Articulator Magazine

Volume 25
Issue 1 *07/01/2020*

Article 1

2020

Articulator Q3 2020

Follow this and additional works at: https://commons.ada.org/mddsarticulator

Recommended Citation
(2020) "Articulator Q3 2020," *Articulator Magazine*: Vol. 25: Iss. 1, Article 1.
Available at: https://commons.ada.org/mddsarticulator/vol25/iss1/1

This Full Issue is brought to you for free and open access by ADACommons. It has been accepted for inclusion in Articulator Magazine by an authorized editor of ADACommons. For more information, please contact commons@ada.org.

MDDS Connections for Metro Denver's Dental Profession

3rd Quarter, 2020
Volume 25, Issue 1

ARTICULATOR

STRONGER TOGETHER

9 Overcoming Fear and the Battle in Our Brains

10 An Early Start: Talking to Children About Diversity

16 Advocacy, the Underserved, and Our Future: A Student's Perspective

18 A Reflection on Practicing Dentistry for the First Americans

20 COVID-19 Pandemic and Dentistry: Notable Observations from the Past Five Months

METRO DENVER DENTAL SOCIETY

PRSRT STD
U.S. POSTAGE
PAID
DENVER CO
PERMIT 2882

Small is huge.

At TDSC.com, we provide consistent, competitive pricing for dental practices of every size, on the highest quality supplies from only authorized sources. This may seem like a small thing, but in fact, giving dentists more negotiating power in a dynamic dental supply market on quality supplies helps not only reduce overhead, but increase control over their entire business. Which is pretty huge.

NEW SUPPLY SAVINGS:

Save $50 off your next order of $500 or more with code SAVE50-1*.

NEW FINANCING OPTION:

Enjoy no payments for up to 6 months and 0% interest with PayPal.**

PayPal CREDIT

NEW CE COURSE CALENDAR:

Experience the flexibility of online courses to earn CE credits from accredited partners.

tdsc.com The Dentists Supply Company

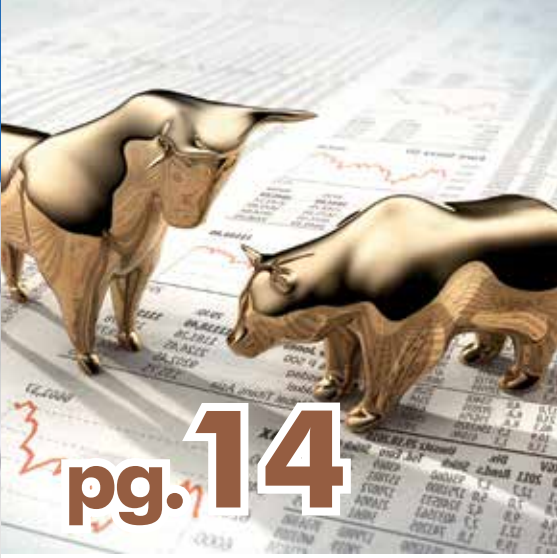
ENDORSED BY:

CDA COLORADO DENTAL ASSOCIATION

* See SAVE at TDSC.com/disclaimer for full terms and conditions. Expires 8.31.20.
** Additional terms and conditions apply. Learn more at TDSC.com/paypal

3rd quarter 2020

what's inside?



9 Overcoming Fear and the Battle in Our Brains

10 An Early Start: Talking to Children About Diversity

14 The New Challenge for the Classic 60/40 Portfolio

16 Advocacy, the Underserved, and Our Future: A Student's Perspective

18 A Reflection on Practicing Dentistry for the First Americans

20 COVID-19 Pandemic and Dentistry: Notable Observations from the Past Five Months

departments

4 President's Letter

6 Reflections

8 Member Matters

13 Non Profit News

22 Tripartite News

24 Event Calendar

27 Classifieds

Advertisers Directory

ADS Precise Transitions
adsprecise.com 27

Berkley Risk Services of Colorado
colorado.berkleyrisk.com..... 26

Carr Healthcare
carrhr.com ..... Back Cover

CDA Enterprises
cdaonline.org..... Inside Front Cover, 23

Copic Financial Services Group
copicfsg.com 19

CTC Associates
ctc-associates.com 13

Dental Lifeline Network
dentallifeline.org 24

Dente Vita
dentevita.com 26

Dentists Professional Liability Trust of Colorado
tdplt.com 7

Denver Implant Study Club (DISC)
https://disc.events..... 19

PNC Bank
pnc.com. 12

SAS Transitions
sastransitions.com 15

Vitality Dental Arts
vitalitydentalarts.com 5

Co-Editors
Amisha Singh, DDS; Allen Vean, DMD

Creative Manager
CT Nelson

Director of Marketing & Communications & Managing Editor
Cara Stan

MDDS Standing Officers

President
Kevin Patterson, DDS, MD

President-Elect
Pat Prendergast, DDS

Treasurer
Janie Boyesen, DDS, DMSc

Secretary
Karen Foster, DMD

Printing
Dilley Printing

The *Articulator* is published quarterly by the Metropolitan Denver Dental Society and distributed to MDDS members as a direct benefit of membership.

Editorial Policy
All statements of opinion and of supposed factare published under the authority of the authors, including editorials, letters and book reviews. They are not to be accepted as the views and/or opinions of the MDDS.

The *Articulator* encourages letters to the editor, but reserves the right to edit and publish under the discretion of the editor.

Advertising Policy
MDDS reserves the right, in its sole discretion,to accept or reject advertising in its publications for any reasons including, but not limited to, materials which are offensive, defamatory or contrary to the best interests of MDDS. Advertiser represents and warrants the advertising is original; it does not infringe the copyright, trademark, service mark or proprietary rights of any other person; it does not invade the privacy rights of any person; and it is free from any libel, libelous or defamatory material. Advertiser agrees to indemnify and hold MDDS harmless from and against any breach of this warranty as well as any damages, expenses or costs (including attorney's fees) arising from any claims of third parties.

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

©2020 Metropolitan Denver Dental Society

Member Publication AADE American Association of Dental Editors

It Takes a Village…

By **Kevin Patterson, DDS, MD**

For those of you who have raised children you are probably very familiar with this saying and for all of us in this post-COVID blur we are finding it to be true with regards to our practices, our home lives and our communities both locally and globally. We have just been given a big wakeup call and it is now up to us to do the right thing for our fellow humans and our planet, for our village.

We have just been shown that we are not as indestructible as we thought we were in the face of a very tiny adversary. We had become complacent in our place in the world and were focused more on our wants than on our needs often overlooking the needs and rights of others.

We had developed an arrogance about our position on the planet with a lack of respect for something that has been here for a long, long, long time and it was time for a big correction.

We were ripe for a change and man did we get hit hard! Healthcare systems were overwhelmed, there has been economic disaster of a scale we have rarely seen and if that wasn't enough, we finally hit the breaking point of our inhumanity to those not like us.

One way to view the COVID recovery period is that it has given us a chance to make significant changes in how we treat the planet and how we treat each other. But this is not a one person job; this is the job of a village.

It's hard to believe that there are good things that have come out of COVID….the opportunity to spend time with our families, changing our focus from what we want to what we really need and how we are going to address these needs. Now all of those wants don't seem so important. The mass shutdown to control the virus has given time for the planet to rest from our abuse…the air is clearer, the roads are less busy and the water is cleaner. Hopefully, we have developed an awareness of how we need to be a better partner for the rest of the world but how first we need to be a better person locally. There is no reason the US should have been so underprepared for the COVID crisis. Why did we have a national stockpile of PPE so inadequate for our needs? Why did we not have the infrastructure to rapidly produce what we needed? Why did we go about our daily lives thinking "we are the USA and nothing/no one can hurt us"? Except look at the havoc caused by a very tiny sequence of RNA! Why do we have a regulatory system that forces companies to spend billions of dollars to bring a new test, a new treatment, a new drug to market? Everyone thought it was the process of developing these technologies that took so long but it is the redundancy of our regulatory system that forces companies to jump through so many hoops at a significant economic cost. Despite this, it is amazing to see what we have been able to achieve when the need was so urgent. The current process to produce a COVID vaccine is moving at unheard of speed, not because we are taking shortcuts, but because the detours making the road trip longer have been lifted.

"...I am very hopeful that we will find a way to be the person in the village who looks out for their fellow person."

If we are going to be ready for the next pandemic and if we are going to be willing to address the racial/social/gender inequality crisis in the US and the world it WILL take a village. This is not something that a single leader, a single organization or a single person can tackle. We need to finally understand that we live in a world where there is racial/gender/sexual orientation biases that have been at a crisis level for longer than the COVID pandemic. Simply recognizing these problems is not enough. We must collectively wonder why we have not already done something about these injustices. It takes a big person to admit there is a problem, but it takes a GIANT to ask themselves why they have let these issues fester for so long without doing anything about them.

I am worried that what we have done to survive the viral pandemic, especially the economic effects, has created such a deep hole that the next generation will be forever looking for a way out. At the same time, I am very hopeful that we will find a way to be the person in the village who looks out for their fellow person. Seeing how people from all areas of life have come together to tackle the issues from COVID gives me hope that we are ready, able and now willing to tackle the more serious crisis of racism; but, as I've said a few times in this piece, it WILL take a village. We are a robust, intelligent and innately caring species and it is important that we remember these parts of our human character. It is time for a change! ■

Vitality DENTAL ARTS
DIGITAL DESIGNS. BEAUTIFUL SMILES.
The Nation's Premier Dental Laboratory

GET STARTED TODAY!
www.vitalitydentalarts.com/starter-kit

IMPLANTS
EXCEEDING EXPECTATIONS

MADE IN USA

VITALITYDENTALARTS.COM ✳ CALL FOR A PICKUP (800) 399-0705 ✳ SHIP TO US FOR FREE

CUSTOM ABUTMENT
$199 per unit
Retail Price $299 per unit
COUPON CODE:CO2QTR

SCREW-RETAINED CROWN
$199 per unit
Retail Price $299 per unit
COUPON CODE:CO2QTR

ALL-ON-4 HYBRID ZIRCONIA
$500 OFF
Starting at $3999 per unit
COUPON CODE:CO2QTR

Feng Shui, What Happened?

By **Allen Vean, DMD**

According to the Spruce.com, Feng Shui is a practice of looking at our environments and how to live in harmony with the principles of the natural world. This comes from an ancient poem and reflects upon how human life can be ideal if we connect and live in flow with the environment around us. Our world has been turned in every direction, except normal. Each day passes without us knowing what tomorrow may bring. Many more questions are unanswered than answered. Uncertainty, at the present moment, appears to be the new Feng Shui and it has beleaguered our profession.

At this writing, our profession is trying to find our new Feng Shui. As a population we are beginning to return to a different normal, whatever that may be, with technology to deal with a pathogen that still is not wholly understood other than its virulence and contagiousness. As usual, common sense and science should be our guide. The number of cases and deaths was thought to be under control but now seems to be on the rise in over half of the United States.

"From a long-term perspective, our profession is strong, unified and will do whatever it may take to make sure we come back better than before."

As we open our practices, a plethora of issues are upon us, both professional and personal. The CDC issues guidelines and within a short time-period, they are changed as we have seen with the waiting period and sanitizing between patients depending upon the procedure type. If the number of virus cases continues to rise, are we facing another shutdown? Are we going to have to institute more extreme measures? All we can do now is what we do best and that is treat our patients as best we can under conditions we have never experienced. Our profession is as tough as they come. You can be sure we will survive and be better for it. Our track record speaks for itself.

The stresses of working every day in our profession under normal circumstances present challenges that our Feng Shui has learned to manage. Our new circumstances present challenges in patient care that no one has ever encountered. We are social organisms. We thrive on human contact and relationships. Some of our greatest pleasures are sitting chairside and chatting with our patients and asking how they are doing. How is that family member who was ill the last time you were in the office feeling? Was your son/daughter accepted to college? How is that new grandchild? This is such an integral part of us. Now we are asked to enter a treatment operatory looking like we are going to perform major surgery and limit our patient conversation and contact to the task at hand. All this after we have asked the patient to text/call when they arrive, taken their temperature and taken a short history regarding our new arch enemy.

One may ask, "Is all this necessary?" I believe that the answer is yes until the science, facts, and data tell us differently. Initially I thought that an increased number of practitioners would leave dentistry during this time due to so many issues of which you all are aware. However, my sources as well as data from the Health Policy Institute (HPI) tell me that this has not been the case. During this time, practices are transitioning as usual. How many have had HR complications, PPP loan issues, PPE shortages, and reductions in office production that are no fault of their own? Some may look at these challenges and obvious health risks and not be able to overcome them. In the worst-case scenario, our profession has seen colleagues, staff members, family, and friends fatally contract the disease and colleagues who have taken their own lives.

What has been the short-term effects of the outbreak? As I stated above, a total disruption of our professional and personal lives. A scenario that I have read about on more than one occasion describes a staff member making the decision to attend a gathering with no protocols in place. They then find out that at least one or more people tested positive for the virus. How would you handle this? As we approach the opening of schools, it appears that not all school systems are unified in their approach. What policies can be instituted in your office to deal with this? These are just two of so many different situations that we will confront. I have always been of the opinion that your practice is only as good as the weakest link and your leadership will certainly be tested.

From a long-term perspective, our profession is strong, unified and will do whatever it may take to make sure we come back better than before. However, I am concerned about the long-term mental health issues that will need to be addressed. I know that in my specialty (pediatrics), three colleagues have taken their own lives during this pandemic. In the June 30, 2020 issue of *An International Journal of Medicine*, Leo Sher tells us that the pandemic has had profound psychological and social effects that will persist for months and years to come. The list of conditions is much too long to repeat here. Needless to say, it is so important to reduce stress and anxiety. You are not alone. Please reach out if you or anyone that you feel needs help. MDDS and CDA are here for you.

The tragedy of 9/11 forever changed our lives. I do not know what our Feng Shui will be on the other side of this pandemic, but it cannot come soon enough.

As always, your comments and suggestions are always welcome. Thank you all for all you do. ■

Protect your practice.
Call the Trust today.

The TRUST
DENTISTS PROFESSIONAL LIABILITY TRUST™ OF COLORADO

It's Personal

There are a lot of differences between being a Member of the Trust and just another policy number at a large, commercial carrier. Both give you a policy the Practice Law requires, but that's where the similarity ends.

Who do I talk to when I have a patient event, claim or question?

The Trust: Local dentists who understand your practice, your business and your needs.

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

Besides a policy, what do I get when I buy coverage?

The Trust: Personal risk mitigation training, educational programs and an on-call team that "speak dentist."

Them: Online support.

Do I have personal input and access to the company?

The Trust: Yes. You are represented by dentists from your CDA Component Society giving you direct, personal access to the Trust.

Them: Yes, via their national board.

How much surplus has been returned to dentists in Colorado?

The Trust: Over $2.2M has been distributed back to Colorado dentists as a "return of surplus" (after all, it's your Trust, your money).

Them: $0

How long has the company been serving Colorado dentists?

The Trust: We were Established by dentists in 1987.

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

New and Established Dentists Not Currently Trust Members:
$0.00 First Year*

**some restrictions apply; subject to underwriting approval.*

Convert Now!

Dr. H. Candace DeLapp · 303-357-2600
www.tdplt.com

Articulator Magazine, Vol. 25 [2024], Iss. 1, Art. 1

New Members, Welcome!

Dr. Dina Aboushehata
Dr. Timothy Agee
Dr. Andrew Allsbrook
Dr. Taha Aziz
Dr. Brett Barton
Dr. Jeffrey Birg
Dr. Krishna Brahmbhatt
Dr. Meghan Chiovitti
Dr. Spencer Daley
Dr. Malcolm Davis
Dr. Bruna DeGouveia
Dr. Parker Drake
Dr. John Evanson
Dr. Giselle Galanto
Dr. Melissa Glazer
Dr. Shaloo Gupta
Dr. Arin Haghverdian
Dr. Christine Isaacs
Dr. Parul Kapoor
Dr. Ardavan Karami
Dr. Matthew Kiebish
Dr. Amanda Kobayashi
Dr. Talia Kroner
Dr. Adam Kwiatkowski
Dr. Sean Leeper
Dr. Paul Leveille
Dr. Eugene Liu
Dr. Ambica Mallipeddi
Dr. Brooke Martinez
Dr. Fnu Naina
Dr. Bhavik Patel
Dr. Shelly Raichart
Dr. Nathaniel Rivera
Dr. Weston Sands
Dr. Fady Shaaban
Dr. Anne Shaffer
Dr. Amanda Shaffner-Vanderstelt
Dr. Jared Smith
Dr. Robert Stabio
Dr. Michael Thomas
Dr. Victoria Ton
Dr. Laura Watterson
Dr. Hunter Weber
Dr. Julia Wiegand
Dr. Kelli Williams

https://commons.und.edu/rmda-articulator/vol25/iss1/1

Overcoming Fear and the Battle in Our Brains

By **Kimberly A. Harms, DDS**

The COVID-19 pandemic has thrown the entire world off balance. Those who live in developing nations may have experience living amidst war, famine or unrest and have learned about tremendous loss and grief. But most Americans expect a good life with a smooth trajectory and get very little experience in managing catastrophes. Our lack of experience can make the management of loss and expressions of grief even more difficult.

Managing the ever-changing disruptions caused by COVID-19 as a practicing dentist is mind boggling. Just when we think we are adjusted to one reality, another one careens into our lives like a wrecking ball and we are thrown off balance again.

> *"In order to cope, it is important to know that there is a battle going on in our brains between fear and contentment. But, with a lot of hard work and commitment, contentment can win."*

In order to cope, it is important to know that there is a battle going on in our brains between fear and contentment. But, with a lot of hard work and commitment, contentment can win.

Emotional pain begins with an attack by our amygdala. The amygdala is a collection of cells about the size of two almonds hidden away deep near the base of our brain. It detects fear, anxiety, aggression and anger and activates the fight-or-flight system. Activation of the amygdala triggers our sympathetic nervous system to flood our bodies with hormones that increase our heart rate, constrict or dilate our blood vessels, shut down our stomachs and get us ready to physically address the threat. This system was very effective historically, when humans faced the prospect of being eaten alive by a wild beast, and is still effective when we face imminent physical danger. In the case of emotional issues, where maintaining a calm demeanor is typically best, our amygdala can complicate things. The confusion may cause us to react in a way that is emotionally painful or inappropriate.

The good news is that we also have a rational, logical part of our brain, our prefrontal cortex. The prefrontal cortex area controls the executive functions of the brain including judgment, impulse control, emotional regulation, planning, reasoning and social skills. We can actually focus on our prefrontal cortex and train our brains through determination, patience and persistence to ease or stop the amygdala's attack on our bodies. Understanding that our bodies' automatic response is not necessarily appropriate, and consciously engaging our prefrontal lobes, can help us find a calm, thoughtful resolution to the problems we face. Overcoming a significant loss like the disruption of our dental practices can take months of struggle as our amygdala continuously throws us down into that pit of fear and despair and our prefrontal cortex tries to pull us back up.

Here are a few steps you can take to make sure your rational brain wins this battle:

1. Pay attention to what is going on in your brain. When negative thoughts take over, replace them with positive ones. This has to be done intentionally because negative thoughts have an edge in a time of crisis.
2. Focus on what is in front of you. You may find that you can spend more time with your family. Read a good book, or perhaps a couple of good books. Keep your reading choices positive.
3. Do what you can to help your practice be ready when things return to normal. Use this time to build relationships with your patients and team with regular communication via email, social media or however possible. And perhaps use this time to thoroughly clean clutter, update inventory, reorganize spaces or whatever makes you feel more productive.
4. Share your concerns with others (virtually) or write in a journal.
5. Let go of what you can't control.
6. Exercise and eat well.

Don't let fear and anxiety triumph! The COVID-19 virus has already disrupted enough in your life. Don't let it defeat you personally. Work hard to overcome the battle in your brain by consciously fighting the fear. Strive for contentment, defined as a state of having accepted your situation first. Eventually, peace, happiness and even joy will follow. We can't control the things that happen to us, but by working to keep our brains in a healthy, positive zone during this pandemic, we can be assured that when this is over we will still be standing strong. ■

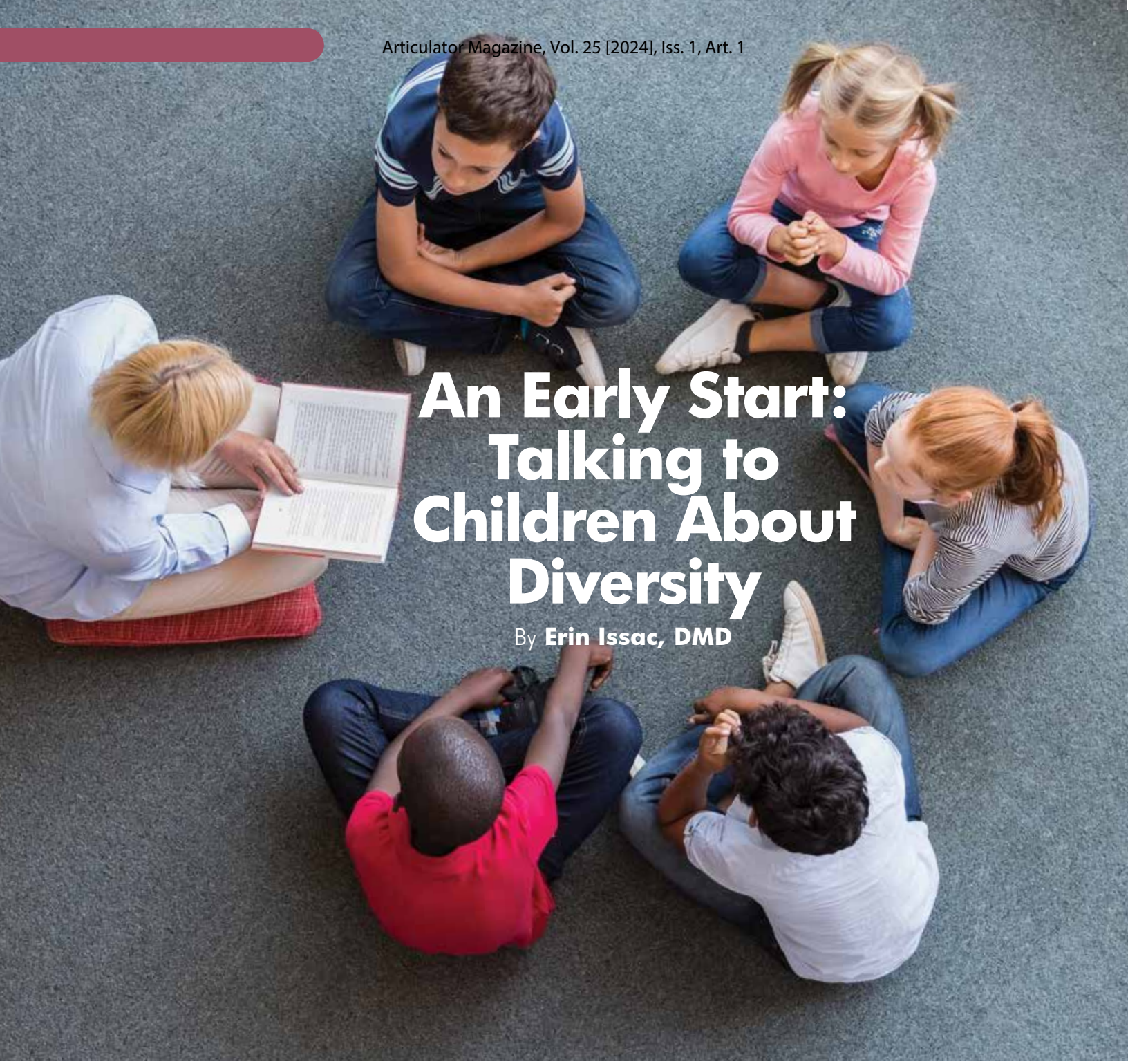
About the Author

Dr. Harms practiced dentistry as an enlisted officer in the U.S. Public Health Service, as a dental associate and for most of her career as co-owner of a private practice in Farmington, Minnesota. She served as a clinical assistant professor of operative and hospital dentistry at Loyola University Medical Center and School of Dentistry. She was the first woman president of the Minnesota Dental Association, chair of the ADA Council on Communications and member of the ADA Council on Government Affairs representing the 10th District. Dr. Harms has sent more than 164,000 books to 34 libraries in Rwanda through the Eric Harms Libraries (organized in memory of her son), through Books for Africa.

A former grief counselor and a civil mediator, she is a published author and national speaker focusing on major life events and conflict that can create shock, grief and coping struggles while practicing dentistry. Learn more at drkimberlyharms.com.

Harms K. Overcoming fear and the battle in our brains. Dental Practice Success. Posted online March 21, 2020 at https://success.ada.org/en/practice-management/dental-practice-success/dps-spring-2020/overcoming-fear-and-the-battle-in-our-brains. *Copyright @ 2020 American Dental Association. All rights reserved. Reprinted with permission.*

Published by ADACommons, 2024



An Early Start: Talking to Children About Diversity

By **Erin Issac, DMD**

"But are those healthy gums? Why do they look like that?" asked my 8-year-old patient as I showed him pictures in a chairside flipbook about oral health. We were discussing cavities, but besides seeing the cavities in one picture, my patient, who happened to be a white male, noticed the brown hue on the gums of the patient in the picture.

"Well those are healthy gums for people who look like me," I said pointing to my skin. "People who have darker skin sometimes have the same dark colors on their gums, but they are just as healthy as pink gums."

"Oh, ok!" said my patient, and happily moved on to the next thing.

As one of an estimated 250 African American female pediatric dentists in the entire country, my job isn't only to educate my patients and their parents about oral health and homecare in a quest to make them happy and healthy little humans that'll become grown humans one day, but I've also been given the unique opportunity to teach my patients about our differences in a way that is respectful, educational and engrained into our daily lives.

We're all aware of the events that have unfolded over the last several months. Besides a worldwide pandemic, there's also been a movement for equality of

historically disenfranchised people, people that look like me. And though a lot has changed over the last several months and decades, there is still a lot of work to be done. I believe that these changes start within our hearts and homes, and from there, we can make changes out in our towns, cities, states, countries and beyond.

But even if and when positive change is made, the only way for it to last is to teach our children of these values so that history doesn't continue to repeat itself and they don't find themselves in the same position years from now when they are our age.

But how do we talk to kids about what has always been seen as a touchy topic? Well first and foremost, it's a touchy topic because we adults make it that way. My little patient asked this question out of a general want to know. He took in the answer and moved on. He genuinely didn't know, asked and now has that information tucked away in his brain. As adults, for many reasons, we lose this inquisitive nature, and then the topic becomes "hush-hush." We're less likely to learn about people that are different from us, and down the line, this becomes one contributing factor to the widespread inequities and injustices we are witnessing as a community today.

"But how do we talk to kids about what has always been seen as a touchy topic? Well first and foremost, it's a touchy topic because we adults make it that way."

Similarly, as evidenced by answering my patient's question right away, we shouldn't shut down kids' questions about these topics for fear of embarrassment in front of others or say that we'll talk to them later about it. Later never happens, so answer those questions before everyone forgets and moves on to something else.

Finally, kids mimic everything we say and do and what we don't say and do. Their brains are sponges from ages 0-7. It's important to incorporate diversity into their daily lives early, so that seeing and respecting others who look differently from them is just a way of life. Here are a few ideas:

Books and Toys

Playing with culturally diverse toys, like dolls, and reading diverse books featuring children of color is a great place to start. This allows kids to see and hear of positive reflections involving people of color. At your dental practice consider the books, literature and prizes you have available for patients. These simple steps can have a big impact. Books for Diversity and Jambo Books are great resources.

Black or Minority-Owned Businesses and Restaurants

Though COVID-19 has changed our dining and consumer habits, there are still many ways to support small black and minority-owned restaurants. Small businesses in general need support right now, especially restaurants, and even more so minority-owned restaurants. A great option is take-out or delivery from these local establishments. Most cities now have easily searchable lists of these types of businesses and restaurants. Who knows, you may just find a hidden gem or a new cuisine your family loves!

School, Daycare and Places of Worship

There are many ways to learn about different cultures within our daily habits. For example, branching out and attending a different religious ceremony as a family, visiting or enrolling at schools with a diversity focused curriculum or demographic and attending different social events in the community.

Healthcare Professionals

For the most part, you get to choose the doctors and healthcare professionals that take care of your kids. When kids see people of color (POC) in traditionally well-respected and important roles, it shows that POC are able to do and hold very positive and influential roles in society.

Diverse Groups

With COVID-19, play dates may not be happening quite as much, however when they return, try finding diverse groups where kids can interact and play with kids who look different than them. Likewise, review the groups you are a part of on social media. Are the voices coming from different backgrounds? If not, try seeking out ones that have input from culturally diverse parents. You may find helpful tips that you wouldn't have thought of otherwise!

Break Bread Together

Whenever you are comfortable with having friends over again, try inviting over families with different racial, cultural or religious backgrounds, and make sure kids are involved! Hearing family stories, traditions and recipes is one of the best ways to understand and relate to each other.

These are just a few basic starting points. One of the most important parental roles includes raising culturally aware and respectful little humans. Starting these conversations early, in an age-appropriate manner, so that they aren't seen as taboo, and kids will realize we're all more alike than different. Then and only then will we have a country and world where differences in skin color and cultural background aren't seen as dividers, but instead as ways to bring us together and become a beautiful, stronger race. The human race. ■

About the Author

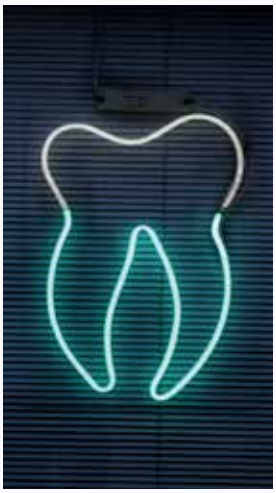
Dr. Issac a board certified pediatric dentist in Pittsburgh, PA where she owns and operates Winning Smiles Pediatric Dental Care. She is passionate about oral health's impact on overall health and enjoys educating her patients and the community through charity events and her social media accounts (Facebook: Winning Smiles Pediatric Dental Care and Instagram: @dr_erin). Dr. Issac is also a Clinical Assistant Professor at University of Pittsburgh School of Dental Medicine. She can be reached at hi@drerinonline.com.

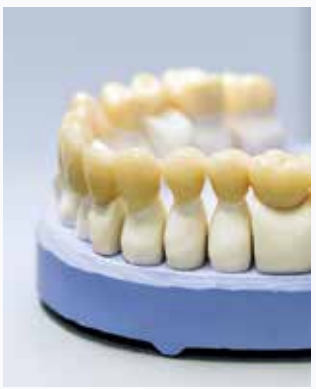
11

When taking care of smiles, **make each moment matter.**

—

PNC can help.





We're making business banking easier.

At PNC, our team of dedicated Healthcare Business Bankers understands your business challenges and the important role that cash flow plays in your success. That's why we offer a range of solutions to help optimize management of your practice's revenue cycle and payables, so your business can run with less complexity and payments can be received promptly.

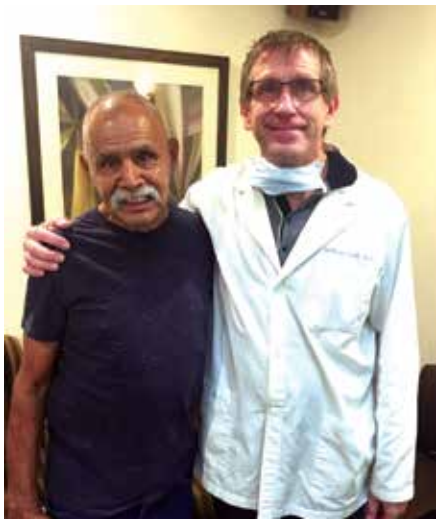
Visit pnc.com/hcprofessionals or call 877-566-1355 to learn more.

PNC BANK

Make today the day.®

© 2020 The PNC Financial Services Group, Inc. All rights reserved. PNC Bank, National Association. **Member FDIC**

Welcome New Dental Lifeline Network Colorado Board President: Jeffrey T. Lodl, DDS



Dr. Lodl and one of his DDS patients, Augustine.

Dental Lifeline Network Colorado welcomes its new board president, Jeffrey T. Lodl, DDS. Dr. Lodl has been a volunteer for DLN's Donated Dental Services (DDS) program since 1988. He has donated over $178,000 in life-changing dental treatment to 26 individuals, restoring them to good oral health. Dr. Lodl was honored as a 7EveryDay Hero in 2012 on Channel 7 News, featured with one of his DDS patients, Tammy. He is pictured here with another DDS patient, Augustine.

Dr. Lodl joined the DLN CO board of directors in the early 2000's, and was elected Vice President in 2011. Since then, he has served as VP with Steven R. Nelson, DDS, MS as President. Dr. Nelson celebrated his final DLN board meeting on June 26, 2020 and the board unanimously voted to elect Dr. Lodl as new board President. Brian R. Kelly, DDS was elected to serve as Vice President.

"First, I am honored to be elected President and following in Dr. Nelson's footsteps. He has done an amazing job leading our board for the last two decades. It's been extremely rewarding to serve all of my DLN patients. It's an organization near and dear to my heart. I would encourage all of my fellow MDDS members to see one patient." ■

SELLING your DENTAL PRACTICE?

Appraisals • Practice Sales • Partnerships • Buyer Representation • Post-Transition Coaching
Start-Up Coaching • Associateships

Your Dental Practice Is Your Legacy.

As dental practice transition specialists, we guide you through the complex process of selling your practice to ensure everything goes smoothly with the legacy you have built.

Operating since 1988.

Complimentary Consultation
303-795-8800

"I sold my practice to my associate and Larry and his team were wonderful to work with. They handled the endless details beautifully and made the transition a really easy one for all of us. I highly recommend them and am so thankful they were there to guide us though the process!" - Dr. Naomi Jacobs

Low Interest Rates: The New Challenge for the Classic 60/40 Portfolio

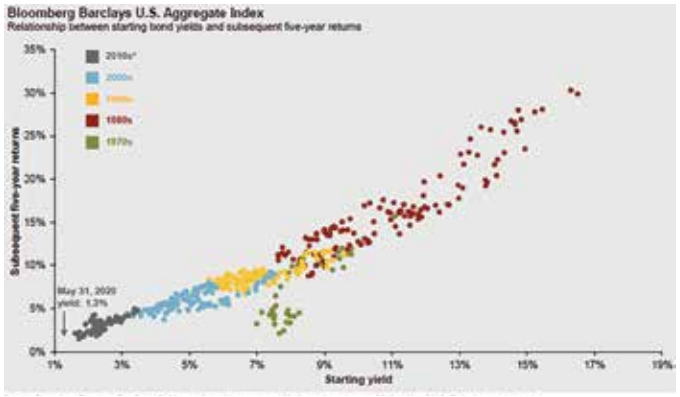
By **Steve Karsh, MBA, Innovest**

For the past 40 years, many individuals and institutions have invested in the classic 60/40 portfolio (60% U.S. Stocks / 40% High Quality U.S. Bonds). This classic mix of stocks and bonds has historically been a relatively safe moderate return and risk portfolio earning an annualized return of 10.4%*. Even over a shorter time-period of the last 22 ½ years (August 1998 – March 2020) which has included three stock market declines of at least 30%, the 60/40 portfolio has returned an average of 6%. For public non-profit institutions that spend at least 5% of their corpus, the classic 60/40 portfolio has been more than adequate to meet those needs with moderate risk while being able to grow the corpus. And for individuals, it has allowed for a solid nest egg to be built up; an initial investment of $100,000 in 1980 would be worth over $5.2 million today**

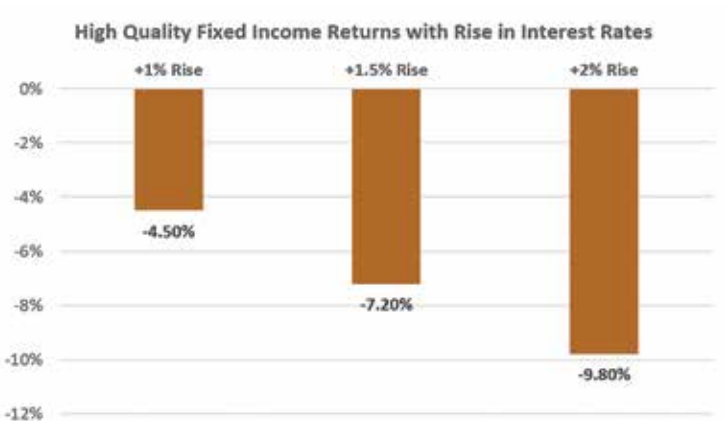
Breaking down the return components, stocks have returned an average of 11.8% per year and bonds have returned 7.5%. While stock returns can vary widely from year to year and are the riskier part of the portfolio, bonds have traditionally played the anchor role and are much less volatile, creating a moderately risky portfolio. When looking at bond returns for the past 40 years it is easy to see why the 60/40 portfolio has done well. As interest rates have steadily come down, the value of the bonds in their portfolio went up. The chart below shows the decline in interest rates and the return of the Bloomberg Barclays's Aggregate Bond Index.

That is the good news…

Although interest rates have been declining for decades, the COVID 19 pandemic caused them to plummet to all-time lows. At the end of 2019, the yield on the 10 Yr. Treasury was 1.92% and on March 9, 2020 it dropped to a new low of 0.54%, a decline of 72%. That does not bode well for bond returns going forward. The chart below shows starting yields and their subsequent 5-year returns.



The key takeaway is the lower the starting yield, the lower the expected return assuming no change in interest rates. Should rates rise from historic lows, the picture for bond returns becomes even less appealing.



What does this mean for a 60/40 portfolio going forward? If rates were to go up 1% for example, stocks would have to average close to 7% to earn a total return of 5% or if rates go up 1.5% stocks would need to average close to 8% to earn a total return of 5%. For moderately risk tolerant investors accustomed to an almost 10.5% return over the past 40 years, they may be in for a "new normal" low return environment. Those non-profit's that need to spend 5% will not see their corpus grow, individuals building up their nest egg will need to be more patient and those in retirement who depend on the income generated from bonds may need to adjust their spending down from the typical 4-5%. The alternative of course is to increase the allocation to stocks, which increases the overall risk of the portfolio. Alternatively, investors may need to look to alternative allocations with investments that have higher yields than bonds as well as investments that are not as highly correlated to the stock market to generate better risk adjusted returns. ■

** Assumes annual rebalancing (Jan 1, 1980 – December 31, 2019.*
*** Assumes $100,000 investment on 1/1/1980 with no additions or withdrawals and ignores any tax implications. Portfolio is assumed to be rebalanced annually on Jan 1 each year.*

Charts Source: Chart 1 Investment Metrics and MacroTrends.net and Treasury.gov, charts 2 &3 J.P. Morgan Asset Management

About the Author
Steven is a principal at Innovest. He works as a consultant with high net worth families and nonprofits. Steven is a member of Innovest's Capital Markets Research Group which assesses the economic and market outlook and oversees clients' asset allocation studies and portfolio construction. He is also a member of the Due Diligence Group and Investment Committees. Prior to being a consultant, Steven oversaw the work of the research analysts and has expertise in alternative investments. He has more than 25 years of experience in investment management and research focusing on customized portfolio management and consulting for institutional and personal clients.

After earning his Master of Business Administration from George Washington University, Steven began his career at Cambridge Associates where he was a performance and equity attribution analyst. His other industry experience includes designing and trading various futures programs for a family office, client service and marketing at Fidelity, assisting the derivatives portfolio manager at the Boston Company and working as a hedge fund research analyst for Trail Ridge Capital. Steven has been quoted in the Wall Street Journal, Institutional Investor, Employee Benefit Views and Investment News.

Are you ready to **WORK LESS** and **TRAVEL MORE**?

Is *this* your year to transition?

SAS Transitions
Dental Practice Brokers

Selling or Buying a
DENTAL PRACTICE?

All practice sales are not created equal. Don't settle for less than you deserve. Put my experience and expertise to work for you!

Susan A. Spear
Licensed Broker/Business Intermediary
susan@sastransitions.com

CONTACT SUSAN AT 303.973.2147

WWW.SASTRANSITIONS.COM

Advocacy, the Underserved, and Our Future – A Student's Perspective

By **Jakob Holtzmann**

During these challenging times, as a profession, we are surviving not only a global pandemic, but also bearing witness to the pain brought forth by racial injustice. We know that this pain is not new, but is the culmination of centuries of injustice and hurt. This pain may feel extremely personal, but its impact is also professional. The inequities of our healthcare system have silently impacted our patients and their lives for decades. So in this time, when we are finally creating movement in this cause, it is also important to highlight how we can do better as providers by bringing awareness and change to the invisible forces which have drawn a line between those who have impactful care and those who find it inaccessible.

When we considered how to discuss this sensitive and raw subject, our minds went to our future- the future providers who will be able to see the change that we intend to create. We invited one of these providers, a third year dental student from the University of Colorado, to discuss his perspective on what his education has taught us about where our medical system has been and where it has the potential to go. We encourage you to read his perspective and to continue these important but difficult conversations. - MDDS Editorial Team

Like many of you, I wasn't around to witness the destruction brought upon the world in the 1940's. Like some of you, I wasn't around to witness the cultural and economic challenges of the 1970's. But like all of you, I'm currently living in the racially strained, virally catastrophic reality of 2020.

It's for this reason that I was honored to accept an invitation to write for this special issue of the MDDS *Articulator*. We are all in this together. No matter your race, ethnicity, political affiliation, or practice experience, we are all bound on the same train steaming into a future that has never seemed so uncertain. The way I see it, as we charge full-steam ahead into 2021, we have two options: one – throw on some shades to dim the daunting reality we face, or two – use our education, our voices, and our votes to conduct this train, leading it to a safer, more prosperous, and more equitable future for everyone.

For the purposes of this article, I'm assuming that we're all in for choice number two. While our profession won't be alone as we seek to control the progressive direction of our train[1], I hope that I can effectively make the case for how our profession can do our part to set its course.

The Foundation

Before a train's course can be set, us conductors need to know where we came from, and where we're headed. Although I've already described the future that acts as our final destination, I think it's important to briefly acknowledge our past and our present.

For centuries, the brutal practice of enslavement and subsequent forms of systemic discrimination have institutionalized racism and put our brothers and sisters of minority populations at a disadvantage[2, 3, 4, 5]. The Healthcare system, including the dental profession, have not been immune to the lasting effects of systemic racism.

As I learned from Dr. Bill Bailey and Dr. Deidre Callanan in my first community health class of dental school, social and physical determinants of health are real, consequential, based in scientific study, and responsible for a disturbing strain on our healthcare infrastructure[6, 7, 8]. More specific to dentistry, as our profession has modernized, strengthening evidence continues to describe the persistence of racial and gender disparity in our dental workforce[9-13] , racially disparate access to oral health services[14-17], and racially disparate health outcomes due to these social and physical determinants of health[6, 18].

In this broad context, we can't ignore the challenges that we face as a profession during COVID-19. As a student, I know that graduating dental students all across the country lose sleep over the pitfalls of dental licensure and the weight of student debt[19, 20]. I know that students like myself, a third year dental student currently unable to schedule their patients during the pandemic, worry about their underserved patients who are currently unable to receive the dental care they need.

The Advocacy

This is our current reality. And if we truly wish to reach our final destination, we have to advocate like our profession depends on it – because it does. At the same time, we have to advocate like our lives depend on it – because for the most vulnerable and marginalized in our communities, it most certainly does.

Serving Our Communities

All across the country, industries and businesses have felt the devastating economic impacts of COVID-19. Hit especially hard – dentists[21]. And hit even harder still – Federally Qualified Health Clinics (FQHC's)[22]. Alongside other clinics that accept Medicaid patients like our University, FQHC's act as

the safety-net clinics that care for the most underserved populations in our communities – which consist mostly of racial and ethnic minority groups[23].

Historically, dental FQHCs' have been one of the first to be hit during financial recessions through bureaucratic budget cuts[23, 24]. Facing unprecedented financial hardship during COVID-19, legislators are being forced to consider doing so again through cuts to Medicaid dental benefits, cuts to public health departments, and cuts to the Children's Health Insurance Program – a program expected to serve over 67,000 children this year[25].

So first, as I highlight the recent incredible advocacy efforts of the Colorado Dental Association to protect a majority of Colorado's Adult Medicaid dental benefits for this upcoming year[26], I want to stress that we need to build on their progress. Even before the pandemic, time and time again, our government failed to adequately invest in public health[27]. So, as we advocate for the preservation of the historic government resources that fund oral healthcare, we also need to elevate the conversations surrounding the future of funding for public health initiatives – and therefore our consequential investment in healthcare equity.

"We are all in this together. No matter your race, ethnicity, political affiliation, or practice experience, we are all bound on the same train steaming into a future that has never seemed so uncertain."

Additionally, if we reasonably desire to provide more care for underserved populations, we need to incentivize such service by dentists. If Medicaid reimbursement fails to cover a private office's overhead, how can an experienced dentist be expected to serve all members of their community? And how can a new dental graduate $280,000 in debt[20] even consider it? Together, we need to advocate for further expansion of the Medicaid dental benefits that have already provided nearly 10 million Americans dental coverage since the passage of the Affordable Care Act[27], and advocate for a sustainable increase in Medicaid dental reimbursement rates[28].

More abstract, but increasingly relevant during a pandemic that has left us with more questions than answers, is it time to advocate for the addition of vaccine administration into an expanded scope of dental practice?[29] Is it time to consider advocating for the qualification of adult dental services as an essential health benefit under the Affordable Care Act?[30]

The Future

Working in concert with these evidence-based avenues to reduce barriers to care and enable dental professionals to more effectively serve their communities, we also need to commit to advocating for evidence-based policies that seek to diversify our dental pipeline[31-33], enact student debt reform[20], and increase funding for loan repayment programs[33] – because building a better profession requires a commitment to recruiting, training, and funding those who truly desire to serve the communities that need it most[33]. Efforts by the Office of Diversity at the University of Colorado School of Dental Medicine and by various students at the school exemplify our future provider's commitment to these initiatives, and will serve as progress to be built upon by future generations.

The TLDR

I know I'm young and inexperienced. I know some of these ideas seem less practical than others, and I know that change isn't made overnight after some dental student writes about it – but I know that it's possible.

Aboard our train into the future (having opted for option number two), conversations like this one will be critical in ensuring that we have a say in where we end up. Through our advocacy efforts, our votes, and our commitment to the future – we can make a difference. I look forward to joining you all on our pursuit of a tomorrow that's more healthy, sustainable, and equitable than today, and promise that I'll keep advocating for it alongside you until we get there. ■

About the Author

As a former University of Denver Pioneer and current third-year dental student at CU, Jake Holtzmann conducts public health research with mentor Dr. Tamanna Tiwari, helps lead COVID-19 volunteer efforts at the dental school, and currently serves in several capacities within the American Student Dental Association (ASDA). In one of his roles, a Legislative Coordinator for the Council on Advocacy, Jake employs his passions for public health, research, and organized dentistry to coordinate advocacy efforts by dental schools in Colorado, Texas, Oklahoma, Nebraska, Missouri, Iowa, and Minnesota. A Colorado native, Jake loves to ski, travel, and visit breweries in his free time.

Sources

1) https://www.ama-assn.org/topics/commission-end-health-care-disparities

2) https://time.com/5851855/systemic-racism-america/

3) https://www.americanprogress.org/issues/race/reports/2019/08/07/472910/systematic-inequality-economic-opportunity/

4) https://legacy.npr.org/assets/news/2017/12/discriminationpoll-women.pdf

5) https://www.nbcnews.com/news/latino/racism-not-lack-assimilation-real-problem-facing-latinos-america-n974021

6) https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

7) https://www.aha.org/addressing-social-determinants-health-presentation

8) https://revcycleintelligence.com/news/how-addressing-social-determinants-of-health-cuts-healthcare-costs

9) https://journals-sagepub-com.proxy.hsl.ucdenver.edu/doi/pdf/10.1177/0022034519877398

10) file:///Users/jakeholtzmann/Downloads/ADEA%20Deans_%20Briefing%20Book%202014-2015%20(1).pdf

11) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5471137/

12) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5476499/

13) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5461211/

14) https://www.nidcr.nih.gov/research/data-statistics/surgeon-general

15) https://onlinelibrary.wiley.com/doi/full/10.1002/j.0022-0337.2006.70.9.tb04161.x?casa_token=Y_VbQmHDU4QAAAAA%3AVZjT7YpHgb3iINY9yKiAOeA5qVANAuI7oxMpOvlDmJw894bkhBW4bytWFvEbeg0U8Bo0KB8HHwq6k8k

16) https://drum.lib.umd.edu/handle/1903/22267

17) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1698162/#r5

18) https://www.ncbi.nlm.nih.gov/books/NBK425845/

19) https://www.asdanet.org/index/get-involved/advocate/issues-and-legislative-priorities/Licensure-Reform

20) https://www.asdanet.org/index/get-involved/advocate/issues-and-legislative-priorities/Dental-Student-Debt

21) https://thebusinessjournal.com/dentists-take-especially-hard-hit-from-covid-19/

22) https://jamanetwork.com/channels/health-forum/fullarticle/2766388

23) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7125002/

24) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4175711/

25) https://coloradosun.com/2020/05/06/colorado-budget-cuts-human-services-coronavirus/

26) https://www.ada.org/en/publications/ada-news/2020-archive/june/colorado-dental-association-saves-adult-medicaid-dental-program-in-face-of-coronavirus-related-cuts

27) https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_1218_3.pdf?la=en

28) https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2016.303155?casa_token=r6GGAgwz8gQAAAAA%3ATzDI60pGf0jAXQDcCvEFMSwdESmFHPBwRJ0gr-xUNubZNXlhevJ4VowuNvuqlJhcMNXIKf99x7SN

29) https://www.coloradoasda.org/blog/2020/5/31/vaccine-administration-amp-dentistry-our-next-step-into-the-realm-of-public-health

30) https://www.healthcare.gov/coverage/dental-coverage/

31) https://onlinelibrary.wiley.com/doi/full/10.1002/j.0022-0337.2006.70.9.tb04161.x?casa_token=Y_VbQmHDU4QAAAAA%3AVZjT7YpHgb3iINY9yKiAOeA5qVANAuI7oxMpOvlDmJw894bkhBW4bytWFvEbeg0U8Bo0KB8HHwq6k8k

32) https://www.adea.org/ADEA/Blogs/Bulletin_of_Dental_Education/New_Manual_Provides_Strategies_to_Combat_Faculty_and_Minority_Shortages_in_Academic_Dentistry.html

33) https://www.agd.org/docs/default-source/advocacy-papers/agd-white-paper-barriers-to-care.pdf?sfvrsn=2

A Reflection on Practicing Dentistry for the First Americans

By **Adriana Zuniga, DDS**

From beneath my face shield and the multiple masks on my sweaty face, I still got a waft of the burning sage from down the hallway as I was prepping a crown. Burning sage is a common practice called smudging and American Indians/Alaska Natives (AI/AN) have burned sage for centuries as part of a spiritual ritual to cleanse a person or space, and to promote healing and wisdom. As I stopped for a moment to switch my burr and ask my patient if she was still doing okay she said, "Well, at least when I come here the sage helps remind me of my home. I can't go back to my reservation because of COVID, and six family members and four old high school friends back home on the reservation have died because of it." Time stopped for me as soon as she told me this. Hearing her story was my main priority and dentistry for the day was not as important in that moment.

"Dedicating my life's work to American Indians/Alaska Natives, our country's first Americans, is truly an honor that I approach with humbleness and reverence."

Practicing dentistry in the midst of a pandemic was never on our radar as dentists! It is especially challenging because it has thrown us in the midst of the truly busy intersection of medicine, dentistry and behavioral health. What do you do when your patient has multiple underlying medical conditions, has a toothache that you are trying to resolve and the patient begins to cry during treatment because of so many lost family members and friends from COVID-19? For many of my AI/AN patients, these problems are accentuated due to many variables.

Many think that New York City was the epicenter of COVID-19. However, the Navajo Nation located in northeastern Arizona, southeastern Utah, and northwestern New Mexico has had more COVID-19 deaths per capita than any other place in the US. This could be due to the multi-generational living patterns of Native American families in one home, high poverty and the increased number of people with underlying medical conditions. Also, up to 40% of homes in the Navajo Nation do not have running water today (for proper hand hygiene) and that the reservation is essentially a food desert. There are approximately only 13 grocery stores in an area the size of South Carolina. Can you imagine the number of people at those grocery stores and the lack of availability of fresh, healthy food there? It can take up to three hours to drive to a grocery store and growing vegetables in the desert can prove to be challenging. With those challenges, convenience stores on the reservation are the only food sources.

As for Colorado, the state has two federally recognized Indian tribes, the Ute Mountain tribe and the Southern Ute tribe. Denver, however, is one of the central hubs for many Native Americans in the southwest due to the increased availability of jobs. The elder generations tend to stay on the reservations and the younger generations come to Denver for opportunity. More than 70% of AI/AN families live in urban areas, like the metro Denver area. Many work in Denver and frequently travel up to eight hours to visit family and take care of their elders on the reservation or for spiritual practices back home. It is also common for the younger generation to travel to neighboring states such as South Dakota or Montana and bring their elders back to Denver for dental and medical care at the clinic where I work. Adrianne Maddux, Executive Director of Denver Indian Health and Family Services (DIHFS), reminds us that our federal government's trust responsibility is to act in the best interest of American Indians/Native Alaskans (AI/AN). That responsibility goes beyond our reservations, and healthcare is part of a historical trust obligation that goes back to the earliest treaties. DIHFS's urban programs are the only place our families feel safe because we can respond to their needs in culturally responsive ways where other health centers can't. Yet as a nonprofit, we continue to struggle to get the adequate PPE we need to keep everyone safe. It is even more crucial that the US government step up and continue to honor its trust obligation to our AI/AN people.

For my patient who lost six family members due to COVID-19, I referred her to a behavioral health specialist and she has now started grief counseling. I cannot imagine losing so many family and friends in such a short time. Thankfully she is getting emotional support that she needs. Her emotional counseling will slowly help heal and better enable her to focus not only on her dental health, but her whole body health.

Please consider giving back to your community in any way that you can. Dedicating my life's work to American Indians/Alaska Natives, our country's first Americans, is truly an honor that I approach with humbleness and reverence. I feel that through my work with Native Americans, I have learned to live with more gratitude and grace. Be safe and be well. ■

About the Author

Dr. Adriana Zuniga attended the University of Detroit Mercy dental school and worked in private practice in Chicago before moving to Denver with her family. She has been the dentist at Denver Indian Health and Family Services for the last six years and is Chair of the MDDS Community Outreach and Public Relations committee. Please contact her at azuniga@dihfs.org with any questions or comments that you may have.

COPIC Financial Service Group has over 35 years of specializing in the unique needs of health care professionals and offering custom insurance and financial solutions.

Unbiased advice based on research and performance. That's why.

COPIC®
Better Medicine • Better Lives
COPIC Financial Service Group, Ltd.
CALLCOPIC.COM | 800.421.1834

D.I.S.C
DENVER IMPLANT STUDY CLUB
sharing and learning with your peers

Updated DISC Schedule

NATIONAL SPEAKERS / AGD PACE CREDITS / GREAT FORMAT / NEW LECTURES

For additional information or to register, visit https://disc.events

Greater Insights 2020-21

DISC 2020 Schedule

September 17 - Marco Brindis, DDS, Prosthodontist. Professor: Prosthodontics Department at Louisiana State University Health New Orleans, School of Dentistry
Title: A New Generation of Hybrid Prosthesis: An effective viable hygienic solution for the edentulous patient

October 1 - Sreenivas Koka, DDS, MS, PhD, MBA, FACD, FAP, Prosthodontist - San Diego, California
Title: Systemic Diseases and Conditions that Influence Osseointegration and Dental Implant Treatment Success: Implications of an Aging Population

October 22 - Aldo Leopardi, BDS, DDS, MS, Prosthodontist - Greenwood Village, Colorado
Title: Gingival Restorative Interface Deficiencies: when to consider Regenerative Approaches versus Pink Prosthetic Equivalents

November 19 - Neal Patel, DDS, Dentist, Certified Dental Technician - Powell, Ohio
Title: Digital Integration of CBCT & CAD/CAM for Comprehensive Interdisciplinary Care

DISC 2021 Schedule

February 11 - Daniel R. Cullum, DDS, Oral and Maxillofacial Surgeon - Coeur d'Alene, Idaho
Title: Immediate Implants and Dynamic Navigation

March 25 - Joseph Kan, DDS, MS, Prosthodontist, Professor: Loma Linda University School of Dentistry - Loma Linda, California
Title: Papilla Management for Implant Esthetics: The Ortho-Perio-Restorative Connection

DATE TBD - Richard Bauer, DMD, MD, Oral and Maxillofacial Surgeon - Pittsburgh, Pennsylvania
Title: Optimizing Hard and Soft Tissue Outcomes at the Dental Implant Site

PACE ACADEMY of GENERAL DENTISTRY PROGRAM APPROVAL FOR CONTINUING EDUCATION

Approved PACE Program Provider - FAGD/MAGD Credit Approval does not imply acceptance by state or provincial board of dentistry or AGD endorsement. 1/1/2019 to 12/31/2020
Provider ID# 217950

Continuing education credits are available. (Total of 16 and 1/2 hours of AGD PACE credits)

DISC IS POWERED BY KNOWLEDGE FACTORY

COVID-19 Pandemic and Dentistry: Notable Observations from the Past Five Months

By **George G. Gatseos II, DDS, MSBA**

When MDDS asked me to share my thoughts on safe dentistry with the opening of dental practices in April, my first response was trepidation. However, after going to my dentist for restorative dental treatment this week, and receiving what I would consider a safe and excellent care from a superb dentist in the COVID-19 era, I was a blessed man and out of my discomfort.

After spending countless hours online in Zoom meetings and webinars and reading COVID-19 articles I cannot believe we are only halfway through 2020. It seems like an eternity. Although our profession has come a long way since March 16 when the ADA recommended "dentists nationwide postpone elective procedures..." And on March 29 Governor Polis and the CDPHE issued Executive Order D 2020 009, which ordered the temporary cessation of all voluntary or elective surgeries and procedures and preservation of personal protective equipment (PPE) and ventilators in Colorado. Then on April 6 Executive Order D 2020 027 amended and extended Executive Order D 2020 009. Finally, with the Executive Order D 2020 045 dentists were able to open their offices under conditions and go back to work! Since then, we have been updated and confused with additional regulatory and recommended guidance. There have been updates from CDC, OSHA, DORA and ADA. The results were mind boggling, confusing and fear inducing. What do we do?

I am old enough to remember the early 1980's and the changes that were made in the safe delivery and practice with bloodborne pathogens, especially the HIV/AIDS epidemic. We made changes including routine gloves for all dental procedures and the development of the Hep B vaccine.

Sound familiar? In the COVID-19 era and the risk of airborne pathogens, changes are being made. An example includes external mouth suctions, which work like the scavenger systems in our nitrous oxide devices, that are being tested. Commercial air purifiers and air exchange devices are also being explored for the dental setting. Creating negative pressure operatories may seem a drastic and expensive approach now, but in 40 years dentists may think we were ludicrous for working without them, just as we judge those before us who did not use gloves. This pandemic will impact the delivery of care, the question is when and how.

Each dental provider must ascertain the characteristics and idiosyncrasy of their practices to produce a health and safety plan using the ever changing regulatory and recommended guidance. Ultimately, our professional goal is to protect the healthcare workers and patients and focus on preventing future outbreaks.

One of the most useful articles I reviewed for developing your own dental practice risk management plan for COVID-19 is by Dr. Deanna H. Snitzer, Colorado Advanced Dentistry titled "Hierarchy of Controls of COVID-19 in Dental Practice." She states, "It is recommended that each provider continue to use their own best clinical judgement in accordance with local regulation in creating a safe working environment. CDC and OSHA recommendations should be adhered to, as always, at all times. Please contact CDC or OSHA if you have questions or problems with your own practice." The article presents a hierarchy of controls and strategies, i.e. elimination and substitution, engineering controls, administrative controls and PPE. Some goals to set include:

Engineering Controls

Keep individuals who are actively sick with COVID-19 out of the clinic. (Patients who are actively sick with and require emergency dental care will most likely need to be treated in a hospital setting that the average dental practice cannot provide.) Assuring that anyone with possible symptoms of COVID-19 defer treatment until verification of infection status is obtained through their physician. Making physical changes to the clinic building to assure safety of patients and staff.

Administrative Controls

Maintaining clean hands for all in the clinic. Maintaining mouth and nose coverings for patient always outside dental treatment in the operatory (we cannot treat mouths with a mask on). Maintaining social distancing the best we can. Adding clinical equipment and tools to prevent possible spread of infection in asymptomatic patients (i.e. air exchange equipment, air purification systems to reduce aerosols.)

Personal Protective Equipment (PPE)

Protection of administrative workers with socially distanced or remote (phone/email) contact with patients. Protection of clinical workers with close person-to-person contact with patients. Assuring that providers and staff do not bring germs home to their families. (PPE chart available on mddsdentist.com/covid19/resources.)

Patient Screening

Use CDC screening questions to confirm before or at time of appointment. Suggestions include:

- Travel internationally in the past 14 days?
- Have you had contact with anyone with confirmed COVID-19 in the last 14 days?
- Have you had any of these symptoms in the last 14 days?
  - o Temperature/fever greater than 100° F?
  - o And are you currently experiencing temperature above 100.4° F, difficulty breathing or before cough?

Clinic Preparation

Minimizing touching of surfaces by multiple people, maximizing barriers to disease transmission. All external doors propped open if possible, minimizing touching of doors and maximizing airflow. If doors and windows cannot be opened, consider a device to help increase and purify airflow in the clinic. Additional preparations can include a plexiglass sneeze guard at front desk, and sanitizer at the entrance, frequent wiping of front office surfaces with disinfectant/soapy water, and removal of magazines and toys to avoid multiple people touching the items.

Clinical Administrative Controls

Minimize person to person interaction as much as possible. Minimize aerosol as much as possible.

- Have patient complete a 30 second rinse with 1% Hydrogen Peroxide to minimize viral transmission during treatment.
- Complete treatment with as much aerosol control HVE as possible. RDH use IvoryReleaf type suction on HVE. Dentist should use Isolite/ Rubber Dam/HVE.
- Hand scaling is preferred but sometimes ultrasonic use is unavoidable. The patient can assist in holding additional HVE nearby if needed for extraoral HVE in addition to intraoral HVE.
- At the conclusion of treatment, have the patient wash their hands in operatory sink with soap and water while next visit scheduled. A receipt is either picked up at desk with newly washed hands or emailed to the patient.

Ideal person to person interactions are reduced to one to two per patient. All other communication is remote.

PPE Controls for the Dental Practice

Always follow CDC recommendations and OSHA standards.

- Handwashing
  - o Our normal routine is likely fine - before, after and between every patient, plus lotion in the evenings or glove safe lotion during the day to prevent breaks in the skin barrier. Washing hands in front of the patient may help them feel more secure.
- Masks
  - o Clinical Staff
    - ■ Best option - N95 or KN95 NIOSH approved mask with eye protection.
    - ■ Second option - ASTM3 or ASTM2 mask WITH face shield
  - o Non-Clinical Staff[1]. Cloth or ASTM1 mask
- Gowns
  - o Disposable gowns if possible, laundered gowns to prevent excess waste. One gown per day unless it is wet or soiled.
- Hair cover
  - o Disposable or laundered scrub caps.
- Scrubs
  - o Worn under gown
  - o All scrubs laundered on site or sent to laundry service (not at home)
  - o Work shoes stay at work - disinfectant spray on soles of shoes at end of day.

Wash hands before leaving work.

It is important to match PPE with procedure risks. The highest risk is anything that involves intro-oral drilling with handpiece, surgical extractions, ultrasonic cavitron, implant placement, Endodontic therapy, Periodontal surgery. High risk PPE should include: disposable gown, N95 or surgical mask over N95 to keep dry, surgical cap and face shield.

Medium risk procedures include: crown/bridge seat, denture adjustments, hand scaling without ultrasonic and prophy paste and impression taking. Medium risk PPE should include: Disposable gown, surgical mask, surgical cap and face shield.

Low risk procedures include: post ops, hygiene exams, ER screening, orthodontic adjustments/delivery not involving handpieces and consults. Low risk PPE should include: scrub jacket, surgical mask and surgical cap.

We do not know what we do not know regarding the prevention of COVID-19 during dental treatment. However, the basic principles of prevention of bloodborne pathogen disease that we have been using since the 2003 will be a strong foundation. Standard precautions are the foundation of all infection control. It applies to all patients and all situations regardless of whether the infection status is suspected, confirmed or unknown. We must start with a good foundation of known infection control principles and add additional precautions, i.e. transmission based aerosol precautions and mitigation during the era of COVID-19 to protect ourselves, our staff and our patients. During the last six months the pandemic has drastically influenced how we practice safe dentistry. There has been a plethora of emotions, economic concerns, and uncertainty and confusion among world health providers. The good news is we are starting to know more about this virus. Although we do not know what we do not know, we do know enough of infection control principles to safely treat our patients. Change is inevitable as we learn more. The adage of first "do no harm", is highly appropriate in this environment.

There is a word in Greek, Philotimo, that it is unlike any in the English language. It is roughly translates to "love of honor". However, it is almost impossible to translate sufficiently as it simply means 'to do the right thing' because it is important to family and community. I implore you to think the Philotimos way, and to do the right thing. Take care of your patients, educate them and practice safe as dentistry, as much as we know currently about COVID-19. We will get through this uncertainty, while continuing the high quality, ethical dentistry! ■

About the Author

George G. Gatseos II, DDS, MSBA, is Chief Executive Officer of Safe Dental Services, a Colorado-based dental infection control and practice consulting firm specializing in Occupational Safety and Health Administration training and compliance for dental professionals. An author and lecturer, Dr. Gatseos spoke for the Council on Dental Practice for the 2016 American Dental Association Annual Meeting in Denver and many times at the Rocky Mountain Dental Convention. He is a past board member of the Organization of Asepsis & Prevention (OSAP) and is currently serving on OSAP's Program Development Committee for its Annual Symposium. He is also an MDDS Past President.

1. Article, Hierarch of Controls of COVID19 in Dental Practice, Dr. Deanna H. Snitzer, Colorado Advanced Dentistry, 2020. Published on Colorado Dental Association (CDA) Website.

2. Harte, J.A. Standard and Transmission-Based Precautions, An update for dentistry. JADA. 2010; 141; 572-581.

You Are Not Alone. So, Don't Face It Alone.

By **Greg Hill, JD, CAE, CDA Executive Director**

I was walking out the door to go home for the day when my cell phone rang.

"He took his own life," the voice on the other end said. We had recently lost a friend unexpectedly. But that phone call only made things harder. My mind began playing the game of what if? I had not experienced suicide that personally before.

As I was struggling to find a topic to write about for this issue, I received a text message from Dr. Karen Foster. "Please keep focusing on mental health at the CDA." As many of you may know, Karen lost an associate to suicide a few years ago. It is an issue she is deeply passionate about and keeps at the forefront of her work.

Mental health experts expect an increase in mental health issues and suicide resulting from COVID-19. Unemployment, loss of friends and family members, a general lack of hope, isolation, financial struggles, all may result in a mental health crisis for years to come. A number of suicides were reported by dentists in the early days of COVID-19. It is likely there will be more.

"Mental health experts expect an increase in mental health issues and suicide resulting from COVID-19."

I called Karen after receiving that text and we spoke about the importance of talking about mental health and keeping it in front of our members. If you cannot talk about suicide, it becomes more difficult to prevent. Just as important, if you can talk about it openly, it may prompt someone to seek help and save a life. We must get over the stigma. We talk openly about battling cancer and other diseases. But we never talk openly about depression, suicide and other mental health issues. By not talking, these diseases only get worse.

Talking about mental health is tough. It requires we expose ourselves and what goes on inside our head. It pushes our level of comfort to share such personal details. Will others think I am weak? Will it impact my job? These are just some of the real concerns and barriers to talking openly about mental health issues. It would be disingenuous if I were not honest about my own history of depression. For several years, beginning when I was a senior in high school until my mid-twenties, I struggled with depression. I would regularly miss days or even a week of classes because I could not force myself to leave the safety of my apartment. My grades suffered. I was not successful at my first job out of college. I put up walls to protect myself and withdrew from social activities. I lost hope. It was dark. I was alone. Nobody suggested I seek help. But I also never reached out for it.

There were likely underlying, hidden struggles these people faced, and perhaps, like me, they never got help. By telling of my struggles, I hope I can make a difference in yours or someone else's life. It is okay to ask for help. I wish that I had. Depression stole a part of my life and I can never get that time back.

A survey conducted by The Recovery Village showed that 55% of those surveyed reported an increase in alcohol consumption with 18% reporting a significant increase. In addition, 36% reported an increase in illicit drug use. Coping with stress was the reason for 53% of the respondents use of drugs and alcohol, 32% said they were trying to cope with mental health symptoms, such as anxiety or depression.

Likely, more than half of you reading this article are drinking more than you did before COVID-19. Given the stresses placed on small business owners, the chances are that significantly more than a third of you have done so to cope with mental health symptoms.

We have set aside our time and resources at the CDA to focus on wellness and mental health because it is important, and we will continue to do so. We do have resources available and there are people who want to help you. Whether it is struggling with alcohol or other addictions or depression resulting from the stresses of COVID-19 or challenges you have been facing for years, we can help.

Nobody should ever have to face these personal challenges alone.

And Karen, we will keep focusing on mental health at the CDA. I promise.

If you or someone you know needs help please reach out.
AA 24-hour line - 24 Hr Phone: (303) 322-4440
Suicide Prevention – (800) 273-8255.

About the Author

Greg Hill, JD, CAE has served as the Executive Director of the Colorado Dental Association since June of 2014. Prior to joining the CDA, Greg was employed by the Kansas Dental Association for 15 years and served as the Assistant Executive Director of the CDA and Executive Director of its Foundation. Mr. Hill is a 1999 graduate of the Washburn University School of Law in Topeka, KS and a 1994 graduate of Kansas State University with a Bachelor of Science in Economics. He became a Certified Association Executive (CAE) in 2016. In addition, he serves as Co-Chair and Treasurer of Oral Health Colorado; on the Board of Directors for the Colorado Dental Lifeline Network and the Colorado Mission of Mercy; and is a member of the Denver Tech Center Rotary Club. He and his wife, Gwen, are the parents of daughter, Haven, and son, Camden.

Introducing your newest CDA Member Benefit

You take care of the patients – let us take care of the cash flow.

VIRTUAL REVENUE CYCLE MANAGEMENT FROM A TRUSTED NAME IN DENTAL PRACTICE SOLUTIONS.

Alleviate one of the greatest pain points for dental practices:
Insurance verifications & Accounts Receivables.

- Clean claim submission
- EOB Management
- Patient Statements
- Professional Experienced Dental Billers
- Experts in dental/medical cross-coding

With your CDA membership you have access to a

— 10% DISCOUNT —

on Avitus Dental Revenue Cycle Management.

AVITUS DENTAL
Simplify, Strengthen and Grow Your Practice

CDA
COLORADO DENTAL ASSOCIATION
ENDORSED PRODUCTS

September 16
CPR & AED Training
-American Workplace Safety
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
6:00pm – 9:00pm
(303) 488-9700

September 26
MDDS Shred Event
Rocky Mountain Orthodontics
650 W Colfax Ave
Denver, CO 80204
9:00am – 12:00pm
(303) 488-9700

October 2
Navigating the World of 3D Imaging
-Dr. Robert Timothy and Dr. Michael Moroni
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 3:00pm
(303) 488-9700

October 3
Er:YAG and Nd:YAG Laser Training – Take Your Practice to the Next Level
-Dr. Terry Alford
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 5:00pm
(303) 488-9700

October 23 – 24
Dental Laser Certification: Utilize Today's Dental Lasers in Managing Periodontal/Soft Tissue Conditions
-Dr. Sam Low
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 5:00pm October 23
8:00am – 12:00pm October 24
(303) 488-9700

October 30
Botulinum Toxins (Xeomin, Dysport, Botox) and Dermal Fillers Training, Level 1
-American Academy of Facial Esthetics
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 5:00pm
(303) 488-9700

October 31
Botulinum Toxins (Xeomin, Dysport, Botox) and Dermal Fillers Training, Levels 2 & 3
-American Academy of Facial Esthetics
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 5:00pm
(303) 488-9700

October 31
Frontline TMJ & Facial Pain Therapy, Level 1
-American Academy of Facial Esthetics
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 12:00pm
(303) 488-9700

November 6
Live Webinar – Connecting Technologies: The Key to Digital Workflows
-Dr. Bryan Limmer
8:00am – 11:00am
(303) 488-9700

November 10
CPR & AED Training
-American Workplace Safety
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
6:00pm – 9:00pm
(303) 488-9700

November 13
Zirconium Crowns for Primary Teeth, Simplified
-Dr. Nelle Barr and Dr. Sean Whalen
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 11:00am
(303) 488-9700

January 21-23, 2021
RMDC *Anywhere*
Virtual

Thank you

Donated Dental Services (DDS) Volunteers

You are helping change and save the lives of people with special needs.

35 YEARS
of life-saving volunteers

=

$35 M
in donated dental treatment

730
Volunteer Dentists in Colorado

147
Volunteer Labs in Colorado

12,881 PEOPLE SERVED
in Colorado since 1985

"Thank you for all the work you did for me. It's nice to be able to smile and show off my teeth again! Thank you so much for all the time and effort you spent getting it right."

— **PAMELA**
DDS patient

More Volunteers Needed!

Come see how you can change a life!

To learn more visit:
DentalLifeline.org

Dental Lifeline Network • Colorado
More than Dentistry. Life.®

We're here to help.

Improve your patient care without adding overhead expense – by partnering with DenteVita and the Practice of Dr. Aldo Leopardi, Prosthodontist. You can trust that you'll receive the impeccable service you would expect from a seasoned specialist like Dr. Leopardi.

Together, we will work with you to provide the highest level of individualized care. Consider Dr. Leopardi's expertise as an extension of your professional practice. The level of experience and precision that his Practice offers makes it easy for you to refer your patients with complete confidence.

About Dr. Aldo Leopardi

Dr. Leopardi is the founder of DenteVita Prosthodontics. His focus is to provide functionally driven aesthetic solutions to patients requiring tooth borne fixed, removable, aesthetic and implant supported dentistry. With over 30 years of experience, from single tooth to complete rehabilitation, you can be assured that your patients are in the care of a skilled professional.

DenteVita® PROSTHODONTICS

7400 East Crestline Circle, Suite 235
Greenwood Village, Colorado 80111

P. 720.488.7677 // F. 720.488.7717

Visit our website: www.dentevita.com

Our goal at DenteVita is to do everything possible to build your confidence and exceed your expectations.

Call our office at

720.488.7677

to speak to Dr. Leopardi and find out how we can build a successful partnership.

Don't forget to ask about our referral packet!

"Life is better with DenteVita"

There's a Better Way to Protect Yourself

Berkley Risk of Colorado is dedicated to serving the dental and medical communities with customized, personal insurance services.

- Malpractice Coverage - *Administrator of the Dentists Professional Liability Trust*
- Workers Compensation
- Business owners Package
- Life Insurance
- Medical Insurance - *Personal and Group*
- Employment Practices Liability Coverage
- Disability Insurance
- Long Term Care
- Flood
- Privacy Data Breach

BerkleyRisk a W. R. Berkley Company

7807 East Peakview Avenue, Suite 350
Centennial, CO 80111
https://colorado.berkleyrisk.com

Phone: (303) 357-2600
Toll Free: (877) 502-0100
denver@berkleyrisk.com

For Sale

Dear Dentist Professional: We have been helping dentists lower their credit card processing rates for over 30 years. If you are paying over 1.65%, you are paying to much. Please contact us for a free no obligation examination of your current rates and fees. You get:

1. Free Terminal as shown
2. No Monthly fees
3. Free paper
4. No contract
5. Interchange rate

Contact us on our site at credit-card-processing.com or call us at 1-888-895-3129

CO Springs: Collecting $850K in last 4 years with 5 +1 ops, A-dec, Dental-Ez, soft tissue laser, Cerec, and milling machine. Contact HSPPT Consultant Dan Van Eps, 303-906-6408, dan.vaneps@henryschein.com. #CO111

General Practice for Sale: South Suburban Denver (CO 2012). Highly desirable location. Well established practice that has been successfully running for 38 years. Annual Revenues $714K. Office includes 6 Ops, 2620 square feet – Dr. Retiring. For more information, please contact us at jed@adsprecise.com or call 303.759.8425 and use the listing reference number CO 2012.

Medical Office Building for sale (CO 2007) in Federal Heights, 4,700sq ft, built in 2010, custom alder woodwork and granite throughout, fireplace in upper lobby, could subdivide for multiple organizations. For more information, please contact us at jed@adsprecise.com or call 303.759.8425 and use the listing reference number CO 2007.

General Practice for Sale: Southwest Colorado Springs (CO 2010) Annual Revenues $319K, 3 Ops fully enclosed, 1682 sqft – Dr. Retiring. Sale price $239K. For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 2010

GP for sale in Central Denver (CO 1910) Sales Price $489K 6 OPS, 3,600 sqft, $740K collections, Dr retiring. For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 1910 `

Perio practice for Sale: Denver Metro area (CO 1909) Annual Revenues $500K, 3 Ops, 1,323 square feet. For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 1909

GP for sale in CO Springs (CO 1908) Collections $465K, 2,043 sq ft, 5 OPS. Sales price $250K. . For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 1908

Endo for Sale in Southern Colorado (CO 1907) 5 DTR, $475K in collections, Dr Retiring. For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 1907

GP for sale in Denver (CO 1906) Beautiful 5 Op in Denver Metro Sales price $125K, Dr moving out of the area. . For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 1906

GP for sale in Colorado Springs (CO 1904) 4 Fully Equipped Ops, $250K in collections, 2540 sqft, Dr Retiring. For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 1904

GP and free-standing Building (sold with practice) for Sale in Woodland Park (CO 1803) Dr retiring, annual revenue $275K, 5 OPS. Room for growth! - Practice price $200K and Building price $495K. For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 1803

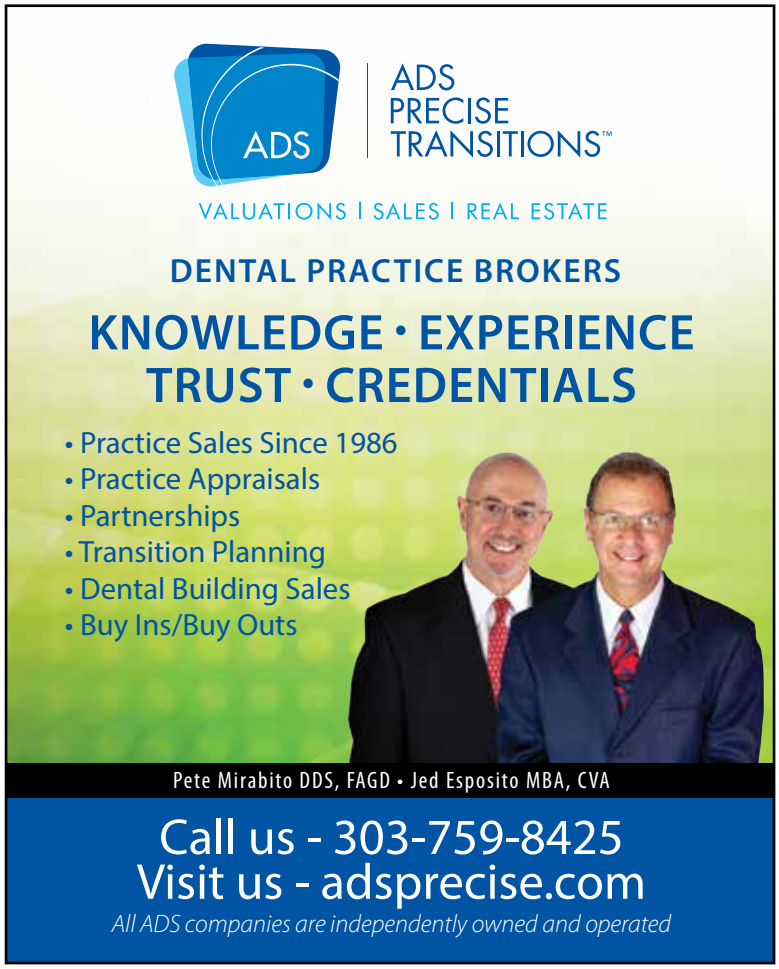
GP in West Denver for sale with Building (CO 1706) Purchase Price $630K for practice + $1.175M for building 4600sqft + 1400sqft basement, $810K collections, 5 OPS, Dr retiring. For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 1706

GP for Sale: North Eastern CO (CO 1735) 4 Ops, approx. $900K in collections, Stand-alone bldg. sold w/practice. Dr. retiring. For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 1735

GP for Sale near Aspen CO (CO 1613) Well established Gross $660K. Net $212K 4 + 1 ops., attractive lease. 4 MONTHS FREE RENT 3 1/2 days/wk. For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 1613

OMS practice, western mountains near Vail and Aspen, (CO 1350) Annual Revenues $840K, 3 ops, 1,300 square feet, adjacent to hospital, price $299K Excellent GP referrals, Great Opportunity! Dr. retiring. For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 1350

GP for Sale: Pueblo, CO (CO 2006) 4 Ops, 1900 sqft office, $393K in collections. Dr. retiring. For more information contact ADS Precise: 303-759-8425, email: jed@adsprecise.com, www.adsprecise.com. Listing Reference Number: CO 2006



27

Leveling the Playing Field

Allow our team of expert brokers to help you achieve the most favorable terms on your next lease or purchase negotiation.

CARR Healthcare is the nation's leading provider of commercial real estate services for healthcare tenants and buyers. Our team of experts assist with start-ups, lease renewals, expansions, relocations, additional offices, purchases and practice transitions.

CARR HEALTHCARE

ONLY HEALTHCARE.
ONLY TENANTS AND BUYERS.®

DENVER METRO
Dan Gleissner
303.748.7905
dan.gleissner@carr.us

NORTHERN COLORADO
Phillip Redmond
970.409.0307
phillip.redmond@carr.us

SOUTHERN COLORADO
Kent Hildebrand
719.440.0445
kent.hildebrand@carr.us

CARR.US