventions will *have* to be put on hold. This is a waiting game, and wait we must.

With that in mind, HDA has planned the 2021 CE Series in place of an annual convention. Please be on the lookout for emails with further details.

Classes will be available to both doctors and their staff, and pricing will be based on HDA membership. We had over 450 attendees at our first course, on January 21, on "Dental Ethics" with Mr. Art Curley. We thank TDIC for its partnership in making this class possible! Next up is HIOSH on Thursday morning, March 4. The following are "save the dates" with topics to be determined (all Thursday mornings): April 22, July 15, and September 16. More details to come in emails.

On the virtual end of conventions, we are teaming up with Arizona for theirs which is planned for April 9–10, 2021.

Please note that as they are hosting, classes are given in their time zone three hours ahead. If you are interested in attending their virtual convention, please sign up at <http://westernregional.org/HDA>. There are 40 classes and 21 speakers, with a wide variety of topics such as Sleep and Airway Dentistry, Phantom Tooth Pain, Digital Dentistry, and Pediatric Oral Radiology. There are even topics for dental staff, such as "Solving the Most Common Battles between the Front and Back Office" or "Every Conversation Has Consequences." You can earn up to

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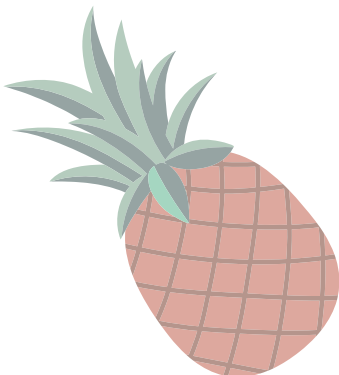
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18 CE hours and the content will remain online for you to access through mid-May.

At this time, the Hawaii State Board of Dentistry (BOD) is not making any changes to the number of CE credits “taken through (the) computer.” HDA reminds all members to take those courses you need/want, retain all relevant documentation, and renew when the time comes. Dentists may need to submit a waiver if audited. Continue to review the BOD FAQs at <https://cca.hawaii.gov/pvl/files/2021/01/Dentists-FAQs-Jan-2021.pdf>. HDA continues to monitor and communicate with the BOD, and will push out updated information when received.

**Reminder, reminder, reminder!**

Always check your emails in all the various subfolders as these email servers are trying to be smart and sort emails for the user. When in doubt, hit the search button for “HDA.” If you feel you have not received any HDA emails, please check on your email status with the HDA office. Emails will contain upcoming CE classes and include other important (CE) information! Stay safe everyone and till we Zoom again at the next CE class! 🦷



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### Getting to Know Our HDA President

# Dr. Patsy Fujimoto

By Dr. Candace Wada, HDA Member

In this issue, we wanted to feature our three-time HDA president, Dr. Patsy Fujimoto and get some insight into how she manages to be such a dedicated and hard-working leader.

Regarding how she has time to serve as HDA president, Patsy responded, “Being retired has given me the flexibility and the ability to attend many of the webinars and meetings that are available to the leadership. At the beginning of the pandemic (last March), the ADA had informational webinars every week. Attending these sessions gave me a more in-depth perspective on the actions of the ADA and some valuable information. It was also helpful that many sessions were recorded so many times I could still listen to the sessions if I could not attend live. I tried to help last year’s president, Dr. Wayne Leong, who was practicing full time by attending these meetings when I could and keeping my schedule flexible to accommodate his schedule if we had to meet. With the advent of the pandemic, everything went online which made it much easier to attend.”

Having served as HDA president twice before, Patsy is in a unique position to draw on her past experiences. She went on to say, “Many people aren’t aware that my first presidency was during the AIDS/HIV pandemic. My personal perspective is that there are some parallels between the AIDS and



coronavirus pandemic; this helped to form some of my thoughts. The main difference now is the ease of communication. We can communicate very quickly with the membership. We’re also able to receive information digitally almost in real time.”

“The second use of my experience was to know what the association could or could not do and how to use the structure of the HDA to accomplish goals and objectives. To me, knowing the parameters of the association makes it easier to find solutions to problems and to be strategic. It’s very helpful to have a strategic plan, something that did not exist during my first two terms.”

“As a leader, one has to be open to change. Looking over the 30+ years of working in the association, so much has changed. For me personally, I get bored easily—so I am always looking

for ways to keep things fresh, if only to keep myself awake and alert!”

Patsy would like to encourage up and coming leaders in the association. She said, “It’s my personal belief that we have many potential leaders in the young dentists but they will need time to work within the association to get to know the association and how it works. They also are at a point in their life that personal and practice issues are taking precedence, which I fully support. I hope we can keep them engaged so that when they are ready, they will eagerly enter the leadership. I would encourage young dentists (or any member young or “seasoned”) by saying that leadership is so much easier than when I was first president. Communications, as I mentioned before, are almost instantaneous; we e-mail and text each other as leaders all the time. I also believe that former officers and leaders are more than willing to help new leaders. HDA meetings will be digital (Zoom) for the foreseeable future. It has made it much easier for not only neighbor island members but even those on Oahu to attend meetings.”

Lastly, Patsy believes we have a staff that are fully supportive of leadership. She said, “They believe, as I do, in a member-driven association. There is much that we can do but in the end it’s the members who have to guide and help make the decisions.” 🦷



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# HDA Building Program

By Dr. Carla Fukumoto, *HDA Secretary*

We're highlighting the Building Program in this *Journal*, by asking the members:

## How do you volunteer for the HDA, and why?

We thank them for their time in volunteering, and for their responses below:



**Dr. Calburt Lum**  
*Chair*

“I have been a member of our association for 40+ years and volunteered for a wide range of positions for much of those years. After returning home from dental school, I soon realized our association can be, and needs to be a very strong entity for dentistry to keep moving forward. This can only be achieved if there are volunteers willing to “step up to the plate,” especially when asked or offered opportunities. Everyone has a gift, skill, or talent to share. We would/could be an “unbeatable combination!”



**Dr. Chris Lee**  
*Member*

“I have been volunteering as an HDA member dentist for about 15 years. For me, it truly has been a blessing to work together with my colleagues to represent our profession in the state of Hawaii. As a result of volunteering for the HDA, I have had the opportunity to meet people who I would never have met, learn valuable lessons, and develop lifelong friendships. Dentistry will constantly be faced with new challenges, and organized dentistry provides the best way to identify and deal with those challenges.



**Dr. Jason Ako**  
*Member*

“I volunteer for the HDA as a member of the HDA Building Committee. Volunteering at the HDA gives everyone the opportunity to share their experiences and passions while contributing to others in our profession.



**Dr. Robert Baysa**  
*Member*

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Ms. Melissa Pavlicek



Mr. Danny Cup Choy

# 2021 is in Session

By Ms. Melissa Pavlicek and Mr. Danny Cup Choy  
*Hawaii Public Policy Advocates/HDA Legislative Consultants*

On January 20, the Hawaii legislature convened to begin the hard work and tough decisions that 2021 will surely bring. It is important to note that the 2021 legislative session will look much different than past years. The Capitol will be closed to the public, so hearings will take place virtually. Written and oral testimony will still be accepted, and for many this will bring a new opportunity to participate in the process. Citizens who were previously limited in their ability to engage in the legislative process due to work obligations or geographic restrictions (i.e. living on a neighbor island) now have a greater opportunity to directly speak to legislators on bills of interest. In some ways, it will be the most transparent legislative session in history since every committee hearing will be live streamed and then archived so interested onlookers can view the testimony, questions, answers, and legislative votes. The legislature will

adjourn on April 29, a week earlier than usual, as lawmakers attempt to expedite the session while the COVID-19 crisis continues.

In the senate, President Ron Kouchi will return to lead the chamber along with key committee chairs like Donovan Dela Cruz (Ways and Means), Rosalyn Baker (Commerce and Consumer Protection), and Karl Rhoads (Judiciary). There will be a new chair of the Health Committee, with Jarrett Keohokalole (Kaneohe) taking the lead on our key subject matter committee. Also, there are three new members: Chris Lee (Kailua/Waimanalo) and Joy San Buenaventura (Puna) have moved from the house to the senate, and Laura Acasio (Hilo) has been appointed by Governor Ige to replace the newly elected U.S. Congressman Kai Kahele.

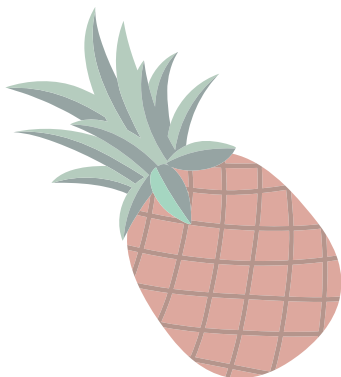
In the house, Speaker Scott Saiki and Finance Chair Sylvia Luke will continue to lead the chamber. There was significantly more turnover of new committee chairs in the House, with 14 of the 18 committees being under new leadership. For HDA's purposes, Ryan Yamane (Mililani) will be chairing the Health and Human Services Committee and Aaron Johanson (Moanalua) will be chairing the Consumer Protection and Commerce committee. There are eight new members in the house who each bring unique work histories, political views, and policy goals to the legislature.



The years of trust that HDA has built with legislators position us well to remain a respected source of information for lawmakers on oral health policy.

With the turnover of members and chairs, but more importantly with the legislature being closed to the public, relationships are more valuable than ever before. The years of trust that HDA has built with legislators position us well to remain a respected source of information for lawmakers on oral health policy. To that end, before the start of the legislative session your HDA leadership met with the new chairs of the Senate and House Health Committees to ensure that the organization has a direct line to the key individuals influencing legislation that could impact dentistry.

Lastly, in terms of issues we will be monitoring during the 2021 session, everything will revolve around the over \$1 billion budget shortfall that is expected to exist over each of the next four years. For many years, we have supported the restoration of dental benefits for adult Medicaid recipients, but bills requiring appropriations face a very tough road to passage this session. We will also be tracking and potentially engage on bills relating to licensing, telehealth, water fluoridation, and a sugary beverage tax. 🦷



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# Unmasked Patients: Conflicts, Accommodations, and Common Sense

By TDIC Risk Management

Even before COVID-19 inexorably changed social and clinical protocols, dental offices dealt with patients who claimed to “know better” than their providers when it came to health risks. From unvaccinated patients to incomplete health histories, failure to cooperate results in ethical and legal challenges for dentists. In today’s practice environment, these challenges also include navigating interactions with patients who simply refuse to wear face masks.

Dentists and their team members are put in uncomfortable positions when this occurs. For a patient who truly has a medical or psychological concern, how can the practice make safe accommodations? For patients who refuse to wear a mask on a philosophical basis, how can the practice communicate effectively, reduce conflict, and preserve staff safety?

Regardless of patients’ needs or just “knowing better,” start with plain-speak communication about the practice’s expectations.

Notify patients of increased safety protocols in advance of their appointments. Patients should understand what to expect: mandatory masks, temperature checks, oxygen saturation readings (pulse oximeter), hand sanitization, screening questions, and guest limitations or reception room restrictions. Share safety protocols and COVID-19 policies through

appointment reminder emails, text messages, and phone calls as well as through the practice website and social media pages. Providing early notice allows patients to cancel or reschedule if they aren’t comfortable complying with the safety guidelines. Reinforce the policies again by displaying signage on the office’s front door and at the front desk to be specific, clear, and conspicuous to patients upon their arrival.

## Mask-exemption accommodations

The Centers for Disease Control and Prevention offers guidance on individuals who could be exempt from wearing a face covering. These exemptions are generally rare and include children under age two and people of any age with certain disabilities or sensory, cognitive, or behavioral disorders. Unfortunately, fraudulent “face-mask exemption” cards are circulating in the public, but there is no legitimate boilerplate letter or blanket exception. If a

patient requests an accommodation for a disability that is not obvious, providers are permitted to request medical documentation that’s personalized to the individual patient’s condition. If the patient’s disability is apparent, additional information should only be requested if necessary.

Reasonable accommodations for patients with legitimate conditions may include:

- Offering a teledentistry appointment to determine a treatment plan and then scheduling an in-office appointment time that reduces risks while accommodating needs.
- Asking a patient to wait in the car or an area away from others until treatment time.
- Scheduling the patient as the last one seen at the end of the day.
- Allowing a patient to wear a loose face covering or face shield instead of a mask.



For patients who refuse to wear a mask on a philosophical basis, how can the practice communicate effectively, reduce conflict, and preserve staff safety?



## Responding to mask refusal

Even with early and direct communications about practice protocols, some patients will come to their appointments still refusing to comply. Being prepared for difficult conversations and using tactics to de-escalate tension are key to reducing potential liabilities.

Start by training employees on how to handle uncooperative patients. A united front demonstrates to the dental team that they are supported and that their safety is valued. As part of regular conflict resolution training, develop a specific plan on how to respond to patients who refuse to follow safety policies. This may include:

- Recognizing indicators of possible noncompliance before the appointment, such as hesitation during a reminder call or overly specific questions about mask enforcement.
- Addressing the unmasked patient outside the practice door or in the doorway, if possible, to avoid allowing the patient to enter common areas as the conversation continues.
- Offering the patient the option to wear a disposable mask provided by the practice, rescheduling the appointment when they are willing to comply or scheduling a telehealth consultation.
- Assessing the situation for signs of escalation and feeling comfortable asking practice leadership to intervene.
- Documenting a clear chain of command and designating a specific team member, such as the office manager, to respond quickly

in noncompliance situations and steer toward the best solution.

- Establishing a tactical approach to dealing with patient aggression or potential violence (threats, verbal assault, or physical assault), such as exiting to a safe area of the practice or calling security or an emergency number.
- Updating workplace violence policies in the employee handbook to cover patient-violence scenarios and the procedure for reporting them.

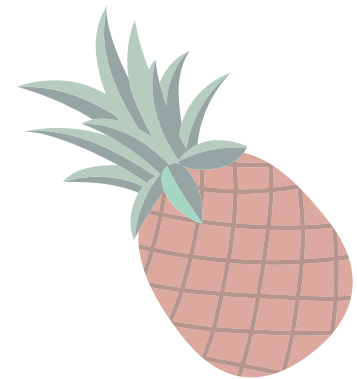
See additional guidance from the CDC on limiting workplace violence associated with COVID-19 prevention policies.

Staff can encourage patients to comply with practice protocols, but they are not expected to enforce them—especially without proper support or when facing hostility or safety risks. If an employee believes they are not supported in responding to uncooperative patients, the employee might be prompted to leave the practice and possibly file a hostile work environment claim. By documenting violence policies and following through on those policies in support of employees' mental and physical well-being, practice owners may mitigate liabilities and improve the team's confidence in working in a challenging climate.

In the event a patient refuses to follow practice protocols, the health and safety of the work environment is compromised for employees and other patients. Assuming there is no other protected classification in which the patient falls and the practice gives

adequate notice and an opportunity to find other care, noncompliant patients may be dismissed. Dentists must also remain available for emergency treatment (for a minimum of 30 days) until the patient finds care through another practitioner. To reduce the potential for patient-abandonment claims, contact your professional liability carrier for advice, especially if the patient is in midtreatment. Consult your dental society and state occupational safety division for additional regulations or considerations specific to your region.

Balancing obligations to the dental team and all patients can be a challenge, but expert guidance is available through your state dental association and The Dentists Insurance Company. If you are facing concerns about potential claims stemming from patient or employee situations, call TDIC's Risk Management Advice Line and speak with an experienced analyst. 🦷






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Matt Porter serves as Principal of Menlo Dental Transitions and has been an immense catalyst to the company's growth. He has brokered nearly 200 dental and specialty practice sales and consulted in many transactional situations. He is also a certified valuation analyst and CE credentialed lecturer.

Menlo Dental Transitions specializes in practice sales, practice valuations and DSO transitions. The company is a leader in the Arizona dental market and has recently expanded its services into Hawaii, where Matt and his family live.

"I recently had the pleasure of working with Menlo Dental Transitions. They were extremely professional and exceeded my expectations. Additionally, they were always punctual and handled everything with integrity. I highly recommend the Menlo Group."

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