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Articulator

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LOOKING AHEAD

**A Generational Transition
is Coming**

**The POWR Act:
An Employment Law Update**

The Siloed Effect

The Road Forward



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DENTAL SOCIETY**

**QTR 2, 2023
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Managing Editor

Cara Stan

Printing

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Metropolitan Denver Dental Society
925 Lincoln Street, Unit B
Denver, CO 80203
Phone: (303) 488-9700
Fax: (303) 488-0177
mddsdentist.com

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The Pursuit of Excellence

JANIE BOYESEN, DDS, DMSC



As my term as President comes to an end, I have had the chance to “walk down memory lane” and think about my journey. It has been an honor to serve as President of the Metro Denver Dental Society (MDDS) and work alongside such an incredible group of professionals. It is more important than ever to stay connected and support one another.

That is why, as a Society existing for the benefit of our members, our focus for the next three years is on providing exceptional member service and value, a purpose that has been refocused as a goal that emerged from our Board's Applied Strategic Planning session.

One of the many things I have learned from my 16-year volunteering history with MDDS is our focus is different from the Colorado Dental Association (CDA) and the American Dental Association (ADA) – each organization strives to bring value to member dentists in different ways. One important objective of MDDS is to offer relevant continuing education opportunities to our members. We strive to provide cutting-edge training, seminars and workshops to enhance the knowledge and skills of our dental professionals. We understand the importance of staying current with the latest advances in dentistry to provide the highest quality care to our patients. One of our strengths is the Rocky Mountain Dental Convention (RMDC). We will leverage technology to provide more accessible, convenient continuing education opportunities both within RMDC and the Mountain West Dental Institute (MWDI). We will reach out to other organizations and societies to bring in additional expertise, expanding our reach.

As part of our strategic plan we will engage with our members at the local level and listen to feedback to ensure we are meeting your needs and providing the resources and support you require to be successful. We believe these strategies will help us to achieve our goal of providing exceptional member service and make MDDS a true asset to our members – the first-place members go for information and service.

“Dentistry is a field that requires persistence and dedication, and we must continue to strive for excellence even in the face of setbacks.”

Organized dentistry plays a critical role in advocating for the interests of dental professionals and patients. Through organized dentistry, we can work together to promote the highest standards of patient care and advance the field of dentistry. As members of MDDS, we can be a part of this larger movement and make a meaningful impact on our profession and the patients we serve. I encourage all of you to stay engaged. Your feedback and ideas are essential to the growth, sustainability and relevance of MDDS.

I want to express my gratitude for the privilege of serving in the role of President. It has been an incredible experience to work with so many dedicated and passionate dental professionals, and I am proud of all we have accomplished together. I am committed to continuing my service to MDDS after my presidency is over, and I look forward to seeing all the great things we will achieve together. Most importantly, I wish success to the President-Elect, Dr. Karen Foster. I have had the good fortune to collaborate with one of the most hard-working and knowledgeable individuals I know, and I can enthusiastically say MDDS is in good hands with Dr. Foster assuming the Presidency.

“Success is not final; failure is not fatal: it is the courage to continue that counts.” I believe this quote from Winston Churchill is particularly relevant to our profession. Dentistry is a field that requires persistence and dedication, and we must continue to strive for excellence even in the face of setbacks. Let us be inspired by Churchill's words and remain steadfast in our pursuit of providing the best possible care to our patients.

JANIE BOYESEN, DDS, DMSC
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February 16, 2023 - Julián Conejo, DDS, MSc
Topic: Highly Esthetic Implant-supported Restorations with CAD/CAM: An update on the latest materials, workflows and techniques for 2023.

April 20, 2023 - Sang J. Lee, DMD, MMSc
Topic: Fixed implant rehabilitation and implant occlusion

June 8, 2023 - Miguel D. Vidal, DMD, MS
Topic: Selecting the Correct Implant Abutment Design-Beyond Ti-Base

September 7, 2023 - Yong-Han Koo, DDS
Topic: Robotics in Dental Implant Surgery: Safety & Precision

October 5, 2023 - Paul Chang, DDS
Topic: Management & Prevention of Peri-Implant Diseases

November 2, 2023 - Aldo Leopardi, BDS, DDS, MS, Prosthodontist
Topic: “Back to the Future”: a retrospective look at dental implant clinical complications and successes, with a view toward the future.

December 7, 2023 - Marcus Blue, DDS
Topic: Clinical advancements and predictability in bone grafting.



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Words Matter

ALLEN VEAN, DMD



As we make our best attempt to recover from the last three years, one important aspect of our society has been misplaced. Personal interactions, personal conversations, and respect for one another need a tune-up. How often do we see people buried in that handheld device known as the cell phone paying little or no attention to anyone or anything? The patients in your waiting room and operatories

constantly looking at their screens as you try to establish a conversation. The disrespect that is shown when you or your staff member tries to get their attention and they just keep talking. And then, they are upset you interrupted their conversation. Whoa! Let us back up here.

I was always taught to look someone straight in the eye, have a firm handshake, treat them with kindness, think before you speak and choose your words carefully. Recently, I was a substitute instructor at a local dental hygiene program. The students are remarkable. Most have college degrees, prior dental experience, or are changing careers as they see the opportunity dentistry offers. These past experiences range from an Air Force F-16 mechanic to a culinary school graduate who was a pastry chef at a Ritz Carlton Hotel prior to a COVID layoff. As I was preparing for my clinic assignment, one of the students approached and said, "My patient wants an exam." Excuse me. Who are you? Would it not be appropriate to introduce yourself, and ask that we review the patient's medical and dental history, radiographs, and any other pertinent information prior to the examination? My first reaction was total surprise. I am not sure if this behavior was taken for granted or if the student treated other instructors in a like manner. I took a deep breath and took the student aside out of the hearing range of others. We had a serious discussion about how we speak to each other whether it be a student or instructor. I informed the student the only person in my life that gave orders was my mother. As we continued our discussion regarding personal interactions, the student apologized, and we were able to have a positive clinical experience.

I recently initiated a ChatGPT account. My fears regarding artificial intelligence were somewhat lessened when I searched, "Words matter in conversations." I was surprised and impressed with what followed. In summary, "Words that we choose can have an emotional impact on others. It is also important to be mindful of our tone of voice. Words that are hurtful,

"Please remember your practice is only as good as your weakest link. I have heard many stories of hygienists, assistants, and office managers leaving practices not because of pay, but because of the culture of their work environment."

disrespectful, or dismissive can cause harm and damage relationships, while words that are supportive, empathetic, and validating can foster connection and build trust. In short, the words we use in conversations matter a great deal, and it's important to be intentional and thoughtful in our language choices. By doing so, we can create more productive and positive interactions with others."

As we all are aware, the shortage of dental support staff in all areas of our practices will continue. Please remember your practice is only as good as your weakest link. I have heard many stories of hygienists, assistants, and office managers leaving practices not because of pay, but because of the culture of their work environment. There is no need to keep a staff member who continually creates disruptions. This not only applies to staff but also to patients. Why do we allow patients to demean our staff and create havoc within the office? I know we all have had patients who fit the criteria. The dark cloud in the office when these patients and staff members are in your practice, turns into sunshine when they are dismissed. There is an immediate sigh of relief from everyone.

When I spoke with the hygiene student mentioned previously, I reminded the student there are three words that we need to use more often. They are "please and thank you." You would be surprised how effective they are. Please remember a quote from a speech by the infamous Arnold Palmer, "Tears are 99% feelings and 1% water." Think before you hurt someone. Thank you.

And, thank you for supporting organized dentistry. Your comments are always welcomed and encouraged.

ALLEN VEAN, DMD
ARTICULATOR, CO-EDITOR

Editor's Note: Please note, the correct spelling of co-author Ms. Lisa Hinz from the 1st Quarter 2023 Articulator article, "Leadership: You Know When It's There" is Hinz not Heinz.

Member Matters

WELCOME NEW MEMBERS!

Dr. Ben Crockett
Dr. Thomas Fry
Dr. Kyu Jung
Dr. Mark Kampfe
Dr. Sujeong Lee
Dr. Erik Rivas
Dr. Jacob Smith
Dr. Joseph Spracino
Dr. Tanya Wright
Dr. Jane Yang



CONGRATULATIONS TO THE 2023 GRADUATING CLASS!

Welcome to Denver's
Dental Community.

CDA & MDDS WOMEN DENTISTS EVENT

This March, women dentists from around the state gathered at Upstairs Circus in DTC for crafting, cocktails and camaraderie.



UNIVERSITY OF COLORADO SCHOOL OF DENTAL MEDICINE DIDACTIC DAY

For the 8th year running, fourth-year dental students and second-year ISP students attended leadership and management courses at the Mountain West Dental Institute (MWDI). MDDS and CDA sponsored breakfast and lunch and helped students convert their ASDA memberships to ADA membership.



A Generational Transition is Coming

MARKO VUJICIC, PH.D., CHIEF ECONOMIST, ADA





ABOUT THE AUTHOR

Marko Vujicic, Ph.D., is the current Chief Economist and Vice President of the Health Policy Institute (HPI) of the American Dental Association. His extensive resume includes Senior Economist at The World Bank and Health Economist at the World Health Organization. He obtained his Ph.D. in Economics at the University of British Columbia.

We are at a crucial moment for the dental profession.

A fork in the road, so to speak. Several major trends are combining to bring change to the dental practice model. While uncomfortable to many, these changes also bring unique opportunities to elevate dentistry into a new era.

Let's take a look at the data. Nationally, the percentage of dentists in solo practice has been declining steadily over time, with recent years bringing an acceleration of this trend. For example, in 2001, two-thirds of dentists were in solo practice compared to 53.1% in 2011 and 36% in 2022.¹ The latest data for Colorado shows that 30% of dentists are in solo practice. Similarly, practice ownership rates have been declining over time, particularly among young dentists.² In 2005, 84.7% of dentists were practice owners compared to 73.0% in 2021. Among dentists under age 35, this rate went from 25.4% to 9.5% over the same period.

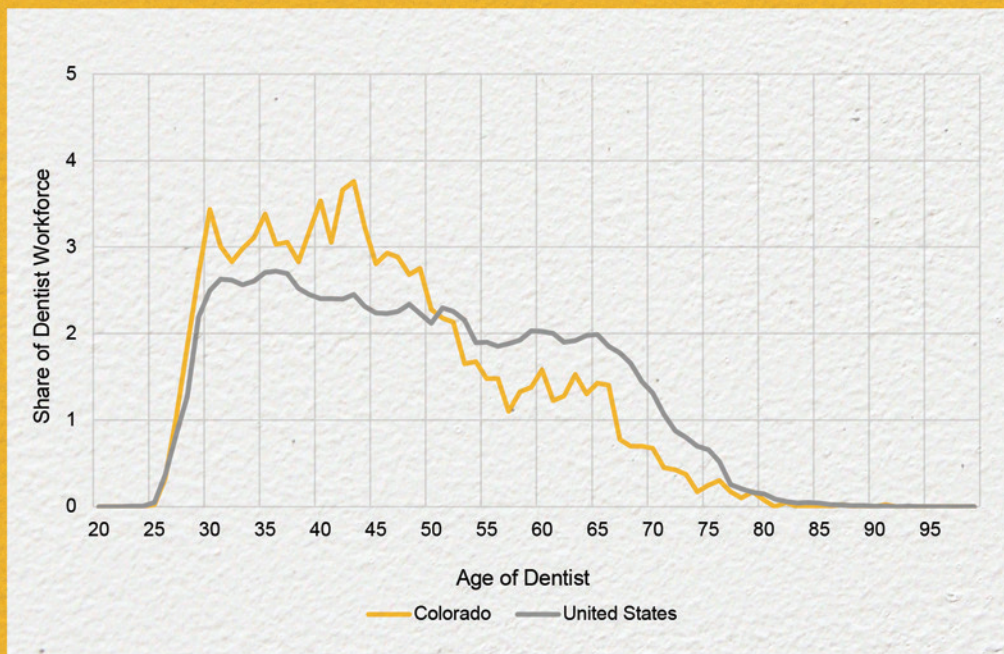
As practice ownership declines, more dentists are shifting to consolidated dentistry, including dental service organizations (DSOs). Nationally, about 13% of dentists are part of a DSO, with the rate doubling when we look at dentists under age 35.³ Among all Colorado dentists, an estimated 21% of dentists are affiliated with DSOs.³ This trend is likely to continue given practice patterns among recent dental school graduates. The latest data show that three out of ten fourth-year dental students plan to join a DSO.⁴ For the University of Colorado School of Dental Medicine, a conservative estimate of the percentage of graduates who are currently in DSOs is 18% as

of 2019.⁵ The second and third top schools of graduation for Colorado dentists, Creighton University and the University of Iowa,⁶ have DSO affiliation rates of 8.7% and 8.0% respectively.⁵

Overall, dentists, especially younger dentists, are gravitating away from the solo private practice model toward larger groups.

There are numerous factors driving these practice model shifts, including rising student debt,^{4,7} increased diversity among young dentists (both in terms of more female dentists⁸ and more non-White dentists⁹), and changing preferences around work-life balance for young, highly educated Americans.¹⁰ On top of these "supply-side" factors, the business side of dentistry is getting increasingly complex as practices must respond to consumerism among patients,¹¹ increased technology and data needs,¹² and more complicated third-party payer relationships.¹³ Simply putting up the proverbial shingle is no longer a viable business strategy as it might have been a generation ago. As a result, the business side of dentistry is increasingly being led by businesspeople, not clinicians.

These trends are about to go on steroids. The chart below shows the age distribution of dentists in Colorado versus the United States. On the x-axis



As the generational turnover accelerates in the next five years, undoubtedly we will see a major shift toward large group practice, DSOs and any other form of practice consolidation.

is the age of the dentist and on the y-axis is the share of practicing dentists of that age group. What is important to notice—referring to our high school statistics—is these curves are not bell-shaped. There is no “normal” distribution when it comes to age. There are two main groups that stick out: there are a lot of dentists in the 30 to 40-year age range as well as the 60 to 65-year age range. In Colorado, the “baby boomer bulge” is not as pronounced compared to the U.S., but it is still there.

Why is this graph important? If we fast forward just five years, the dentists who are 65 today will largely be retired and out of the profession. There will be a sharp drop off in the average age of dentists, and the majority of the workforce will be in their early to mid-career stage. Because baby boomer dentists are so different from the current crop of millennial dentists, there will be a sharp generational turnover in Colorado’s dentist workforce in the next five years. The baby boomer generation of dentists is largely made up of white, male and solo practitioners. The

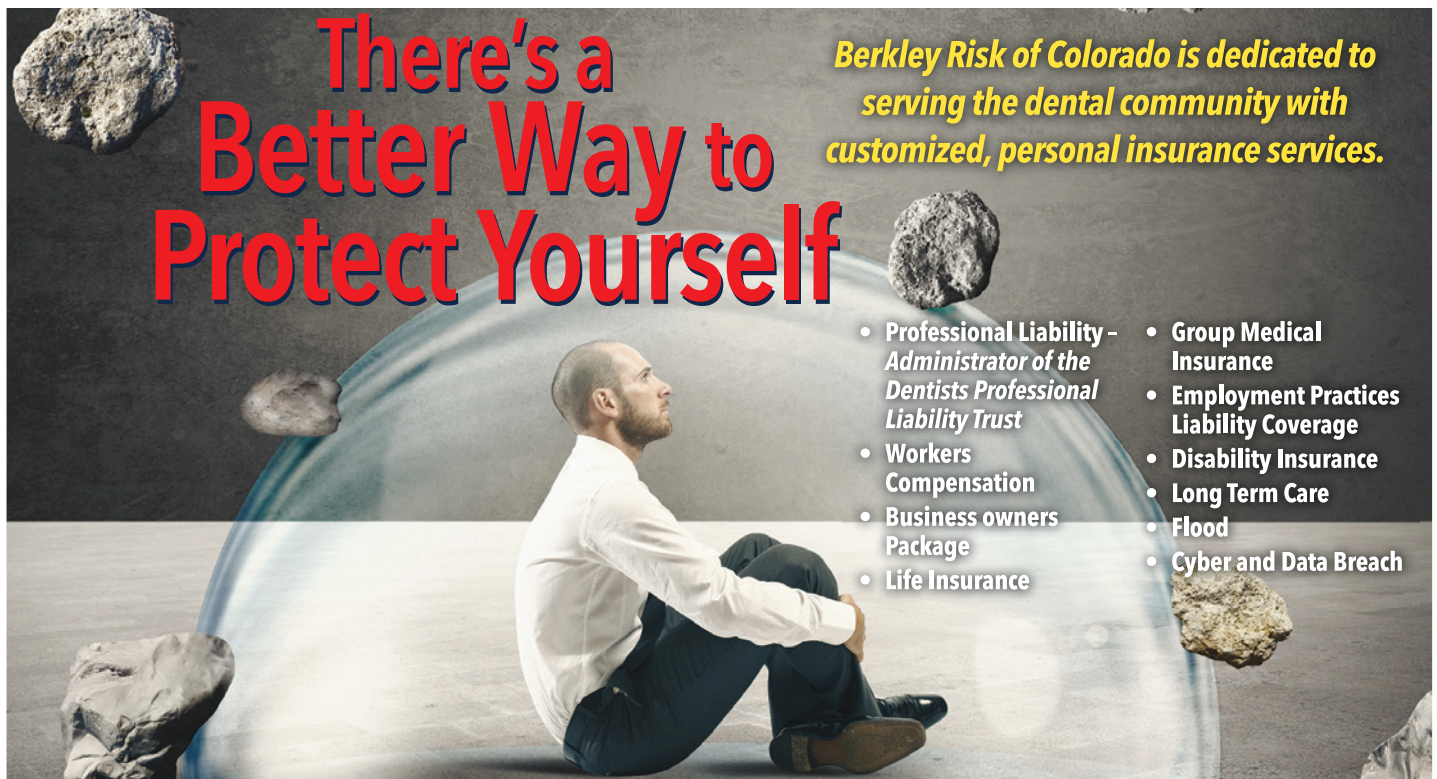
millennial generation of dentists is 50% female, much more racially and ethnically diverse and increasingly practicing in larger groups. I keep mentioning gender and race because they matter when it comes to practice modality. All else equal, there is plenty of research indicating female and non-White dentists are less likely to practice solo, less likely to own a practice, more likely to accept Medicaid patients and more likely to work different hours.^{1,2,14,15,16} As the generational turnover accelerates in the next five years, undoubtedly we will see a major shift toward large group practice, DSOs and any other form of practice consolidation.

Why is this important? First, local, state, and national dental associations need to pivot to offer value for dentists in a much wider array of practice modalities. This is not easy, as it involves letting go of some legacy products and services that are geared toward solo or small practice dentists. Second, whatever one’s opinion regarding how dentistry is changing, we must accept that it is. There is little that can be done

to reverse the trends in practice modality. In fact, the trends are going to accelerate. There are massive market forces at play that are simply unstoppable. Again, the theme here is ‘letting go’. Third, we need to recognize dentistry is heading toward its next era and is proceeding down the road of every other healthcare profession before it, be it pharmacy, primary care, eye care, urgent care or behavioral health. I fully recognize this generational shift causes a lot of angst among established dentists. But, a generational shift brings a lot of new opportunities. It remains to be seen how the current and upcoming demographic shifts will impact access to dental care, cost of care, or dentist earnings and career satisfaction. Half the U.S. population does not go to the dentist in any given year, and utilization disparities by race/ethnicity and age have persisted over the years.¹⁷ There is an enormous opportunity to expand the dental care market, grow the industry and bring millions of more Americans into a dental home. The practice model transition could be one aspect that helps dentistry ‘grow the pie’ in the years to come.¹⁸ ■

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The POWR Act: An Employment Law Update

DAVID BASHFORD, ATTORNEY, RANGE PC

> *This article is intended as general guidance and not as legal advice.*



ABOUT THE AUTHOR

David Bashford is an attorney with the law firm Range PC, a management-side employment and business law firm headquartered in Denver. David's practice focuses on business matters, employment law, and training.

As of this writing, the Colorado legislature is poised to pass the Protecting Opportunities and Workers' Rights (POWR) Act, which the Governor is expected to sign, and will become effective on or around August 6, 2023.

The POWR Act makes several significant changes to Colorado employment law. For example, the POWR Act:

- Removes, from the longstanding definition of harassment both in Colorado and under federal standards, the requirement that the alleged conduct results in a hostile work environment.
- Further specifies that the alleged conduct in a harassment claim does not need to be severe or pervasive to be discriminatory, which eliminates another longstanding element of harassment.
- Specifies the requirements for an employer to affirmatively defend against an employee's claim of harassment by a supervisor.
- Specifies the requirements that must be satisfied for an agreement between an employer and an employee to be confidential.
- Changes the disability accommodation analysis by eliminating an employer's ability to assert only "significant impact" as the basis for denying a request for accommodation made by an individual otherwise qualified for the job.

Under existing Colorado and federal standards, for harassment to be actionable against an employer, the alleged behavior must be severe or pervasive. Simple teasing, offhand comments, or isolated incidents that are not extremely serious do not violate existing standards. Severe or pervasive means such as changing the conditions of employment and creating an abusive (hostile) environment, judged by both an objective standard (in other words, any reasonable person would find the conduct abusive); and a subjective standard (in other words, the employee in question found the conduct abusive).

The POWR Act specifically provides that, to be actionable against an employer, the alleged conduct does not need to be severe or pervasive. In turn, a hostile work environment is not required. Rather, the alleged conduct may be actionable if the result is unreasonable interference with an individual's work performance, or the creation of an intimidating, or offensive working environment. The POWR Act further provides that petty slights, minor annoyances, and lack of good manners are not actionable unless, under the totality of the circumstances, the result is intimidating or offensive. In other words, a minor annoyance or lack of good manners may be actionable.

Indeed, the POWR Act provides that a single incident may rise to the level of harassment. Further, conduct that may have been welcome at one time may later become unwelcome. The result places greater weight on the subjective standard at the expense of the objective standard, which has been an important safeguard against an individual's unreasonable reaction or sudden change of mind about the nature of particular conduct.

The POWR Act fundamentally changes the analysis associated with determining if harassment is actionable against an employer. Because a single incident or offhand comment may be actionable, employers may be compelled to terminate an employee that, under current standards, would be admonished and given the opportunity to improve before conduct became pervasive and a work environment hostile.

The POWR Act provides the employer must demonstrate implementation of a harassment prevention, deterrence, and employee protection program. A satisfactory program requires the employer to demonstrate that the employer takes prompt, reasonable action to investigate or address alleged harassment, and takes prompt, reasonable remedial action in response to a complaint. Employers must communicate the existence and details of the above program to employees and, in defense of a complaint, demonstrate the employee has unreasonably failed to take advantage of the employer's program by making a complaint the employer could act upon.

At this point, what any of the above paragraph means, in practical application, is anyone's guess. We will begin to get clarity as the courts interpret the new law. Employers will definitely, at least, want to have regular harassment and discrimination training, with proof of participation by each employee. Employers will, at least, want to fully investigate any complaint, no matter how minor, documenting the investigation results and any associated remedial action.

It is not unusual, in the event of a harassment claim that is actionable against an employer, for the employer (or the employer's insurance carrier) to settle the claim in the form of a confidential settlement and non-disparagement agreement. Increasingly, confidential settlement agreements are falling out of favor because they are viewed as making it possible for employers to keep both current and prospective employees in the dark about serial or severe violations of employee protective laws and regulations.

The POWR Act establishes a complex set of requirements that must be met for a settlement agreement to be confidential and in order for non-disparagement language to be enforceable. Employers will need to stop using existing forms of settlement agreements and work with counsel, on a case-by-case basis, to determine if an agreement may be confidential at all, and, if it may, what process must be followed, and language used, to make such confidentiality valid.

Beyond provisions addressing harassment, the POWR Act includes provisions related to the accommodation of disabilities in the workplace.

Currently, if an individual has a disability and asks their employer to make an accommodation that will enable that individual to perform the essential functions of the job, under existing Americans with Disabilities Act (ADA) and Colorado Anti-Discrimination Act (CADA) analysis, the employer may deny the request if there is not a reasonable accommodation that the employer can make. An accommodation is generally considered unreasonable if it results in a significant financial, operational, or similar impact on the business.

The POWR Act establishes a new element in addition to the significant impact analysis, requiring the disability also actually disqualify the individual from the job. Stated differently, if an individual is qualified to perform the essential functions of a job, then the employer must make virtually any accommodation necessary for the individual to perform those essential functions, regardless, for example, of the cost or disruption to the business.

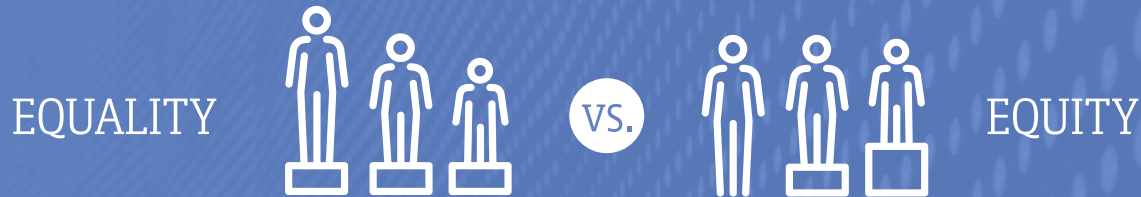
As with most legislation, Colorado's POWR Act contains some nuance and it is new, which means much will be learned over the coming months as the law is tested and regulations refined. In the interim, take the steps necessary to avoid tripping over the basic stuff. Implement a consistent and robust anti-discrimination program, update employee policies as needed and train supervisors. If a complaint is raised, investigate, document, and, if warranted, remediate. Stop using that form of settlement agreement that you got from somewhere years ago.

Carefully consider requests for accommodation. If an employee or prospective employee is qualified, consider the full range of accommodations with the goal of making it possible for the individual to perform the essential functions of the job.

Finally, if you have questions or concerns, seek the advice of good counsel. ■

The Siloed Effect: Connecting the Health Equity Dots in the Oral Health Industry

OP-ED BY DWINITA MOSBY TYLER, PH.D.



ABOUT THE AUTHOR

Dr. Dwinita Mosby Tyler is the Chief Catalyst and Founder of The Equity Project, LLC. She is an accredited consultant by the Georgetown University National Center for Cultural Competence and earned a Cornell University Diversity & Inclusion Certification. Dr. Mosby Tyler is nationally recognized for her equity work with non-profit, government and corporate organizations. She has a Ph.D. in organizational leadership, a master's degree in management and a bachelor's degree in education.

With today's illuminated focus on health, we can more clearly see the impact of what years of siloed examination has done to the lived experiences of the American public. "Health" has, over time, become a synonym for disease management and has left out the importance of preventative health, mental health and oral health. The realities of our institutional designs and strategies to provide sick care versus healthcare is also a culprit in this matter. In many ways, we have built an infrastructure for care that subliminally tells the patient they should enter the doors only when they are in crisis. This "wait until you're in crisis before you come" belief is seen more prominently in communities of color.

There are two lanes. Sick care is one of those lanes and is about taking care of those who are already suffering from some condition or other. Healthcare, on the other hand, is a lane designed to ensure people work towards being healthy and take the right steps not to fall sick or develop a disease. Our ability to understand the drivers to each lane is key. Our ability to discuss the totality of healthcare in a non-siloed manner is also key. We should be talking about the health and wellness of the whole body; each component part being examined in relationship to the other. We should also break our pattern of overlooking oral

health as a critical component of overall health. We must understand the impact of oral health on the rest of the body.

In the work of health equity, we must address two major issues: (1) Cognitive Fixedness – a mindset in which we consciously or unconsciously assume there is only one way to interpret or approach a situation and (2) Structural Fixedness – our tendency to create a strong association with a structure, resulting in difficulty considering an alternative structure or order. These fixedness factors are a part of our inability to connect all the moving parts to establish the totality of good health. This fixedness factor or lack of understanding of alternative ways to interpret health issues can be solved by looking, more proactively, at systemic barriers to health.

Oral health should always be explained in a way that shows the impact on the rest of the body. Oral health equity should be an easily understood explanation of how fair and just the procedures of dental care really are; making patients feel valued throughout the process. Oral health equity means we must understand the barriers and challenges (this is how we disrupt our fixedness) to achieving oral health. The NIHCM Foundation (nihcm.org) articulates barriers as: ▶

BARRIERS & CHALLENGES TO ACHIEVING ORAL HEALTH

PROVIDER SHORTAGE



56 MILLION

Americans live in dentist shortage areas

ACCESS TO FLUORIDATED WATER



100 MILLION

Americans don't have access to fluoridated tap water

FINANCIAL BARRIERS



MORE LIKELY

Black & Hispanic people are more likely to encounter cost barriers to oral healthcare



LACK OF TRANSPORTATION



LACK OF CHILDCARE OR WORK LEAVE ISSUES

DURING THE PANDEMIC

More than 6 million American adults lost their dental insurance. Many delayed getting care due to finances, lack of insurance and fear of exposure to the virus. Many dental offices were closed early on in the pandemic except for emergency care contributing to the delay in care.

DISPARITIES IN ORAL HEALTH BEFORE THE PANDEMIC

Prioritizing oral health is challenging when people are struggling with additional systemic health conditions, food, and housing insecurity.

INCOME-BASED DISPARITIES

UNTREATED CAVITIES



40%

of low-income adults have up to 3 affected teeth

Low-income adults had twice as many mild to moderate untreated cavities & 3x more severely untreated cavities

UNMET DENTAL NEEDS



FINANCIAL

constraints listed as main reason for non-elderly adults

LOW-INCOME CHILDREN



15% LESS LIKELY

to have dental sealants

Low-income children are twice as likely to have untreated cavities compared to higher-income children

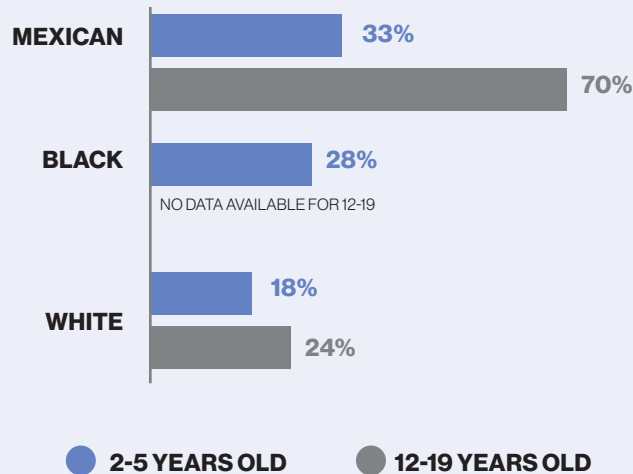


CONTINUED ►

RACIAL & ETHNIC DISPARITIES

PERCENTAGE OF CHILDREN WHO HAD CAVITIES

Based on data from 2011-2016



AMERICAN INDIANS & ALASKA NATIVES

Based on data from 2014

4x DECAY

AI/AN preschool children have the highest level of tooth decay, more than 4x higher than White children

75%

of AI/AN children have experienced tooth decay by age 5



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CONTINUED

If we can more effectively deduce the systemic issues related to poor health and health inequities, we unearth the opportunities to create change. If we know, for example, that there are systemic issues with oral health in 2–5-year-old children, would we not coordinate with early childhood education programs to institutionalize dental care and education? In addition, can we use predictive modeling to illustrate, potentially, what happens to the overall health of an adult, Mexican person's health outcomes if they have no dental care? What impact does this have on other parts of the body?

Oral health equity will call for the disruption of current ways of thinking about health. There is a very literal connection between oral health, mental health and general physical health. In today's complex society, we are focusing a great deal on

strengthening mental health. Interestingly, Dr. Susan Albers, PsyD, a psychologist for Cleveland Clinic shares, "Dentists are sometimes the first professional to identify and diagnose a mental health and issue and they make a lot of referrals to counselors and therapists," (newsroom.clevelandclinic.org).

This powerful information, as described by Dr. Albers provides an open-untold story that the health of a person's teeth can give important clues about their stress level, mood, anxiety and the presence of chronic eating disorders. For example, if the patient struggles with anxiety, they may have worn enamel on their teeth due to grinding or clenching their jaws. Depression can affect a person's desire to take care of their teeth.

Mental health issues can increase your perception of pain, thereby causing avoidance of going to the dentist.

The key is in the disruption. The disruption is in our cognitive and structural fixedness. The fixedness is about our historical silos of health. The silos are the ways in which we have segregated parts of the body and explored them separately without considering the impact each has on the other. The impact is whole-body connectedness that is cared for in healthcare and not sick care frameworks. Healthcare then becomes equitable care. Equitable care becomes our norm and our new reality. ■



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Them: Claims call center (likely in another state).

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Them: Online support.

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Them: \$0

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Them: It's hard to say... they tend to come and go.

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The Road Forward: An Update on the MDDS Strategic Plan

SHELLY FAVA, MS, CMP, CAE



On a chilly February day, the MDDS Board of Directors, the professional team and a member-at-large gathered at the Mountain West Dental Institute (MWDI) to plan the future of organized dentistry in the metro area. This group engaged in the important work of Strategic Planning, sometimes called Strategic Forecasting. Strategic Planning is a process by which an organization or business establishes priorities and charts a path forward. At MDDS we firmly believe no association can grow or serve its members well without having goals and tactics for meeting those goals. You have to put your destination in the GPS before it can tell you how to get there.

MDDS engaged a professional facilitator, Mary Byers, with a specialty in helping associations develop achievable yet aspirational goals. In a 2019 strategic planning session, the committee updated the vision, mission and core values of MDDS. Then in 2022, MDDS also adopted a new Diversity, Equity and Inclusion statement. In reviewing those foundational pieces, the Board had decided in advance they still speak to the purpose of MDDS. In case you aren't familiar, here are each:

MISSION

MDDS is dedicated to supporting our members, promoting the highest ethical practice of dentistry; providing continuing professional education, including a premier annual dental convention; oral health education and outreach to the community.

Vision: MDDS is the oral health authority committed to its members and the community of the Rocky Mountain Region.

Core Values:

Integrity	Visionary Leadership
Relentless Achievement	Growth and Learning
Collaborative Community	

DEI Statement: The Metro Denver Dental Society strives to model diversity, equity and inclusion in everything we do. We believe this fosters an innovative and dynamic culture and leads to sustainable results. This environment allows us to further advance the dental profession in the metro Denver area, improve the oral health of the public and promote equity and access to oral health.

We resolve to promote and maintain an environment that honors and respects the dignity, uniqueness and worth of each person in order to empower each member of our organization to participate in our vision of improving oral health for our community.

ABOUT THE AUTHOR

Shelly Fava, MS, CMP, CAE is the Executive Director of the Metro Denver Dental Society (MDDS). Prior to assuming the position in 2018, she served in multiple roles at the Society including Director of Convention & Events. When she isn't serving the needs of the MDDS team or its members, she practices Tae Kwon Do and enjoys spending time with her husband, teenage son and their dog, Critter.

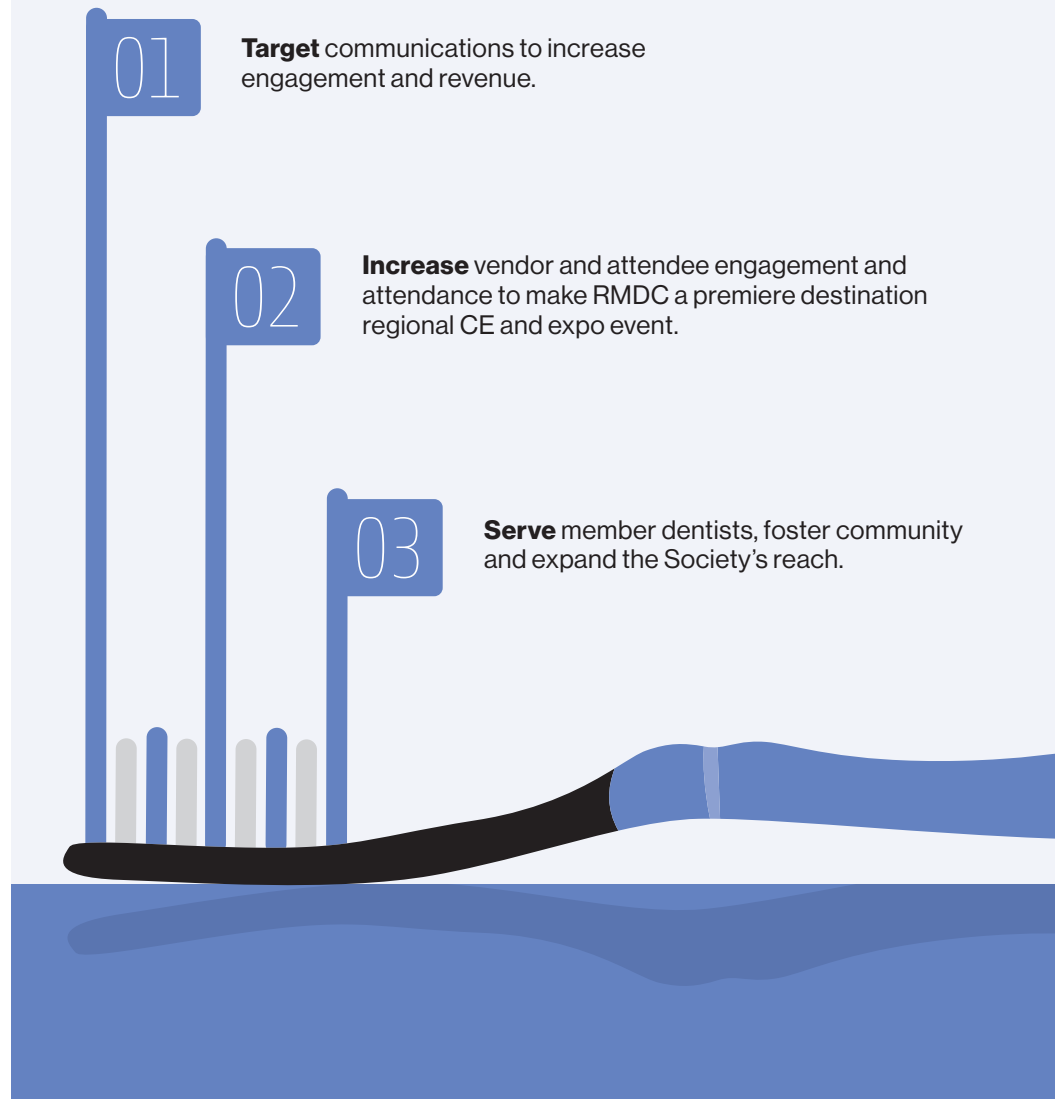
With a clear picture in mind of the purpose of MDDS, the group focused fully on creating goals and tactics to move the association forward over the next three years. The committee was privileged to have Dr. Marko Vujicic of the ADA Health Policy Institute (HPI) give a presentation on the current state of dentistry as a profession and an industry. His data and analysis helped the group understand the challenges and opportunities faced by our members across all demographics and practice modalities. I was able to share a picture of how MDDS has done serving members over the last ten years. We discussed membership, the Rocky Mountain Dental Convention (RMDC) and continuing education.

Our facilitator then guided the group through a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis. This led to a robust conversation on ways to lean into strengths; compensate for or overcome weaknesses; take advantage of opportunities and avoid threats. To be a strong organization, it is important to be honest about exactly where you are now. This gave the group their starting point.

Having established clarity on the purpose of MDDS; the overall state of dentistry; the makeup and needs of members; and what the association can do to serve members best, it was time to create aspirational goals for the next three years. You can see the resulting goals in the graphic to the right. MDDS's goals are purposely few and focused. The committee would rather do a few things very well, than many things poorly. An association can advance its profession in many ways, but MDDS stayed zeroed in on what a local component society is best positioned to do for members, leaving other services, such as legislative initiatives, to our state and national partners. This allows members to access a full suite of benefits from each level of the tripartite without duplication of efforts. ▶

2023 - 2026 » METRO DENVER DENTAL SOCIETY

Strategic Plan



CONTINUED ▶

Once the goals were in place, the committee went on to create a large list of tactics for accomplishing each goal. This was open brainstorming where no idea was off the table. Subsequently, the professional team went through the tactics to prioritize them based on achievability, team capacity and budget considerations. Starting with a wide funnel of possibilities and narrowing the focus to what MDDS is best positioned and best capable of doing a strategic plan was born.

Beyond operational functions, the three new goals will guide all decisions by committees, the Board of Directors and the professional team for the next three years. Whenever a new program or event is proposed, the first question that will be asked is, "Which goal does this move forward?" By always keeping the goals in mind, the association will ensure time and money are being invested into areas that provide the most benefit to members. It is a plan created by members for their colleagues to further the MDDS vision and mission while manifesting the core values. ■

If you have questions about the strategic plan, feel free to reach out to me at director@mddsdentist.com.

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- Amy,
DDS PATIENT



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How To Calculate Your EBITDA



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Practice's Total Collections - Overhead - Dentist Compensation at FMV = EBITDA

If a practice's total collections are \$1,200,000, and the overhead is \$840,000, the net income equals \$360,000. And if the doctor's compensation is \$288,000 then the EBITDA is \$72,000.

- **Practice's Total Collections** are the total practice collections (not production).
- **Overhead** typically includes staff wages, staff benefits, supplies, office expenses, staff contract labor, telephone, computers and IT services, postage, merchant services, advertising, uniforms, laundry, lab, rent, NNN or CAM, personal property tax, etc.
- **Operative Production** is the cost of what you would pay an associate doctor to perform the operative production in the practice.

In our example, we take the practice's total collections of \$1,200,000 and subtract the practice overhead (this includes fixed and production expenses) of \$840,000 to get a net of **\$360,000**.

Overhead does not include the following: owner's wages, associate wages, family wages, travel, auto, meals and entertainment, continuing education, professional memberships, or any other expense that a buyer would not have to assume to continue conducting business in the same manner.

Next, we subtract the cost of what you would pay an associate doctor to perform the operative production in the practice. So, if your hygiene production is 20% or \$240,000 and your operative doctor production is 80% or \$960,000 then you pay a doctor 30% of collections (\$960,000*0.30) = **\$288,000**.

Take your net income less doctor wages to get your **EBITDA** | $\$360,000 - \$288,000 = \$72,000$.

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We hope this example is helpful. Please reach out if you need an opinion of value or appraisal for your practice if you are considering selling in the next 1-5 years.



Marie Chatterley

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Ivan Naiman D.D.S

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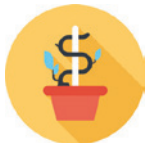


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I am MDDS: Dr. Isaac Chung

What influenced your decision to specialize? And, why orthodontics?

I was very fortunate to have had orthodontic treatment as a teen. When I was younger, I was fairly shy. It also didn't help that my smile wasn't one I was proud to show off. What I remember the most about my orthodontic experience, though, was the first time someone complimented my smile after I got my braces off. And this wasn't someone from my orthodontist's office!

The confidence I gained after having orthodontic treatment was what led me to specialize. I wanted to be able to provide that feeling I experienced to others.

What keeps you excited about orthodontics? The nerdy part of me really loves treatment planning and the biomechanics that goes into orthodontic treatment. Every case is different—it's like having to figure out how to solve a new puzzle with every patient. But what I find to be most exciting about orthodontics is how much technology is being utilized in treatment today. There has already been a lot of innovation in the short amount of time I've been out of residency. 3D printing is being utilized more and more every day allowing for truly customized treatment. We have technology that allows me to monitor orthodontic treatment remotely and thus decreases the number of times patients must visit our office in person. There are treatment techniques where cases that were traditionally treated with orthognathic surgery are now being treated in a less invasive manner. It really is an exciting time to be an orthodontist.

What is your favorite part of your job? This is a tough question! I have a lot of favorites with my job. I value the relationships I develop with my patients. Since treatment takes time, I'm seeing our patients over multiple visits and sharing in the highs and lows of what they are going through while on their smile journey. We get to celebrate the first day of school, weddings, new babies, new jobs, graduations...the list goes on. Our patients really become part of the family when they start treatment with our practice. My second favorite is being in the clinic with my team. Yes, we blast music on our speakers and have a pretty legit playlist going. But what I enjoy the most is witnessing the growth my team members experience. Many on my team had limited orthodontic or dental experience before joining i-Orthodontics. It's one of the most fulfilling experiences when I see someone who was once considered a "new" team member being able to then train a new hire. I love every one of our members and am very blessed to be on the same team as them.

You are on the Board of Directors for Kids in Need of Dentistry (KIND). What influenced your decision to get involved?

Giving back to the community I live in has always been a priority of mine. I grew up in an immigrant family. My family were refugees from Vietnam



and were relocated to Fort Smith, AR. It was through the assistance of local organizations and the generosity of so many individuals that allowed my family to thrive in a new country. It is why I am where I am today and why I can provide orthodontic care to others.

When I moved to Colorado and learned of KIND, it reminded me of the organizations that offered services that helped my family. I decided to get involved with KIND because I aligned with the vision of providing high-quality, affordable dental care to children in need throughout Colorado. I believe we are called to love our neighbors.

What advice would you give someone who is on the fence about taking on volunteer leadership roles? Do it! It's a great feeling being involved with an organization you believe in. You will feel a sense of fulfillment. There are many amazing organizations doing incredible things here in Denver.

How do you balance your career, volunteer roles and family life? Any tips?

Google Calendar. It's the only way I could manage my schedule. My advice is that it's very easy to get pulled in many different directions but know your priorities and set boundaries. It is okay to say, "No."

What is on your playlist right now?

I'm always listening to podcasts. How I Built This is one of my favorites.

What would you be doing if you were not in the dental profession?

I would want to be an auto mechanic. I know nothing about how cars work. I'm always on YouTube trying to figure out how to fix things. I think it would be so cool to say I was able to build a car.

MDDS CE & EVENT CALENDAR



JULY 29

MDDS Trails & Ales Hike

Location TBD
9:00am – 11:00am

AUGUST 24

MDDS August Social

Location TBD
6:30pm – 8:30pm

SEPTEMBER 8

Botulinum Toxins (Xeomin, Dysport, Botox) and Dermal Fillers Training, Level 1

American Academy of Facial Esthetics
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 5:00pm

SEPTEMBER 9

Frontline TMJ & Facial Pain Therapy, Level 1

American Academy of Facial Esthetics
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 12:00pm

SEPTEMBER 12

CPR & AED Training

CPR Choice
Mountain West Dental Institute
925 Lincoln St Unit B
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6:00pm – 8:30pm

SEPTEMBER 16

MDDS Shred Event

Peebles Prosthetics
909 Wadsworth Blvd
Lakewood, CO 80214

SEPTEMBER 22-23

Colorado Mission of Mercy (COMOM)

Greeley Event Center
501 N 14th Ave
Greeley, CO 80631

OCTOBER 21

Grafting the Socket: Repairing the Simple and Complex

Dr. Brian Gurinsky
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 3:00pm

OCTOBER 27

Twenty-First Century Laser-Assisted Dentistry

Dr. Anthony Cardoza
Mountain West Dental Institute
925 Lincoln St Unit B
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8:00am – 4:30pm

DECEMBER 2

Nitrous Oxide/Oxygen Administration Training

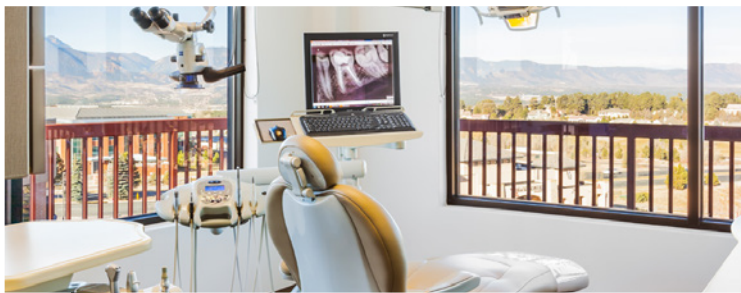
Dr. Jeffrey Young
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FOR SALE

Endodontic Practice for Sale, Denver, CO. Busy endodontic practice for sale outside Denver with a beautiful finish out. This 3,000-square-foot office is located in a multi-tenant, high-rise building, which attracts patients from the surrounding cities, and three referring general dentists occupy the building. The practice is fully digital, computerized, and equipped with ASI carts, microscopes with camera hookups and a CBCT. This practice, which is 90% FFS and 10% PPO, focuses on a full scope of endodontic procedures, including root canal therapy, endodontic retreatment and apicoectomy. The doctor treats 8-10 patients with an additional 6-8 patient consults per day and is booked out three weeks in advance. The practice is only open three days a week, averages \$1.5M in production and collections and has a lean overhead of 40%. The practice's marketing efforts include a website, social media, study club and dropping off gifts to local dentists. The practice has about 3,000 active patients with approximately 97% of new patients coming from referring doctors and 3% from internal patient referrals. The seller is looking to focus their time on their other office, so the ideal candidate is experienced and can hit the ground running with a short workback period. This is an incredible opportunity for a buyer who is interested in acquiring a second office or growing this existing practice by adding additional days.

Denver Orthodontic Practice For Sale. New to the market is the opportunity of a lifetime – an orthodontic dental practice for sale in the beautiful city of Denver, Colorado! The current doctor is interested in exploring all transition options, whether it be partnership, buy-out, or affiliation. The practice is equipped with one consult chair and four treatment chairs, with plumbing and electrical available for expansion to a fifth treatment chair. The practice has a loyal patient base, with 640 active patients and an average of 30-35 new patients per month. This presents an exciting opportunity for a new owner to take over and continue to grow the practice. Whether you're an experienced orthodontist looking to expand your business or a new practitioner ready to take the reins of a thriving practice, this opportunity offers endless possibilities.

- 1 consult chair & 4 treatment chairs
 - Room for expansion
- Collections of \$1.492 million
- EBITDA of \$460,000
- 640 active patients
- 30-35 new patients per month

To learn more and review the prospectus for this Denver orthodontic practice, please contact Professional Transition Strategies. Email Bailey Jones: BAILEY@PROFESSIONALTRANSITION.COM or call: 719.694.8320. REFERENCE #CO32823. We look forward to discussing this opportunity with you!

GP Office for Sale, Denver, CO. Looking for a thriving dental practice for sale in one of the most desirable cities in the United States? Look no further than this general dental practice located in Denver, Colorado! Featuring six operatories, this practice was recently updated and expanded to accommodate its growing patient base. With 1800 active patients and an average of 15-20 new patients per month, this practice is well-established and has a reputation for providing exceptional dental care. Despite almost no advertising efforts, this practice consistently attracts new patients and maintains a loyal patient base. With its convenient four-day workweek, this practice offers an ideal work-life balance for any dentist looking to establish themselves in the Denver community.

- 6 operatories
- Collections of \$940,000
- SDE over \$300,000
- 1800 active patients
- Large potential for growth

To learn more and review the prospectus, contact Professional Transition Strategies. Email Bailey Jones: BAILEY@PROFESSIONALTRANSITION.COM or call: 719.694.8320. REFERENCE #CO41223.

General Dental Practice for Sale. North Denver (Commerce City), 7 Ops, office is 2,160 sqft. \$1.8M in collections. Building for sale with practice. Dr. moving out of the area. ADS Precise Transitions, 303-759-8425, www.adsprecise.com, email: jed@adsprecise.com. Listing Reference Number: CO 2301.

Two Locations General Dental Practice for Sale SW Denver Metro & Park County (CO 2219). Two office locations (SW Denver & Park County). 3 OPS each (w/ room to expand). Dr. For more information, please call 303.759.8425 or email jed@adsprecise.com.

General Dental Practice in Denver, CO (CO 2213). Collections of \$190K. This could be a Chart Sale or Practice sale. The practice occupies 1,700 square feet and consists of 4 operatories + 2 additional Ops opportunities. Price \$95,000. For more info email: jed@adsprecise.com or call 303-875-8500.

General Dental Practice in Southwest Denver, CO (CO 2202). Great location! Collections of \$1.1M Practice occupies 1,550 square feet and consists of 5 fully equipped operatories. Potential for an additional 1,600 sq ft adjacent to this office. Dr relocating. Price \$462,000. For more info email: jed@adsprecise.com or call 303-759-8425.

Beautiful OMS Practice in Boulder County, CO (CO 2128). Collections \$861K, 4 ops w/ room to expand, 1,865 sqft, Sales price \$410K. Don't miss out! Established GP referral base & less \$ than a startup. Great Opportunity & Price! Excellent location, Dr. retiring. ADS Precise Transitions, 303-759-8425 or jed@adsprecise.com.

General Dental Practice in Southwest Denver, CO (CO 2201). Great location! Collections of \$1.1M Practice occupies 1,550 square feet and consists of 5 fully equipped operatories. Potential for an additional 1,600 sq ft adjacent to this office. Dr relocating. Price \$600,000. For more info email: jed@adsprecise.com or call 303-759-8425.

General Dental Practice for Sale in Colorado Springs (CO 2124). Great opportunity to acquire a well-established practice in a great location. Collections \$600K, Price \$336K, 3 OPS (w/ room to expand), 1,500 sqft. Dr. Retiring. Practice Building is also for sale with practice. For more information, please call 303.759.8425 or email jed@adsprecise.com.

OMS of Sale in highly desirable Boulder County, CO (CO 2122). Annual Collections \$1.7M, 3 ops, Professional building, 1,800 sqft, Sales price \$895k. Great Opportunity & Price! Established customer base and much less expensive than a startup. Office Condo also for sale. Excellent location, Dr. retiring. ADS Precise Transitions, 303-759-8425 or jed@adsprecise.com.

General Practice for sale in North Central Colorado (CO 2121). Occupies 1,100 square feet and consists of 3 fully equipped operatories. Doctor works two and half days a week. The office also includes a reception area, lab, sterilization area, staff lounge and a bathroom. The practice produces \$510K in collections. Sales price \$335K. For info contact jed@adsprecise.com or call 303.759.8425.

Great Opportunity: 30+ year established orthodontic practice for sale in an excellent location of highly desirable Boulder County, Colorado (CO 2116). Collections of \$500K. Sales price \$199K (only 40% of production). Tech is up to date including an iTero Element imaging system. Located in a Dr. owned 4-plex & occupies 1,400sqft with 4 chairs. Room for expansion. Doctor is retiring. For information email: jed@adsprecise.com or call 303-759-8425.

Great Price and Growth Opportunity for Established GP for Sale: Colo Springs (CO 2010). Don't miss out on this well-established general practice that is well-postured for growth. Located in a highly desirable area of Colorado Springs. Current collections are \$361K with 3 OPS and 1,682 sq ft. Doctor works 3 days a week/ 20hrs. Lots of room for Growth! Very attractive lease terms. Sales price \$199K. Doctor is retiring. For more listings visit www.adsprecise.com.



SAVE A TOOTH

ACCESS TO CARE INITIATIVE

Be an ally for someone suffering from tooth pain and contemplating pulling a tooth because of the cost of a root canal. We are offering root canal treatment for the price of an extraction (\$102).

It's a benefit for everyone. For your patients, they are saving their natural teeth while relieving pain. For you, it is optimizing treatment planning and timely intervention to address patients' oral health needs and goals.

Dentists looking to refer patients to this program can do so by emailing: sdmreferral@ucdenver.edu with promo code: **ENDO21**.

[DENTAL.CUANSCHUTZ.EDU/SAVEATOOTH](https://dental.cuanschutz.edu/saveatooth)

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