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Journal
OF THE MICHIGAN DENTAL ASSOCIATION
July 2022

THREE COVER STORIES THIS MONTH

#1: Yes, you can do it — NEGOTIATING REIMBURSEMENT RATES WITH A PPO PLAN

#2: Embezzlement warning: UNPLEASANT SURPRISES WHEN YOUR OFFICE MANAGER SUDDENLY LEAVES . . .

#3: MANAGING BURNOUT AND PERFECTIONISM IN DENTISTRY

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COVER STORIES . . . 30
Three cover stories this month featuring strategies for managing PPO reimbursement, embezzlement risk, and personal stress.

FEATURES

DEPARTMENTS

SPECIAL FEATURES

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Your August 2022 MDA *Journal* will be mailed Aug. 1, 2022

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Friday • September 30, 2022

Crowne Plaza Hotel • Lansing, Michigan

Whether you're a current volunteer leader, would like to get more involved in organized dentistry, or just want to build your personal leadership skills, the MDA Leadership Forum is for you! Join us for this **FREE** event, taking place Friday, September 30 at the Crowne Plaza Hotel in Lansing.

TOP FIVE REASONS YOU SHOULD ATTEND THE 2022 MDA LEADERSHIP FORUM!

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Journal
OF THE MICHIGAN DENTAL ASSOCIATION

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MDA Journal email: dfoe@michigandental.org

MDA VISION STATEMENT: The MDA is Michigan's oral health authority dedicated to the public and the profession.

MDA VALUES: We are guided by integrity and ethics; committed to the improvement of the public's overall health; we believe oral health is integral to overall health; in an inclusive environment that embraces diversity; that the profession of dentistry and the oral health team must be led by dentists to ensure the safety of the public; and that lifelong learning is critical to excellence in patient care.

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Member publication, American Association of Dental Editors and Journalists.

Member Publication AADEJ American Association of Dental Editors & Journalists

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Endo, Infection Control, Ethics, Sleep Apnea Highlight Upcoming MDA CE

The MDA's 2022-23 season of one-day, in-person continuing education courses is in full swing starting next month, with a variety of courses across Michigan to help you meet your CE requirements, including state-mandated courses. Here are the details of upcoming sessions:

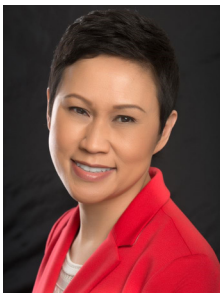
Friday, Aug. 19, Okemos: "Problem-Solving Essentials in Endodontics," with Bernice Ko, DDS. This is a hands-on courses for general dentists to gain expertise and confidence in endodontic treatment. (At MDA headquarters; six credits.)

Friday, Sept. 9, Marquette: "Needles, Lungs, and Tongues" and "Patients, Pills, and Pathologies," with Amber Riley, MS, RDH. The morning program focuses on treating patients who use legal and illicit substances. The afternoon program explores issues related to medically compromised patients with age-related diseases. (Don H. Bottom University Center, Northern Michigan University; six CE credits). This program counts towards Michigan's pain management requirement.

Friday, Sept. 9, Ann Arbor: "Infection Control, Jurisprudence, and Implicit Bias, Oh My! Get the New Licensing Requirements Completed in One Day." Infection control expert Marie Fluent, DDS, MDA legal counsel Dan Schulte, JD, and Marita Inglehart will cover these subjects, which are now required by the state for relicensure. (Weber's Inn; five and one-half CE credits.)

Friday, Oct. 7, Okemos: "Introduction to Treatment of Sleep Apnea in Your Practice, from Getting Started to Medical Billing," with Mark Murphy, DDS. This course will allow general practitioners to survey the current landscape of medical and dental treatment for sleep apnea and decide how and if they want to expand into this life-saving arena. (At MDA headquarters; six CE credits.)

Friday, Oct. 21, Marquette: "Implicit Bias, Jurisprudence, and Infection Control — Oh My! Get the New Licensing Requirements Completed in One Day." Speakers include Deirdre Young, DDS, speaking on implicit bias, and Nan Dreves, RDH, MBA, speaking on infection control in dentistry and ethics and jurisprudence. This course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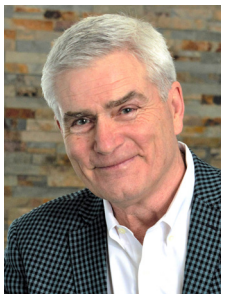
Murphy


Young


Dreves

(Continued on Page 8)

Upcoming CE Courses (Cont'd)

covers these subjects now required by the state for relicensure. (Don H. Bottom University Center, Northern Michigan University; five and one-half CE credits.)

Friday, Nov. 11, Okemos: "CAD-CAM Posterior Restorations," with Kate Schacherl, DDS. This course is designed for the newer CEREC user or anyone who wants a refresher on the latest tips and tricks with posterior restorations. (At MDA headquarters; six CE credits.)

Friday, Dec. 9, Okemos: "Local Patients Search and How Google Impacts You" and "The Importance of Phone Call Tracking." In this two-part seminar, speaker Sean White covers how search engine optimization, Google, and online reviews impact your local search ranking, plus how using call tracking numbers and listening to your recorded calls helps you expertly train your front desk staff. Course counts toward the MDA Dental Business professional (CDBP) certification in the marketing and customer service/communications categories. (At MDA headquarters; six CE credits.)


Nelson

Friday, Feb. 3, 2023, Novi: "Making the Team: Hiring, Culture, Professionalism, Productivity." Join Laura Nelson, MS, as she explores how well-defined systems and proper training can take your practice to the next level. Included are communication skills and how to handle common scheduling issues. (Embassy Suites by Hilton Detroit Livonia Novi; six CE credits.)

MDA Insurance courses: In addition to the one-day courses listed above, MDA Insurance will present a risk management seminar on Friday, Sept. 23 at the Grand Traverse Resort and Spa (four and one-half CE credits), as well as a series of three-credit courses, "Health Care in the Pandemic's Wake," at the following dates and locations:

- Thursday, Sept. 8, Marquette.
- Friday, Oct. 7, Traverse City.
- Friday, Oct. 21, Grand Rapids.
- Friday, Oct. 28, Okemos.
- Friday, Nov. 11, Dearborn.

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Full details on all the above courses, including fees and registration, are available at michigandental.org/CE-Courses.

MDA Health Plan Seeks Nominations

The MDA Health Plan, an affiliate of the Michigan Dental Association, is seeking nominations from members of the association to serve on its Board of Directors. As the plan sponsor, the MDA nominates the plan beneficiary trustees who will be voted in by the participating employers in the plan. Nominees must be enrolled in the MDA Health Plan.

The MDA Health Plan Board exists to provide health insurance products to members of the MDA. The term of office is for one year, beginning on Jan. 1, 2023, and until their successors have been elected, unless sooner displaced. A director may serve more than one term but must stand for election each year. MDA Health Plan Board members are required to attend four or five full-day meetings per year. Board members are not required to serve on committees, but many do.

If you are interested in serving, please forward a letter, along with your curricula vitae (no longer than two pages), before Sept. 1, 2022, to Karen Burgess, MBA, CAE, CEO/Executive Director, Michigan Dental Association, 3657 Okemos Road, Suite 200, Okemos, MI 48864-3927.

NEWS BRIEFS

Board Actions Posted Online

Unofficial actions from recent MDA Board of Trustees meetings may be accessed on the MDA website at michigandental.org. Click on "Leadership Central" and "Review Past Actions."

Employment Tip: "No Experience Required"

It's no secret that it's tough to find dental assistants these days. If you're running an employment ad or a job posting, consider this tip: Mention in your post that "no prior dental experience is required" and that your practice will train new hires.

Many potential applicants may fail to apply because they believe previous experience or training is required. If you are willing to train — let them know that up front.

Be Informed — Use the ADA Contract Analysis Service

The contract you sign with third-party payers is arguably the most important practice decision you can make. That's where the ADA Contract Analysis Service comes in. You can use this free MDA/ADA service to make more-informed decisions for your future — *before* you sign a contract. It's important! For more information, contact Kesha Dixon at the MDA; call 517-346-9452 or email kdixon@michigandental.org.

Ethics, Dental Care Workshops Coming

The MDA Committee on Peer Review/Ethics and the MDA Committee on Peer Review/Dental Care are presenting separate, free, workshops.

- The Ethics Workshop will take place Friday, Sept. 23 from 9 a.m. until 1 p.m. at MDA headquarters in Okemos. The workshop is open to ethics committee members and those interested in volunteering to serve on the committee.
- The Dental Care Workshop will take place Thursday, Oct. 6, from 9 a.m. until 1 p.m., also at MDA headquarters in Okemos. Committee members and those interested in serving on the committee are invited to attend.

Three CE credits will be awarded. Current committee members will present both sessions. For more information, contact the MDA's Chris Wilson at cwilson@michigandental.org.

Corrections

Last month's "Back Page" feature misspelled the name of Dr. Sarah Masterson. Also, a co-author of last month's "10-Minute EBD," Farah Safieddine, was misidentified in the "About the Author" box. The *Journal* regrets these errors.

MDAF Student Scholarship Submission Deadline Coming Up

Sept. 30, 2022, is the deadline for dental, dental hygiene, and dental assisting students to apply for MDA Foundation scholarships. A number of scholarships are available now. They include the following:

- Robert Mitus Scholarship Fund (D3, D4, senior hygiene and assisting students).
- John G. Nolen Scholarship Fund (D3 students attending the University of Michigan).
- George L. Bletsas Scholarship Fund (D3 students attending the University of Detroit Mercy).
- Dr. and Mrs. Gary Jeffers Scholarship Fund (D2 students or above attending the University of Detroit Mercy).
- MDA Insurance & Financial Group Scholarship Fund (D4 students attending the University of Michigan).
- William Schumann Scholarship Fund (D4 students attending the University of Detroit Mercy).
- Genesee District Scholarship Fund (dental, hygiene, and assisting students from Genesee District).
- Dr. Ray Gist Student Leader Scholarship Fund (D3, D4 under-represented populations attending the University of Michigan or Detroit Mercy Dental; D2 students are eligible only if a D3 or D4 is not nominated).
- Kinra Endodontic Scholarship Fund ($500 annually to a D3 or D4 University of Michigan dental student interested in attending endodontic school).
- Dr. and Mrs. Stephen Meraw Periodontal Scholarship Fund ($500 annually to a Detroit Mercy Dental or University of Michigan periodontal graduate student).
- Washtenaw District Dental Society Fund (annual scholarship for a D4 at either the University of Michigan or Detroit Mercy; must be a Washtenaw County resident; neighboring county residents are eligible only if Washtenaw County residents are not nominated).

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Foundation scholarships are need-based, with need determined by FAFSA forms on file at the school. Full details on the MDA Foundation scholarship program as well as online applications can be found at foundation.michigandental.org/Scholarships.

KEEPING CURRENT

Events and Such

To publicize a local meeting or dental event in this space, contact Jackie Hammond at jhammond@michigandental.org. Continuing education courses are listed in the *Journal* Continuing Education department on Page 92.

July 12 — Committee on Diversity, Equity, and Inclusion via Zoom, 7 p.m.

July 13 — MDA Endorsed Services via Zoom, 6:30 p.m.

July 13 — Component Relations via Zoom, 7 p.m.

July 21 — Committee on Continuing Education Subcommittee via Zoom, 9 a.m.

July 22 — Committee on Government and Insurance Affairs, 9 a.m.

Welcome, New Members!

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

Detroit: Paresh Patel; **Oakland County:** Cleo Vidican; **Washtenaw:** Natasha Deb; **West Michigan:** Min Suk Han, Laura Harness, Marc Rangel, Bryan Wazbinski.

In Memoriam

Dr. Danny Galloway, Ann Arbor. Washtenaw District. Died Sept. 14, 2021. Age, 95.

Dr. Stephen G. Goodell, St. Louis. Ninth District. Died May 13, 2022. Age, 73.

BHS Disciplinary Report

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

Self-Reporting of Criminal Convictions and Disciplinary Licensing Actions

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

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

New MDA Email System Coming; Don't Miss Out

Digital communication continues to grow, and the MDA will soon implement a new, improved member email communication system to get you the news you need and want. The MDA's new email system will allow you to customize your email according to your needs and practice interests.

But if you've unsubscribed to MDA emails in the past, now's the time to get back on board! Don't miss out! Update your records now by contacting membership@michigandental.org.

NEWS FROM THE ADA

ADA Commends *Oral Health in America* Report; Identifies Strategies for Improvement

Poor oral health reduces the economic productivity of American society by limiting participation in the workforce, as well as by increasing health care costs. That's a key finding in "Oral Health in America: Implications for Dental Practice," published in May online ahead of print in the *Journal of the American Dental Association*.

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The paper is a highlight of key elements of a larger report, *Oral Health in America: Advances and Challenges,* released by the National Institute of Dental and Craniofacial Research and the National Institutes of Health.

The JADA article provides a sweeping assessment of changes in the state of oral health in the more than 20 years since the Surgeon General reported on oral health in 2000. According to the authors, in spite of improvements to care, there remain inequities. "Many low-income and minority adults lack dental insurance, and as a consequence seek care only for emergency needs," the authors write.

"It is clear that the dental safety net has expanded in this country but that expansion has not yet helped everyone in need," according to the authors of a commentary, "Facing the Future and Deciding What We Want Oral Health to Become," also appearing in JADA.

Data from 2001 through 2020 shows the number of people obtaining oral health care at Federally Qualified Health Centers increased from 1.4 million to 5.2 million people; in 2017, one-third of these patients were younger than 18 years. Of these patients, 88.5% were Medicaid or Children's Health Insurance Program (CHIP) beneficiaries. The study authors note that in addition to improving delivery of oral health care in this country, the profession should act to shape the future of oral health, including making the case that oral care is an essential health care service.

The report considers factors affecting oral care delivery, including the need to integrate oral and medical health care, improve insurance coverage and financing, and consider unmet needs in dental workforce planning.


Sabates

"While this report highlights that oral health is an integral part of overall health and the work of dentists in leading scientific advancements and clinical treatments that help improve patient health, we still have more work to do," said ADA President Cesar Sabates, DDS.

The *Oral Health in America* report focused on three key strategies to improve oral health care in this country:

- Making dental care services an essential benefit for both private and public insurance.
- Incorporating dental or oral health care services demand into workforce planning.
- Increasing integration of oral and medical care delivery.

Strategies involving public and private stakeholders should be implemented to eliminate barriers and inequities in oral health care access, reduce cost, and improve both patient-centered care and oral health outcomes, the report states.

According to Sabates, the ADA is challenging all health care professionals and health policy makers to raise awareness of the importance of oral disease prevention and to advocate for health care policies that will improve oral health care in the U.S. as equitably as possible.

"While I am encouraged to see the progress that has been made and applaud the recommendations for health professionals to work together in an interdisciplinary fashion, there is still important work to be done to address the challenges that remain, particularly when it comes to improving health equity," Sabates said.

"The ADA remains committed to advancing research, education, practice resources, and advocacy on behalf of dental professionals and the public in order to improve oral health, particularly those facing barriers to access to care," Sabates said.

Earn 3 Free CE Credits by Attending 'Health Care in the Pandemic's Wake' Seminar

Here's a free and easy way to earn three continuing education credits while staying abreast of what's happening with health insurance and health care reform. Attend a fall MDA Insurance Health Insurance Seminar, being held in a location near you from September through November.

With the Affordable Care Act celebrating its 12th anniversary this year, the MDA Insurance health insurance seminar series will focus on how the COVID-19 pandemic is affecting the delivery of health care, how it impacts mandated benefits, and is driving costs higher. The seminar will also look at what may happen to provisions of the ACA when and if the administration declares and end to the state of emergency caused by COVID-19.

The seminar, "Health Care in the Pandemic's Wake," will discuss some of these changes, such as transparency in health care costs, prescription drug cost drivers, and legislation that may evolve as the year progresses. The seminar will also provide updates on the MDA Health Plan, and the individual and small group plans by commercial carriers such as Blue Cross Blue Shield of Michigan.

All "Health Care in the Pandemic's Wake" seminars begin at 9 a.m. and conclude at noon unless otherwise indicated. If circumstances dictate, this information in a webinar format may be presented. Presenting the seminar will be Craig Start, president of MDA Insurance, and Tina Voss, director of life and health operations for MDA Insurance.

Register online at michigandental.org/CE-Courses. Then click Health Insurance Seminars. Call 877-906-9924 for assistance.

'Health Care in the Pandemic's Wake' 3-hour seminar; earn 3 free CEs	
Thurs, Sept. 8	Marquette — 6 – 9 p.m. Northern Michigan University, Don H. Bottom Center, 1401 Presque Isle Ave, Marquette,MI 49855. *Light snacks will be provided.*
Friday, Oct. 7	Traverse City — 9 a.m. – noon Hotel Indigo, 263 W. Grandview Pkwy., Traverse City, MI 49684.
Friday, Oct. 21	Grand Rapids — 9 a.m. – noon Holiday Inn Downtown, 310 Pearl Street NW, Grand Rapids, MI 49504
Friday, Oct. 28	Okemos — 9 a.m. – noon MDA Headquarters, 3657 Okemos Rd. Okemos, MI 48854
Friday, Nov. 11	Dearborn— 9 a.m. – noon The Henry, Autograph Collection, Fairlane Plaza, 300 Town Center Dr, Dearborn, MI 48126.

Alert MDA Health Plan of Your Practice Changes

If your practice participates in the MDA Health Plan, please be aware that changes in ownership or the retirement of the group sponsor need to be reported to MDA Insurance immediately. If the practice owner retires, the group is dissolved, thus rendering employees ineligible to participate in the plan. Employees would be eligible to enroll in an individual health plan. A new owner would have to re-establish the group and eligible employees could then re-enroll in the new plan. Call 877-906-9924 for assistance.

Bank of America Practice Solutions Aids Members with Loans, Lines of Credit

If you're seeking a loan to start or acquire a practice, expand or remodel your current facility, or hope to purchase new equipment, your first call should be to Bank of America Practice Solutions. Call 800-497-6076 Monday through Thursday, 8 a.m. to 8 p.m., and Friday, 8 a.m. to 7 p.m. ET.

Visit bankofamerica.com/practicesolutions for more information or to schedule a phone consultation. MDA members receive a 50% reduction in loan administration fees.

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Does Your Professional Liability Carrier Help You Avoid Claims? It Should!

You should have confidence that procedures in your office protect you against malpractice claims. And while professional liability insurance policies are written to cover claims that arise, it's always preferable to avoid claims altogether. Fortunately, the MDA-endorsed Professional Protector Plan (PPP) isn't just an insurance policy. In fact, the foundation of the program is the philosophy that dentists should not only have insurance protection, but they should also have the tools necessary to minimize their exposure to claims or dental incidents that can disrupt a practice.

Dentists insured through the PPP have access to a variety of risk management resources that enhance patient care and reduce the risk of experiencing a malpractice claim. If you have an immediate need or urgent situation arise, the risk management helpline stands ready to assist you in navigating the issue so that it doesn't become a bigger problem — or a claim. To fully educate you and your team, the highly regarded risk management seminars offered by the PPP at no cost to policyholders are available in both classroom and online formats. Beyond the valuable training and education, you'll also qualify for a discount on your PPP premium for three consecutive years upon completion.

If your professional liability insurance carrier doesn't help you manage or reduce risk, you may wonder how it will handle claims. The PPP, created *by* dentists *for* dentists in 1969, sets the standard for superior service, outstanding coverage, dedicated legal counsel, and expert claim handling. Now is a good time to review your coverage and see if you would benefit from a program offering more than just insurance.

For a PPP quote, call MDA Insurance at 800-860-2272 and speak with a commercial lines agent, or complete a quote request form online at mdaprograms.com.

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Checklist for In-Office Dental Plan Administration

The MDA-endorsed Quality Dental Plans solution has all the features competitors tout, and more. For example, QDP has the *lowest cost* program, charging MDA members only $0.75 per enrolled patient per month, compared to $2-$5 elsewhere. Review the checklist below.

✔ Plan builder/pricing interface.

✔ Collection/payment tracking mechanism.

✔ Marketing templates/ support.

✔ Provides analytics.

✔ Training for your team to sell your plan.

✔ Live, easy-to-access support and training.

✔ Local business enrollment is hassle free, including sign-up, employee benefit structures, and legalities. Let their experts do the work for you!

✔ Fees that maximize your profit, not their profit.

If your plan isn't delivering these benefits, or if you want to set up an in-office dental plan, call QDP's Janelle Jones at 855-796-9796, email her at Enroll@QualityDentalPlan.com, or visit QDPdentist.com/mda.

To answer most questions about in-office dental plans, access the on-demand videos at mdaprograms.com/qdptutorials/.

QDP
QUALITY
DENTAL PLAN

Quality and Transparency

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

This past May, I was greeted with good news. A JDR *Clinical & Translational Research* report found that the American Dental Association's clinical practice guidelines (CPGs) provide high quality guidance for the profession. Why is that good news for me? In 2015 I was the lead author of an ADA guideline addressing the nonsurgical treatment of chronic periodontitis, and I'm pleased to see that our panel's work has stood the test of time.

I am usually skeptical about rating systems, so I needed to understand the science behind the JDR report — more robust, I hoped, than when I ordered my breakfast online, and the local bagel shop emailed a receipt that included a request to rate my customer experience using a scale ranging from a happy face to a very sad face.

I downloaded and read the JDR report to learn that the study evaluated the methodological rigor and transparency of the ADA's CPGs. Investigators used the AGREE II tool, a recognized instrument, to validate and ensure the quality of these guidelines.

The external review of guideline quality is good news for the profession. The results show that the ADA has produced high-quality guidelines for oral health leaders to move forward with implementation and advocacy. For example, the dental sealant CPG was highly rated for validity and reliability, supporting its implementation in quality measurement.

The Dental Quality Alliance develops measures based on evidence showing anticipated outcomes of care that improve oral health, like that shown for the use of sealants found in the ADA's Dental Sealant CPGs.

The DQA rigorously tests its measures to confirm validity and reliability. Thus, the evidence and the measure metrics used in DQA measures are tested and found to be valid and reliable to measure plan performance with care delivery. Moreover, specifications, testing methods and final testing reports are all published online to support the measure.

Every dentist has a claims history in the P&R DentaBase with current and historical claims data from more than 65 national and regional dental benefits plans, and more than 2.7 billion procedure records . . . It is essential that quality metrics function appropriately and that the views and needs of the payer organizations do not bias their intent.

My skepticism then shifted to the science and meaning behind other consumer-targeted quality scores for dentist providers.

The DentaQual Provider Quality Assessment System by P&R Dental Strategies LLC ("P&R") is a "big data" scoring initiative that sifts through dental insurance claims collected in P&R's multipayer claims database it calls DentaBase. Every dentist has a claims history in the P&R DentaBase with current and historical claims data from more than 65 national and regional dental benefits plans, and more than 2.7 billion procedure records. DentaQual churns its claims data through 40 proprietary metrics to score dentists from across the nation.[1]

Following a licensing agreement between Delta Dental of California (DeltaCA) and P&R Dental Strategies, LLC, DeltaCA plan members can now view their dentist's DentaQual score.[2] This consumer-targeted scoring system will be adopted in other states. But — is it genuinely reporting a provider's quality as the name suggests?

A review of P&R's white paper describing DentaQual leaves me with the impression that it may be little more than a supercharged utilization review program focused on compliance with plan policies and cost containment. Before a plan uses DentaQual to assert it shows provider

quality, it should provide the same evidence of methodological rigor and transparency expected for ADA CPGs, and test for validity and reliability as seen with DQA measures. Any consumer-directed report on provider quality can affect a dentist's reputation and patient care-seeking behavior.

Payer organizations implementing provider quality scores should:

1. Develop metrics with input from stakeholders (patients, public, providers) to minimize bias and promote confidence.
2. Have metrics tested and reviewed by experts before implementation.
3. Publish the methodology so that it is publicly available.
4. Provide a mechanism allowing providers to appeal their rating.
5. Assist providers in identifying the factors that resulted in a low score, and provide a pathway for improvement.

It is essential that quality metrics function appropriately and that the views and needs of the payer organization do not bias their intent. Without independent testing showing validity and reliability to confirm methodological rigor and transparency of DentaQual metrics, P&R's initiative may be less about quality and more about compliance with plan policies and cost containment strategies.

References

1. DentaQual Meeting the Demand for Dental Quality Assessment Tools; P&R Dental Strategies White Paper, September 2018.
2. Delta Dental of California and P&R Dental Strategies Partner to integrate DentaQual® Dentist Quality Rating System into Delta Dental's Dentist Directory Listings (pandrdental.com).

May I Use the MDA Logo in My Practice?

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

Question: I'm launching a new practice website and need the MDA logo to show that I am a member. How can I get a file with the logo?

Answer: Two-thirds of patients in Michigan believe it is important for their dentist to be an MDA member. For that reason and others, adding the special "MDA Member" logo to your website is a great way to demonstrate your professional membership. This special logo clearly indicates that you are a member of the MDA — just as are 75% of all the dentists in Michigan! The "MDA Member" logo is available for download by filling out a simple agreement on the MDA website — just visit https://www.michigandental.org/Manage-Membership.

Question: I recently moved to Michigan and joined the MDA. I'd like to get more involved in leadership.

Answer: Attending the MDA Leadership Forum on Sept. 30 at the Lansing Crowne Plaza Hotel is a great start. The all-day event is free to attend for member dentists, dental students, and tripartite staff. Visit michigandental.org/Leadership-Forum to register for this opportunity to build your personal leadership skills. The Leadership Forum includes expert speakers and a customizable education schedule. If you're looking for other opportunities to get involved, check out the Leadership Central section of the MDA website at michigandental.org/Leadership-Central for more information and learn about volunteer opportunities. Or, contact your local district dental society.

Question: I'm in need of continuing education credits to renew my license and am confused about how many credits I can take online, how many I need to take by attending a class in person, and what the new requirements are.

Answer: This is a question the CE department gets often, and they are always happy to help answer your individual questions as well. By renewing your license you automatically attest that you have taken the required CE. Michigan dentists are required by law to complete a minimum of 60 credit hours of CE in a three-year period, 20 of which must be clinical (for specialists the clinical CE must be specific to specialty). Of those 60 hours, up to 10 hours can consist of reading articles, magazines, etc., that are related to dentistry. It's a good idea to document these articles in case you are audited. A minimum of 20 hours must be taken in a classroom setting. A live webinar with a question-and-answer segment can count in this category. A recorded webinar counts in the online CE category. Up to 30 hours of your CE can be done online in each three-year period.

In addition, three hours of your 60 CE credits must be in pain management, either online or in a classroom. You only need to take this course once, not once every three years. If you haven't completed it yet, the MDA offers an online course that covers this requirement. A current CPR certification at the time of renewal is also required.

New requirements include one hour of ethics and dental jurisprudence and one hour of infection control; both of these count toward the 60 credits. In addition to the 60 credits there is a one-hour per year (or three hours per three-year licensing period) of required implicit bias training. The MDA has in-person courses and live webinars coming up that cover this training. Also, to renew a pharmacy license dentists are required to take an opioid awareness course. The MDA offers on-demand courses that meet pain management, opioid awareness, dental ethics, and infection control requirements.

One thing to check: Any CE courses, either online or not, must be accredited through ADA/CERP, AGD/PACE, the Michigan Board of Dentistry or from an accredited dental school in order to get credit for relicensure. All MDA courses are approved through ADA CERP. ●

Visit michigandental.org/CE-Courses for full information on CE courses and requirements for dentists, RDHs, and RDAs. Also, free CE record-keeping folders are available at store.michigandental.org, or call 517-346-9401.

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Are You an Advocate?

By Vincent Benivegna, DDS
MDA President

Anyone who has worked at the Capitol in Lansing can tell you how influential constituents can be in determining a legislator's position on an issue. And while our MDA advocacy team works hard to bring our dental priorities to the attention of lawmakers, it's still our responsibility as MDA members to contact legislators, the governor, and state administrators to make them aware of the importance of issues that impact dentistry and dental care.

From meeting legislators on a regular basis to discuss the impacts of legislation on dentistry to coordinating meetings between dentists and legislators in their districts, the MDA offers members frequent opportunities to get involved and make their voices heard. And members *do* care about advocacy — when our MDA executive team reviews our annual membership surveys, advocacy always is ranked near the top in terms of importance. However, it's always been somewhat of a challenge for the MDA to get members fully engaged in advocacy opportunities.

This year, as we've reported in the MDA *Journal*, dentistry has been in the spotlight of the state's Fiscal Year 2023 budget discussions. Earlier this year Gov. Gretchen Whitmer in her Executive Budget proposed a $240 million investment that would restructure dental Medicaid benefits to ease administrative burdens and improve reimbursements. The hassle and low reimbursement are two of the main reasons many dentists don't accept Medicaid, particularly for adults. Additionally, proposals have been made to address the low fees that prevent vulnerable children and adults from having access to operatory rooms for dental procedures.

We've never seen this sort of investment into dentistry before in Michigan. In fact, this was the largest investment proposed in the 2023 Executive Budget Proposal. Over the last four months, the MDA has been working closely with the Governor's Office, the Michigan Department of Health and Human Services, and legislators from both parties in the House and Senate to ensure that this opportunity to significantly improve Medicaid dental benefits is not missed.

Benivegna

Throughout June, the MDA used its Legislative Action Center to call on members to reach out to their legislators in support of restructuring dental Medicaid benefits. The MDA sent text alerts linking members to the MDA's online Legislative Action Center, where an email could be sent to legislators in as little as 30 seconds. The MDA also sent out a special MDA email alert, as well as a push notification that went out via the MDA Connection app. Unfortunately, very few people took action.

The fact is, we — all of us — must be more active as advocates for our profession. Not just once in a while, but regularly. Advocates don't just make their voice heard only when they benefit directly, or when it's convenient; they show up to advocate every time they're asked. And when dentists do come together as advocates, we gain the power to make an impact not just to our practices, but to our patients and our communities.

It's imperative that our members recognize the importance and the potential of legislative advocacy. It's critical that members like you participate whenever you receive an action alert. If we, the dentists of Michigan, don't step up as advocates to improve oral health and the dental profession in our state, then nobody will. Or worse — someone else will set the agenda for us.

Going forward, I'm hopeful to see our members take a more active role in the MDA's advocacy. We really do have the opportunity to be difference-makers for our profession and for the public.

So, in closing, my question for all of you is: Are you an advocate? ●

Sign up for MDA Legislative Text Alerts by texting MDA to 52886. To learn more about MDA advocacy visit michigandental.org/Legislative-Advocacy.

'Health Care in the Pandemic's Wake' 3-hour seminar; earn 3 free CEs	
Thurs, Sept. 8	Marquette — 6 – 9 p.m. Northern Michigan University, Don H. Bottom Center, 1401 Presque Isle Ave, Marquette, MI 49855. *Light snacks will be provided.*
Friday, Oct. 7	Traverse City — 9 a.m. – noon Hotel Indigo, 263 W. Grandview Pkwy., Traverse City, MI 49684
Friday, Oct. 21	Grand Rapids — 9 a.m. – noon Holiday Inn Downtown, 310 Pearl Street NW, Grand Rapids, MI 49504
Friday, Oct. 28	Okemos — 9 a.m. – noon MDA Headquarters, 3657 Okemos Rd. Okemos, MI 48854
Friday, Nov. 11	Dearborn— 9 a.m. – noon The Henry, Autograph Collection, Fairlane Plaza, 300 Town Center Dr, Dearborn, MI 48126

2022 Health Care Seminar

Health Care in the Pandemic's Wake.

Stay up to date on the latest health insurance developments by attending our three-hour deep dive into the state of health insurance for 2023, and 3 FREE CE credits.

With the Affordable Care Act celebrating its 12th anniversary this year, the MDA Insurance health insurance seminar series will focus on how the COVID pandemic is affecting the delivery of health care, how it impacts mandated benefits, and is driving costs higher. We'll also look at what may happen to provisions of the ACA when and if the administration declares and end to the state of emergency caused by COVID, and much more.

MDA Insurance has absolutely everything you need to meet all your health care needs—it's all here, in one place. Small and large group plans are available through MDA Health Plan and Blue Cross Blue Shield. Get individual health plans, short- and long-term health plans, and retiree health plans, including Medicare Supplements.

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Risk of Employment Discrimination in Job Advertisements

By Dan Schulte, JD
MDA Legal Counsel

Question: I have seen advertisements for associate dentist positions that contain religious references. They contain statements like "we believe in using our God-given talents," "faith-based practice," and "we give our patients Christ-like compassion." Some ads might include a cross or other religious symbols either as a part of the practice's logo or separately. Aren't these ads discriminatory? If so, why would a publication or job board allow them? Wouldn't they be held liable for running an ad that is found to be discriminatory on some basis?

Answer: Discrimination in employment is prohibited by federal law and Michigan law. Although similar to federal law, Michigan's Elliot Larson Civil Rights Act provides broader protections against discrimination for a greater number of protected classes. This Michigan law prohibits employers from making hiring decisions based upon a candidate's religion, race, color, national origin, age (no limitations), sex, height, weight, familial status, or marital status. ELCRA is also broader in that it applies to all employers, no matter how many employees they have. The federal employment discrimination laws apply only to employers with 15 or more employees. Thus, ELCRA would apply to dental practices in Michigan, even a small one.

ELCRA is enforced by the Michigan Department of Civil Rights. If an employer is found to have violated ELCRA, the employer may be liable for injunctive relief and/or compensatory damages. Lawsuits may also be brought by rejected candidates and other private parties seeking monetary damages.

It would be a violation of ELCRA for an employer to base a hiring decision in whole or in part on the religion or religious beliefs/practices of a job candidate. Including statements and/or symbols of the type described in the question above would certainly be used as evidence in a case brought by a rejected candidate who was not a member of the specific religion referred to in the ad. Even if the rejected candidate had lesser training, qualifications, and experience than a candidate who was hired, the ad could still be the basis of a claim, especially if the hired candidate is a member of the religion mentioned.

It is unwise to include these references/symbols or any other references in an ad or job posting that could lead candidates to believe an employer is making hiring decisions based on age, sex, or any of the other protected classes. Despite what an employer's intentions may be to the contrary, by including these references/symbols in an ad or job posting the employer is making employment discrimination claims much more difficult and expensive to defend.

The publishers of the ads you describe (or any ad containing references to age, sex, or any of the other protected classes) are also at risk. When employment discrimination claims are made it is often the case that there are multiple defendants. These defendants can include recruiting firms, referral agencies, and those alleged to have participated in a joint effort to discriminate, including the publishers of ads used in the effort. Any claim can be time-consuming and expensive to defend, even those claims that are ultimately successfully defended. Having a case dismissed might not seem like much of a success if it costs you several thousand dollars and the process is a major distraction lasting for months.

To avoid this exposure to expense, wasted time, and liability, the best practice for publishers is to reject any employment ads that reference age, race, sex, gender, sexual orientation, pregnancy, religion or other protected classifications or in any other way give the appearance of participating in illegal discrimination. ●

Send questions of general interest to Dentistry and the Law, MDA Journal, 3657 Okemos Road, Suite 200, Okemos, MI 48864 or email Journal managing editor Dave Foe at dfoe@michigandental.org.

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Scan To See Our Practice Listings!

Independent Contractor or Temporary Employee?

By Jodi Schafer, SPHR, SHRM-SCP

Question: We often bring in hygienists on a temporary basis to substitute for ill employees or those who are on leave. Recently, I've had two hygienists in this situation who assert that they should be treated as employees, rather than independent contractors. Because they are part-time and temporary, we have been treating them like contractors, issuing a 1099 at the end of the year. We feel that this is the easiest way and most flexible for our needs. Can you please clarify if we are classifying these hygienists correctly?

Answer: As you state, there are definite advantages to paying these temporary hygienists as independent contractors. You don't have to fill out the typical new hire paperwork, or pay payroll taxes on their earnings, unemployment insurance, or even worker's compensation. Independent contractors are also exempt from most employment and labor laws. However, along with the perks of this employment status come very specific criteria that must be met to classify someone in this manner.

Independent contractor status is governed by Internal Revenue Service regulations and therefore regulated by the IRS. There can be severe penalties if staff are not classified correctly, including fines, back taxes, interest, and other retroactive damages. If audited, the burden of proof falls on the employer to demonstrate that the paraments of the working relationship are truly "independent." It is not the job you are testing, but the business relationship. It all centers around the amount of control the practice has over the temporary hygienist's work; both behavioral control and financial control. The more control you have as the practice owner, the less control they have, and therefore they are not truly "independent" contractors as classified by the IRS.

Independent contractor status is governed by Internal Revenue Service regulations and therefore regulated by the IRS. There can be severe penalties if staff are not classified correctly.

Here are some questions to help you evaluate the amount of control being exercised in your specific work arrangement.

Does the practice control (or have the right to control) the worker's duties and how those duties are carried out? How dependent are they on your practice for patients? Do you control their hours? Are they expected to follow the practice's work rules and procedures?

Does the practice control the business aspects of the worker's job? Does the hygienist work for other dentists? Do they have the right to decline work? Do they set their own schedule in your practice?

Who incurs the costs associated with doing business? Does the hygienist pay for any of the supplies they use? Do you deduct money for these expenses? Do you reimburse the hygienist for expenses they incurred for the practice?

Does the worker have a written employment contract or access to employee benefits, such as a pension plan, insurance, or vacation pay? Are you contributing to their 401(k) or other type of retirement account? Do they receive paid time off, a uniform allowance, CE reimbursement, etc.?

Will the relationship continue and are the duties the worker performs a key aspect of the business? Is this a short-term relationship, or do you expect the person to stay and perform dental services similar to the services provided by the office as a whole?

If your answer to any of these questions is yes, it may be wise to classify the person as an employee. The IRS has a form (SS-8) that you can use to test the relationship in more depth. It's a rather long form to complete, and no single factor on the test is more indicative of employee sta-

(Continued on Page 55)

Prioritizing Cybersecurity in Your Practice Is a Must

By Cindy Hoogasian
MDA Services

Ransomware attacks are becoming more prevalent in dentistry. We're learning from these major attacks that the threats are real and can impact practices of all sizes. In fact, your practice may have experienced ripple effects from the ransomware attack last year on Smile Brands, one of the largest providers of support services for dental practices across the country. The recent ADA cybersecurity incident certainly caused disruption for associations and practices across the country as well.

Today's reality is that we live in a "cybersecurity first" world. These bigger examples remind us that no matter the size of organization, there is a new level of vigilance needed that we are all clearly just beginning to understand. For any technology decisions, cybersecurity must be the framework and the underlying foundation for any solutions. Simply conforming to HIPAA requirements does not make your practice secure.

Cybersecurity is actually an overarching framework and includes training employees to recognize malicious emails, handle a cyberattack (disaster recovery training — who to contact, first steps, etc.), review existing technology, and implement internal technology methodologies.

A key consideration is that cybersecurity is a moving target. Cybercriminals are constantly finding and developing new methods for attacking organizations. Whether that may be a more convincing phishing email or a new vulnerability in a firewall, it takes a consistent program to ensure not only compliance, but also a secure environment. Many aspects of cybersecurity can be obtained free or at a predictable monthly cost to implement and maintain, but they must be configured and operationalized in order to be effective.

There are several areas where you may want to consider bringing in a fresh set of eyes to review the wide set of variables to build a more cyber-secure environment. Here are a few of the basics for a safe IT infrastructure:

- Business Associate Agreement. Did your IT vendor sign a BAA? This is important. In the event something happens in which they are the cause of non-compliance, the vendor then shares in the risk and responsibility.
- HIPAA compliance. While not the only factor in this picture, HIPAA compliance is critical and must be part of your IT review of all areas of your practice
- Cloud-based software. Configurations, management, and end user management of providers and solutions need to occur. It isn't enough to simply migrate services to cloud providers.

A large part of a cyberstrategy is documentation and ongoing review. For any type of organization, information technology and cybersecurity need to be viewed holistically — from the internet, phones, firewalls, and cybersecurity awareness training, to ongoing management and documentation of inventory and assets.

Complete Dental IT: The MDA-endorsed program, Complete Dental IT, offers an in-depth look at the tech used to operate your business and provides you with resources to improve efficiency, reduce security vulnerabilities, and keep your costs predictable. The Complete Dental IT program is a collaborative effort between longtime MDA partner iCoreConnect and a trusted consulting and procurement firm, ChoiceTel. The united power of these two companies brings you IT and cybersecurity options and oversight to meet your needs, exactly where you are.

Complete Dental IT lets you choose the services you need for a custom-built, highly secure IT ecosystem, including cloud backup, desktop computers, secure email, internet, phones, firewalls, security assessments, servers, tablets and laptops, and managed services.

To explore all the new IT and cybersecurity related services and solutions available to you as an MDA member, contact the team at CompleteDentalIT.com or call 866-498-0173.

Liability and data breech insurance: To help you survive the fallout from a cybersecurity breach, MDA Insurance offers cyber liability and data breech insurance at a very affordable cost. This provides you with an additional and essential level of cybersecurity risk management training and awareness, as well as indemnity for breach-related notifications and much more. Call Melanie Adler-Croley at 800-869-2272, ext. 464, for assistance. ●

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Stimulant Medications, Rampant Caries, and Prevention

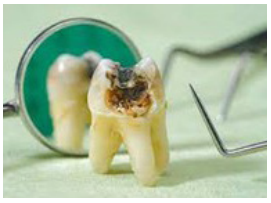
By Madison Thomas, BS, Nancy Poznick, DDS, and Melanie E. Mayberry, DDS, MS-HCM

The term "meth mouth" has been used by both the layperson and the dental professional to describe extreme dental decay, often with associated discoloration and loss of teeth. The difference is, the practitioner may understand better the mechanism behind this rampant decay. In the minds of the general public, the drug itself may seem to be the enemy — destroying the teeth from the inside out, making them brittle and rotten. To dental professionals, it is understood to be a more complex issue stemming from the drug-induced xerostomia and long periods of poor oral hygiene.

Xerostomia, dry mouth, is a common occurrence and frequent sequela of stimulant medications. It is understood that lack of saliva increases the acidity of the mouth while decreasing the clearance of bacteria and food particles, leading to higher rates of tooth demineralization.[1] Therefore, patients with xerostomia have a higher risk of developing caries.

Methamphetamine is a dangerous stimulant. It is classified as a Schedule II drug and was implicated in nearly 16,000 overdose deaths in 2019 alone.[2] So what about this addictive drug's close cousin, amphetamine? This psychostimulant is the drug of choice for the treatment of attention deficit hyperactivity disorder, of which there are 6.1 million people currently diagnosed in the United States.[3] If both the illicit drug and the therapeutic drug of choice for ADHD use a similar mechanism to create a stimulating result, are similar side effects to be expected as well?

In patients with attention deficit hyperactivity disorders, do non-stimulant medications as compared with stimulant medications lead to dry mouth?

Clinical Scenario	Literature Search Strategies	Evidence Summary
		
Patient presents with long term use of Adderall for ADHD, xerostomia, and rampant decay. The question arose by the student dentist if there is a non-stimulant medication that could be used instead that would not have the common cariogenic effect of xerostomia.	Google search engine PubMed Search terms: non-stimulants and ADHD	Non-stimulant therapy also has the common cariogenic side effect of dry mouth and is less effective in managing ADHD.

Clinical case

A 29-year-old male patient presents for full mouth extraction in preparation for complete dentures. His medical history is significant for long-term Adderall (amphetamine and dextroamphetamine) use for ADHD as well as occasional use of an albuterol inhaler for asthma. Clinical examination reveals that all 28 remaining teeth are extensively decayed and fractured. The patient states his teeth began to break down over the last 10 years, often fracturing during mastication. He reports frequent sugared gum use, as well as candy, sports drink, and soda consumption.

The question arose: Is there a drug for patients diagnosed with ADHD that has fewer oral side effects, specifically xerostomia? While the answer to that question can no longer help this patient, it could prevent a similar irreversible dental outcome for other patients using this type of drug therapy.

Developing the PICO

The PICO system is used to develop a question that can be answered using an evidence-based approach. The acronym stands for Population, Intervention, Comparison, and Outcome. We want to explore the population of patients with ADHD and compare medication types on the outcome of dry mouth, a cariogenic risk factor. Putting that all together, our PICO question reads as follows:

In patients with attention deficit hyperactivity disorders, do non-stimulant medications as compared with stimulant medications, lead to dry mouth?

P = Patients with ADHD
I = Non-Stimulant medications
C = Stimulant medications
O = Xerostomia

Gathering background and literature search

As with most internet searches, Google was the first stop. The goal was to explore what types of ADHD medications were currently being prescribed and how they differed. The majority of medications noted were stimulant-based and were ruled out as possible alternative therapy, based on the likelihood of similar dry mouth side effects.

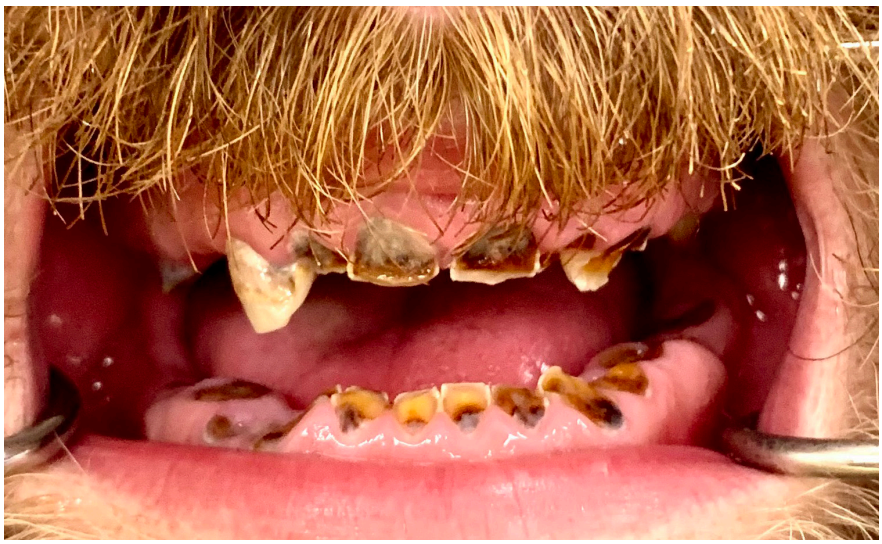
This led to the few non-stimulant options listed: guanfacine, clonidine, and atomoxetine. To explore these medications, a literature search using PubMed was initiated. The search terms entered, "non-stimulants" and "ADHD," yielded results for both the medications of interest and also options for non-pharmacological treatment. The findings were evaluated for topic, level of evidence, date published, and overall relevance to the initial question.

Evidence summary

A PubMed search resulted in articles categorized under the following MeSH terms:

- Attention deficit disorder with hyperactivity/therapy.
- Dental caries/prevention and control.
- Saliva/physiology.
- Central nervous system stimulants/adverse effects.
- Drug-related side effects and adverse reactions.
- Xerostomia/therapy.
- Amphetamine-related disorders/epidemiology.
- Amphetamine-related disorders/mortality.

Figure 1



Rampant decay — Photo shows decay and tooth lass as a result of xerostomia, poor eating habits, and abuse of amphetamines.

A 2017 meta-analysis by Luan, et al., on the efficacy and tolerability of ADHD medications listed non-stimulant options such as atomoxetine and guanfacine as "moderate" treatment options behind traditional stimulants such as methylphenidate.[4] Published by the Public Library of Science, the systematic review by Catalá-López, et al., discusses pharmacologic options for ADHD therapy. They similarly concluded the traditional stimulant medications exceeded the non-stimulant comparisons in effectiveness.[5] It was also found that the most efficacious medications resulted in the most harmful side effects. Finally, *Expert Opinion on Pharmacotherapy* published a drug comparison in 2020 regarding the use of guanfacine for attention disorder treatment. The authors highlighted less symptom reduction when using guanfacine and higher adverse effects when using the stimulant competitors.[6]

A pattern was noticed in the research of wanting to find an ADHD medication as effective as stimulant medications but with fewer of the side effects. While this is exactly what the search was meant to yield, it appeared the consensus was that effectiveness and side effects had a positive correlation. This led to a question of what lesser side effects the non-stimulants could provide and at what tradeoff to the clinical effectiveness of the drug. Unfortunately, the answer was that even the non-stimulants had the common cariogenic side effect of dry mouth, due to their action on the alpha-adrenergic receptors and serotonin reuptake.[6]

Research is dynamic. The initial goal was to find an alternative ADHD treatment that would lessen the risk of xerostomia inducing cariogenic

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side effects, therefore preventing the outcome shown in our clinical case for future patients. Reflecting on the research, it appears the best prevention option is actively treating the dry mouth symptom experienced while taking these drugs.

As seen and reported by the patient in this case, the dry mouth experienced when taking these drugs can lead to an increased desire to self-medicate. Many patients turn to sugary drinks and candies to quench their thirst. The constant desire to have a carbohydrate-based cure can exacerbate the issue from xerostomia-induced tooth demineralization to rampant decay as seen in this patient. Perhaps substituting sugar intake with sugar-free or anti-cariogenic options, such as xylitol, would have decreased the risk of caries.

Conclusion

Implementing the PICO strategy is useful to answer a clinical question in an evidence-based manner. However, sometimes the information obtained may not directly provide the treatment modality to use. Based on the evidence retrieved in this case, pharmacologic changes in the medication used to manage ADHD may not prevent the cariogenic risk factor of xerostomia. Therefore, alternative treatment options in the management of the symptoms of the medication should be considered instead. Patient education, nutritional counseling, frequent recalls, and the use of xylitol mints or gum may provide the most predictable reduction in carious activity while not compromising the effective pharmacologic management of ADHD.

While we could not save the patient's dentition in this scenario, researching best practices in the management of cariogenic side effects of xerostomia in patients taking stimulant and non-stimulant medications for ADHD may prevent similar outcomes for other patients.

Key words

ADHD, ADHD medication, Adderall, dry mouth, caries, caries risk, xerostomia, xylitol, non-stimulant, CNS stimulants, methamphetamine, caries prevention, dental decay, gum, amphetamine salts, attention deficit disorders.

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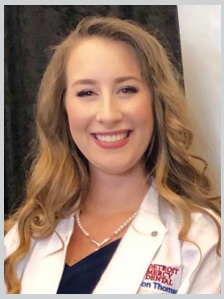

Thomas

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Mayberry

Negotiating Reimbursement Rates with a PPO Plan

By Dana Moss

As a dental insurance coach, the primary frustration I hear from practices is, "we constantly are fighting with insurance companies." Dentists frequently tell me that they hope to no longer participate in any benefit plan network one day. Until that time, they must find a way to best manage the reimbursement from benefit plans accepted by their practice.

There are advantages to becoming a strictly fee-for-service provider, but it's not all rainbows and unicorns. Most fee-for-service practices will still need to work with benefit plan administrators somehow. Patients will still expect you to explain their benefits, provide treatment costs, and estimate reimbursements, even when paying in-full, out-of-pocket. Most participating providers we encounter would love to drop out of networks, but competition is so fierce it is risky to do so. In other communities participation can set you apart from the non-participating competition to grow a practice.

If dental teams followed a few basic concepts, participating with insurance providers could become profitable. For instance, negotiating the insurance allowable is a great way to increase the bottom line. Low allowances can make dentistry less enjoyable, especially if you fear that the practice is "losing money" performing specific procedures for in-network patients. Negotiating the allowances is imperative for the success of a practice with a large PPO patient base.

Negotiating doesn't have to be intimidating, and some take to it naturally, but it is a learned skill for most. Books I recommend on the art of negotiating include *Negotiating the Impossible* by Deepak Maholtra and *Crucial Conversations* by authors Kerry Patterson, Joseph Grenny, Ron McMillan,

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Negotiating Reimbursement

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and Al Switzler. These books help build confidence and give solid advice on mastering negotiating skills.

Negotiating with benefit plan representatives won't be intimidating, scary, or even unthinkable if you prepare and are well-rehearsed. Using the four steps outlined below can help you achieve positive financial results. (Important note: Be sure to keep detailed records of all information gathered from each phase to guide you in negotiation.)

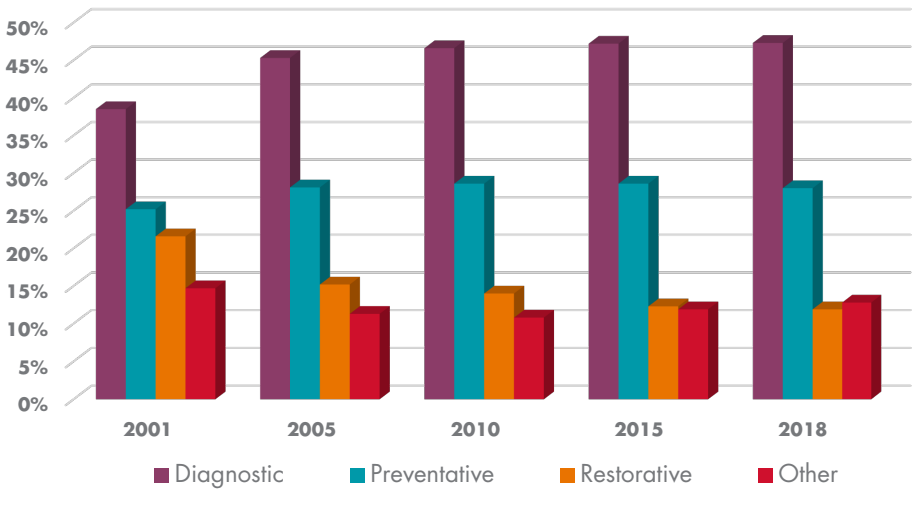
Step one: The foundation

1) Before beginning negotiation, ensure your practice's foundation is solid. Fees must be "balanced" for the current year. Fee balancing is setting office fees in the correct percentile for your practice and area. The Michigan Dental Association and some dental supply representatives can provide quality data on area fee schedules. You can order the MDA's free survey of dental office fees at store.michigandental.org. Always base office fees on current data, not a hunch. Concentrate only on the data that will help with your negotiation. I recommend adjusting office fees at or above the 80th percentile for their ZIP code for most offices. If your fees are above the 80th percentile, do not lower them. Keep those fees where they are.

2) If you are hesitant to raise fees for fear of losing cash-paying patients, consider creating an in-office membership/loyalty plan. The MDA endorses Quality Dental Plan for in-office plans; visit mdaprograms.com to learn more.

3) Always bill your *full* office fee to the insurance company, not the insurance allowable. Plan administrators will adjudicate for their allowed fee, and submitting your full fee helps update their database to know when their fee schedules are falling behind. If we could repeat this simple advice a thousand times, we would. It's *that* important.

Figure 1 — Volume of Dental Procedures by Procedure Type, 2001–2018



Source: American Dental Association Health Policy Institute Analysis of FAIR Health Database, 2001-1018.

Step two: Gather initial information on each current participating plan

1) List the benefit plans each provider in the office has contracted with.

2) Determine ho many patients the office sees with each plan.

3) Determine which companies you want to negotiate with based on the impact on your practice and their need for improving their coverage. Don't assume a benefit company will refuse to negotiate; you won't ever get what you want if you never ask!

4) Note when the last time was that you negotiated or received a new fee schedule or increased fees from these companies.

5) Investigate the market within a three-to-five-mile radius. How many neighboring colleagues are in-network with the carrier with which you are considering for negotiations? Here's a tip: Go to the insurance websites as if you were a patient searching for a participating dentist in your ZIP code.

After gathering this information for each plan, target the ones for negotiation. Keep in mind that some benefit companies will not negotiate if they have updated the practice's fee schedule within the last 12 to 24 months. Consult your provider contract for guidance.

If you are considering participation with a plan:

1) Calculate the practice empty chair time to determine if the practice can accept an influx of plan members.

2) Investigate which local employers offer this plan and how many employees and dependents choose to have the coverage.

3) Investigate how many providers within a three-to-five-mile radius of your practice are already in the network you are considering. (Again, go to the insurance websites as if you were a patient searching for a participating dentist in your ZIP code.)

4) Don't judge a fee schedule by its allowances for big-ticket items like

crowns. Remember, the most frequently provided services in a dental office are preventive and diagnostic, followed by restorative care.

Most dental practice management software programs can run a report on the services that your practice has provided over the past year. You can use this information to help you better understand those services that you provide most often. You can then review this information to decide which benefit plans would be the best to negotiate with on becoming a participating provider.

Step three: Preparing for negotiations

For current participating plans:

1) Create a spreadsheet listing the top most frequently provided services by the practice and their dental codes, along with the corresponding reimbursement for each of the top six benefit plan fee schedules in the practice.

2) Call the provider relations line for each company selected for negotiation and ask the following questions:

- Is there a local representative for the company?
- If no, ask who to speak with regarding possible fee schedule negotiations.
- If yes, ask for their name and number to schedule a meeting.

When negotiating with a plan for becoming a participating provider:

1) Follow steps 1 and 2 above.

2) Call the representative to get a sample contract and fee schedule.

3) If needed, follow step 2 above for participating plans, call the provider relations line and ask the questions!

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Figure 2: 25 Most-Frequently Provided Services[1]

Procedure	Description
00120	Periodic oral evaluation — established patient
01110	Prophylaxis - adult
00274	Bitewings — four radiographic images
00220	Intraoral — periapical first radiographic image
01206	Topical application of fluoride varnish
00230	Intraoral — periapical each additional radiographic image
01120	Prophylaxis — child
02392	Resin-based composite — two surfaces, posterior
00140	Limited oral evaluation — problem focused
00150	Comprehensive oral evaluation — new or established patient
02391	Resin-based composite — one surface, posterior
04910	Periodontal maintenance
01208	Topical application of fluoride — excluding varnish
00272	Bitewings — two radiographic images
00330	Panoramic radiographic image
01351	Sealant — per tooth
07140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
00210	Intraoral — complete series of radiographic images
02740	Crown — porcelain/ceramic substrate
07210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
02393	Resin-based composite — three surfaces, posterior
02950	Core buildup, including any pins when required
04341	Periodontal scaling and root planing — four or more teeth per quadrant
02331	Resin-based composite — two surfaces, anterior
02330	Resin-based composite — one surface, anterior

Negotiating Reimbursement

(Continued from Page 33)

You now have the information needed to begin negotiations. Organize the information by benefit carrier. Keep detailed records of who you speak to and when. We recommend that your team gather the information needed and the dentist does the actual negotiating. If this is not feasible, have your best communicator negotiate.

Step four: Emotional rules

Let your soft side come to play. Remind yourself that you are not "fighting." It's a negotiation, not a war.

Rule #1: Be nice. Never threaten to leave their network. They will accept your release letter with a smile. If you leave their network because they will not negotiate, that is another story. Do not bluff.

Rule #2: They are always right, and persuade them to see your side. We have many practices who do a great job with emails stating their reasons for needing an increase — rising team wages, PPE costs, lab bills, supplies, etc.

Rule #3: Humility goes a long way. Thesaurus.com defines humility as unpretentiousness, modesty, and unassuming nature. Do not assume you know it all, and remember that representatives are people doing their job.

> Negotiating benefit allowances is not easy, but the rewards are well worth every effort. This is the opportunity to not only survive in a PPO practice, but to thrive!

Rule #4: Build a relationship with them. (You are good at this; remember, quickly making friends is what we do each day with patients.) Here at PPO Dental Consulting, we have built wonderful relationships with representatives across the nation. For example, we learned that a payer representative in Dallas hates driving on the ice. When it ices in Dallas, we email her to ask how she is doing. Building relationships is like money in the bank.

Rule #5: Use their name a lot. Just like patients, everyone loves to hear their name, and it means the listener is paying attention to them and values them.

Every conversation you have with the insurance companies will vary based on whether you are in-network or considering participation with the companies. The following bullet points are steppingstones to guide the conversation.

- "I would like to negotiate the fee schedule we have with you" or "The fee schedule sent to our practice is a little low. Is there anything we can do about this so that we can consider participating in helping serve the many patients in my community, including employees with [use a large employer's name here]." The first one to speak after this statement loses. Wait for a response. Do not rush to fill the silence.

If you must email, state your case and ask if you are eligible for a fee schedule review. If the answer is "yes," then great! Get a new fee schedule and keep asking for more until their answer is "no."

If "no," ask them why: "Is there a reason we cannot negotiate?"

Now it's time to introduce your research into the conversation and explain why the fee schedule should be increased:

- How many patients the office currently sees with their coverage
- How many employers are in your area providing their plan.
- Share your spreadsheet with them, showing other fee schedules, and ask for some help with their fees.

• • •

This is only a guideline, and these conversations can go in many different directions. In summary, when you prepare to negotiate, please don't forget the rules. Negotiating benefit allowances is not easy, but the rewards are well worth every effort. This is the opportunity to not only survive in a PPO practice, but to thrive! ●

Reference

1. Based on Delta Dental data, June 2022.

About the Author

Dana Moss, founder of PPO Dental Consulting, is a PPO business coach with a focus on dental insurance. She is a money finder, PPO practice builder, and team motivator, ready to empower dental practices to increase profitability without sacrificing service-oriented care. She has worked as a front office coordinator, insurance specialist, office manager, and practice administrator. Her years of experience in leading PPO practices bring firsthand knowledge of what it takes to be profitable in today's dental insurance world.

Contact her at dana@ppodentalconsulting.com or at 817-456-0012.

Moss

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Red Flags and Risks:

Unpleasant Surprises When An Office Manager Suddenly Leaves

By David Harris
CEO, Prosperident

Sure, people leave a practice for any number of perfectly legitimate reasons. But sometimes it pays to be a little suspicious. Especially when an office manager departs unexpectedly. It could be you've just become one of the 50% of dentists who are victims of embezzlement.

Sooner or later, every practice owner receives the unwelcome news that their office manager, who is key to the smooth functioning of the practice, is leaving. If you're that practice owner, a thousand thoughts race through your head. *Where will I ever find a replacement? How can I replicate the amount of knowledge that will vanish with the incumbent? Why is this person leaving us now?*

Many practice owners fall into the trap that, when they find the perfect office manager, they assume that person will be *in situ* forever. Cross-training other staff members never seems like a priority, nor does documenting what the office manager knows and does, or how it's done. Renowned consultant Chuck Blakeman talks about how the "tyranny of the urgent" often displaces the need for practices to undertake longer-term planning. A good time to get such documentation in order is well before your office manager gives notice.

Consider the "why"

In the sudden urgency to replace a key person, one thing that often gets overlooked is to consider the departure circumstances. At Prosperident, we consider ourselves "professional cynics," and are inclined to look a bit more deeply at someone's departure and ask what information might be missing.

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Embezzlement

(Continued from Page 37)

Sometimes people quit for identifiably good reasons — their spouse took a new job in another city, or your office manager was offered a job with much more responsibility and pay. At other times, the move seems to be "lateral," or the reasons provided seem a bit spurious. Taking a new job because "it's a couple of miles closer to home" is an example of where the person leaving is probably not giving you the whole story.

If you sense that the person leaving is not being candid with you, there can be several reasons. They may be unhappy in their job, which could be the result of a toxic co-worker, or maybe you're a difficult boss. Understandably, many people leaving for these reasons prefer not to be specific.

Another possibility is that they're running away from the trouble they feel is about to catch up with them. Embezzlers who think they're about to get caught will often "do a runner," where they get away from their practice as quickly as possible. So, this is a great time to ask yourself if there has been any event that might give someone who is stealing a reason to fear getting caught.

Examples of things that can frighten a thief are a looming audit by an insurance company, or your spouse becoming more involved in your practice. The change that can strike fear into any embezzler is that you've hired a consultant who is about to start working with your practice. Embezzlers are scared of consultants for a very simple reason — a thief knows your habits and what you scrutinize in a practice, and has undoubtedly planned his or her embezzlement methodology to evade your scrutiny. However, the embezzler has no idea what the consultant might examine. This uncertainty, plus the fact that many consultants are hired to focus more on the practice as a business entity than the practice owner can, creates an extremely dangerous environment for an embezzler.

Almost every consultant has a story about how they stumbled across embezzlement in a practice. It often takes the form of an employee who quit more or less concurrently with the consultant coming in to the practice. So — whenever an office manager or other key employee quits proximate to changes in the office, practice owners need to ask themselves whether there is more to the story.

Account ownership issues come to light

The departure of an office manager often brings to light account ownership issues that can prevent the practice owner from accessing the business's information. And, if a dentist suspects embezzlement may be occurring, being barred from accessing account information makes it difficult to stealthily investigate activities. Examples of how this may occur include the following.

Personal email accounts are used. The office manager may use an individual Gmail account, such as managerfriendlydental@gmail.com, rather than an email account associated with the office's domain, such as suzy@friendlydental.com. But in Google's eyes, it's the departed office manager who is the "owner" of this account. Google has no procedure for the business owner to assert ownership over an individual email account, no matter what its name or how it has been used.

It's certainly tempting to make use of free and easy-to-set-up Gmail addresses rather than involve your IT company to set up your domain-based email. However, as one of our clients found out the hard way, the practice does not "own" these non-domain email addresses, whereas with domain-based email, you can revoke someone's access or have a mailbox redirected to a different user with ease.

Merchant account issues. Another ownership issue that we encounter frequently relates to "merchant accounts." When a practice accepts payment through credit cards, it establishes an account through a merchant service provider. The account is created in the name of the practice it serves, and the merchant service provider has the name of a "contact person" on file.

(Continued on Page 40)

We are Proud to Showcase for this Year's Fall Seminar,
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Tuesday, October 25, 2022

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Join us as we welcome Dr. Christian Coachman from Digital Smile Design (DSD). He is a world-renowned speaker in the dental lecturing circuit and has published internationally in esthetic and digital dentistry, oral rehabilitation, innovation, trends, communication and marketing strategies.

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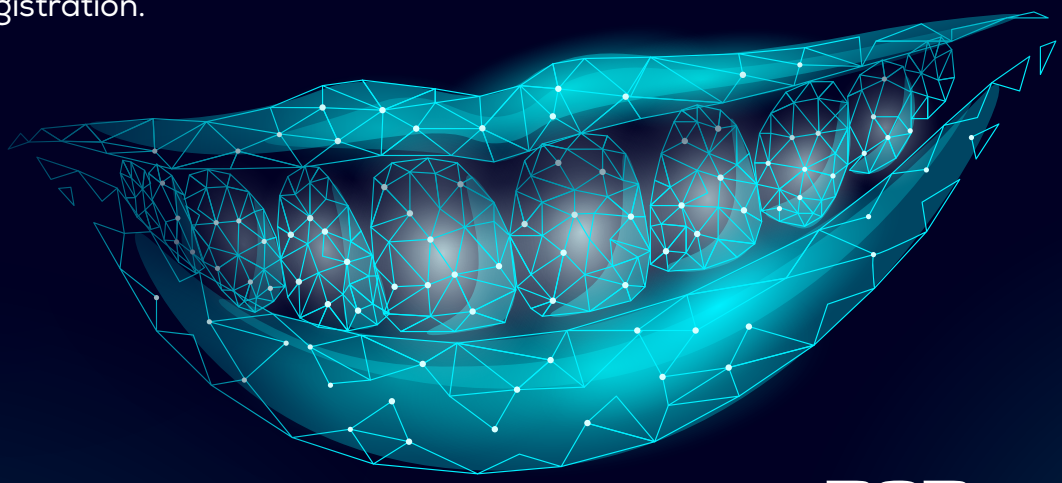

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Embezzlement

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For many embezzlement investigations that we do, we want to review activity in the merchant account to look for fraudulent transactions. Picture a situation where the office manager is under suspicion, but she is also the sole contact for the merchant account. If the monthly statements from this account are under the control of the suspect, the dentist, who wants to keep our investigation covert, will not want to go to this person to ask for monthly statements that they have never wanted to see before. And you cannot get copies of statements from the merchant services company unless it receives authorization from the office manager. In fact, its protocol may be to call the contact (your office manager) to relate that another party tried to access "their" information. Being unable to access a key piece of information needed for an embezzlement investigation is a problem, and the possibility of our involvement being revealed to the suspect because they receive a call from the merchant service provider is potentially a bigger issue.

Contact vs. account owner

Many online financial accounts, including merchant accounts, normally have the ability to provide for multiple contact people. The terms may vary slightly, but often there is provision for both an "account owner" and an "administrative contact." The problem that we are seeing with some frequency is that in many cases there is only a single contact person listed on the account, which makes them both the owner and administrative contact. Since many of these accounts were set up by a team member, it may not have occurred to them to list the practice owner as the "owner" contact. In fact, many dentists even *discourage* having themselves listed to shield themselves from receiving monthly statements and marketing emails that they would prefer not to deal with.

Financial companies are not being difficult by enacting these policies; they are needed to prevent identity theft, which is a rampant problem. Every business needs to take precautions to ensure that it is not taking instructions from an identity thief. Unfortunately, this level of caution, when combined with the propensity of dentists to take little interest in non-clinical activities, can produce problematic results.

Do these things now, before your office manager quits

Your action step is to review the accounts used by your practice and to get yourself added as owner or a secondary contact for any "mission critical" business relationships. Obviously, this is far easier to do before you need access to these accounts in an adversarial situation.

Some of the accounts that should be reviewed to ensure that you have owner-level access are listed below.

Bank accounts. To their credit, banks have handled the difference between owner-level and staff-level access very nicely. If a staff member needs online access to your bank account, rather than sharing your login information as many dentists do, you can set them up with a more limited access that will allow them to check balances and verify if an item has cleared without having the ability to transfer funds or create new bill payees.

Merchant accounts. See above.

Social media accounts. When a disgruntled ex-employee controls a social media account, very bad things can happen.

Practice management software. Ensure that you have full access to your PMS and that employees have only the essential rights to view and edit records.

Domain registration. Imagine firing someone who has the sole control over your practice's domain name. This person could shut down your website. Often, domain registration is done by your IT company, who make themselves the contact. This approach is fine, but you also need to be listed as a contact in case the IT company goes out of business.

Supplier accounts. Every supplier should have you listed as the business owner.

For some practices, account ownership issues may be completely innocent and a matter of convenience, while for others, blocking the business owner from accessing mission-critical accounts may be strategic and indicative of employee wrongdoing. In either case, not claiming ownership of your financial data and communication platforms is asking for trouble. ●

About the Author

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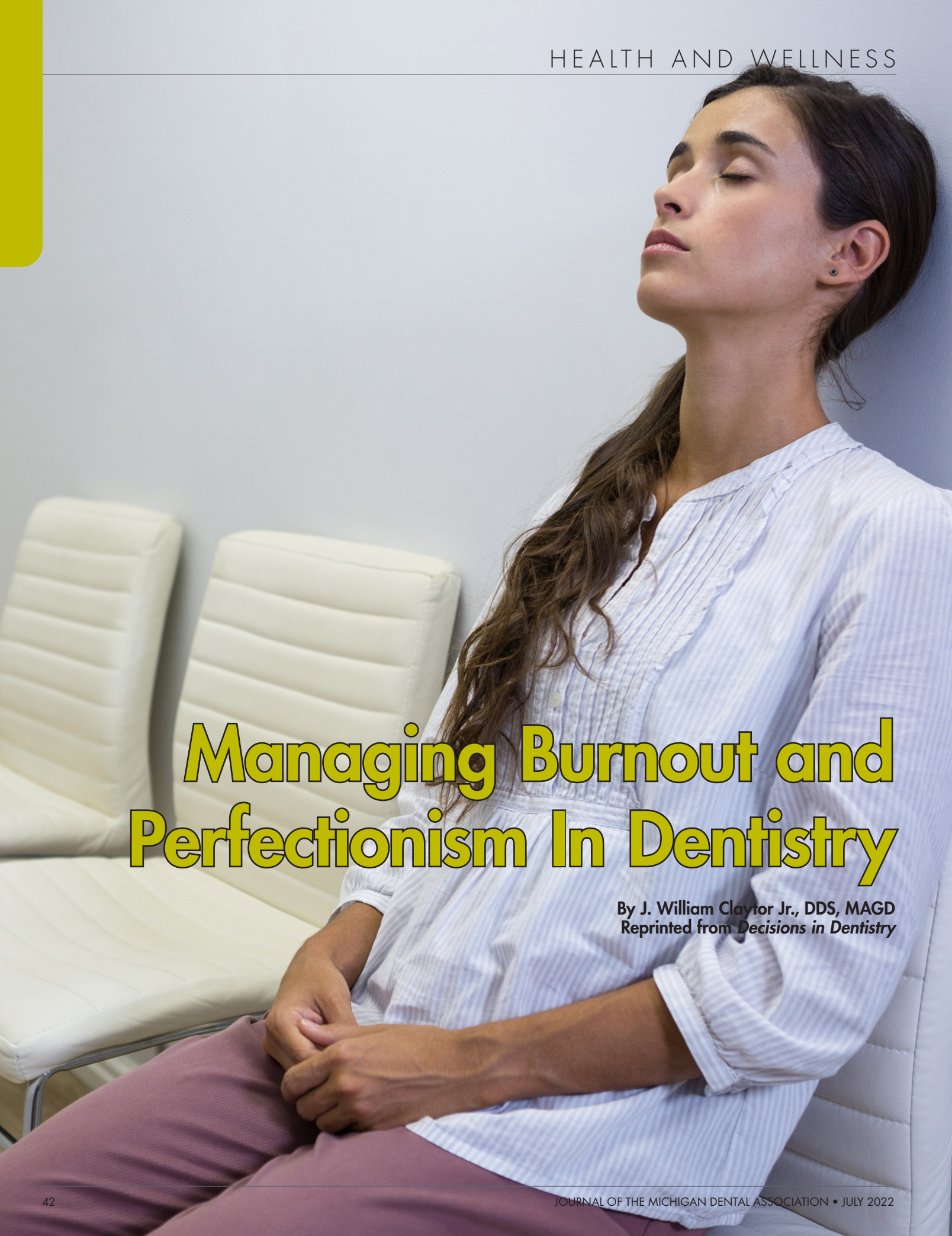


Managing Burnout and Perfectionism In Dentistry

By J. William Claytor Jr., DDS, MAGD
Reprinted from *Decisions in Dentistry*

Burnout in health care is on the rise.[1] In 2022, the World Health Organization will embark on the development of evidence-based guidelines on mental well-being and will list burnout in the upcoming revision of the *International Classification of Diseases* as a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is not classified as a medical condition, however.[2]

Burnout is a psychological syndrome earmarked by the three components most commonly used to help diagnose burnout in the workplace, including dentistry. Maslach developed the Maslach burnout inventory; easy to administer, it yields reliable and valid information with which to evaluate and diagnose workplace burnout.[3] This syndrome is characterized by three dimensions: feelings of energy depletion or exhaustion (emotional exhaustion); increased mental distance from one's job or feelings of negativism or cynicism related to one's job (depersonalization); and reduced professional efficacy (reduced personal accomplishment). The fallout from burnout may affect other dental team members, patients, colleagues, friends, and family.[3]

Emotional exhaustion, due to chronic exposure to unmitigated stress, makes clinicians feel emotionally, physically, and spiritually drained. This may result in affected individuals not feeling they can effectively give of themselves anymore. Often, they report being worn out, with loss of energy, depletion, debilitation, and fatigue.[3] This may lead to depersonalization, which is earmarked with negative or inappropriate attitudes, sarcasm, and cynicism directed at others. Affected individuals may also experience irritability, loss of idealism, and withdrawal.[3]

Depersonalization and emotional exhaustion are closely associated, and the results may be a dental provider conveying the message that he or she does not care about the patient's concerns or needs. The term *compassion fatigue* is associated with burnout because it expresses the fatigue and exhaustion a person can experience when dealing with difficult or unreasonable people. Compassion fatigue has been described as the convergence of secondary traumatic stress and cumulative burnout, a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment.[4]

A third aspect of burnout syndrome, reduced personal accomplishment, results in a tendency for people to demonstrate an inability to cope; they may have a negative impression of themselves and dissatisfaction with their work and accomplishments.[4] This may lead to job turnover, absenteeism, low morale, insomnia, and increased use of drugs and alcohol, as well as marital and family issues.[3] One example would be dentists who experience burnout when they find their skill sets and work attitudes are not compatible with working in corporate dentistry.

Educational Objectives

After reading this course, the participant should be able to:

1. List trends in burnout affecting health care professionals, as well as means for diagnosing workplace burnout.
2. Describe concepts and factors associated with perfectionism and burnout in dentistry, and the potential ramifications for clinical practice.
3. Discuss strategies for managing stress that can contribute to professional burnout.

A CE exercise, worth two CE credits, is available at https://decisionsindentistry.com/courses/managing-burnout-perfectionism-dentistry/.

Potential impacts of the pandemic

It would be remiss not to mention the impact the COVID-19 pandemic has potentially had on the initiation and progression of burnout in health care, specifically, in the first several months of the pandemic. Early evidence is emerging on the impact isolation from patients had on dental practitioners due to the lack of relational (i.e., in-person) contact. Lack of relationships with others, especially the doctor-patient-staff model, may show that providers are experiencing some level of burnout due to a lack of control in practice and the uncertainty of the future of practice and patient contact.[5]

(Continued on Page 44)

An examination of the signs and symptoms of burnout, the role perfectionism may play, and mitigation strategies for oral health professionals

An unpublished survey of dental professionals in North Carolina between September and November 2020 conducted by the North Carolina Caring Dental Professionals and the North Carolina Dental Society (n=842 dentists, n=572 dental hygienist respondents) found that 43.5% of dentists and 38.5% of dental hygienists were fully engaged in their work, per the Maslach burnout inventory. By comparison, 18.8% of dentists and 14.0% of dental hygienists reported professional burnout during this COVID-19 pandemic time frame. The remaining respondents fell somewhere in between, reporting feeling either ineffective, overextended or disengaged.[6]

Most of the burnout research in health care workers has studied physicians, with little research on dentists. The fact that almost one in two U.S. physicians has symptoms of burnout implies the origins of this problem are rooted in the environment and care delivery system, rather than in the personal characteristics of medical professionals.[7] Physicians list time constraints, use of electronic health records, and other workplace-related factors as top stressors in medicine. Compared to fully engaged providers, physicians with burnout may be subject to a greater number of medical errors and deliver a lower quality of care — and with higher costs and worse outcomes.[8] A 2020 study of U.S. providers suggests that dentist burnout is potentially a key predictor of reporting perceived dental errors.[9]

The multiple platforms in which dentists deliver oral health care in the United States (solo, group, specialty, dental service organization, and other models of practice) raise the question: Are the origins of burnout in dentistry rooted in the environment and care delivery system, rather than in the individual characteristics of a few susceptible practitioners?

In a study of three graduate programs in dentistry at the University of Barcelona, it was noted that narcissistic and borderline personality types were most frequently found in individuals who present burnout syndrome. An obsessive-compulsive personality was observed in 75% of the participating dentists. The pattern of unstable and impulsive personality and the need for excessive admiration, which are typical of a narcissistic personality, characterized the dentists susceptible for developing burnout.[10]

There are six driving forces used to determine areas in the workplace (called areas of worklife scale) that may be contributing to burnout in dental offices. These include unsustainable workload, perceived lack of control, insufficient rewards for effort, lack of a supportive community, lack of fairness, and mismatched values and skills.[3,11]

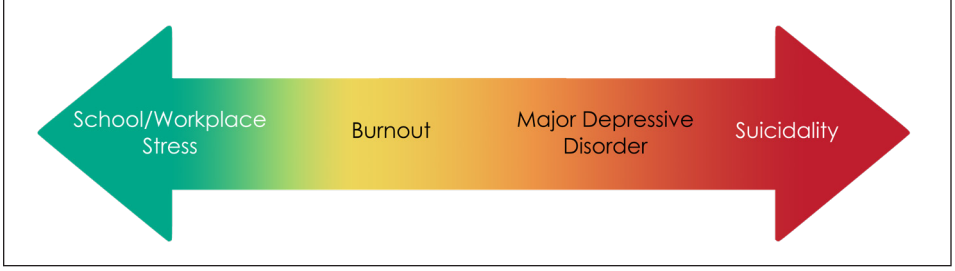
Stressors

Dentists must confront many stressful situations in practice. At the top of the list are time and scheduling issues, patient demands, uncooperative patients, the need for high levels of concentration and focus, and team issues.[12,13] A study in New Zealand revealed the most commonly reported stressors were treating difficult children (52%), constant time pressure (48%), and maintaining high levels of concentration (43%).[12] The strategies most utilized for managing work-related stress included interactions with people (78%), sports (64%), and forgetting about work (59%).[12]

A study by the American Dental Association reports that 86% of dentists claim experiencing one or more of these stressful conditions in any given year. This equates to 60 days/year that dentists are significantly stressed and disengaged at work.[13] According to Rada and Johnson-Leong,[14] dentists are prone to anxiety disorders, clinical depression, and professional burnout due to the way dentists practice and their personality traits. Chronic interpersonal workplace-related stressors have a high correlation with anxiety, depression, musculoskeletal complaints, sleep disorders, memory problems, and substance-use disorders, which all can be associated with burnout.[14] Dentists experience moderate to severe stress levels at work each day. One study found the moderate to severe stress level characterized 82.7% of dentists surveyed,[13] while another study found the number to be approaching 86%.[15]

The ADA's 2015 Dentists Well-Being Survey indicated updated data concerning stress levels in the workplace. The majority of dentists (67%) reported they have a moderate level of stress at work.[16] Less than one in eight dentists (12%) reported severe stress at work. The level of work stress was about the same for female dentists as male dentists, and for younger dentists vs. older dentists. Part-time dentists were more likely to have light

Figure 1 — The continuum of stress. Stress that is not effectively addressed can have detrimental effects.



stress than full-time dentists. More than one-third of part-time dentists (39%) reported light stress at work, while only 18% of full-time dentists reported light stress. Fewer than 25% of part-time dentists reported they faced severe stress at work.[16]

While only one in 10 dentists was considered at high risk for alcoholism, nearly one in five (18%) of all practicing dentists felt they should cut down on drinking. Feeling a lack of control at work and being unsatisfied with their dental practices were associated with higher risk for alcoholism.[16] More than one in five dentists (22%) was found to have a moderate level of depression, and 4% had a high level of depression. Half of the dentists who scored a high level reported that they have not been diagnosed or have not considered themselves to have depression (Figure 1).[16]

Pressure from the start

Stressors in dentistry are ubiquitous and start early in a clinician's career. The individual's ability to recognize the source of stress and respond appropriately are critical to preventing burnout. A 2016 study of 121 new dentists (defined as having graduated from six months to less than five years prior) in India revealed that new dentists are especially vulnerable to stress that may lead to burnout. Factors contributing to burnout were emotional exhaustion (39.27%), frustrations (47.83%), feeling worn out at the end of the workday (46.80%), feeling worn out by the end of the evening (35.05%), exhaustion in the morning at the thought of another day at work (35.05%), feeling that every working hour is tiring (46.80%), and having less energy and time for family and friends (47.83%).[17]

In a 2019 study of 2,053 dentists in the United Kingdom, 54.9% reported currently experiencing high job stress, with general dentists noting the highest level of stress.[18] The most common sources were worrying (43.8%), threats of complaints/litigation (79%), dissatisfied patients (75.1%), concern about the General Dental Council, the organization that regulates dental professionals in the United Kingdom (72.8%), work pressure from National Health Service to meet financial goals (72.4%), running behind schedule (64.9%), performing NHS work (63.2%), and dealing with difficult patients (61.2%).[18] The research also found that dentists displayed much higher levels of suicidal thoughts than the general population due to the fear of litigation and external regulations, thus making dentists more prone to stress, burnout and psychological distress.[18]

A problem for many — Stress, depression, and burnout can be experienced by dentists in all ages, sexes, and practice settings.

Lloyd and Musser[19] investigated the personality traits of medical students as compared to dental students, and found dental students are more obsessive-compulsive in degree and number of symptoms, more codependent, 50% less likely to seek help, and are more competitive and isolating. These attributes are in line with the personality types that enter into dentistry as a profession.[19]

Results indicate that dental students evidenced considerably higher symptom levels than those previously reported in a general population survey.[19] Compared with the general population, dental students showed a

(Continued on Page 46)

mild elevation in somatic symptomatology, a moderate elevation in anxiety and depressive symptomatology, and a marked elevation in obsessive-compulsive symptomatology and interpersonal sensitivity.[19]

It is possible these marked elevations in obsessive-compulsive symptomatology and interpersonal sensitivity may reflect, in part, a sensitization to excessive performance demands. This sensitization may manifest in cognitive inefficiencies — such as indecisiveness, blocking, or memory impairment — and excess sensitivity to the evaluative judgments of other people.[19] In comparing dental students with other sample groups, dental students were also found to display more psychiatric symptomatology than general medical subjects judged free of psychiatric illness, and to approach levels of symptomatology found in general medical subjects judged psychiatrically ill or in need of psychiatric treatment.[19] In a 2017 study in Massachusetts, dentists were reported to have similar or higher prevalence than the general population for stress, alcohol consumption, prescription drug use, back pain, neck pain, headache, osteoarthritis and gastroesophageal reflux disease.[20]

Perfectionism

The concept of perfectionism in dentistry can be divided into two categories: perfectionistic concerns, and perfectionistic strivings.

Perfectionistic concerns:[21] Unhealthy perfectionism can be destructive and paralyzing. This is earmarked by a dentist setting unreachable or unreasonable goals, such as feeling like he or she must learn and offer all types of dentistry to patients. Another example would be setting unrealistic production goals in an effort to pay off debt.

A key warning sign of an unhealthy practitioner is seeking and accepting only perfection in all cases. This can be a major stumbling block. The goal of good dental work is not "perfection," but excellence in care. When the dental work fails or does not turn out as expected, the dentist should see this as a learning experience to improve future care. Mistakes should not be seen as reflecting unworthiness or "not being good enough," but, rather, as testament to the practitioner's humanity. This is a good way to improve who a dentist is as a clinician and a person. Remaining humble and teachable are key to improving the clinical drive toward excellence.[21]

Perfectionistic strivings:[21] A dentist with a healthy view of perfectionism sets reasonable and reachable goals. This provider sees dentistry as a continual learning experience, views patient care as a journey, and is thankful for the opportunity to practice dentistry. When clinical outcomes are less than hoped for, the individual rebounds quickly after dealing with it and processing how to improve — and without catastrophizing. A well-balanced practitioner does not obsess on failure or mistakes, but tries to remain humble and teachable, while being open to accepting constructive criticism in order to move forward.

Dentists exhibiting perfectionistic concerns are more prone to overall burnout, exhaustion (emotional/physical), depersonalization (including cynicism), sarcasm, and compassion fatigue — all of which will hinder work performance. Ultimately, these actions are destructive and earmarked by poor coping skills. In comparison, dentists exhibiting perfectionistic strivings are less prone to these debilitating behaviors. Their actions are motivating and earmarked by good coping skills.[21]

Perfectionists deal with many issues that can result in burnout, such as unrealistically high standards of performance, mistakes, doubts, expectations and criticism of self and others, and feelings of not being in control or not knowing everything. Perfectionism can be paralyzing, causing the clinician to stagnate and procrastinate in decision-making and action. A provider who sets perfection as the standard for dental care is not only unrealistic, but is in denial about his or her humanity. No one is perfect. The goal in health care should reflect a standard of excellence in care, a continual evaluative process of how to improve care through education, and acceptance of imperfection.

Table 1 — Know the Difference Between Stress and Burnout

Stress	Burnout
Over-engagement	Disengagement
Overactive emotions	Blunted emotions
Urgency and/or hyperactivity	Helplessness and/or hopelessness
Loss of energy	Loss of ideals, motivation, and/or hope
Anxiety disorders	Detachment and/or depression
Primarily physical damage	Primarily emotional damage
Acute and/or physical disease	Life not worth living (suicidal thoughts)
Easily identified and treated	Difficult to manage
Individual recognizes stressors	Individual does not recognize

Mitigating burnout

Other than the time-tested and anecdotal results of eating healthy, getting plenty of sleep, and exercising, the emphasis currently is to focus on web-based solutions, such as addressing relaxation, breathing, mindfulness, meditation, online cognitive behavioral therapy, and suicide prevention.[22] These are great tools to implement, but should be used as adjuncts to address office issues, increase social interaction with the community and colleagues, minimize isolation, manage family/office time efficiently and, for those inclined, practicing religious beliefs. Controlling the office appointment book through block scheduling is an immediate step practitioners can take to reduce stress.

Conclusion

Burnout has been described as "an inflammation that occurs when people and work don't fit together properly." In some ways, calling burnout an "inflammation" is exactly what living with burnout feels like, a constant irritation that is ever-present and doesn't get better unless addressed (Table 1). The good news is that burnout is preventable if recognized early and the individual asks for help.

Today's environment for coping with stress-related work issues has never been better, as help and healing techniques are readily available for those who seek them. The goal of this article is to provide insights into the factors that contribute to professional burnout, and encourage dental providers to be proactive in taking care of themselves and seeking help if necessary. ●

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The CE exercise, worth two CE credits, is available at https://decisionsindentistry.com/courses/managing-burnout-perfectionism-dentistry/.

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Wine country — Established practice in Grand Traverse County. Four ops with extensive facility/equipment upgrades. Solid hygiene department. Contact Phil, Peak Practice Transitions, 248-477-5777. (LDGT1).

Modernized practice — $700K-plus average, 39% net, and growth trends. Primarily traditional insurance. Contemporary facility and equipment, five ops, and a stable staff. Contact Steven Schrems at Peak, 248-477-5777. (SRH2).

$1.1M with no Medicaid — Large Upper Peninsula general dental practice with great net! E4D unit and digital X-ray in seven ops. Most specialty work referred out. Contact Phil Stark at Peak Practice Transitions 888-477-5777. (NNTF2).

Think MDA First!

Have a question? Need help? Think MDA first — email membership@michigandental.org.

Northwest Wayne County merger opportunity in highly desirable area! Growing revenues around $450K with extreme potential as all endo, oral surgery, ortho, perio, and implant placements are referred. Seven days of hygiene with strong patient base to care for. For more information, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI3123.

Oakland County — General practice for sale — Oakland County gem! $640K in revenue with $240K earnings after debt. Specialty work referred. Digital and Pan. RE available with tenant income. For more information, please contact Sara Marterella, sara.marterella@henryschein.com, 734-765-0770. #MI3107.

Metro Detroit oral surgery practice — Highly profitable with excellent reputation in suburbs of metro Detroit. Revenue of more than $1.1M with above-industry-average cash flow. Beautiful facility, strong referral base, and loyal team. For more information, please contact Sara Marterella, sara.marterella@henryschein.com, 734-765-0770. #MI2985.

Northern Michigan — Long-standing stable practice available in a beautiful, centrally located northern city. Digital X-rays, pan, and intra-oral camera are utilized in this four-operatory practice with four days of

(Continued on Page 52)

hygiene. Real estate is also available for purchase. To discuss this opportunity, please contact Denise Bouwhuis, 734-765-7080, denise.bouwhuis@henryschein.com. #MI2682.

Oakland County, Mich. — General practice with revenues around $500K. Great location with four ops and room to expand as practice grows. Real estate available. To discuss this opportunity, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI2756.

Northeast Michigan — Long-standing, successful four-op practice referring out most specialty procedures. Updated with digital X-rays, pan, scanner, and chartless records. Well-maintained. Real estate also available. To discuss this opportunity, please contact Denise Bouwhuis, denise.bouwhuis@henryschein.com, 734-765-7080. #MI2768.

Vacationland District — Well-established, five-operatory practice grossing $800K-plus, specialties referred out. Digital X-rays and camera. RE available. For details contact HS PPT consultant Denise Bouwhuis, 734-765-7080, denise.bouwhuis@henryschein.com. #MI173.

East Lansing — State-of-the-art in prime location! Eight ops with 50-plus new patients per month. CBCT and Cerec. Low overhead. Favorable lease terms. For more information, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI2869.

Southwest Michigan — Check this out! Excellent opportunity to own a long-standing and highly successful four-operatory practice with revenues well over $1M and earnings more than $500K. Productive hygiene department and well-trained clinical team with many services referred out. Real estate also available. To discuss this opportunity, please contact Denise Bouwhuis, 734-765-7080, denise.bouwhuis@henryschein.com. #MI179.

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

North Wayne County, Mich. — Location! Great community general family practice! Revenues of more than $1M with earnings after debt at $350K! Strong hygiene program with a loyal team. Room for additional growth with some specialty referred. Six ops. Digital. RE available. To discuss this opportunity, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI3065.

Southeast Michigan — Established, well-managed general family practice with $600K in revenue earning more than $200K after debt payment. Digital X-rays. RE is available for purchase with practice. For more information, please contact

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sara.marterella@henryschein.com, 734-765-0770. #MI2944.

Lansing, Mich. — General practice with four ops. Well-maintained, high visibility location with room to grow. Digital X-rays. RE available. To discuss this opportunity, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI2766.

Pediatric practice in desirable location — Pediatric practice with 12 ops in desirable location one hour northeast of metro Detroit. Gross $1M-plus. Digital using Dentrix. Strong hygiene program. Real estate available. Contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI148.

Saginaw — Saginaw Township — Small practice for sale, possible satellite or merger. Refer most endo and oral surgery. Contact T. Alan at taa49mbc47@gmail.com.

Incredible rare opportunity in Cadillac, Mich.! Come join six talented dentists at this lucrative "practice within a practice." This practice is currently owned by seven dentists and one dentist is ready to sell their portion. The overall practice collected more than $5.8M in 2021. The section of the practice that is for sale collected approximately $630K in 2021. The practice has 22 fully equipped operatories, brand new equipment, digital X-rays, and a CT scanner. The seven dentists all share the space, employees, and business management resources. Expand your dental career while experiencing the camaraderie of a group without the headaches of running a solo practice. Asking $490K. Contact United Dental Brokers, Ryan Brunworth, DDS, at 616-227-1122, or ryan@udba.biz for more information.

Saginaw Township — Well-established general practice — Fee-for-service, $725K revenues with 39% net on three-and-one-half-days! Experienced staff, loyal patients, chartless, and digital X-ray/pan. Complete "top to bottom" office renovation with five ops, a must see! Associate and/or mentoring available. Motivated seller. Send inquiries to sde4291@gmail.com.

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Placing your classified is easy — just visit www.michigandental.org and click on "Jobs/Classifieds/Journal" and "Placing Classified Ads." It's a quick, safe, secure, way to place your ad and get fast results!

Grand Rapids practice for sale — Open four days/week, eight-plus days of hygiene, consistent collections of around $1.25M, low overhead, five ops, and beautiful stand-alone building (possible purchase available). GRdentist9101@gmail.com for more information.

General practice for sale in Kentwood, Mich. — $499K — Five ops with room for one more. Busy, downtown location. Spacious and organized practice. Collecting more than $600K. For more information, please contact patrick.m.roberson@gmail.com or by phone at 919-559-6916.

West Michigan lakeshore practice for sale — Less than an hour from Grand Rapids. Longstanding stable practice, Excellent staff. Digital office with computers in every op, CT scanner, and intraoral cameras. Collecting $1.2M annually on three-and-one-half-days per week. Mix of PPO and fee-for-service. Refers out ortho, most implants, third molars, molar endo, and some pedo. Contact wmpractice4sale@gmail.com for more info.

Family practice — Three ops, southeast Grand Rapids, grossed

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$1.2M in 2021 on four days per week Call 616-308-4915. Please, brokers do not call looking for a listing. Call only if you are a client. Thank you.

Macomb County — Small part-time office available with real estate. Collecting $250K per with more than 50% of collections coming from hygiene. With a little attention for treatment planning, this office should be collecting more than $500K per year. For more information please contact Patrick Houlihan, DDS, of The Houlihan Group at phoulihan11@msn.com or 734-634-4459.

Northeastern Michigan resort town — Beautiful, established general practice located on Lake Huron shore with a river in the backyard. Five ops with room for a sixth. Digital radiography. All updated computers, Eaglesoft, in all ops, strong hygiene program; $1.1M production, practice continues to grow with more than 4,000 patients. Enough room for two doctors. Some specialties referred out. Building for sale also; 2,300 sq. ft. with finished second level. Good public and parochial schools, hospital, biking, hunting, fishing, boating, relaxing lifestyle. Call 989-362-7133.

Upcoming Classified Deadlines

September 2022	August 1
October 2022	September 1
November 2022	October 1
December 2022	November 1
January 2023	December 1
February 2023	January 1
March 2023	February 1
April 2023	March 1
May 2023	April 1
June 2023	May 1

Grand Rapids, Michigan, a great place to live! Established, very busy six-op modern practice in a high growth area. Transition into a busy, friendly, low stress ownership opportunity. New grads welcome! Your timeline, easy terms with unlimited potential. Call me at 616-446-1234 or email me at slbmolar@gmail.com, to discuss practice acquisition possibilities! Real estate option also.

Highly profitable general practice — Kalamazoo — Established five-op general practice collecting $1M-plus with 50% OH. Centrally located in Kalamazoo. Low overhead. Building available. Contact Veritas Transition Group. 844-283-7482, info@veritastg.com.

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Looking to renew your CPR certification? Safety Plus is ready to help. We specialize in professional CPR, AED, bloodborne pathogens, and basic first aid training. Safety Plus is dedicated in teaching life-saving techniques and has been for more than 35 years. Safety Plus takes pride in all our instructors, who are all medical professionals. Please call Safety Plus at 810-356-3343 to schedule your next training class.

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

Place Your Ad Online

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Upcoming Classified Deadlines

September 2022	August 1
October 2022	September 1
November 2022	October 1
December 2022	November 1
January 2023	December 1
February 2023	January 1
March 2023	February 1
April 2023	March 1
May 2023	April 1

Staff Matters®

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tus than another. However, as I said earlier, the more control you have as the practice owner, the less likely the hygienist should be classified as independent. As always, when it comes to the IRS, it's always best to err on the side of caution.

A further consideration for you is that the hygienists have requested that they be paid as an employee. Unless you can provide them with your testing documentation that definitively shows otherwise, they may go to either the IRS or the Department of Labor with their concerns, which could trigger an audit.

Your best option would be to classify the substitute hygienists as temporary employees vs. independent contractors. The Department of Labor defines a temporary or "temp" employee as one who is hired to work for one year or less with a specific end date. This end date can be the day when the work the employee was hired to work on is complete, or when the permanent employee they are substituting for returns from their leave. There is no specific limit to the number of hours an employee can work in a year and be considered temporary. As a temporary employee, you would compensate them through payroll, with the typical payroll tax, unemployment insurance, and worker's compensation liabilities, but you could limit eligibility for other benefits like paid time off, CME, or health insurance based on office policy. This is a good middle-of-the-road approach and much less costly than a misclassification would be. ●

For more human resources assistance, visit michigandental.org/Human-Resources or email Brandy Ryan, MDA director of human resources, at bryan@michigandental.org.

MDA COURSES

Make the MDA your first choice for continuing dental education! Get full details at michigandental.org/CE-courses, including listings for all live and recorded webinars, as well as in-person sessions.

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

Friday, July 15: Live Webinar — Phished, Hacked, and Attacked: Stop Cyber Criminals from Holding Your Practice for Ransom. Speakers: Aaron Smith and Dave Fidanza. Where: Online course. One CE credit.

Friday, Aug. 19: Problem-Solving Essentials in Endodontics. Speaker: Bernice Ko, DDS. Where: MDA Headquarters, Okemos. Six CE credits.

Thursday, Sept. 8: Health Care in the Pandemic's Wake. Presented by MDA Insurance. Where: Northern Michigan University, Marquette. Three CE credits.

Friday, Sept. 9: Needles, Lungs, and Tongues, and Patients, Pills, and Pathologies. Speaker: Amber Riley, MS, RDH, FAAFS, FIACME. Where: Northern Michigan University, Marquette. Six CE credits.

Friday, Sept. 9: Implicit Bias, Jurisprudence, and Infection Control — Oh My! Get the New Licensing Requirements Completed in One Day. Speakers: Marie Fluent, DDS; Daniel Schulte, JD; and Marita R. Inglehart, Dr. phil. habil. Where: Weber's Inn, Ann Arbor. Five and one-half CE credits.

Thursday, Sept. 22: Live Webinar — Is Going Non-Par the Right Move for You? Speaker: Mark Murphy, DDS. Where: Online course. One CE credit.

Friday, Sept. 23: Professional Protector Plan® Control, Protocol, and Risk Management Seminar. Speakers:

Journal CE Listings Policy

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

CE SPOTLIGHT

Build Your Skills at the 2022 MDA Leadership Forum

Whether you're a current leader in your practice, in organized dentistry, or in your community — or if you'd like to be — then the **2022 MDA Leadership Forum** is the place for you! Mark your calendars and plan to attend this *free* CE and leadership event — the date is Friday, Sept. 30 from 8:15 a.m. until 4:15 p.m. at the Crowne Plaza Hotel in Lansing. You'll be inspired by these insightful sessions and expert speakers:

- "The Outlook for Dentistry," with Chelsea Fosse, DDS, senior health policy analyst at the ADA Health policy Institute.
- "What Makes a Strong Positive Culture (And How to Get There)" and "Assess Your Emotional Intelligence," with Phil Zeller.
- "Time Management for Busy People," with Randy Dean.
- "Building a Leadership Pipeline Panel," with Todd Christy, DDS.
- "Membership Outreach at the Local Level," with Autumn Wolfer.
- "Start with 'Why' — How Shared Values Facilitate Success," with Deb Peters, DDS.

The day also includes a legislative update, networking, and a Hot Topics panel discussion.

Get more information (including special hotel rates) and sign up now at michigandental.org/Leadership-Forum. Space is limited.

Is Going Non-Par the Right Move for You?

Many MDA members have asked this question over the years — and now, a new MDA live webinar featuring Mark Murphy, DDD, will help you find the answer. The webinar takes place Thursday, Sept. 22 from 1 until 2 p.m. Eastern time, and it's free for MDA members and their staffs.

The fast-paced session will look at how and why dental insurance reimbursements have been declining for more than 15 years while operational expenditures continue to soar. You'll find this program to be an engaging analysis. One CE credit. See more information and register at michigandental.org/CE-Courses.

ADA C·E·R·P® | Continuing Education Recognition Program

Lynda Farnen, JD; and Robert M. Peskin, DDS. Where: Grand Traverse Resort and Spa, Acme. Four-and-one-half CE credits.

Friday, Sept. 30: 2022 Leadership Forum. Speakers: Vincent Benivegna, DDS; Bill Sullivan, JD; Neema Katibai, JD; Chelsea Fosse, DDS; Phil Zeller; Randy Dean; Todd Christy, DDS; Joanne Dawley, DDS; Debra Peters, DDS; Autumn Wolfer; and Karen Burgess, MBA, CAE. Where: Crowne Plaza, Lansing. Five and one-quarter CE credits.

Friday, Oct. 7: Health Care in the Pandemic's Wake. Presented by MDA Insurance. Where: Hotel Indigo, Traverse City. Three CE credits.

Friday, Oct. 7: Introduction to Treating Sleep Apnea in Your Practice: From Getting Started to Medical Billing. Speaker: Mark Murphy, DDS, ABDSM, FAGD. Where: MDA Headquarters, Okemos. Six CE credits.

Friday, Oct. 21: Health Care in the Pandemic's Wake. Presented by MDA Insurance. Where: Holiday Inn Downtown, Grand Rapids. Three CE credits.

Friday, Oct. 21: Implicit Bias, Jurisprudence, and Infection Control — Oh My! Get the New Licensing Requirements Completed in One Day. Speakers: Deirdre Young, DDS, and Nan Dreves, RDH, MBA. Where: Northern Michigan University, Marquette. Five and one-half CE credits.

Friday, Oct. 28: Health Care in the Pandemic's Wake. Presented by MDA Insurance. Where: MDA Headquarters, Okemos. Three CE credits.

Friday, Nov. 11: Health Care in the Pandemic's Wake. Presented by MDA Insurance. Where: The Henry (Fairlane Plaza), Dearborn. Three CE credits.

Friday, Nov. 11: CAD-CAM Posterior Restorations. Speaker: Kate Schacherl, DDS. Where: MDA Headquarters, Okemos. Six CE credits.

Friday, Dec. 9: Local Patient Search and How Google Impacts You and The Importance of Phone Call Tracking. Speaker: Sean White. Where: MDA Headquarters, Okemos. Six CE credits.

Friday – Sunday, Jan. 6-8, 2023: Winter Scientific Session. Get Ready for Change and Protecting Your Positive

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Practice, with April Callis-Birchmeier, PMP, CCMP, CSP; and Clinical Decision-Making in the Periodontally Compromised Patient: Current Periodontal and Prosthodontic Perspectives, with Kyle Hogg, DDS, and Leyvee Cabanilla-Jacobs, DDM, DDS, MSD. Where: Crystal Mountain Resort, Thompsonville. Nine CE credits.

Friday, Feb. 3, 2023: Making the Team: Hiring, Culture, Professionalism, Productivity. Speaker: Laura Nelson, MS, FAADOM. Where: Embassy Suites by Hilton Detroit-Livonia-Novi, Novi. Six CE credits.

Friday – Sunday, March 10-12, 2023: Spring Scientific Session. Dentistry Uncorked and Racking the Millennial Code and Let's Get Ethical, with Ryan Vet, MBA; and Every Choice Matters: Strategies and Insights into Ergonomic Product Selection, with Cindy Purdy, RDH, BSDH. Where: Great Wolf Lodge, Traverse City. Nine CE credits.

DETROIT MERCY DENTAL

These partial listings of live courses are provided by the University of Detroit Mercy Institute for Advanced Continuing Education. Contact Detroit Mercy Dental at 313-494-6626 or online at dental.udmercy.edu/ce for a complete list of courses and additional information.

Friday, July 15: A Hands-On Review of Local Anesthesia Techniques. Speakers: Ana Janic, DDS, MS; M. Lynne Morgan, RDH, MS, MA; and Carl Stone, DDS, MA, MBA, MA. Where: School of Dentistry. Five CE credits.

Wednesday, July 20: Live Webinar — Dental Ethics, Jurisprudence, and Delegation in Michigan. Speaker: Pamela Zarkowski, JD, MPH. Where: Online course. Two CE credits.

UNIVERSITY OF MICHIGAN

These partial listings of live courses are provided by the University of Michigan School of Dentistry. Please contact the school at 734-763-5070 or online at https://dent.umich.edu/education/continuing-dental-education for complete list of courses and additional information.

Tuesday – Saturday, July 25-30: Advanced Periodontal Surgery: A Practical Training Course. Speaker: Hom-Lay Wang, DDS, MSD, PhD. Where: School of Dentistry. Twenty-nine CE credits.

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Another Look at Our 2022 MDA Award-Winners

Good news is worth repeating, so here's another look at the Michigan Dental Association's 2022 award-winners — a group photo taken after the awards presentation at this year's MDA House of Delegates.

Shown above are (from left): Adam Davis and Sharon McCoy of Cornerstone Dental Studio (Michigan Donated Dental Services Volunteer Dental Lab Award); Dr. Diane Hoelscher (U-M Dental Faculty Award); Dr. Rachel Sinacola (Dr. Matt Uday New Dentist Leadership Award); Dr. Connie Verhagen (Dr. John G. Nolen Meritorious Award); Dr. Howard Graef (Michigan Donated Dental Services Volunteer Dentist Award); Dr. Rafael Pacheco (Detroit Mercy Faculty Award); and Catherine Archer (Allied Dental Professional Educator Award).

Cassie Caple, Public Service Award winner, and Dr. John Monticello, Dr. Emmett C. Bolden Dentist Citizen of the Year Award winner, were not able to attend the awards presentation.

Full details on this year's MDA award winners appeared in your May *Journal*. Nominations will be open for the MDA's 2023 awards this fall. ●

— Photo: Gary Shrewsbury

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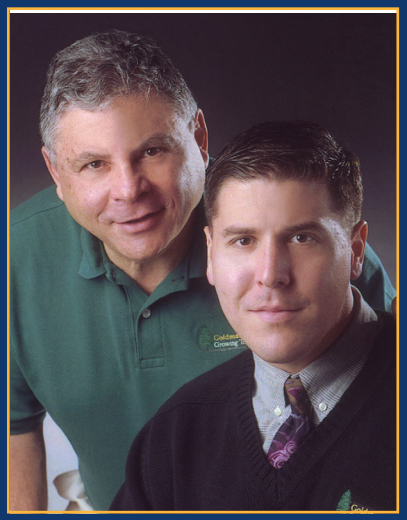

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