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Journal

OF THE MICHIGAN DENTAL ASSOCIATION

Stem Cell Therapy in Cleft Lip and Palate and Other Craniofacial Anomalies

Covenants Not to Compete Are Still Legal

Nearing 65? How to Avoid Medicare Traps

June 2024

2024 ANNUAL SESSION



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— At the Center of It All!

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Photos by Dave Trumpie.

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House of Delegates Meets at Annual Session; Officers Elected

The MDA House of Delegates, led by House Speaker Dr. Deb Peters, met April 18 and 20 during the MDA Annual Session in Lansing, electing new officers and ADA delegates and alternates, and conducting other House business.

A major issue before the House involved proposed dental compacts between states allowing reciprocity for licensed dentists or registered auxiliaries (see box on this page). After debate, the House approved a resolution recommending that the MDA Board of Trustees re-evaluate its position on such dental compacts. The MDA Board had previously adopted a resolution supporting the Coalition for Modernizing Dental Licensure and its Dentist and Dental Hygienist Compact (see dentallicensure.org).

The House indicated that the following items are important to the House in considering MDA support of dental compacts:

- Applicants must graduate from a CODA-accredited dental program.

- Current state dental board rules and regulations as established by the state Legislature must be preserved.

- Dental candidates must pass a known and accepted third-party independent standardized exam. Current exams in Michigan are the written National Dental Board exam and the hands-skill ADEX exams. (As of Oct. 2, 2023, non-ADEX exams are not accepted by the Michigan Department of Licensing and Regulatory Affairs.)

- A dental compact must meet the state's jurisprudence requirements.

- A dental compact commission cannot supersede individual member states' rules and regulations.

Dentist, Hygienist Compact in the News

You may have read recent news articles regarding the Dentist and Dental Hygienist Compact, which is an agreement between states supporting license portability among dental professionals. Under the compact, dentists and dental hygienists will be able to practice in other states without obtaining separate licenses in each state after meeting certain requirements.

Maine, Kansas, Virginia, Iowa, Washington, Tennessee, Colorado, Minnesota, and Wisconsin have joined the compact. In Michigan, however, Gov. Gretchen Whitmer has expressed opposition to similar compacts, which must be approved by state officials. The MDA Committee on Government and Insurance Affairs will continue analyzing details of the compact as well as another alternative compact proposed by the American Association of Dental Boards.



2024 House — Dr. Deb Peters, at podium, returned as MDA House speaker this year.

The House also adopted a resolution to the MDA bylaws giving the MDA Board of Trustees the authority to authorize pilot programs of limited scope that affect a provision of the bylaws, for a period up to three years without House approval. Annual reports to the House on any pilot programs will be required. Also, the House approved a bylaws amendment allowing components to combine peer review/ethics and peer review/dental care committees into one committee. In many components it has proven difficult to fully staff two volunteer peer review committees.

In other actions, the House referred back to the Board a bylaws change to dissolve the largely inactive Gogebic Range and Northeastern district dental societies. The Board will evaluate any House of Delegates reapportionment that may occur as a result of elimination of those components, with a report back to the House in 2025.

The House also updated candidate guidelines for those seeking MDA posts, as well as the guidelines followed by the House Nominating Committee.

Election results

Dr. Todd Christy, of Berrien Springs, was named 2024-25 MDA president. Elected as MDA president-elect was Dr. Cheri Newman, of Cottrellville. Newman, a former member of the MDA Board of Trustees, will take over as MDA president in April 2025 for the 2025-26 administrative year. Dr. Chris Gorecki, of Warren, was re-elected as MDA secretary/treasurer. Gorecki is also executive director of Macomb District Dental Society. Dr. Eric Knudsen, of Escanaba, who served as MDA president during the past year, was named the association's immediate past president. Dr. Deb Peters, MDA speaker of the House, and Dr. Michelle Dziurgot, MDA editor, will remain in their respective roles as they continue their multi-year terms.

House of Delegates (Cont'd)

Dr. Jerry Kohen, of West Bloomfield, was re-elected to the MDA Board of Trustees. The House also elected Dr. Naila Farooq, of Commerce Township, and Dr. Tamar Shrikian, of Grand Rapids, to the Board of Trustees.

In addition, the MDA House of Delegates elected delegates and alternates to the 2024 American Dental Association House of Delegates. Delegates elected include Dr. Elizabeth Knudsen, of Escanaba; Dr. Daniel Miller, of Muskegon; Dr. Erick Rupprecht, of Grand Rapids; and Dr. Tamika Thompson, of Detroit. MDA officers and trustees also serve as ADA delegates.

Alternate delegates elected include Dr. Vincent Benivegna, of East Lansing; Dr. Lisa Christy, of Bridgman; Dr. Margaret Gingrich, of Big Rapids; Dr. Graham Greenland, of Grand Rapids; Dr. Raymond Kim, of Birmingham; Dr. Maria Manautou, of Rochester Hills; Dr. Catherine Nelson, of Kalamazoo; Dr. Donald Park, of Menominee; Dr. Riley Schaff, of Ann Arbor; Dr. Gary Scott, of Caledonia; Dr. Sarah Tomaka, of Ann Arbor; Dr. Benjamin Underwood, of Warren; Dr. Lauryne Vanderhoof, of Grand Rapids, and Dr. Alexa Vitek-Hitchcock, of DeWitt.

The full unofficial actions of the 2024 MDA House are available at michigandental.org in the membership section. Go to MDA Governance, then click on Review Past Actions and House of Delegates Actions.

MDA Dental PAC Competition Winners Announced

This year's Annual Session MDA Dental PAC Competition raised \$23,395 to help fund MDA advocacy activities, thanks to generous donors. MDA leaders typically donate to this competition, but it is open to all MDA members who then become eligible for the random prize drawing.

Winners of this year's competition prize drawing include:

- Dr. Vince Benivegna (Apple iPad Pro).
- Dr. Margaret Gingrich (Samsung 65-inch LED 4K TV).
- Dr. Todd Christy (Polk Signa S3 soundbar with wireless subwoofer).
- Dr. Matt Turchi (\$300 MDA CE voucher and \$100 FIGS Scrubs gift card).
- Dr. Lisa Christy (Apple AirPods Pro).
- Dr. Christie Damm (\$50 Speedway gift card).

The component region with the most members participating was Region I, the Upper Peninsula. Region V, comprised of Central and Livingston Districts, raised the most money of any region.

Thanks to all who participated in this year's MDA Dental PAC Competition!



Gather at Dental Editors University — Macomb District Editor Dr. Michael Saba and Dr. Leigh Ann Wahl of West Michigan District joined 35 attendees at the 2024 Dental Editors University in Rosemont, Ill., sponsored by the American Association of Dental Editors and Journalists. Both Saba and Wahl are members of the current MDA Leadership Exploration And Development class. Other MDA representatives included Dr. Erick Rupprecht, Dr. Chris Gorecki, Dr. Michele Tulak-Gorecki, Dr. Michael Maihofer, MDA Services and Marketing Director Reva Darling, and MDA *Journal* Managing Editor Dave Foe. Dr. Chris Smiley, former MDA editor and AADEJ president-elect, was the conference moderator. (Photo: Dr. Mike Maihofer.)



The MDA's **Committed Colleague** Recognition Program recognizes outstanding volunteer leaders in Michigan dentistry. Any member can nominate a volunteer for going "above and beyond" – it's a great way to honor those unsung heroes who do so much for dentistry.

To learn more, visit:

michigandental.org/committed-colleague



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Don't Tear Up those Non-Compete Agreements Just Yet

On April 23, 2024, the Federal Trade Commission voted to issue a Final Rule that would prohibit the entering into or enforcement of noncompetition agreements, also known as covenants not to compete. This Final Rule does not take effect until 120 days after it is published in the *Federal Register*. However, legal challenges could very well delay the effective date of the Final Rule and/or result in the Final Rule never taking effect.

The following is a brief summary of how the Final Rule would affect dentists, if and when it takes effect:

- Most noncompetition provisions in employment agreements will no longer be enforceable.

1. Noncompetition provisions contained in purchase agreements would remain enforceable.

2. Existing noncompetition provisions with “senior executives” may remain in place and are enforceable. Senior executives are estimated to represent less than 0.75% of the work force, and include only the president, CEO, and other officers of a PC or PLLC having authority to make decisions that control significant aspects of the business and who are compensated more than \$151,164 per year.

3. New agreements with senior executives would no longer be legal.

- Employers will be required to provide written notice to employees that their noncompetition provisions are no longer enforceable.

- The Final Rule will not affect causes of action related to noncompetition provisions accruing prior to its effective date.

- Michigan law providing that noncompetition provisions are enforceable would be superseded by the Final Rule.

See this month's “Dentistry and the Law” column on Page 22 for a more-complete analysis of the FTC's proposed rule.

Be a Part of the 2024 Foundation Golf Classic; Funds Will Support Dental Health

The MDA Foundation will hold its inaugural MDA Foundation Golf Classic on Thursday, July 25, 2024, at the Centennial Acres Golf & Banquet Center, 12485 Dow Road, in Sunfield, located west of Lansing.

Proceeds from the outing will go directly to the MDA Foundation to support its mission of improving dental health in communities throughout Michigan. The event is hosted by MDA Insurance and MDA Services.

All MDA members and guests are invited to participate. Registration of \$150 per person (\$600 for foursomes) includes 18 holes of golf, power cart, driving range, continental breakfast, lunch, dinner, trophies, and prizes.

For more information or to sign up, visit eventregisterpro.com/event/mdagolfouting. Also, see the advertisement on Page 13 of this issue.



Michigan PFA Inducts 10, Presents Awards at Annual Session

During its most recent meeting on Saturday, April 20, in conjunction with the MDA Annual Session, the Michigan Section of the Pierre Fauchard Academy inducted 10 Michigan dentists into PFA Fellowship and presented several awards, including the Distinguished Dentist Award, the Joseph B. Harris Mentorship Award, and the M. David Campbell New Dentist Award. Photos from these presentations appear on these pages.

The Pierre Fauchard Academy is an international dental organization dedicated to the advancement of the dental profession. The Academy accomplishes its goals through literature, by encouragement of advanced and continuing education, and by honoring those who have made outstanding contributions to the profession and society.



Special appreciation — At the PFA meeting Dr. Domenica Sweier received the Pierre Fauchard Academy's Special Appreciation Award for Outstanding Dental Faculty, presented by Dr. Bill Berkowski.

More Michigan PFA Awards



New PFA Fellows — (From left): Dr. Catherine Nelson, Dr. Daniel Miller, Dr. Bassam Kinaia, Dr. Michael Haddad, Dr. Naila Farooq, Dr. Chady Elhage, Dr. Sarmad Askar, Dr. Abdel Alsaidi, Dr. Michelle Szewczyk, and Dr. Sarah Tomaka. Michigan Section Chair Dr. Richard Raad and PFA Region 4 Trustee Dr. Ghabi Kaspo are shown in center.



Former U-M dean — Dr. Laurie McCauley, former dean of the University of Michigan School of Dentistry now serving as U-M provost, received the Pierre Fauchard Academy's 2023 Distinguished Dentist Award. She was unable to attend last year's ceremony. McCauley is shown here with Dr. Richard Raad, who presented the award.



PFA awardees — The Michigan PFA also honored Dr. Scott Hodges (left) with the Dr. Joseph B. Harris Mentorship Award, Dr. Daniel Miller (center) with the Dr. M. David Campbell New Dentist Award, and Dr. Chris Smiley with its Distinguished Dentist Award, all during its April 20 meeting during the MDA Annual Session. Congratulations!



Outstanding faculty — Dr. James Geist (left), the recipient of the Special Appreciation Award for Outstanding Faculty from UDM, was unable to attend this year's Annual Session PFA Luncheon, so Dr. Bill Berkowski presented the award to him at the school. Geist is revered by many UDM graduates.

NAMES IN THE NEWS

Congratulations to **Dr. Kevin Cooper**, of Sault Ste. Marie, who recently was appointed to the Lake Superior State University Board of Trustees by Gov. Gretchen Whitmer. His appointment was announced by Whitmer on May 2. An LSSU alumnus, he received his DDS degree from the University of Michigan. Cooper previously served as chair of both the Lake Superior State University Foundation Board of Directors and the Lake Superior State University Alumni Foundation. Cooper's term on the Board will expire in January 2032.



Cooper

Jessica A. Rickert, DDS, presented the Anishinaabe Dental Outreach to the Michigan Indian Educational Council in March. She emphasized the oral-systemic health connection, especially for children, noting that American Indian and

Alaskan Native children have the highest rate of severe dental disease in the United States.

At the conference Rickert worked to recruit American Indian/Alaskan Native youth into dental careers. Rickert said there are about 450 AIAN dentists in the United States, but there should be about 4,000 if the number of dentists reflected the AIAN population.

Rickert also presented the Anishinaabe Dental Outreach goals to the University of Michigan Dance for Mother Earth Powwow in April. She also discussed the innovative academic articulation between Bay Mills Indian Community College and Northwestern Michigan College to increase the number of AIAN registered dental assistants (see February *MDA Journal*, Page 8).



Rickert



Meet with representative — State Rep. Phil Green (R-Millington) was the guest of honor at a casual in-district legislative get-together at Gillie's Coney Island in Mt. Morris on Friday, May 3. Shown above are Rep. Green, former MDA and ADA president Dr. Ray Gist, and Genesee District Executive Director Dr. Matt Turchi.



Michigan House speaker — MDA CEO/Executive Director John Tramontana (right) and MDA Vice President of Advocacy and Professional Relations Bill Sullivan (left) met to discuss dental issues with Michigan House Speaker Joe Tate (D-Detroit) April 19 on a quick break during the MDA Annual Session in Lansing.

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 66 of this issue.

June 3 — MDA Foundation 2024 grant applications evaluation via Zoom, 6 p.m.

June 4 — Component Relations meeting via Zoom, 7 p.m.

June 6 — Committee on Peer Review/Dental Care, 9 a.m.

June 7 — Committee on Government and Insurance Affairs via Zoom, 9 a.m.

June 10 — MDA Foundation Executive Committee via Zoom, 6 p.m.

June 12 — MDA Mission of Mercy Volunteer Leads/Co-Leads Dinner, St. Michael Catholic Church, Flint, 4:30 p.m.

June 13 — MDA Mission of Mercy set-up, 7 a.m.

June 14-15 — MDA Mission of Mercy, Dort Center, Flint.

June 16 — MDA Mission of Mercy tear down, 6 a.m.

June 20 — Committee on Peer Review/Health and Well-Being, 9 a.m.

June 21 — MDAIFG Board of Directors, 8 a.m.

June 21 — MDA Foundation Board, 9 a.m.

June 22-23 — MDA Board of Trustees, 8 a.m.

Welcome, New Members!

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

Central: Michael Weiss; **Cloverland:** Laura Johnson.

New Certified Dental Business Professionals

The MDA CDBP credential is awarded to dental team members who have completed coursework and earned their

Certified Dental Business Professional designation.

New CDBP graduate:

Lori Repovz, South Lyon.

New CDBP renewals:

Alecia Aponte, Hillsdale; Trina Bartlett, Kalamazoo; Judy Christner, Berrien Springs; Angelic Gaitor, Southfield; Barb Margetson, Flint; Kelly Messens, Pinckney; Debbie Rowlett, Madison Heights.

In Memoriam

Dr. Phillip J. Curtis, Williamsburg. Genesee District. Died March 16, 2024. Age, 80.

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.

Here's Important Information about July ADA/MDA Database Change

The ADA and MDA are launching a new association management membership database July 8 that will affect functionality and member login for the ADA and MDA websites. Here's how this affects you:

■ No changes can be made to membership records or status during the period June 30-July 7 prior to the launch of the new database. The old ADA/MDA database will be inoperable after June 30 until the launch of the new database July 8. You will not be able to change your account information, receive new products and services, or register for events during this period.

■ You will no longer use your ADA number to log into members-only portions of the ADA or MDA websites. Instead, you will use your email address and a password. You should make sure you have a working, unique email address on file with the ADA by June 30.

You will need to change your username and password beginning on July 8, 2024, when the new system comes online. You do not need to do anything prior to July 8. When you log in to your ADA account on or after July 8, your username will require an email address that is unique (only used by you). This email will be your new username, and then you will need to create a new password.

Learn more: You're encouraged to learn more about this change. Answers to frequently asked questions about the upcoming login change can be found at ADA.org/LoginFAQ or by contacting the ADA Member Service Center at mvc@ada.org, or at 312-440-2500.

This month's classifieds
Page 58

MDA offers DiSC®

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- BRANDY RYAN, MBA, PHR, SHRM-CP
MDA Director of Human Resources
Certified Everything DiSC® Trainer
at Everything DiSC: A Wiley Brand



Visit discovermyteam.com or contact Brandy Ryan, the MDA's certified DiSC trainer for more information.

Call her at 517-346-9416 or email bryan@michigandental.org.



michigan dental
ASSOCIATION
YOUR CONNECTION TO ORAL HEALTH™

These Great MDA Member Benefits Will Help You Succeed — Take a Look

The MDA always strives to "Help Member Dentists Succeed." With that in mind, here's a quick look at some popular MDA benefits you'll find helpful:

MDA Mentor Program: The MDA Mentor Program is a great way to meet other dentists, share their experiences, and benefit from colleagues' perspectives and advice. The MDA created the Mentor Program after numerous requests for a formal mechanism to match members with experienced individuals willing to serve as mentors. For more information, visit michigandental.org/mentors.

DiSC® Training: The leading personal assessment tool, DiSC® training can help your staff understand each other better, improving work productivity, teamwork, and communication. For more, visit discovermyteam.com or email the MDA's certified DiSC trainer Brandy Ryan at bryan@michigandental.org.

Digital Support Kits: The MDA's Digital Support Kits can help you boost your social media presence to new heights. You can use the content to post to your professional pages on Facebook and Instagram. Included are step-by-step instructions and social media best practices. For more, visit michigandental.org/Digital-Support-Kits.

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

ADA Contract Analysis Service: The contract you sign with third-party payers is arguably the most important practice decision you can make. Use this free MDA/ADA service to make more-informed decisions for your future before you sign a contract. Contact Kesha Dixon via email at kdixon@michigandental.org for more information.

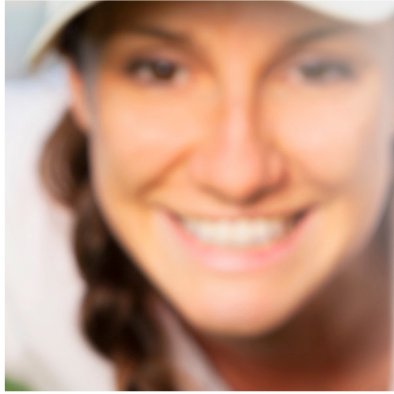
MDA Connection App: The MDA's handy smartphone app puts the MDA at your fingertips, plus helpful push notifications alert you to breaking news and information. Make sure you're connected — you can download the app at the Apple App Store or on Google Play.

Radiography Training Program: This program gives your office a convenient, affordable way for dental assistants to obtain radiography training required under Michigan law — without the need for classrooms, travel, and time away from work. Included is an innovative nine-part, online training program. For more information visit mydentalradiography.com.

MDA Job Board: Post a job, or find a job on the MDA Job Board at jobs.michigandental.org. It's a complete online resource for MDA members and staff. For a limited time, dental team ads are free to post. Fully interactive and easy to use, and it's always free to search for jobs or search applicant profiles.

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

Practice Guidelines: Fluoridation, pre-medication, and health history are just a few of the guidelines that directly impact how you practice dentistry. You can rely on the MDA to provide you with the information and tools you need to make sure you comply with this information. You'll find them online at michigandental.org under Practice Resources.



THURSDAY, JULY 25, 2024
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NEWS BRIEFS

MDA Tops in Membership in Its Class

Hooray — the Michigan Dental Association finished 2023 with a 74.1% share of active licensed Michigan dentists, representing 4,276 dentists — the highest membership percentage among similarly sized state dental societies. The final 2023 figure represented a small decline from 74.4% at year-end of 2022. Similarly sized state societies such as Massachusetts, Illinois, New Jersey and Washington had market shares ranging from 57% to 68% of licensed dentists at the end of last year.

“We can take pride in the high level of membership here in Michigan,” said MDA Membership Committee Chair Dr. Kristin Johnson. “But we can be more proud of the wide range of member services the MDA, MDA Insurance, and MDA Services provide to our members — services that keep our membership strong and healthy.”

Of all U.S. state dental societies, only smaller states such as Delaware, Idaho, Iowa, Montana, North Dakota, and South Carolina had larger market shares. The ADA's national market share at the end of 2023 stood at 56.8% of active licensed dentists.

—Source: ADA Data Warehouse

ADA Cites Dentistry's Economic Impact

Dental offices in Michigan generated a \$14.1 billion impact to the economy, as reported in the most-recent economic analysis by the ADA Health Policy Institute. Dental offices support 78,000 jobs, and every dental job generated 1.4 additional jobs in other sectors of the economy, according to the ADA.

See the graphic on the facing page.

U-M Again Ranked as World's No. 1 Dental School

The University of Michigan School of Dentistry has again been ranked the world's top dental school, according to QS World University Rankings. Schools are ranked based on factors including reputation, research citations, international research, and more. Other highly rated dental schools in the United States included the University of California San Francisco (ranked ninth), Harvard (ranked 10th), the University of California Los Angeles (15th), the University of North Carolina at Chapel Hill (19th), and the University of Pennsylvania (Philadelphia) (20th).

Updated MDA Bylaws Now Available

Updated MDA bylaws, containing actions from the 2024 MDA House of Delegates, are now available. Members wishing to receive a copy of the MDA bylaws may do so by contacting Michelle Nichols-Cruz at 800-589-2632, ext. 414, or via email at mcruz@michigandental.org. The bylaws are also available on the MDA website at www.michigandental.org/MDA-Manuals.

Reminder: Be Vigilant about Cybersecurity

These days, all dental practices need to pay close attention to cybersecurity, because unfortunately cybercrime is on the rise. For example, in May the FBI contacted the ADA and American Association of Oral and Maxillofacial Surgeons due to a cybersecurity threat to oral/maxillofacial surgeon practices. You may have read about that in the *ADA Morning Huddle*. The MDA endorses Complete Dental IT for IT and cyber security services. Visit mdaprograms.com and click on Tech Support & Hardware to learn more, or contact Melanie Adler of MDA Insurance at madler@mdaifg.com to discuss cyber liability insurance coverage.



\$14.1 billion

ANNUAL ECONOMIC IMPACT GENERATED
BY DENTAL OFFICES

\$2.5 million

AVERAGE ANNUAL ECONOMIC IMPACT
PER DENTIST PER YEAR



DENTAL OFFICES SUPPORT

 **78** thousand
jobs IN MICHIGAN
EACH YEAR

 **1** =  **1.4**

EVERY JOB IN A DENTAL OFFICE GENERATES
1.4 ADDITIONAL JOBS IN OTHER SECTORS
OF THE ECONOMY

For detailed methodology and analysis of economic impact for each state visit [ADA.org/economicimpact](https://ada.org/economicimpact).

For more information, visit [ADA.org/HPI](https://ada.org/HPI) or contact the Health Policy Institute at hpi@ada.org.

Maximize the Main Sources of Retirement Income through Thoughtful Planning

When it's time to wind down your career as a dentist to pursue other personal interests and relaxation, the money needed to pay for your lifestyle will likely come from several sources. An investment adviser can help maximize your retirement income and potentially reduce your income tax burden at the same time. Below are the most common current sources of retirement income.



- **Social Security.** This is the government-administered retirement income program funded by payroll taxes and mandatory employee withholdings. Benefits are based on the eligible worker's 35 highest earning years. In 2023, the Social Security Administration reported the average monthly benefit was about \$1,827.

- **Personal savings and investments.** This is money you save and invest outside of work-related retirement plans.

- **Individual Retirement Accounts.** Traditional IRA contributions may be fully or partially tax deductible, depending on your individual circumstances. Required minimum distributions from a traditional IRA typically begin once you reach age 73. Such withdrawals are taxed as ordinary income. Roth IRA contributions are made on an after-tax basis, and qualified withdrawals are not taxed. However, contributions cannot be made by taxpayers with high incomes, limiting their availability for many dentists.

- **Defined Contribution Plans.** These plans are also known as 401(k), 403(b), or 457 plans. These are employer-sponsored plans. Eligible workers can set aside a portion of their pre-tax income into an investment account, which then accumulates, tax-deferred. Taxable minimum required distributions usually begin in the year you turn 73.

Talk with an investment adviser from MDA-endorsed DBS Investment Advisers LLC to build the right mix of investment strategies to fund your retirement. Call DBSIA at 800-327-2377. DBSIA has a paid endorsement with the MDA. MDA is not a client of DBSIA, and has financial incentive to promote their services.

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



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Build Trust through Your Online Reputation

Your online reputation is paramount. Research shows that 81% of patients rely on online reviews to choose health care providers. By partnering with MDA-endorsed ProSites, you can easily strengthen your online reputation with tools to attract, respond, and showcase positive patient experiences online while saving an average of 20 hours every month. Learn more and claim exclusive MDA discounts at ProSites.com/MDA.

Navigate Fresh Trends in Credit Card Processing

Dental practices are faced with fresh challenges and changing costs each year that can take a financial toll, especially when it comes to card payments.

The rise of virtual credit cards for reimbursements and more patients using rewards credit cards adds to the complexity. Many practices are unsure about how to navigate these changes.

Join MDA-endorsed Best Card on June 28 at 1 p.m. for its webinar "Trends with Payments in the Practice, and 7 Tips for Lower Processing Fees." Best Card will tackle these concerns and share seven friendly tips to help practices reduce costs and boost profitability. Scan the QR code below to register.

 Best Card



Open Enrollment for the MDA Vision Service Plan

An exam-only plan, a basic plan, and a premium plan are available from MDA Insurance. Eye exams are included in all three plans. The basic plan permits new frames every other year, and the premium plan offers new frames and lenses annually. Benefit levels for progressive lenses and coatings also vary between the basic and premium plans. Being a VSP member also gives you access to deep discounts on hearing aids through TruHearing. Call 877-906-9924, or scan the QR code to learn more and apply.



Cyber Criminals Continue to Target Health Care Sector, Including Dental Practices

If your dental practice has not yet been impacted by disruptions caused by cyber criminals, it's probably only a matter of time before it will be. In mid-October 2023, health care products manufacturer and distributor Henry Schein announced it had been the victim of a cyber intrusion by the BlackCat ransomware group that impacted manufacturing and distribution systems and affected at least 29,000 people. In February, BlackCat also took down Change Healthcare, widely disrupting claims processing and service availability for prescriptions, medical, and dental services. Dental practices should learn from these examples and take steps to harden their IT systems and impress upon their employees the dangers of phishing and improper password security.



MDA members are advised to consider purchasing cyber liability insurance to protect their practices from some of the economic and reputation damage of cyber attacks. MDA Insurance offers Beazley Breach Response MediaTech and Info Security coverage. BBR offers more favorable rates to practices that have employed multi-factor identification, secure email, and proactive employee training.

For more information about cyber liability and data breach insurance, contact Melanie Adler at 800-860-2272, ext. 464, or scan the QR code at right.



Level the Playing Field Between Insurance Companies and Dental Offices

Insurance fee negotiation is a game that is nearly impossible to beat. The rules keep changing and you often don't even know who you are playing against. *Until now.* After a multi-year search, the MDA has endorsed PPO Negotiation Solutions to assist MDA members with insurance fee negotiation, participation optimization and credentialing. You could be missing out on collecting 24 to 43% more in your insurance claim reimbursements. PPO Negotiation Solutions recently helped one office increase its monthly collection by \$30,000 (\$360,000 annually) simply by reconfiguring which dental groups they needed to be in-network with and negotiating the best fees for those groups.

Contact PPO Negotiation Solutions for a complimentary evaluation and walk away with actionable items specific to your situation. MDA members receive exclusive discounts. Call 888-421-1808 or scan the QR code at right to learn more.



At a Glance:

Prosperident investigation leads to embezzlement indictment of Arizona couple.

A federal grand jury in Tucson, Ariz., returned a seven-count indictment in March against Dr. Andrew L. Kassman and his wife, Laurie Ann Kassman for conspiracy to commit wire fraud and wire fraud. Wendy Askins, supervising fraud examiner for MDA-endorsed Prosperident, performed the initial investigation that resulted in federal embezzlement-related charges.

Dr. Kassman sold his orthodontics practice and continued to work as an employee. Mrs. Kassman continued as the office manager. The indictment alleges that after the sale Dr. Kassman kept his business bank account open and allegedly diverted funds that belonged to the practice to the old business account without the new owner's knowledge or consent. Mrs. Kassman allegedly manipulated financial records in the practice's record-keeping system to conceal the theft of at least \$73,000.

If you have concerns about embezzlement, or want to protect your practice proactively, call Prosperident at 888-398-2327 for a confidential discussion.

When you need office supplies, printer ink or toner, break room supplies, and more, shop MDA-endorsed Dailey Solutions. You can choose from more than 70,000 products that will deliver an overall savings of 2% to 15% compared to Staples Advantage. Enjoy free shipping on orders of \$50 or more. And, earn reward points when you shop at DSOfficeUSA.com.



By Michelle C. Dziurgot, DDS
Editor-in-chief

Building a Unified Dental Team

What has been keeping our dental teams together since the COVID-19 closure in March 2020? *Unity*. Unity is essential. Unity is the

backbone of separate individuals joined into cohesive well-oiled machines driving down the road of dentistry for their patients.

Unity is working on the same patient, but in different capacities — our patient coordinators aid our patients in scheduling and reviewing co-pays; our insurance coordinators verify our patients' benefits if we participate with their plans; our dental assistants provide us that second pair of hands as well as comfort our phobic patients; our hygienists aid in preserving our patients' gingival health — and we cannot forget our cleaning crews, keeping our offices tidy and free from germs. These team members must work in alignment to achieve our specific goals.

How can we create unity in our dental teams? It isn't an instant process; we must strive and work for it daily. Here are several steps to aid you and your dental teams.

Communicate clearly and openly

Be honest with your dental team. Provide team members the chance to voice their ideas and opinions. To nurture them into unity, have regular team meetings, on-site or off-site. On-site meetings can cover CPR, HIPAA, infectious disease, and OSHA training. An excellent resource is DiSC® training, offered by the Michigan Dental Association to help our teams discover their inner behaviors and how to use this knowledge to work together for the betterment of the office. Contact Brandy Ryan, our MDA director of human resources, at 517-346-9416 or at bryan@michigandental.org to schedule a DiSC® training session. Offsite meetings might include things like ziplining and adventure climbing at Tree Runner West Bloomfield Adventure Park. It will get your heart beating!

Share goals and visions

Set measurable and realistic goals for your team. Each team member must be included in goal-setting. They must have a sense of ownership in the vision desired by us, the captains of our dental ships. We must track these goals and make changes as needed. Don't drive your office into an iceberg — it's okay to veer off course to keep your boat afloat! Remember, your team members have individual responsibilities and roles, and it's our job to help each see how they contributes to our vision.

Build trust among your team

Trust is a building block of unity. Our dental offices must value honesty and reliability. Each team member must be dependable, show up to work on time, and have integrity in his or her performance. Office managers along with dental and hygiene team leaders must lead by example. Understand that demonstrating true empathy for our team members during health or home life challenges bolsters their trust in us.

Respect every culture

Be inclusive. Promote all cultural celebrations, and respect diversity in all team members. Recognize the unique backgrounds, ideas, and skill sets of each of your team members. Cultivate offices in which differences are embraced. Embrace Diversity, Equity, and Inclusion policies and training. Contact the Michigan Diverse Dental Alliance, which represents a group of dental organizations across the state, to move dentistry forward. Visit midiversedentalalliance.org. When the dental field welcomes all backgrounds, we all benefit. ●

What do you think? Contact Editor Dziurgot at mdziurgot@michigandental.org.



Envolve Dental, now doing business as Centene Dental Services, serves Michigan residents from Ambetter Health with our panel of local dental providers.



Learn more about
Centene Dental Services at
dental.centene.com

Here's Help from the MDA with Your Practice Profitability Concerns



By MDA Staff with Kristin Johnson, DDS
Chair, MDA Committee on Membership

The questions and answers for this month's "MDA At Your Service" column were coordinated through our MDA membership staff and MDA Services staff, to highlight typical problems facing members and some possible solutions through MDA-endorsed vendors. I encourage you to take a look.

— Kristin Johnson, DDS

Question: How can I maximize my profitability when I participate in dental networks? Is there a way to negotiate a better fee schedule?

Answer: Network participation decisions can be a core determinant of practice profitability, so yours is a great question. The MDA recently endorsed the Michigan-based firm PPO Negotiation Solutions to handle insurance fee negotiation, participation optimization, and credentialing. The firm will thoroughly audit your current insurance-payor mix percentage and your usual and customary fees relative to competitors. From there, PPONS will develop a negotiation plan outlining your participation directly or through rented networks. It will relentlessly negotiate with networks to produce the greatest number of patients at the highest rate of reimbursement, and file and track credentialing forms until in-network status is achieved and verified. Coaching your team to build their understanding of your network participation and monitor ongoing results is also provided. As an MDA member you receive special rates for working with PPO Negotiation Solutions. Call 888-421-1808, or visit pponegotiationsolutions.com/mda.

Question: Does the MDA recommend any solutions to help with tracking insurance eligibility and claim issues?

Answer: Yes! The MDA endorses iCoreVerify and iCoreClaims to simplify these vexing tasks. With iCoreVerify, insurance verifications for the upcoming week of scheduled patients are automatically checked in seconds — without you doing a thing. Any errors that could result in a denied claims are flagged. This provides time to

clear up eligibility issues prior to appointments and frees countless staff hours of frustrating phone calls to receive information that may or may not be accurate from insurance companies.

For billing and claims, rely on the iCoreClaims U.S.-based account specialists to handle the complete process for you. They are experts who do nothing but work to get your practice paid. The iCoreClaims team gives your staff its precious time back by calling insurers for claim status, payments, and appeals. The team works with your insurance accounts receivable to obtain prompt reimbursement. Clients generally see collections improve in 90 days or less. Daily, weekly, and monthly claims reports are available at no additional cost and with detailed end-of-month analytics. Contact iCoreConnect at 888-810-7706 or icoreconnect.com/mi55 to learn more about iCoreVerify and iCoreClaims, and to get your MDA discount on these services.

Question: Apart from going fee-for-service exclusively, is there another way to free patients and my practice from the restrictions of dental insurance plans?

Answer: In-office dental plans can give you the control you're looking for. The MDA endorses Quality Dental Plan to help members administer their own in-office dental plan for individuals, families, and businesses. With QDP, you can have an in-office plan that's based on your standard of care, while controlling all fees and benefits. For patients, QDP represents an easy way to get a plan they want that makes sense. QDP makes in-office plans simple for you and your community — find out how easy it is to get started. You can contact Janelle Jones at QDP by calling 855-796-9796, or visit QDPdentist.com/mda. ●

Have a question? Think MDA first! Send inquiries to membership@michigandental.org. Questions and answers of general interest are published in this space each month.

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Covenants Not to Compete Have Not Yet Been Banned



By Dan Schulte, JD
MDA Legal Counsel

Question: Is it true that the Federal Trade Commission has banned covenants not to compete? Does the ban affect all covenants not to compete?

Are there exceptions? Are claims that I have previously violated a covenant not to compete now no longer actionable?

Answer: As of this writing, covenants not to compete remain enforceable, and this will be the case for the foreseeable future.

On April 23, 2024, the FTC voted to issue a Final Rule that would prohibit the entering into or enforcement of most employee noncompetition agreements. The Final Rule follows the FTC's previous issuance of a Notice of Proposed Rule Making regarding the enforceability of covenants not to compete. This Final Rule does not take effect until 120 days after it is published in the *Federal Register* (which as of mid-May had not yet occurred).

Litigation in the U.S. District Court for the Eastern District of Texas seeking to prevent the Final Rule from ever taking effect commenced immediately after the FTC's vote. This case, and others that are likely to follow, seeks an injunction preventing the Final Rule from taking effect until the completion of the case. The MDA will provide further updates on the effectiveness of the Final Rule as developments occur.

Dentists and most other health care providers are bound to some type of noncompetition provision. Should the Final Rule become effective it would have a dramatic effect on the market for health care services.

What the proposed Final Rule entails

The following is a brief outline of what the Final Rule provides that will address your questions:

- Most noncompetition provisions in employment agreements will no longer be enforceable. An exception exists for *existing* noncompetition agreements with a "senior executive" (noncompetition agreements with senior executives entered into after the effective date of the Fi-

nal Rule would not be enforceable). Senior executives are estimated to represent less than 0.75% of the work force, and include only those who are:

1. The president, CEO, or other officers of a PC or PLLC having authority to make decisions that control significant aspects of the business.

2. Compensated more than \$151,164 per year.

- Generally, noncompetition provisions entered into in connection with the sale of a business would remain enforceable.

- Employers would be required to provide written notice to employees that their noncompetition provisions are no longer enforceable.

- Causes of action for breaches of a noncompetition provision prior to the effective date of the Final Rule would remain actionable.

- Michigan laws providing that noncompetition provisions are enforceable are superseded by the Final Rule.

- Many are reporting that the FTC does not have jurisdiction over nonprofits, and therefore the Final Rule will not be binding on any nonprofit employers (e.g., hospitals and hospital systems, nonprofit clinics, etc.). This may not be accurate. Not all nonprofit entities fall outside the FTC's jurisdiction. Only nonprofits that are engaged in charitable activities and do not derive a profit are outside the FTC's jurisdiction. The Final Rule does not exempt all nonprofit health care entities. Instead, nonprofit health care entities seeking enforcement of a noncompetition provision and claiming the Final Rule does not apply to them will be scrutinized using the FTC's two-part test.

I do not believe any reasonable prediction can be made now whether and when the FTC's ban on covenants not to compete will take effect. However, it would be wise for dental practices and other employers to begin preparing now to protect themselves in an environment where employees are not subject to noncompetition provisions. This should include reviewing and amending all employment agreements, employee handbooks, and other employment policies to insure that the best possible trade secret, non-disclosure, confidentiality, and non-solicitation provisions are included. ●



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Optimizing Dental Staff: Key Strategies for Efficiency and Excellence



By Amrita Patel, DDS

In the often-complex ecosystems of our dental offices, every staff member plays a crucial role in ensuring smooth operations. From the front desk team to the back-office team, everyone contributes to the overall success of the practice. Therefore, training them well not only enhances efficiency but also elevates the quality of service provided to our patients. While building our practices and establishing systems that worked for us, I learned quite a few things about how to best manage and organize everything to optimize the patient experience.

First and perhaps most importantly, clear communication is key. By defining roles and setting expectations, an efficient workflow can be established. Each staff member should have a clear understanding of their responsibilities and how they contribute to the best care for each patient. Regular team meetings can facilitate communication, allowing staff to discuss any challenges or areas for improvement. We hold a short morning meeting each day, a weekly meeting at each office, and a monthly meeting that we conduct virtually between all our offices. I've found that having regular check-ins to discuss what was working and what could be improved on was where we saw the most growth in our teams.

Cross-training staff members in various roles can help in optimizing resources and addressing staffing shortages during peak times or unexpected absences. This was especially crucial throughout the recent pandemic. For example, a dental assistant could be trained to perform certain administrative tasks, while a receptionist could receive basic training in chairside assisting. As always, check with your state dental boards to make sure that you are following their rules (a Delegation of Duties chart is available from the MDA). Additionally, investing in ongoing skill development through workshops, courses, or conferences ensures that staff members stay updated with the latest bring many team members as we can along with us to all training, whether it was local or required some travel. This also helps foster a sense of camaraderie between our of-

fices and boosts our overall team morale.

Efficient scheduling is critical for maximizing productivity and minimizing patient wait times. One of my personal pet peeves is to be kept waiting without an acknowledgement at an appointment. If my provider is running late, I want to know. We made sure to inform our patients of any wait time and worked hard at keeping it to a maximum of 10 minutes past a scheduled time. Utilizing scheduling software that allows for seamless appointment management, including reminders and confirmations, can help in reducing no-shows and last-minute cancellations. Furthermore, scheduling patients based on the complexity of procedures and the availability of staff ensures optimal utilization of resources.

What's your style?

Think about how you like to practice. Would you rather have your complex procedures earlier in the day, or spread out throughout the morning and afternoon? Communicate these expectations to the team members who oversee scheduling, and remind them often if needed. Recognize and appreciate staff contributions through incentives, rewards, or acknowledgment programs to boost motivation and engagement. We have an established bonus system that is openly discussed between all our team members, and we celebrate together when we achieve our goals.

Embracing technology and automation can streamline various aspects of practice management, from patient record-keeping to billing and insurance processing. Digital tools such as electronic health records, practice management software, and online patient portals not only improve efficiency but also enhance the overall patient experience. Think about what sets you apart from others, and what you want to be known for. Community service and integrating ourselves into the areas we practice in was especially important to us, so that's what we focused on. We used our social media channels to inform the public about our charity and outreach activities, and to introduce new team members and doctors.

(Continued on Page 65)



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How Will the New Federal Earnings Threshold Impact Our Practice?



By Jodi Schafer, SPHR, SHRM-SCP
HRM Services

Question: I heard that there might be some changes coming to overtime rules and I'm not sure what that's about. I have one salaried employee

who is currently making \$800/week and I'm wondering if this rule will affect her. Can you help clarify so I can make sure we are complying with the law?

Answer: The federal Fair Labor Standards Act outlines specific rules for classifying employees as exempt versus non-exempt (or salaried vs. hourly in layman's terms). Employees can only be classified as salaried/exempt if they meet certain criteria related to job duties and are paid a salary that meets the minimum earning threshold, which is currently set at \$684/week, or \$35,568 annually.

The Department of Labor recently updated its rules on the earning threshold for the salary/exempt classification. Effective July 1, 2024, the new minimum earning threshold will increase to \$844 per week, or \$43,888 annually. This amount is set to increase again on Jan. 1, 2025, to \$1,128 per week or \$58,656 annually, and then automatically adjust every three years thereafter beginning in July 2027. This means an employee's pay has to be more than this amount and their work responsibilities have to meet the criteria outlined in FLSA duties tests in order to be classified as exempt from overtime pay and paid on a salary basis. Employees who do not meet both the earning threshold and the duties criteria are considered non-exempt and are eligible for overtime pay. These employees are typically paid hourly.

This change will affect your current employee earning a salary of \$800/week and may impact several other positions in dental practices that are typically paid on a salary basis, including dental hygienists and management staff. For your specific situation, you will need to reclassify her as non-exempt as of July 1, 2024, or increase your employee's pay to keep her exemption status. A reclassification to non-exempt would make her eligible for overtime pay if she works more than 40 hours in a week. The

decision on FLSA status and potential for additional overtime may have an impact on your overall budget.

One creative option for current salaried employees earning less than the new earning threshold is to use a hybrid approach. Just because an employee is classified or reclassified as non-exempt doesn't mean that you can't still pay them on a salary basis. The federal rules allow employers to pay their non-exempt employees a weekly salary as long as it is more than minimum wage for the total number of hours worked. However, these salary/non-exempt employees must also be paid overtime wages for any hours worked in excess of 40 in a given week. If your current salaried employee doesn't typically work more than 40 hours/week, this salary/non-exempt hybrid approach becomes a viable solution. It retains her salary mode of pay and her currently week rate of \$800/week, without exposing you to excessive overtime costs; making the status change from exempt to non-exempt less painful for both of you.

Each situation is unique, so we recommend doing some internal assessments and planning to determine how best to prepare for this upcoming change:

- Will you have to adjust scheduling to ensure the newly classified non-exempt staff are not working more than 40 hours in a week?

- Will you utilize the salary pay option for non-exempt employees, or will you choose to switch their mode of pay to hourly?

- Will you need to increase your payroll budget to accommodate increases in salary rates or overtime costs?

Once you have a plan, communicate it with the affected staff and their supervisors and outline any changes in procedures related to scheduling, approval processes for overtime, etc. If you have questions about your approach, contact a human resource or legal professional, or email the MDA's Brandy Ryan, director of human resources, at bryan@michigandental.org. ●

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Weave a Financial Safety Net to Protect Your Income Stream, Future, and Family



By Craig Start, MBA
President, MDA Insurance

Everyone should have a plan to respond to a career-ending injury or illness. This is especially true for small-business owners and for parents, and that is where the right combination of insurance policies is a vital concern. Providing an income stream is of paramount importance to maintain a reasonable lifestyle or provide for family members you leave behind in the event of an untimely death, and to help you navigate a temporary or permanent disability.

I urge you to review the information below, and contact MDA Insurance for a consultation on your financial safety net needs.

Life insurance: A life insurance policy pays a benefit to your heirs when you die. For some people, life insurance benefits may be their only source of income. For others, it can be an important part of estate planning, providing resources to pay taxes that may be due upon the posthumous transfer of wealth. Sadly, in 2023, 9% fewer people owned life insurance than in 2011, according to the 2023 Life Insurance Fact Sheet published by LIMRA, a life insurance research organization. Just 45% of women, vs. 53% of men, own life insurance, and Hispanic Americans have the lowest rate of life insurance ownership (45%) than other racial and ethnic groups in the United States.

Among those who are uninsured or underinsured, cost is often cited as the barrier to ownership. But life insurance is not as costly as people expect. Term life insurance can be a good solution if your goals are to provide for expenses within the typical 10- or 15-year term of the insurance policy. There are several forms of permanent life insurance available. Life insurance is usually less costly when it is purchased at an earlier age, before health conditions develop. But cost is rarely a true barrier to acquiring coverage, and you'll probably never be healthier than you are right now.

Disability income insurance: If you suffer a prolonged illness or an injury that temporarily or permanently disables you from working, a disability income insurance policy will provide an income to help keep you afloat. MDA Insurance recommends that dentists secure an

Providing an income stream is of paramount importance to maintain a reasonable lifestyle or provide for family members you leave behind in the event of an untimely death, and to help you navigate a temporary or permanent disability.

own-occupation policy, so they are not forced to work in another field if they are unable to continue to perform dentistry. Disability income insurance policies generally will allow a benefit of about 66% of your income. An excess disability insurance policy allows you to receive up to another \$25,000 in disability benefits per month, getting you much closer to your pre-disability earnings. In order to qualify for excess disability income, you must have disability insurance with a limit of at least \$7,500 per month and be age 65 or under.

Business overhead expense insurance: This is like a disability insurance policy for your business. Your ongoing business expenses, such as rent, mortgage, taxes, utilities, and staff wages and salaries will be reimbursed by the BOE insurer if you are disabled and cannot work. It helps retain your practice's value, giving you an opportunity to arrange a transition if necessary. Loan protection insurance is another policy that is useful to pay for equipment and mortgage loans. Business overhead expense insurance and loan protection weave together to provide the business financial support you will likely need if your ability to earn an income ends.

If your insurance portfolio does not include all these protections, please contact MDA Insurance at 800-860-2272. We can review your needs and obtain competitive quotes. I urge you not to delay this outreach. You never know what life has in store for you — whether good or bad. ●

Visit the MDA Insurance website at mdaprograms.com.



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Thursday, Sept. 5	Marquette — 6–9 p.m. Landmark Inn, 230 N. Front St., Marquette, MI 49855
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Join MDA Insurance for an update on how election year promises and outcomes may impact health insurance in 2025. Get the scoop on rates, deductibles, networks and pharmacy changes that may affect your health insurance next year. The information will pertain to individual insurance, group insurance and the exclusive MDA Health Plan. Get details on how MDA Insurance can help meet all your health insurance needs. Attend this free, three-hour seminar and earn three continuing education credits. The seminar will be offered in two location, so register for the one that is most conveniently located.

Issues pertaining to Medicare will not be discussed during the presentation. For Medicare seminars, see mdaprograms.com.

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By Anne Berquist
Foundation Director of Development

\$110,000 Raised at Sparkling Smiles Event; Mini-Grant Awarded

Absolutely incredible! The generosity of the 2024 MDA Foundation's Sparkling Smiles sponsors and attendees was astounding. Despite a lower attendance than last year's gathering, the April 17 event raised a record breaking \$110,000 — blowing away the previous record set in 2023 by \$30,000. On behalf of the Foundation, I extend a huge thank you to everyone who contributed.

One organization benefitted immediately from the Sparkling Smiles event, taking home a \$2,500 mini-grant to help continue its access-to-care mission. For the second consecutive year, the Holland Free Dental Clinic received the mini-grant, awarded via a drawing that included all the free dental clinics the Foundation helps support. The Holland Free Dental Clinic serves the Holland-Zealand area and works with patients 18 years and older whose household income is at or below 200% of federal poverty level, have limited assets, or who are uninsured or underinsured. Cleanings, oral exams, fillings, extractions, oral surgery, dentures, and specialty care are provided by the clinic, which relies on volunteers to deliver services.

A moving keynote address by Todd J. Duckett, a former professional football player and CEO of Duckett Enterprises, likely motivated attendees to open their wallets. Duckett spoke of the challenges he faced as a child with a gap-toothed smile, and how he endured more teasing when he received orthodontic care. He lauded the MDA Foundation and MDA members for their work on the upcoming Mission of Mercy, being held in Flint later this month, saying that helping end dental pain and embarrassment is a life-changing experience for those who receive care. His impassioned plea for the Foundation to continue supporting future dentists through scholarships and further access to care through grants proved to be very impactful.

Attendees at Sparkling Smiles heard about how helpful the Foundation has been in the past year. University of Detroit Mercy Dental student Claudia Larochelle, 2023 recipient of the Dr. Gary and Nancy Jeffers Scholarship and

the Dr. William Schumann Scholarship, said it was inspirational to receive the grants, and that she looks forward to participating in MDA activities as a licensed dentist. MDA Foundation Treasurer Ted Schumann II reported that the Foundation issued a total of \$110,000 in grants this past year, about \$18,000 more than in 2022. Continuing its trajectory of generously disbursing funds, Schumann reported that the MDA Foundation awarded 12 scholarships totaling \$31,000 to an amazing group of students, more than doubling the value of scholarship awards from the previous year.

New to Sparkling Smiles this year was a Wine Lotto. Attendees purchased tickets, and drawings were held that permitted winners to select from top-shelf wines that had been donated for the drawing. It was a popular enhancement to the evening's celebration.

The following sponsors generously supported the 2024 Sparkling Smiles event. Please support these organizations when you can: DBS Investment Advisers, Blue Cross Blue Shield of Michigan, Comerica Bank, Priority Health, which powers the MDA Health Plan, Kerr-Russell, Brian Goldman, The Goldman Group, MDA Services, MDA Insurance, DDSmatch, Digital Dental Systems, ASAP Printing, Garrison Dental Solutions, Dinka Dental Group, Lavender Dental Group, JXM, My Community Dental Centers, and DMMEX EasyRefine.

The next big event for the MDA Foundation is the 2024 Mission of Mercy, taking place at the Dort Financial Center in Flint. Treatment days are June 14 and 15; set up and tear down are June 13 and June 16. To volunteer for clinical service, please go to foundation.michigandentalassociation.org and click on the MOM banner. I hope to see you there! ●

For photos from this year's MDA Foundation Sparkling Smiles Event, see Page 38 of this issue.

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The 2024 MDA Annual Session — At the Center of It All!

More than 2,200 MDA dentists and dental staff attended this year's MDA Annual Session, held "at the center of it all" in our state capital city, Lansing, with continuing education courses, exhibits, social events, and the yearly MDA House of Delegates, where the business of the association takes place (see Page 40).

Annual Session is the MDA's premier event, offering members and staff a chance to network, learn new clinical skills from national speakers, and

enjoy the type of in-person learning experience that just can't be duplicated online.

If you attended this year's Annual Session — thanks for coming! Be sure to make plans to attend next year, when the Annual Session returns to downtown Detroit at the Detroit Marriott Renaissance Center — mark your calendars for April 23-26, 2025.

On the following pages are some of the highlights as well as typical scenes from this year's MDA meeting.

2024 ANNUAL SESSION



(Photos by David Trumpie)



Lansing Center — This year's MDA meeting returned to the comfortable, convenient Lansing Center, located on the banks of the Grand River in downtown Lansing, not far from the historic state Capitol building.

Great Exhibits and Much More

The MDA Exhibit Hall is always a highlight of the Annual Session, with about 150 exhibitors representing every kind of dental product and service. The Exhibits are a great place to get special deals on those products and services, and also a fun place to meet up with colleagues — you never know who you may run into.

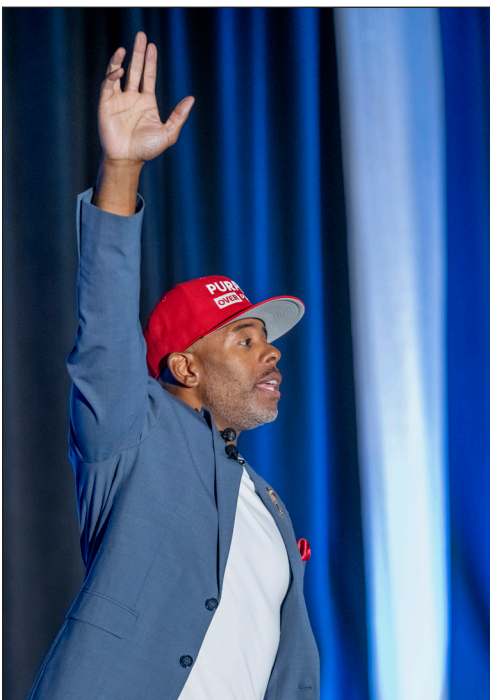


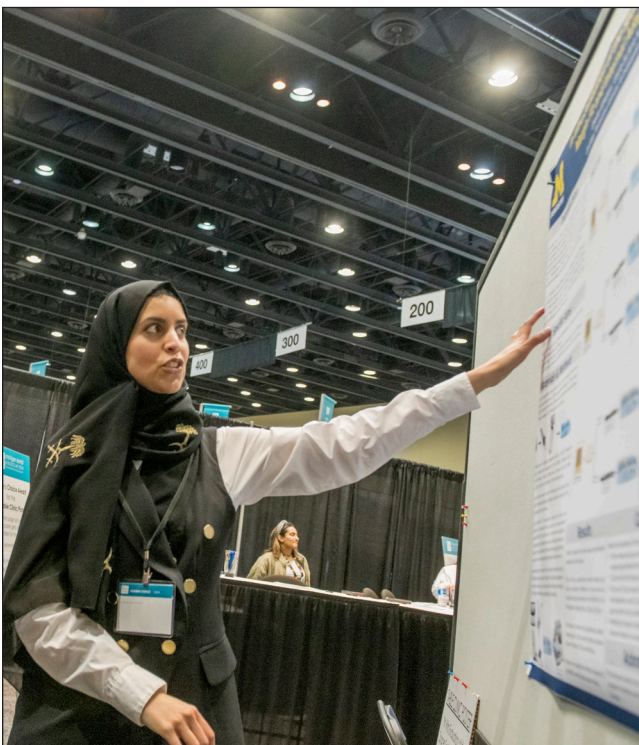
CE Courses and Table Clinics

Continuing education is what Annual Session is all about! This year, as every year, the MDA offered courses for every member of the dental team. Highlights included a pre-session day with Dr. Gordon Christensen (right) and a lively keynote by Joe Johnson (bottom left).



Photo: Amy Donley





Flannel Up! President's Event



Everybody had a grand time at this year's informal President's Event, celebrating our great Upper Peninsula, home of outgoing president Dr. Eric Knudsen and wife, Dr. Beth Knudsen. The yearly President's Event is open to all Annual Session attendees, so be sure to join the fun next year!



New Dentists Gather for CE, Good Times

Any new dentist attending Annual Session courses could attend this year's New Dentist Network Lounge at no charge — enjoying casual fun after a long day of CE. About 50 members turned out for the event, held at Lansing Shuffle, a new venue in downtown Lansing.



MDA Foundation Sparkling Smiles Celebration

Once again this annual charity event was a smash success, breaking all previous records and raising \$110,000 to support the MDA Foundation. Keynoter Todd J. Duckett (far right) was a highlight, as were the silent auction and wine raffle. For more, see Page 30.



2024 ANNUAL SESSION



We Thank this Year's MDA Annual Session Sponsors!

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Special thanks to this year's Committee on Annual Session and Committee on Continuing Education for all that you did to make the 2024 MDA Annual Session a success!

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Pogoncheff

Outgoing MDA President Knudsen: 'I Strongly Believe in the MDA!'

Editor's Note: The following is a transcription of outgoing MDA President Knudsen's remarks to the MDA House of Delegates on Thursday, April 18.

Thank you, Speaker Peters. Welcome House of Delegates, special guests including our friends from Wisconsin, Board of Trustees, and MDA staff.

What a year! I can't believe how quickly it has gone by — it seems like I was just standing here.

I would like to start out by thanking my wife, Beth. There is virtually no way that I would have been able to do this without her — from the days when she covered at the office, to all the emotional and moral support. I have really enjoyed serving as president, and it was because of Beth that I was able to do it.

At the start of each presidential year, the incoming president sits down with the MDA executive director and makes plans for the upcoming year. I remember one of



Gavel passed — Dr. Eric Knudsen (right) concluded his term as MDA president April 20 and passed the president's gavel to his worthy successor, Dr. Todd Christy. See last month's *Journal* for an interview with Christy.

Karen Burgess' famous quotes: "Tell me where you want to go, and I will help you get there." We talked about how desperately underserved our rural areas are and what were some things that the MDA could do to help. We then met with the executive staff, and even before I returned home from the Board orientation the next day, I was getting emails with thoughts and suggestions from the MDA staff. That support and ideas from the staff has continued throughout the year. I know it's customary to not mention individual staff members, so I won't, but it is from my heart that I would like to thank the entire MDA team — especially with Karen's sudden passing. They were terrific!

I am a big U of M fan, and this last football season was incredible, concluding with a national championship. What is most amazing is that they played half of their regular season without their head coach, Jim Harbaugh. It was a tribute to the strong culture, structure, and makeup of the team that they could persevere and succeed. I see a parallel with the MDA this year. When Karen passed, it was impressive how the entire staff stepped up and kept things running smoothly. I do have to give a big "thank you" to the MDA's Bill Sullivan, as I'm sure he got tired of seeing me on our weekly Zoom calls. I know being the interim ED wasn't his choice, but he accepted the challenge and did a fantastic job.

This has been a challenging year, but aren't most of them? A few years back at one of our MDA holiday parties in December, Dr. Deb Peters asked all the former MDA presidents in attendance to stand up and talk about the challenges in their presidential year. It was interesting that every single president had challenges that were very memorable even years later.



Legislative award — Knudsen presents state Sen. Sam Singh with the MDA Legislator of the Year Award.

I kept that exercise in mind when Karen passed. I had been looking forward to working with her this year, helping me to develop my leadership skills and prepare our Board and the MDA for the selection and transition to a new executive director, as she had already announced her plans to retire. But what is that Woody Allen quote? "If you want to make God laugh, tell him your plans." Well, he must have had a little chuckle at me last year. We had started the planning for the transition, but when Karen passed we had to accelerate the timeline. We got a search committee appointed, and interviewed and hired a search firm. I would like to thank Dr. Todd Christy and the members of the search committee as well as the Board. There were multiple long days of seven-plus-hour Zoom calls, and a full day of in-person interviews. Thank you!

While we will miss Karen, we are excited to have John Tramontana as our next executive director. When you see him around these next few days, please introduce yourself and give him a warm welcome. I am confident that he will do a great job and bring our association to new heights. Good luck John! There are so many of us hoping for your success and we are here to help, if needed.

As I said earlier, one of the areas that I wanted to address this year was access to care, and specifically in rural areas. This is not just a U.P. issue. It is rural areas all across the state experiencing too few dentists, dental hygienists, and dental assistants. So, what have we done about it? We hosted webinars and updated our website to help educate our members about the adult dental Medicaid expansion — \$85 million — but without providers, it doesn't matter. We have featured articles in the *Journal*,

(Continued on Page 42)



Quick confab — Delegates from Macomb District compare notes on several resolutions on the House of Delegates floor.

as well as lectures and presentations to students at both U of M and Detroit Mercy Dental encouraging them to consider rural dentistry. Speaking of the *MDA Journal*, I would like to express how happy I was with the March edition that was an entire issue addressing rural and small-town practices. How awesome was that? We even hosted dental students in Marquette for an event that was hosted by local components and the MDA membership department. Hopefully this will make a difference. The current D1 class at U of M has six students from the UP, so we may be seeing some change.

There have been other challenges this year. We had to restructure our finance department. We brought in an independent accounting firm to put new systems in place, and under John's leadership we will hire a new vice president of finance to keep things running smoothly.

It was a very busy year for me visiting components across the state — I've put over 11,000 miles on my truck, but it's been fun! I realize when the toll booth operators at the Mackinac Bridge recognize you, you've become a regular! I really enjoyed meeting so many of you across the state and hearing about the struggles and successes

that our members are facing. I even ran into two of my father's classmates at visits. It's impressive that at 81 years old they are still attending component meetings. I strongly believe in the MDA. It has been an honor going to these meetings. It makes it easy when you can help the members and show them the resources the MDA has available to help them succeed in their practices.

One recurring issue that came up frequently in these component meetings was insurance reimbursements. We have heard your concerns and have acted. First, one of the difficult decisions that practice owners must make is whether to participate with various insurance plans. Collectively, we can't make that decision, but there is a recent *MDA Journal* article from March 2023 titled "Is It Time to Rip up Your Contract?" that would be very helpful to anyone faced with this individual decision. There is also a pamphlet on going non-par available from the MDA, and we featured a speaker at last year's Annual Session who lectured on how to decide if you should continue to participate with insurance plans.

A second thing that we are doing is that MDA Services recently endorsed a company called PPO Negotiation So-



Former presidents meet — Dr. Knudsen now serves as MDA immediate past president and attended the yearly former presidents' luncheon held Friday during Annual Session. Including Knudsen, 14 past presidents attended (from left, first row): Dr. Deb Peters, Knudsen, Dr. Larry Marcotte, Dr. Michele Tulak-Gorecki, Dr. George Goodis, Dr. Connie Verhagen; (back row): Dr. Margaret Gingrich, Dr. Vince Benivegna, Dr. Joe Kolling, Dr. Ron Paler, Dr. Jack Hinterman, Dr. Gary Jeffers, Dr. Joanne Dawley, and Dr. Mark Johnston.

lutions. So, if you have concluded that you need to continue participating with PPO dental plans, this company will help your practice with negotiating insurance fee reimbursements, credentialing, and optimization of your insurance networks. One of the first practices in Michigan to utilize them is expecting close to \$100,000 annual increase in revenue due to PPO Negotiations Solutions.

When a member tells you that the MDA isn't doing anything to help their dental practices deal with insurances, that is baloney! The things I just mentioned are perfect examples of what we are doing for our members. Certain collective actions are prohibited by law, but there are other ways we can help, and we are doing it.

One of the final things that I would like to mention is advocacy, and what the MDA has achieved recently. As I mentioned earlier, it was a big win when the state expanded out its Adult Dental Medicaid expenditures by \$85 million. Since last Annual Session, two accomplishments that we are proud of are the network leasing bill and the elimination of the sunset on the kindergarten oral health assessment. This year we've been making progress on placing restrictions on the use of virtual credit card payments, and we are developing a legislative proposal to introduce a law allowing patients to assign their dental insurance benefits to their dentist, regardless of insurance participation. The assignment-of-benefits legislation is another thing that could assist practices in their decision process on whether to participate with certain insurance plans.

I have enjoyed my time serving as your president. I thank the current Board for all its hard work this year. It has been difficult, but productive. I am excited about where the MDA is headed, and I know Dr. Christy has some great things planned for the upcoming year.

Thank you for your support and the honor of being your president! ●



Former president — Dr. Vince Benivegna, MDA 2022-23 president, presents the MDA's past president pin to Knudsen at Friday's luncheon. (Photo: Mark Johnston, DDS.)



House of Delegates — View from side of dais shows MDA officers and guests, with House Speaker Dr. Deb Peters at podium.

The Implication of Stem Cell Therapy in Cleft Lip and Palate and Other Craniofacial Anomalies — A Literature Review

By Leelan Kanwal, BDS, Mariam Khawaja, BDS, Wafa Idrees, BDS, Rashna Hoshang Sukhia, BDS, MSc, FCPS, MOrth RCSEd, FFD Orth RCSI, FHEA, Mubassar Fida, BDS, MCPS & FCPS, MCPS, MCPS, PGD HIMS
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In the human body, stem cells are unspecialized cells that can develop into specialized cells, each with new specialized cell functions. A stem cell, in essence, remains uncommitted until it receives a signal to differentiate into a specialized cell.¹ The bone marrow stem cell is the best example of a stem cell, as it is unspecialized and can specialize into blood cells with preassigned functions, such as white blood cells and red blood cells. As a result, one cell type develops from another, giving rise to the term "stem cell."¹

Under certain conditions, these undifferentiated stem cells can act as pluripotent (able to give rise to cells from all three germ layers, namely ectoderm, mesoderm, and

endoderm) or multipotent (ability to give rise to a limited number of other specialized cell types).² These cells can be classified into three main categories: adult stem cells (ASCs), embryonic stem cells (ESCs), and induced pluripotent stem cells. ASCs have been detected and successfully extracted from adult tissues such as bone marrow, umbilical cord, amniotic fluid, brain tissue, liver, adipose tissue, and dental pulp.² The therapeutic use of ASCs encompasses a wide range of pathologies in which tissue and organ replacement and repair are required to restore form and function. As a result, stem cells, growth factors, and scaffolds are considered necessary when applying this technology to humans or animals.³

Currently, stem cell knowledge is being utilized for a number of different tissues and organs. The multilineage differentiation capacity, qualified cell collection accessibility, noninvasive separation technique, and rapid *in vitro* extension of stem cells make them excellent sources for therapeutic purposes.⁴ Rehabilitation and reconstruction of tissues and organs are two possible applications for stem cells.⁵ Replacement of an oromaxillofacial structure is challenging because functions such as facial expression, articulation, mastication, and swallowing are delicate processes involving complex anatomical structures composed of soft and hard tissues. Stem cells, biomimetic materials, and growth factors are required to form these three-dimensional structures. Stem cell therapy, which has recently gained popularity, can regenerate oromaxillofacial structures.⁵

Lip and palate clefts are congenital craniofacial malformations that affect the lip, hard or soft palate, or all three structures simultaneously.⁶ Cleft lip and palate treatment is multidisciplinary and must be guided by a distinct philosophy.⁷ The pursuit of ideal surgical techniques is an ongoing endeavor. Finding the best method for correcting anatomical tissue repositioning is a significant challenge.⁷ The use of stem cells and regenerative medicine opens new avenues for improving outcomes in

Abstract

In recent times, stem cell therapy, which has recently gained popularity, is used for regenerating oral and maxillofacial structures. This study aimed to review stem cell applications in the reconstructive treatment of cleft lip and palate and other craniofacial anomalies. Stem cell knowledge is being utilized for several different tissues and organs. The multilineage differentiation capacity, qualified cell collection accessibility, noninvasive separation technique, and rapid *in vitro* extension of stem cells make them excellent sources for therapeutic purposes. Preclinical data has displayed the potential of stem cells for craniofacial surgery. Fortunately, stem cell-based oral and maxillofacial regeneration has shown promising results. Understanding stem cell practice will open a new era of research and proposed advancement in treating various diseases.

Keywords: mesenchymal stem cells, tissue regeneration, bone marrow-derived mesenchymal stem cells, tissue engineering, human genetics.

various pathways. The use of regenerative medicine through tissue engineering with mesenchymal stem cells has been studied for at least 10 years. Many studies have shown that bone marrow, dental pulp, umbilical cord blood, and adipose tissue can be sources of osteoblastic, adipogenic, and chondrogenic cell lines.⁸⁻¹⁰

Mesenchymal stem cells (MSCs) are now considered “research trends” in biology and medicine, and their use in regenerative medicine is expanding.¹¹ Some techniques involve directly implanting MSCs into the defect site, while others employ appropriate scaffolds to support the cells. MSCs are drifted by an osteoconductive scaffold and differentiated into osteogenic cells using osteoinductive growth factors in bone tissue engineering. Growth factors and scaffoldings of various types are then used to regenerate maxillofacial bone defects.¹¹ This study aimed to review stem cell applications in the reconstructive treatment of cleft lip and palate and other craniofacial anomalies.

Cleft lip and palate

One of the most common congenital anomalies, cleft lip and palate (CLP), is caused by the failure of the nasal process and the oropalatal shelves to fuse. This malformation affects 0.36-0.83 out of every 1,000 live-born infants.¹² Around 10,000 cases of cleft lip and palate were identified in Pakistan in the year 2015. The data provided by Smile Train show that from 2008 to 2015, around 50,000 cleft lip and palate patients were treated surgically in 25 different centers in Pakistan.¹³ The prevalence of cleft lip and palate in various geographical regions has been mentioned in Table I.¹⁴⁻¹⁹

The severity of cleft varies from occult to overt; the etiology of this anomaly ranges from genetic to environmental to idiopathic. The management is often complex, ranging from simple surgical closure to multidisciplinary surgical and cleft team care.²⁰ CLP patients may exhibit alveolar bone defects, maxillary deficiency, facial deformity, hypodontia, and swallowing and speech difficulties (Figure 1, see Page 46).²¹

Malformed alveolar bone repair is essential for the closure of the oronasal fistula, the eruption of teeth, and alar base support.^{22,23} The gold standard for alveolar reconstruction in CLP patients is autogenous cancellous bone grafts.²⁴ The most common site for obtaining autogenous bone for grafting is the anterior iliac crest.²⁵ In terms of bone resorption, iliac crest bone grafting to the alveolar cleft has an 88% success rate.²⁶ Tissue engineering techniques have provided substitutes for conventional iliac crest bone grafting techniques. The formation of new bone occurs in areas requiring repair when MSCs are transplanted.²⁷

In a study conducted by Behnia et al., approximately

50% fill of the bone defect was seen three months postoperatively.²⁸ Whereas, Hibi et al. reported 79.1% bone regeneration in the cleft area.²⁹ A study conducted by Pradel et al. showed that when autologous osteoblasts were cultured on a demineralized bone matrix, the size of the defect demonstrated a reduction in comparison to the control group.³⁰ After 18 months postoperatively, biomaterial with autogenous osteogenic cells into the alveolar cleft resulted in the spontaneous eruption of the canine in its proper position.³¹ Osteogenically differentiated fat-derived stem cells and poly-L-lactic acid demonstrated significant bone regeneration in palatal defects.³²

A study by Garcia et al.³³ to assess the effectiveness of umbilical cord blood stem cells in gingivoperiosteoplasty procedures reported satisfactory results after 18 months of follow-up. In their study, Mazzetti et al.³⁴ proclaimed the use of umbilical cord blood and placenta blood stem cells for the first surgery of cleft palate repair to promote the healing of both soft and hard tissues. The results on soft tissue were substantial; however, there was no bone formation, only a reduction in scar formation and an inflammatory response in the soft tissue of the lip. After the second surgery (hard palate surgery), there was less fibrous tissue formation and no palatal fistula was observed.³⁴

Bajestan et al.³⁵ conducted a study to determine the safety and effectiveness of cell therapy with *ex vivo* expanded stem cell populations in the regeneration of ex-

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Table 1 — Prevalence of cleft lip and palate in various geographical regions¹⁴⁻¹⁹

Region	Prevalence
Colombia	0.6 per 10,000 births ¹⁴
Australia	09.7 per 10,000 births ¹⁵
Mexico	0.6-0.9 per 1000 births ¹⁶
Brazil	5.86 per 10,000 births ¹⁷
United States	1.2 per 10,000 births ¹⁵
Canada	11.5 per 10,000 births ¹⁵
Western Europe	12.1 per 10,000 births ¹⁵
Japan	2.0 per 10,000 births ¹⁵
China	1.82 per 1000 births ¹⁸
United Kingdom	1 per 700 births ¹⁹

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tensive alveolar defects in patients. They found that while stem cells are safe to treat broad alveolar defects, their ability to complete the reconstitution of enormous alveolar defects is limited. This approach requires further modifications to achieve the outcomes observed with current methods for treating broad defects, particularly those caused by cleft palate.³⁵

Tanikawa et al.³⁶ conducted a study in 2020 to assess the use of deciduous dental pulp stem cells (DDPSC) associated with a hydroxyapatite-collagen sponge (Bio-Oss Collagen 250 mg, Geistlich) for repairing alveolar defects during the dental eruption. They isolated the DDPSC from each patient and then associated those cells with the biomaterial. They used this bone tissue-engineered set to fill the alveolar defect and evaluated the outcome with cone beam computed tomography at a six-month and 12-month follow-up. The researchers observed progressive alveolar bone union in all patients. DDPSC therapy

resulted in adequate healing of alveolar defects with excellent feasibility and safety, and the researchers concluded that stem cell therapy resulted in satisfactory bone regeneration with dental eruption and reduced morbidity.³⁶

Literature suggests that stem cell use in alveolar defect repair can reduce defect size through bone formation and that stem cells have the potential for bone regeneration in the oral and maxillofacial region, have less postoperative morbidity than autogenous bone grafting, and enable teeth in the defect area to erupt in their proper position.^{28,31,32,37} Furthermore, stem cells in cleft lip and palate surgery reduce inflammation and produce fewer scars than the classic series.³⁴

Other craniofacial anomalies

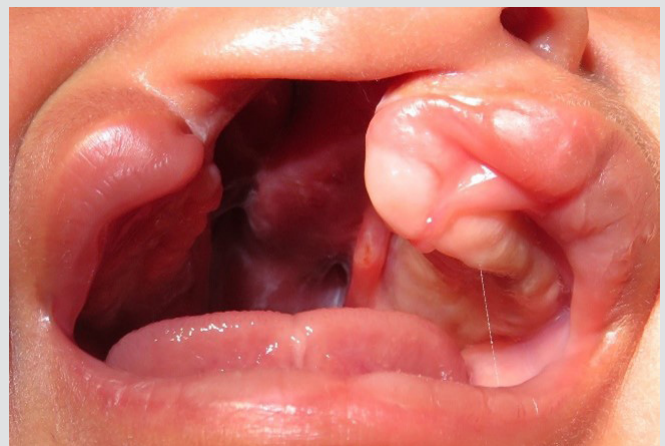
After cleft lip and palate, hemifacial microsomia (HFM) is the second most common type of congenital facial malformation.³⁷ HFM is caused by unilateral abnormal morphogenesis of the first and second pharyngeal arches³⁸ and is distinguished by unilateral hypoplasia of the craniofacial skeleton and its overlying soft tis-

sue.³⁸ Autologous fat grafting is used to reconstruct soft tissue defects in the treatment of congenital and post-traumatic malformations.¹ Numerous initiatives and improvements in surgical techniques have been reported to overcome problems associated with fat grafting, such as unpredictable clinical outcomes and a low rate of graft survival.

Recently, attention has been drawn to the use of adipose-derived stromal cells (ASCs) for tissue regeneration.³⁹ ASC supplementation has demonstrated 88% fat volume survival after six months in patients with HFM.^{39,40} For soft tissue reconstruction, ASCs have shown improvement in angiogenesis and graft survival.^{39,40} Studies suggest that isolation and supplementation of ASCs is an efficient, secure, and superior method for facial recontouring in patients with craniofacial microsomia.^{39,40}

Treacher-Collins syndrome (TCS) is a congenital disorder caused by a genetic mutation that results in the partial or complete absence of the lateral and inferolateral orbital rims and zygomatic arches along with the deficiency in overlying soft tissues.⁴¹ ASCs have also shown tremendous

Figure 1 — Unilateral right-sided cleft lip and palate



results in the repair of defects related to TCS.^{41,42}

Parry-Romberg syndrome (PRS), also known as Romberg disease, is characterized by progressive hemifacial atrophy of the skin, dermis, subcutaneous fat, muscle, cartilage, and bone. Eulenberg³⁸ classified it as an acquired disease in 1871, naming it “progressive facial hemiatrophy,” which affects one side of the face and has aesthetic, functional, and psychological effects on affected patients.^{43,44} In such patients, facial soft tissue defects can be repaired by placing microfat grafts in the affected area. With the advent of stem cells, these defects can be fixed in a convenient and efficient way. In these patients, microfats with simultaneous injection of ASCs have shown better prognosis and provided the patients with marvelous results.⁴⁵

Craniosynostosis, a premature fusion of cranial sutures, is a congenital craniofacial disorder that affects one in 2,500 live births in the United States. It can occur either as an isolated pathology or as part of a recognized genetic syndrome. Infants with syndromic craniosynostosis may present with other symptoms or deformities that include neurological and respiratory problems.⁴⁶ There are multiple treatment options to correct this sutural deformity, including pharmacological, surgical, and stem cell-based treatment. Later mentioned treatment methodology has gained popularity in the recent era. The removal of fused sutures followed by the implantation of MSCs has shown tremendous results in rats.⁴⁶ These results highlight a potential paradigm shift in the future treatment of craniosynostosis, away from extensive surgery that incurs significant blood loss to a less invasive stem cell-based biological solution.^{42,46}

In general, PRS treatment has centered on the reconstruction of facial soft tissue defects. In the past, free

dermal-fat flaps, free silicone injections, autologous fat grafts, free omental transfer or free groin, parascapular, serratus anterior muscle, and anterolateral thigh flaps were used with considerable success as well as challenges.⁴⁷⁻⁴⁹ Autologous fat transplantation for the repair of soft tissue defects has recently become common in clinical practice, owing primarily to theoretical advantages such as the wide availability of autogenic and easy-to-harvest adipose tissue, fairly low-cost procedures, and evasion of potential adverse effects and risks when allogeneic fillers and implants were used.⁴⁵

Koh et al.⁴⁵ utilized ASCs to improve the survival of fat tissues grafted into the face, and the findings revealed that a microfat graft with concurrent ASCs injection could be used to treat PRS without the need for microvascular free flap transfer. In a similar study, a patient with a five-year history of progressive right fa-

cial hemiatrophy underwent facial volumetric restoration using cell-assisted lipotransfer (CAL), which consists of an autologous fat graft enriched with ASCs retrieved from the same patient. The graft’s permanence and stability in all injected areas demonstrated that autologous fat grafts infused with stem cells could be a promising technique for correcting defects caused by this syndrome.⁴⁵

Fat grafting aided by bone marrow-derived mesenchymal stem cells (BMSCs) was used to treat PRS patients in another study, and the outcome was compared to autologous fat graft treatment. The findings indicate that BMSC-assisted fat graft is safe and effective for soft tissue augmentation and that it may be superior to traditional lipoinjection.⁵⁰ In light of these results, combining stem cells with various scaffolds may be an effective method for the regeneration

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Table II — Types of stem cells and their applications in craniofacial anomalies:

Types	Uses
Mesenchymal stem cells	Bone regeneration in cleft areas ²⁹ Acceleration of orthodontic tooth movement ⁵¹
Umbilical cord blood stem cells	Gingivoperiosteoplasty ³³ Primary and secondary palatal repair in individuals with cleft lip and palate ^{34,35}
Deciduous dental pulp stem cells	Repair of alveolar defects during the dental eruption ³⁶ Distraction osteogenesis ⁵¹
Adipose-derived stromal cells	Facial soft tissue recontouring and reconstruction in microsomia ^{39,40}
Bone marrow-derived mesenchymal stem cells	Soft tissue augmentations ⁵⁰ Regeneration of temporomandibular bone and cartilage ⁵¹

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and reconstruction of facial and alveolar defects. Stem cells are a valuable and easily accessible source with potential use in regenerative dental therapy and orthodontics (Table II).

Conclusion

Autologous bone transplants are commonly used to treat patients suffering from maxillofacial deficiencies, but this therapy has a number of drawbacks, such as postoperative pain, donor site morbidity, inadequate bone regeneration, additional costs, and extended surgical time. On the other hand, cell-based therapies combined with scaffolds have proven

to be a promising alternative to autogenous bone grafts. Preclinical data has highlighted stem cells' potential for craniofacial surgery; fortunately, stem cell-based oral and maxillofacial regeneration has shown promising results. Understanding stem cell practice will open a new era of research and prospective advancement in treating various diseases. ●

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What You Should Know about Medicare (and How to Avoid Potential Medicare Traps)

By Rick Seely
Account Executive
MDA Insurance

Medicare is a very complex health insurance system with many rules, parts, timelines, potential penalties, and coverage options. For most folks, Medicare can be downright overwhelming and confusing. For those turning 65, working through the Medicare enrollment maze can be a true challenge. The transition to Medicare is something that most individuals do not want to try and tackle on their own because of the possibility of making a mistake that may or may not be reversible, and may be costly down the road.

This is why it is so important and valuable to work with a highly trained, knowledgeable, and certified Medicare broker. As an MDA member you can access, at no charge, a broker who can educate you and guide you through the Medicare process so that you enroll on time, enroll correctly, select the plans you want, close out your existing health coverage in a timely manner, and then obtain service on an ongoing basis after enrollment as your needs change.

Your Medicare Initial Enrollment Period begins 90 days prior to the first day of your 65th birthday month and runs for seven months. If you enroll during the three months prior to your birthday month, Medicare will become effective on the first day of your birthday month. That is the most preferable scenario. The easiest way to enroll in Medicare is to go online to www.ssa.gov. If that is not an option you can alternatively visit your local Social Security Administration office or call the SSA at 800-772-1213.

Before you enroll, however, you will need to know whether to enroll in both Part A (hospital) and Part B (medical) or to enroll in Part A and delay enrollment in Part B, or to delay enrollment in both Part A and B. That decision will be based on a number of factors, such as whether you plan to continue working and the type of health insurance you currently have.

When you are age 65 or older and covered by a group health plan through your

(Continued on Page 56)



Rick Seely is the author of this article and is the MDA Insurance account executive who focuses on Medicare. Contact him at rseely@mdaifg.com or contact Steve Fulger at steve@mdaifg.com to set up a personal appointment to receive Medicare assistance.



It takes time to understand the complexities, deadlines, and coverage related to Medicare. The good news is that the MDA offers a complete Medicare assistance service to members, dental teams, and families at no charge to help you successfully navigate this process.

Understanding the Parts of Medicare

Medicare has four parts:

Part A covers in-patient hospital stays, skilled nursing facility stays, some home health visits, and hospice care. Part A is subject to a “benefit period” deductible of \$1,632 and daily co-insurance amounts. It’s administered by the federal government.

Part B covers physician visits, outpatient services, lab and diagnostic services, preventive services, and some home health visits. Part B benefits are subject to an annual deductible of \$240 and a 20% co-insurance for most benefits. Part B is also administered by the federal government.

Parts A and B combined are referred to as “**Original Medicare.**”

Part C consists of Medicare Advantage plans. These are private health plans where beneficiaries receive hospital and medical coverage and on most plans, prescription drug coverage. Many of the plans offer additional basic benefits that you don’t receive from Original Medicare. These plans are administered by the insurance company offering the particular plan according to its network, rules, plan benefits, plan deductibles/copays/coinsurance/out of pocket maximums.

Part D covers outpatient prescription drugs through private plans. These can be accessed as stand-alone plans or coverage that is integrated into a Medicare Advantage Plan. Part D coverage is administered by the insurance company offering the particular plan. In Michigan there are 20 stand-alone Part D prescription drug plans in 2024.

Medicare provides protection against the costs of many health care services, but original Medicare (Parts A and B) has relatively high deductibles and cost-sharing and places no limits on beneficiaries’ potential out-of-pocket spending. Most beneficiaries, therefore, pick up some form of supplemental coverage to help them cover the cost-sharing expenses required by Medicare.

When an individual first signs-up for Medicare, and during certain times of the year, they can choose which way to get their Medicare coverage. They must make a choice to either use:

- Original Medicare (and can also apply for a Medigap plan and a stand-alone Part D prescription plan.

OR

- Medicare Advantage plan (Part C) which, in essence, replaces Original Medicare.

An individual cannot have both options at the same time.

Medicare

(Continued from Page 54)

current employer or your spouse’s current employer, the total number of employees who work for the business/organization sponsoring that group health plan determines which health insurance pays first on a claim — Medicare or the group health plan.

If the employer sponsoring the group health plan has 20 or more employees, the group health plan pays first, or is “primary,” and Medicare is a “secondary” payer. If you fall into this category you have some options regarding Medicare enrollment. It may be advantageous for you to enroll in Part A but “delay” enrollment in Part B until you stop working and/or are no longer covered by the group health plan. Or, if you want to continue contributing to a Health Savings Account while you are still working and covered by the large group health plan you could opt to “delay” both Part A and Part B.

If you are covered by a group health plan offered by an employer with fewer than 20 employees, Medicare pays first or is “primary,” and the group health plan is “secondary.” In that case you need to enroll in both Part A and Part B of Medicare. Additionally, if you are covered by an individual health plan, COBRA, or a retiree health plan but are no longer “actively working,” then you will also need to enroll in both Medicare Part A and Part B.

Six common misconceptions

There are common Medicare misconceptions that many folks who are transitioning into Medicare get caught up in when they are not being guided along the way. Here they are:

#1: “You don’t need to enroll in Medicare if you are still working and are covered by an employer-provided health insurance plan

(either as the primary insured or as a dependent).”

Not necessarily — it depends. If you are covered by an employer-provided health plan but the employer has fewer than 20 employees you must enroll in Medicare Part A (hospital) and Part B (medical), because Medicare will be the primary payer on a claim.

If you are working and in a group health plan provided by an employer that has 20 or more employees, you can choose to enroll in Part A and “delay” enrollment in Part B or “delay” both A and B (if you want to continue to contribute to a Health Savings Account) until you stop working and/or are no longer covered by the group health plan.

#2: “With a Medicare Advantage plan everything is free.”

No such luck! Even if an individual has a \$0 monthly premium Medicare Advantage plan, that person must still pay the federal government a monthly premium (based on their income from two years ago) for Medicare, and then they will pay out of pocket for their Medicare Advantage plan’s deductibles, co-pays and co-insurance as they use their coverage. They will pay for these things until they reach their plan’s Annual Maximum out of pocket limit.

#3: “You can simply switch from a Medicare Advantage plan to a Medicare Supplement/Medigap plan or from one Medicare Supplement/Medigap plan to another at any time.”

Wrong. You can only switch from Medicare Advantage plans to Original Medicare and a Medicare Supplement plan during certain times of the year. When an individual makes such a switch there will be health questions to answer when they complete a Medicare Supplement/Medigap application, and then they will go through underwriting. You can potentially be declined or have the premium rated-

MDA Insurance works on your behalf to help you and protect you from these traps and many others that can befall new Medicare beneficiaries.

up by the insurance company, depending on your health answers and conditions.

#4: “You can continue funding a Health Savings Account after you are enrolled in Medicare.”

Wrong. Once someone begins Medicare they can no longer make contributions to an HSA. But HSA funds can be used to pay for Medicare plan deductibles, co-insurance, and some Medicare premiums in addition to paying for out of pocket medical expenses.

#5: “Having Part D prescription coverage is optional.”

Technically true, but not really. Under Medicare’s rules it is true that Part D coverage is optional. But, if an individual goes 63 days or longer beyond the end of their Initial Enrollment Period or Special Enrollment Period without signing up for a Part D prescription plan, Medicare will begin to assess permanent penalties against the individual. When the individual eventually enrolls in a Part D plan Medicare then applies the penalty, and the individual pays it every month for the rest of their life if they remain covered by a Part D drug plan. The current penalty is just under 35 cents times the number of months that someone was eligible but did not enroll in a Part D plan. Part D plans can be inexpensive, so why pay a penalty for the rest of your life to save a few dollars at first?

#6: “Medicare Advantage plans

afford me the same rights and freedoms as Original Medicare.”

Incorrect. Medicare Advantage plans replace Original Medicare. So, an individual enrolling in a Medicare Advantage plan forfeits their right to be able to choose any provider anywhere in the country who accepts Medicare. Instead, an individual covered by a Medicare Advantage plan will select from a list of providers who participate in the sponsoring insurance company’s provider network, be it an HMO network or a PPO network.

A Medicare Advantage enrollee may also forfeit the freedom to be able to travel throughout the United States and seek routine care outside the plan’s network for extended periods of time — such as for folks who are “snowbirds,” for example.

How to schedule a one-on-one appointment

One of your benefits of MDA membership is access to a Medicare team that can help make the transition to Medicare much easier. MDA Insurance works on your behalf to help you and protect you from these traps and many others that can befall new Medicare beneficiaries.

If you would like to schedule a one-on-one Zoom meeting with me or would like to attend one of our Medicare educational webinars or a live seminar, please contact my assistant Steve Fulger at 877-906-9924, ext. 450, or email steve@mdaifg.com to get on the schedule. There are required forms that must be completed by you and returned to MDA Insurance before CMS allows us to even talk to you or answer questions about Medicare plans, premiums, and insurance companies. So, from a planning and timing standpoint please allow enough time between contacting us and desiring a meeting to receive the forms, complete them, and return them to us.

We look forward to helping you with this important life transition. ●

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Holland, Mich. — Dental office space for lease in attractive contemporary building across the street from Holland Hospital. Space was occupied by a dentist with exam rooms, clerical, and waiting areas. Plumbing is run throughout and the owner may remodel to suit; 1,596 sq. ft. available. Plenty of parking — easy access for patients. Located in desirable area with oral surgery practice occupying a suite in same building. Call 616-540-5332.

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PRACTICE FOR SALE

Excellent opportunity — Family practice for sale in Bay City/Saginaw area. Beautiful updated office. Practice is

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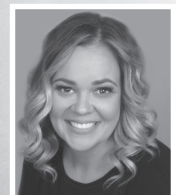
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Oakland County (HADO3) — General practice with \$2M average revenue. Six ops and a stable staff. Beautiful
(Continued on Page 62)

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Tri-city area general practice for sale — Beautiful, technology driven general practice located in the tri-city area; \$1.2M in revenue earning \$400K-plus after debt. Most specialties referred. Strong patient base with eight days of hygiene. Minimal insurance participation. CBCT, Cerec, and digital X-rays create the ultimate atmosphere for your success! Favorable lease terms and flexible transition plan. For more information, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI3850.

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Macomb County general practice for sale — Opportunity awaits as this beautiful, digital, general dentistry practice has an abundance of patients and production potential! Currently \$1M in annual revenues with 15½ days of hygiene per week; 2,800 patients seen in the last 18 months with many specialties referred out. Great location with five ops. RE available. For more information, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI3858.

Available for sale is a well-established general practice located in a metropolitan area in southwest Michigan. There are four operatories in a convenient one-story, 2,200 sq. ft. office. The office is situated a short distance from a major highway, making it an easily accessible location for patients and staff. Collections for 2023 totaled more than \$1.05M. Contact mattk@mcgillhillgroup.com for more information.

Grand Rapids — Northwest busy family practice grossing more than \$700K on average while utilizing two hygienists on a four-day week. Stand-alone building with three ops in use and another three ops available for expansion also for sale. For more info contact Drdon2015@aol.com.

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Genesee County general practice for sale — This general dentistry practice has a tremendous growth opportunity with seven days of hygiene and 1,700-plus patients seen in the last 18 months. Commutable from many desirable locations. Could be a satellite practice or a starter practice for a new owner. Real estate available with tenant income. Seller is motivated and ready to facilitate a great transition! For more information, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI3929.

Northern Michigan — The sky is the limit in this general practice rural gem! Low overheads with excellent cash flow earning \$400K-plus after debt! Revenues consistently more than \$1M with all specialty services referred out. Strong hygiene program with 10 days of hygiene per week. Twenty-plus new patients per month. Updated with digital X-rays, five ops, and room to expand. RE available. For more, contact Denise Bouwhuis, 734-725-2369, denise.bouwhuis@henryschein.com. #MI3657.

Tri-city area, Mich. — Beautiful area, turnkey general practice with \$1.4M-plus in revenue. Cash flow will have you earning \$500K after debt! Strong patient base and new patient flow can support one to two dentists. Seller flexible in transition plans. Many specialty procedures referred out. Real estate available to purchase or lease and may be expanded. For details contact Sara Marterella, sara.marterella@henryschein.com, 734-765-0770. #MI3763.

Midland — A very well-managed practice with \$800K-plus in revenue. Pleasant family community with great schools! Strong cash flow with

\$325K after debt. Five ops, digital, pan, and CAD/CAM. Six days hygiene. Flexible transition plan with wonderful seller willing to assist in transition. Favorable lease terms. For details contact Sara Marterella, sara.marterella@henryschein.com, 734-765-0770. #MI3446.

Mid-Michigan practice for sale — \$200K gross working 80 days per year. Refer all specialty work. Lots of potential if done in-house. Great practice for new, semi-retired dentist, or satellite office. If interested, email me at doctor51@outback.com.

Opportunity to own a 50-year established practice doing comprehensive dentistry, in a rural city. A mentorship to ownership is welcomed. Practice averages more than \$850K in annual collections. This established practice is in a vibrant community with great schools. A paperless office with six operatories, up-to-date technology including CBCT digital imaging with digital software, intra-oral cameras, CAD/CAM, X-ray sensors, 3D scanner, and Sprint Ray printer. To discuss this opportunity/transition to buy the practice please contact us. No DSO. Contact Donald J. Brockriede, DDS, PC, at 810-688-3008 or via email at teambrockriede1@yahoo.com.

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

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MISCELLANEOUS

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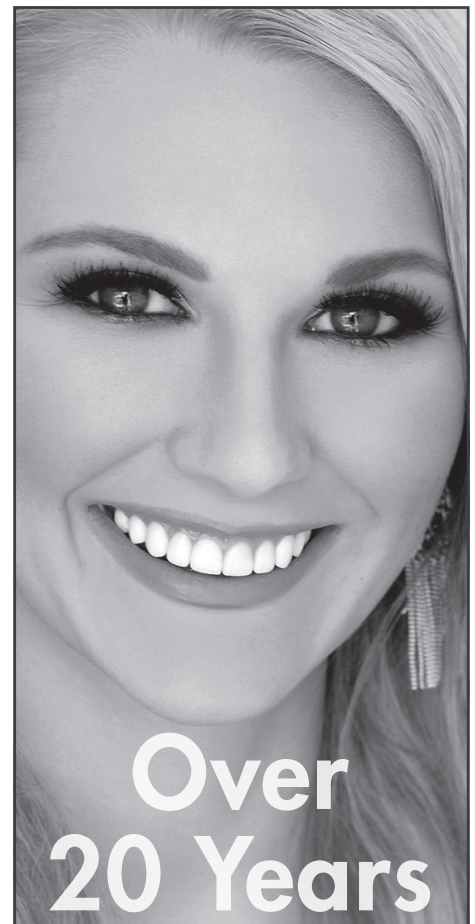
The New Professional (Continued from Page 24)

Above all, prioritize patient-centered care in every aspect of the dental practice. Ensure that staff members are trained to address patient concerns and anxieties with professionalism and sensitivity. Empower your staff to educate patients about their oral health, and involve them in decision-making regarding their treatment plans. One of the best tools you can have is an intraoral camera. I have lost count of the number of times I've seen someone who is referred in for a major procedure and tells me they aren't sure why they're in my office at all. Show your patients what they need, and the conversation flows organically from there.

Lastly, remember to recognize the importance of work-life balance and staff well-being in optimizing overall performance. Implement policies that promote this, such as flexible scheduling options or wellness programs. We participate in group fitness classes, take walks at break times, and end our workdays early during the summer to give everyone a chance to enjoy being outdoors. Encourage open communication regarding workload and stress management, providing support resources as needed.

By implementing these simple strategies, you can enhance efficiency, elevate the quality of patient care, and foster a positive work environment conducive to staff satisfaction and retention in your office. ●

The New Professional now appears monthly in the MDA Journal. Send suggestions for future column topics to MDA Journal Managing Editor Dave Foe at dfoe@michigandental.org.



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

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

Friday, Sept. 6: Restorative Complications with Single-Tooth Replacement and Edentulous Challenges. Speaker: Mark Montana, DDS. Where: Weber's Boutique Hotel and Restaurant, Ann Arbor. Six CE credits.

Friday, Sept. 6: The Dental Practice Turn-Around for a Happier, More-Motivated Team. Speaker: Ankur Gupta, DDS. Where: Northern Center at Northern Michigan University, Marquette. Six CE credits.

Friday, Sept. 13: Professional Protector Plan® Control, Protocol, and Risk Management Seminar. Speakers: Robert M. Peskin, DDS, and Lynda Farnen, JD. Where: Grand

Traverse Resort and Spa, Acme. Four and one-half CE credits.

Friday, Oct. 18: Breathe Well Little One: Pediatric Airway from Cradle to Commencement. Speaker: Susan Maples, DDS. Where: Northern Center at Northern Michigan University, Marquette. Six CE credits.

MDA ON-DEMAND WEBINARS

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

Dental Ethics and Jurisprudence. Speakers: Dan Schulte, JD, and Michael Maihofer, DDS. One and one quarter CE credit.

Handling Emotional Support/Service Animal Requests. Speaker: Dan Schulte, JD. One CE credit.

2024 CDT Code Update: Basics for Successful Coding. Speaker: Chris Smiley, DDS. One CE credit.

Managing Profitability. Speakers: Ron Cash and Michael Glass. One CE credit.

Substance Abuse Disorders, Mental Health, and Burn-out Issues in Dentistry. Speaker: J. William Claytor Jr., DDS. One CE credit.

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



See all MDA Courses

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

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.

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

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

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

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

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

Analytics in Practice and by Third-Party Payers. Speaker: Chris Smiley, DDS. One CE credit.

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

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

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

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

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

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

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

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

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

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

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

Answer 12 Most Difficult Questions Patients Ask.
(Continued on Page 68)

CE SPOTLIGHT

Get the 'Scoop' on Health Insurance Changes for 2025!

Coming up are two in-person MDA Insurance health insurance seminars — the first on Thursday, Sept. 5 at the Landmark Inn in Marquette, and a repeat on Friday, Oct. 25 at MDA headquarters in Okemos.

You'll learn how election-year promises and outcomes may impact health insurance in 2025, and you'll get the scoop on rates, deductibles, networks, and pharmacy changes that may affect your health insurance next year. It's great information you'll want to know as you plan ahead for 2025.

The course will run from 8:30 a.m. until 11:30 a.m. in Marquette, and from 9 a.m. until noon in Okemos, with three continuing education credits at either session.

Speakers are Craig Start, MBA, president of MDA Insurance, and Tina Voss, MDA Insurance director of health and life operations. The information presented will pertain to individual insurance, group insurance, and the exclusive MDA Health Plan. Get details on how MDA Insurance can help meet all your health insurance needs.

Learning objectives:

- Understand individual plan vs. group plan offerings.
- Learn about essential health benefits.
- Learn how to pay for health plans on a tax-deductible base.

To register for either course, visit michigandental.org/CE-Courses.

Note: Medicare will not be addressed in these seminars. For information on Medicare seminars, email Steve Fulger at steve@mdaifg.com.



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Start



Voss

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Speaker: Dr. Richard Madow. One CE credit.

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

Managing Toxic Behaviors. Speaker: Jodi Schafer, SPHR, SHRM-SCP. One CE credit.

Fundamentals of Supervision. Speaker: Jodi Schafer, SPHR, SHRM-SCP. One CE credit.

Skyrocket Your Customer Service with New Communication Strategies (Part 1). Speaker: Thomas Lambert, DDS. One CE credit.

LOCAL SOCIETIES

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

Friday and Saturday, June 7-8: Upper Peninsula Dental Society Annual Meeting. Speakers: Mary Govoni, MBA, RDH, CDA; and Todd Christy, DDS. Where: Terrace Bay Hotel and Conference Center, Gladstone. Sponsor: Cloverland District Dental Society. Contact: Elizabeth or Eric Knudsen at drbeth@knudsendentistry.com or 906-786-3936. Six CE credits.



Govoni

Wednesday, Oct. 23: A Local Guide to Dentistry's Role in Addiction Medicine, Part III. Speaker: Ismael David Yanga III, MD. Where: Chemung Hills Country Club, Howell. Sponsor: Livingston District Dental Society. Contact: Christina Scanlon at springst@umich.edu. Three CE credits.

DETROIT MERCY DENTAL

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

(Continued on Page 70)

GRCC is looking for Dental Assisting students.

Dentists, do you have a Certified Dental Assistant looking to enhance their skills and become an expanded-functions Registered Dental Assistant?

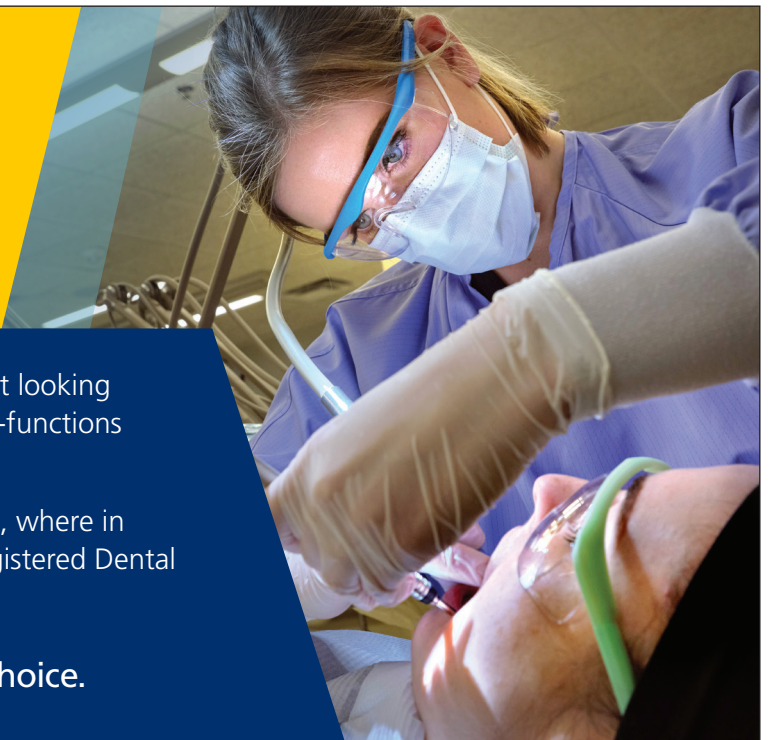
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For further information contact:

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One-Day Seminar Friday, Sept. 6, 2024



Restorative Complications with Single-Tooth Replacement and Edentulous Challenges



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Mark Montana, DDS

Friday, Sept. 6, 2024 – Weber's Boutique Hotel and Restaurant, Ann Arbor

9 a.m. – 4 p.m. Registration opens at 8:30 a.m. (breakfast and lunch provided)

Fee: Free for Washtenaw and Livingston District Society member dentists

Others: \$279 member dentists; \$149 staff and life retired member dentists; \$379 nonmember dentists

Six CE credits • AGD Code: 250



The placement and restoration of dental implants into the biologic network of remaining teeth presents numerous challenges. Although the esthetic mimicry of natural teeth may be convincing, the pathway to success may be complex as the implant and abutment are surrounded by a matrix that continually evolves. The restoration of today may be unsatisfactory or inadequate tomorrow so both the clinician and patient benefit from restorative workflows that maximize the quality of the restoration and allow for correction as time passes.

This presentation will also address the challenges of returning function and providing beauty when we encounter edentulism and will discuss the solutions to provide excellent restoration for these patients. In addition, we will introduce the newest concept in full-arch restoration, which accepts both digital and analog workflow to achieve a strong and esthetic result for our patients.

At the conclusion of the seminar, participants will be able to understand:

- The challenges of making the fully artificial co-exist with natural teeth.
- The advantages of the digital workflow in providing patient-specific results.
- Solutions for dealing with complexities of edentulous restorations.
- The newest in full-arch restoration concept.

About the speaker

Dr. Mark Montana is a 1987 graduate of the University of Southern California School of Dentistry and completed his certification in advanced prosthodontics at USC in 1989. Dr. Montana has been involved in clinical instruction while attending USC and as a pre-clinical instructor at the University of Arizona School of Dentistry. His memberships to professional organizations include the American College of Prosthodontics, the Academy of Osseointegration, and the Academy of Fixed Prosthodontics, the Pacific Coast Society for Prosthodontics, the American Dental Association and the Arizona Dental Association.

Financial support provided by MDA Insurance, MDA Services, Dentsply, Washtenaw District Dental Society, and Livingston District Dental Society.

Questions? Call 517-346-9402, or email the MDA's Amanda Mclean at amclean@michigandental.org.

MDA Cancellation Refund Policy:

A 72-hour notice of cancellation is required for all CE programs. Refunds will be granted upon written (Email is acceptable) request, minus a \$25 administration fee.

Register online at michigandental.org/CE-Courses or call 517-346-9402.

Meeting Location Address

Weber's Boutique Hotel and Restaurant
100 Grand Traverse Village Blvd.
Acme, MI 49610
231-534-6000

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Thursday, July 11: Live Webinar — Pharmacological Agents and the Dental Patient. Speaker: Sanjay Chand, MD. Where: Online course. Three CE credits.

Friday, July 12: Nitrous Oxide/Oxygen Sedation for the Dental Hygienist. Speakers: Ana Janic, DDS, MS; M. Lynne Morgan, RDH, MS, MA; and Claudine Sordyl, RN, MS. Where: School of Dentistry. Nine CE credits.

Friday, July 12: Nitrous Oxide/Oxygen Sedation for the Registered Dental Assistant. Speakers: M. Lynne Morgan, RDH, MS, MA; Claudine Sordyl, RN, MS; and Tamika Thompson, DDS, MS. Where: School of Dentistry. Six CE credits.

Friday, July 26: Live Webinar — Innovations in Soft Tissue Grafting to Maximize Dental Implant Esthetics. Speaker: Bassam M. Kinaia, DDS, MS. Where: Online course. Three CE credits.



Kinaia

UNIVERSITY OF MICHIGAN

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

Tuesday – Saturday, July 16-20: Advanced Periodontal Surgery — A Practical Training Course. Speaker: Homlay Wang, DDS, MSD, PhD. Where: School of Dentistry. Twenty-nine CE credits. ●



Wang

The Back Page
(Continued from Page 72)

has held leadership roles with WMDDS committees, served in the MDA House of Delegates, and volunteered with the MDA Foundation's Mission of Mercy. The rewards of service were never more significant than when he met his wife, Becky, who was performing in a community production at the famed Lowell Showboat while Jim was on the board of directors and in charge of the amateur act.

Jim and Becky continue to actively participate in their faith community. They have three grown children — Jacob, Tess, and Judi — who also share their parents' commit-

Jim noted that there are many opportunities to become involved in serving the community, and the rewards come back in many ways.

ment to family and fondly recall the times spent together in 4-H and school activities. Becky emphasizes, "You don't have to tackle the world's problems on a grand scale — it's often best to start small."

Proudly embracing his heritage, Jim concluded the night by reading an Irish Folk Blessing wishing everyone happiness, fulfillment, and the support of friends. He then led the room in a spirited rendition of "When Irish Eyes Are Smiling." Lowell's and West Michigan's eyes were smiling, too, celebrating a career rewarded through service, magnified by the unique opportunities that come with a small-town practice!

After all, "It's where it's at!" ●
— By Chris Smiley, DDS

Dr. Chris Smiley is a former MDA editor and current member of the MDA Journal Editorial Advisory Board.

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Small-Town Dental Practice Is Where It's at, and Irish Eyes Are Smiling!

On March 15, shortly before St. Patrick's Day, the West Michigan District Dental Society recognized Dr. James Reagan of Lowell as this

year's recipient of its Distinguished Service Award, best known as the Silent Bell. Colleagues, including seasoned dentists whom Jim has known for years, as well as new dentists and dental students, gathered alongside family members and numerous Lowell community leaders and friends to share in the evening's festivities.

Interestingly, Jim is the first "second generation" recipient. His father, Dr. Bob Reagan, was the Silent Bell awardee in 1993.

Jim was raised in a home where seven sisters outnumbered him and his two brothers. It was an environment where his parents emphasized the importance of family by gathering for nightly dinner, something he recognizes as the linchpin for family cohesiveness to this day. He describes growing up in Lowell, a town just east of Grand Rapids, much like a Norman Rockwell painting. He could safely walk around town or bike to the community pool or ball field. At age 10, he shared a paper route with a friend, which he contends was the "best job he ever had" — it paid 75 cents a week! Later, he worked in his dad's office through a high school co-op program, raising a suspicion that following in his father's footsteps would be an even better career choice.

Then-MDA President Dr. Eric Knudsen attended the Silent Bell event March 15 as part of his tour to share news from the MDA with component societies across the state. In his remarks, he noted that he practices in Escanaba, and that "small-town dental practice is where it's at!" As one would expect from his upbringing in Lowell, Jim is also a hardcore advocate of small-town living, and he echoed Knudsen's remarks with a nod to the March issue of the *MDA Journal*, which delved into the challenges and opportunities of rural practice. Jim noted that there are many opportunities to become involved in serving the community, and the rewards come back in many ways, adding that it was a "dream come true" to return to his hometown to




Distinguished Service Award — Wearing a green tie and sparkling green bowler, Jim Reagan and MDA President Eric Knudsen celebrate St. Patrick's Day, the Silent Bell, and small-town life.

join his father's practice and raise a family.

Jim is active at Lowell's Downtown Development Authority and the Rotary Club. It's a way to care for the community, which he continues to do through dentistry as an associate in his former practice with the current owner, Dr. Min Han. Community involvement began for Jim with the Chamber of Commerce, where he joined the Arbor Board after complaining about the cutting down of trees around town, thus beginning a lifelong commitment to planting trees. He was a champion for the development of the Lowell Historic District. He is known for his service with Lowell Schools Board of Education, stints on the Board of Directors at area banks, and as council president at St. Mary's Catholic Church. He is a former Kent County Dental Society president and

(Continued on Page 70)



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