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1st Quarter 2018

MDDS Connections for Metro Denver's Dental Profession

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ARTICULATOR

RMDC18 WRAP-UP

SAVETHEDATE

DENVER 2019 RMDC
ROCKY MOUNTAIN DENTAL CONVENTION

JANUARY 17-19, 2019

METRO DENVER DENTAL SOCIETY

1st quarter 2018

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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

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Make Your Vote Count!

By **Nicholas Chiovitti, DDS**

Well, we made it through the Rocky Mountain Dental Convention. It was the most successful convention MDDS has ever had! A heart-felt thank you to all who attended and enjoyed everything that RMDC had to offer. To the committee members that met throughout the year and to our sponsors and exhibitors – you have my deepest appreciation and full understanding that the convention would not have been possible without your support.

"We are allowed 70 seats at the HOD and I am asking that you come join me to make our voice heard. "

The MDDS staff continues to amaze me with their talent, commitment and hard work during the convention and in the day-to-day operations at the Mountain West Dental Institute (MWDI). Planning and continued improvements have already begun for the 2019 RMDC and I can't wait to see what the future holds for us.

MWDI continues serving as the premier center for dental education in the Rocky Mountain region. We have a full CE calendar planned for you. Look for courses from Drs. Brian Gurinsky, Sam Low, Brad Potter, John West, Jeffery Young and more. More information and registration is available online for upcoming courses. Most are available now. Courses will fill up fast, so make sure you and your dental team don't wait to sign-up.

This summer, the Colorado Dental Association (CDA) will host its annual House of Delegates on June 8-10 in Crested Butte, CO. We have a duty to the Metro Denver Dental Society to represent our component society. We are allowed 70 seats at the HOD and I am asking that you join me to make our voice heard. Your vote at this level matters. The CDA will have a list of resolutions that is our duty to be informed on. I am sending this request out early so you can plan ahead. I understand everyone has families and practices to make accommodations for, but I urge you come to Crested Butte to take an active role in our Society. As information of resolutions becomes available, MDDS will help distribute details to ensure members are well-informed far in advance.

I have a few personal goals to achieve before leaving office which include:

1. Increasing the number and diversity of committee members at MDDS.

2. Continuing to improve the number and quality of CE courses at MWDI.

3. Improve our relationships with members and our vendor partners.

4. Keep the cost of courses low for members and help members' dental teams attend courses that are beneficial to their careers.

5. Improve our outreach to the metro Denver community to help find solutions to their oral health needs.

Finally, I encourage you to read this mission statement of our Society. It is what we strive for every day for our members and what holds the Board of Directors and staff accountable to what matters most.

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

Again, thank you all for being members of the best component society in the country. I am so proud of each and every one of you for all that you do to make our profession the best. ■

MDDS NEEDS YOU!

Make your voice heard and become an MDDS delegate at the Colorado Dental Association House of Delegates.

Friday, June 9, 2018
9:00am – 5:00pm
Elevation Hotel & Spa
500 Gothic Rd
Crested Butte, CO 81225

Visit cdaonline.org for more information on the House of Delegates and CDA's Annual Session. Email Korinna Milam at membership@mddsdentist.com or call (303) 488 – 9700 ext. 3269 to become a delegate.

Cowboy Ethics

By **Allen Vean, DMD**

I have volunteered for many years with the Evans Scholarship Foundation. The Foundation awards full college scholarships (tuition and housing) to deserving high school golf caddies who are in need and have met a number of requirements. A caddy academy has been established at Common Ground Golf Course in Aurora through the generosity of two local Evans Scholarship alumni, George and Geoff Solich. The academy identifies middle and high school candidates for possible consideration of a scholarship. Caddy training is given to the students and strict requirements including academic performance, caddy rounds, financial need and personal recommendations must be met. Another requirement of the academy requires prospective candidates to attend leadership classes and volunteer for charitable causes.

Leaders of various industries speak to the students regarding career opportunities after graduation. One aspect of leadership training is based on the 2010 book by James P. Owen, *Cowboy Ethics*, in which he describes the Code of the West. The Code of the West is akin to the ten commandments of leadership. I have listed them below as I believe their relevance applies to our profession and personal lives as well:

1. Live Each Day with Courage
2. Take Pride in Your Work
3. Always Finish What You Start
4. Do What Has to Be Done
5. Be Tough, But Fair
6. When You Make a Promise, Keep It
7. Ride for the Brand
8. Talk Less and Say More
9. Remember That Some Things Aren't for Sale
10. Know Where to Draw the Line

As you review the list, take note of what applies to dentistry. Taking pride in your work should not only be your responsibility but should pervade your entire practice and every staff member. From the moment a patient arrives to when they leave your office, a sense of pride should be detected from both sides.

I have always believed in dealing with staff issues directly. As a leader, you gain your staff's utmost respect when issues are resolved swiftly. One must be tough, but fairness is mandatory. You must also do what has to be done. As we all can attest that issues arise frequently. Communication skills are more effective when one talks less and says more. My grandfather always reminded me that you never learn anything by talking.

All of us have difficult patients. There is no need for a detailed description here. These individuals have a history of non-compliance beginning with the first appointment all the way through treatment. However, knowing where to draw the line can help reduce the dysfunction and stress.

We all have projects that get put on the backburner for whatever reason. They may be what we call "in progress." These projects can range from updating computers or health histories to equipment, policy manuals, etc. Our schedules become so busy that by the end of the day, we simply do not get around to tackling these important issues. One needs to finish what you start. How frustrating is a software issue that could have been solved by installing the latest update or only partially completing equipment maintenance? Make a promise to yourself to complete your list of projects and keep to it.

> *"The Code of the West is akin to the ten commandments of leadership."*

Our profession still ranks high in the eyes of the public. Doctor-patient relationships should remain of the utmost importance. Integrity, honesty, ethics and commitment to our patients should never be for sale or compromised. As our President said to me so eloquently, "do the right thing."

You may also note how the Code of the West applies to our personal lives. As someone who has faced personal tragedy and life-threatening illness, I suggest you live each day with courage to face life's challenges. We will all be better for it.

Just a note of thanks to all the members who so graciously gave of their time to volunteer and attend the RMDC. Your efforts are deeply appreciated. Enjoy the issue. ■

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BENEFITTING

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New Members, Welcome!

Dr. Mohamed Basha
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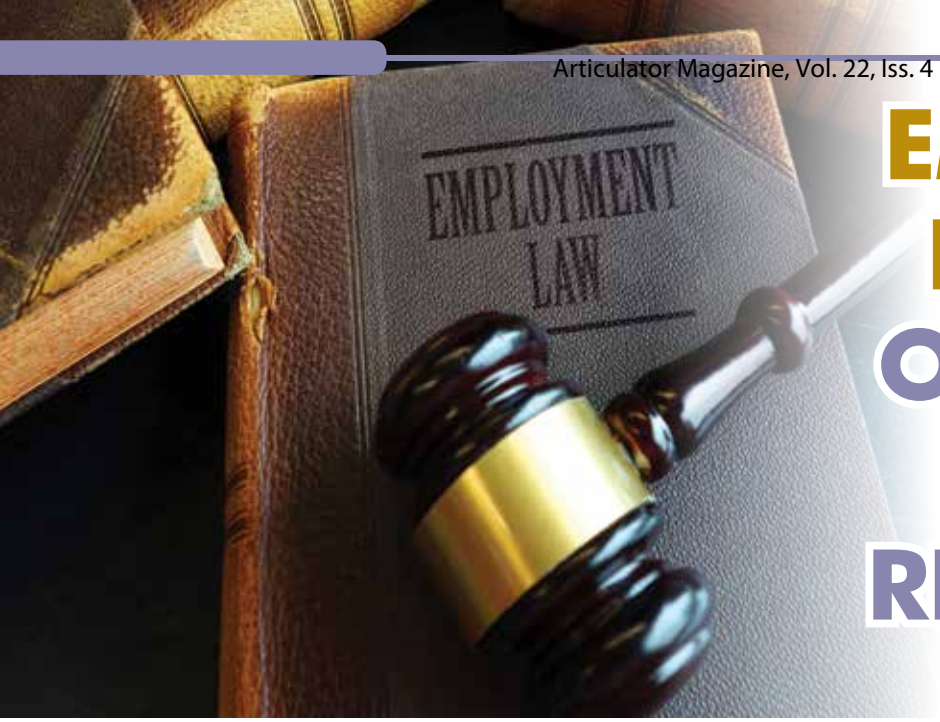
Dr. Matthew Hansen
Dr. Michael Holmberg
Dr. Mihai Itoafa
Dr. Erik Jenson
Dr. Kitae Kim
Dr. Elizabeth Knott
Dr. Gabe Luttrell
Dr. Jennifer Manske
Dr. Andrew Nguyen
Dr. Evelyn Qi
Dr. Sarah Shin
Dr. Adam Vega



EMPLOYMENT LAW ISSUES OVER THE LIFE OF THE RELATIONSHIP

Every employer needs to be familiar with employment laws. Many federal laws that apply to larger organizations have a substantially equivalent state counterpart. Most of those state counterparts apply to employers with as little as one employee. Additionally, some state laws go further than their federal counterparts and when an employer is subject to both federal and Colorado laws, the law which imposes the higher standard on employers or provides the greatest protection to employees applies.

From the beginning of an employment relationship through termination and even after the relationship has ended, an unwary employer can run afoul of employment laws. Discrimination laws limit what you may ask an applicant. Disability discrimination laws require employers to take steps to accommodate individuals with disabilities in the application process and after hiring. An individual's religious beliefs may also require accommodation. Depending upon the manner in which companies conduct background checks, employers may need to notify employees that they have certain rights related to those checks. Using criminal background checks in certain ways can constitute race discrimination.

Once an individual is hired, wage and hour requirements kick in. The federal minimum wage and overtime law applies to all but the smallest companies (and they are covered by Colorado wage and hour laws). Some employees may be exempt from overtime pay requirements, but those exceptions are often misapplied. Breaks, the requirement of uniforms, timing of wage payments and what records must be kept are all regulated.

Employers can and should adopt written policies to address situations that arise in the workplace as well as outline expectations for conduct and performance. Care must be taken in drafting these policies to make sure they are enforceable. For example, it used to be quite common for businesses to have policies prohibiting employees from sharing information about their wages. Now, the National Labor Relations Act (NLRA) and Colorado state law give employees the right to share the information. The NLRA also gives employees the right to unify for mutual aid and protection, which can extend to a number of activities including communicating about their employment on social media.

Disciplining a misbehaving or poorly performing employee, or failing to do so, raises risks of discrimination and other claims. The amendments to Colorado's Constitution permitting marijuana use left many employers confused about how these amendments impact the workplace. What seems to be a clear enough rule, that employment is at-will (meaning either party can terminate the employment relationship at any time, for any reason, with or without notice) has exceptions. Employees may not be terminated for reasons that violate public policy. Notwithstanding the employment at-will doctrine, enforceable contracts can be created by offer letters, oral agreements and handbooks. Employees may not be terminated for engaging in lawful, off-duty, off-premises activity.

Employers may not retaliate against employees for asserting their rights under various employment laws or for participating in investigations, charges or complaints. Even after the employment relationship ends, it is possible for an employer to retaliate against an individual and trigger liability by the way in which they give employment references. Other potential post-employment concerns include employee defection, misuse of trade secrets and employee rights to access their personnel files.

Employment law can be confusing and nerve-racking for companies. Each employer should seek out a relationship with an employment attorney to guide them through the intricacies of the law and help keep them and their employees protected. ■

About the Author

Ms. Susan Schaecher is a partner in the Denver office of Fisher Phillips, a national labor and employment law firm. They advise employers on employment discrimination, wage and hour, employee defections and trade secrets, and a wide array of other employment-related issues. Ms. Schaecher was a speaker at the 2018 RMDC.

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MEMBER SPOTLIGHT

Dr. Brian Gurinsky, DDS, MS

MDDS President-Elect

What influenced you to go into dentistry and specialize?

"From an early age, I was always interested in healthcare. Medicine seemed to be going in the wrong direction (as far as a career went) and dentistry was a natural fit, especially since I enjoyed working with my hands. Periodontics appealed to me because the procedures were challenging and diverse and there were so many exciting advances in techniques, materials and technology."

What is the #1 issue you see dentistry facing in the next 5 years?

"It is hard to pick just one. I am very concerned with the skyrocketing cost of education and debt load facing young dentists. I am also concerned with the growing trend of dentistry becoming commoditized. This trend can only decrease the product that the dental field puts out."

You have dedicated a significant amount of time to volunteering for MDDS. Why do you feel it is important to give back?

"I think it is important to volunteer and get behind anything you have a passion for. When I came to Denver, I pretty much moved here cold. I knew almost nobody and getting involved with MDDS was a way for me to meet colleagues and not feel so isolated in my practice. I have met so many fantastic people that I know I would never have gotten to meet had I not gotten involved. Many of the dentists I met early in my career I am happy to now call friends. I also feel we all have a duty to give back, in a sense, and MDDS has allowed me to give back to my profession and have a voice in what I am passionate about."

Since you own two successful periodontal offices, what business advice would you give a dentist just starting out?

"That is a tough one. Dentistry is a hard occupation. It can be emotionally, physically and mentally draining. That said, it has been a very fulfilling career. I would tell any dentist starting out to focus on developing the skills it takes to be a great dentist. In other words - avoid bad habits, taking short cuts and putting off CE. When we graduate dental school, we are given just enough education and skill to be dangerous. Surround yourself with great dentists and mentors. We are all a work in progress."

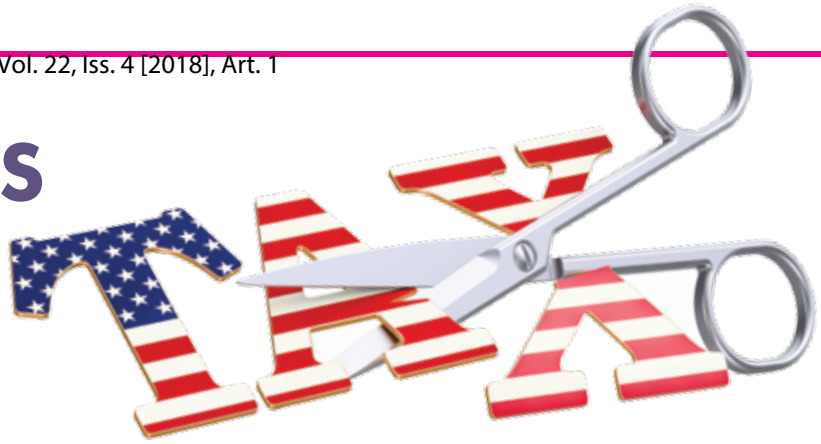
If you weren't a dentist what would you do?

"FBI or CIA agent. "

MDDS WOULD LIKE TO HONOR OUR PAST PRESIDENTS 1893-2017

1893-1894	W.F. Bradner
1894-1895	C.N. Guyer
1895	E.R. Warner
1895-1896	A L. Whitney
1896-1897	J.S. Jackson
1897-1898	William Smedley
1898-1899	E.R. Warner
1899-1900	H.A. Fynn
1900-1901	W.T. Chambers
1901-1902	W.H. Hall
1902-1903	William L. Roberts
1903-1904	W.A. Brierley
1904-1905	Will P. Smedley
1905-1906	H.F. Hoffman
1906-1907	I.C. Brownlie
1907-1908	A.C. Watson
1908-1909	T.E. Carmody
1909-1910	John Steele
1910-1911	Mallory Catlett
1911-1912	R.N. Pullen
1912-1913	James I. Laughlin
1913-1914	R.C. Quick
1914-1915	R.P. McGee
1915-1916	R.A. Adams
1916-1917	V. Clyde Smedley
1917-1918	Lynn D. Mathews
1918-1919	A.G. Kelly
1919-1920	Max Giesecke
1920-1921	Louis Adelman
1921-1922	A.C. Hamm
1922-1923	W.O. Brubaker
1923-1924	C.J. Hamilton
1924	H.W. Wilson
1925-1926	E.E. Bailey
1926-1927	I.R. Bertram
1927-1928	E.C. Carter
1928-1929	H.B. Talhelm
1929-1930	O.H. Devitt
1930-1931	A.W. Starbuck
1931-1932	F.A. Peterson
1932-1933	S.F. Brannan
1933-1934	H. Watson
1934-1935	R.R. Gibson
1935-1936	E.F. Warren
1936-1937	R.H. Taylor
1937-1938	L. Glenn Cody
1938-1939	Jess M. Peabody
1939-1940	P.A. Barker
1940-1941	R.L. Christy
1941-1942	E.G. Netherton
1942-1943	R.H. McBride
1943-1944	Miles R. Markley
1944-1945	L.W. Swaggart
1945-1946	William R. Humphrey
1946-1947	G. H. Jackson
1947-1948	Bruce Tidwell
1948-1949	Arthur G. Clarke
1949-1950	H.A. Stewart
1950-1951	Kenneth F. Grove
1951-1952	H.A. Neuman
1952-1953	G.H. Siersma
1953-1954	J.C. Rosnick
1954-1955	Rolla R. Maier
1955-1956	Ralph F. Tower
1956-1957	Harold L. Harris
1957-1958	William P. Humphrey
1958-1959	Ben Kletzky
1959-1960	Ray G. Perschbacher
1960-1961	Ernest T. Klein
1961-1962	William D. McCarthy
1962-1963	Thomas O. Clark
1963-1964	Fred L. Lilly
1964-1965	Jack D. Nassimbene
1965-1966	Donald J. Walden
1966-1967	William H. Hiatt
1967-1968	William V. Peters
1968-1969	Alton F. Due
1969-1970	Roy C. Lininger
1970-1971	Howard L. Wilson
1971-1972	Otis L. Wedum
1972-1973	Ray Hailey, Jr.
1973-1974	Robert H. Sprigg
1974-1975	William A. Nies
1975-1976	James R. Hueston
1976-1977	Dennis Z. Nelson
1977-1978	Jacob M. Eisenson
1978-1979	Charles R. Amen
1979-1980	David W. Humbargar
1980-1981	Earl N. Seavall
1981-1982	John A. Forney
1982-1983	Arthur H. Robbins
1983-1984	Robert S. Bushey
1984-1985	Peter K. Spence
1985-1986	Gene E. Meyer
1986-1987	Louis M. Orzolek
1987-1988	James C. Nock
1988-1989	Edward Leone, Jr.
1989-1990	Jan B. Buckstein
1990-1991	Mervin W. Graham
1991-1992	Glen S. Zelkind
1992-1993	Robert J. Denny
1993-1994	Patrick Stranahan
1994-1995	James E. Miller III
1995-1996	Roger V. Anderson
1996-1997	William A. Pfeifer
1997-1998	Jack M. Allen
1998-1999	Rhett L.Murray
1999-2000	Paul W. Bottone
2000-2001	Roberta L. Shaklee
2001-2002	Kenneth S. Peters
2002-2003	Michael N. Poulos
2003-2004	Jeffery M. Hurst
2004-2005	Jeffrey T. Lodl
2005-2006	Michael R.Varley
2006-2007	David H. Klekamp
2007-2008	Terry Brewick
2008-2009	Troy A. Fox
2009-2010	Michael J. Scheidt
2010-2011	George G. Gatseos II
2011-2012	Charles S. Danna
2012-2013	D. Diane Fuller
2013-2014	Mitchell Friedman
2014-2015	Larry T. Weddle, Jr.
2015-2016	Ian J. Paisley
2016-2017	Sheldon Newman

TAX CUTS AND JOBS ACT FOR DENTISTS



By **Carly Carlson, CPA & Doug Fettig, CPA, MBA**

This past December, President Trump signed the Tax Cuts & Jobs Act into law, initiating the biggest overhaul to the U.S. tax code in almost 30 years. This is not an all-encompassing review of tax reform but covers certain key items that could impact you and your dental practice. In general, many of the items related to businesses are permanent changes to tax law, where the individual tax law changes often only apply from 2018 to 2025.

You should consult with your tax professional to determine how you can best take advantage of this new law.

At a very high level, the most significant changes include:

- Lower top rates for individuals
- Millions more Americans will take standard deduction
- Lower top rate for businesses (C corp)
- New deduction for pass-through businesses (S corp and partnership)

One action every practice should take is: review your entity structure!

"This past December, President Trump signed the Tax Cuts & Jobs Act into law, initiating the biggest overhaul to the U.S. tax code in almost 30 years."

Because of changes made to the top tax rate for C corporations, along with new deductions for S corporations, now is the time for every dental practice to revisit their entity structure.

These 2018 provisions allow for a deduction for 20% of qualified pass-through business income, subject to certain exclusions, limitations and phase-outs. Many S corp practices will qualify for this deduction, but high producing practices will likely phase out of any benefit.

In recent years, the majority of dental practices were established initially as LLCs (Limited Liability Corporations) and then converted to S corps when the timing was beneficial from a tax perspective. With the drop in the C corp tax rate from 35% to 21%, an S corp may not always make sense.

The best entity structure can only be determined with an in-depth analysis conducted by a tax professional, as there are many practice-specific variables that come into play (e.g. profitability, income growth expectations and succession planning).

Additional Business Tax Changes

DPAD

For tax years beginning after December 31, 2017, the Domestic Production Activities Deduction (DPAD) is repealed. If your practice milled crowns chairside and you utilized this deduction to receive a tax write-off, 2017 will be the last tax year you can receive the deduction.

SECTION 179

This well-known deduction, allowing a practice to depreciate the cost of new equipment in the first year, has been increased from $500,000 to $1 million for total annual asset purchases.

Individual Income Tax Reform

Income Tax Brackets

The highest tax bracket has been reduced from 39.6% to 37%. Historically, the married-filing-separately status would be subject to higher tax brackets than the single filing status, but under the new law, the marriage penalty only remains for those in the top tax brackets.

Standard Deduction

This change was made to simplify filings for most taxpayers. It's estimated that about 120 million tax returns will be impacted. By almost doubling the standard deduction, itemizing will not be beneficial to many taxpayers.

Itemized Deductions

State and local taxes: The deduction for state income, sales and property taxes have been capped in the aggregate to be $10,000 as an itemized deduction. This is a significant change for individuals living in high-tax states.

Mortgage interest: For home acquisition debt incurred after December 15, 2017, the deductible portion of interest is limited to $750,000 of indebtedness for married-filing-jointly.

Alimony

The deduction for alimony payments is repealed alongside the receipt of alimony as part of gross income for divorce or separation instruments executed after December 31, 2018.

Estate and Gift Tax

The estate and gift tax exclusion has been temporarily increased from $5 million to $10 million with indexing for inflation. This increase applies to deaths and/or gifts made after December 31, 2017 and before January 1, 2026.

Moving Forward

The recent tax code changes will impact everyone, from both a business and personal tax perspective. Meet with your tax professional now to ensure that you are strategizing what will provide you with the maximum. ■

About the Authors

Doug Fettig, CPA, MBA, has over two decades of experience as a CPA and a finance professional, providing him the unique ability to understand dentists' needs and help them grow efficient and profitable practices. His insight allows him to effectively communicate business concepts to dental practices while strategically addressing tax, investment and retirement planning needs.

Carly Carlson, CPA, has over eight years of experience advising businesses and individuals on taxation, accounting and management matters. In addition to tax and managerial consulting, Carly provides detailed financial and forensic analysis for attorneys throughout the Pacific Northwest.

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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.

Do I have to give my "Consent to Settle" a case?

The Trust: All settlements are based on the best interests of the dentist, patient and Trust Members.

Them: Read the fine print; ask about their "Hammer Clause."

How much surplus has been returned to dentists in Colorado?

The Trust: Over $1.8M has been distributed back to Colorado dentists as a "return of surplus" (after all, it's your Trust, your money).

Them: $0

How many years has the company been serving Colorado dentists?

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

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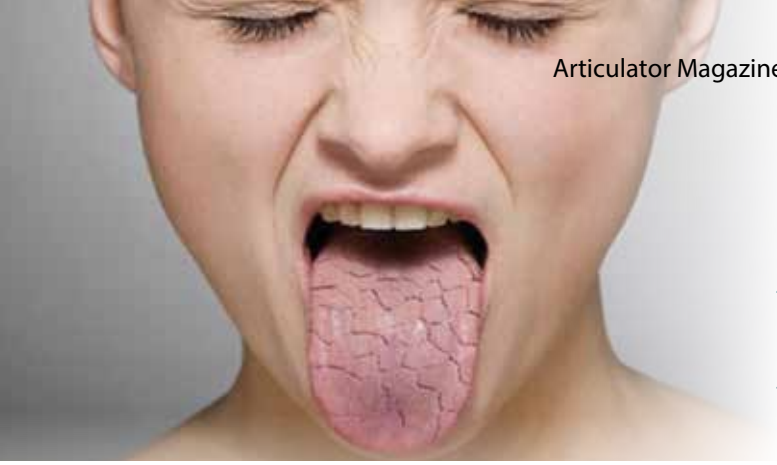

BUT YOU DON'T LOOK SICK: SJOGREN'S SYNDROME AND DENTAL PRODUCTS

By **Anne Guignon, RDH, MPH, CSP**

Last March I traveled to Cherry Hill, NJ, to attend a patient-centered conference. As I listened to the opening remarks from the CEO of the Sjögren's Syndrome Foundation (SSF), it became apparent that dental professionals need a greater understanding of both Sjögren's syndrome and autoimmune disorders in general. The next two days humbled me. I heard some wonderful speakers and I met dozens of people who were desperate for answers. Many shared their plights as they hoped for answers from the speakers. Four hundred and forty people just wanted to get their lives back on track or find ways to ease the burden of this syndrome on their loved one.

Sjögren's syndrome was first described in medical literature in 1888 by British physician W. B. Haddin. Dr. Haddin depicted a 65-year-old white female with a seven-month history of progressive dry mouth. Her symptoms included difficulty in swallowing, frequent fluid intake and dry eyes. While the patient's overall appearance was normal and her vital signs were not unusual, Dr. Haddon described her tongue as "red, devoid of epithelium and cracked in all directions like a crocodile's skin." In a 1933 paper, Swedish ophthalmologist Sir Henrik Sjögren was the first to describe the three key symptoms - dry eyes, dry mouth and arthritis.

Cause remains a mystery

The exact cause of Sjögren's is not known. Researchers believe that genetics, hormones and environmental factors are responsible for the condition. Some suspect Sjögren's develops as a result of a viral infection in a genetically susceptible host. Today Sjögren's is classified as an inflammatory condition. The body destroys the lacrimal glands and salivary glands that produce moisture in the eyes and mouth. Over time, patients experience a decrease in moisture flow and quality. A 2016 study conducted by the SSF found that 92% of all respondents reported both oral and ocular dryness, which are known as sicca symptoms. Fatigue and muscle and joint pain are also common.

Diagnosis is another challenge. While children and adolescents do develop Sjögren's, it is not a common illness for those age groups. Only about 8% of the children and adolescents with Sjögren's have dry mouth or dry eyes, while between 40% and 60% of children with Sjögren's experience swollen parotid glands as a primary clinical presentation. Ninety percent of those diagnosed with Sjögren's are women. This is typical for autoimmune disorders in general; however, there is speculation that the prevalence among males may be higher but goes underdiagnosed. As recently as 2012, it took nearly six years to get an accurate diagnosis. By 2016, the average time frame to be diagnosed was about three years.

"The exact cause of Sjögren's is not known. Researchers believe that genetics, hormone, and environmental factors are responsible for the condition"

Along with the difficulty of getting an early and accurate diagnosis, autoimmune disorders tend to cluster. It is not uncommon for siblings or other family members to be diagnosed with the same or other autoimmune conditions including Hashimoto's thyroiditis, Graves' disease, rheumatoid arthritis or lupus. Conversely, someone with rheumatoid arthritis is at an elevated risk for Sjögren's or other disorders. One third of those with Sjögren's have at least one additional autoimmune disorder that is diagnosed either before or after Sjögren's.

Quality of life issues

The financial burden of medical care, medications, and time off work is staggering. Many conference attendees reported being under the care of five to six medical providers, a team trying to provide relief from the multiple symptoms. As Sjögren's progresses, pulmonary issues, vasculitis and lymphomas can develop. It is estimated that between 40% and 60% experience neurological conditions that affect both the central and peripheral nervous systems, often as early as a decade before the sicca symptoms appear. Neuropathies that affect both sensory and motor functions are not uncommon.

Saliva and tears are more than water; they are complex body fluids with properties that support health. Healthy saliva is a rich complex of proteins, mucins and lipids suspended in a watery base. Without adequate saliva, patients are at increased risk for caries, periodontal disease and fungal infections. The drier the mouth, the higher the risk for oral disease.

Despite the importance of saliva, salivary evaluations are rarely included in the initial patient exam or during periodic reevaluations. Clinicians should establish a baseline reference point and accurate reference points over time established with regular testing. Documenting salivary data allows clinicians to prescribe appropriate clinical or self-care solutions, monitor any changes and evaluate the effectiveness of any prescribed regimens. Anyone on the dental team can collect and record this data.

Helpful dental products

There are many factors that impact daily salivary flow. A healthy individual will produce between 0.5 to 1.5 liters of saliva daily. The related sidebar lists the steps required to determine resting and stimulated salivary flow rates. An adequate resting flow rate is between 0.25 and 0.4 ml per minute. Stimulated salivary rates should be between 1 to 3 ml per minute. Those with rates that fall below these parameters are classified as having dry mouth. At a minimum, it is easy to document salivary pH with a product such as phID (from Forward Science) or GC America's Saliva-Check Buffer Kit which includes components

to collect five data points.

To achieve optimal success, products which stimulate saliva production or improve saliva quality must be used continuously over time. Sipping water throughout the day may seem like a logical and simple solution, but this tactic has the potential to dilute the salivary mucins and proteins, components necessary to protect mucosal integrity and health.

Fluoride is an important preventive component for reducing decay risk and increasing remineralization; however, fluoride use in those who have no saliva presents a significant challenge. Calcium and phosphate need to be present for fluoride to incorporate into tooth structure. Saliva is the primary source of oral calcium and phosphate, so a certain amount of saliva is necessary for fluoride products to be effective.

Products that contain arginine bicarbonate calcium carbonate rely on oral microbes to produce metabolic waste products to raise and sustain oral pH at seven, a level that facilitates the deposition of both calcium and phosphate into existing tooth structure. In contrast to fluoride-based products, products using arginine technology do not require salivary moisture to achieve a beneficial outcome.

Tom's of Maine Rapid Relief Sensitive toothpaste and BasicBites chews are nonprescription products that contain sufficient amounts of this arginine compound to accomplish this goal. Daily use can create and support healthy saliva. Theodent is another nonprescription toothpaste that uses a unique theobromine/mineral complex to help remineralize tooth structure.
Stimulating salivary flow can be challenging. Many people experience an improved flow rate by using products that contain xylitol. Chewing xylitol gum stimulates flow for two reasons - chewing and the effect of xylitol on salivary glands. However, some experience TMJ or muscle fatigue from excessive chewing.

Allday spray is a supersaturated 44% xylitol liquid formulated with a muco-adhesive complex. The flavor is a very light mint, and the liquid is more viscous than other mouth sprays, which enhances the protection of soft tissues. Lubricity Oral Spray also contains xylitol and uses hyaluronan, a lubricating ingredient that has the properly to retain a large amount of water and reduce the co-efficient of friction in the oral cavity.

Several companies offer xylitol lozenges or candies. Two unique products in this category are Nuvora lozenges, which dissolve slowly and have the added antimicrobial benefit of essential oils, and XyliMelts, 100% xylitol discs with a vegetable adhesive backing. This allows users to position the disc just above the maxillary molars opposite the parotid gland to facilitate salivary flow.

Another approach to alleviating the devastating effects of oral dryness is prescription powders mixed with water, which create a supersaturated calcium phosphate oral rinse that can be used two to 10 times a day. NeutraSal has been available for several years and SalivaMAX is the newest entry in this category. After regular use for a few days, patients achieve oral comfort since the electrolyte concentration of the rinse is equal to that of human saliva.

The speaker who addressed ocular issues at the conference described that those who develop the sicca symptoms from Sjögren's or other autoimmune disorders are at increased risk for infection, an abraded cornea, blurry vision and eyelids that get stuck closed during sleep due to the lack of blinking. A patient's dry eye syndrome can be a combination of insufficient aqueous volume and rapid tear evaporation.

On average, most people blink every seven seconds, which is about 8,000 blinks per day. Not surprisingly, many people now suffer from computer vision syndrome, a condition that can cause damage to the gland in the eyelids. Blinking helps keep the eyes moist and healthy. Those spending three to four hours a day staring at a screen can have a blink rate reduction of 50% to 60%.

Tears are Mother Nature's first line of defense against microbes, and adequate tear production supports comfort. Since those with Sjögren's have a compromised quantity and quality of tear film, it is estimated that the eyes can have up to six waking hours where the surface of the eye is left without adequate tear protection.

Conference attendees said repeatedly that they did not want anyone to know they had Sjögren's. Since their outward appearances could easily conceal the turmoil going on inside their bodies, attendees said it is often hard for people to realize how sick they are.

They were tired of hearing platitudes like, "You don't look sick at all." Others described how anxious they feel as their funds dwindle in a desperate attempt to keep up with their increasingly complex medical situations. While social security disability is one avenue to ease the financial burden, the process is long and arduous, generally taking many years to get an application approved.

It was clear that Sjögren's and related autoimmune conditions turn people's lives upside down. As I left the conference, it became abundantly clear to me that dental professionals can have an active role in the early and accurate diagnosis of Sjögren's and other autoimmune disorders.

We also have knowledge that can improve the oral comfort level and quality of our patients' lives. Start looking for signs and symptoms. Start asking questions and start offering real solutions beyond simply sipping water.

Checking salivary flow rates
Patients should avoid the following one hour prior to testing: eating or drinking, smoking, brushing or using a mouth rinse.

Visual inspection - resting rate

1. Retract lower lip
2. Dry inside of lip with gauze
3. Time droplet formation
4. Over 60 seconds equals low resting flow rate

Testing stimulated flow rate

1. Chew unflavored wax for five minutes
2. Expectorate saliva periodically into collection cup
   - normal is 1-3 ml
   - low is 0.7 to 1 ml
   - very low is less than 0.7 ml ■

About the Author
Anne Nugent Guignon, RDH, MPH, CSP, provides popular programs, including topics on biofilms, power driven scaling, ergonomics, hypersensitivity and remineralization. Recipient of the 2004 Mentor of the Year Award and the 2009 ADHA Irene Newman Award, Anne has practiced clinical dental hygiene in Houston, TX since 1971. She can be contacted at anne@anneguignon.com

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- ☐ Emax

PFMs
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- ☐ Noble
- ☐ High Noble

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- ☐ Flexible/Vitallium Combination
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WHY DOES PRACTICE MANAGEMENT WORK FOR SOME AND NOT FOR OTHERS?

We received feedback from hundreds of dentists over the years on their experiences with practice management consultants. Most tell us they learned and implemented a few good systems which seemed to help the practice run better. But for many, things did not really change much and for all the money they spent, they did not see the rewards they were expecting.

Was the failure to achieve the desired results the fault of the consultant, the doctor or both? Perhaps it is neither. It may simply be a function of incongruent values. To understand why that may be the case, consider the following behavior model:

The first element of the behavior model is needs, especially as they relate to our motives. According to psychologist Abraham Maslow, everyone is motivated by one of four human needs: 1) survival (food, clothing, shelter, safety), 2) belonging (a sense of "fitting in" and being needed or valued), 3) love and affection (to love and be loved by others) and 4) self-actualization (learning, growing, reaching your potential and knowing that your actions are making a difference in the lives of others).

The next element is your belief window, or in other words, your values. Your values are formed by your environment and what you learn within it. They govern your attitudes and your decisions. They essentially create an internal map of your behavior. Your needs are what drive you and your values determine how you will respond to your needs and go about meeting them. Sometimes, however, your values may not be correct. Unless they correspond to correct principles, you are likely to experience frustration and disappointment in your attempts to meet your needs.

For example, recall what Maslow said about belonging (a sense of "fitting in" and being needed or valued). You may be driven by a need for a more meaningful relationship with your patients. However, you may value yourself too much to make a good meaningful connection with your patients. Perhaps your ego is more important to you than the feelings of others. Perhaps making more money is more important to you than sharing that success with others. Perhaps having time to pursue your own interests and desires means more to you than spending time with staff members and furthering their interests. While your basic need for relationships continues, the values you employ will not likely meet that need.

With that in mind, let us revisit the question of who is at fault for not meeting the desired practice management results, the doctor or the consultant. An incongruence between the consultant's values and the client's values is a primary reason why practice management systems and procedures do not always produce the desired results. It's like trying to pound a square peg into a round hole.

"If your values and/ or the values of the practice management system you choose to employ are not based on correct principles, you will most likely be disappointed with the results."

Consider this illustration: You are traveling through Denver but have a map of Chicago with you. You stop and ask me for directions. I try to explain how to get to your, but you cannot understand my directions in the context of your map, so we both end up frustrated and confused. I could give you a lot of positive affirmation, tell you that you're doing a great job to make you feel better temporarily, but it would not change the fact that you are lost. The territory (reality/need) is not in line with your map (values). Your values are the map against which you measure your life. The map may or may not correctly reflect the territory in which you are traveling. Have you heard of people needing a reality check? This is why.

The third element of the behavioral model is defining your values, or your belief window, in specific terms. This involves introspection. You need to determine what is important to you – what you want in life – and put it in writing. Setting goals, developing a mission statement and writing a business plan are all examples of this element.

Your behavior itself is the fourth element. Your behavior is essentially the application of your values to a particular situation or context. For example, if you value good health, you are likely to eat right, exercise and take care of yourself. This might mean skipping dessert or choosing to take the stairs instead of the elevator.

The final element of the model are your results. Your results are what you get from your behavior. They represent what occurs as a result of your choices.

Now here's the key concept to this entire model: If your values are based on correct principles, you will meet your original needs. If they aren't, you are likely to end up with unsatisfactory results. If your values and/or the values of the practice management system you choose to employ are not based on correct principles, you will most likely be disappointed with the results. Take a look at the results you are currently experiencing in your practice? Are they what you want? If not, it might mean that you need to revisit your values.

For example, if your need is to earn more money by increasing patient flow and revenues, your behavioral model might look something like this:

1) Need: To make a good living and earn more money.

2) Belief Window: I will work hard by providing the best dental care possible and then patients will refer their family and friends, increasing revenues.

3) Rules: Study hard, take a lot of CE courses, set up procedures and systems so I deliver top-notch dentistry.

4) Behavior: Primarily focus on providing quality dental care but fail to cultivate meaningful relationships with patients and staff members.

5) Results: Patients receive great dental care, but patient referrals and patient flow are still low, as are revenues.

Many times, people get so caught up in doing things their way that they fail to see how their beliefs and values affect the results. It's often easier to see where or how someone else is failing than to recognize the problem in our own lives. Drug use, for example, may seem to fill an immediate need for a person in the short-term through escape, relaxation and pain relief. In the long-term, it results in dependency, financial hardship, failed relationships, health problems and possibly death. Yet, the user may not be able to see where he or she is headed. They only consider the immediate benefit or relief it provides.

Another great example of someone whose needs were not being met until he decided to change his values and his attitude comes from the movie "Groundhog Day." There's a good lesson to be learned from it. Bill Murray plays Phil, a weather reporter visiting the town of Punxsutawney, PA to do a report on Groundhog Day. Because of his self-serving actions, he is caught in a horrific loop of living the same day over and over again. He illustrates Albert Einstein's classic notation, "The definition of insanity is doing the same thing over and over again but expecting different results." After many days, Phil decides to change his attitude and become more caring and unselfish towards others. He discovers, to his delight, that this change finally breaks the cycle and he wakes up to a new day.

You may or may not be able to change what you see or what is around you, but you can always change the way you see it and react to it. It is unfortunate, however, that most of us never change for the better unless something earth-shattering happens in our lives to motivate us to action. It is rare to see a person commit the same mistake fewer than three times. Knowing about this odd bit of human behavior can be empowering. You can change your behavior and avoid mistakes and avoid failure if you are aware, educated and willing to do so.

If you think about it, the way your practice operates is really just the sum of all the choices you have made for it over the years. Understanding this, you can begin looking more closely at your choices and evaluating your beliefs. You will then be able to meet your needs more frequently and effectively than a person who chooses to ignore such principles. It is much easier to define your career path when you are living your life in accordance with correct principles. Moreover, it will be much easier to utilize practice management systems when you know and understand your own values and beliefs and are able to discern if those systems are complimentary to your own values and belief system. Regardless of what practice management system you chose, if you do not figure out how to be part of the solution to the obstacles you face, you will spend a lot of time and money prolonging the problem. ■

About the Authors

Larry Chatterley and Marie Chatterley are managing partners with CTC Associates, a practice transition consulting company that has helped facilitate over 1,500 practice transitions in the last 29 years. You can reach them at info@ctc-associates.com.

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MDDS MEMBER CHANGES LIVES THROUGH DONATED DENTAL SERVICES (DDS)

Steven, a 65-year-old, who resides in Lakewood, was born with a developmental delay and coordination challenges. He spent much of his childhood in a group home. As a young adult, Steven got a job in a factory and worked there for many years. Unfortunately, his cognitive issues worsened over time and was diagnosed with Alzheimer's disease in 2014. He now lives with his sister. In addition, Steven's dental health deteriorated after not seeing a dentist for many years: his teeth became decayed and fell out while he ate.

Sadly, Steven was unable to afford the dental treatment he needed. His monthly Social Security Disability benefit doesn't even cover his living expenses, and while his sister serves as his primary caretaker, she wasn't able to afford expensive dental treatment either. It seemed Steven had nowhere to turn for help and his dental health continued to worsen.

MDDS Member Dr. Shawn Maloy with DDS patient Steven.

Thankfully, Dental Lifeline Network's Donated Dental Services (DDS) program was able to assist. MDDS member and DDS volunteer Dr. Shawn Maloy extracted two teeth, and with the help of a volunteer lab, donated two four-unit bridges.

"After the generous donation of dental work, coordinated through DLN, my brother is able to smile for the first time in his life without being self-conscious. When the dentist completed the work on my brother's smile, I literally burst into tears. Everyone has been so kind and helpful through this whole process and his new smile has been an amazing gift." – Steven's Sister

Thanks to kind volunteers including Dr. Maloy, Steven received donated treatment that he could not afford on his own!

DLN has 391 dentists who volunteer in the Denver area, and since inception has provided care for over 6,400 patients in the Denver DDS program. To volunteer or learn more about Donated Dental Services (DDS), visit dentallifeline.org ■

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LEAD YOURSELF FIRST

By **David Maloley, DDS, FAGD**

Dentistry can be a demanding profession. Not only should you be continually expanding your clinical skills, many of you also must run a practice. Your team is looking to you for purposeful planning and thoughtful decisions. In order to optimally lead a team, you should first be a strong leader of yourself.

Let's breakdown this concept into four components: 1) psychological 2) physiological 3) people skills and 4) personal productivity. Each area of focus can positively impact our lives and those we serve. The synergistic potential of all four is incredibly powerful.

There is a psychological power to understanding who you are, what you want to become and how you intend to get there. This affects dentists' psyche in two important ways.

First, it gives you the ability to appreciate and expand upon the things you enjoy about your practice:

- The autonomy to recommend and administer patient care according to your own experience and clinical acumen
- Satisfaction in knowing your work is meaningful in improving patients' appearance, health and well-being

Second, it empowers dentists with the courage to change the things that are obstacles to your personal and professional missions:

- Office environments that foster blame, duplication of effort and inefficient appropriation of resources
- Excess stress due to unmanaged patient commitments, paperwork and overhead

Sometimes the office schedule will require the energy output of an elite athlete. Many of you have felt the physical toll that patient care can take on your bodies. But how much importance are you putting on the physiological side of the profession? Being physically fit and refreshed allows your mind to be more alert and creative.

What keeps you feeling energized? Is it a walk, a run, lifting weights or yoga? Being prepared for the clinical days means your nervous system should be revved up when you walk through the practice door. Having a morning routine that includes vigorous exercise is a great way to get prepared for the day. A high level of health will minimize fatigue and help prevent work-related injuries.

Having a successful practice is largely dependant on your people skills. No one can deny the importance of people, or "soft," skills in a dentist's repertoire. People are naturally apprehensive when sitting in the chair and the dentist's ability to put patients at ease will result in smoother procedures, greater satisfaction and better case acceptance. Mostly, patients just want to be understood.

You also want to be understood. But, do you clearly articulate the value of the services you provide to your patients?

Strong people skills will help your interactions with assistants, hygienists and your administrative team members become more collaborative and effective. Be authentic about your own shortcomings and realize you don't have all the answers. Invite your team to offer ideas and advice. This autonomy also will spur your team to lead themselves.

To maintain a successful practice, you should create goals and establish strong habits to achieve them. Personal productivity also requires a commitment to systematically remove bad habits! Analyze the wasted time and motion during your day. Be efficient when you are working in your practice and when you are working on your practice. Your team is likely to follow your lead.

Self-leadership creates a focused approach to problem-solving. As our personal behaviors are improved, our goals can become bigger. Steps required to accomplish your goals will seem easier and better-defined. You can now be more intentional about how you respond to the challenges in your practice and in your life.

As you go forward, stay accountable and embrace that positive change in your practice starts with you. You deserve the very best. Your team, patients and family deserve the best you! ■

About the Author

Dr. David Maloley hosts the very popular podcast, The Relentless Dentist Show. David grew up working on a family farm in Lexington, NE. He attended the University of Nebraska in Lincoln, where he earned his bachelor's degree and later his DDS. In 2003, Dr. Maloley completed an Advanced Education in General Dentistry residency in Ft. Jackson, SC, then served as a Dental Officer in the US Army for the next five years. While in the army, Dr. Maloley was stationed at dental clinics in Giebelstadt, Germany for two years and Vicenza, Italy for another two years, providing general dentistry services for the local military communities. After he returned to the US in 2007, he worked at a private practice near Charlotte, NC for two years before relocating to Colorado to open Vail Valley Dental Care.

OPENING SESSION

Speaker, Laurie Guest, kicked off the 2018 RMDC and had the crowd hanging on every word learning how to live life effectively in the "espresso lane."

RMDC CLASSES

The 2018 RMDC offered a packed schedule of continuing education courses for dentists and the whole dental team. Attendees learned the latest techniques in hands-on courses as well as trends, theories and technologies in lecture courses.

EXPO HALL

The RMDC Expo Hall featured the newest products and technologies from over 260 exhibiting companies at over 300 booths. Attendees were able to earn CE at the new Summit: CE & Demo Stage in the center of the exhibit floor.

FRIDAY NIGHT PARTY

RMDC attendees danced the night away at the RMDC Friday Night Party.

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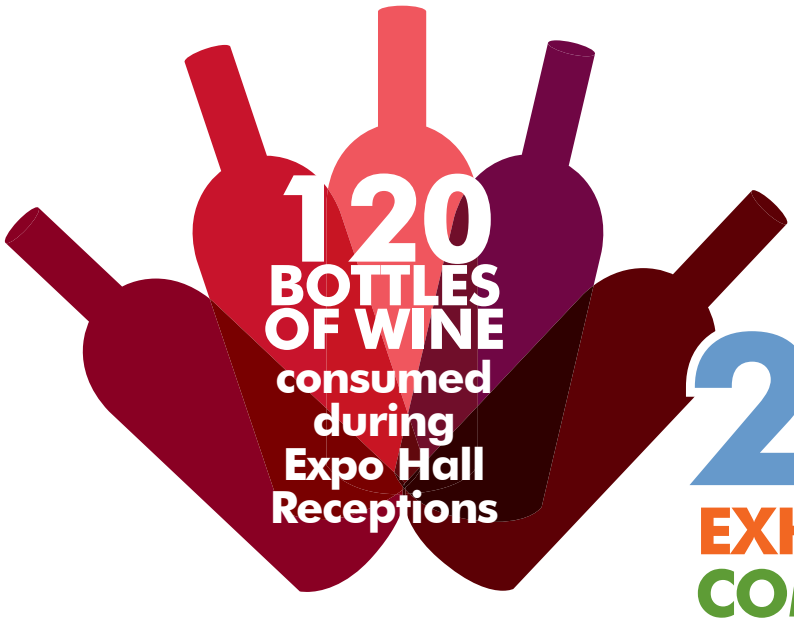

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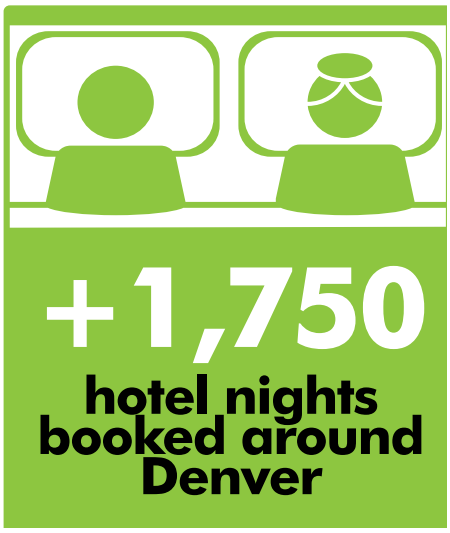

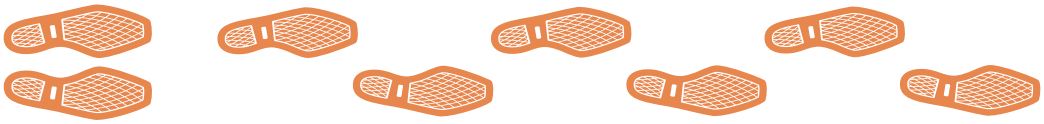

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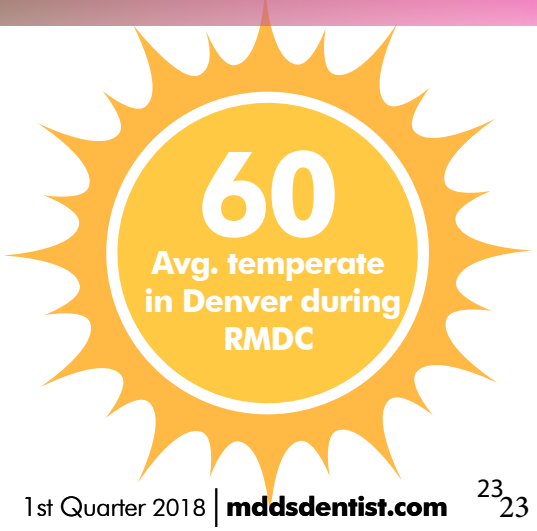

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THE THREE-MINUTE SMILE MAKEOVER

By **"Diamond" Dave Andrus, CDT**

This article describes a technique using a putty matrix with provisional material in it (that hardens in three minutes) which allows a dentist to give a patient a "three-minute smile makeover" customized specifically for the needs and desires of a patient. Cases of any size can benefit from this technique when there are technical, aesthetic and material concerns. (Figures 1A and 1B)

Figure 1A Before, tooth #8 incisal chip and tooth #9 lingualized.

Figure 1B After, teeth #8 and #9 e.max veneers. Cases of any size can benefit from pre-planning for success the first time.

This technique:

1) Lets the patient see what the dentist and technician believe is possible for the patient's smile.

2) Allows the dentist, patient and technician to evaluate the esthetic and technical aspects of the case as a cohesive team and agree on a comprehensive plan before any irreversible procedures are performed.

3) Lets the putty matrix, which is used to create the smile makeover, also be used at the end of the tooth preparation appointment to fabricate a custom provisional saving significant chair time and providing an exceptionally esthetic provisional.

4) While the patient wears the provisional, alterations can be made to it by the dentist and communicated to the laboratory technician so the final restorations require little to no alteration at the final seating appointment.

5) Provides dentists of any experience level a plug-and-play approach to even the most challenging aesthetic cases. (Figure 6)

6) Provides dentists a no-pressure sales tool that sells itself in 3 minutes while patients are sitting in the operatory chair.

The process begins by taking upper and lower full-arch impressions with a reusable material that accurately captures the detail of the hard and soft tissue contours. (Figure 2) The impressions are sent to the laboratory with specific instructions of which teeth are to be restored, patient's concerns and desires and Doctor's concerns and desires. In the laboratory we create a diagnostic wax up using blue carving wax (Figure 3) on the stone model, without relieving any tooth structure so the matrix can fit over the patient's existing dentition for the smile makeover.

Figure 2 Before 10 unit teeth #4-13 upper anterior case.

The laboratory phase is where the occlusal, esthetic and material requirements are worked out according the patient's, dentist's and technician's collaborative input. A putty matrix is made (Figure 4) from the blue diagnostic wax up and a white stone patient presentation model is made (Figure 5) so the patient can have a three-dimensional model of the new proposed smile.

For the smile makeover phase, the putty matrix can be sparingly filled with provisional material and placed in the patient's mouth, allowed to set for three minutes, removed from the mouth and any remnant provisional material removed.

The best sales tip is simply hand the patient the mirror and don't say anything until they start asking questions. It can literally be that simple and has worked that well time and time again.

Dr. Brennan Bonati, who practices in Lakewood said, "It lets the patient see what is possible…because they don't know, and it helps me sell the case. It gives the patient a vision of what they can have."

Dr. Justin Smutz, who practices in Arvada says, "It's a little more up front time and money, but it gives me and the patient confidence in the case. As a bonus it provides significant time savings with the fabrication of the provisional and the patient leaves my office with great fitting temps that are beautiful. When my patient, lab and office are investing so much in a significant case the best way to work our plan is to plan our work. When you don't have a plan, you've planned to fail! I've heard horror stories from dentists about larger cosmetic cases; I am delighted to say my experiences have been quite to the contrary." ■

About the Author

Dave Andrus has owned and operated Diamond Dental Studio in Byers, CO for 32 years. He has been a technician for 40 years and can be reached at andruscompanies@netecin.net.

Figure 3 Diagnostic wax up.

Figure 4 Lab fabricated putty matrix for 3 minute smile makeover and provisional Fabrication.

Figure 5 Patient presentation model.

Figure 6 After 10 unit upper anterior case, teeth #4-13.

EMPOWERING MEMBER DENTISTS

By **Greg Hill, JD, CAE**

During the Rocky Mountain Dental Convention (RMDC), I had the privilege of addressing a number of MDDS members during the annual Awards Gala & President's Dinner. I mentioned the CDA's vision of empowering our member dentists to build successful practices and careers. To do this, it takes a collaborative effort from each organization in the Power of Three: the American Dental Association (ADA), the CDA and MDDS.

MDDS boasts 50% of the CDA membership, making it a critical part of that vision. For organized dentistry in Colorado to provide the value members expect, it takes both organizations working together. That's why I am so excited that the CDA and MDDS are working together on programs to grow membership, to assist members through peer review, and to keep our members informed on issues important to the profession.

Membership 2020, the CDA's initiative to increase the membership market share to a goal of 81%, requires that we promote members' practice and professional success by elevating the products and services the both organizations offer. And, at the same time, it's imperative the CDA and MDDS do so in a way that supports and promotes one another. But how do we do that?

"By fostering a community that helps dentists focus on their passion of providing patients with the best level of care, the CDA and MDDS are helping to ensure superior oral health in the state."

The CDA and MDDS have always worked together as a united front through organized dentistry to provide government affairs and a voice in legislation at the state Capitol, professional development for dentists in all stages of their careers, practice management tools, and insurance and regulatory support and services. By fostering a community that helps dentists focus on their passion of providing patients with the best level of care, the CDA and MDDS are helping to ensure superior oral health in the state.

A big benefit of membership, of course, is the opportunity to attend RMDC and courses at the Mountain West Dental Institute. These two programs provide high-quality continuing education that keeps our members at the top of their dental education. These programs build success for members across Colorado, not just in the metro Denver area.

For many MDDS members, RMDC is the primary reason for joining organized dentistry. For others, I know it's CDA's lobbying and regulatory affairs and having a chance to make a difference in their profession. And, for others yet, it's networking events and activities and professional development. No matter what potential members are looking for, they can find it in the ADA, the CDA and MDDS.

Together we provide member value that grows and retains members because, through us, they are able to build a strong pathway to success. It's a partnership that works to serve the 1,700-plus members who live in the metro Denver area.

Every day at the CDA and MDDS, we work for our members. Our goal is to ensure their success and maintain the integrity of dentistry. The benefits member dentists enjoy are constantly evolving as their needs as oral health professionals change. We look forward to continuing to work together and with our members to find bigger and better ways to deliver the valuable resources our members need and have come to expect. ■

About the Author

Greg Hill 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 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.

Conference CE and Speakers

Keynote

Addressing the Crisis

- Austin Eubanks

An injured survivor of the Columbine High School shooting, Austin has devoted his career to helping others who have journeyed into addiction by way of trauma. He speaks nationally about overprescribing, how anonymity adversely affects youth, the importance of the continuum of care, benefits of treatment centered in empowerment versus powerlessness, and overcoming trauma as it pertains to addiction. He offers insight into the current epidemic and substance use disorder, in addition to symptoms and signs that prescribing professionals should watch for.

Changing Family Dynamics: The Influence of Society and Parenting Styles on Behavior Guidance

Managing Space Issues in the Developing Dentition

- Clarice Law, D.M.D.

Burnout and Stress in Dentistry: Are They Inevitable?

- Bill Claytor, D.D.S.

INFECTION PREVENTION CHECKLIST

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

In a classic research study evaluating compliance for the OSHA Bloodborne Pathogens Standard and Hazard Communication Program, Dr. Louis G. DePaola, found after direct observation of over one hundred dental offices in the state of Maryland, using a compliance checklist; that their "results demonstrated that most dental offices inspected complied with the infection control safety issues of greatest concern to staff and patients. These issues included handwashing, the use of appropriate personal protective equipment, barrier techniques, and heat sterilization of handpieces, instruments and devices used in dental treatment."

DePaola goes on to say, "A greater proportion of dental offices did not comply with the Bloodborne Pathogens Standard and the Hazard communication progress documentation and Record Keeping requirements." As a Consultant on Infection Control and Safety contracted by the State of Colorado Board of Dentistry, I have investigated specific offices upon request by the State Board. It has been my experience that I also have observed deficient and sub standards regarding proper and adequate Record Keeping and Program Documentation of regulatory specific record keeping requirements. These standards of record keeping include (but are not limited to) Infection Control SOP's, checklists of completed tasks, adequate and updated staff medical records & vaccination records including hepatitis B vaccination or declination, updated annual exposure control manual, logs of dental staff training and attendance regarding annual training compliance and dental training plans, sterilization logs per each autoclave along with IFU's for use, DUWL treatment and waterline testing logs, Post Exposure Control Plan that is updated annually and accurate recordkeeping of any exposure incidents and Post Exposure Management records of exposure incidents and documented case exposure management, regulated medical waste manifests and transfer pick up receipts, maintaining Chemical Information Lists of chemicals used with their appropriate SDS information sheets by the manufactures and compliance of labeling regarding the new GHS hazard communication standard. Indeed, only about half the offices that I have investigated could show me and present written copies or digital records of the CDC's Guidelines for Infection Control in Dental Health Care Settings- 2003, or both OSHA Bloodborne Pathogens Standards, Hazard Communication Standards, and the CDC's recently released Summary of Infection Prevention Practices in Dental Settings Basic Expectations for Safe Care. If these specific regulatory documents are not readily available in your Dental Practice, and if you do not have copies of them in your current Exposure Control Plan; then I will conclude that you and your staff are not aware of the regulatory standards and certainly are not in compliance with them. Essentially you do not know the IC regulations and therefore cannot perform effective work practices to keep your employees and patients safe.

> *"A greater proportion of dental offices did not comply with the Bloodborne Pathogens Standard and the Hazard communication progress documentation and Record Keeping requirements"*

Here is a simple solution to improve compliance of IC program and to annually determine by direct observation and assessment how effective is your Current Infection Control Program. Download and print the Infection Prevention Checklist of Dental Settings: Basic Expectations for Safe Care (March 2016, www.CDC.gov.) This checklist should be used…. To ensure the dental health care setting has appropriate infection prevention policies and practices in place, including appropriate training and education of dental health care personnel (DHCP) on infection prevention practices and adequate supplies to allow DHCP to provide safe care and safe working environment. To systematically assess personnel compliance with the expected infection prevention practices and to provide feedback to DHCP regarding performance. Assessment of compliance should be conducted by Direct Observation of DHCP during the performance of their duties and never using an interview solely for assessment.

The CDC has a publication, "Framework for Program Evaluation in Public Health", MMWR, Recommendations and Reports, September 17. 1999/ 48(RR11);1-40. It summarizes the rationale of Program Development stating, "By integrating the principles of this framework into all CDC program operation, we will stimulate innovation toward outcome improvement and be better positioned to detect program effects."

As Dentist Owners, Clinicians, we must use Program Evaluation and empower our designated Infection Control Coordinator's to assess through Direct Observation to accurately evaluate the effectiveness of our Infection Control Program. Evaluation is the process of gathering information about the Result or Worth of a Program or the Performance of procedures for making decisions about its effectiveness. You will want to Assess and Evaluate for **Effectiveness, Compliance, and to evaluate Program Improvement.**

A key aspect of evaluation is to identify any issues that need attention. To ensure everyone is involved in the process, use the team huddle or other staff meetings to go over the evaluation, identify the issues, and set priorities for program improvement. To Assist you in this effort, the Organization for Safety, Asepsis and Prevention (OSAP) www.OSAP.org as a member you can Download OSAP's 12 Month Planning Guide to Establish a High-Quality Infection Control and Safety Program.

One of my favorite quotations when Consulting with Dental Clients regarding their Infection Control practices is, "We know what we need to do, but we really need to do what we know." Which is another way of saying that our actions and team actions speak louder than our words. We must help each other adhere to high quality infection control procedures and guarantee we are using Best Practices daily all the time. Only this high level of commitment will provide the Safest Dental Visit for every patient who seeks our expert care and highest quality of dental treatment. ■

REFERENCES

1. DePaola, L.G., et al. Dental Office Compliance Evaluation for the OSHA Bloodborne Pathogens Standard and Hazard Communication Program. J Am Dent Assoc. 1993; 124: 61-65.

2. Centers for Disease Control's Infection Prevention Checklist for Dental Settings, Basic Expectations for Safe Care. Available at www.CDC.gov. March. 2016. Accessed January 31, 2018.

3. Miller, CH. OSAP's Infection Control In Practice. Available at www.OSAP.org. Vol. 15. No.2, Page 4. April 2016. Accessed January 31, 2018.

4. Centers for Disease Control's Framework for Program Evaluation in Public Health, MMWR Recommendations and Reports, September 17, 1999/ 48(RR11);1-40.

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 recently spoke for the Council on Dental Practice for the 2016 American Dental Association Annual Meeting in Denver. He is also 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.

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MARCH

March 17
Access to Care Float – Denver St. Patrick's Day Parade
Downtown Denver
All Day
(303) 488-9700

March 24
Growing Your Practice Through Endodontics - Dr. John West
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:00am-5:00pm
(303) 488-9700

APRIL

April 6-7
Recognition and Management of Medical Emergencies: Participate in an Advanced & Realistic Clinical Simulation - Dr. Jeffrey Young
Children's Hospital Colorado
13123 E 16th Avenue
Aurora, CO 80045
9:00am-4:00pm/day
(303) 488-9700

April 11
CPR & AED Training
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
6:00pm-9:00pm
(303) 488-9700

April 13-14
Botulinum Toxin & Dermal Fillers Levels I, II & III & Frontline TMJ & Orofacial Pain Level I
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:00am-5:00pm
(303) 488-9700

April 19
New Member Welcome Event
Interstate Kitchen & Bar
1001 N Santa Fe Drive
Denver, CO 80204
6:00pm-8:00pm
(303) 488-9700

April 21
Beat Tooth Decay 5K
Sloan's Lake
9:00am
coloradoasda.org

JUNE

June 15
Nitrous Oxide/Oxygen Administration Training - Dr. Jeffrey Young
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:00am-4:00pm
(303) 488-9700

OCTOBER

October 11
Freedom Day
All Day
(303) 488-9700

October 12-13
Botulinum Toxin & Dermal Fillers Levels I, II & III & Frontline TMJ & Orofacial Pain Level I
Mountain West Dental Institute
925 Lincoln Street, Unit B
Denver, CO 80203
8:00am-5:00pm
(303) 488-9700

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For Sale – Start-up in North Colorado Springs (CO 1726): New Reduced Price! 250K. 8 operatories plumbed, 5 currently equipped, leased retail space, great location.

For Sale – Start-up in North Metro Denver: 10 operatories plumbed, 5 currently equipped, stand-alone bldg. w/lease, no patient base

General Practice for Sale: NW Denver, CO (CO 1727) Busy GP Practice in NW Denver area. 7 Ops, 1.3m collections, Dr. retiring, Bldg for sale. 657K practice/500K Bldg. ADS Precise Consultants, adsprecise.com, email: frontdesk@adsprecise.com, 800-307-2537.

General Practice for Sale: NE Colorado (CO 1735) 4 Ops, approx 600K in collections, Dr. retiring, ADS Precise Consultants, 303-759-8425, www.adsprecise.com, email: frontdesk@adsprecise.com.

General Practice for Sale: Resort Mountain Town, CO (CO 1734), 3 Ops, 250K collections, Dr. relocating out of area, ADS Precise Consultants, 303-759-8425, www.adsprecise.com, email: frontdesk@adsprecise.com.

Perio Practice for Sale: (CO 1723) Denver Suburbs South. Annual Rev $530K, 4 ops/2 equipped, 1,964 sq. ft. - beautiful office. Dr. Retiring.

General Practice for Sale: Littleton, CO (CO 1722) 3 ops + room for one more, annual revenue $750k, 1,400 sq ft, Dr. retiring. ADS Precise Consultants, 303-759-8425, www.adsprecise.com, email: frontdesk@adsprecise.com.

General Practice for Sale: Lakewood, CO (CO 1713) - Annual Revenues $1.2M, 5 Ops + 1 plumbed, 2, 300 square feet, Dr. Retiring. ADS Precise Consultants, email: frontdesk@adsprecise.com, 800-307-2537, www.adsprecise.com.

General Practice for Sale: Lakewood, CO (CO 1717) NEW! Reduced Price. $225K - own this commercial bldg. Annual Revenues: 380K, 3Ops +1 Op plumbed but not equipped, 1,365 sq feet, Stand-alone building for sale with the practice; Dr Retiring. www.adsprecise.com, email: frontdesk@adsprecise.com, 303-759-8425.

General Practice for Sale: Southeast, CO (CO 1625) Annual Revenues $880K, 6 Ops, 1,700 square feet, 50% interest in 10,00 sf building being sold with practice, Dr. Retiring. ADS Precise Consultants, www.adsprecise.com, 800-307-2537, email: frontdesk@adsprecise.com.

General Practice for Sale: SE Metro Denver, CO (CO 1621) LISTING UPDATE! Increasing revenue & income! Annual Revenues $800K, 4 Ops + room for 1 more, 1,500 square feet, Condo sold with practice, Dr. Retiring. ADS Precise Consultants, adsprecise.com, email: frontdesk@adsprecise.com, 800-307-2537.

Oral Surgery Practice for Sale - East Metro Denver, CO - Annual Revenues $1.1M, 3 Ops, 1,356 square feet, Dr. Retiring. ADS Precise Consultants, www.adsprecise.com, Email: frontdesk@adsprecise.com, 800-307-2537.

GP: North Denver (CO 1136) Ann Revs $1.3M, 8 ops, 2800 sf bldg 1, 4700 sf bldg 2. ADS Precise Consultants, 800-307-2537, email: frontdesk@adsprecise.com, www.adsprecise.com.

OMS practice, western mountains near Vail & Aspen, Annual Revs $840K,Price $449K, 3 ops, 1260 sf, MTTF 8a-5p, bus. office open Wed (no pts). ADS Precise Consultants, email: frontdesk@adsprecise.com, 800-307-2537, www.adsprecise.com.

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