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ournal

10-Minute EBD: Frenectomy or No Frenectomy to Close Diastema for Children?

Good Communications: Why It's Essential to Winning Elections

Meet the MDA's Newest LEADers

OF THE MICHIGAN DENTAL ASSOCIATION

April 2023

RUNNING FOR POLITICAL OFFICE These Dentists Did . . . How About You?





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RUNNING FOR POLITICAL OFFICE These Dentists Did . . . How About You?



COVER STORY ... 40 Running for Political Office: These Dentists Did ... How About You? Insights from Two Dentist-Legislators

By Erick Rupprecht, DDS, and Lynn Aronoff

About the cover: The MDA Committee on Government and Insurance Advocacy has identified a goal to have member dentists serve in the Michigan Legislature to ensure that dentistry's point of view is heard within the Capitol. The MDA actively seeks members interested in serving in this capacity. For readers to better understand what this commitment means, in this month's cover story, meet two dentist legislators — one from lowa and one from Montana — who serve in their state legislatures while remaining in active dental practice.



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Pathway II/ADAEP (Alternative Dental Assisting Education Project) is for the On-The-Job-Trained (OJT) dental assistant with two or more years of dental assisting experience who has passed all three portions of the Dental Assisting National Board (DANB) CDA exam. Pathway II students receive college credit for passing the CDA exam. Students are required to attend a mandatory two-day on campus workshop at the beginning of the semester and will use Blackboard for the online component. At the end of the semester the students are required to return to campus to take a clinical final exam. Pathway II classes are very popular and begin each Fall, Winter and Sprina/Summer semester.

For more information contact Tina Sprague at 734-973-3337

Or visit http://health.wccnet.edu/ dentalassisting/





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MDA VALUES: Integrity: We promote ethical behavior and values-informed decision-making. Inclusivity: We work to create an environment where all members and the greater dental community are respected and feel a sense of belonging. Compassion: We believe that all patients should be treated with empathy and respect. Service: We are responsive to the changing needs of members and the profession. Evidence-Based: We make decisions based on an understanding of the current best evidence. Quality Care: We are committed to quality care for all patients. Lifelong Learning: We recognize that lifelong learning is key to excellence in patient care.

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There's Still Time to Plan Your Annual Session Experience

Annual Session is coming up soon — May 3-6 at DeVos Place in Grand Rapids but there's still time to plan your coursework and social events and register for courses. Just visit annualsession.michigandental.org for all the details.



Discounted early registration ends April 10, but online registration will remain open until May 5. Those registering by April 10 will receive their name badge, program, and other materials in the mail prior to the meeting; those registering after April 10 may pick up their badge and other materials at the Will Call booth located in the registration area of Halls B-C at DeVos Place.

Annual Session highlights include:

Continuing education for all

The MDA Annual Session is Michigan's largest continuing education meeting, with courses and activities for every member of the dental team. This year's CE lineup includes more than 50 courses and speakers. You can get the CE you need at Annual Session, including many courses that fulfill state licensing requirements.

Free Keynote Address

The 2023 Annual Session keynote speaker will be Christine Cashen, presenting her program, "How to Stay Inspired When You Are So Darn Tired!" This free session is designed for all members of the dental team and will take place on Thursday, May 4 at 3:30 p.m., with one CE credit. You'll enjoy this motivational, fun presentation.



Cashen

Pre-session full day course

A pre-session day will take place on Wednesday, May 3, from 9 a.m. until 4 p.m. featuring "Health-Centered Dentistry and Team-centered Systems," with Kevin Kwiecien, DMD, MS.

Table clinics

Table Clinics and poster presentations will take place Friday, May 5 from 10 a.m. until 2 p.m. You can earn one CE credit by attending four clinics or poster presentations.

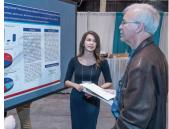


Table Clinics

Exhibits Thursday and Friday

Be sure to visit the big MDA Exhibit Hall! It's your chance to speak with a wide variety of exhibitors, meet up with colleagues, and get great show specials from your Exhibits favorite vendors. Be



sure to stop by the MDA Welcome Center, too. The MDA Exhibit Hall will be from 10 a.m. until 6 p.m. Thursday, May 4 and from 10 until 6 on Friday, May 5, with no exhibits on Wednesday or Saturday.

Women's Leadership Event

Magic, Music, and More

Hear and be inspired by women leaders in organized dentistry, including ADA President-elect Dr. Linda Edgar at a very special Women's Leadership Event, Thursday May 4 from 5 to 6:30 p.m. at the Amway Grand Plaza Hotel.

This year's President's Event, is

titled "Magic, Music and More," hon-

oring MDA President Dr. Vince

Benivegna and featuring magician

Keith Kocher and popular local band

Funkle Jesse playing music from the

'70s through today. It takes place

Friday night, May 5, and is open to all



Edgar



Benivegna

New Dentist Network Lounge A special social event for new den-

tists, it takes place Friday, May 5 at the Amway Grand

Plaza Hotel. New dentists may attend free by taking any of the new dentist CE program-

ming offered at Annual Session.

Annual Session attendees.

Sparkling Smiles Celebration

This yearly Annual Session event celebrates the MDA Foundation's generous donors and scholarship and grant recipients. You'll also hear inspiring



Sparkling Smiles Celebration

Annual Session (Cont'd)

stories from compelling speakers, and you'll have the opportunity to learn more about the Foundation and how you can contribute. It's a free event that takes place Wednesday, May 3 at the Amway Grand Plaza Hotel. See Page 35 for additional details.

Annual Session Food Drive and Raffle

Here's your chance to give back and be eligible to win one of four \$500 cash prizes. Just drop off your nonperishable food items Wednesday through Friday at the Guide Booth located in the center concourse of DeVos Place. You'll receive a raffle ticket for a cash prize drawing at 5:30 p.m. Friday (must be present to win).

Other great events

Other events include alumni luncheons for Detroit Mercy Dental and the University of Michigan School of Dentistry; ACD/ICD/Pierre Fauchard events; a Pet Play area inside the Exhibit Hall on Thursday, May 4 from

4 until 6 p.m., where you can adopt a pet; a Zen Lounge to recharge and refocus; and a welcome reception in the Exhibit Hall on Thursday, May 4 from 4 until 6 p.m.



House of Delegates

The 2023 MDA House of Delegates meetings and Reference Committee Hearing are open to all MDA members. House of Delegates meetings will take place on Thursday, May 4 at 8:30 a.m. and Saturday, May 6 at 1 p.m. The Reference Committee hearing will be held on Thursday, May 4 at approximately noon. All meetings will be held at DeVos Place in downtown Grand Rapids.

Don't miss Michigan's greatest dental meeting! See all the details and register now at annualsession. michigandental.org. And bring your staff, too!

NEWS FROM THE MDA FOUNDATION

Mission of Mercy to Return; Planned for June 2024

If you haven't already heard: The MOM is back! The Michigan Dental Association Foundation will sponsor a Mission of Mercy dental treatment event next year, Friday and Saturday, June 14-15, 2024, at the Dort Financial Center in Flint.

Save the dates! Event planning is underway now, and volunteer registration will begin early in 2024.

Setup will take place Thursday, June 13, with teardown Sunday June 16. This will be the first MDA Foundation Mission of Mercy program since 2018. A MOM was planned for 2020 but had to be canceled due to the pandemic. Previous MOM programs were held in Saginaw, Big Rapids, Warren, and Grand Rapids.



Peters

"This program has helped many disadvantaged Michigan residents in great need of dental care, and

we are looking forward to the 2024 MOM with great enthusiasm," said MDA Foundation president Dr. Dan Peters. "The individual stories behind each patient and the gratitude they have expressed make this a very worthwhile project, and one that's very close to the heart."

He continued, "The response we have received from dental volunteers across the state for previous MOMs has been overwhelming. I know that Michigan dentistry will come together again in 2024 for next year's clinic."

As before, the 2024 MOM will treat patients of all ages, and will address the most-urgent needs of patients, with the goal of serving the underserved and uninsured in Michigan. The MOM clinic will also bring awareness among the media and government leaders about the problem of access to care and the solid efforts that organized dentistry is making to address it.

Since 2013, the MOM has provided \$4 million in free dental care, with almost 4,000 patients treated.

"The MDA Foundation aims to serve as a catalyst for connecting people and dental clinics to make a difference through improving oral health, and the MOM is part of that," Peters said.

2023 MDA Foundation Grant Deadline May 1

MDA Foundation grants are now available for both dental health education projects and access-to-care projects located in the state of Michigan.

Awards will range from \$5,000 to \$50,000 and span between one and five years, depending on the scope and length of the program/activity request. The number of annual awards will vary.



Submissions for 2023 MDA Foundation grants are due May 1. For more information, visit foundation.michigandental.org and click the Grants tab at the top of the page. Or, email foundation@michigandental.org.

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SESSION



May 3-6 DEVOS PLACE GRAND RAPIDS



refocus in the MDA's Zen Lounge.

Food Drive and Exhibit Hall Raffle!

Give back for a chance to win one of four \$500 cash prizes.

Pet Play Area

Inside the Exhibit Hall! Thursday, May 4 4-6 pm Relieve stress with adoptable pets from the Humane Society.



CHRISTINE CASHEN - KEYNOTE CONFLICT RESOLUTION EXPERT



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MDA Advocacy Brings More Operating Room Dental Access

Thanks in large part to MDA advocacy, last fall Michigan Medicaid implemented a significant increase to the facility fee rate for hospitals and ambulatory surgical centers providing operating rooms for dental patients requiring general anesthesia.

The new rate set by the Legislature for CPT code 41899 is \$2,300 per case for hospitals and \$1,495 per case for ambulatory surgery centers. In addition, Michigan's Legislature stipulated that Michigan Medicaid cannot apply the standard reduction factors to reduce the actual payment.

This rate is competitive with commercial rates for procedures that take a similar amount of time to complete. The code is billed by the facility to the patient's medical coverage. It does not change the payment rate for the dentist or the anesthesia provider as those are separate codes.

The increase is due to a \$10 million increase in funding from the Michigan Legislature to address one of the major barriers to care in these settings — the previous rate of \$203.64 was not enough to pay for the cost of the operating room.

"The MDA has worked tirelessly over the past three years, meeting with providers and other stakeholders, including the Michigan Oral

Key Facts

New Medicaid Payment Rate

Out-Patient Hospitals: \$2,300 per procedure. Ambulatory Surgery Centers: \$1,495 per procedure. No Medicaid reduction rate applied.

Effective Date

The change went into effect Oct. 1, 2022.

Billing Code

CPT 41899.

What Code to Use

Michigan Medicaid has departed from the Medicare fee schedule, and the proper billing code in Michigan is **CPT 41899**.

CMS Code G0330 should NOT be used for billing Medicaid plans in Michigan. G0330 applies only in states that strictly follow the Medicare fee schedule, and the reimbursement is lower than Michigan's reimbursement for CPT 41899. In addition, states can apply the Medicaid reduction factor, which results in lower actual payment.

Questions?

Contact the MDA's April Stopczynski at astop@michigandental.org.

Health Coalition and Michigan Academy of Pediatric Dentistry to identify commonly supported solutions and advocating for the change directly with legislators," said Bill Sullivan, MDA vice president for advocacy and professional relations, adding, "MDA members who participated in Legislative Action alerts were also a key part of this success."

The MDA is continuing to take action to ensure successful implementation of this new rate and educate hospitals and ambulatory surgery centers on the opportunity it presents. In February, MDA staff and pediatric dentist Dr. Elizabeth Picard, representing the MAPD, made a presentation at a conference of the Michigan Ambulatory Surgery Association. The presentation received a positive response from ambulatory surgery center administrators, and the MDA has been contacted by several interested or working to set up access for dentists. The MDA is also working with the Michigan Health and Hospital Association and Michigan Association of Anesthesiologists.

See more resources on MDA website

A number of resources are now available on the MDA website at michigandental.org/General-Anesthesia. The MDA is tracking dentists who are seeking facilities and facilities interested or currently hosting dentists. MDA staff will use this list to connect dentists and facilities. To be included on the list, please visit the website link above and submit an interest form.

"The MDA recognizes this is just one aspect of a very complicated problem," Sullivan said. "The MDA Public Affairs staff, along with the MDA Committee on Governmental and Insurance Affairs and Committee on Access to Care, continues to work to identify and pursue additional solutions, as this is a priority issue."

West Michigan Dentist in Cast of Opera; MDA Guests Receive Discounted Admission

A West Michigan dentist, Dr. John Frey, is among the cast members performing in the Opera Grand Rapids production of *Aida* on Friday, May 5 and Sunday, May 7. A member of the Opera Grand Rapids chorus, he has sung in various OGR mainstage productions for more than 20 years. He's shown at right at an *Aida* chorus rehearsal last month.

Frey has sung with choirs and symphony choruses in Ann Arbor and Grand Rapids, and currently is the piano accompanist for the West Catholic High School Choir in Grand Rapids. Many MDA members will recall that Frey has sung the national anthem at the opening of the MDA House of Delegates each year for a number of years.

Aida, by Giuseppe Verdi, is set in ancient Egypt during the time of the pharaohs. It is one of the world's most famous operas, having been performed continually since its debut in 1871. As a Grand Opera, known for large scale casts and lavish design, Frey says that besides the principal cast and large chorus, this production will also utilize some local collegiate choirs as well.

"We're told that in some scenes there may be more than 90

people singing onstage at once," Frey says, adding, "Aida is also considered to be a great 'first' opera for those who have never attended one."

Special MDA discount! If you're interested in attending the production, special discounted pricing is available to MDA Annual Session attendees, with a 25% discount code for both performances of *Aida* (May 5 at 7:30 p.m. and May 7 at 2 p.m.). The discount code is SMILE, which can be used online at ticketmaster.com or by calling the box office at 616-451-2741, ext. 3.

For more on Opera Grand Rapids, visit www.operagr.org.



At rehearsal – Dr. John Frey, of Belmont, is a member of the chorus at the Opera Grand Rapids production of Giuseppe Verdi's *Aida*, taking place May 5 and 7. (Photo: John Corriveau.)

NEWS BRIEFS

Medicaid Beneficiaries Will Need to Renew Coverage

Medicaid beneficiaries will have to renew their coverage this year, starting in June, as Michigan resumes Medicaid eligibility redeterminations to comply with federal legislation following the end of the COVID-19 federal health emergency.

All Michigan Medicaid patients (including Healthy Michigan Plan and Healthy Kids Dental) must confirm current contact information and report any changes in employment or income at www.michigan.gov/MIBridges. The state will begin mailing eligibility packets to enrollees in June.

Dentists are reminded to check eligibility on each date of service prior to rendering service. Medicaid dental coverage is changing, and more treatment options may be available.

For more information, visit michigandental.org/Medicaid.

MDA Packet Explains Dismissing Patients

A number of members have recently contacted the MDA seeking information on how to ethically and legally dismiss patients from a dental practice.

To answer these questions, the MDA has developed a complete packet available on terminating the patient relationship, along with sample letters. Contact Chris Wilson (cwilson@michigandental.org) or Ginger Fernandez (gfernandez@michigandental.org) for a copy of the packet. Also, the following articles by MDA Legal Counsel Dan

- Schulte, JD, are available on the MDA website: Terminating the Dentist-Patient Relationship.
 - Abandonment.
 - Can I Dismiss a Very Obese Patient from My Practice?
 - Suspending Orthodontic Treatment Due to Non-

Payment.

■ Patient Abandonment Issues When Your Employer Closes the Practice.

To access them, visit michigandental.org/Legal-Services.

Planning to Retire? The MDA Has Resources

As the "Baby Boomer" generation ages, the number of dentists retiring has risen. If you're contemplating retirement, the MDA has numerous Late-Stage Practice Resources available on the MDA website, including information on selling a practice, how to prepare for retirement, what to do with dental records, financial planning before retiring, and more. Visit michigandental.org/Late-Stage to learn about these and other topics.

If you're retired, you're also eligible for a dues discount. For more information, contact the MDA's Joanne Floyd at 517-346-9451 or at jfloyd@michigandental.org.

MDA DENTAL PAC COMPETITION

ANNUAL SESSION • May 3-6, 2023 • DEVOS PLACE • GRAND RAPIDS

WILL YOU FIGHT FOR DENTISTRY?

MAKE A DONATION AND BE ENTERED TO WIN AN Apple iPad Pro!

MDA DENTAL PAC COMPETITION

PARTICIPANTS: All MDA members based on your House of Delegates Region.

OBJECTIVE: Be the House of Delegates Region to raise the most PAC dollars or be the Region with the highest participation rate in the PAC Competition during 2023 Annual Session.

RULES:

- 1. Contributions will be counted between 10 a.m., May 4, 2023, and 1 p.m. on May 6, 2023.
- 2. Only check and credit cards will be accepted for contributions.
- 3. Multiple contributions by a single donor will be combined for determining which raffle they are entered into.

PRIZES: Winners will receive recognition at the MDA House of Delegates on Saturday, May 6, 2023, and will be featured in the Journal of the Michigan Dental Association. Plus, all donors will be entered to win prizes based on their contribution level! You do not need to be present at the drawing to win.

DONATION LEVEL:

BRONZE (\$1-\$50) **SILVER** (\$51-\$250) **GOLD** (\$251-\$500) **PLATINUM** (\$501-\$750) **DIAMOND** (\$751-\$999) PRESIDENTIAL CLUB (\$1000+)

PRIZE DRAWING:

\$50 Gas Card Apple AirPod \$300 MDA CE Voucher + \$100 FIGS Scrubs GiftCard Polk Signa S3 Soundbar with Wireless Subwoofer Samsung 65" LED 4K Smart TV Apple iPad Pro

YES! I am ready to help!

*Make check payable to: MDA Dental PAC (payment plans available - contact the MDA for more informat	ion)
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Name:	Employer:
Address:	
City:	State: ZIP:
Daytime phone:	Email:
I would like to donate: 🗆 \$1,000+ President's (Club □\$751-\$999 Diamond Level □\$501-\$750 Platinum Level
\$251-\$500 Gold Leve	□\$51-\$250 Silver Level □\$1-\$50 Bronze Level
Tota	: \$
UVISA DMC DAMEX Card Number:	Exp. Date:
Signature:	
Questions? Contact: Bill Sullivan or Neema Katibai	dental pac

Send payment to: Michigan Dental Association PAC 3657 Okemos Rd., Ste. 200, Okemos, MI 48864-3927



The MDA Connection App puts the power of the MDA at your fingertips.

Unleash the full power of the MDA with the official member app of the Michigan Dental Association. Stay up-todate on important advocacy issues, search the full MDA360 CE course catalog, and easily access other exclusive benefits, resources, and personalized supports – all from the convenience of your smartphone.

Download the app today!





National Volunteer Week Is Coming: The MDA Salutes Its Volunteers!

April 16-22 is National Volunteer Week! During this special time, the MDA salutes the special people who make the MDA great — and who do so much for their local communities, too.

The MDA, ADA, and your local dental society exist because of volunteer leaders, who help the MDA build a better, stronger profession. And communities all across Michigan benefit from dental volunteers who assist with a variety of worthwhile projects — some dental-related, others not. If you are one of the scores of MDA members



who serve on MDA committees and task forces, in the House of Delegates, or lend your expertise to the MDA Foundation, for-profit subsidiary, health plan, or PAC, your association and your colleagues appreciate you! *Thank you*!

Interested in learning more about volunteering and National Volunteer Week? Visit www.pointsoflight.org/national-volunteer-week.

Want to get more involved in volunteer leadership at the MDA? Your skills and talents are needed! Visit michigandental.org/Get-Involved.

KEEPING CURRENT

Events and Such

To publicize a local meeting or dental event in this space, contact Jackie Hammond at jhammond@michigandental.org. Continuing education courses are listed in the *Journal* Continuing Education department on Page 79.

April 6 — MDA President's Visit, Ninth District. Woodshop Social, Mt. Pleasant, 5 p.m.

April 10 — Committee on Executive Director Evaluation via Zoom, 7 p.m.

April 11 – MDA President's Visit, Genesee District. Brick Street

Restaurant, Grand Blanc, 5:30 p.m. April 11 – Speaker meeting with

Reference Committee via Zoom, 7 p.m.

April 12 – Membership Committee, 6 p.m.

April 14 — New Dentist Committee via Zoom, 7 a.m.

April 14 — Executive Committee, 9 a.m.

Welcome, New Members!

The MDA is pleased to officially welcome the following individuals into membership:

Lakeland Valley: Hyeokjin Son; Macomb: Balsem Aziz; Oakland County: John Hwang, Masarra Jirjis, Neha Kuthiala; **West Michigan:** Anthony Le, Matthew Love, Michael O'Callaghan.

BHS Disciplinary Report

Visit www.michigan.gov/lara to access the latest disciplinary reports for dentists, registered dental hygienists, and registered dental assistants. You may also check any licensee for disciplinary actions at the same web address.

Self-Reporting of Criminal Convictions and Disciplinary Licensing Actions

Section 16222(3) of Michigan's Public Health Code requires any licensee or registrant to self-report to the Department of Community Health a criminal conviction or a disciplinary licensing or registration action taken by the state of Michigan or by another state against the licensee or registrant. The report must be made within 30 days after the date of the conviction or action. Convictions and/or disciplinary actions that have been stayed pending appeal must still be reported.

Should the licensee or registrant fail to report, and the Department becomes aware of the conviction or action, an allegation will be filed against the licensee or registrant. Sanctions for failing to report can include reprimand, probation, suspension, restitution, community service, denial or fine. For more information contact the MDA's Ginger Fernandez at 800-589-2632, ext. 430.

MDA Board Discusses DSOs, Adopts New Mission, Vision, and Values at March Meeting in Okemos

The MDA Board of Trustees discussed the growth of dental support organizations, adopted revised MDA Mission, Vision, and Values statements, and conducted other Board business at its March meeting at MDA headquarters in Okemos March 9-10. Here are the highlights.

Dental Support Organizations: Andrew Smith, executive director of the Association of Dental Support Organizations, shared his perspective on the DSO model, his association's key focus areas and initiatives, and opportunities for collaboration between the ADSO and organized dentistry. Young dentist affiliation with DSOs is on the rise, with about 30% choosing to work with a DSO following graduation.

Smith reported that DSOs provide facility management, IT support, supply procurement, accounting and billing, marketing, human resources, capital and financing. He stated that DSOs do not influence clinical care, employ and direct clinical staff, institute quotas, or own dental practices. He said the biggest benefit of MDA membership for DSO dentists, particularly the newer dentists, is having a professional peer network outside of the DSO and learning what is happening in the profession.

Smith added that the ADSO has similar advocacy initiatives as the MDA/ADA and is collaborating with the ADA to address legislative and regulatory issues.

As a follow-up to Smith's presentation, the Board held a generative discussion on DSOs. The MDA will contact Smith to address opportunities to partner with ASDO and individual DSOs on advocacy initiatives and charitable endeavors, such as the MDA Foundation Mission of Mercy.

MDA Mission, Vision and Values: After several conversations related to the MDA Mission, Vision and Values, the Board engaged a consulting firm to assist in a review and potential revision. Following review of a survey conducted of MDA leadership and selected members, the Board discussed proposed revisions and approved the revised statements below.

■ MDA Mission: Empowering member dentists, advancing the dental profession, and improving oral health.

■ MDA Vision: Michigan's recognized expert on oral health.

MDA Values:

Integrity: We promote ethical behavior and values-informed decision-making.

Inclusivity: We work to create an environment where all members and the greater dental community are respected and feel a sense of belonging.

Compassion: We believe that all patients should be treated with empathy and respect.

Service: We are responsive to the changing needs of members and the profession.

Evidence-Based: We make decisions based on an understanding of the current best evidence.

Quality Care: We are committed to quality care for all patients.

Lifelong Learning: We recognize that lifelong learning is key to excellence in patient care.

Mental health issues: The Board also viewed and discussed a video by Tom Oxley on "Workplace Mental Health — All You Need to Know (For Now)." The Board discussed the stigma of mental health challenges and the reported suicide rate for dentists. May is Mental Health Awareness Month, and trustees discussed opportunities to help raise awareness through webinars, the MDA *Journal* and other publications, including social media.

Report on Public Education Campaign: The 2022 MDA House of Delegates urged the Board to revisit the objectives of the MDA Public Education Campaign and provide this year's House with an informational report. The Board reviewed the report and forwarded it to the House.

Dental students at component meetings: The Board approved up to \$20,000 in funding for dental student attendance at component meetings, to better-welcome them into organized dentistry.

Peer Review workgroup: A workgroup will be established to help component societies come into compliance with an MDA bylaws requirement that components maintain peer review/dental care and peer review/ethics committees. The workgroup will look into solutions, including possible component mergers.

In other Board news:

■ Executive Director Karen Burgess provided an update on progress with the MDA 2021-25 Strategic Plan.

■ The Board approved recommendations for an extensive MDA Technology Action Plan, including resources for local dental societies, annual technology assessment and planning, an MDA website refresh, text messaging communications, and more.

■ Dr. Michele Tulak-Gorecki, ADA 9th District trustee, provided an update on ADA activities.

■ The Board approved directors for MDA Insurance & Financial Group, reviewed candidates seeking MDA endorsement for the Michigan Board of Dentistry, and forwarded those nominees to the governor.

MDA Advocacy Leads to Changes in **Implicit Bias Réquirement**

JUST IN: In mid-March, the Michigan Legislature's Joint Committee on Administrative Rules filed updates to the state's requirement for implicit bias training, which is required for health care professionals, including dentists, registered dental hygienists, and registered dental assistants.

The changes would:

Allow for pre-recorded, or asynchronous, courses to be used to satisfy the implicit bias requirement.

Allow for implicit bias CE hours to be used towards the overall 60 hours required to maintain licensure.

These proposed changes, not yet in effect as this issue of the Journal goes to press, were the result of comments submitted on behalf of the MDA by President Dr. Vincent Benivegna. The comments reflect MDA policy, which was introduced and passed at the 2022 House of Delegates based on member feedback. As originally issued, the implicit bias training requirement specified that the training had to be taken in-person or at a live webinar, and that the credits would not count toward the continuing education credits required for relicensure.

The MDA will inform members when the revised rules go into effect. The MDA Continuing Education Department will be working to provide options for members to meet their implicit bias requirement in accordance with these changes.

Watch for updates in the Journal and the Journal eNews.



ICD inducts Fellows - The International College of Dentists inducted these District 9 dentists as Fellows during ceremonies held at the ADA meeting last October. Bottom row (left to right): Dr. Naila Farooq, Dr. Jill Gillhooley, Dr. Veronica Hamilton, Dr. Gary Hendricks (Wisconsin), Dr. Suzanne Port, Dr. Neeru Ramaswami. Second row: Dr. Tammy Boudreaux and Dr. Eric Childs (Wisconsin), Dr. Michelle Dziurgot, Dr. Jason Mashni, Dr. Melanie Mayberry. Top Row: Dr. James Stewart, Dr. Stephen Harris (ICD Regent District 9). Not pictured but inducted virtually were Dr. Luis Perez, Dr. James Mashni, and Dr. Margherita Fontana, and Wisconsin virtual inductees Dr. Darrel Pena, Banez, Dr. Sandeep Kasana, and Dr. John Rydlewicz.

Dentists Are Mandated Reporters

Poor oral health in children can sometimes be the result of neglect or noncompliance by a parent or guardian.

A dentist or such other professional who has reasonable cause to suspect child abuse or neglect must immediately make an oral report of suspected child abuse to the county department of social services. Within 72 hours after making the oral report, the reporting person must also file a written report.

"Child abuse" is defined as harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare, or by a teacher or teacher's aide, that occurs through non-accidental physical or mental injury; as well as sexual abuse, sexual exploitation, or maltreatment.

"Child neglect" is defined as harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following: negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care; or placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene or eliminate that risk when that person is able to do so.

A person acting in good faith who makes a report or assists in implementing the reporting procedures is immune from civil or criminal liability that might otherwise be incurred. The reporting person is also presumed to have acted in good faith.

For more information:

Michigan's Child Protection Law: https://www.michigan.gov/mdhhs/ inside-mdhhs/legal/laws/childprotection-law

Mandated Reporter's Resource Guide:https://www.michigan.gov/ documents/mdhhs/Mandated_ Reporter_Training_Guide_727442_7.pdf

HELPING YOU SUCCEED

Don't Overlook These Great Member Benefits

The MDA offers many useful benefits for members in various stages of practice — here are a few you may wish to take advantage of:

Boost your social media: The MDA's online Care and Share digital support kits can assist you with building a better, more effective social media presence. You can use the content to post to your professional pages on Facebook and Instagram. Included are step-by-step instructions and social media best practices. For more, visit michigandental.org/ Digital-Support-Kits.

Get help with student debt: The MDA's Student Debt Resource Center assists dental students and recent graduates to understand and manage loans and debt. Included is information on the basics of student debt, financial assistance, scholarship opportunities, impact stories from MDA members, and more. Visit michigandental.org/Student-Debt.

Understand third-party contracts: The contract you sign with third-party payers is arguably the most important practice decision you can make. The ADA Contract Analysis Service is free and will help you make more-informed decisions for your future before you sign a contract. Contact Kesha Dixon at kdixon@michigandental.org for more information. **Get quick information:** The MDA's handy MDA Connection smartphone app puts the MDA at your fingertips, plus helpful push notifications alert you to breaking news and information. Download the app at the Apple App Store or on Google Play.

Train your assistants: The MDA Radiography Training Program gives your office a convenient, affordable way for dental assistants to obtain radiography certification required under Michigan law — without the need for classrooms, travel, and time away from work. Visit mydentalradiography. com for details.

Comply with regulations: You can rely on the MDA to provide you with the information and tools you need to make sure you comply with important governmental requirements. HIPAA, OSHA/MIOSHA, and OIG compliance resources are available through Eagle Associates, endorsed by the MDA The MDA also offers help with email encryption, computer security, e-prescribing, Section 1557 translation services, waste management, and amalgam separators. Visit michigandental.org/regulations for complete information.

Save on quality legal services: The MDA offers legal services to members through the Kerr Russell law firm at a 10% discounted rate. Kerr Russell is the MDA's longtime legal counsel. For more information on Kerr Russell, visit kerr-russell.com.

Names in the News

Former University of Michigan School of Dentistry Dean **Dr. Laurie McCauley** will serve an additional four

years as the university's provost. She was first appointed as the university's chief academic and budgetary officer in May 2022 for a 13-month term while U-M conducted a presi-



McCauley

dential search. The new U-M president, Dr. Santa Ono, recommended that McCauley continue in the provost role for another four years, through June 30, 2027, and the reappointment was approved by the U-M Board of Regents. McCauley remains a professor of periodontics and professor of dentistry at the dental school, and a professor of pathology at the U-M medical school.



MDA at Research Day — The University of Michigan School of Dentistry held its annual Research Day on Feb. 16, with a record 126 posters participating. U-M faculty member Nisha D'Silva, BDS, MSD, PhD, served as keynote speaker and gave an update on oral cancer research her team is conducting. On hand were Angie Kanazeh, MDA director of membership (pictured at left), and Tina Croley, MDA Insurance commercial lines manager/account executive, posing with Dr. Jan Hu, interim U-M SOD dean (right).

NEWS FROM THE ADA

Five New Dental Standards Available at ADA Store

The ADA Standards Committee on Dental Products has approved the following standards that are available for purchase from the ADA Store:

■ Revised ANSI/ADA Standard No. 78 for Dentistry — Endodontic Obturating Materials: This standard provides specifications for the dimensions of various endodontic obturating materials, including preformed metal, preformed polymeric-coated metal, polymeric points, thermoplastic obturating material or combinations of the above, suitable for

use in the obturation of the root canal system.

Revised ANSI/ADA Standard No. 97 for Dentistry — Corrosion Test Methods for Metallic Materials: This standard specifies test methods and procedures to determine the corrosion behavior of metallic materials used in the oral cavity.

■ Revised ANSI/ADA Standard No. 128 for Dentistry — Hydrocolloid Impression Materials: This standard specifies the requirements and test methods for hydrocolloid impression materials. It helps to determine whether elastic aqueous agar and alginate hydrocolloid dental impression materials are of the quality needed for their intended purposes.

ANSI/ADA Standard No. 203 for Dentistry — Materials Used for Dental Equipment Surfaces — Determination of Resistance to Chemical Disinfectants: This new standard specifies test methods for determining the resistance to chemical disinfectants of all materials used for external surfaces of dental equipment intended for such disinfection.

■ Revised ANSI/ADA Standard No. 136 for Dentistry — External Tooth Bleaching Products: This standard provides requirements and test methods for external tooth-bleaching products. These products are intended for use in the oral cavity by professional application (in-office tooth-bleaching products) or consumer application (professional or nonprofessional home use of toothbleaching products) or both.

ADA standards are available for purchase by visiting the ADA Store at store. ada.org or by calling 1-800-947-4746. The ADA is accredited by the American National Standards Institute to develop national standards for products and information technology used by dental professionals and consumers.

-Source: ADA News

ADA Offers Adult Oral Health Toolkit

A free toolkit, "From Policy to Chairside: Improving Oral Health Care of the Aging Population," is now available for download from the ADA. This toolkit highlights resources and key takeaways from ADA speakers and panelists and their respective presentations. To download the free toolkit, visit store.ada.org and search for ADA 2022 "Symposium on Older Adult Oral Health Toolkit."

Have You Downloaded the New ADA App?

Designed for dentists, with dentists, the new ADA Member App is here and ready to put the resources you need in the palm of your hand. You'll find a custom news feed, a digital wallet, chat, podcasts, and more. Get all the details at ada.org/app.

2023 House of Delegates Meetings and Reference Committee Hearing

The 2023 MDA House of Delegates meetings are open to all members of the association. The House of Delegates meetings will be held on Thursday, May 4, 2023, at 8:30 a.m. and Saturday, May 6, 2023, at 1 p.m. in Ballrooms C-D of DeVos Place in downtown Grand Rapids.

The Reference Committee Hearing will be held on Thursday, May 4, 2023, at approximately 12 noon. All members of the association have a right to attend the Reference Committee hearing and participate in the discussion, whether or not they are members of the House of Delegates. Nonmembers of the association may participate in the discussion at the hearing with the consent of a majority of the Reference Committee.

MDA members who are not members of the House of Delegates and nonmembers of the association may submit written testimony by completing the MDA Reference Committee Written Testimony Form. For a copy of the form, email the MDA's Michelle Nichols-Cruz at mcruz@ michigandental.org. All written testimony will be published one month prior to the House of Delegates meeting.

Resolutions before the House of Delegates are available for download on the MDA website at michigandental. org/HOD.

HAVE YOU VISITED THE MDA JOB BOARD?

Openings now for dentists and office staff — visit

jobs.michigandental.org.

No charge to look at jobs or post a profile. The *best* place to find the *best*!





MDA Women in Dentistry

A virtual community for support, education, and work/life harmony

For Women in Dentistry. Led by Women in Dentistry.

At the MDA, we understand the unique challenges faced by women dentists. That's why we're launching the MDA Women in Dentistry virtual community. Co-led by MDA member-dentists Dr. Katherine Solomich and Dr. Deb Peters, the goal of this initiative is to create an online destination where women dentists from across the state can gather for support, fellowship, and unique educational opportunities that bring harmony to their competing personal and professional priorities.

Learn more and RSVP for upcoming events at **michigandental.org/Women-in-Dentistry**.







Is There an Extra Party in Your Dentist-Patient Relationship?

There is if you participate with dental plan networks as a way to attract and retain patients. You have an insurance company interpreting the care that your patient needs, and dictating how much you will be paid for that care. Making this dental insurancedentist-patient relationship even more complicated is the patient's belief that without dental insurance, they cannot afford to access care.



In fact, patients who pay all or part of their dental insurance premium are probably not getting their money's worth, when deductibles, co-payments and benefit limits are weighed against premium expenses. A cost-benefit analysis would likely show that dental insurance is not a great value. There is another way to pay for and obtain care.

You have the power to dramatically increase your patient base among the uninsured population by offering an in-office dental plan, or an IOP, like Quality Dental Plan. The MDA-endorsed QDP offers a systematic approach to creating, implementing, and maintaining an in-office patient benefit system. You get the tools, training and unlimited support to use your IOP to recruit and retain new patients. An IOP provides an incentive for participants to visit your practice by offering them savings on services. The best part is you remain in complete control of all fees and services. There is no third party involved. Once people pay you and enroll in your IOP, they want their money's worth, and treatment plan acceptance goes up.

QDP also offers Business Enroll, a service that allows you to refer area employers to QDP to organize a dental benefit that works legally and within their specific employer accounting and human resources environment. QDP does all the heavy lifting to get area employers to provide your IOP as a

benefit, while you enjoy the influx of new patients. Learn more by calling Janelle Jones at 855-796-9796, or email Enroll@QualityDentalPlan.com or visit QDPdentist.com/mda.



MDA Members Save 7% More Using VIP Pricing at TDSC.com

One benefit of MDA membership is the ability to shop at the lowest tier, or Very Important Practice, pricing level at The Dentists Supply Co. The online dental supply and small equipment distributor has everyday low prices, and offers VIP customers savings that average an additional 7%.

Create an account at TDSC.com and input your ADA number to secure access to VIP prices, available only to MDA members. Once you create an account, you will be notified of periodic flash sales and other special savings opportunities. Visit TDSC.com today.



Best Card Now Has Text-To-Pay Along with Big Savings

Save time and minimize errors with Best Card's BCPay Online System! Automatically post payments to your dental software, collect outstanding balances with text-to-pay and website payments, and save cards for future use in the vault. If that wasn't enough. Best Card saved the average dental office \$5,516, or 27%, on card processing fees last year! Find out how much you can save by sending a recent merchant services statement to compare@ bestcardteam.com or call 877-739-3952 to talk with the Best Card team.

Do-It-Yourself Investing Is Too Risky

Uncertainty is the enemy of the stock market and business. Recently, we have seen billions of dollars in a cryptocurrency exchange seemingly vanish overnight, high inflation, and the threat of an expanded war in Europe — all of which increases uncertainty. It's a wise time to call upon the services of an investment adviser to help you build resilient investment strategies. The MDA endorses DBS Investment Advisers, LLC. DBSIA can work with you on an individual investment portfolio, a personal retirement account. or build a 401(k) plan for your practice. Call Ted Schumann II at 800-327-2377.

DBSIA has a paid endorsement with the MDA. MDA is not a client of DBSIA, and has financial incentive to promote their services.

DBS has a financial arrangement to compensate the MDA for providing marketing services and promoting DBSIA's services. This arrangement is compensated via quarterly checks and is not based off of client referrals.

Register Now for PPP Risk Management Seminar May 4 at Annual Session

Dentists strive to provide exemplary care to patients, but mistakes can occur. In the litigious society we inhabit, the price of an error or oversight can be staggering both to a dentist's finances and reputation. Preventing treatment and diagnosis errors and improving communication are goals of the Professional Protector Plan (PPP)



Control, Protocol and Risk Management Seminar, offered at the MDA Annual Session as course #3 on Thursday, May 4. Early registration for this session is encouraged, as seats are limited and typically sell out. The course runs from 8 a.m. until 12:30 p.m. The entire dental team is encouraged to register.

The course presents the real-life experiences of dentists who have encountered malpractice claims. Speakers are Robert Peskin, DDS, and Lynda Farnen, JD, of the firm Merry, Farnen & Ryan, P.C. Farnen has represented PPP insured dentists in court and before the Michigan Board of Dentistry for more than 30 years. Their "war stories" are real and bracing.

Included in the learning objectives are:

• Choosing words wisely, listening to patients intently, and earning their trust and respect.

- How to implement office protocols so the entire team utilizes the same policies.
- The basic principles of acceptable chart and record documentation and protecting patient health information.

• Developing effective patient management regarding non-clinical issues and adverse events.

• Legal concepts, including general informed consent, vicarious liability, and negligence.

The course fee is \$90, but PPP-insured dentists will receive a refund after attending the seminar. In addition to 4.5 hours of CE. PPP insureds will also receive a 10% discount on their professional liability premium for three years. Follow the QR code to register.



I Was Doing My Tax Filing and I **Caught a Thief!**

Unfortunately, some dentists will receive an unpleasant surprise during tax filing preparations. It's during "tax season" that potential embezzlement is often discovered. If you suspect embezzlement may be occurring in your practice, contact Prosperident, the nation's oldest and largest dental

embezzlement protection and investigation company. It's endorsed by the MDA to help protect practices and provide investigation services. Call Prosperident at 888-398-2327 today for a confidential meeting with an embezzlement expert.



At a Glance:

Live Medicare seminar offered at Annual Session. In May, MDA members and their staff will have an opportunity to learn about transitioning to Medicare during the year's only in-person presentation of MDA Insurance's popular Medicare seminar.

If you are, or are approaching age 65, register today for Course #35, "Reduce Confusion and Avoid Mistakes As You Transition to Medicare." The seminar is scheduled for Friday, May 5, from 9 a.m. to 11:30 a.m. Two free CE credits are available. Seating is limited to 100 people. Follow the QR code to register.

This material will be presented in webinar format two more times this year. To register for a webinar, contact Steve Fulger at MDA Insurance by calling 877-906-9924, ext. 450, or email steve@mdaifg.com.

- Wednesday, May 24, 6-8:30 p.m.
- Friday, June 28, 9-11:30 a.m.
- Friday, Aug. 25, 1-3:30 p.m.





MDAPPOGRAMS COM

Collect bad debt faster with

TSI. Overdue accounts cost your practice time and money, and no one on your team wants to make collection calls. Let TSI's automated system contact past-due accounts on your behalf and retain 100% of what you collect. To learn more, scan the OR code or call Michael Glass at 877-377-5378.





The Elevator Speech

By Christopher J. Smiley, DDS Editor-in-Chief

eaders at last year's MDA Board of Trustees orientation heard a presentation on the elements of an "elevator speech" and how to use them for effective advocacy. An elevator

speech is a brief message intended to spur listeners to action. If the opportunity arises, you are ready with a short, specific, memorable pitch rehearsed to deliver quickly during an elevator ride of 30 seconds to a minute.

For someone like me, who likes to speak in paragraphs, that's a tall order. Fortunately, our training focused on organizing thoughts into a brief, efficient presentation of two to five minutes. In the exercise, we developed a speech that targeted the audience's needs, wants, and wishes and how what we are offering can help them get what they need.

We began with an outline and a lead statement of what is most important, and we focused the concepts into three critical points without squeezing in too much. In the end, there must be a call to action. In this exercise, my remarks were intended for a chance meeting with a colleague who questions the value of MDA membership.

Constructing an elevator speech works well to focus thoughts on any topic to deliver an important message. These strategies also work well in your practice with patients, as you discuss oral hygiene, at a planning commission hearing on noise restrictions for your pickleball court, or whenever you need to get a point across. To illustrate the process, what follows is how I created a pitch to answer the following MDA membership questions:

How is MDA helping my practice succeed?

My lead statement to address this member's question is, **"It's member volunteers who achieve success for our members."** I would follow with an example of how MDA and ADA staff partnered with MDA member volunteers to advocate with state regulators — on the phone after midnight! — to ensure dental offices could reopen from forced closure during the pandemic. State officials were under the gun as they prepared to announce new policies impacting health care providers. This MDA advocacy allowed dental offices to open sooner without the onerous demands state regulators were considering.

I would continue that it was a partnership between MDA dentists and MDA staff to develop Michigan-specific guidance that complemented the ADA's Return to Work document. At the time, some influencers were telling dentists to invest in expensive air-flow filtration devices and isolation equipment. The ADA-MDA guidance was reasoned and saved members from unnecessary costs. Member volunteers were essential in these efforts. By helping each other, we help ourselves, and I encourage you to volunteer with the MDA to help each of us succeed.

What do I get for my membership?

My lead statement is **"You won't get it if you don't know it's there."** I would add that there are many services and resources available to members, but they need to access them to get the benefit. For example, the ADA and MDA websites are filled with guidance about third-party payers and contracting. If you have an issue with an individual claim denial or issues with an umbrella network, the ADA provides a concierge service to help resolve your problem. And to help you keep current, the ADA Division of Science website provides translational articles making research easier to understand and incorporate into your practice. You need to log in to find them.

Unsurprisingly, I then would discuss that the MDA *Journal* builds awareness of MDA member resources, and then boast that the *Journal* delivers original, clinically applicable articles that can improve care outcomes, workflow, and practice efficiency. I urge you to read it to benefit from the free content.

Hold on — these examples of the construction of an elevator speech just created an editorial on the value of MDA membership! Let me know if you take exception to what I state in these samples, but keep it under two minutes!

I hope these strategies present opportunities for you when communicating with your patients or at the next PTA meeting. Whatever the topic, write down your essential points and edit them into a short, specific, memorable speech you can rehearse to have ready at a moment's notice.



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Results By Design



What's the Best Way to Navigate Annual Session?

By MDA Staff with Eric Tye, DDS Chair, MDA Committee on Membership

uestion: I'm a fairly new dentist and I've never attended Annual Session. How do I navigate the Annual Session, and how can I con-

nect with other new dentists?

Answer: Great question, and I'm excited you're joining us at Annual Session. Each year there's a session focused on what new dentists are interested in. I attended the session last year in Novi and it was very insightful and great to be in a room of younger dentists who are all struggling with similar issues. This year there's a free session on Friday facilitated by Dr. David Rice, titled "New Dentist Fuel ... Design Your Future"; I highly encourage you attend.

The "CE Spotlight" box on Page 79 of this issue has additional information on new dentist programming and special events at Annual Session, including a special New Dentist Network Lounge event. And when you're at Annual Session, be sure to visit the Exhibit Hall to meet vendors and colleagues, plus stop by the Welcome Center to connect with staff, ask questions, and get a cup of coffee.

Question: I'm in the market for a new car and was talking with a colleague at a recent CE meeting, and they mentioned members can get a discount on cars. Is this true?

Answer: The ADA partners with Mercedes-Benz to offer ADA members a discount on new vehicles. You can save up to \$1,000 when you purchase or lease a new Mercedes-Benz vehicle. More information is available at www.adamemberadvantage.com.

Question: How many times do we have to contact a patient to set up an appointment to complete the treatment we have recommended? The patient refuses to set up an appointment. We were at a CE class recently and heard that, legally, we have to try and contact the patient three times. What's the law on this?

Answer: According to MDA Legal Counsel Dan Schulte, JD, there is no legal requirement that a patient be recalled three times in such a situation. Instead, this is a matter of

professional judgment. The standard of practice would dictate that the more severe the consequences of not completing the treatment, the more attempts that should be made. Multiple forms of contact also should be used, such as voicemail on both cell and home numbers, sending a text message, email, etc. Also, be sure to obtain permission when initially seeing a patient to leave treatment information on a message — this will enable you to explain in your message why it is important to complete the treatment and the consequences of not completing the treatment.

Question: I sold my practice but am maintaining my license. I'd still like to practice occasionally. Does the MDA have a program to facilitate pairing dentists wanting to help in short-term assignments with other members needing help?

Answer: The MDA has a voluntary locum tenens program, the MDA COVER Program (Colleagues Offering Varied Emergency Relief). This program links members willing to serve in another member's practice while they are on leave. The MDA keeps a list of dentists and shares it when there is a request for help. We are always looking to expand the list of locum tenens dentists, so please email or call the MDA's Karen Dack at kdack@michigandental. org or at 517-346-9453 if you'd like more information or to have your name added to the list.

Question: My spouse was transferred to a different part of the state, and I'm so excited I was able to find a new associate position in the same city. As excited as I am, I'm hesitant to sign the contract without having someone else look at it. What does the MDA recommend?

Answer: The MDA recommends that all members have employment contracts reviewed by an attorney familiar with dentistry and health care law. As an MDA member you're eligible for a 10% discount with Kerr Russell Attorneys and Counselors. Contact Dan Schulte at 313-961-0200, or visit www.kerr-russell.com to learn more. The ADA also has a set of associate contract guidelines that can assist you in your review. If you have additional questions, email membership@michigandental.org.



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MDA Dentists and Students Talk Dentistry in Washington, D.C.

By Neema Katibai, JD MDA Manager of Government and Insurance Affairs

ast month, more than 750 dentists and dental students from across the country met in Washington, D.C., for the ADA 2023 Dentist and Dental Student

Lobby Day. MDA dentists, students, and staff met with Michigan's congressional delegation to discuss important federal legislation and issues impacting dentistry. The MDA group also had the opportunity to network with dentists and dental students from other states, hear from political experts from both sides of the aisle, meet members of Congress, and even visit the U.S. Senate Chamber.

The MDA advocates representing Michigan included:

Dr. Christopher Gorecki, MDA secretary/treasurer.

■ Dr. Michelle Tulak-Gorecki, 9th Ninth District Trustee.

Dr. Todd Christy, MDA speaker of the House.

■ Dr. Naila Farooq, MDA Dental PAC vice chair and ADA ADPAC trustee.

■ Dr. Daniel Miller, MDA Committee on Government and Insurance Affairs member.

Dr. Sarah Tomaka, MDA Committee on Government

and Insurance Affairs member.

■ Elise DeConinck, University of Michigan School of Dentistry student.

■ Skyler Duda, University of Michigan School of Dentistry student.

■ Mollie Falchook, University of Michigan School of Dentistry student.

■ Royce Garmo, University of Detroit Mercy School of Dentistry student.

■ Janith Jayatilake, University of Detroit Mercy School of Dentistry student.

■ Megan Marshall, University of Detroit Mercy School of Dentistry student.

■ Judy Oska, University of Detroit Mercy School of Dentistry student.

■ Claudia LaRochelle, University of Detroit Mercy School of Dentistry student.

■ Karen Burgess, MDA CEO/executive director.

■ Bill Sullivan, MDA vice president of advocacy and professional relations.

■ Neema Katibai, MDA manager of government and insurance affairs.



Meet with Rep. Bergman — From left, Dr. Daniel Miller, Dr. Chris Gorecki, Dr. Michele Tulak-Gorecki, U.S. Rep. Jack Bergman (R-Mich.), Dr. Elise DeConinck, Judy Oska, and Skyler Duda.

The conversations during the visit included student loan reform, noncovered services, and Medicaid access to dental care. Here are more details about legislation addressing these issues:

Resident Education Deferred Interest (REDI) Act — The REDI Act was introduced by Rep. Brian Babin (R-Texas), a dentist, in late February 2023 to address the problem of interest accumulating for dental students who are pursuing residency programs. The REDI Act would defer payments and suspend interest on student loans until students finish their residency program. In the discussions with legislators and staffers, our dental students had the opportunity to share how their growing student loans have impacted their plans after dental school, and how the REDI Act would relieve some of the burdens that come with student loans. The REDI Act would expand access to residency programs to more students and help address the shortage of specialists that many areas of Michigan currently face.

Dental and Optometric Care (**DOC**) Access Act — The DOC Access Act was introduced on March 7,



Meeting with legislative staff — (From left): Dr. Todd Christy, Janith Jayatilake, Mollie Falchook, Claudia LaRochelle, Megan Marshall, Dr. Naila Farooq. Unidentified House staffer is shown back to camera.

2023, by Rep. Earl "Buddy" Carter (R-Georgia). Our members are aware of the negative impact that non-covered services have on their ability to deliver quality care to patients and to successfully run their practices. While many states have enacted non-covered services laws, many dental plans are heavily regulated at the federal level and are able to avoid compliance with state non-covered services laws. The DOC Access Act would address non-covered services at the federal level to prevent plans from setting nominal payments for otherwise non-covered services (a situation that has occurred in many states). It would limit participation agreements to two years, and ensure dentists are able to choose the laboratories with which they work. While Michigan has not passed non-covered services legislation, passage of *(Continued on Page 64)*



MDA Legislative advocates — (From left): Dr. Sarah Tomaka, Megan Marshall, Mollie Falchook, Dr. Naila Farooq, Dr. Todd Christy, Bill Sullivan, Royce Garmo, Janith Jayatilake, Claudia LaRochelle.



Why the Antitrust Laws Are Important to Understand

he various antitrust laws can seem unfair, complicated, and many times irrelevant to the practice of dentistry. Howev-

er, these laws do apply to dentistry. The

By Dan Schulte, JD MDA Legal Counsel

U. S. Justice Department ("DOJ") and the Federal Trade Commission ("FTC") historically have been active in the health care industry. There have been many prosecutions of physicians and dentists for antitrust violations. These prosecutions have arisen from alleged joint contracting activities, joint refusals to deal, association advertising restrictions, etc. Since associations like the Michigan Dental Association have competing dentists as their members, the MDA's activities are subject to the antitrust laws and DOJ and FTC action as well.

A basic understanding of the antitrust laws is therefore essential for all MDA members. The following is a brief description of what the antitrust laws prohibit, and what you should avoid doing.

Requirements for violation

Specifically, the antitrust laws make contracts, combinations, or conspiracies in restraint of trade illegal. An action is illegal if:

■ Two or more competitors (e.g., dentists not working for the same employer) have an agreement to engage in some joint activity.

■ The agreement results in or has the effect of unreasonably restraining competition.

The agreement

The agreement must be between two or more competitors. A completely integrated dental group practice is a single competitor. The simplest example of this is when several dentists all own and are employed by the same practice. However, it is possible for separate dental practices to be "integrated" such that the DOJ/FTC will consider them to be a single competitor. This is not easy to accomplish. The practices must be financially integrated (e.g., engage in risk sharing, split overall profThere have been many prosecutions of physicians and dentists for antitrust violations. A basic understanding of the antitrust laws is therefore essential for all MDA members.

its and losses, etc.) and clinically integrated (e.g., share patient outcome information, have common diagnosis and treatment protocols, etc.).

The "agreement" need not be formal or written. A tacit understanding is enough. Dentists do not need to know the agreement is illegal in order to violate the law. The key is to avoid even the appearance of an illegal agreement. For example, informal conversations with other dentists at a dental society meeting about problems incurred with a dental plan or insurer, which result in some dentists terminating their contracts with the plan or insurer, may be construed as an illegal agreement. A letter to another dentist that merely discusses fees may evidence an agreement or understanding to fix prices.

Unreasonable restraint on competition

In order for joint action or an agreement to constitute an antitrust violation, it must unreasonably restrain competition. This occurs when the effect or purpose of the agreement is to decrease competition. To determine whether the agreement is unreasonable, the courts use two different standards, depending on the type of agreement.

Illegal per se: If the agreement involves price-fixing, group boycotts, or the allocation of practice territories or patients, the courts apply the per se rule. Under the per se rule, the court presumes that an unreasonable restraint of competition occurred. The plaintiff must only prove the existence of the agreement, not that the agreement decreased competition. Under the per se analysis, *(Continued on Page 77)*



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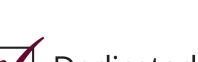
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Practice Listings!



How Can We Address Staffing Shortages?

By Jodi Schafer, SPHR, SHRM-SCP HRM Services

uestion: Before the COVID-19 pandemic, we were challenged with finding and keeping adequate staff at our practice, but since the pandemic,

it has been a nightmare. Not only are we having a hard time finding qualified staff, but we are also struggling to keep them for more than six months. These staffing issues are causing us to book fewer appointments, which causes stress and brings in less revenue, which impacts our ability to hire and compensate staff. What can we do to address these issues and bring our practice more stability?

Answer: Many industries in the United States are having similar struggles with staffing, but health care has seen an even greater impact. And dental practices are no exception. You have had to institute additional infection control practices in addition to your already well-established procedures, which takes more time and causes stress for both patients and staff. The unknowns during the height of the pandemic also created tremendous anxiety for your team and your patients, which in many cases led to burnout.

Overall, the labor market is exceptionally tight nationwide due to many factors, including an aging workforce, competing demands on an employee's time due to child care or elder care responsibilities, and changing attitudes around how "work" fits into "life." It doesn't help that in Michigan, our net population growth is decreasing and our labor participation rate hovers around 60%, the 39th worst in the nation! Unfortunately, these circumstances won't turn around overnight. So, what can you do about these issues to mitigate the impacts to your practice?

To survive these challenges, practices must be adaptable and use both proactive and reactive strategies. Below are some ideas that you might consider in the short and long term.

Compensation and benefits. Make sure these are in

line with the market, or even a bit above the market, in order to attract high quality candidates and retain the staff you have. While candidates consider many things when making job decisions, pay and benefits are definitely among their top priorities. There are several sources for looking at competitors' salary and benefits, so use those resources to gauge where you are at and make adjustments as necessary.

Flexibility. You run a practice with set hours for patient care, so how can you implement more flexibility? Well, there's a segment of the labor market that is looking for part-time work to help balance their professional and personal priorities. Hiring part-time hygienists, assistants, and office staff can help fill in your staffing gaps, as well as help workers who are looking for this balance. You might also consider alternate schedules, such as four 10-hour workdays or some other configuration to meet staff needs. Floating and rotating schedules between office locations may also be a possibility. Ask your staff about these options, and use their feedback to implement more flexibility.

Proactive recruitment. Partner with high schools, vocational and technical institutes, and colleges to share information about dentistry, hygiene, and assisting to encourage students to consider the field. Hire interns and connect with new graduates to create a pipeline for future workers.

Automate and streamline. Most practices have opportunities for streamlining and automating processes to make the work more efficient, thus saving time. Online scheduling and payment systems are one example of using technology to make these processes more efficient. Gather ideas from staff on what areas they think could be more efficient, while maintaining high quality standards. Some of these strategies may take some financial investment, but may create both time savings as well as a better patient experience.

Focus on culture. The data shows that many workers leave their roles because they don't feel appreciated, or (Continued on Page 77)

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Reasonable Precautions Help Secure the Best Rates for Cyber Liability Insurance

By Craig Start, MBA President, MDA Insurance

or most of the past decade, it was inexpensive and easy for a dentist to purchase a cyber liability insurance policy. It was also a smart idea to obtain this

coverage. Today, it remains a wise choice to purchase cyber liability/data breach insurance, but getting a good price on it may necessitate some operational changes in dental practices. In response to heightened cyberattacks, insurers are now asking existing and prospective customers to tighten up their preventive systems in order to obtain the most favorable rates. Those who choose not to adopt some of the basic precautions that are common for most other businesses may end up paying higher premiums or even be priced out of the market.

MDA Insurance offers the Beazley Breach Response cyber liability and data breach insurance policy. Many MDA members have purchased the policy, which provides coverage for legal liability for the theft, loss, or unauthorized disclosure of personally identifiable non-public information. It also covers data provided to an independent contractor that holds, processes or transmits the information for the insured party. Importantly, the BBR policy provides coverage for costs related to providing privacy breach notices to patients, as well as fees charged by an attorney to determine the actions necessary to comply with breach notice laws. Such expenses can include credit file monitoring and the costs to hire a computer security expert to determine the existence and cause of a security breach. To help insureds avoid claims, those participating in the program are automatically enrolled in its data security risk management program, which provides unlimited access to online compliance materials, newsletters and instant alerts, expert support and much more.

Taking effect this year, current policy holders and prospective customers are now subject to new underwriting requirements that may impact the cost of coverage. In order to get the most favorable rates, dentists must employ good data security procedures and preventive safeIn response to heightened cyberattacks, insurers are now asking existing and prospective customers to tighten up their preventive systems in order to obtain the most favorable rates.

guards. Here are some things the carrier is looking for:

• Two-factor or multi-factor authentication for accessing any data stored in the cloud, such as cloud-based email, and for remote access to your network. If you enjoy online banking, you are familiar with MFA or TFA. Before permitting access to sensitive information, you must log into the database using your own password and input a code or some other data that typically is transmitted to the individual via email. For many dentists, this means abandoning email services from AOL, Yahoo, Hotmail and Gmail and establishing a more secure email service. Email account sharing must end, and user names and passwords will be needed for all team members.

■ Backing up critical data to a cloud-based service. Insureds should also test the backups to ensure they are recoverable when needed.

■ Training for your employees, employing techniques such as phishing e-mail simulations and interactive phishing training

We know that dentists are not necessarily tech gurus. If you'd like help getting systems in place so that you can better protect your practice's data and retain preferential cyber liability insurance rates, please reach out to MDA-endorsed Complete Dental IT at 866-498-0173. The CDIT team can analyze your needs and provide the solutions that address all your IT and security concerns. To get a quote on cyber liability insurance, contact Melanie Adler at madler@mdaifg.com or call her at 800-860-2272, ext. 464.

Contact Craig Start at cstart@mdaifg.com.

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MDA FOUNDATION



MDA Foundation Helps the Love of Dentistry, Entrepreneurship Take Root

By Anne Berquist Foundation Director of Development

s a child, Dr. Devin Hodell lived the life of an entrepreneur's daughter. She always missed having breakfast with her dad, as her father, Doug, awoke at

3:30 a.m. six days a week to bake at Hodell's Cake Shop in St. Clair Shores. He is the second generation to run the successful bakery, and his daughter came to appreciate the dedication, commitment, and rewards of owning and operating a business. Being your own boss and building a team and problem solving appealed to her. That drive would come to shape her life as an adult. So would her first visit to the family dentist.

"My mother said that after my first cleaning, I told her I wanted to be a dentist," Hodell recalls. Dr. Ellen Folbe of Warren, Dr. Hodell's family dentist, helped bring Devin's dream to fruition. She offered Hodell a job as a hygiene assistant, doing filing, sterilizing equipment, and similar tasks, while she was in high school. Devin became a fully trained dental assistant, and her passion for dentistry grew. Dr. Folbe wrote Devin's letter of recommendation to the University of Detroit Mercy Dental School. Last year, Dr. Hodell completed her residency in general dentistry at the Henderson Dental Clinic at St. Joseph Mercy Hospital in Pontiac, now Trinity Health Oakland Campus. Today is in private practice at Chesterfield Family Dental in Chesterfield Township.

Along the way, Dr. Hodell had a little help from the MDA Foundation. In 2018, she received the \$1,000 Robert Mitus Scholarship, which enabled her to participate in a dental mission to the Dominican Republic, run by the Alpha Omega service fraternity. For five days, she and 29 other dental students, dental faculty, and two hygienists worked in a makeshift clinic in a church's garage, doing exams, cleaning, and filling and pulling teeth.

"I am grateful for that scholarship because I learned so much," Hodell said. "The mission was right before I went into clinic, so I was able to get my hands dirty before starting that clinical experience. It really taught me how to communicate with patients, even though there was a language barrier. I learned that I really like to give back."

Then, in 2020, Dr. Hodell sought the Foundation's Dr. William Schumann Scholarship, and interviewed for it via Zoom. That experience not only earned her the scholarship, but led to her contributing articles to the Oakland County Dental Society's *Dental Review*,



Hodell.

which expanded her personal network. The \$1,000 Schumann scholarship helped with expenses in her final year of dental school. In 2021, the Henderson clinic itself received a grant from the MDA Foundation to help it serve the community. Dr. Hodell attended the check presentation ceremony at the hospital, where she spoke with MDA Foundation staff and Board members. They recruited her to help plan the 2022 MDA Foundation Sparkling Smiles event, at which she made a speech.

Dr. Hodell continues to work on the MDA Foundation Awareness and Stewardship Committee and is helping to give back to the Foundation by recruiting new donors to try to attain the Foundation's \$80,000 Sparkling Smiles fundraising goal for 2023. She finds community among the Foundation committee members.

"It's nice being part of the committee," Dr. Hodell comments. "After dental school, everyone goes different ways. My Foundation work makes me a part of something larger."

Help the MDA Foundation meet this year's Sparkling Smiles fundraising goal by donating at foundation. michigandental.org. If you'd like to join Dr. Hodell in making a difference in the lives of future dental practitioners and aiding the underserved community, I invite you to contact me at aberquist@michigandental. org or call me at 800-589-6232, ext. 423.

— The — Sparkling Smiles Celebration

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parkling smiles spration Guest Speaker: Dr. Bruce Roller Executive Director United Church Outreach Ministry

Frenectomy or No Frenectomy to Close Diastema for Children?

By Polina Gubareva, DMD, Chelsea Schultz, DMD, and Taylar Rowe, DDS

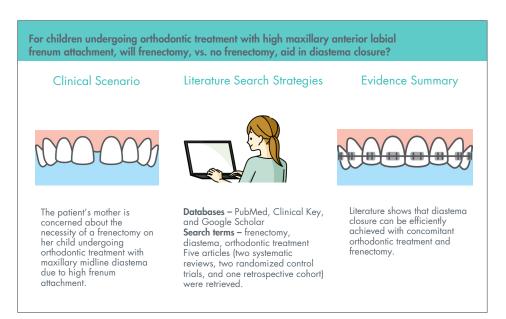
uring a recall appointment with a young boy, a mother questions the "gap" that is present between his two central incisors. You inform the mother that although this diastema is present, a multitude of factors will determine if intervention will be needed in the future. The mom specifically points to the young boy's frenum between #8 and #9 and asks if that is the reason his two front teeth have a gap.

You take a moment to ponder this question, but before you have enough time to respond the mom continues with, "He's getting braces soon, won't that fix the problem? I read on the internet that they may have to cut his gums by his front teeth. I'm not entirely sure I want to allow that. Do you think that is an unnecessary procedure?"

You now realize that the mother was reading about frenectomies and diastema closures. Before replying to the question, reading through the literature is needed to give this mother and her son a well-informed response. The young patient will need to return to the office later to have a restoration done, so you inform the mom that you will have a more informed answer at that next appointment about whether a frenectomy is needed to aid in diastema closure following orthodontic treatment.

PICO question

The following PICO question was formulated: "For children undergoing orthodontic treatment who have a high maxillary anterior labial frenum



attachment, is frenectomy or no frenectomy more likely to have success in closing a maxillary diastema?"

- **P** = Children undergoing orthorthodontic treatment with a high maxillary anterior labial frenum attachment
- **I** = Frenectomy
- **C** = No frenectomy
- **O** = Successful diastema closure

Literature search pathway

We searched PubMed and Google Scholar using the following terms: frenectomy, diastema, orthodontic treatment. Five articles were identified. The articles included two systematic reviews, two randomized control trials, and one retrospective cohort study. These articles were published between 2013-22, with the exception of one, published in 1973.

Evidence summary

A systematic review supports that the midline diastema can be caused by the maxillary frenum, and the literature recommended addressing the diastema with orthodontic treatment first, followed by frenectomy for the most ideal result. It is equally important to determine that the midline diastema is caused by the maxillary frenum and no other causes (missing teeth, thumb sucking, etc.).¹ (See Table of Evidence; article one).

Another systematic review illustrates that a maxillary frenum can be associated with different syndromes and abnormalities. Orthodontists recommend post-treatment removal of the frenum because the hypertrophic *(Continued on Page 38)*



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10-Minute EBD (Continued from Page 36)

frenum can be involved in the etiology of the midline diastema. One drawback with this study is that there were no summary estimates provided, and the results were only descriptive.² (See table; article two.)

A randomized control study showed that after two years there was a significant reduction in diastema space in the treatment group (frenectomy) compared to the control group (no frenectomy). However, after 10 years there was no statistically significant difference in diastema closure between the groups. This concludes that in the long run, a midline diastema closure is the same in patients who undergo orthodontic treatment regardless of frenectomy or no frenectomy; however, the diastema closure occurs earlier in patients who do get frenectomies. This study is significant to include because patients tend to be interested in faster

Table of Evidence

Article Cited	Study	Conclusion
 Tadros S, Ben-Dov T, Catháin ÉÓ, Anglin C, April MM. Association between superior labial frenum and maxiallary midline diastema — a systematic review. Int J Pediatr Otorhinolaryngol. 2022 May; 156: 111063. doi: 10.1016/j.ijporl.2022.111063. Epub 2022 Feb 26. PMID: 35248905 	Systematic review	Current literature supports that the midline diastema can be caused by the maxillary frenum, but it is important to identify that the frenum is the reason for the diastema, as it can be caused by other factors as well. It is recommended to address the diastema with orthodontics first, followed by frenectomy, when the frenum is the reason for the maxillary midline diastema.
2 Delli K, Livas C, Sculean A, Katsaros C, Bornstein MM. Facts and myths regarding the maxillary midline frenum and its treatment: a systematic review of the literature. Quintessence Int. 2013 Feb;44(2): 177-87. doi: 10.3290/j.qi.a28925. PMID: 23444184.	Systematic review	A maxillary frenum can be associated with different syndromes and abnormalities. Orthodontists recommend post-treatment removal of the frenum because the hypertrophic frenum can be involved in the etiology of the midline diastema.
Bergström, K; Jensen, R; Mårtensson, B. The effect of superior labial frenectomy in cases with midline diastema. American journal of orthodontics. 1973 June; 63(6): 633-638. Doi: 10.1016/0002- 9416(73)90188-7. PMID: 4513452	Randomized control trial	A total of 40 children ages 8-9 were randomly placed into the control and intervention groups: no frenectomy and frenectomy respectively. After two years, there was a significant reduction in diastema space in the treatment group compared to the control group. However, after 10 years, there was no statistically significant difference in diastema closure between the groups. This concludes that in in the long run, a midline diastema closure is the same in patients who undergo orthodontic treatment regardless of frenectomy or no frenectomy; however, the diastema closure occurs earlier in patients who do get frenectomies.
4 Tanik A, Cicek Y. Evaluation of the distance between the central teeth after frenectomy: a randomized clinical study. Eur Oral Res. 2021 May 4;55(2):99-103. doi: 10.26650/ eor.20210030. PMID: 34250477; PMCID: PMC8244937.	Randomized clinical study	In this study, 50 patients with high maxillary frenum and midline diastema ranging in age from 13 to 53 were randomly selected to undergo conventional frenectomy. The study demonstrated a statistically significant decrease in midline diastema space with a frenectomy compared to no frenectomy.
5 Suter V, Heinzmann A, Grossen J, Sculean A, Bornstein M. Does the maxillary midline diastema close after frenectomy? Quintessence Int. 2014 Jan; 45(1): 57-66. doi:10.3290/1.qi.a30772	Retrospective cohort	This study not only showed the importance of an interdisciplinary approach to aid in the closure of maxillary midline diastemas, but also showed that the predictability of midline closure is dependent upon the treatment of frenectomy combined with orthodontics. Compared to the use of frenectomy alone, significantly more diastemas were successfully closed when orthodontic treatment and frenectomy were combined.

results. Specifically with a pediatric patient undergoing orthodontics, 10 years can be an unacceptable time frame to allow for diastema closure.³ (See table; article three.)

A randomized clinical study demonstrated that when abnormal frenums are removed via frenectomies, the distance between teeth can be reduced. Other benefits that frenectomies can provide are increases in the amount of attached gingiva, and decreases in the depth of the pocket, gingival recession, amount of plaque, and bleeding. Although this study did not include the presence or absence of orthodontic treatment, we still elected to include it in our review because it commented on periodontal improvement following diastema closure.

Another disadvantage of this study is that the article only presented within-group differences of the frenectomy group but did not compare the frenectomy and non-frenectomy groups. The study also had no mean difference, which decreased its validity. However, we chose to include it in our evidence summary since the article strongly demonstrates the importance of an interdisciplinary approach that provides for general practitioners, oral surgeons, periodontists, and orthodontists in treating maxillary midline diastemas.⁴ (See table; article four.)

The retrospective cohort study showed that significantly more diastemas closed after frenectomy and active orthodontic treatment than after frenectomy alone. Furthermore, the predictability of maxillary midline diastema closure is significantly improved with the combination of frenectomy, and orthodontic treatment compared to frenectomy alone.⁵ (See table; article five.)

Conclusion

Based on the literature, we concluded that when patients have a high maxillary labial frenum attachment, frenectomies are an effective treatment for diastema closure when combined with orthodontic treatment. Removal addresses hypertrophic gingival tissue that may contribute to midline diastema.

Frenectomy also increases the rate at which the diastema closes, providing better patient satisfaction and outcome.

Frenectomies aid in diastema closure, improve periodontal health, and provide optimal results in combination with orthodontic treatment. The studies further concluded that frenectomies are best when provided following orthodontic treatment.

To summarize and answer the original question of this clinical scenario, we confidently tell the mother that her son will have his diastema closed more efficiently if he undergoes a frenectomy following orthodontic care due to his high maxillary labial frenum attachment.

Further research with better-designed studies is needed to strengthen our conclusion.

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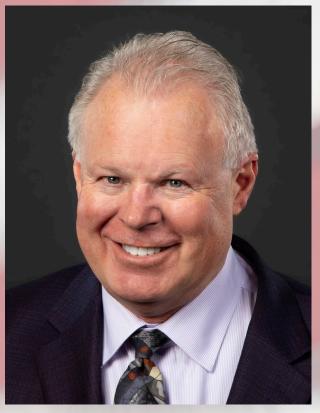
Rowe



Gubareva

Running for Political Office: These Dentists Did . . . How About You? Insights from Two Dentist-Legislators

By Erick Rupprecht, DDS, and Lynn Aronoff



Rep. Steven Bradley, DDS



Rep. Jane Gillette, DDS, MPH

The MDA wants to hear from members interested in running for elective office. Meet two dentist legislators, one from Iowa and one from Montana, who share lessons they've learned and what colleagues should consider when making this commitment.

he Michigan Dental Association wants to hear from members interested in running for political office. Why?

It's because having a member dentist hold an elected office improves the profession's visibility and builds relationships with other elected officials and community leaders who can support dentistry's goals.

A dentist-legislator becomes a resource with his or her legislative colleagues when they debate health policy, regulations, and business initiatives. Having member dentists on the *inside* provides receptive ears when the MDA advocates for the profession's needs and priorities.

To give insight into what public service by a dentist looks like, the *Journal* recently interviewed two out-of-state colleagues who have made that commitment: state Rep. Steven Bradley, DDS, a Republican serving Iowa's 66th District, and Republican state Rep. Jane Gillette, DDS, MPH,

(Continued on Page 42)

who represents Montana's 64th District. Perhaps their stories will inspire you — we hope so.

Dr. Jane Gillette completed a U.S. Air Force Dental Residency program following graduation from dental school. She then entered private practice in Montana and earned a master's degree in public health. Rep. Gillette credits her involvement with organized dentistry for paving her path to elected office. As she puts it: "My practice focuses on care for seniors and patients with disabilities. Volunteering with the Montana Dental Association's government affairs committee allowed me to leverage my background to advocate for those with disabilities and those with difficulty accessing health care."

Dr. Gillette is a trained spokesperson for the ADA on evidence-based dentistry, which provided her with communication skills and confirmed her evidence-based approach to finding answers. Prior to running for office, she had become a fixture advocating for the association in the Montana state capital, later expanding her activity by organizing "meet and greet" receptions for local candidates. Her knowledge, skills, and involvement made her an attractive replacement when a sitting legislator abruptly resigned three months before the election.



Full-time job — Campaigning and fundraising are full-time jobs, even in non-election years. This requires budgeting time between public service, dentistry, and family."

"Political leaders, advocates, and colleagues encouraged me to run for this seat," she recalls. "I sought input and assistance from the dental association and local party leaders, securing their blessing."

Dr. Steve Bradley's experience volunteering with organized dentistry also fueled his drive to seek public office. Beginning at the local level as president of his component society, he became a trustee and then president of the Iowa Dental Association. Those nine years of service with organized dentistry found him frequently advocating in the state legislature and with regulatory agencies on behalf of the profession and the people of Iowa. The knowledge and expertise he developed resulted in an appointment to the Iowa Board of Dentistry, which he later chaired. His time in state government allowed him to work with four different governors, fostering relationships with others in the legislative arena who recognized his passion for creating policy and the legislative process.

"It was flattering to have colleagues and many individuals I worked with encourage me to run once my time on the state Board of Dentistry drew to an end," Rep. Bradley notes. "However, only one voice truly mattered — my wife's. Family support is critical if you plan to serve in this capacity."

Bill Sullivan, the Michigan Dental Association's vice president of advocacy and professional relations, agrees, cautioning that candidates and their families must prepare for increased public scrutiny, as running for office makes you a public figure. So, if you're thinking of running for office, consider how it may impact social and professional relationships as well as your personal privacy.

The nuts and bolts of running

Rep. Bradley didn't hire paid staff to run for office; his wife served as his campaign manager, overseeing the logistics and costs to win his primary The MDA seeks to identify members interested in running for political office. Having a "colleague on the inside" gives a greater voice to oral health care advocacy. By working together, the MDA and its members can help build strong and effective campaigns, increase the visibility of our cause, and advance dentistry's policy goals.

and general elections. Budget items included media buys, meeting with constituents, and travel to various events and venues. "The Iowa Dental Association's PAC made a generous contribution to my campaign," he recalls, adding, "I solicited funding from friends, colleagues, and supporters for the necessary financial traction to run an effective campaign." The demands of fundraising are constant, even in non-election years.

Family support was crucial in Rep. Gillette's decision to run, adding, "I was also able to get up to speed quickly and control costs by joining with the campaign staff of the resigning legislator." The cost of a campaign varies greatly, depending on several factors, including the state you are running in, the size of the district, and the resources available to you and your opponent. Costs may include advertising, fundraising, travel, and staff salaries. Montana limits contributions to \$180 from any one source, PAC, or individual. "Fortunately, I was able to raise needed funding by reaching out to my contact network near and far," Rep. Gillette says. "If you're going to run for office, you can't be shy about asking your friends for help."

As Sullivan notes, to get a handle on what a campaign might cost, those considering throwing their hat in the ring should research the costs of past district campaigns and seek counsel from party and campaign professionals. The MDA also can help candidates prepare for a campaign, with such items as funding, training, and access to volunteers. The MDA can assist in developing a campaign platform and strategy. Local political party officials are an essential resource with guidance on filing require-



Grassroots support — Dr. Bradley says, "The Iowa Dental PAC generously contributed to my campaign. I'm grateful to Drs. Rachael Revell, Sara Stuefen, and the IDA's legislative team for their grassroots support." Photo courtesy of Iowa Dental Association.

ments to get on the ballot, complying with election finance regulations, and accessing support and activity within that party to ensure inclusion at their events. Candidates may also seek out support from political organizations that endorse candidates aligned with their goals and objectives.

What is the commitment?

The Michigan Legislature is one of just 10 full-time state legislative bodies in the United States. The Legislature typically meets on Tuesdays, Wednesdays, and Thursday. At times of recess, legislators are often in-district, attending events, meeting with constituents, local government officials, and advocacy groups.

Even with Iowa's part-time legislature, Rep. Bradley has found that the time commitment of running and then serving as a state representative is a full-time job. "I continue to practice dentistry with limited hours, including weekends, now that I'm an associate dentist following my practice sale." He continues, "Essentially, a legislator is on call 24/7, attending scheduled events, interviews, and *(Continued on Page 44)* phone calls, along with informal nights out in-district, meeting with constituents in a less-structured setting conducive to a good sharing of ideas."

Rep. Gillette also serves in a parttime legislature, and agrees that campaigning makes it more than a fulltime job. "As a representative and a practicing dentist, I'm always on the clock for my patients and the people of Montana. This requires a strict time budget between public service, dentistry, and family."

For both representatives, the challenge of practice while engaging in the full-time job of serving in even a part-time legislature is daunting. Serving in a full-time legislature like Michigan's is just as challenging. The MDA has materials to help dentists and small-business owners understand and navigate those challenges.

Collaboration in the political arena

Rep. Gillette believes that the value for the public of having a dentist in the House of Representatives comes through the characteristics they bring that make dentists successful practitioners: critical thinking, team leadership, skill at delivering well-informed decisions under pressure, and more. Dentist legislators are valued by their legislative colleagues on health care and small business topics. Rep. Gillette is a go-to resource



Always working – When out of session, a legislator is on call 24/7, holding office hours, attending events, and getting out in the community to share ideas with constituents.

for value-based health care in the Montana House. She brings a doctor's perspective to the Judiciary, Health, and Human Services committees, and she builds consensus in advocating for health care at the highest level of the Montana government.

Rep. Bradley believes practicing dentistry in his district is an advantage. "Many of my constituents are my patients, and the one-on-one nature of dental care is similar to how I interact with the citizens I serve. In the practice environment, we collaborate with our patients to achieve the best outcomes, and I work to bring that spirit of collaboration to the legislative arena."

Sullivan notes that, "Like a patient with a different perspective on proposed care, compromise may be needed in the political arena to secure votes or build coalitions with other elected officials. It's incumbent on a legislator to maintain their values and priorities and work within the system to advance their goals."

Sullivan recommends that MDA members learn whether public service appeals to them by serving in appointed positions, such as a parks and recreation board or a planning commission. Holding these positions gives a deeper understanding of the political process and develops valuable skills such as public speaking, negotiation, and coalition building. Such community involvement raises a dentist's profile with patients and neighbors. Additionally, serving in appointed positions builds relationships with other community leaders and demonstrates a commitment to public service. All of this helps an individual become a more attractive candidate in the eyes of others.

The MDA serves as a resource

The MDA seeks to identify members interested in running for political office. Having a "colleague on the inside" gives a greater voice to oral health care advocacy. By working together, the MDA and its members can help build strong and effective campaigns, increase the visibility of our cause, and advance dentistry's policy goals.

Association resources include using its network of members to help a candidate connect with voters and build a support base. This may include hosting events and recruiting volunteers. The MDA can provide mentorship and support to the candidate throughout the campaign, helping them navigate the political landscape and overcome challenges. The MDA can raise awareness about the campaign using the association's and members' channels to reach voters and build support.

Meet Rep. Bradley at Annual Session

The MDA advocacy team is ready to guide interested members on the challenges of running for office. Our association can assist with outlines for campaigning, compliance with regulations, campaign financing, campaign messaging, crisis managing, personal vetting, and opposition research. Rep. Bradley will meet with colleagues interested in running for office during the MDA Annual Session in Grand Rapids on Friday, May 5 and will speak before our House of Delegates the following day. If you would like to take part in either meeting, please contact the MDA's Sullivan or Neema Katibai at bsullivan@michigandental.org or nkatibai@michigandental.org, respectively, or call them at 800-589-2632, ext. 405 or 422.

The MDA also offers a helpful guide for members who are considering running for office. "Running for Office 101" appeared in your August 2022 issue of the *Journal*. You can access it at the *Journal* digital archive at michigandental.org/Digital-Journal, or download it at michigandental. org/Running-for-Office. ●



Similar skills — As Dr. Gillette says, "A dentist's experience in making treatment decisions by collaborating with patients, and our skills in delivering informed decisions under pressure are much like interacting with constituents and are skills that promote success in the legislative arena."

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Aronoff

Lynn Aronoff serves as the MDA's grassroots legislative coordinator, organizing in-district meetings with legislators and MDA members and assisting with other aspects of MDA advocacy activities. Aronoff is the owner/principal of Action Strategies Inc., political consulting, event management and fundraising consulting firm. Her past political experience includes serving as an adviser to numerous political campaigns, and she has represented a variety of clients as a professional event manager and fundraiser. Contact her at lynn@actionstrat.com.

Good Communications: Why It's Essential to Winning Elections

Planning a run for public office? Consider drafting a communications plan prior to announcing your candidacy. The reason is straightforward: a well-crafted communications plan is the foundation of the modern campaign, which is wrought with oratory challenges (both anticipated and spontaneous).

A communications plan assists the candidate in learning issues, knowing what to say, and developing quick-response skills. The communications plan is as essential as the dentist's mirror and explorer to support the candidate's mission.

Contested election campaigns are essentially a public vetting. Simply stated, winning an election requires earning support of voters by somehow connecting with them. The ability to connect is facilitated by two communications components: message and delivery. The message is developed piece-by-piece, starting with an elevator speech and talking points. Delivery is the action of communicating those speeches and talking points. Delivery is perfected through practice — lots of it.

Messaging and media

Campaign messages channel the candidate's values, mission, and objectives into memorable words. These words are then delivered to the public through various modes (aural, linguistic, visual, etc.) and media (print, electronic, television, radio, and soA communications plan assists the candidate in learning issues, knowing what to say, and developing quick-response skills.

The communications plan is as essential as the dentist's mirror and explorer to support the candidate's mission.

cial media platforms). Media communications are further divided into two separate and equally important categories: earned and paid.

Earned media consists of organically-generated candidate coverage. Examples of earned media include videos that go viral, articles that get shared on social media, and press releases that receive coverage in the news. These actions generate (or "earn") media — at no cost. Earned media is one of the most effective ways to rapidly grow a campaign and raise awareness.

Paid media — strategically placed candidate advertisements — include campaign commercials, pay-per-click advertising, branded content, and display ads. The role of paid media varies, depending on the campaign budget, the type of office sought, and

By The Hon. Matthew J. Levin, MPA, JD

the size of the relevant media market. In races for smaller offices, paid media serves to enhance a campaign. In races that cover larger, expansive districts (such as statewide elections), paid media may be an essential component of the communications plan. The article "Running for Office 101," published in the August 2022 edition of the *Journal of the Michigan Dental Association*, provides an excellent review of current, expected campaign costs in Michigan.

All communications, whether earned or paid, should be planned, analyzed, and edited so that the design fits its space and performs as intended — much like a dental crown. Target audiences, like teeth, have certain characteristics in common. Yet, each has its own unique features that should be considered when developing a political message.

The perils of no plan

Campaigns that fail to orchestrate a communications plan have a high potential for disaster. Take the example of Robert Moses, the famous urban planner who ran for governor of New York in 1934. In 1930s New York, Robert Moses was a star, renowned for developing and modernizing New York City's parks, roads, and other infrastructure. Moses was wildly popular with the public and highly coveted by both political parties. Confident, cerebral, and successful, Moses was *(Continued on Page 48)* A consistent messaging strategy built on values and goals is essential in the political and corporate worlds and beneficial when communicating with patients.

Election Communication (Continued from Page 46)

certain that his reputation, fame, and accomplishments would carry him to victory.

That did not happen.

Moses was a poor public speaker, but that did not have to spell his campaign's doom. Believe it or not, many politicians are, initially at least, poor public speakers. Unpolished speaking skills are not insurmountable hurdles; they can be honed and perfected. Yet, Moses scoffed at his aides when they offered a communications plan that, by establishing talking points and discipline, could have masked and improved his rhetorical deficiencies.

Growing up, Moses was naturally brilliant in school. As an adult, he was equally gifted at behind-the-scenes politics. Unfortunately, he had little patience for developing public messaging, and no desire to practice his oratory skills. His attitude was that practice was for suckers. As a result, Moses did not develop a stump speech. He never learned talking points. Instead, he hit the campaign trail armed only with a load of hubris.

The ensuing damage was immediate and continuous: From his first campaign engagement, Moses appeared unprepared, impatient, and aloof. His speeches were distracted, tainted by ill-prepared, off-the-cuff remarks. Issues were not articulated in a clear, positive manner; rather, they were disseminated in casual, disorganized bursts. Moses made no eye contact with his audience, and he was unable to pivot when confronted with tough questions. When challenged, as all candidates are, he flailed, lashing out with ad-hominem attacks. He alienated his audience, hemorrhaging votes with every appearance.

The end result was ugly. When the ballots were tabulated on election day, Moses suffered a record-breaking loss, earning less than 37 percent of the vote.

The lessons from that 90-year-old



Public speaking — You don't have to be a great public speaker, and many political candidates aren't. But you do need to develop your skills so that they are serviceable and get the job done. That means practice, practice, practice!

campaign are magnified in today's environment, due to the rapid speed upon which communications travel through social media and the 24/7 news cycle. The modern candidate must define his or her public persona before the competition does. This is done through consistent, disciplined messaging that communicates the mission, values, and objectives of their candidacy.

The Moses debacle offers four key communications takeaways. These takeaways apply to any speaking engagement, large or small.

They are:

1. Know your audience.

2. Prepare remarks in advance.

3. Practice, practice, practice.

4. Learn to make eye contact (exception: radio/podcasts).

Getting started

Most people are not born with highly polished public speaking skills. Like most skills, public speaking abilities are honed through practice, discipline, organization . . . and more practice. The following is a brief primer on how to get started.

The elevator pitch. Start by developing a two-minute elevator pitch. The elevator pitch is your most basic sales job, delivered with sincerity and candor, that sums up who you are and why your candidacy is viable.

What are the most important things about you as a candidate? What about your personality, background, and experience is going to inspire people to vote for you? Brainstorm for ideas and write them down as statements. These statements should involve paramount, biographical pieces that you want your audience to remember.

Once you have at least three statements, flesh them out. Apply them to current issues. Next, connect them to your campaign. Here's an example:

■ Statement: *I owned and operated my own business for decades.*

■ Statement applied to issue:

Therefore, it's no secret that I know how to create jobs.

• Statement and issue connected to campaign: *As a result, my No. 1 leg-islative priority is creating jobs.*

Those three sentences are the heart of your elevator pitch, the "bulk." Preface the bulk with an introduction, connect each statement with a transition, and then close it off with a conclusion.

Here's an example:

Hello, my name is Robert Moses and I'm running for state representative. I owned and operated my own business for decades. Therefore, it's no secret that I know how to create jobs. As a result, my No. 1 legislative priority is creating jobs. If jobs are important to you, I hope you'll consider voting for me on Nov. 4. For more information, please visit www.robertmoses.com.

The website

A website is key to any communication strategy. Your website is "media ground zero." Start with a URL that's easy to remember (i.e, RobertMosesforStateRep.com). Consult a domain name-checker to find which options remain available. Once you have a domain name, decide if you want to design your own website or hire a professional to do so.

Your website's visuals should be clean, clear, and attractive. The site should be easy to navigate. Contentwise, the site should clearly convey your mission, values, and objectives: the building blocks of your brand. Keep it simple, as people can only absorb so much information. And keep it fresh; edit your website on a weekly basis to ensure that its content accurately reflects your evolving campaign. Also important: Include a link for campaign donations.

Social media. Social media networks enhance the candidate's online presence. Building familiarity with Facebook, Instagram, TikTok, Twitter, and other platforms will allow you to *(Continued on Page 50)*



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Election Communication (Continued from Page 49)

quickly connect and engage with voters, potential donors, and the traditional press. The timing, frequency, and content of messaging on all platforms should be carefully planned and synchronized to best enhance your personal brand. This requires the consistent application of your campaign's mission, values, and objectives. Social media platforms are living, breathing representations of the candidate and should be managed in real time.

Talking points. Talking points are one-issue, miniature speeches. A good candidate prepares and learns talking points on each issue impacting the campaign. Talking points connect the candidate's mission to the issues in a basic, easy-to-recite manner, arming the candidate with consistent position statements that keep the message on point. Many candidates organize their talking points on index cards, with the issue on one side of the card and the talking points highlighted on the other, like flashcards. Existing talking points come in handy at a time of crisis, when new messaging is rapidly developed to blunt potential political damage.

Practice the pivot. During a question-and-answer session, candidates may encounter a "gotcha" question. Don't take the bait . . . never attempt to answer a question if you are unfamiliar with the answer, or if the answer will paint you in a negative light. Rather, recite your closest talking

point, and direct your answer towards a topic that you do want to talk about.

The stump speech. The elevator pitch and talking points are the seeds from which the stump speech grows. The stump speech is a template speech, one that the candidate uses for every speaking engagement, slightly redeploying it each time depending on the audience, location, and length of the engagement.

In the stump speech, the candidate tells his or her story by connecting multiple elevator pitches into a narrative that (again) clearly conveys the campaign's mission, values, and objectives. Here, you are telling a story that proves your connection to the audience and your qualifications for the office you seek. The heart of your stump speech seldom changes, but smaller components are switched in



Talking points – It's wise to stick to your talking points when speaking before a group. And if you should get a "gotcha" question, simply recite your closest talking point and direct your answer to a topic that you do want to talk about.

and out to specially tailor the speech to different audiences.

When I worked for the American Dental Association as a professional speech writer, I wrote speeches for Presidents Gist, Calnon, and Faiella and Executive Director O'Loughlin as they crisscrossed states and nations to deliver remarks to various audiences. I wrote different stump speeches tailored to each officer - with their collaboration and input - that uniquely reflected each speaker's backstory, strengths, and charisma - as well as their different speaking styles. There were occasions when an event was so unique that the stump speech could not be used as a template, but those occasions were rare. Usually, moving from one speaking engagement to another does not require reinventing the entire speech, especially in a political campaign.

Timing. You may be wondering: *How many words do I need for my speech?* That depends on the time scheduled for your speech and your speaking cadence. The average person speaks at a rate of 140 words per minute. Before making a public appearance, know your expected time allotment and learn your timing through practice.

Practice, practice, practice! It has never been easier to practice public speaking. Laptops, cell phones, and other electronic devices have userfriendly software for recording and replaying audio and video presentations. Record yourself. Watch yourself. Critique yourself and start over; re-record and improve. Eventually, your skills will reach a serviceable level.

As you develop a comfort zone with public speaking, work on developing a distinct personal voice. Practice in front of friends, family, and coworkers. Keep practicing until your delivery sounds natural, unrehearsed, and effortless. Make eye contact with different, imaginary people in the audience. Read a sentence, look right. Read another sentence, A good candidate takes on as many speaking opportunities as possible. The goal is to reach the most people, the largest audience, and connect with them.

look middle. Read another, look left. And so on. Effective eye contact conveys empathy and interest in your audience, which goes a long way toward making a connection.

The communications toolkit

The communications toolkit is your communications "first aid kit." It contains your elevator and stump speeches, as well as talking points on all the relevant issues of the day. Always have your toolkit in hand.

When attending a speaking event, bring paper copies with you. Technology fails. Laptops break. Teleprompters go awry, and batteries die. Paper copies provide you with a solid backup. Keeping that in mind, talking points and speeches should be easy to read, with double-spaced lines and a font size large enough to prevent straining. Also, pages should be numbered, in case you drop them. All the king's horses and all the king's men could never put an unnumbered speech back together again.

In closing

Opportunities for positive election outcomes are optimized when communications are strategically planned. A highly organized, well-disciplined communications plan — implemented with hard work and practice — transforms the most novice of public speakers into a formidable orator who makes public speaking look casual and effortless.

A good candidate takes on as many speaking opportunities as possible. The goal is to reach the most people, the largest audience, and connect with them, engagement by engagement. Target your remarks to each audience, but do not attempt to reinvent the wheel. While Bruce Springsteen may change a few songs in his set list from city to city, the catalog from which he draws his songs does not change, and neither does the set's nucleus. As a candidate, you should develop, learn, and know your catalog of issues before you hit the road. Whether the task involves speaking to a crowd, appearing for a podcast interview, or knocking on individual doors, you must be connected to what you are talking about. The communications plan facilitates this connection for you.

About the Author

Matthew J. Levin, MPA, JD, is an administrative law judge with the state of Michigan. He also runs his own law practice (estate planning) and serves Of Counsel to Strobridge & Hunter Attorneys at Law, PLC. Prior to practicing law, Levin worked in the Michigan Legislature and has more than two decades of experience working with state legislatures in governmental and nonprofit capacities, most notably for Canada and most recently as the legislative policy manager for Secretary of State Jocelyn Benson. Prior to moving back to Michigan in 2014, Levin worked as the executive communications manager for the American Dental Association in Chicago for nearly three years.



Levin

Here Are the Candidates for MDA Officers, Trustees, and ADA Delegation

t its meeting next month, the MDA House of Delegates will elect MDA officers, trustees, and delegates to the American Dental Association House of Delegates for the upcoming 2023-24 MDA administrative year. This year's MDA House will meet on Thursday, May 4 and Saturday, May 6. All MDA members and guests are invited to view the House proceedings, which will take place at DeVos Place in Grand Rapids.

In January of this year the MDA Nominating Committee — popularly known as "the NomCom" — concluded its nomination process and released to the House of Delegates its slate of candidates for MDA leadership positions. The NomCom is made up from one representative from each of the MDA's 12 regions, with the immediate past MDA president serving as chair of the committee. This year's

See the Candidates at these Annual Session Events

You can meet the candidates for MDA positions at a special Meet the Candidates reception Wednesday, May 3 from 5 until 6 p.m. at the Amway Grand Plaza Hotel's Imperial Ballroom. Light appetizers will be served, along with a cash bar. A House of Delegates Leadership Training session will follow at 6 and run until 7 p.m. The event is free, but registration is required (Course #2).

You're also invited to attend an MDA House of Delegates Candidate Forum and Question-and-Answer Session on Thursday, May 4, featuring candidates for MDA trustee. The Q&A session will take place in Ballrooms C and D of DeVos Place, following the first House of Delegates meeting.

Elections will take place on Saturday, May 6 at the second House session.

NomCom chair is Dr. Mike Maihofer. The purpose of the NomCom is to carefully review the credentials of each potential candidate, seek out the most-qualified individual for each position, and ensure that the slate of candidates reflects the membership of our association. This group spent countless hours vetting all candidates, holding meetings from late summer until January, and conducting personal interviews and other preparation.

Following the NomCom's completion of candidate vetting, the process moved to the MDA Election Commission. The Election Commission is a three-person group consisting of the MDA president-elect, an MDA House of Delegates member, and the MDA speaker of the House, who also serves as chair. The Election Commission oversees and adjudicates all issues of contested races for association offices. The Commission meets to review and clarify the MDA guidelines regarding all aspects of campaigning for office, from promotional activities to caucus visits, to personal contacts. The guidelines, once agreed upon by the Commission, are then forwarded to all candidates.

In this April issue of the *Journal*, as in past years, we present the candidates for upcoming MDA positions, along with statements from each candidate. In addition to this candidate section in the *Journal*, additional information on each candidate appears on the MDA website, including CVs and candidate applications. You can find it at michigandental.org/Candidates.

Thanks to all these MDA candidates for their willingness to become involved in the present and future of the MDA. Take a moment to read their statements and get to know these enthusiastic volunteers. Perhaps you'll be inspired to be a candidate in the future — there's always room for great volunteers!

PRESIDENT-ELECT CANDIDATE One-year term; one to be elected

Todd Christy, DDS

Berrien Springs

I have been honored to serve our association the past six years as the speaker of the House of Delegates. It has been my distinct pleasure to hold the speaker's gavel, and I look forward to the opportunity to serve in a new role as president-elect. I will seek to mentor current and future leaders to assist them in crafting the future of our association's mission. I respectfully ask for your vote at this Annual Session's House of Delegates to serve our association as president-elect.

SECRETARY/TREASURER CANDIDATE One-year term; one to be elected

Christopher Gorecki, DDS

Warren

I am looking forward to serving the MDA and its members as your secretary/treasurer for the upcoming year. It is my role to make sure the Finance Committee reviews the financial statements of the MDA and finalizes the budget process. It is my goal to start the transformation to mission-based accounting that will evaluate the programs and benefits offered to MDA members. Mission-based accounting will provide information needed to determine which programs are beneficial to members.

My role as secretary also provides assistance and review of the correspondence and meeting notes of our Board of Trustee meetings. It is a distinct honor to serve you in this capacity. I am anticipating a year filled with productive outcomes for the MDA, its members, and the patients who entrust their health to us.

EDITOR CANDIDATE Three-year term; one to be elected

Michelle Dziurgot, DDS

Shelby Township

I, Michelle C. Dziurgot, DDS, current president of the Macomb Dental Society, am humbly applying to step into the big shoes of both current and past editors of the Michigan Dental Association. Ten years ago as a component editor, I was able to incorporate scientific articles with current methods of best practice into the Macomb Dental Journal. With my contacts in both the academic and practice settings, my objective to provide modern-day dental practice methods to member dentists will continue. My brother, Derek Dziurgot, is a 49-year-old Michigan resident with a diagnosis of OCD and on the autism spectrum. I have as my specific goal to delve into the dental service of mentally challenged individuals in our state. With the potential increase in Medicaid reimbursement, educating dentists around the state of Michigan on how to decide on participating with a state-funded plan, as well as how to safely provide dental treatment to patients such as my brother, will be key discussions in our MDA Journal.

SPEAKER OF THE HOUSE Three-year term; one to be elected

Debra Peters, DDS

Caledonia

Service is one of my core values. Therefore, to answer the question of why I'm seeking election to the office of speaker of the MDA, it is to be of service to my beloved dental association, its members, and the House of Delegates.

Previously, I served as speaker for nine years. However, I bring a different focus and enthusiasm to this position presently. If elected, I will utilize my time and skills to inspire others to learn and understand parliamentary procedure and the value of this role within our association, so that more individuals will desire to serve as future MDA speakers. I'm also pas-

sionate about good meeting management and leadership development. As speaker, it's my goal to provide an atmosphere where others may achieve success through personal growth and professional commitment.

It would be an honor to serve as speaker of the MDA. I'm excited for the future of dentistry and for the opportunity to collaborate with the individuals who contribute their time and talents to organized dentistry.

(Continued on next page)



Christy Berrien Springs



Gorecki Warren



Dziurgot Shelby Twp.



Peters Caledonia

MDA BOARD OF TRUSTEES CANDIDATES Three-year terms; three to be elected

Chady Elhage, DDS, MS

Royal Oak

Organized dentistry is very important to the success of our profession, not just for dentists but for patients as well, and is incorporated at every level. I think it is important to be involved and have the opportunities to participate in conversations with colleagues on how to solve issues at hand and develop optimal solutions that work and benefit all. I want to be able to contribute and help however I am able to, and to learn more about how we can keep our organizations strong and healthy. I am looking forward to developing myself into a new role and utilizing my skills from teaching and practicing dentistry to implement hopeful change. I would also like to encourage those graduating and starting their careers to get involved, whether at a local level or state level, because the future is in their hands.

Shelly Jones, DDS

Midland

After months of careful consideration due to the importance of the position, I have decided to run for the position of MDA trustee. I bring experience in private practice, community dental practice, and years of volunteerism in working with the underserved population. I have served our organization in many capacities over the years, with most of my experience surrounding access-tocare issues. I have some experience with quality measure development along with quality improvement, which affects payment and coverage of benefits under Medicaid policy. I have a strong interest in affecting Medicaid dental policy at the state level, and would bring that passion to the table for the benefit of the underserved and the dentists who care for them.

I feel great compassion for the dentists who choose to make their career in the public health dentistry setting. As a dentist with experience in both private practice and community dentistry, I understand the unique challenges of both settings. I believe that we as an organization can find ways to better serve the public health dentist, thus increasing job satisfaction and membership in this sector. I would make this one of my priorities during my term on the Board of Trustees.

My master's in public health earned from the University of Michigan in 2016 focused on health care management and administration. I believe that, along with my DDS, equips me with a unique set of skills, which I will use to effect positive change for our organization, our members, and the public.

Christine Mason, DDS

Grand Ledge

In 2020 I had the honor of serving on the MDA Board of Trustees for a one-year term. My experience as a trustee was unique because our entire term was virtual only. During my tenure, the MDA was absolutely focused on supporting our member dentists, patients, and teams in navigating the pandemic - new rules, regulations, OSHA guidance, closures, lost employees, lost revenue, and basically an unknown future. The MDA staff and executive leadership did an outstanding job that year, and truly validated the value of being an MDA member. We also had the opportunity to begin a new five-year strategic plan, embrace diversity, equity, and inclusion, and gather some very important and telling metrics about our membership as a whole. All of these initiatives have progressed successfully and I am excited to re-engage in these efforts.

Currently, I am the president of the Central District; our society has been very active with the new dentists, and we've had excellent response and engagement from our dentists practicing 15 years or less. It is exciting to have such a great community coming up behind me, and we need to continue to foster these relationships. As a trustee I will advocate for young dentists facing work issues, financial concerns, and the changing nature of practicing dentistry in Michigan. I am also passionate about advocating for dentists at the state government level, and

> creating opportunities for our youth to consider dentistry, hygiene, and dental assisting as future careers.

Melanie Mayberry, DDS, MS-HCM Detroit

I am running for re-election to the MDA Board of Trustees because I want to continue to be involved on a greater level. I have a strong interest in policy, especially that which could change and improve the trajectory of our profession.



Elhage Royal Oak



Jones Midland



Mason Grand Ledge



Mayberry Detroit

I currently serve on the MDA Board and on the editorial board of the MDA *Journal*. I have been a member of the ADA delegation serving on the Reference Committees on Legislative, Health, Governance, and Related Matters, and Dental Education, Science, and Related Matters. Believing in the value of organized dentistry, my membership with the MDA/ADA has been for 29 consecutive years since graduating from dental school. The singular voice of diverse ideas and people collectively collaborating and coming together is one of the impactful strengths of the MDA.

I have years of experience practicing general dentistry in various delivery models, including Federally Qualified Health Centers in small urban and relatively rural areas; in a hospital dentistry program; and in corporate dental models, DSOs, and in private practice. I am a full-time clinical associate faculty member at the University of Detroit Mercy School of Dentistry and have a part-time private practice. My background and experience represent a unique skill set that adds diverse perspectives to discussions. Today's challenges differ from those of yesteryear's, and require new and innovative approaches. It will take diverse ideas and broad perspectives to ensure the continued relevance of organized dentistry to our profession. Thank you again for the opportunity to serve you.

Michelle Szewczyk, DDS

Troy

It would be my privilege to serve as trustee for the Michigan Dental Association. Organized dentistry is one of the best parts of the profession. Having a successful professional association like the MDA is what differentiates dentistry from other segments of health care.

I believe I provide a fresh perspective on the future of dentistry and have the skills and talent that could benefit the organization. I am young, industrious, and passionate. The MDA LEAD program helped channel my leadership development. I have experience with advocacy on the local and national levels as an ADPAC fellow in



Szewczyk

Troy



Christy Bridgman



Farooq Commerce Twp.

Washington, D.C. I am also an active member of my local component.

As trustee, my hope is to bridge the gap between new dentists and the tripartite system. New dentists have much enthusiasm for organized dentistry. They can be a valuable contribution at local and state levels. Similarly, new dentists can learn from longstanding members of the MDA. Fostering these relationships helps achieve the MDA's strategic plan of increasing membership and leadership engagement.

Dentistry, by nature, is an autonomous profession. The MDA allows dentists across Michigan to work together for the common good of the profession. Regardless of practice modality, dentists have more similarities than differences. Speaking as one voice allows us to have greater collective bargaining power. Together, we can achieve the MDA's vision of serving as Michigan's oral health authority dedicated to the public and the profession.

ADA 9th DISTRICT DELEGATION CANDIDATES Fifteen to be elected; three delegates and 12 alternates

Lisa Christy, DDS

Bridgman

I am running for the ADA 2023 House of Delegates to continue my service to the MDA and ADA. Having served on Committee B for the last two years, I feel that I have a good understanding of the issues. Serving on the MDA Insurance & Financial Group Board has given me a head start on some of the issues that we all face. Since 2000, I have served the MDA in various capacities as well as my local component. I would like to continue to represent the 9th.

Naila Farooq, DDS

Commerce Township

It has been my pleasure to represent the MDA at the ADA a few times as an alternate delegate. My passion for volunteering has been honed and nurtured through my participation in the first MDA LEAD program. My specific area of interest is political action and lobbying. I have served on the MDA Dental PAC Board since 2015 and represent the 9th District as a member of the ADPAC Board. The highlight for 2022 for the profession in my view, was the win on the Massachusetts initiative. Dentists young and old nationwide supported this and brought dental loss ratios to the forefront for insurance reform in this country.

Our profession faces innumerable challenges, amplified by the ongoing pandemic. Supply chains have been (Continued on next page) disrupted, overheads have skyrocketed, insurance reimbursements do not match the escalating inflation, and staffing shortages are crippling our practices. These are challenging times, but our new dentists are a diverse group. We have to be creative and innovative to attract new members into the fold of organized dentistry. In these challenging times it is imperative that we keep members engaged so that our voice is heard by legislators.

Dealing with government, members, practice needs, benefits, and finances is becoming more and more complex. Effective education of member dentists on the resources available to them both through the MDA and ADA is imperative. I have proven to be a leadership voice and proudly offer my services as a delegate to the ADA.

Margaret Gingrich, DDS

Big Rapids

I am looking forward to serving as a delegate/alternate delegate for the 9th District. This will be my ninth year serving the dentists of Michigan and Wisconsin. In the past years I have served on committees C and D and served as District chair in 2018. Last year I started serving as the 9th District representative on the ADA Council on Dental Practice. This has given me a lot of knowledge of resolutions coming to the ADA House of Delegates from this committee. I enjoy sharing my skills and experiences, including knowledge in parliamentary procedures and mentorship of new delegates.

Over the years of volunteering on the state and national levels I have gained many friends across the country, which can aid in the movement of resolutions through the House. As a diverse member of the HOD, I am still one of the younger delegates to serve in this position over the years. I remain passionate about decisions made at the House, as they affect both your practice and my own. I would be honored to again serve our state in this capacity.

Graham Greenland, DDS, MS

Grand Rapids

Health care providers have the ability to represent their community and colleagues during discussion of current events and policy writing, which directly affects our practice and autonomy. We affect change through our participation and advocacy, so it is my goal to ensure that changes made are improving quality for patient and practitioner alike.

As care providers, community leaders, and business owners, we take on a large responsibility. Organized dentistry allows us to promote health policy, education, and care initiatives that directly impact where and how we practice. It is important for us to be represented during these facilitated discussions to protect our profession, our patients, and our future.

Gabriel Holdwick, DDS

Harbor Beach

I am applying to be part of the 9th District Delegation again this year, in part because of the positive experiences I have had during the last five years I have served. I enjoy working with the dedicated and passionate people of the 9th District, and the ADA House of Delegates as a whole, as we do the work of the ADA and strive to push it towards its highest ideals.

A diverse set of skills is needed among the members of the delegation, and I believe I have skills and talents that can be of use. I have some experience in the workings of the House, and am eager to offer any experiences and perspectives I have to make the policies of the ADA as representative of our members as possible. The work can be challenging and the days long, but the work is important. I would be honored to serve you once again at the ADA House of Delegates this fall.

Mark Johnston, DDS Lansing

My first obligation is to represent the 9th District and continue the high standards we have set for ourselves



Gingrich Big Rapids



Greenland Grand Rapids



Holdwick Harbor Beach



Johnston Lansing



Knudsen Escanaba

over many years. The first asset I bring to the delegation is experience. A good mix of ages in your caucus is critical to be an effective delegation. There are tactics used at the national level that are not obvious to inexperienced members. Sharing the information from a historical basis with the younger members allows the 9th to remain a strong district at the ADA HOD every year. It also is important to be able to work effortlessly with our sister state of Wisconsin at the ADA.

Second are the connections made on the national level. In past ADA delegations I have met other leaders from other districts and I am able to connect with them as we work through the resolutions. Collaborative support on resolutions as well as supporting resolutions from other district is very important at the national level.

The third reason that I would like to represent the 9th District at the ADA is my current position on the ADA Council of Dental Benefit Programs. Many resolutions that the ADA HOD will see come from this council, and it helps having a member on the 9th District Delegation to explain the position of the council.

I know the routine of the ADA HOD. I hope I can count on your vote.

Elizabeth Knudsen, DDS

Escanaba

I would like to thank all the MDA House delegates who

elected me to represent Michigan at the 2022 ADA House of Delegates in Houston, Texas. It was a great privilege to help shape ADA policy, facilitate information gathering, and encourage introspective thought into what current and future actions of our ADA can be, and should be, to support all its members and benefit the public. It was wonderful to gain new friendships with our 9th District colleagues from Wisconsin, and to acquire new leadership skills by assisting our chair of the 9th District Committee C caucus group. It was inspiring to see the interaction of the committees, delegates, and officers on a national level.

Currently, I am the delegate to the MDA House from Cloverland District. I have participated on the Committee for Credentials, Rules, and Order, the 2022 and 2023 Bylaws Review Committee, and also as Region 1 representative on the Nominating Committee. I feel that I am organized and diligent in my work. I enjoy learning new things and teaching others, and this is an asset in caucus meetings, where information about hearings needs to be shared and discussed. The ADA House is like the MDA House on steroids! Attending the ADA House was a wonderful way to learn about the work that it takes to ensure all voices in dentistry are heard, develop policy, and share experiences with our colleagues, and I would be honored to again represent Michigan dentists at the ADA House of Delegates.

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Decision-making body – The MDA House of Delegates will again elect MDA officers, trustees, and 9th District delegation representatives at its meeting during the MDA Annual Session.

Scott Meldrum, DDS

Birmingham

In September 2022 I was hired as Oakland County Dental Society's co-executive director. I owned a general dental practice in Birmingham for more than 40 years and became an active member, serving on many committees in the OCDS over those years. I eventually became president of the Oakland County Dental Society in 2000. From 2008 to 2014 I represented Oakland County on the MDA Board of Trustees, was on the MDA Finance Committee for five of those years, and was proud to be part of Michigan's delegation to the ADA House of Delegates.

Over my professional career, participating in the affairs of the tripartite has always been enjoyable. As Oakland County's co-executive director, I'm in a great position to be a liaison between the MDA, ADA, and one of the MDA's largest local components. If elected as a delegate/alternate, I would bring enthusiasm and experience to the 9th District's delegation. It would be a honor to again represent the Michigan Dental Association. Please consider me as a delegate. Thank you.

Daniel Miller, DDS

North Muskegon

I want to start with a sincere thank you to the MDA House of Delegates for electing me as an ADA delegate in 2022. It was a great privilege to represent my fellow MDA members. I worked hard to help achieve District 9's priorities, and am happy to say that we had many wins. I am especially proud that the ADA passed the strategic forecasting resolutions, on which I passionately testified.

The successes of 2022 were great. However, these wins do not come easily. I witnessed how important it is for a delegation to be made of strong voices. The ADA House is much larger than the MDA House, and coordination of delegates is essential to ensure that the MDA's voice is not lost. A delegate must be able to provide powerful testimony during reference committees and on the floor of the House. A delegate must be able to network throughout the entire trip to persuade other delegates to vote along with District 9. Last year I discovered that my strength as a delegate comes from these abilities. I enjoy providing testimony and the art of networking. As a delegate, I am at the ADA to work for Michigan member dentists. I will work both the House floor and the conference center to achieve our MDA priorities and to ensure that Michigan's voice is heard.

Cate Nelson, DDS

Kalamazoo

Thank you for considering me to serve as a delegate to the ADA. I am honored to be a potential candidate among a very talented group of colleagues. A core value of mine is the importance of taking an active role in the future of our profession. Over the past several years, I have developed a strong understanding of organized dentistry and foundation of volunteerism through various positions at the local, state, and national level. I want to continue to grow as a leader and contribute my time and skill set to represent the voice of our membership. It is an important time in dentistry to evolve, stay relevant, and be inclusive. It would be a great privilege to work with this group and be part of the advancement of our organization and profession.

William Patchak, DDS

Jackson

One of the greatest things I did 40 years ago was to join organized dentistry. The MDA has provided me with exceptional services that have improved my career as a business owner and a practitioner. To help maintain the quantity and quality of member services for the next generation, I decided to volunteer time within the organization. I began working with my local district dental society in various board positions, and then moved to the state level as a delegate to the MDA House for 14 years. Over the last 10 years, it has been my pleasure to serve the MDA as a member of the Board of Trustees.

For the last 10 years I have represented the MDA as a delegate to the ADA House of Delegates. It is the duty of the ADA to protect its members and advise the government to make appropriate legislative decisions in relation

to oral health. The MDA membership can count on me to advocate for dentists' best interests both nationally and statewide. I will work diligently to protect the health of our profession. My previous experience on the MDA Board will assist me in keeping the ADA financially solvent, while looking to improve and expand member services. I would be honored to once again serve the dentists of Michigan as a delegate to the ADA House of Delegates.



Meldrum Birmingham



Miller North Muskegon



Nelson Kalamazoo



Patchak Jackson

Riley Schaff, DDS

Ann Arbor

I am excited at the prospect of candidacy for the 9th District ADA delegation. Over the last five years, I have delved into involvement in organized dentistry at the local, state, and national levels. While my involvement has certainly been both personally and professionally fulfilling, it has also illustrated poignantly how critical new dentists' voices are to help shape the future of the profession. While I cannot boast the wealth of experience that some of my colleagues may share, I do believe I bring a strong voice to the issues facing both new dentists and dentistry as a whole.

One of the most informative roles I have had has been my current term as District 9 representative on the ADA Council on Communications. While serving in this capacity. I have seen how top-down changes can positively impact policy, decision making, and the way the ADA interacts with both its members and the public. I have a strong desire in all roles within the tripartite to continue to affect change for an inclusive and equitable profession, and I have a strong voice and connections to work toward that goal at the House of Delegates — the place where "rubber meets the road."

Finally, I am humbled to run alongside many highly qualified candidates for this position. If chosen, I will bring dedication, humility, and a strong work ethic for our state and our district, as well as my colleagues I hope to stand beside. Thank you sincerely for your consideration.

Tamar Shrikian, DMD

Charlotte

Participating as a member of the ADA 9th District Delegation would be an honor and privilege. As a dentist who has worked for the not-for-profit organization My Community Dental Centers for the last six years, I have directly experienced the need to improve access to care for Michiganders. As vice-chair and later chair of the MDA Diversity, Equity, and Inclusion Committee, I have seen diversity in thought, demographics, and practice







Shrikian



Singh

Detroit

type in organized dentistry leadership. As a member of the 2022 LEAD program, I have seen that there is a constant need for organized dentistry to grow and evolve with our ever-changing economy and culture.

Since my involvement in organized dentistry, I've seen the benefit of building community with other dental professionals to create better health outcomes for patients, which creates better professional outcomes for dentists. Collaboration is one of our greatest assets as MDA members. When we don't build relationships with other dentists who are different from ourselves, we miss out on creative problem-solving opportunities, we make erroneous assumptions about others' professional struggles, and we lose the chance to grow in pace with the economic climate of 2023. My intention is to be able to listen to and later represent the nuanced concerns of dental professionals in Michigan. I hope to also enthusiastically showcase the efforts made by the Michigan Dental Association to improve patient outcomes and to represent the MDA on the national stage. I look forward to the opportunity to be elected as an ADA delegate.

Prabhjot (PJ) Singh, DDS

Detroit

It's my honor to run for ADA delegate/alternate this year. My involvement in organized dentistry began through ASDA in school, and then in my local society and the MDA LEAD program. Currently, I am vice chair of both the Committee on Access to Care and the Committee on Diversity, Equity and Inclusion.

Professionally, I am the lead dentist and dental department supervisor at a Certified Community Behavioral Health Clinic in Detroit, where I oversee the dental clinic, mobile RV, and upcoming pediatric clinic. Through my involvement I'm exposed to a variety of issues facing dentistry and have been working towards solutions.

In the past few years, I have had the privilege and opportunity in being involved in the MDA in various roles, and it has nurtured my conviction that organized dentistry is important to both individual practitioners and the profession as a whole. Unfortunately, I have found that many younger dentists are often reluctant to get involved, for a variety of reasons. It may be because they are not aware of the benefits, they do not see leaders that they relate to, or the issues that they are most worried about are the most difficult to tackle, and they don't see momentum. I want to work to change that. I want dentists to see people that they can relate to in leadership and I want to work to start these conversations so that we can identify areas that need growth and work towards them. We are stronger together.

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Tamika Thompson, DDS

Detroit

In 2022, I had the pleasure and honor of being selected as an MDA LEAD participant. This opportunity enabled me to be immersed in Michigan Dental Association activities. The knowledge I gained helped me value the MDA, the benefits, and connection to tripartite organization as a whole. The people I met inspired me to come from beyond the walls of the University of Detroit Mercy School of Dentistry. My MDA LEAD experience has called me to further serve my community, my school, students, and profession.

In 2022, I served as a delegate at the MDA House of Delegates. Studying the resolutions and voting at the House of Delegates made me realize my responsibility goes beyond myself and my career.

As a leader, I bring my commitment, a tireless work ethic, passion, and enthusiasm. I have held and continue to hold several leadership roles inside and outside the realm of dentistry. I am currently serving on the scholarship and grant subcommittee of the MDA Foundation. I have always been involved in service and helping others.

As an ADA delegate candidate, I vow to show up, listen, and fight to maintain the integrity of our profession. I have faithfully and respectfully served our veterans at John D. Dingell VAMC for more than 10 years, as they have served us with their lives. As a current active member of Detroit District, MDA, and ADA I will proudly and respectfully serve the civilian patients, our members and our profession if given the opportunity.

Sarah Tomaka, DDS, MPH

Ann Arbor

I am honored to be nominated for the position of ADA delegate for the 2023 Annual Session. I believe that I have many different views and insights that will propel me to be an excellent representation of our members and the Michigan Dental Association. Currently, I am a full-time clinical assistant professor at the University of Michigan School of Dentistry, and am so grateful for the opportu-



Thompson

Detroit



Tomaka Ann Arbor



Underwood Warren

nity to help shape the minds of our newest colleagues while also treating my own patients and conducting research for the advancement of dentistry.

Previously, I worked in a Federally Qualified Health Center in Saginaw, and in a group private practice in Oxford. This background has broadened my thinking of how various types of practice settings work and the trials each one faces. As a current member of the MDA Committee on Government and Insurance Affairs and the MDA Committee on Access to Care, I help promote solutions and ideas to solve these issues.

I especially enjoy giving back to others. I have been an MDA mentor since the program's inception, and while I help guide our newer dentists, my mentees also help me learn how to become a better leader. I am a past participant in the MDA LEAD program as well, learning the intricacies of organized dentistry for the betterment of the profession. After participating in these many different leadership activities, I believe I am more than ready to represent and advocate for you in the best way possible.

Benjamin Underwood, DDS

Warren

It is my distinct honor to be nominated for a position on the 9th District Delegation to the 2023 ADA House of Delegates. The work that is done leading up to, and during, the ADA House of Delegates meeting has an effect on how we practice, but also impacts our patients and how they are able to get the care they need. It is the duty of the delegation to put forth and vote on policies that uphold the high morals and professionalism that make dentistry so respected and revered.

If chosen, this will be my first experience as part of the delegation. I plan to work hard to learn and understand the policies being put forth, and to advocate zealously for the dentists that we represent. I look forward to working with the other members of the delegation, learning from their experience, and adding the perspective of a newer dentist in order to create policies that will help to sustain and protect the profession for the rest of our careers, as well as the careers of dentists who will follow.

I have a passion for dentistry and a passion for service that I hope to spread as a part of this delegation, and will work tirelessly to preserve and protect our beloved profession for generations to come.

Alexa Vitek-Hitchcock, DDS

Dewitt

On behalf of our profession, I have dedicated more than 20 years to connecting my colleagues to the membership benefits provided by the ADA, MDA, and local societies — and to ensuring these associations stay relevant in an era of change. The circumstances of the moment demand leadership and vision that will ensure our membership dollars are used to elevate the success of those who invest in the tripartite. Now more than ever, dentists need customized, "tailored-tome-right-now" help.

As an ADA delegate from 2012-19, I worked to ensure the relevancy of organized dentistry to our profession then and into the future. I chose to not be a part of the 2020-22 delegations due to becoming a mom in the summer of 2020. From 2015-19, I served on the ADA Council on Membership, and for two years chaired the ADA Council on Membership's Subcommittee on Membership Policy and Trends. This subcommittee presented pivotal ADA dues structure change resolutions to the 2019 ADA House of Delegates.

I have the experience of writing and presenting resolutions, speaking confidently in front of ADA Reference Committees and the ADA House of Delegates, networking with dentists in other ADA districts, and knowing the parliamentary process. If elected, I would continue to contribute critical experience and organization to our Michigan delegation. If given the opportunity to serve again as an ADA delegate, I will continue to work hard for you in the ADA House.

Elizabeth White, DDS

Grand Rapids

I am excited to be considered for the ADA delegation. I feel fortunate to have great mentors that encouraged



Vitek-Hitchcock
Dewitt



White Grand Rapids

me to become involved in organized dentistry, and I want to continue to contribute to our dental association.

My path in organized dentistry with the MDA started in the LEAD program. The LEAD program exposed me to organized dentistry at the local, state, and national levels while providing me with invaluable leadership skills. I remember having an eyeopening experience sitting in on my first Annual Session House of Delegates meeting. The camaraderie, enthusiasm, and compassion I witnessed among dentists collaborating to improve our profession was amazing. I quickly realized the value of membership and decided it would be important to be a dedicated, active member in our association.

I served as an alternate delegate in 2021 for the 9th District. Currently, I serve on the MDA Membership Committee. I am eager to grow in my experiences with organized dentistry on a national level and contribute my voice to the discussion on resolutions and policies made for the improvement of our profession. I continue to be inspired by my colleagues and want to gain knowledge from experienced members of the delegation while advocating for the future of our profession. It would be an honor to represent the members of the MDA at the ADA House of Delegates. Thank you for your consideration.

There's More Online

See the MDA website for additional information on these candidates, including CVs and candidate applications. Visit **michigandental.org/Candidates**



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Update: Oral Health Equity and the ADA

By Jessica A. Rickert, DDS, with Elizabeth Carmen Lense, DDS, MSHA

The American Dental Association defines "Health Equity" as optimal oral health for all people. We recognize that oral health is an essential part of overall health, and that every individual should enjoy a basic level of oral health that allows them to live, work and play free from pain and dysfunction.

To achieve Health Equity, the dental profession needs to advocate for consistent and equitable access to oral care services, collaborate with other organizations to help address the social drivers of health, and work to increase diversity in health care providers and cultural understanding across dental teams.

Untreated dental disease has a profound impact on quality of life and productivity. Children suffering with dental disease may be afflicted with pain, poor nutrition, delayed speech development, and they may miss school. American Indian/Alaskan Native children have the highest rate of early childhood tooth decay, with 70% of children experiencing decay by age 5, and four times the rate of untreated decay compared to the U.S. general population.¹

Nearly 18% of all U.S. adults and 29% of lower-income adults report that the appearance of their mouth affected their ability to interview for a job. Untreated dental decay results in a \$45 billion/year loss in productivity.²

Various ADA councils are working to address Oral Health Equity:

■ The ADA Council on Government Affairs works to increase access to care by advocating for comprehensive Adult Dental Medicaid benefits on the federal level, as well as improving access to dental care for pregnant women, young children, and disabled people at the state level.

■ The ADA Institute for Diversity in Leadership is designed to enhance the leadership skills of dentists who belong to racial, ethnic, and/or gender backgrounds who have been traditionally underrepresented in leadership roles.

■ The ADA Council on Advocacy for Access and Prevention supports a number of programs that promote health equity, including the Community Dental Health Coordinators program, which trains dental personnel to aid patients access dental care by making appointments, coordinating child care, and transportation to make sure they can keep dental appointments. The Indian Health Service will be training more tribal citizens who are trusted members of their communities. CDHCs already work within the Indian Health Service's numerous clinics throughout the United States. More on the CDHC concept is available by contacting Dr. Jane Grover at the ADA; email groverj@ada.org.

The ADA also collaborates with the Society of American Indian Dentists, the Hispanic Dental Association, and the National Dental Association through the Diverse Dental Society to support education and advocacy within those leadership communities to target organizational activities in underserved arenas.

■ The ADA Council on Advocacy for Access and Prevention also works with the National Fluoridation Advisory Council and local advocates to promote Community Water Fluoridation throughout the United States. Safe, drinkable water that is optimally fluoridated continues to be the most equitable and cost-effective dental disease prevention strategy, particularly for those children at highest risk.

Also, the National Advisory Council on Health Literacy in Dentistry helps improve oral health outcomes through training of dental students and dental personnel on patient communication skills with webinars, videos, and the development of online health literacy tools that can be used by practicing dentists, hygienists, and dental assistants. It is essential that patients understand the information their dental teams are sharing with them.

The ADA's newly developed Health Equity Action Team seeks to lessen Early Childhood Dental Disease through the development of webinars, videos, and programs to help increase the number of children visiting a dentist and establishing a dental home by the age of 1 year old.

The ADA also is working with the American College of Obstetrics and Gynecology to update our joint Oral Health-Pregnancy Consensus Statement, first developed (Continued on Page 64)



in 2012. Pregnancy complications and maternal deaths have been climbing in the United States in recent years, and by encouraging mothers to seek oral care (and dental providers to see them) during pregnancy, we hope to improve health outcomes.

We thank readers for this opportunity to inform you about the ADA's efforts to achieve oral health equity for all Americans. You can find more resources on Health Equity at ADA.org, but please feel free to contact the ADA for more information about our programs. Email lensee@ada. org. •

Modified from the The Anishinaabe Dental Outreach newsletter, March 2023. Reprinted with permission.

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1. Phipps KR, Ricks TL, Mork NP, Lozon, TL. The oral health of American Indian and Alaska native children aged 1-5 years: results of the 2018-10 HIS Oral Health Survey. Indian Health Service Data Brief, April 2019.

2. Disparities in Oral Health. Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/oralhealth/oral_health_ disparities/index.htm.

About the Authors

Jessica A. Rickert, DDS, is director of the Anishinaabe Dental Outreach program and the first American Indian female dentist in the country. A retired general dentist, she lives in Traverse City.

Elizabeth Carmen Lense, DDS, MSHA, is manager of health equity and prevention with the American Dental Association and the ADA Council on Advocacy for Access and Prevention.



Rickert



Lense

Advocacy Spotlight (Continued from Page 27)

federal legislation would be a significant step in the right direction for Michigan dentists.

The Medicaid Dental Benefit Act, introduced by Rep. Nanette Barragán (D-California) in the House and cosponsored by Michigan's own Sen. Debbie Stabenow in the Senate, would ensure that states provide a comprehensive adult dental Medicaid benefit to ensure that beneficiaries have access to the care needed to maintain good oral health. Such a benefit could help many avoid emergency room visits, improve their ability to participate in the workforce, and likewise improve their overall quality of life. The Medicaid Dental Benefit Act would establish a "floor" for benefits that states would have to offer to qualify for federal funds to support their programs. This bill would require a net investment of approximately \$836 million per year, including savings of more than \$1 billion in dental care costs and \$270 million in medical care savings. With access to routine dental care, the drop-off of emergency room visits could save taxpayers more than \$2.7 billion annually.

However, as dentists well know, addressing the administrative burdens of participating with Medicaid is essential for providers to be able to see Medicaid patients. The **Strengthening Medicaid Incentives for Licensees Enrolled in Dental (SMILED) Act**, which was introduced by Rep. Mike Simpson (R-Idaho), a dentist, last month, would address burdens in the credentialing process, ensure more fair Medicaid audits by adopting ADA guidelines, and require specialists to be audited by dentists with the same specialty. Meeting with Michigan's congressional delegation about these bills was essential to explaining how these issues impact our state. However, continued advocacy on these issues from members is also very important, because of the unique perspectives that providers have. Reaching out to senators or your

members of Congress to explain how these issues impact your practice and patients is the best way you can help support these bills.

If you have any questions about

these bills or want to know how to reach out to your congressperson, please contact Neema Katibai at nkatibai@michigandental.org. ●



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Lansing —Don't miss out! This general practice boasts ample opportunity as specialties are referred out. Steady revenues of \$650K and 55% overhead highlight a very well-managed practice on four days per week. Digital pan and X-rays. Real estate (condo) available. For more information, please contact Denise Bouwhuis, 734-765-7080, denise.bouwhuis@ henryschein.com. #MI3403

Oakland County — Perfect size general practice in a highly desirable area! \$785K in revenue with 60% overhead. Loyal team to help transition. Ideal new patient flow at 20-25 per month. New 3D digital pan and sensors. Four ops with additional private doctor office. Space available to lease. For more information, please contact Sara Marterella, sara. marterella@henryschein.com, 734-765-0770. #MI3416

Mid-Michigan! — Average gross \$660K on four days per week. Leased space with six ops. Open Dental software, digital X-ray and charting. Contact DBS Dental Sales, Sarah Pajot at 989-450-0287 or Rob Ballard, DDS, at 810-252-2570. Reference: PPB22RS333.

Dearborn area — Pending sale! Contact DBS Dental Sales Sarah Pajot at 989-450-0287, or Rob Ballard, DDS, at 810-252-2570. Reference: PPB22RS328.

Think MDA First!

Have a question? Need help? Think MDA first — email membership@michigandental.org. **Oakland County** — Bio-dentistry office with an average gross of \$1.5M; 3,385 sq. ft. of leased space. Seven ops with Practice Works software, digital X-ray. IAOMT dentist preferred. Contact DBS Dental Sales, Sarah Pajot at 989-450-0287 or Rob Ballard, DDS, at 810-252-2570. Reference: PPB22RS334.

Southeast Michigan/Monroe County – New listing! Average gross \$450K open four days per week. Leased space with four to five ops. Dentrix software, digital X-ray. Contact DBS Dental Sales, Sarah Pajot at 989-450-0287 or Rob Ballard, DDS, at 810-252-2570. Reference: PPB22RS336.

Kalamazoo/Portage — New listing! — Great opportunity, beautiful office, and setting. Five operatories, Dentrix, completely paperless office, average gross of \$825K. Wellestablished, highly reputable practice with a strong referral base and a skilled and dedicated team; 2,400 sq. ft. suite with room for a sixth operatory and growth potential as most specialties are referred out. Contact DBS Dental Sales Sarah Pajot at 989-450-0287, or Rob Ballard, DDS, at 810-252-2570. Reference: PPB22RS337.

Battle Creek family practice for sale – Practice's 2021 collections reached more than \$1M on 25 hours per week. There are five ops, 2,000 sq. ft., Eaglesoft software, one EFDA, three hygienists, and two assistants, digital X-ray, sensors, Cerec, CO2 laser, and cone beam. Seller willing to assist post-sale. Please contact Chris Vandiford at 614-706-7680 or chris@transitionone.net.

Established Calhoun County fee-forservice practice, consistently exceeds \$900K in collections on three and one half days, five ops, Room for expansion. Installed technology includes CBCT, lasers, microscopes, air filtration, digital *(Continued on Page 70)*

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Macomb County general dentistry practice — established 2011 as second office, open two days per week; 1,100-plus active patients. Three operatories, lab, and sterilization rooms. 1,130 sq. ft. office, well-maintained professional building with ample parking. Fiveyear average revenues of \$418K.

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Jackson County — Established, wellmanaged general family practice with \$600K in revenue earning more than \$200K after debt payment. Digital X-rays. RE is available for purchase with practice. For more information, please contact sara. marterella@henryschein.com, 734-765-0770. #MI2944.

Wayne County — General practice \$1.8M with strong hygiene department! \$600K in income after debt service. Sixteen-plus days of hygiene per week. Great location and visibility with eight ops and two additional plumbed. Digital X-rays, Pan, and scanner. Stand-alone building. RE available. For more information, please contact Sara Marterella, sara.marterella@ henryschein.com, 734-765-0770. #MI3357.

Wayne County — Once in a lifetime opportunity! Revenues of \$3.5M. Highly reputable and desirable general practice looking for a partner. Great cash flow with strong hygiene program highlighted by a loyal patient base and team. Technology includes digital, CBCT, CAD-CAM, and much more! For more information, please contact Sara Marterella, sara.marterella@ henryschein.com, 734-765-0770. #MI3336.

Wayne County — Golden opportunity! \$1M-plus revenue with digital and CBCT five ops — room to

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expand. Refers out some specialty. RE available. For more information, please contact Sara Marterella, sara. marterella@henryschein.com, 734-765-0770. #MI3301.

West Michigan — Million dollar practice with 50% overhead and easy commute to four major cities! Earn \$400K-plus after debt payment with additional potential as specialties are referred out. Six ops, digital X-rays including pan and chartless. Seven days of hygiene. RE available for purchase or lease terms. For more information, please contact Denise Bouwhuis, 734-765-7080, denise.bouwhuis@ henryschein.com. #MI3298.

Michigan — Amazing opportunity to earn \$700K annually after debt payment! Productive digital general practice with loyal, well-trained team working three and one half days per week. Strong hygiene program. Many services referred out. Real estate also available. To discuss this opportunity, please contact Denise Bouwhuis, 734-765-7080, denise. bouwhuis@henryschein.com. #MI179.

Macomb County — General practice in Macomb County. Revenues \$650K-plus with growth potential and solid patient base in established, stable area. Long-term dedicated team. Flexible transition plan — current lease or merger opportunity into existing practice. For more information, please contact Sara Marterella, sara.marterella@ henryschein.com, 734-765-0770. #MI3264.

Vacationland District — Northern Michigan — Well-established, fiveoperatory practice grossing \$800K-plus, specialties referred out. Digital X-rays and camera. Real estate available. For details contact HS PPT consultant Denise Bouwhuis, 734-765-7080, denise. bouwhuis@henryschein.com. #MI173. Northern Michigan — Long-standing stable practice available in a beautiful, centrally located northern city. Digital X-rays, pan, and intraoral camera are utilized in this fouroperatory practice with four days of hygiene. Real estate is also available for purchase. To discuss this opportunity, please contact Denise Bouwhuis, 734-765-7080, denise. bouwhuis@henryschein.com. #MI2682.

Grand Rapids — Unique opportunity to own a Grand Rapids practice with a loyal team! Great cash flow with \$1M in revenue and 50% overhead on four days per week. Most specialties referred. Real estate available. To discuss this opportunity, please contact Denise Bouwhuis, denise.bouwhuis@ henryschein.com, 734-765-7080. #MI3027.

Southern U.P. practice consistently producing \$1.2M on a three-and-onehalf-day workweek. Expect \$340K pre-tax take home after debt service. Located on the shores of Lake Michigan. Contact Mark Breit, 906-250-9666; mbreit@paragon.us.com.

Oakland County — General practice with \$1M-plus average. Six operatories with updated technology and facility. Contact Steven Schrems at Peak Practice Transitions, 888-477-7325, info@peaktransitions.com. (BDO1)

East of Grand Rapids — Fully computerized office collected over \$1M last year with 2,200 sq. ft. of space, six ops, low overhead, and excellent net income. Contact David J. Dobbins, DDS, 313-550-6509, ddobbins@paragon.us.com.

Grand Rapids — Great practice to begin your career or if you're looking for a merger or satellite opportunity. More than 1,200 active patients and more than \$675K *(Continued on Page 72)*

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Traverse City — Wonderful practice near Grand Traverse Bay. Four ops, fully computerized, digital X-rays, Panorex, cone beam, and more. Collections of more than \$900K in 2021. Great area, lifestyle, and income. Contact David J. Dobbins, DDS, 313-550-6509, ddobbins@ paragon.us.com.

Lansing area — Hybrid pediatric/ general practice with \$500K-plus

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average collections. Updated technology, stable staff, in a great community. Contact Steven Schrems at Peak Practice Transitions, info@ peaktransitions.com, 888-477-7325. (SSICM1)

Well-established general practice for sale on the first floor of an office

building in Adrian. This four-op, 2,700 sq. ft. practice boasts 3,500 patient charts, approximately 2,100 active patients, and nearly \$600K in collections in 2022. On three days a week of the four ops, two are used for the hygiene department and two are used as a doctor operatory. Two additional ops are plumbed but currently don't have chairs in them. The practice is fully equipped with digital X-rays (ScanX) and TVs to view all X-rays in the rooms. Many procedures are still referred out, including all ortho, pedo, endo, implants, and some surgery, which gives the buyer great opportunity for growth. The office sits close to Adrian College and Siena Heights University as well as a heavy traffic flow daily. Please Contact Dr. Karim Katba at 734-747-0020.

Upper Peninsula – Marquette – General practice in Marquette



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grossing \$1.4M, net \$600K on four days; 2,500 active patients and 25 new patients per month. Cerec Primescan/ Primemill, digital X-ray/Pan, seven ops, 4,000 sq. ft. updated building sale or lease. Willing to mentor. Contact yooperdds@gmail.com.

Eaton County — \$600K-plus general dental practice, 40% net, four operatories; three equipped. Eaglesoft, digital X-ray, Cerec. Contact Steven Schrems, Peak Practice Transitions, 888-477-7325,

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Farmington Hills — Wonderful longstanding office producing \$800K per year on four days with real estate in the right location. Open Dental and digital Pan/X-rays. Refers out specialties. This practice won't last long. Seller willing to stay on parttime to coach and mentor if desired. Contact dentalbizemails@gmail.com.

College town on water in Upper Peninsula, \$1.3M in revenue for 2022! Owner prefers to be your part-time associate but willing to do walkaway sale also. Please contact mbreit@paragon.us.com for further information.

Mid-Michigan, MSU two miles away — I am looking for a motivated dentist to join my practice and transition to ownership by the end of 2023! I am two miles from the Michigan State campus, which offers all the benefits of being in a Big Ten university town. Diversity in activities, restaurants, and other fun opportunities. Great place to live, work, and play along with raising a family! I am willing to mentor and provide learning opportunities to take your skills to the next level! I do all phases of dentistry, including endodontics, orthodontics, implants, oral sleep appliances, cosmetic dentistry, and TMJ therapy. I practice in a modern facility with all of the latest technology. This is a fabulous opportunity for someone if you want to own a business, have flexibility, and an excellent quality of life. If you are interested please call 517-449-8300, or send an email to ctenaglia@tenagliasmiles.com. If you are aware of someone who is looking for this opportunity please pass this along!

(Continued on Page 74)



Grand Rapids area practice and building for sale — long-established, part-time practice for sale. The office collects approximately \$350K per year. The building is approximately 2,400 sq. ft. with eight operatories. Please contact Dr. Kurt Heuerman at kurtheuerman1@gmail.com for additional details.

Kalamazoo area practice for sale — Highly reputable, six op, Kalamazoo general practice for sale. \$1M in collections. Real estate available. Contact Mike at Veritas Transition Group 269-580-9336. Practice G-430; www.veritastg.com.

\$1M opportunity in Genesee County — Well-established, solo-doctor, general dental, private practice. Beautiful, state-of-the-art facility. Stunning exterior with high visibility, located on one of the highest traffic areas in Genesee County. Seven fully

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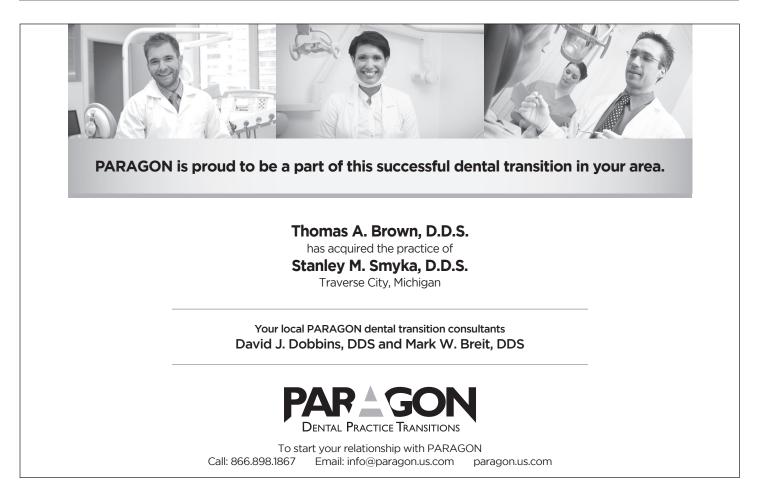
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equipped ops, all-digital/paperless practice, digital Pan/3D CBCT, intraoral 3D scanner. Large patient base with no Medicaid. More than \$1.1M in net collections working only three and one half days per week with six-plus weeks of vacation per year. Tremendous potential to scaleup and further grow this already thriving practice. Practice has maintained a great reputation in the community for more than 40 years. Owner willing to assist with transition. Very low overhead and high EBITDA. Open to associate/buyin option as well. For more information, email Tom Taylor, Taylor & Morgan, at tom@tmcpa. com.

Saginaw Township — Wellestablished general practice, \$750K revenues with 40% net on three-andone-half-days! Experienced staff, loyal patients, chartless, and digital X-ray/pan. Complete "top to bottom" office renovation with five ops, a must see! Associate, mentoring available. Motivated seller. Send inquiries to sde4291@gmail.com.

Southeast Michigan practice for sale — Collections average \$1M in last five years. Great practice. Busy enough for two docs. Excellent location. Doctor owns RE and it's available for purchase. Five ops.



Looking for quick and easy transition. Contact sedentalprac0123@gmail.com.

Practice for sale in sunshine state — \$399K. Northwest Phoenix Valley, implant/perio referral practice for sale. Four equipped operatories, fifth one plumbed, consult room. In desirable retirement community. Please email brief education, experience, training, and contact information to dentalfreedom2023@ gmail.com.

Holland lakeshore general practice for sale — Long-established (40 years), patient-centered general practice just minutes from Lake Michigan's beaches, public parks, and bike trails. Avg \$660K collections, fourday week; 2,300 sq. ft. leased space, high visibility, ample parking. Five ops, digital X-ray, seven hygiene days per week. Most specialty services referred. Contact Tim Lott, CPA, tlott@dentalcpas.com, 410-616-2058.

Great practice in northern Michigan — 2022 revenues will exceed \$1.1M. Price \$637K, A/P 1,494 with seven operatories and 2021 revenue \$980K. Contact phil@klassolutions.com or call 989-233-4200.

St. Clair County — Rapidly growing practice. Collection up 37% and profit up 73% in last two years. Collecting \$520K on three 8 a.m. – 5 p.m. days/week. Six days of hygiene/ week. Real estate for sale or lease in separate transaction. For more information please contact Patrick Houlihan of The Houlihan Group at phoulihan11@msn.com or 734-634-4459.

Macomb County — Collecting \$300K/ year. Great practice to start your career; 850 active patients and more than 50% of revenue coming from hygiene. Tremendous growth potential. Not doing endo, OS, or ortho. Building for sale as well. For the right buyer this is an excellent opportunity. Contact Patrick Houlihan of The Houlihan Group at phoulihan11@msn.com or 734-634-4459.

Choice Transitions currently has several practices for sale — from smaller/starter practices all the way to large, multi-doctor practices! Our inventory is constantly changing. To investigate these opportunities please visit and register for free on our website at www. choicetransitions.com or contact Ken Polke, DDS, at 877-365-6786, ext. 229.

Buying a practice? Peak Transitions will be your objective third party. *(Continued on Page 76)*

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Looking for an article you read in a past issue of the Journal of the Michigan Dental Association?

All issues of the MDA Journal from the past several years are open source, archived on the Michigan Dental Association website, and available 24/7 at

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We provide valuation, due diligence, and closing documents. Contact us at info@peaktransitions.com, 888-477-7325 or visit www. peaktransitions.com.

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Troubled by addiction, stress, or other practice or personal problems? Many dentists and dental team members are. But you don't have to go it alone. The MDA Member Assistance Program can help you, or your family, with personalized, 24/7 service. Visit michigandental.org/Assistance for complete details, or email care@ michigandental.org.

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Dental office business staff can earn the CDBP credential by taking just 30 credits of MDA continuing education courses. Pay-as-you-go classes are value-priced and available at Annual Session, at MDA CE seminars, and online.

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Staff Matters[®] (Continued from Page 30)

the work culture is negative. Get feedback from your current staff about what they like about working at your practice and what they wish was different. Set up a structure of regular check-in meetings with individual staff and teams to learn about goals, provide feedback (both positive and constructive), and get their input for how the practice can improve. Set up incentive and reward structures for the behaviors and outcomes you want to see.

Provide professional development. Consider the competencies and skills you want your staff and practice to exhibit, and arrange ongoing professional development and continuing education to build these. This may be individual, team, or practice-wide training with additional consultation and coaching as needed. Taking time away from patients can be difficult, but investments in building the skills of your team will pay off. Also, learning together can enhance trust and relationships among staff, which supports the positive culture you are trying to build.

Create more-formal onboarding procedures. Most practices do not invest enough time and effort into effectively onboarding new staff, which leads to frustration and potentially separation after a short amount of time. Onboarding done well can take three to six months and includes a review of policies and processes, job shadowing within the office, visiting other office locations (if applicable), a mentor to support the new employee's learning, regular check-ins and feedback, and positive support while the employee is learning their role and the practice's way of doing things.

Wellness and service activities. All of the strategies listed above can support an employee's wellness, and ultimately support your staff recruitment and retention. In addition, providing Employee Assistance Programs, health coverage that includes mental health services, and things like a wellness stipend to be used for gym memberships, etc., can be effective for providing the extra support that employees need. It will make your practice stand out from your competitors. Also, doing community service activities as a staff can support teambuilding, support community needs outside of the practice, and provide great marketing for the practice.

These strategies take intentional planning. Your employees are assets for providing input on what ideas to try and also to support implementation. If you don't have adequate administrative staff to lead these strategies, consider hiring a practice manager and/or clinical manager. External HR or practice management consultants can also be a resource for helping to plan and implement these positive structures, policies, and processes. Good luck!

Dentistry and the Law (Continued from Page 28)

it does not matter that the dentists did not intend to violate the antitrust laws, or that the agreement operates to lower consumer prices.

Rule of reason: If the per se rule does not apply, a court applies the rule of reason. Under this analysis, the court balances the pro-competitive purposes and effects of the agreement against the anti-competitive purposes and effects. If, on balance, the agreement is anti-competitive, then the agreement is illegal.

Price-fixing and group boycotts constitute the greatest risks of joint activities conducted by dentists that may lead to antitrust violations. Price-fixing is an agreement or understanding among competitors to fix, stabilize, raise, or lower prices (or any element of price), and is per se illegal. The following types of activity generally constitute price-fixing, if conducted by independent dentists:

■ An understanding to submit a certain fee to a dental plan or insurer.

■ An understanding not to discount fees beyond a certain percentage.

■ A letter to an insurer stating that if fee schedules are not raised, specified dentists will terminate their contracts.

• Oral or written communication between independent dentists regarding fees should be avoided.

• An agreement by two or more dentists not to deal with a third party may constitute an illegal group boycott. The following types of activity may be considered group boycotts if conducted by independent dentists:

■ A tacit understanding to refuse to participate with a dental plan or insurer.

■ An understanding among general dentists not to refer to a specialist who participates in an unpopular dental plan.

• An agreement to terminate participating contracts with a plan for any reason.

Antitrust law enforcement

Antitrust laws may be enforced by the DOJ, the FTC, and the state of Michigan. Lawsuits alleging violations may also be brought by private parties. The DOJ and the state of Michigan may bring either a criminal or civil action against dentists who are alleged to have violated the antitrust laws. Criminal actions are felonies punishable by imprisonment and fines. Lawsuits by private parties seek monetary damages (which may be trebled) and injunctive relief.

The best practice is for dentists to be aware of antitrust law and to make every effort to avoid illegal activities.

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MDA continuing education is built around you! With inperson courses, live webinars, and on-demand courses, you'll find quality CE courses for every member of the dental team. Upcoming MDA in-person CE courses and live webinars are listed below. For newly added live webinars, on-demand courses, and courses that meet state requirements, plus additional CE information, please visit **michigandental.org/CE-Courses**.

The MDA is an ADA CERP Recognized Provider. ADA CERP is a service of the ADA to assist dental professionals in identifying quality providers of continuing dental education. The Michigan Board of Dentistry recognizes ADA CERP for CE credits toward dental license renewal.

Wednesday – Saturday, May 3-6: MDA Annual Session. Speakers: Kevin Kwiecien, DMD, MS; Todd Christy, DDS; Robert Peskin, DDS; Lynda Farnen, JD; Jennifer Cosey; Tija Hunter, CDA; Catrica Opichka, RDH, MS; Roy Shelburne, DDS; Bill Claytor Jr., DDS; Junu Ojha, DDS; David Harris, DDS; Michael Young, DDS; Robert McDermott; David Fidanza; Aaron Smith; Sean Kadel; Christine Cashen; Keith Washington; Kimberly Harms, DDS; Winifred Booker, DDS; David Rice, DDS; Susan Cotten, BSDH, RDH, OMT; Joshua Austin, DDS; Carrie Webber; Emily Letran, DDS, MS; Gavin Convey, DDS; Mark Murphy, DDS, ABDSM; Rick Seely; Toni Roucka, RN, DDS, MA; Mark Cannon, DDS, MS; John Carollo, DDS; Nan Dreves,

RDH, MBA; Christopher Williams, RDH; Danielle Fry, DMD, MS; Parag Kachalia, DDS; Jane Soxman, DDS; Bernice Ko, DDS; Deirdre Shelton-Young, DDS; and more. Where: DeVos Place, Grand Rapids. Register now at annualsession.michigandental. org. (For more, see facing page.)



See all MDA Courses

Thursday, June 1: Live Webinar — Increasing Your Brain's Performance for Greater Professional Success. Speaker: Jerry Teplitz, JD, PhD. Where: Online course. One CE credit.

MDA ON-DEMAND WEBINARS

For a complete listing of on-demand courses, visit michigandental.org/CE-Courses.

Increase Production and Patient Treatment Acceptance, and Reduce Day-to-Day Stress. Speaker: Patrick Houlihan, DDS. One CE credit.

How Do Practice Financials Relate to Practice Profit? Speaker: Patrick Houlihan, DDS. One CE credit.

The Elusive Theft-Proof Practice. Speaker: David Harris, CPA, CFE. One CE credit.

Preparing for an OSHA Inspection. Speaker: Jennifer Cosey. One CE credit.

Clinical Basics for the Front Office Team. Speaker: Thomas Lambert, DDS. Two CE credits.

Is Going Non-Par the Right Move for You? Speaker: Mark T. Murphy, DDS. One CE credit.

CDT Code Changes in 2022 and Their Use in the Age of Analytics. Speaker: Chris Smiley, DDS. One-half CE credit.

Phished, Hacked, and Attacked: Stop Cyber Criminals from Holding Your Practice for Ransom. Speakers: Aaron Smith, ChoiceTel; Dave Fidenza, iCoreConnect. One CE credit.

Analytics in Practice and by Third-Party Payers.

Speaker: Chris Smiley, DDS. One CE credit.

Charting and Recordkeeping in the Age of Analytics. Speaker: Chris Smiley, DDS. One CE credit.

Dental Jurisprudence and Ethics. Speaker: Dan Schulte, JD. One CE credit.

Infection Control in Dentistry. Speaker: Marie T. Fluent, DDS. One and one half CE credits.

Myofascial Sources of Pain. Speaker: Seena Patel, DMD. One CE credit.

Maximizing Efficiencies in the Post-COVID Era. Speaker: Patrick Houlihan, DDS. Two CE credits.

Hottest HR Topics of 2021. Speaker: Brandy Ryan, MBA, PHR, SHRM-CP. One CE credit.

HIPAA Compliance and Enforcement. Speaker: Jennifer Cosey. Two CE credits.

Scheduling in the New Normal. Speaker: Patrick Houlihan, DDS. One CE credit.

OSHA Compliance Review. Speaker: Jennifer Cosey. Two CE credits.

Understanding CDT Codes. Speaker: Chris Smiley, DDS. One CE credit.

The Opioid Epidemic. Speaker Vincent Benivegna, DDS. One CE credit.

How to Fire Someone the Right Way. Speaker: Brandy Ryan, MBA, PHR, SHRM-CP. One CE credit.

Common HIPAA Mistakes and How to Avoid Them. Speaker: Jennifer Cosey. One CE credit.

Caring for Patients in Pain. Speaker: Mayoor Patel, DDS, MS. Two CE credits.

Clinical and Radiographic Update on Head and Neck (Continued)

Journal CE Listings Policy

The Journal lists continuing education courses by accredited Michigan dental schools and dental societies in Michigan in this section at no charge. To place a listing, see the online CE Course Submission Form at michigandental.org/CE-Courses.

CE SPOTLIGHT

See Dr. David Rice of igniteDDS at the MDA Annual Session!

David Rice, DDS, founder of igniteDDS, the largest student and new dentist community on the web, will be speaking at a special MDA Annual Session course, "New

Dentist Fuel . . . Design Your Future" on Friday, May 5 from 8:30 until 11:30 a.m. The course will be followed by a free lunch, open to new dentists who graduated from dental school from 2013-22.

Rice will also headline a second CE class, "Captivate and Keep Dental Team Members," from 2-5 p.m. on May 5. If you haven't done so already, be sure to sign up for



Rice

both of these great sessions, especially if you're a new dentist.

Those are just two of nine courses recommended for new dentists (but open to all dentists) at this year's Annual Session in Grand Rapids, in addition to regular programming.

Bonus! New dentists who register for course #8, #10, #17, #20, #23, #26, #40, #53, or #61 may attend the New Dentist Network Lounge on Friday, May 5, at no charge. The New Dentist Network Lounge will take place at the exclusive IDC

inside the Amway Grand Plaza Hotel, with panoramic views of downtown Grand Rapids. You'll have a great time in the heart of Grand Rapids.





Full details are at annualsession.michigandental.org. Hurry — Sign up for courses before April 10 — prices increase \$10 after that date.



Neoplasms. Speakers: Macksood Aftab, DO, MHA, ALM, CAQ; Julianna Hukill, DDS, MS. One CE credit.

Roll Out the Red Carpet. Speaker: Carrie Jameson Webber. Two CE credits.

Let's Get Social. Speaker: Carrie Jameson Webber. Two CE credits.

Answer 12 Most Difficult Ouestions Patients Ask. Speaker: Dr. Richard Madow. One CE credit.

Drugs, Labs, Clinical Practice. Speaker: Maureen Munnelly Perry, DDS, MPA, MAEd. Two CE credits.

Jumping into the Deep End of Special Care Dentistry. Speaker: Maureen Munnelly Perry, DDS, MPA, MAEd. Two CE credits.

LOCAL SOCIETIES

The MDA encourages dental societies to publicize courses and speakers online and in the MDA Journal continuing education listings. These listings are published when submitted and should not be considered a definitive list or master calendar of all local CE courses offered in the state of Michigan. Local societies planning CE events are urged to check with other components when scheduling courses.

April 18: Update on Tuesday, Hypophosphatasia. Speaker: Juan Yepes, DDS, MS. Where: Delta Marriott Downtown Muskegon.



Yepes

Sponsor: Muskegon District Dental Society. Contact: Connie Verhagen, DDS, at c.verhagen@comcast.net or 231-557-1519. One CE credit.

Friday, April 21: Updates on Antibiotics in Dentistry, Infection Control: Updates in Continuing Education for the state of Michigan, and Eye Safety in Dentistry. Speakers: Elaine Baily, PharmD, and Marie Fluent, DDS, CDIPC. Where: Alpena Events Complex, Alpena. Sponsor: Superior Sunrise Dental Hygienists' Association. Contact: Kasey Jo Effrick at 989-884-2234 or superiorsunrisedentalhygiene@gmail.com. Six CE credits.

(Continued on Page 82)

GRCC is looking for **Dental Assisting** students.

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Jamie Klap, Dental Auxiliary Program Director jamieklap1@grcc.edu | (616) 234-4240







MDA C.O.V.E.R. Program

Throughout the year circumstances arise that force dentists to be out of their offices for extended periods. That's where the MDA's Colleagues Offering Varied Emergency Relief (COVER) program can help.

The COVER Program is a members-only service providing dentists with a statewide list of colleagues who have expressed interest in providing temporary coverage while they are away from the office.

If you are interested in joining the program and willing to help another member during a time of need, without the obligation of making a formal commitment, or to access the list of participants, e-mail **membership@ michigandental.org** or call **800-589-2632**. Learn more at **www.michigandental.org/cover**.

DETROIT MERCY DENTAL

These listings of next month's in-person courses and live webinars are provided by the University of Detroit Mercy Institute for Advanced Continuing Education. Visit dental. udmercy.edu/ce for a complete list of all Detroit Mercy upcoming courses.

Wednesday, May 10: Live Webinar — The Oral Systemic Connection. Speaker: Husham Edani, BDS, DMD, MDS, PhD. Where: Online Course. Two CE credits.

Thursday, May 11: Alumni Day — Maximize the Productivity of the Recall Visit Using the Oral-Systemic Link: What to Do, What to Check, What to Say. Speakers: Tim Donley, DDS, MSD; Kimberly Raleigh, RDH; Jim Kinka, DDS; and Mert N. Aksu, DDS, JD, MHSA. Where: Huntington Place, Detroit. Five CE credits.



Aksu

Thursday, May 18: Live Webinar —

Lasers in Dentistry — Come and See the Light. Speaker: Donald J. Coluzzi, DDS. Where: Online course. Two CE credits.

Friday, May 19: Live Webinar — Implicit Bias: What It Means and How It Impacts My Patients. Speakers: Bailey Andersen, LMSW, and Juliette C. Daniels, EdD, MA. Where: Online course. Three CE credits.

Thursday, May 25: Live Webinar — When to Worry about White Lesions in the Oral Cavity. Speaker: Austin Shackelford, DMD. Where: Online course. One CE credit.

UNIVERSITY OF MICHIGAN

These listings of next month's in-person courses and live webinars are provided by the University of Michigan School of Dentistry. Visit https://dent.umich.edu/ education/continuing-dental-education for a complete list of all U-M upcoming courses.

No listings for May were posted online at press time.

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Grand Rapids Community College..... 80 616-234-4348 amybrannon@grcc.edu

Henry Schein Dental Practice Transitions .. 70 734-765-7080 or 734-765-0770 www.henryscheindpt.com

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Washtenaw Community College 4 734-973-3338 http://health.wccnet.edu/dentalassisting/

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MDA LEADers Visit ADA Headquarters



ighteen current and former members of the MDA Leadership Exploration And Development program visited ADA headquarters in Chicago on Feb. 13

— one of the highlights of each year's LEAD schedule.

While at the ADA, the LEADers heard remarks on leadership from ADA Executive Director Dr. Ray Cohlmia, a discussion of trends in dentistry from Health Policy Institute Vice President Marko Vujicic, and several other valuable sessions. The group also received a tour of the ADA's impressive headquarters building, located at 211 East Chicago Ave. The MDA attendees included Drs. Amanda Beck, Sarah Bouwkamp, Lisenia Collazo, Steven Gray, Melissa Keil, Sheridan Kelley, Jayne Kessel, Aimee Matthews, Josiah Most, Kristi Thomas, Camille Secor, Michelle Szewczyk, Daniel Miller, Gregory Bauman, Tamar Shrikian, and Tamika Thompson. MDA CEO/Executive Director Karen Burgess and Director of Membership Angie Kanazeh also attended.

The LEAD program is designed to develop a corps of volunteer leaders statewide to ensure the MDA remains successful in the future. A new class will be forming in the fall. For more on LEAD, visit michigandental.org/LEAD. • — Photo: Angie Kanazeh

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**Reference: Council for Disability Awareness, 2021.
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Request a 30-minute educational program about group life and disability (GLAD) insurance in your office by calling 800-860-2272, ext. 442, or emailing Shawn Haindel at shaindel@mdaifg.com.

