August / September 2020

the Nugget

Endodontics
Tooth Resorption

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY

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Aug / Sept 2020
VOLUME 66, NUMBER 7

Contents

FEATURES

COVER IMAGE CREDIT: SHUTTERSTOCK

Awards

International College of Dentists (ICD)

2019 • Special Citation Award, *unusual concept*
2019 • Golden Pen, *honorable mention*
Article / series of articles of interest to the profession
2018 • Humanitarian Service Award
2017 • Special Citation Award, *unusual concept*
2016 • Golden Pen, *honorable mention*
Article / series of articles of interest to the profession
2015 • Special Citation Award, *unusual concept*
2014 • Outstanding Cover, *honorable mention*
2014 • Golden Pen, *honorable mention*
2013 • Outstanding Cover
2012 • Overall Newsletter
2010 • Platinum Pencil
Outstanding use of graphics

Specials

Regulars

Get Ready For Our UPCOMING EVENTS

SEP 8

General Meeting Zoom Meeting • Tuesday, 6pm–9pm $49

A Day at The Office…Surefire Ways to Coordinate the Chaos (3 CEU, 20%)
Presented by Gayle Suarez; Dental Management Solutions, Inc

Extraordinary customer service is the key to a successful practice – from the moment the phone rings for the appointment! Extraordinary service takes extraordinary teamwork; this program will present sure, rapid ways to achieve extraordinary patient and practice health.

SEP 16

Harassment Webinar • Wednesday, 12–1pm • $25

Harassment Prevention Training – For Employees (Webinar) (1 CEU, Core)
Presented by California Employers Association

California businesses with 5 or more employees MUST provide harassment prevention training every 2 years (SB1343). In August 2019, SB 778 went into effect, requiring employers to provide training by January 1, 2021. This instructor-led webinar meets the requirements of SB1343 and SB778. It covers all forms of sexual harassment. Other types of prohibited harassment, discrimination, retaliation and abusive conduct will also be covered in an interactive format.

SEP 16

Continuing Education • Wednesday, 3:00pm–5:00pm Free!

Special Needs Patients in Your Dental Practice (2 CEU, Core)
Presented by Panel of Experts

This course invites dentists, staff members, parents of special needs patients (adult and children), advocates and others to come together to discuss the following topics: integrating special needs patients in your practice, office settings and concerns, private insurance, MediCal and hospital dentistry, desensitization and integration, autism characteristics and office protocols

SEP 17

Business Forum • Thursday, 6:30pm–8:30pm • $75

Become the Ultimate Data-Driven CEO (2 CEU, 20%)
Presented by Kerry Straine, President and CEO; Straine Consulting

30 years of proven strategies to increase your production, collections, and profitability, now integrated into the easiest to use Dental Management Dashboard is available to you. Reduce your stress of not knowing what to, when to do it, and who should do, helping you deliver on your mission and achieve your goals.

Class registration times are 30 minutes prior to the listed time, excluding General Meetings and HR Webinars

Courses/events may be affected based on COVID considerations and social distancing guidelines. If necessary, alternate plans will be offered.

SEP 18

Continuing Education • Friday, 8:30am–3pm • $199

Manual Day: Build & Complete Your OSHA, Employee & HIPAA Manuals in One Day! (6 CEU, Core)
Mari Bradford, CEA and Teresa Pichay, CDA

Bring your laptops, or your notebooks, and make your mandatory manuals all in one day!

By the time you walk out the door at 3pm, all the manuals will be finished!

We will help you write and update your manuals and the experts will be here to answer your questions, and bring you the most current information.

SEP 22

Harassment Webinar • Tuesday, 12–2pm • $35

Harassment Prevention Training – For Supervisors/Employers (Webinar) (2 CEU, Core)
Presented by California Employers Association

All supervisors/employers must have two hours of harassment prevention training before January 1, 2021. Sign up today!

SEP 25

Continuing Education • Friday, 8:30am–1:30pm • $250

The Endodontic-Periodontal Problem: Treatment Integration (5 CEU, Core)
Presented by Bernice Ko, DDS & Todd Yamada, DDS
Sponsored by Geistlich Biomaterials and XDR Radiology

The key to successful dental treatment is understanding the complex and dynamic interaction between endodontics and periodontics. This course will explore periodontal and endodontic treatment modalities to enhance outcomes including: diagnostic dilemmas, endodontic surgery in the esthetic zone, tooth resection, managing root fracture, resorption and perforations, regenerative surgery, ridge preservation and augmentation upon tooth extraction, implant restoration.

SEP 30

Lunch & Learn • Wednesday, 11:30am–1:30pm • $80

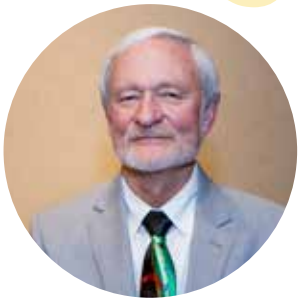
Front Office Study Club
(2 CEU, 20%)
Presented by Melinda Heryford, MBA

By popular demand, this Front Office Study Club will include:

- Two Lunch and Learn meetings; September 30 will be a ZOOM meeting and December 9 is TBA
- Presentations by two of our wonderful practice management partners, Melinda Heryford and Gayle Suarez
- The agendas for these meetings will include topics such as system and software, patient issues, COVID changes and helpful discussions and – most of all – idea sharing

We hope this will be a member benefit for all our SDDS members and their teams!

President's Message



Thoughts on the COVID Crisis

By **Carl Hillendahl, DDS**
2020 SDDS President

I have been practicing now for two and a half months in this coronavirus environment. The staff and I are acclimating to procedural changes. The "Helicopter" management style necessitated by the confusion and fear from a few months ago has subsided, thank God, and we are settling into the new COVID-19 patient flow strategies for dentistry.

The two months of "authority" recommended closure was a challenge. I furloughed all the staff. A few key team members were on call to help with emergencies and to clear the schedule for the upcoming week. The angst of unemployment was eliminated when my employees started receiving more from the Employment Development Department than they received from working. I, like many employers in the state, had issues with that policy and it created problems when the employees were asked to come back to work.

Dwindling cash flow from outstanding insurance claims and patient billing made me question my ability to pay bills in April. A PPP loan and finally the EIDL came to the rescue on April 16 and May 12. The PPP loan came with the 8 week forgiveness restriction that made it necessary to burn through the proceeds in order to have it forgiven and I had to have the same full time equivalent employees on the payroll by June 30. 7 weeks from the date of my PPP funding, the 8-week time limit was changed to 24 weeks, so decisions I made were based on the initial rules. We all can appreciate changing rules in the middle of the game. I put my staff back on the payroll April 16 working remotely from home on a 40 hour a week schedule for hourly wages equivalent to what they were making from EDD. We agreed that the PPP wages would last until June 11, the end of the PPP Loan forgiveness period (the original 8-week forgiveness rule), after which their pre-COVID-19 wages would take effect. The PPP loan is taxpayer money so even though it seemed irrational to me, I became the unemployment department and the employees were happy. It is always better to work with happy staff. With the supplemented salaries I managed to exhaust all PPP funding in 7 weeks.

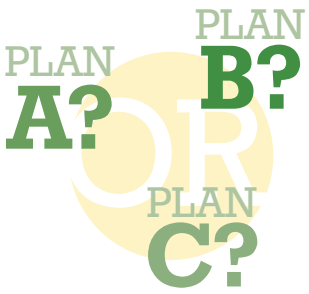
On May 12, here in El Dorado County, we started seeing all patients again. Our hygienists, knowing their profession has the highest risk for contracting COVID-19, were reluctant to see patients. We had ample supplies of KN-95s, face shields, and disposable gowns. Each operatory was equipped with an electrostatic air purification unit that circulates air down from the head position of the chair and exhausts cleaned air up behind the delivery unit to mitigate aerosol production. Incoming patients are interviewed for recent exposure risk, symptoms, and their temperature is taken. They were made aware of way to minimize aerosol production during the hygiene appointment. It required a lot of coaching and hand holding. As August begins, the hygiene department is operating smoothly, and no one has contracted Sars-CoV-2.

With Sars-CoV-2 it is commonly understood that transmission is primarily from aerosols and droplet exposure within 3 feet of the source. Fomite and surface exposure are an insignificant means of transmission. Antibody production is related to the severity of disease. Asymptomatic patients do not develop antibodies and hospitalized COVID patients will develop significant antibodies, but immunity dissipates with time suggesting that a patient can get it again. Coronavirus will become endemic within the population and future control is dependent on improved therapeutics and vaccines. Coronaviruses as a group do not produce long lasting antibodies in humans. In the development of the vaccine, the initial thought on protocol is that one inoculation followed by a booster will confer immunity for a season. Annual coronavirus inoculations, like the annual flu shot, may become a strategy for COVID-19 public health control.

We will get through this. Identify where lies the risk, wear respiratory protection, and wash your hands. I do miss the camaraderie of in person meetings. ■

The September General Meeting
Will Be a Zoom Meeting - Sign up at sdds.org

Cathy's Corner



By **Cathy B. Levering**
SDDS Executive Director

Here we are nearing September and the last quarter of the year. Yet it marks the beginning of our SDDS program year.

We spent all spring setting our schedule, planning our programs and getting our topics and speakers together – and it is an awesome program, trust me! But what remains in question will be how we will be offering our events? Because of COVID considerations, we have several options for delivering our programs, and we hope they will work out for everyone. We have Zoom, we have webinar options, we have meeting platforms and all are ready to be put into action.

So we move forward with different options to move into place depending on the environment and the social distancing considerations. As of the deadline for this article, here's the plan:

- Plan A – in person and business as usual. Likely not going to happen, at least in the next few months.
- Plan B – in person but social distanced seating and amended considerations (especially for the general meetings; we will limit the number of attendees and will change the way we do the sponsors' presentations – and we just found out at press time that September's General Meeting will not happen in person – see below.
- Plan C – remote, online meeting format with our speakers presenting via Zoom. Make your own dinner, pour yourself a frosty beverage, and put on your flip flops and we'll join you for our GMs and our CE courses!

So, as you can see, we have many options and the timing and final decisions will be announced a few weeks ahead of time. Since we have gone to print on the Program at a Glance (included in this issue of *the Nugget*), the programs will remain the same, but the location and/or format may change and we will make sure you have plenty of time to sign up accordingly. Our local venues (hotels and restaurants) continue to open and close, depending on COVID surges so we are at the mercy of their capacity as well.

And with all these changes and uncertainties, our MidWinter Convention will be a bit different next year as well. Save the dates for the week of February 2, 3, 4, 5. It will be in a new location, with new, daily and evening programs for dentists and team members – plan to be flexible!

In January I started my Cathy's Corner with the word "Flexibility" and I wrote about how the theme this year would be just that. Little did I know what was in store for us!

Keep reading our emails and messaging on our website – we'll keep you posted as all changes happen.

Stay safe!

Cathy

PS: September's GM will be a Zoom meeting! Same speaker, same time, MYOD (Make your own dinner!) – details in this issue of the Nugget!

sacramento District Dental Society

LEADERSHIP

The Nugget is an opinion and discussion magazine for SDDS membership. Opinions expressed by authors are their own, and not necessarily those of SDDS or ***The Nugget*** Editorial Board. SDDS reserves the right to edit all contributions for clarity and length, as well as reject any material submitted. ***The Nugget*** is published monthly (except bimonthly in June/July and Aug/Sept) by the SDDS, 2035 Hurley Way, Ste 200, Sacramento, CA 95825 (916) 446-1211. Acceptance of advertising in ***The Nugget*** in no way constitutes approval or endorsement by Sacramento District Dental Society of products or services advertised. SDDS reserves the right to reject any advertisement.

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The Conversation about Tooth Resorption

By **Greg Kolber, DDS**
Associate Editor

As Sacramento and worldwide dental practices begin to open up their offices to a "new normal," it is my pleasure to introduce this month's educational topic, tooth resorption. Although there are many excellent ways to discuss resorption, there are in fact, just a few different types of resorption. It is our goal that after reading these articles, you will have a good understanding of the varying perspectives and ultimately how to distill this into effective communication with your patients. Alas, especially during this unprecedented pandemic, the old adage remains true, "patients don't care how much you know, until they know how much you care."

The prognosis for resorption varies dramatically and I find that the most effective discussions begin with identifying the quality of tooth structure that remains and the long-term expectations of the patient.

As with most aspects of dentistry, the discussion for favorable cases is often simple and will apply to most internal resorption cases. The long-term survivability rate for internal resorption is mostly based on remaining structure. I usually tell the patient, "The cells that are responsible for internal resorption come from the pulp itself and so when we perform root canal therapy, we are removing the supply of vitality for these cells. Thus, the recurrence rate for internal resorption is very low." Generally, we find that internal resorption cases do very well, with the exception of some rare and advanced cases.

"Since external resorption can be a quick and painless process, by the time that we identify it, we may not have much to save." Another way to discuss a questionable prognosis case is, "Picture a beautiful tree that has been growing for hundreds of years, no matter how strong it is, all it takes is an axe in the wrong spot, and a few minutes later, the whole tree comes down. This type of structural problem is of concern here. Although the top of your tooth looks fantastic, we can see that significant root structure is missing."

> "Patients don't care how much you know, until they know how much you care."

An important part of the discussion for external resorption is the recurrence rate. Unfortunately, most of the current literature regarding recurrence rate are single qualitative studies with shorter follow-ups, so this becomes more of a clinical experience discussion by the individual practitioner. In my experience, the recurrence rates depends heavily on the ability to access clean margins along the root structure. This access can be from an internal or external approach.

If external repair is indicated, this brings to consideration the approachability of the lesion. As with many topics, there can be significantly different points of view. One extreme point of view would say, "extract any tooth that would require any removal of osseous structure." The other extreme point of view would say, "save any tooth at all costs." The best approach is a balanced approach looking at the patient's overall dental health, the approachability of the lesion and any osseous modification requirements.

Finally, some practitioners recommend that an asymptomatic, unsalvageable tooth be left alone until symptoms develop. This is otherwise known as the "use it 'till you lose it" approach. The upside to this approach is, the tooth may function for years if it is a slowly developing lesion. The downside to this approach is, the longer the lesion develops, a future extraction is more likely to involve a tooth with compromised structure, thus requiring excessive bone removal during the extraction.

In the simplest perspective, the options include: "Let's attempt to save your tooth," "let's remove your tooth" or "let's monitor the tooth and remove it when symptoms develop." However, the ultimate recommendation that you will make will take considerable thought prior to making that recommendation and will include a more in-depth explanation for how that is to be done.

On behalf of our esteemed endodontist colleagues Dr. Cliff Wong, Dr. John C. Fat, Dr. Sunny Young and excellent periodontist colleague Dr. Khalid Rasheed, we hope that you enjoy this issue of *the Nugget* as much as we have enjoyed putting it together for you. ■

Do you have a Compliance Quandary?

Send it to Nugget@sdds.org and we will have an answer for you in the next issue!

Dear Editor...

Thoughts provoked by the COVID situation

I believe that we all have deep reservoirs of talent and potential.
Then why is SUCCESS not standardized for everyone?

Just KNOWING is not enough...RESULTS are the name of the game which happen when you actually start DOING things by taking ACTION!! Being deeply involved in this field of developing the latent human potential I have come to realize that it's my deep desire to help people bridge this KNOWING-DOING GAP by recognizing mental habits called paradigms and changing them in a scientific way which then will lead to standardizing SUCCESS for everyone just like the way it should be!!! I have personally experienced how liberating this knowledge is and it shifted my focus from FEAR to FAITH, which has not only brought me the results I was seeking but tremendously improved the quality of my life — I would love to do the same for everyone around me so I'm sending in this brief write-up. *- Sirisha Krishnamurthy, DDS*

The Art and Science of Deliberate Creation
Thinking Into Results!!!

Submitted By
Sirisha Krishnamurthy, DDS
SDDS Member

We all have deep reservoirs of potential within us. But how do we recognize it? How do we bring it to the surface? It has to do with how we think! What's coming to our mind that influences our output? What are we thinking about? Is it what we want or is it what we don't want? Are we thinking about problems or are we thinking about the solutions?

One of my favorite quotes is by Ralph Waldo Emerson. It's so simple yet so powerful.

"We become what we think about all day long"

It's your choice what you give your attention to and what you think about all day everyday… Remember you have control over the thoughts you think!

Feed your mind with what it needs to produce the outcomes that you most desire. This helps in creating new opportunities in how to collaborate, create and thrive while helping your company prosper but also bringing an abundance of health and happiness to you and everyone around you.

Who are you? If you aren't your name or your body, then who are you?

If you want to change the results in your life you better know who you really are! We graduate from some of the most prestigious schools with tons of knowledge yet not knowing the basic understanding of who we really are! Life is rather strange. The most important things, we never learn.

We live simultaneously in three planes of understanding—we all are spiritual beings; we have an intellect and live in a physical body. We think in pictures. When I ask you what your car looks like, you can describe it, as its picture flashes on the screen of your mind.

The mind is the greatest power in all of creation—yet we don't know what the mind looks like!

Your brain is not your mind any more than your fingernail is. This is one of the greatest problems we have. No one has ever seen the mind—yet it's the mind that must be changed if you want to change your results. Unless we have a picture of the mind, we can't change it to get the results we desire! The mind has two parts—the conscious mind and the sub-conscious mind.

The conscious mind is the thinking mind, the educated mind. The subconscious mind is the emotional mind. It's what is going on in the emotional mind that determines the behavior, or the actions the body is involved in and the results you achieve. The conscious mind receives information from the outside world through the five sensory factors: sight, sound, smell, taste and touch. Unfortunately, most people's paradigm, or their conditioning, causes them to be subservient to their outside world. They live through their senses, through what they see, hear, taste, smell and touch. Our conditions, circumstances and environment have no bearing on what is going to happen in our future unless we let them. You do not have to go by what you see, hear, smell, taste and touch. You have the ability to originate and create an image of what you would like the future to be like. By impressing that picture upon the subconscious mind (letting yourself get emotionally involved with the image), the image will ultimately move into form with and through you.

You have a major role in how your work life unfolds every day irrespective of the external environment, conditions or circumstances. Your body is an instrument of your mind.

Regulate your thoughts carefully by becoming aware of how they make you feel. Latch on to better feeling thoughts which lead your body to take better actions creating the results you truly desire. ■

I have had the privilege of being trained by some of the most brilliant minds in Human Potential and Success like Bob Proctor while I was in quest of the answer to the questions I posed to you in the beginning of this article. If you are ready to learn more about this art and science of deliberate creation and literally change your life feel free to email me (sirisha.krishnamurthy@gmail.com) and I will be happy to share my learnings and my journey so far.

YOU SHOULD KNOW

EPA AMALGAM SEPARATOR RULE COMPLIANCE DEADLINE OCTOBER 12, 2020

Reprinted with permission from CDA and Sacramento Regional County Sanitation District

Dental dischargers, primarily general, pediatric dentists and endodontists, must comply with the EPA dental regulations and submit a One-Time Compliance Report no later than October 12, 2020. Dentists that place and remove amalgam must install an amalgam separator and implement two Best Management Practices. Those that do not place and only remove amalgam in limited, anticipated circumstances are exempt from installing an amalgam separator but must submit the form certifying as such.

For dentists in unincorporated Sacramento County (the cities of Citrus Heights, Elk Grove, Folsom, Rancho Cordova, Sacramento, and West Sacramento and the communities of Courtland and Walnut Grove) the form should be submitted to the Sacramento Regional County Sanitation District (Regional San). The form and contact information can be found at www.amalgamrecovery.com. Dentists outside of the Regional San service area should contact their local sewer agency -see below.

Any dentist who discharges wastewater to a system not controlled by an agency with a wastewater pretreatment program will have to submit the one-time compliance report to the State Water Board. At this time, the state of California is preparing its form and process, which should be available online in the next four to six weeks. CDA will inform all members once it is available. Should you have questions, contact Teresa Pichay, CDA Practice Support, at 916.554.5990 or teresa.pichay@cda.org.

SDDS Area / Local wastewater contacts:

- Sacramento County: Sandy Delp (916) 875-6254 or (916) 709-3911; delps@sacsewer.com
- Cameron Park and El Dorado Hills: Ryan Rothwell, El Dorado Irrigation District, (530) 295-6876, ipp@eid.org
- Loomis, Newcastle, Penryn, Rocklin, and Roseville: Rich Stephens, City of Roseville, (916) 746-1882
- Davis: Pretreatment Program, (530) 757-5686
- Woodland: Pretreatment Program, (530) 661-2065

Those in other areas will need to wait for information from the State as indicated above.

MOUTH RASH MAY BE NEW SIGN OF SARS-COV-2

By Melissa Busch, Assist. Editor; DrBicuspid.com

A rash inside the mouth may be the newest symptom of Sars-CoV-2 infection, according to a research letter published online July 15 in JAMA Dermatology. The mucocutaneous lesions appeared in patients at a mean of about 12 days after other virus symptoms began.

While rashes on the skin have been reported previously as a symptom of the novel coronavirus and some evidence has suggested the infection causes oral ulcers, there has been no mention of enanthems. They present as small spots on mucous membranes, often in patients with viral infections. As a precaution, dentists may want to examine patients' oral cavities thoroughly for lesions or rashes prior to performing other procedures.

Read the full article at: www.drbicuspid.com

CE WAIVER

At this time a waiver of continuing education (CE) requirements for renewal has been granted for licensees as a result of Governor's Executive Order N-39-20. Licensees who are due to renew their license from March 31, 2020 through June 30, 2020 have been given a temporary six month waiver to complete CE units and have until September 30, 2020 to complete. There are no additional waivers related to renewals at this time.

TRANSPARENCY ADVISED WHEN ADDING COVID FEES TO CUSTOMER BILLS

Reprinted with permission from American Dental Association

Noting "a growing number of businesses are adding a 'COVID surcharge' to their bill" to help cover increased costs due to the pandemic, NBC News (7/21, Atkinson) considers "who should really foot the bill for these fees." The article states, "While it's understood that business owners are facing increased costs due to social distancing requirements, additional sanitization, and protective equipment for staff," customers have mixed reactions to the new fees. The ADA encourages dental offices to "disclose additional fees upfront to patients and to document these charges in the patient record." The ADA also said third-party payers should either "adjust the maximum allowable fees for all procedures to cover the increased costs of PPE or allow an additional standard fee per date of service, per patient." Anna Laitin, director of financial fairness and legislative strategy at Consumer Reports, also advises companies to be upfront about costs. "No matter what, under all conditions, companies should be very transparent about these fees," Laitin said.

The ADA offers interim guidance regarding coding and billing PPE, including a tracker for PPE support programs.

BACK TO PRACTICE

Guidance, resources and tools to help dental teams practice safely during the pandemic. **Visit: https://www.cda.org/Home/Practice/Back-to-Practice**

CDC GUIDANCE FOR DENTAL SETTINGS (UPDATED 6/17/20)

The CDC has shared interim guidelines for dental settings and continues to update the page. **To review/read the guidelines provided by the CDC visit: https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html**

EPA AND CA REGISTERED DISINFECTANTS DOWNLOAD

View and download the full list of EPA and CA registered disinfectants for use against novel coronavirus here: **https://bit.ly/3f5Bmsx**

What is Tooth Resorption?

By **Cliff Wong, DDS**
SDDS Member

Dr. Wong received his DDS degree from the University of Missouri, Kansas City in 1997, and MSD degree in Endodontics from Case Western Reserve University in 2003. He is currently in a private endodontic practice in Rocklin, CA.

As a dentist, resorption is a condition that is often seen on a radiograph. What exactly is resorption? Resorption is a state associated with either a physiologic or pathologic process resulting in a loss of dentin, cementum and/or bone. This pathologic process can occur within the root itself or on the outside surface which will then dictate the type of necessary treatment.

ROOT RESORPTION
Internal
1. Inflammatory
2. Replacement
External
1. Inflammatory
2. Replacement
3. Cervical
4. Surface
5. Transient Apical breakdown

Classification of Root Resorption

The two main types of resorption are thus, external and internal resorption. External resorption is initiated in the periodontium affecting the outer surfaces of a tooth. This type of resorption can be further classified as surface, inflammatory or replacement or by location - cervical, lateral or apical, and may or may not involve the pulp space. Inflammatory resorption by definition is an internal or external pathologic loss of tooth structure and possibly bone, resulting in a defect; occurs as the result of microbial infection; characterized radiographically by radiolucent areas along the root. Cervical resorption occurs in the coronal third of the root.

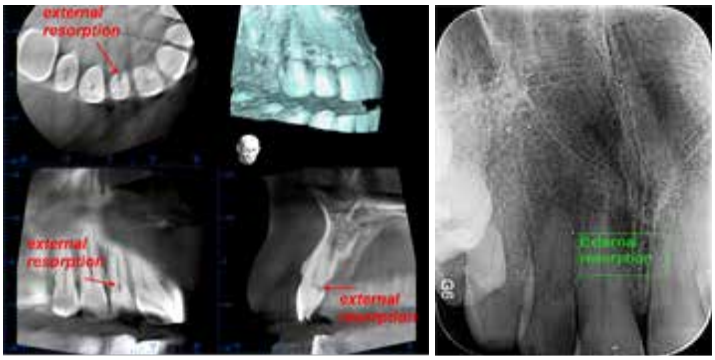
Transient apical breakdown (TAB) is an non-infected resorption of the apical portion of the root and adjacent bone. There are reports that TAB usually resolves within 12 months and is associated with moderate luxation injuries. This type of resorption is essentially an external inflammatory resorption occurring within a short time frame followed by repair.

Replacement resorption (ankylosis) is a pathologic loss of cementum, dentin and periodontal ligament with subsequent replacement of such structures by bone, resulting in fusion of bone and teeth. Surface resorption is a physiologic process causing small superficial defects in the cementum and underlying dentin that undergo repair by deposition of new cementum. Orthodontic tooth movement, impacted teeth, tumors and cysts can cause surface resorption.

Internal resorption is the second main type defined as an inflammatory process initiated within the pulp space with loss of dentin and possible invasion of the cementum. Internal resorption is a pulpally related problem that triggers resorption of the dentin from the pulp outward. The tooth often has a history of trauma or pulp cap. Discoloration may or may not be present. Pulp tests may indicate vitality or necrosis. The abnormal pulpal response results in dentinoclastic activity that generates an increase in the size of the chamber and/or canal space. The lesion is frequently well demarcated and often has distinct, clear radiographic margins. It generally can be easily distinguished from external resorption. In advanced cases, internal resorptive lesions can perforate the outer aspects of the tooth and may generate a localized periodontal problem that mimics external resorption.

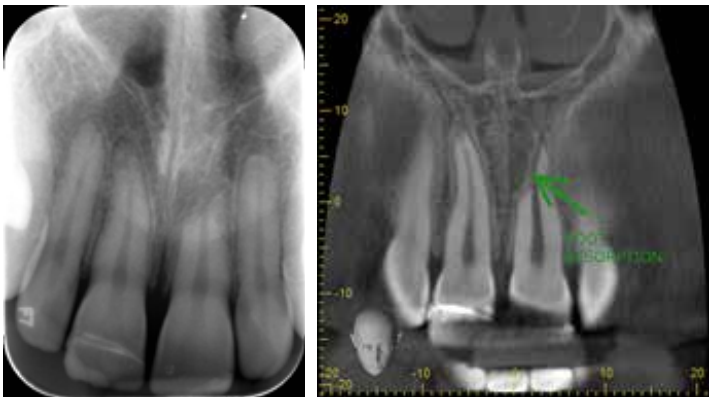
Once the resorption is observed on a radiograph, a CBCT scan will help identify the exact location and extent of resorption. A radiograph will not show the extent of resorption in the buccal or lingual dimension, even with multiple angled radiographs. Sometimes, anatomical structures such as the sinus will mask the resorption and making it

difficult to see the resorption clearly. Sometimes determining the type of resorption whether internal or external can be challenging with a radiograph so a CBCT scan would help in that regard. An accurate diagnosis is important in determining the proper treatment and long-term prognosis of the tooth in question. ■

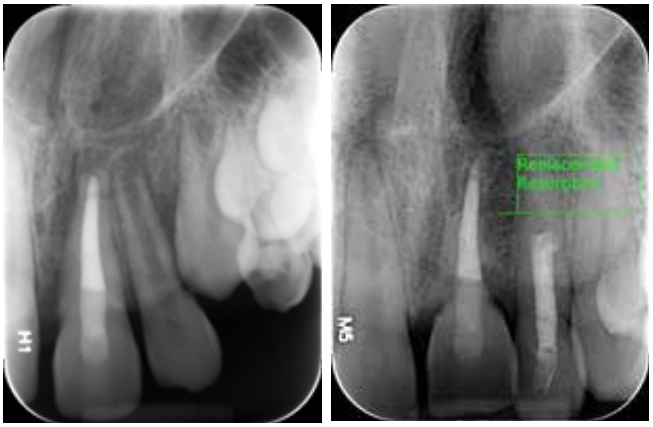


Radiogaph of External Resorption and the CBCT scan showing the exact location in the lingual cervical region of #10.

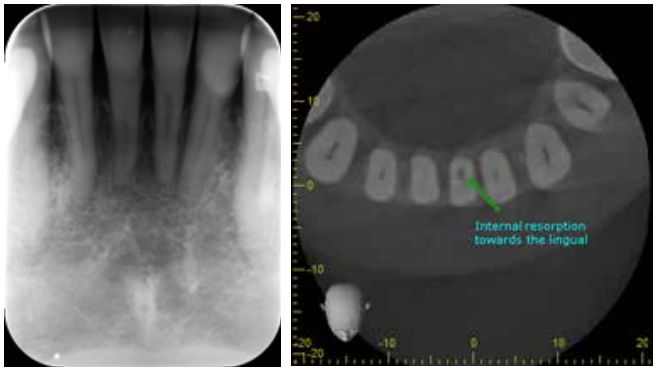
Radiograph of cervical resorption of #30 and the CBCT show the extensive resorption into the distal root.



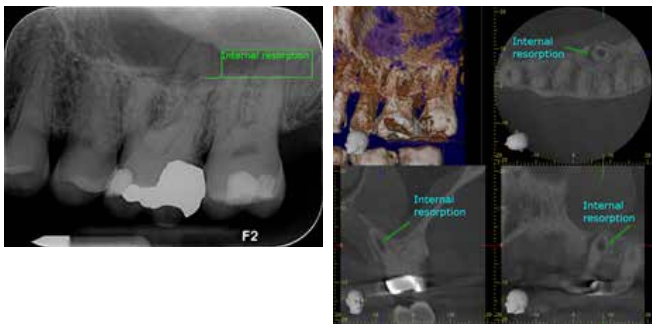
Transient apical breakdown from a traumatic injury.



Progression of Replacement resorption from the initial completion of endodontic treatment to 5 year recall.



Internal resorption at the midroot of #24. CBCT shows the resorption towards the lingual side of the canal surface.



Radiograph of #14 with the palatal root exhibiting midroot internal resorption as seen clearly in the CBCT scan.

Internal Resorption:

A CASE REPORT

By **John C. Fat, DDS, MS**
SDDS Member

Dr. Fat is a local Jesuit High School graduate. He received his DDS degree from the University of the Pacific, Arthur A. Dugoni School of Dentistry and obtained his MS degree in endodontics at the University of Michigan, Ann Arbor. Dr. Fat has an endodontic practice with Dr. Timothy A. Wong in Sacramento, and enjoys spending his free time with his wife and three kids.

How many times have you had a resorption case and found it difficult deciding whether to save or extract the tooth? The patient comes to your office asymptomatic with otherwise good-looking teeth, your friendly hygienist provides the patient's anticipated smile-saving teeth cleaning, and routine radiographs are taken. You then come in to perform your annual examination, chat about the kids and your patient's recent relaxing vacation to Hawaii, and everybody's in a great mood until... you see something kind of funny on one of the x-rays. You're wondering, "What IS that big mottled dark area inside that tooth?!" Are you now going to be the mean dentist that's going to tell your patient that she might need to have her tooth extracted? Maybe it would be better to just tell the patient there's something weird on the x-ray and refer the patient to your trusty endodontist, letting the specialist break the bad news.

Endodontists see these scenarios often, and we don't necessarily want to be the bearer of bad news either. Attempting to save a tooth with resorption presents many challenges to the dentist. First off, how do we arrest the resorption process? Second, how do we repair the area of resorption? Lastly, how can the tooth be maintained so it lasts long enough to make our efforts in retaining the tooth worth it to the patient? These were exactly my questions when I saw this patient whose treatment I wish to share with you.

Let's call my patient Mary, a 50 year-old healthy non-smoking white female. Mary presented tooth #30 with a history of a conservative occlusal composite restoration. Mary reported some mild pain in the gums with sudden swelling in the jaw occurring a few days prior to her visit to our office. Examination found tooth #30 to be testing non-vital while teeth #29, #31, and #32 tested vital. Radiographs revealed a periapical radiolucency and evidence of internal cervical resorption towards the distal of tooth #30 (Fig. 1). Periodontal pockets were 2 to 3 mm, however, we located intraoral and extraoral swelling buccal to tooth #30. The outer distal wall adjacent to the resorption clinically appeared to be intact with no tactile detection of an externally communicating defect. Diagnosis was tooth #30 with pulp necrosis, internal resorption with possible external micro-perforation, and chronic apical periodontitis with periradicular pus accumulation.

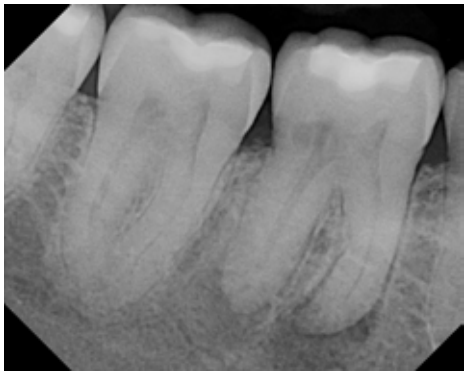


Fig. 1 (pre-op)

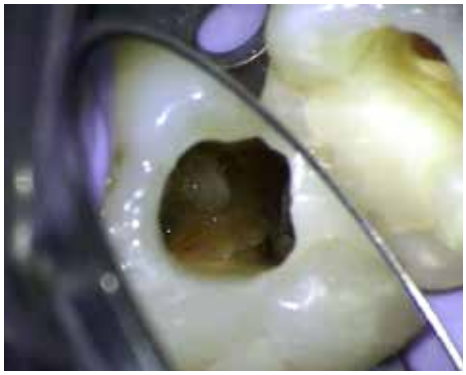


Fig. 2 (initial access revealing resorption in pulp chamber)

My initial thought was that the resorption process was already arrested since internal resorption requires vital dentinoclastic pulp cells to continue resorptive activity, and this tooth was non-vital. Therefore, my first goal was to remove the source of infection, which was the necrotic tissue within the root canal system and the resorped tooth structure. Under rubber dam isolation, we endodontically accessed tooth #30 and found the internal distal pulp chamber wall to have that classic layered porous look associated with internal resorption (Fig. 2). We found the pulp to be necrotic and cleaned the canals with hand and rotary files while immersing the internal space of the tooth with irrigants (5.25% NaOCl and 17% EDTA) that we mechanically activated with sonic and ultrasonic devices. Once the root canal system appeared clean with no drainage inside the tooth, we dried the root canal system and injected calcium hydroxide paste into the canals and pulp chamber, and placed a temporary filling in the access opening (some calcium hydroxide extrusion beyond the root apex was noted). We then incised the swelling in the buccal vestibule, evacuated copious pus, and curetted the periradicular bony void. We prescribed Mary a 10-day course of penicillin VK 500 mg. and allowed the calcium hydroxide to sit inside the tooth for one month to facilitate the disinfection of the porous areas of resorption (Fig. 3).

Mary returned one month later with all symptoms and swelling resolved. We then isolated and re-accessed tooth #30, removed the calcium hydroxide, and completed endodontic treatment using gutta percha, bioceramic sealer cement, and a warm vertical compaction technique. We placed a temporary filling in the access opening and instructed Mary to return to her general dentist for permanent restoration (Fig 4).

Mary returned to our office one year later for a follow-up, reporting on and off discomfort with tooth #30. A periapical radiograph revealed that the periapical bone had regenerated since the endodontic treatment was completed, however clinical examination revealed a small fistula in between teeth #30 and #31 (Fig. 5). Teeth #29, #31 and #32 tested vital, and a tracer placed in the fistula pointed to the cervical level of the root just distal to the area of resorption within tooth #30 (Fig. 6). CBCT imaging of tooth #30 revealed what appeared to be a perforating communication between the area of resorption and the periradicular tissues on the distal wall of tooth #30, allowing for a space where bacteria could accumulate (Fig. 7). Mary was given options to extract tooth #30, or make another effort to save tooth #30 by addressing the resorption more aggressively. Mary decided to make one more effort to try and save tooth #30. Upon return we re-accessed the pulp chamber and used a large round diamond bur on a handpiece, as well as a round-end diamond ultrasonic tip, to completely remove the resorption. Once the resorption was removed we could see under the microscope where the resorption was perforating the distal root wall at the level of the crestal bone. We placed ProRoot MTA throughout the former resorption site against the remaining thin distal wall, covering the perforation. We placed a moist cotton pellet directly over the ProRoot MTA to facilitate setting of this material, placed a temporary filling of IRM in the access opening, and instructed Mary to return to her general dentist (after allowing the MTA to set for 24 hours) for final restoration (Fig 8).

Continued on following page...

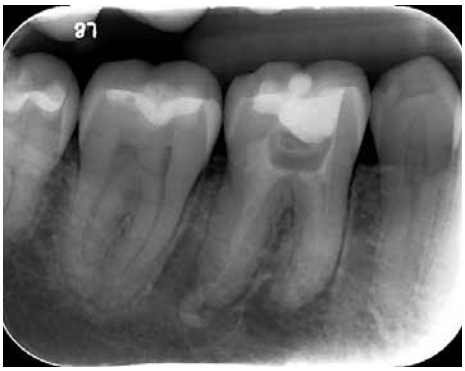


Fig. 3 (calcium hydroxide paste placed)

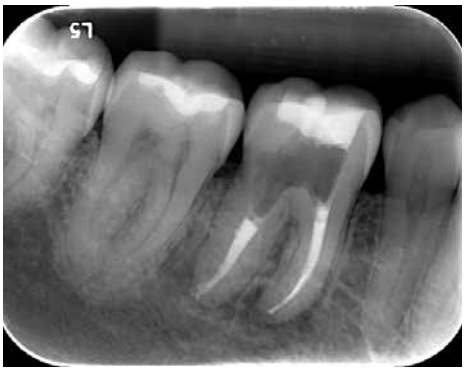


Fig. 4 (initial endodontic post-op)

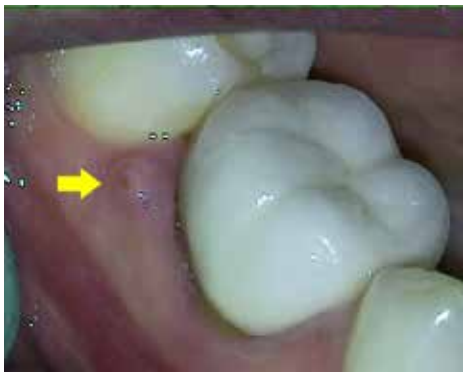


Fig. 5 (1y follow-up fistula)

Internal Resorption Case Report continued...

Follow-up examination at both 4 years and 7 years post-op revealed tooth #30 to be functional, asymptomatic, with 2 to 3 mm periodontal pockets, and with no signs of fracture or periradicular infection. The general dentist is considering replacing the crown, but is weighing the risk of disrupting the thin distal wall. (Figs. 9, 10, 11).

Originally it was not known that the internal resorption actually perforated out the distal wall. We did not take a pre-operative CBCT when we first saw this patient 7 years ago (Today, endodontists commonly take a pre-operative CBCT to help in diagnosis and mapping of the root canal system). Even with the eventual CBCT at Mary's 1 year follow-up, it took careful examination of the various image slices and adjustment of the contrast to see the suggestion of perforation. We knew that completely removing the resorption would leave a thin weak wall that would be prone to fracture. Therefore, our original thought was to leave some of the resorbed root wall as an empty scaffolding to allow for some structural strength for the distal portion of tooth #30. We could then just simply clean out the resorption as best as possible, complete the endodontic treatment, and let the general dentist isolate the area of resorption with a core buildup and a crown. But because the resorption actually perforated out the distal wall apical to where a crown margin could be comfortably placed, this created a means of communication for bacteria between the periodontium and the many intricate pathways within the resorptive defect. I've often described to patients that tooth resorption is similar to porous coral, with so many tiny holes and meandering micro-pipeways within a hard mineralized structure. Endodontists are looking into new technologies, such as vacuum-sealed sonic irrigation systems, to help the cleaning solutions penetrate further into these micro-pipeways as well as the root canal system in general. However, even if all the spaces were cleaned out, the ability to completely fill and seal these micro-pipeways remains a great challenge. In Mary's case, we ended up having to remove an extensive portion of the resorption-affected distal wall, and accepted that this remaining extremely thin side of the tooth would be at risk for fracture. Yes, we all could have pushed Mary towards extraction and implant placement. But what more would have been lost if we tried to save tooth #30 and failed? Extraction and implant placement would still have been an option. In this case, Mary was ecstatic that someone didn't give up, and was willing to expend the effort to save tooth #30, twice. By performing endodontic treatment, removing the resorption, and creating a solid sealed restorative block made of ProRoot MTA, composite core, and PFM crown, Mary still has a functional tooth with healthy periodontium, and is happily back to her routine annual visits with her general dentist, talking about their kids and fun vacations. ■

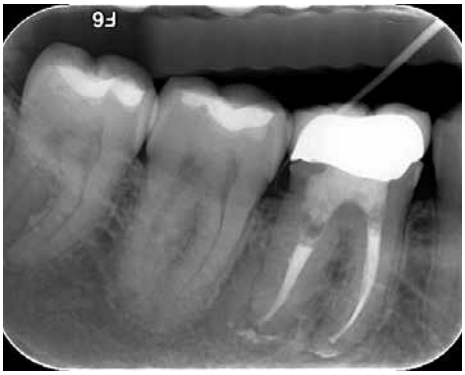


Fig. 6 (1y follow-up with tracer)

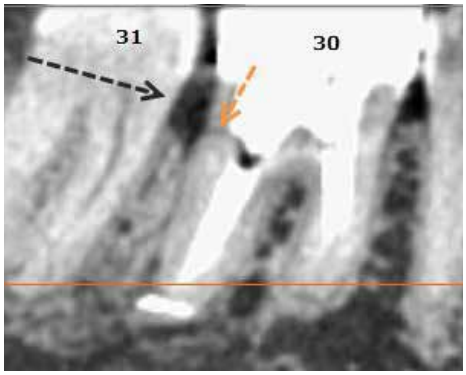


Fig. 7 (1y follow-up cbct)

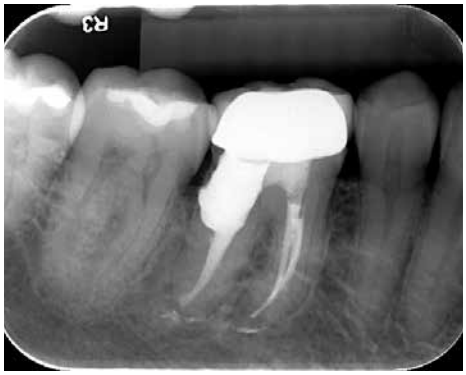


Fig. 8 (2nd endodontic post-op with resorption removed and perforation sealed)

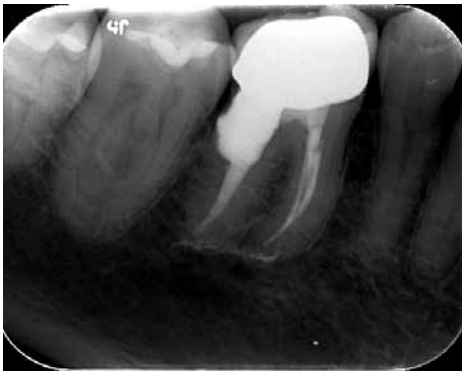


Fig. 9 (4y follow-up)

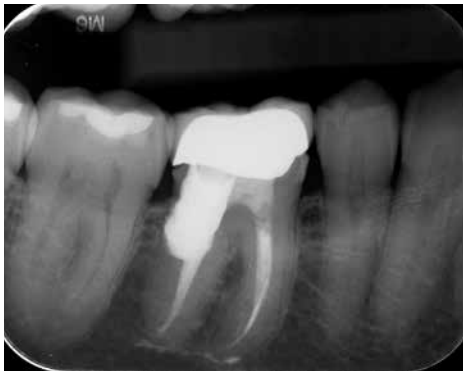


Fig. 10 (7y follow-up)

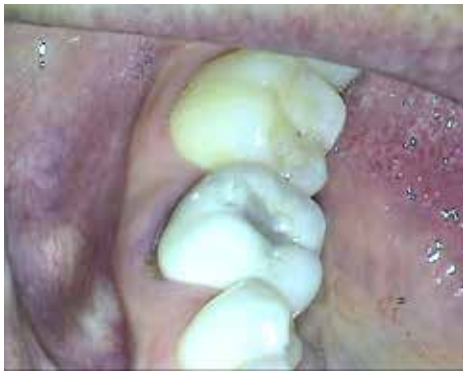
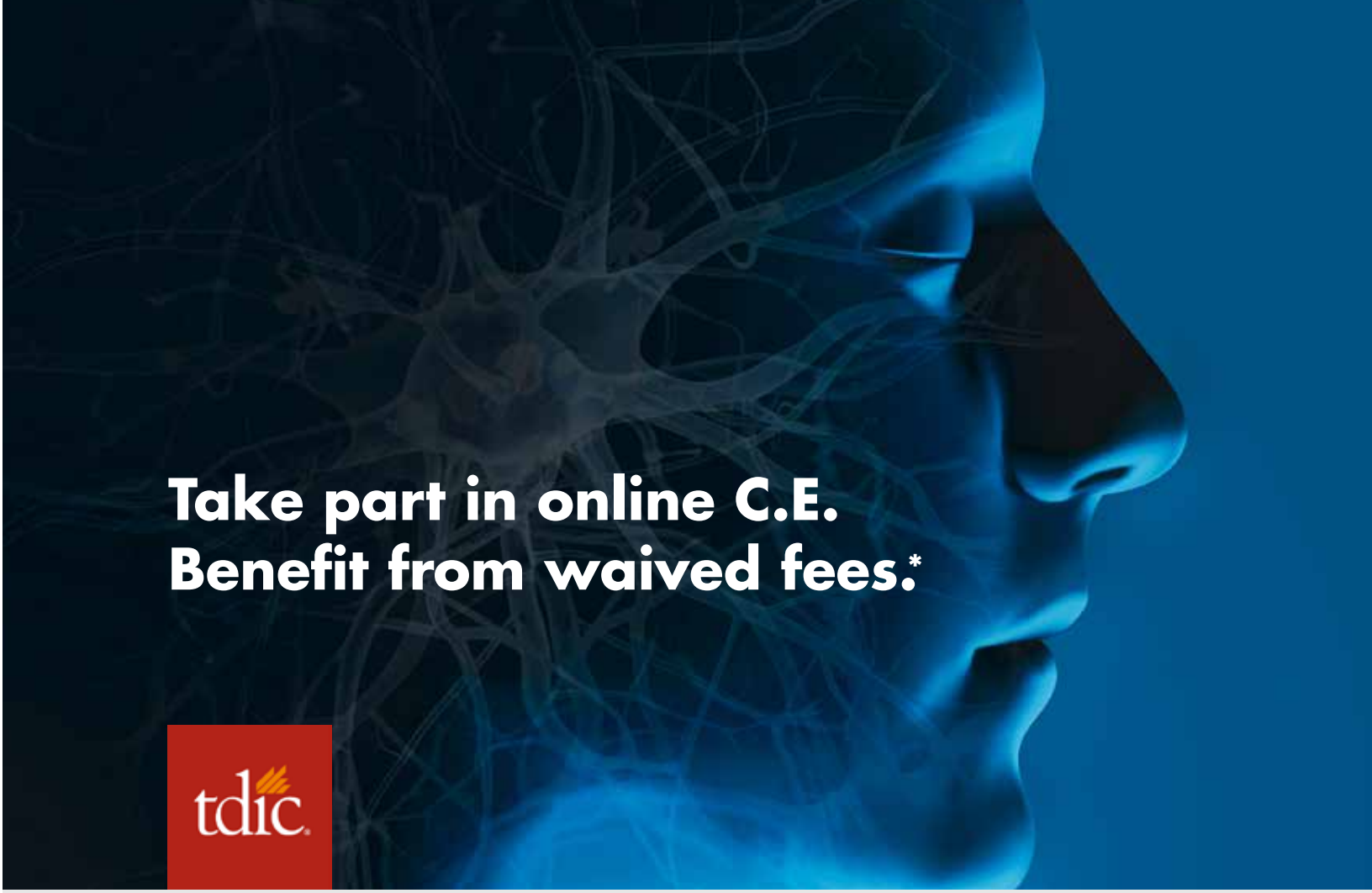


Fig. 11 (7y photo follow-up)



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Tooth Resorption and its Management

By **Sunny Young, DDS**

Dr. Young received his DDS degree from the University of California, Los Angeles UCLA in 2003 and completed endodontic residency training from UCLA in 2010. He is currently in a private endodontic practice in San Jose, California.

Tooth resorption in the permanent dentition is a physiologic or pathologic process causing loss of tooth structure. It is an uncommon dental condition that can result in extraction if not identified early.

Most tooth resorption cases are found during routine dental examination, but early detection and diagnosis are the key to treating tooth resorption. This requires us to gather and interpret the clinical and radiographic data to determine the best treatment approach. Tooth causes of resorption have been associated with pulpal necrosis, bleaching, dental trauma, surgery, orthodontic treatment, impacted teeth, and tumors.

Types of Resorption

Tooth resorptions are generally classified as either internal or external resorption. Periapical radiographs taken from different angulations provide information about the size and the location and type of resorption. Internal resorption cases normally appear as an oval radiolucency within the root canal system. When comparing angled radiographs, the radiolucent lesion remains in the same position relative to the canal. External resorption can appear very similar to internal resorption, or drastically different. This is dependent on the type of external resorption. With the development of CBCT scans, we are able to quickly determine the type, size, and location of resorption and develop a treatment plan to manage the root resorption. When a decision is made to save a tooth affected by root resorption, the priority is to remove the resorptive tissue and pulpal etiology to slow down or stop the progression of tooth resorption.

Internal Resorption

Internal resorption usually goes unnoticed because the affected tooth is asymptomatic. The pulp tissue remains vital unless bacteria enters the pulp chamber. The stimulating factor for internal resorption is the blood supply to the resorbing tissues and pulpal pathology. The treatment goal is to remove all the resorptive tissue from the root canal system through biomechanical preparation of the canals and the use of tissue solvents. The difficulty in treating internal resorption cases is the removal of all the inflamed pulp tissue and pulpal infection where the resorption defect is located. Calcium hydroxide has shown to be an effective intracanal medicament in decreasing the bacteria in the root canal system. When internal resorption perforates through the external root surface, an adjunctive surgical treatment may be needed to repair the resorption defect. Obturation of the canals at the site of the internal resorption is challenging. The obturation materials commonly used are either gutta percha with sealer, bioceramic repair putty or Mineral Trioxide Aggregate (MTA). MTA is a great obturation material for areas of internal resorption with concerns of possible external resorption, but MTA can be a difficult material to handle for obturation of canals.

External Resorption

External resorption can be very similar to internal resorption in that they also tend to be asymptomatic. External resorptions are further classified as:

1. External surface resorption - self-limiting and transient and require very minimal to no treatment.

2. External replacement resorption - associated with severe dental trauma such as intrusion, luxation, or avulsion. These cases typically have been endodontically treated. If external replacement resorption occurs, ultimately, these teeth will need extraction.

3. External inflammatory resorption - is in response to non-vital plural tissues. The pulpal pathology is the stimulus to the inflammatory resorption. Removal of pulpal tissues through biomechanical preparation of the canal and the use of tissue solvents is recommended. The use of calcium hydroxide as an intracanal medicament helps control pulpal bacteria contamination and the inflammatory resorption. Obturation of these cases are similar to the obturation of open apex cases.

4. External invasive cervical root resorption - relatively rare. The radiographic appearance of external invasive cervical root resorptions depends on the severity of the resorption. The location is near the cervical portion of the root. These teeth usually test normal in a pulp vitality test.

The option to save or extract the tooth must be carefully evaluated as these cases can have a poor prognosis. If the tooth is deemed savable, then root canal therapy is performed and resorption defects can be surgically repaired with either a glass ionomer, bioceramic repair putty, Geristore or MTA. ■

PERIODONTAL CONSIDERATIONS FOR

Surgical Intervention of a Resorption Lesion

By **Khalid Rasheed, DDS**
SDDS Member

Dr. Rasheed completed his dental degree from the University of California San Francisco and pursued a specialty in periodontics at the Oregon Health Sciences University. He is a diplomat within the American Board of Periodontology. Dr. Rasheed is a partner at Capitol Periodontal Group and practices in Sacramento, Roseville, and Elk Grove. Dr. Rasheed enjoys the outdoors and is an avid martial arts enthusiast, achieving a second degree black belt in Tae Kwon Do.

Upon confirmation of potential salvageability of a tooth, a methodical plan to address the resorption with a combination of endodontic and periodontal measures needs to take place.

From a surgical standpoint it is important to take into consideration certain anatomical landmarks as well as potential cosmetic ramifications by elevating a flap. It goes with basic surgical principles to make sure an appropriate flap with certain dimensions is elevated to ensure uneventful healing. Assuming all these considerations are taken into account, the flap needs to be elevated which fully exposes the defect. In nearly all cases, a mucoperiosteal, or full thickness flap (FTP) needs to be elevated. A partial thickness flap will leave periosteum intact and make accessing the resorption defect more difficult, as well as potentially masking some of the granulomatous tissue borders. Raising a FTP will enhance visibility for better defect assessment. My personal preference is to have the defect exposed with a minimum of 3mm clearance of sound bone from the defect circumferentially. I find that once I start degranulating, the defect may extend much farther than it may initially appear. The 3mm recommendation may not always prevent you from elevating the flap further, but it will give you enough room to make peri-operative decisions. Once the granulation tissue is debrided completely, I prefer to remove all rough edges of the bony defect with a diamond round bur to facilitate a biological favorable wound/border for healing. The endodontic therapy would then be initiated at this point (which I can't comment on!) Once the endodontic therapy is complete, we would want to consider osseous grafting and closure.

Appropriate root modification techniques (see Mariotti Ann Periodontol. 2003 Dec;8(1):205-26.) would then need to be considered for bone grafting. Bone grafting can then be initiated after root modification. Fill the defect appropriately while condensing and using a cell occlusive membrane. Most endodontic literature will not necessarily advocate bone grafting, but rather cleaning the defect out and flap closure. At this time point, suture appropriately to ensure primary closure. Appropriate post operative measures and care needs to be taken into account during the initial phases of healing. ■

Controlling Aerosols
Created During Dental Procedures

Submitted By **David H. Roholt, DDS**
SDDS Member

In March of 2020, dental offices received notice from the CDA requiring we close due to the Covid-19 pandemic. On April 14, 2020 in order to reopen our offices, the CDA and the CDC required that dental offices "...must have a way to eliminate, reduce or contain aerosols." As dentists, the majority of procedures we do generate aerosols, therefore the CDA/CDC requirement left many questions of how to reopen properly. We upped our level of PPE, but more needed to be done because dentists, hygiensts and dental assistants are considered to be in the Very High Risk category due to the amount of aerosols generated during treatment; and all aerosols have the potential to contain harmful bacteria and viruses. Many doctors and their staff searched the internet for additional ways to protect themselves and their patients. Aerosol elimination is nearly impossible leaving the only viable option: REDUCTION.

There are many ways to aid in the reduction of the aerosols we generate. Some of the methods we should all be incorporating are having patients pre-rinse with a disinfectant, incorporating rubber dams, using the HVE during all aerosol producing procedures and running HEPA filter air purifying machines throughout the office. At the point of generation, aerosols do however sneak by any and all of our methods of reduction. So how do we reduce point of generation aerosols? Reconfiguring our offices with negative pressure rooms is not feasible. Dental operatories are typically open bay designs and therefore cannot function as negative pressure rooms.

In a 2005 journal paper, R. Teanpaisan, et. al., outlined the use of Modified Extra-Oral Vacuum Aspirator (EOVA) suggesting that a modified vacuum cleaner can be an effective way to achieve a statistically significant reduction of bacterial containing aerosols during dental procedures. Products such as these with heavy duty vacuums, articulating arms and large cone nozzles placed near the patient's face are available from many manufacturers. Although effective, having a large rolling vacuum with a scary, articulating, robot style arm with its visible cone end positioned in front of the patient's face can add to an already stressful event. It's likely to cause claustrophobia in the patient and it definitely prevents them from being able to sit up suddenly, if necessary. Other devices that utilize existing HVE in the operatories are limited, as HVE systems typically have approximately 8 cfm of airflow. This works when positioned perfectly, but when even slightly out of position, they are ineffectual in reducing aerosols. Additionally, opening up multiple HVE suctions in an office can severely decrease the amount of suction for the entire office system and can limit their effectiveness even more.

A new device, AeroSol Away, solves the problems inherent with the other evacuation or filter systems. It utilizes a heavy duty, dual motor vacuum, combined with a True HEPA filter that eliminates 99.95% of bacteria and viruses to 0.3um. The unit is very quiet due to the built in muffler and insulation system. With 150cfm surrounding the oral cavity, the negative pressure results in aerosols, vapor, splatter and even droplets being sucked into the nozzles. In a small treatment room (10' x 12' 8' high = 960cf) it can turn over the air in approximately seven minutes! It is designed to be easily installed to the back of the dental chair which makes it always ready for patient treatment at the touch of the remote switch. The two, custom designed, contoured vacuum nozzles are positioned on both sides of the patient's face, out of their line of sight. The nozzles create a zone of negative pressure all around the oral cavity pulling the aerosols away from DHP before they spread around the office. The unit maintains full use of the dental providers work area and it's low profile design retains the patient's personal space and allows for ease of patient movement. Because the vacuums pull from the oral cavity and the surrounding air, the direction of flow is away from dentists, assistants and hygienists therefore providing a safety zone in their working areas. ■

For more information visit www.aerosolaway.com. For specific questions Dr. Roholt can be reached at drroholt@pier210dental.com

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CDA Major Issues and Priorities 2020

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California Dental Association

1. COVID-19's Impacts on Dentistry

Dental Plan Provider Network Stabilization

CDA continues to urge Governor Newsom and legislators to protect access to dental care in their response to the COVID-19 pandemic. Approximately 97% of California dental offices completely closed or were only seeing emergency patients from March through May. Now that dental practices are reopening, they are facing significantly increased overhead costs combined with decreased patient volume due to strict COVID-19 safety guidelines (additional personal protective equipment (PPE), heightened infection controls and physical distancing of patients). According to the most recent survey data, nearly one-third of dental offices in California are seeing less than 50% of their typical patient volume. The high cost of PPE is exacerbated by extreme scarcity due to supply chain disruptions that have led to price gouging by some suppliers. Meanwhile, dental benefit plans continue to collect millions in premiums from employers and enrollees throughout the crisis. CDA is asking the legislature to require that dental plans:

- Provide a $25 minimum PPE payment per patient, per visit through the end of 2021
- Extend 2020 annual plan maximums through the end of 2021 to allow enrollees to receive some of the dental care they were unable to receive during shelter-in-place restrictions

With the state facing the possibility of widespread closures of dental practices, dental plans must be called on to share in the high costs of additional PPE, without which dental care is not currently possible. This proposal is targeted, time-limited relief that will help keep provider networks intact and prevent massive disruption to dental care access in California.

COVID-19 Testing

CDA is also working with the Legislature to ensure that once reliable rapid testing technology is available, dentists can obtain and use COVID-19 test kits to identify asymptomatic patients and route them to the appropriate venue for care, obtain all applicable lab licenses and receive reasonable reimbursement for administering tests.

2. Proposition 56 and the Medi-Cal Dental Program

In the midst of a global health care crisis, the 2020-21 state budget preserves critical safety-net health care funding in the Medi-Cal dental (Denti-Cal) program. The COVID-19 pandemic has led to significant revenue losses for California's economy, and Governor Newsom laid out a budget proposal in May that slashed billions of dollars to close a $54 billion deficit. Included in these cuts were reduced Medi-Cal adult dental benefits, cutting provider reimbursement rates by 40% and eliminating other recently restored adult Medi-Cal benefits. CDA, with support from thousands of members who participated in our grassroots efforts, successfully advocated for the preservation of adult dental benefits, Proposition 56 supplemental payments and the CalHealthCares student loan repayment program. Proposition 56 funds have led to a steady increase of over 1,500 newly enrolled Medi-Cal dental providers since 2017, after decades of declining participation. The cuts proposed by the governor in May would have resulted in a significant rate cut to dental reimbursements and worsened the damage already done to Medi-Cal dentists as a result of the pandemic. CDA will continue to work closely with the Legislature and governor's office to protect the Medi-Cal dental program as the state's budget situation develops.

3. AB 1998: Direct-to-Consumer Orthodontic Protections – Support

AB 1998 by Assemblymember Evan Low (D-Silicon Valley) builds upon direct-to-consumer (DTC) orthodontic consumer protections in last year's dental board sunset review bill by:

- Refining diagnostic record requirements for orthodontic treatment
- Codifying dental record retention requirements
- Further defining at what point during treatment a patient must be given contact information for their treating dentist
- Expanding the prohibition for any person, including an employee, to enter into a contract that limits their ability to submit complaints to a regulator
- Establishing explicit rights to request copies of any documents signed by a patient

Providing dental care that involves the movement of teeth without a proper evaluation can lead to serious patient harm, including loose or cracked teeth, bleeding tongue and gums, gum recession or a misaligned bite. With the emergence of new DTC business models offering various dental services that are ordered without an in-person clinical examination, it is imperative that dental treatment continues to meet a uniform standard of care regardless of whether a dentist provides treatment through telehealth or in person. CDA continues to advocate for consumer protections which ensure that DTC orthodontic business models have the same level of dentist oversight and patient safety as the virtual dental home model and in-person dental care.

4. MICRA Repeal Ballot Measure – Oppose

The Medical Injury Compensation Reform Act allows injured patients to receive unlimited economic damages for all past and future medical costs, lost wages and lifetime earning potential. MICRA also allows up to $250,000 in noneconomic damages and includes a limit on attorneys' fees, stabilizes liability costs and reduces incentives for frivolous lawsuits against health care providers. A group of trial lawyers have qualified a ballot measure for the November 2022 election that would essentially eliminate the MICRA's protections. This measure would undeniably raise health care costs and reduce access to care for those who need it most, including people who use Medi-Cal, county health programs, safety-net providers and school-based health centers.

CDA is part of Californians to Protect Patients and Contain Health Care Costs, a broad coalition including physicians, nurses, hospitals, safety-net clinics and other health care providers who are committed to fighting this initiative.

5. AB 2164: Improving Access to Care Through Telehealth – Support

CDA is supporting AB 2164 by Assemblymembers Robert Rivas (D-Hollister) and Rudy Salas (D-Bakersfield) this year to facilitate access to dental care through telehealth, specifically in federally qualified health centers using the virtual dental home model. This bill clarifies that an FQHC can establish a new patient and bill for a virtual dental home visit when a billable Medi-Cal provider employed by the FQHC supervises or provides the services for the patient via telehealth either in real-time or with store-and-forward technology. Recent guidance published by the Department of Health Care Services would significantly hinder the continuation and expansion of virtual dental homes in FQHCs. CDA was a co-sponsor of previous legislation that authorized the virtual dental home model and supports its continued use to increase access to care among some of the most vulnerable populations in California.

6. SB 653: Dental Hygienists – Support

CDA is supporting SB 653 by Sen. Ling Ling Chang (R-Diamond Bar), which will permit registered dental hygienists to apply fluoride varnish without the supervision of a dentist. It will also allow RDHs to provide services in medical offices through the virtual dental home model of care and in a larger variety of public health programs. Additionally, this bill expands the settings where registered dental hygienists in alternative practice can provide local anesthesia and soft tissue curettage when following specified safety protocols, including the collaboration of a dentist, in order to increase access to dental care in underserved areas and populations throughout California. SB 653 is the result of significant negotiations and collaboration efforts between Sen. Chang, CDA and the bill sponsor, the California Dental Hygienists Association.

7. SB 793: Flavored Vaping/ Tobacco Ban – Support

CDA supports SB 793 by Senator Jerry Hill (D-San Mateo) which will prohibit the sale of flavored tobacco products, including electronic cigarettes, in California. Flavored products, especially e-cigarettes, have the potential to reverse years of decline in tobacco usage in the state. Of greater concern is the alarming rise in vaping and e-cigarette use among youth, who often use these flavored nicotine-filled products. According to the California Department of Public Health, youth who would otherwise not have smoked cigarettes or used other tobacco products are still choosing to use flavored, electronic smoking devices. While research is still in process on vaping devices, we know that traditional tobacco use is estimated to account for over 90% of cancers in the oral cavity and pharynx and represents the greatest single preventable risk factor for oral cancer. It also contributes to periodontal disease, heart disease and other cancers of the body.

8. Dental Plan Transparency

Over the past several years, CDA has worked to improve transparency of dental plans for dentists and consumers. AB 1962 (2014) required commercial dental plans to annually disclose to the state how much premium revenue they spend on patient care versus administrative costs, which is known as a dental loss ratio (DLR). The reported data show a wide range of premium revenue spent on patient care, with a quarter of all California dental plans spending less than 50% of premiums on care and some plans even falling below 10%. SB 1008 (2018) built upon this by requiring all dental plans to use a uniform matrix to disclose their benefits directly to consumers, similar to the one used by medical plans. This provides plan beneficiaries with a uniform summary of plan details, including covered services, reimbursement levels, estimated enrollee cost share, limitations and exceptions. In 2019, CDA successfully sponsored AB 954 (Wood, D-Santa Rosa) which requires dental benefit plans to be more transparent about the common practice of "leasing" access to a network of contracted dentists from another dental benefit plan to provide clarity for patients and providers, reduce confusion and help preserve trust in the dentist-patient relationship. These transparency measures help level the playing field for consumers and providers, are consistent with standards that apply to medical plans and help hold dental plans accountable for how they spend premium dollars. ■

Updated July 2020

PDF Commercial Real Estate Services

— Basics of — Commercial Leases

Submitted By **Paul Frank, Founder & CEO; PDF Commercial, Inc.**
SDDS Vendor Member

PDF recently conducted a webinar for SDDS. In that webinar, we briefly touched on several topics concerning commercial real estate, including commercial lease structures, CAP rates on investment properties, and commercial financing.

Although seemingly the most straightforward of topics, other than 1031 Exchanges, lease structures is the topic that I am most often contacted about. The commercial brokerage world consistently uses terms such as 'Full Service,' 'Gross,' 'Modified Gross,' 'Industrial Gross,' 'Double Net,' 'Triple Net,' etc.… with the assumption that those terms are universal. The reality is that there is no absolute definition for any of these terms. I advocate for our agents, clients and friends to always question the structure behind the term used to describe the offering. It is the lease document that defines the terms of the lease, not the term used to describe it.

However, there are generally accepted extremes that reside on each end of the lease structure continuum. Those extremes are Full-Service on the one end and an Absolute Triple Net on the opposing end of that continuum. We will briefly address these two extremes.

With a Full-Service lease, there is one payment made by the Lessee (Tenant) to the Lessor (Landlord.). The Lessor will then pay from that single payment amount any and every cost associated with the property. This includes property tax, insurance, janitorial, property management, repairs, maintenance, utilities, etc. This structure provides a moving target for the Lessor in terms of the NOI (Net Operating Income) generated by the asset. This is due to the fact that the Lessor must absorb fluctuations in costs, as well as increases in items such as property taxes and insurance. This Full-Service structure is preferred by tenants as the cost of occupancy is an absolute, with no fluctuations.

With a Triple Net (NNN) lease, in most cases, there are two monthly payments made by the Lessee: the 'Base Rent' and the 'NNN estimates'. There are three components to Triple Net expenses: Property Tax, Insurance and Common Area Maintenance (CAM).

The NNN's are usually estimated and each month that estimated figure is provided along with the Base Rent. At the end of the year the NNN's are reconciled by the Lessor or Property Manager. Once reconciled, one of three things occur - 1) the estimate was exact with the reconciled expenses; 2) the estimate was low and the Lessee owes the Lessor the difference between the estimated costs and actual costs; or 3) the estimate was high and the Lessor owes the Lessee a refund for the reconciled difference. In a NNN lease structure, the Base Rent is the NOI as the Lessee pays any and all operating expenses. Therefore, there are no fluctuations in the performance of the lease, and for this reason, the NNN structure is preferred by investors.

With that said, there are innumerable lease structures that sit between these two extremes. Again, in all cases, the lease is defined by the terms contained in the lease document and not by the title it is given. ■

The team at PDF is here to help our SDDS partners. *With over 30 years of experience in all areas of real estate including development, construction, brokerage and property management, we hope to be a resource for you. We are happy to answer any of your real estate questions.*

We also provide multiple classes on topics such as 1031 Like Kind Exchanges, Investment Analysis, Development, Commercial Lending Structures, Cap Rate Analysis, Sale-Leaseback Strategies, and many others. Should you have any questions, please email or call us, we are eager to assist.

ENDO-PERIO COURSE COMING UP SOON!

The Endodontic-Periodontal Problem: Treatment Integration 5 CEU, Core • $250
Presented by Bernice Ko, DDS and Todd Yamada, DDS, MS
Sponsored by Geistlich Biomaterials and XDR Radiology

The key to successful dental treatment is understanding the complex and dynamic interaction between endodontics and periodontics. This course will explore periodontal and endodontic treatment modalities to enhance outcomes including: diagnostic dilemmas, endodontic surgery in the esthetic zone, tooth resection, managing root fracture, resorption and perforations, regenerative surgery, ridge preservation and augmentation upon tooth extraction, implant restoration.

Friday, September 25, 2020

8:00am • Registration
8:30am – 1:30pm • Class
SDDS Classroom

Head to sdds.org to get signed up for the class today!

The Quandary Quarterback—
(quan·da·ry: "a state of perplexity or doubt")

Monthly compliance advice that empowers you and your team

Dear Quandary Quarterback,

Q: Each member of my clinical team has an assigned operatory depending on whether they are restorative or hygiene. We held an OSHA and infection control staff meeting right before we re-opened and it was apparent that each assistant and hygienist felt that their way to clean/prep their ops and process their instruments in the back was the best, yet none were exactly the same, and no one could tell me where these protocols were established. Can you provide some guidance? *Signed - a frustrated DDS*

A: It may help you to lower your level of frustration to know that consistent application of compliance protocols has been a decades-long misfire in many dental practices, especially when the team starts feeling comfortable with the day-to-day routine.

The absolute "best practices" approach to establishing a routine set of standards for operatory asepsis is to begin with the Dental Board's Infection Control (IC) Regulations, conveniently located on the CDA flip-chart poster set you obtained from SDDS. Three specific regulatory requirements are key to your quest for consistency which you can pull, review and utilize in retraining your team:

Utilization of standard precautions: Establishing a single standard for handling every aspect of your disinfection, instrument handling, and sterilization practices will ensure that every team member is using a singular protocol; once established, this singular protocol is the only protocol to be followed no matter what.

Pre-cleaning prior to any disinfection or sterilization activity: All surfaces, items and devices that are to be disinfected or sterilized are required to be pre-cleaned using a chemical agent manually or an enzymatic agent mechanically prior to disinfection or sterilization activities. This is where we see deficiencies every day in practices whose team members simply "wipe and walk" and do not utilize the surface disinfectants accurately; nor are the instruments and devices placed into the ultrasonic being properly cleaned PRIOR to placement in the sterilization unit, whereby dental materials and bioburden still remain after only a few minutes in the ultrasonic rather than the full 15-minute cycle. Regardless of the mechanical cleaning, however, a key to achieving instrument processing success is chairside wiping down of instruments at the point-of-use and before transport to the central area for processing. This is a critical step, when handled properly, to ensuring instruments are handled successfully.

Germicides are to be used in accordance with intended use and label instructions: This is another extremely weak spot in dental offices. Where inconsistencies exist between staff members in how they are processing instruments, handling operatory cleaning and disinfecting or their use of PPE, an investigator from the Board will look at the disparity and conclude that in-office training is not occurring often enough to ensure these protocols and procedures are reviewed regularly to secure consistency, clarity and compliance.

Now that you have the regulatory language in three key areas pertaining to your frustration, let's bring some education to the team as to why these requirements exist and how your team can use them to establish a consistent set of practices. Here are some key points to address:

One – When a germicide is researched and reviewed to establish efficacy, the label must preclude with a mandatory cleaning process prior to disinfection, then the label must identify the specific process necessary to reach viral kill within the lab-tested time line, with the expectation that the operator will use the product as labeled, for the intent the product was chosen, and in accordance with all OSHA standards for personal protective equipment during use. Let's look at what our germicide of choice is, what the label instructions direct us to do when using the product, and make sure that every team member is following those directions perfectly.

Two – Our State Board regulations are clear as to the type of PPE to be worn during disinfection and sterilization protocols in addition to other tasks. When we see an assistant or hygienist wearing regular medical examination gloves rather than the mandated chemical-resistant utility gloves (look at your IC regulations), then you already have a problem in setting the singular standard you seek, followed by a lack of adherence to the label instructions for disinfecting the surfaces, items and devices. To grab a Caviwipe, for example, with or without a proper glove, and wipe down a room following break-down and then walking away as if to call that action "disinfecting" is not adhering to the regulatory requirements for use of a germicide.

Three – Finally, get some balance between what is going to be covered with an impervious barrier and what is not. This is another firm point of clarification when right-setting that will help get your compliance protocols firmly planted.

Begin step-by-step: Educate, re-establish your precleaning, disinfecting and sterilization procedures, and adopt a system of checks-and-balances to ensure everyone is performing consistently. The singular standard that you seek, and the consistent application of that standard, will become common practice when education and reinforcement become a fundamental part of your business operations.

- The Compliance Expert

YOU
THE DENTIST, THE EMPLOYER

YOU ARE A DENTIST. You are also an employer. Employee evaluations, hiring and firing, labor laws and personnel files are an important part of that. This monthly column, will offer current employment law information pertinent to you — the dentist, the employer.

MEMBER BENEFIT!

SDDS HR Hotline
NEW EXCLUSIVE NUMBER
FREE TO SDDS MEMBERS!
888.784.4031

Politics and the Workplace

By **California Employers Association**

Recently an SDDS member gave us a call on the hotline and said, "an employee just showed up with a "Black Lives Matter" face mask, do I have to let her wear it?"

The quick answer is no. California law has broad protections on political speech. However, political materials in the workplace can be governed by employer policy. Signage, clothing and other items that individuals may use to communicate a protest message may be prohibited from the workplace. Review your policies (dress codes, office décor, and employee conduct) to ensure the policy language addresses such materials and does so consistently. For example, you may ban clothing with words on it, but you cannot ban clothing based on specified political views. Because political views are not protected under FEHA, you can say "we don't discuss any politics unless specifically related to the company mission or goals" and leave it at that. Many employers seek counsel if they wish to limit expression in the workplace to ensure all bases are covered.

COVID-19 fears, increased remote work, government protests, civil rights rallies, and marches have created a heightened stress level for many. As employers, navigating these emotionally charged matters while following applicable laws and regulations is difficult and yet critical to creating a healthy work culture. Read on for answers to some of the questions we've recently received on our Human Resource hotlines about marches, protests, and rallies.

Is Free Speech Protected in the Workplace?

First Amendment rights to free speech do not apply in private workplaces. However, employees in California do have the right to talk about possible unlawful conduct in the workplace. Employees may also complain about harassment, discrimination, workplace safety violations, and other issues. Employees do not have the freedom or right to express racist, sexist, or other discriminatory comments in the workplace.

Do I Have to Allow an Employee to Take Time Off to Attend a Protest?

No, neither state nor federal law requires employers to provide time off to employees who wish to attend a protest. Follow your policies and procedures for a time off request to protest the same as you would for any other time off request. Do you normally require advanced notice? Do you sometimes deny a request for time off if it will negatively impact your operations? If so, the same would apply in these circumstances.

Should We Allow Employees Who Participate in Protests to Return to Work, Amid COVID-19 Concerns?

What is your policy right now when an employee takes a week of vacation and tells you that they are going to a family reunion in Las Vegas? Asking an employee about lawful off-duty conduct and/or denying work due to such conduct could be very problematic. Refer to your Site Safety Plan and follow other current internal practices regarding COVID-19 infection in the workplace regardless of the employee's participation in small or large protests. Consider a general policy for addressing off-duty conduct in relation to COVID-19 unrelated to the actual activity. Example: If employees engage in activity that involves a lack of social distancing or groups of people in excess of what local guidelines allow, we will ask them to stay home for a specified period based on current CDC guidelines. Another idea is to allow employees to take paid time off or work remotely after engaging in any activities or vacations where social distancing isn't observed.

Can I Discipline an Employee Who Calls in Sick, but Instead Goes to a March?

Employers may discipline any employee who violates internal attendance or leave policies when done so consistently. For example, if an employer would discipline an employee who called in sick, but was actually out fishing that day, they should follow the same procedures if an employee called in sick and was later found to be at a march, protest or rally instead. ■

Every situation is unique. If you have questions, call the SDDS HR Hotline *powered by CEA at 888-784-4031 and ask for one of our HR Advisors to discuss your situation.*

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ACCESS DENTAL

> There is nothing stronger than the heart of a volunteer. With it beats the spirit of service, generosity and compassion...and the health and well-being of our community, our country and our world.
>
> - Kobi Yamada

Committee Meetings

As we move toward the last quarter of this very extraordinary year, the SDDS Committees have been challenged with schedules, their own practices, COVID related issues, employment issues and much, much more.

Thusly, many committee meetings and projects have been put on hold. Starting in March, our strategic plan will more than likely be extended for another year (currently a 3 year plan).

Quite honestly, our SDDS office and operations have been paddling up and down the river of COVID, trying to maintain most member benefits, programs and all things important to this organization and, more importantly, to you, our member. We have tried to bring you the most updated information and resources and have kept you informed along the way.

What will happen in the next 6 months is still very unsure. Will schools open up, even partially? If not, when? Will employees be working from home in the business world? Will day care options affect your employee profile? What will dentistry look like 6 months from now? Will your well being and mindset continue to be challenged?

With all that in mind, SDDS is adapting to this "new normal" along with you. In this vein, all committee meetings for the time being will be conducted via Zoom. The work of our valuable committees is too important to put off indefinitely. Committee members, watch your inbox for your ZOOM invites! Your Executive Committee has been successfully meeting throughout the summer via Zoom and continuing to get things done!

SDDS continues to be here for our members. We will continue to anticipate the needs of our members. We will continue to "stay the course" – but we will always reevaluate our priorities and be flexible based on the current COVID considerations. ■

Calling all Veterans!

We're updating our member Veteran list for a future issue of the *Nugget*

★ If you served, please let us know what branch, location and years you served.

★ If you have a story to share, we'd love to publish it in the *Nugget*.

Send all information to SDDS@sdds.org by September 15th.

2020 SDDS Committees Schedule

Standing Committees

CPR Committee
Aug 14 • Nov 6

Nominating/Leadership Development
Work Completed

Peer Review Committee
TBA

Leadership

Board of Directors
Sep 1 • Nov 3

Executive Committee
Aug 21 • Oct 2 • Dec 4

Advisory Committees

Continuing Education Advisory
Work Completed

Mass Disaster/ Forensics Advisory
TBA - Fall

Fluoridation Advisory
Yolo County
Schedule as needed

***Nugget* Editorial Advisory**
Sep 29

Strategic Plan Advisory
Schedule as needed

Budget and Finance Advisory
Schedule as needed

Advisory Committees (cont.)

Bylaws Advisory
Schedule as needed

Legislative Advisory
Schedule as needed

New Dental School Advisory
TBA

Foundation

Foundation Board
Nov 17

Task Forces

Member Benefits/ Services
Sep 29

Oral Health/Prop 56 Initiatives
Oct 2

Ethics
Sept 14

Other

Sac Pac
TBA

CDA House of Delegates
Nov 13-14 LAX

Job Bank

The SDDS Job Bank is a service offered only to SDDS Members. It is published on the SDDS website and provides a forum for job seekers to reach other Society members who are looking for dentists to round out their practice, and vice versa. If you are a job seeker or associate seeker contact SDDS at (916) 446-1227. *For contact information of any of the job bankers please visit www.sdds.org.*

ASSOCIATE POSITIONS AVAILABLE

Marcela Diaz, DMD • Elk Grove • PT • Oral Surgeon/GP
Matthew Sanders, DDS • FT • Ortho
Robert Catron, DDS • Cameron park • PT • GP
Monika Gugale, DDS • Sacramento • FT • GP
Ashley Joves, DDS • Folsom, Rocklin • PT • GP
Thomas Ludlow, DDS • Sacramento • PT • GP
Marina Mokrushin, DDS • Folsom, Rocklin • GP
Raj Zanzi, DDS • Sacramento • PT • GP/Ortho
Nina Tecson, DDS • Elica Health • Sacramento • FT • GP
Mignon Mapanao, DDS • Rocklin • PT/FT • GP
Sunny Badyal, DDS • Sacramento • FT • GP
Jeff Summers • Kids Care Dental • Sac/Stockton • PT/FT • Oral Surgeon
Capitol Periodontal Group • Sacramento • FT • Perio
Mark Redford, DMD • Roseville/Granite Bay • PT • GP
Michael Hinh, DDS • Sacramento • PT • GP
R. Bruce Thomas, DDS • Davis • PT/FT • GP
Sabrina Jang, DDS • Sacramento • PT/FT • Pedo/Ortho/Endo/OS
Martha De Los Rios, DDS • Sacramento • PT/FT • GP
Jacqueline Delaney, DMD • Truckee • FT • GP
Ana Maria Antoniu, DMD • Sacramento • FT/PT • GP
Amy Woo, DDS • Sacramento • PT • GP/Endo
Christopher Schiappa, DDS • Pioneer • PT • GP
David Park, DDS • FT/PT • GP
Gilbert Limhengco, DDS • Natomas/Citrus Heights • PT • Endo
Jeff Summers • Kids Care Dental & Ortho • Calvine/Elk Grove • FT • GP/Ortho
Elizabeth Johnson, DDS • various Wellspace locations • FT/PT/Fill-In • GP

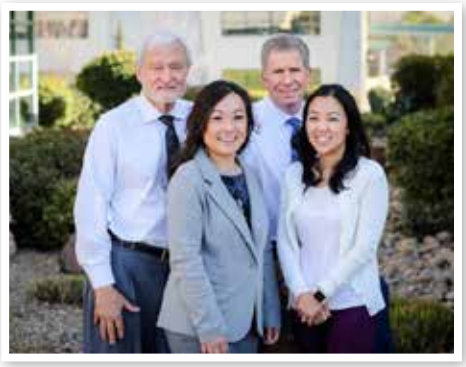
DOCS SEEKING EMPLOYMENT

Yasi Mahboub, DDS • FT • GP
Yen Nguyen, DDS • PT/FT • GP
Gaetan Tchamba, DDS • PT Fill in/2 Thursdays a month
Erica Hsiao, DDS • PT • Perio
Blake Moore, DDS
Behdad Javdan, DDS • PT • Perio
Bruce Taber, DDS • Fill-In • GP
Steve Murphy, DMD • FT/PT • Endo

SDDS Foundation

Congratulations to 2020 Recipient, Marie Tran, RDA!

By **Carl Hillendahl, DDS**
2020 SDDS President



Congratulations to Ms. Marie Tran, RDA, the first recipient of the Dr. Beverly Kodama/Delta Dental Foundation Scholarship for Allied Dental Education. Marie is pictured with her employer, Dr. Kim Sunahara, as well as SDDS Immediate Past-President Dr. Bryan Judd, SDDF President Dr. Viren Patel, and current SDDS President Dr. Carl Hillendahl while attending the FADE Institute RDAEF New Student Orientation Day.

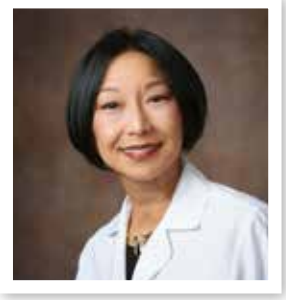
Established in 2011, the Foundation for Allied Dental Education (FADE) is a non-profit, community service organization whose activities in the greater Sacramento area often caught the attention of Dr. Kodama and in 2016 she joined many in the community to celebrate the opening of the FADE Institute, a dedicated facility for the advancement of clinical chairside professionals.

Dr. Kodama always believed in the power of education for women in allied dental professions and the essence of the team being the heartbeat of a successful dental practice. Amongst her many community service activities, she served on the Delta Dental Board of Directors. In her honor, and now her memory, the Delta Dental Foundation endowed the Sacramento District Dental Foundation (SDDF) with a generous donation to establish the Kodama/Delta Foundation Scholarship. SDDF serves as the administrator of the scholarship in partnership with the FADE Foundation where additional financial support for the recipient's tuition and educational expenses is realized.

Today, we honor the passion and drive of a most beloved SDDS/SDDF member, Dr. Beverly Kodama, through our commitment to ensuring her passion for the advancement of clinical chairside education. We wish Marie Tran all our best during her educational journey! ■

Read more about Marie Tran in the May 2020 Nugget on page 31.

$75,000 (grant began in 2019) The Dr. Beverly Kodama/Delta Dental Foundation Scholarship for Allied Education



Dr. Kodama (who served on the Delta Board of Directors) partnered with Delta Dental Foundation to establish a scholarship to help defray the educational costs for dental assistants and other allied team members. Dr. Kodama always felt that allied team members were the heart of a dentist's practice and wanted to give back to that cause so that other dentists will benefit from wonderfully trained staff. Geared specifically toward the dental assistant and also the EF curriculum, the SDDS Foundation is in partnership with FADE (the Foundation for Allied Dental Education) to help defray costs for those applicants who qualify. Applications became available in June 2019. ■

DELTA DENTAL

Crowns for Kids & Jim Ryan
Continue to Support Our SFK Project!

We just want to take a moment to introduce you (in case you haven't met yet) to our GREAT SFK FRIEND Jim Ryan, he continues to be hitting the road, making his rounds to our member's offices to collect your CFK jars!

Jim has spent years of his professional and sometimes, personal life dedicated to supporting the Crowns for Kids program, which benefits SDDF Smiles for Kids. We could not be more thankful to have him out collecting the jars. Say hi to him next time you see him in your office! ■

$317,629 total raised since 2006

Text-To-Donate

Did you know our Foundation has a text-to-donate number? Donations help us fund our Smiles for Kids, Smiles for Big Kids programs and more!

Text "GIVE2SDDF" to 44321 to instantly receive a link to our Foundation fundraising page!

Thank You to All Who Contributed

In Memory of Dr. Skip Lawrence

Nancy & John Ball
Dr. Paul Barkin
Pat & Jim Culleton
Jim & Jana Cuneo
Kathy Dublin
Cindy & Michael Fabian
Bobbie & Robert Kittridge
Joan Kiser
Cathy & Bruce Levering
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Save the Date for 2021

JOIN US MAY 7, 2021 FOR THE GOLF TOURNEY!

YOU THE DENTIST, THE BUSINESS OWNER

YOU ARE A DENTIST. You've been to school, taken your Boards and settled into practice. End of story?

Not quite. Are you up to speed on tax laws, potential deductions and other important business issues?

In this monthly column, we will offer information pertinent to you, the dentist as the business owner.

Marketing Strategies During the COVID-19 Era

By **Ian McNickle, MBA; WEO Media (SDDS Vendor Member)**

When 2019 came to an end very few people could have imagined what a nightmare 2020 would become. COVID-19 has dramatically disrupted nearly all facets of life around the globe, and dental practices are no exception. Practices have needed to rapidly adjust to the new realities created by the pandemic, implementing new protocols, upgrading PPE, and in some cases adding safety/sterilization equipment.

As the owner of a dental marketing agency I have been involved with the marketing strategies and results for over 1,000 practices across the country. In the past, when patients were looking for a new dentist the "hot buttons" were typically selection criteria like being in-network, affordability, convenient proximity/geographic location, clinical experience and skill, online reviews /reputation, etc. While safety mattered, it was just assumed. Now in the COVID-19 era safety has jumped to the front of the line for what matters most when selecting a dentist. Likewise, this applies to retaining your existing patients as well.

The most effective thing practices can do right now from a marketing perspective is to focus on safety messaging. Start by making a list of everything you can think of that your practice does related to safety. This might include all your PPE, safety processes and protocols, sterilization, spacing between patients/operatories, temperature testing, and so on. Once you've made the list it is imperative to communicate this list to all of your existing patients, and potential new patients.

Let's start with online awareness. Create a webpage dedicated to safety, and consider putting this as a main item in your website's navigation menu. On this page you'll want to list everything from your list, and elaborate with a sentence of two for each item.

> The most effective thing practices can do right now from a marketing perspective is to focus on safety messaging.

Next, you'll want to create a video which explains everything from your list. This could be a selfie video, or hire a local videographer to come in and shoot the video. The video should walk through the office, and highlight the various details related to safety (i.e. here is our sterilization equipment that we use, here is where we store our PPE, notice the increased spacing between chairs, etc.). As you create the video try to put yourself in the mind of a concerned person who doesn't understand all the things you do so make sure you cover everything. Once the video is created, you'll want to post it on your website (home page and safety page), YouTube channel, Facebook, Instagram, and any other online properties you have for your practice.

Now that online is done, let's make sure we consider other communication channels. Create a PDF of your safety list that can be emailed to patients in advance, and handed to them in person (if appropriate). You might also consider a monthly eNewlsetter which sends updates to your entire patient base to explain what days and hours you're open, and what you've done to keep them safe (include a hyperlink to your webpage with the safety video). To create your eNewsletter you can use do-it-yourself email newsletter services like Constant Contact of Mail Chimp.

The main takeaway here is to document everything you're doing for safety, and communicate it in every way you can. Even existing patients could easily switch to another dentist if you don't explain to them what you're doing to keep them safe. Practices that do a particularly good job of this will be rewarded with solid patient retention, and plenty of referrals for new patients. ■

If you have any questions about your website or online marketing, *please contact Ian for a free analysis and consultation by calling (888) 246-6906, or email consult@weomedia.com. For more information, visit them online at www.weomedia.com.*

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It's Time For...
SDDS ELECTIONS

NOTICE OF ANNUAL MEETING & ELECTIONS

Elections will be held at the **September 8, 2020** General Meeting Webinar (postponed from May due to COVID-19)

The Leadership Development Committee is tasked with guiding the future of SDDS by evaluating and nominating leaders for our organization. The committee met in the first quarter of 2020 and considered a very strong slate of candidates. We are pleased to report that the outlook is good with the following members listed below being nominated for 2021. SDDS is only as good as its volunteers and we appreciate all who give back to our organization.

Bryan Judd, DDS (Chair of the Leadership Development Committee)

SOCIETY SLATE OF NOMINEES

SDDS EXECUTIVE COMMITTEE

To be Elected:

President: Volki Felahy, DDS
President Elect/Treasurer: Wes Yee, DDS
Secretary: Lisa Dobak, DDS
Immediate Past President: Carl Hillendahl, DDS

TRUSTEE

To be Elected:

Viren Patel, DDS

Continuing:

Wallace Bellamy, DMD

BOARD OF DIRECTORS

To be Elected (1st Term, 2021-2022):

Dean Ahmad, DDS
Nima Aflatooni, DDS
Karthic Raghuraman, DDS
Morton Rosenberg, DDS
(filling a one year vacancy)

To be Elected (2nd Term, 2021-2022):

Brock Hinton, DDS
Kevin Keating, DDS, MS

Continuing (2020-2021):

Craig Alpha, DDS
Hana Rashid, DDS

DELEGATES TO THE CDA HOUSE

To be Elected:

Dean Ahmad, DDS (2020-2021)
Nima Aflatooni, DDS (2020-2021)
Lisa Dobak, DDS (ExComm)
Kelly Giannetti, DMD (2020-2021)
Amar Pawar, DDS (2020-2021)
Karthic Raghuraman, DDS (2020-2021)

Continuing:

Volki Felahy, DDS (ExComm)
Carl Hillendahl, DDS (ExComm)
Bryan Judd, DDS (Ex Comm)
Viren Patel, DDS (2019-2020)
Hana Rashid, DDS (2019-2020)
Morton Rosenberg, DDS (2019-2020)
Stephanie Sandretti, DDS (2019-2020)
Wes Yee, DDS (ExComm)

FOUNDATION SLATE OF NOMINEES

BOARD OF DIRECTORS

To Be Elected:

Lisa Dobak, DDS (SDDS Secretary)
Carl Hillendahl, DDS (SDDS Past President)
Greg Heise, DDS

Additional Term:

Viren Patel, DDS
Nancy Archibald, DDS
Wai Chan, DDS

Continuing:

Paul Binon, DDS
Kelly Giannetti, DMD, MS
Bryan Judd, DDS
Wallace Bellamy, DMD
Margaret Delmore, MD, DDS

COVID Care Packages

Spread some kindness to your team and loyal customers with these great health tools. Packages available now, just contact SDDS.

Package Options

Pack of 5 . . . . . **$127** ($150 value)

Five pieces each of the following: SDDS or SFK face mask, B-safe key, sanitizer spray and phone sanitizer

Pack of 10 . . . . . **$240** ($300 value)

Ten pieces each of the following: SDDS or SFK face mask, B-safe key, sanitizer spray and phone sanitizer

Single Item Pricing

SDDS or SDDF Face Mask $9
B-Safe Key $13
Phone Sanitizer $6
Sanitizer Spray $2

Product Descriptions

SDDS or SFK Face Mask

- 2 ply cotton mask with nose wire

B-Safe Key

- use on pin keypads, smartphones, touchscreens, elevator buttons, to open some doors and more!
- copper plating has anti-germ properties reducing surface time to 3 hours

Phone Santizer

- anti-microbial spray solution
- built in microfiber screen cleaner

Sanitizer Spray

- antibacterial spray in a pocket size tube

Ask The Broker

How do you determine the listing price of my practice? COVID?

The single-most important factor in determining the practice sales price is the collection total of the previous calendar year. This is true even now with COVID. I believe that the 2019 return will be primarily used for practice evaluations until perhaps July of 2021. Lenders and Buyers like to see stability without large variances from year to year. It should be obvious that steady, slight increases in revenues are always better than even the slightest of decreases. Poor performance of one of three years should not affect pricing, unless it is the last calendar year that shows a significant drop. Therefore, try to maintain a stable practice, make sure you finish strong and make all your December deposits for that last year you will be filing!

Practices are priced based heavily on gross receipts. Let's work through some scenarios and options. If you plan to practice 2-3 more years, it is not worth investing extra money in the practice. In this case, I would just advise finishing strong, especially to reflect your last tax return which will be filed. If you plan to practice approximately 5 years, spending large amounts of money for new technology may not necessarily return the investment unless it helps to increase your production. However, this being said, purchasing new equipment may increase your enjoyment of practicing dentistry and therefore be a worthwhile investment.

With 8–10 years remaining to practice, modernizing the practice with the latest and greatest is generally a great idea. Leasehold improvements typically last 5-8 years, so making the investment at this time to spruce up the office will enhance the desirability of the sale. It may also give you greater satisfaction of working in a first-rate environment for the entire duration of the leasehold improvements. **Most importantly, since practice values are based on gross receipts, keep up the good work!**

With factors affecting the current practice market such as a large number of "Baby Boomers" choosing to retire coupled with a lower percentages of Millennials wanting to own dental practices, it is important to make decisions now that will help your practice stand out from the rest when you decide to sell! Call or email us today for a free copy of Dr Giroux's book "Top Ten Issues for Dentists Contemplating Retirement in Ten Years or Less".

Timothy G. Giroux, DDS is currently the Owner & Broker at Western Practice Sales and current President of the nationally recognized dental organization, ADS Transitions.

You may contact Dr Giroux at:
wps@succeed.net or 800.641.4179

Paid advertisement

New Members

Aug/Sept
2020

TOTAL MEMBERSHIP

(as of 8/5/20:)

1,758

MARKET SHARE:
83%

ENGAGEMENT RATE: 88%

TOTAL ACTIVE MEMBERS: 1,384

TOTAL RETIRED MEMBERS: 304

TOTAL DUAL MEMBERS: 9

TOTAL AFFILIATE MEMBERS: 10

TOTAL STUDENT MEMBERS: 8

TOTAL CURRENT APPLICANTS: 2

TOTAL DHP MEMBERS: 41

TOTAL NEW MEMBERS FOR 2020: 70

BISHOV AWAD, DDS
General Practice New Graduate!

Dr. Awad just graduated and earned his dental degree from UOP Arthur A. Dugoni School of Dentistry. Currently his practice location is pending.

CHRISTOPHER CHUCK, DDS
General Practice New Graduate!

Dr. Chuck just graduated and earned his dental degree from UOP Arthur A. Dugoni School of Dentistry. Currently his practice location is pending.

MANPREET DEV, DMD
General Practice New Graduate!

Dr. Dev just graduated and earned his dental degree from Loma Linda University. He currently practices at Yuba City Dentistry Group in Yuba City.

CHRISTINA DUONG, DDS
General Practice New Graduate!

Dr. Duong just graduated and earned her dental degree from Indiana University. Currently her practice location is pending.

EHASSAN GHASSEMI, DDS
Oral Surgery

Dr. Ghassemi earned his dental degree in 2016 from Western University Of Health Sciences and just graduated in 2020 with his specialty from UOP Arthur A. Dugoni School of Dentistry. He currently practices at Sacramento Valley Dental Specialists in Elk Grove.

JONATHAN HAYES, DDS
General Practice New Graduate!

Dr. Hayes just graduated and earned his dental degree from UOP Arthur A. Dugoni School of Dentistry. Currently his practice location is pending.

MARYNA KOZYRYEV, DDS
General Practice

Dr. Kozyryev graduated in 2018 from UCSF School of Dentistry. She currently practices at Nataliya Dorosh DDS Inc. in Citrus Heights.

ELAINE LEE, DDS
General Practice New Graduate!

Dr. Lee just graduated and earned her dental degree from UOP Arthur A. Dugoni School of Dentistry. Currently her practice location is pending.

MICHAEL LOUIE, DDS
General Practice New Graduate!

Dr. Louie just graduated and earned his dental degree from UOP Arthur A. Dugoni School of Dentistry. Currently his practice location is pending.

FATEMEH MAHBOUB, DDS
General Practice New Graduate!

Dr. Mahboub just graduated and earned her dental degree from UOP Arthur A. Dugoni School of Dentistry. Currently her practice location is pending.

DUNG NGUYEN, DDS
General Practice

Dr. Nguyen earned her dental degree in 2019 from Creighton University. Currently her practice location is pending.

HILARY PARSONS, DDS
General Practice New Graduate!

Dr. Parsons just graduated and earned her dental degree from UOP Arthur A. Dugoni School of Dentistry. Currently her practice location is pending.

IN HEE SONG, DMD
Oral Surgery

Dr. Song graduated earned his dental degree in 2012 from University of Pennsylvania and then went on to earn his specialty in 2016 from Mt Sinai Hospital. He currently practices at Golden Foothills Oral and Facial Surgery in El Dorado Hills.

HOWARD TSOI, DDS
General Practice New Graduate!

Dr. Tsoi just graduated and earned his dental degree from Illinois Midwestern University. He currently practices at Rancho Cordova Dental Group in Rancho Cordova.

RASHIDAH WILEY, DDS
Oral Pathology

Dr. Wiley earned her dental degree in 2011 from Meharry Medical College and then went on to earn her specialty in 2015 from Queens Hospital Center. Currently her practice location is pending.

WELCOME to SDDS's new members, transfers and applicants.

IMPORTANT NUMBERS:

SDDS (doctor's line) . . . . . (916) 446-1227
ADA . . . . . (800) 621-8099
CDA . . . . . (800) 736-8702
CDA Practice Support . . (866) CDA-MEMBER (866-232-6362)
TDIC Insurance Solutions . (800) 733-0633
Denti-Cal Referral. . . . . (800) 322-6384
Central Valley Well Being Committee . . . (559) 359-5631

LAUREN SANTOS, DDS

General Practice

New Graduate!

Dr. Santos just graduated and earned her dental degree from Loma Linda. Currently her practice location is pending.

JASMINE YEE, DDS

General Practice

Dr. Yee earned her dental degree in 2018 from UOP Arthur A. Dugoni School of Dentistry. She currently practices at Laguna Children's Dental Care in Elk Grove.

Pending Applicants:

Hayoung Kim, DDS
Sukhjeet Kaur, DDS

Congratulations
to Our New Retired Members!

William Frey, DDS
Jon Fuiks, DDS
Bingson Wong, DDS

In Memoriam

Dr. Harry Frank Stathos passed away on July 4, 2020. Dr. Stathos graduated from dental school at St. Louis University. While in dental school he joined the United States Air Force which allowed him the opportunity to serve his country upon graduating, as an officer and dentist for the subsequent three years, in Las Vegas, Nevada. Dr. Stathos's contribution and service to our country while in the Air Force remained one of his proudest deeds. After serving in the Air Force, he returned to California with his family and started his dental practice in his hometown of Sacramento. In building his business, Dr. Stathos's practice began to grow along with the many lasting friendships developed with his patients that he valued so highly. During his dental career, Dr. Stathos served as President of the Sacramento District Dental Society and president of the Sacramento Optimist Club where he diligently worked to make a positive difference in the community. Dr. Stathos was the oldest living past president, having served as president in 1961.

We're Blowing your horn!

Congratulations to...

Jon Fuiks, DDS, on his awesome car collection! He has four Packards from 1928 to 1948. **(1)**

Dr. Purvak Parikh's son, Prayaag Parikh, on his basketball team doing a fundraising event for the Sacramento District Dental Foundation! Prayaag set up the fundraiser with his team, the Western Sierra Collegiate Academy Wolves, to shoot three pointers to raise money. So far they've raised over $850! If you'd like to check out their GoFundMe, you can find it here: gofundme.com/f/nj2ef-hooping-for-kids! **(2)**

Herbert K. Yee, DDS, on receiving the 2020 Presidential Volunteerism Award, he was nominated by Joel Szabat undersecretary of transportation! Dr. Herbert Yee has done much volunteering over the years. His volunteerism includes: Fundraising Chair of American Cancer Society, District Governor of Lions Club 4C5, UOP Dental School Alumni Chair, Board of Regents UOP for 38 years (Garnered the Bob Powell endowment of $125 million), FICD American and International President, received the Ottofy Okumira, Dentist of the Year American Dental Examiners, California State Dental Board President, President of the Yee Association of America (10,000 Yees), 8 time President of the Chinese Benevolent Association of Sacramento, Gold Coater for the Camellia Festival, built the first elementary school in his village in China with all overseas donations, CDA Humanitarian of the Year, Dr. Herbert Yee Scholarship at UOP and SDDS (Given over $400,000 in scholarships), rebuilt and restored the Chew Kee Store in Fiddletown (The First herb store by the Yee Family in 1851), and American Legion Commander. Thank you to Dr. Herbert Yee for the impressive and continuous volunteering work! **(3)**

Wesley Yee, DDS, on having this awesome art work on his office. Back in June his office was boarded up for a bit and it had this great mural on it! **(4)**


1

2


3

4

LET US KNOW YOUR NEWS!

Have you been helping during the Covid-19 crisis? Donating supplies, sewing masks, or supporting the community in some way? Let us know, we'd love to share some positive news during this time! Send us your news to sdds@sdds.org!

SPOTLIGHTS:

PARC STUDIO
interior design

Parc Studio is a full-service, boutique interior design firm operating in Northern California specializing in private practice medical, dental, and boutique hospitality.

Products and Services:

- Interior Architectural Design
- Interior Design
- Permit Plan Sets
- Art & Color Consultation
- Lighting Design
- Furniture Specification
- Branding & Graphics

Benefits or Special Pricing for SDDS Members:

We offer SDDS Members a free one hour consultation, along with a 20% discount on our design service fees.

Claire Blocker
Claire@parc-studio.com

April Figgess
april@parc-studio.com

Parc-Studio.com
(916) 476-3982

Swiss Monkey

Swiss Monkey is a virtual front desk services to help your dental practice run more efficiently. We provide experienced team members to assist in your staffing needs, as well as specialized teams to manage your billing, accounts receivable, hygiene recare, scheduling, and/or insurance verification activities. These services can serve as permanent or interim complements to your practice. Contact us today to learn how we can re-imagine your dental practice!

Products and Services:

- Virtual Front Desk Services
- Part-Time Staffing Manager
- Billing and Accounts Receivable (Insurance and Patient AR)
- Hygiene/Recare Coordinator
- Insurance Verification
- Schedule Auditing
- Virtual Treatment Consultations
- Answering Services

Benefits or Special Pricing for SDDS Members:

Swiss Monkey is committed to helping and supporting employers connect with qualified candidates and will work with you to help fill your position. Call or text us at (916) 500-4125 to learn more!

Christine Sison
christine@swissmonkey.io

SwissMonkey.io
(916) 500-4125

Prompt, Reliable and Complete Medical Gas Services.

Analgesic Services, Inc. offers comprehensive and prompt medical gas services, from installation and system upgrades to reliable deliveries and repairs. For over thirty years, we have been Sacramento's only full service medical gas provider who guarantees unparalleled technical experience, unequalled product quality and unrivaled customer service.

Products and Services:

- Medical gas deliveries and equipment
- System repairs and certifications
- System installations and renovations

Benefits or Special Pricing for SDDS Members:

SDDS members using Analgesic Services, Inc. as their medical gas provider receive highest priority service response, loaner equipment (if repairs are needed), product and labor discounts, all from a team of dedicated medical gas professionals.

Jeff Hardin — Vice President
jeff@asimedical.com

Steve Shupe — Vice President
steve@asimedical.com

ASIMedical.com
(888) 928-1068

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Thomas Doll has been offering financial solutions for dentists in Northern California for over 50 years. Thomas Doll helps dentists minimize tax and maximize wealth over the course of their careers. Thomas Doll offers buyer representation, practice accounting/bookkeeping, tax planning, practice creation and transition, payroll expertise, wealth management and retirement plan solutions for dentists.

Products and Services:

Practice accounting/bookkeeping, tax strategy, planning, and preparation, practice creation and transition, payroll expertise, practice benchmarking, cash projections and buyer representation, wealth management, and retirement plan solutions.

Benefits or Special Pricing for SDDS Members:

- Get first 3 months of full accounting services half off.
- Complimentary 1-hour strategy session.

Brett LeMmon
brett@thomasdoll.com

Michelle Ianiro
michelle@thomasdoll.com

ThomasDoll.com
(925) 280-5766

Dental Supplies, Equipment, Repair

Analgesic Services, Inc.
Steve Shupe, VP
888.928.1068
asimedical.com
Since 2004

DESCO Dental Equipment
Tony Vigil, President
916.259.2838
descodentalequipment.com
Since 2012

THIS COULD BE YOU!

Henry Schein Dental
Farish Thompson, Regional Manager
916.626.3002
henryscheindental.com
Since 2005

Patterson Dental
Christina Paulson, Regional Manager
800.736.4688
pattersondental.com
Since 2003

Real Estate

PDF Commercial, Inc.
Paul Frank, Founder & CEO
916.714.8012
pdfcommercial.com
Since 2019

Education

The Foundation for Allied Dental Education
LaDonna Drury-Klein
916.358.3825
thefade.org
Since 2015

Office Construction

Blue Northern Builders, Inc.
Morgan Davis / Lynda Doyle
916.772.4192
bluenorthernbuilders.com
Since 2007

GP Development Inc.
Gary Perkins
916.332.2300
gpdevelopmentcorp.com
Since 2016

Olson Construction, Inc.
David Olson
209.366.2486
olsonconstructioninc.com
Since 2004

Parc Studio-Interior Design
Claire Blocker / April Figgess
916.476.3982
parc-studio.com
Since 2018

we love our Vendor Members!

HR & Legal

BPE Law Group, PC
Keith B. Dunnagan, Senior Attorney
Diana Doroshuk, Firm Administrator
916.966.2260
bpelaw.com/dental-law
Since 2016

CA Employers Association
Kim Gusman, President/CEO
800.399.5331
employers.org
Since 2004

Dental Practice

Kids Care Dental & Orthodontics
Jeff Summers
916.661.5754
kidscaredental.com
Since 2016

Practice Sales

Integrity Practice Sales
Brian Flanagan
855.337.4337
integritypracticesales.com
Since 2014

Professional Practice Sales
Ray Irving
415.899.8580
PPSsellsDDS.com
Since 2017

Western Practice Sales
Tim Giroux, DDS, President
John Noble, MBA
800.641.4179
westernpracticesales.com
Since 2007

Practice Services

Comcast Business
Lisa Geraghty
916.817.9284
business.comcast.com
Since 2014

Zentist
Paulina Song
415.323.4937
zentist.io
Since 2020

Practice Marketing

WEO Media
Ian McNickle, MBA, Co-Founder, Partner
888.246.6906
weomedia.com
Since 2020

Dental Refining

Star Group Global Refining
Jim Ryan
800.333.9990
stargrouprefining.com
Since 2009

Financial Services

Banner Bank
Charles Cochran, SVP,
Business Banking Team Lead
916.648.2100
bannerbank.com
Since 2017

CareCredit
Angela Martinez
714.434.4508
carecredit.com
Since 2016

WHY BECOME A VENDOR MEMBER?

The Vendor Membership program offers so many great benefits! As a Vendor Member, you'll receive: four complimentary half page ads in *The Nugget,* a booth at our MidWinter Convention (including registrations for 4 booth representatives), the SDDS Membership Roster (send out quarterly via email), complimentary exhibitor tables at 3 meetings/events per year, and much more!

Financial Services

Fechter & Company
Craig Fechter, CPA
916.333.5360
fechtercpa.com
Since 2009

First US Community Credit Union
Bob Miller
916.576.5679
firstus.org
Since 2005

MUN CPAs
John Urrutia, CPA, Partner
916.724.3980
muncpas.com
Since 2010

Thomas Doll
Brett LeMmon
925.280.5766
thomasdoll.com
Since 2019

THIS COULD BE YOU!

Financial Services

US Bank
Tom Collopy
916.924.4546
usbank.com
Since 2017

Staffing

Resource Staffing Group
Debbie Kemper
916.993.4182
resourcestaff.com
Since 2003

Swiss Monkey
Christine Sison
916.500.4125
swissmonkey.io
Since 2016

Dental Plan

Access Dental Plan
Shanna Madden
916.922.5000
premierlife.com
Since 2017

Health Net of California
Felisha Fondren
818.543.9007
hndental.com
Since 2018

LIBERTY Dental Plan
Lisa Rufo
800.268.9012
libertydentalplan.com
Since 2016

Insurance Services

The Dentists Insurance Company (TDIC)
Vanessa Morales
800.733.0633
tdicsolutions.com
Since 2011

SDDS VENDOR MEMBERSHIP SUPPORT IS A WIN-WIN RELATIONSHIP!

SDDS started the Vendor Member program in 2002 to provide resources for our members. No, Vendor Members are not exclusive, and we definitely have some competitive companies who are Vendor Members. But our goal is to give SDDS members resources that would best serve their needs. We suggest that members reach out to our Vendor Members and see what is a best "fit" for their practice and lifestyle.

Our Vendor Members pay $3,900 per year; that includes a booth at Midwinter, three tables at General Meetings, advertising in *The Nugget*, and much more. Our goal is to provide Vendor Members with the opportunity to connect with and serve our members. We realize that you have a choice for vendors and services; we only hope that you give our Vendor Members first consideration. The Vendor Members program and the income SDDS receives from this program helps to keep your dues low. It is a wonderful source of non-dues revenue and allows us to provide yet another member benefit. Additionally, we reach out to our Vendor Members for articles for *The Nugget* (nonadvertising!).

Our Vendor Members are financial, investment and insurance companies, legal consultants, dental equipment and supply companies, media and marketing companies, hr consultants, construction companies, billing consultants, practice sales and brokers, practice resource and staffing consultants, technology, HIPAA and security consultants, and even our Crowns for Kids refining partner!

Advertiser INDEX

Volunteer opportunities

SMILES FOR KIDS

VOLUNTEERS NEEDED: Doctors to "adopt" patients for Smiles for Kids for follow-up care.

TO VOLUNTEER, CONTACT:
SDDS office (916.446.1227 • smilesforkids@sdds.org)

SMILES FOR BIG KIDS

VOLUNTEERS NEEDED: Dentists willing to "adopt" patients for immediate/emergency needs in their office.

TO VOLUNTEER, CONTACT:
SDDS office (916.446.1227 • sdds@sdds.org)

AUBURN RENEWAL CENTER CLINIC

VOLUNTEERS NEEDED: General dentists, specialists, dental assistants and hygienists.

TO VOLUNTEER, CONTACT:
Dr. Steve Holm (916.425.6766 • sholm@goldrush.com)

THE GATHERING INN

VOLUNTEERS NEEDED: Dentists, dental assistants, hygienists and lab participants for onsite clinic.

TO VOLUNTEER, CONTACT:
Kathi Webb (916.743.5351 • kwebbft@aol.com)

CCMP (COALITION FOR CONCERNED MEDICAL PROFESSIONALS)

VOLUNTEERS NEEDED: General Dentists, Specialists, Dental Assistants and Hygienists.

TO VOLUNTEER, CONTACT:
CALL: (916.925.9379 • CCMP.PA@JUNO.COM)

EVERYONE FOR VETERANS

SDDS is partnering with the national program, Everyone for Veterans, to provide care for combat veterans and their families who cannot afford, nor have military coverage, dental care. Can you adopt a vet? Hope so! Call SDDS (916.446.1227), or email us (sdds@sdds.org), to help us with this wonderful program.

For More Information: everyoneforveterans.org/for-dentists.html

Classified Ads

EMPLOYMENT OPPORTUNITIES

PART TIME General Dentist for Cameron Park growing office. Ownership oriented, motivated dentist preferred. Start with 1-2 days/week. Email resume to sacramentodds@aol.com. *06-7/20*

Kids Care Dental & Orthodontics seeks orthodontists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us...come find out why! Send your resume to talent@kidscaredental.com. *06-7/17*

WELLSPACE HEALTH ORGANIZATION (an FQHC) is taking applications for fill-in/part-time/full-time dentists. Send your resume/CV to eljohnson@wellspacehealth.org. *01/15*

Kids Care Dental & Orthodontics seeks dentists to join our teams in the greater Sacramento and greater Stockton areas. We believe when kids grow up enjoying the dentist, healthy teeth and gums will follow. As the key drivers of our mission—to give every kid a healthy smile—our dentists, orthodontists and oral surgeons exhibit a genuine love of children and teeth. A good fit for our culture means you are also honest, playful, lighthearted, approachable, hardworking, and compassionate. Patients love us...come find out why! Send your resume to talent@kidscaredental.com. *06-7/17*

FOR LEASE

Sacramento renovated office condo near Highway 80 for sale, $475,000; Roseville Dental office lease 1,386 sf, 5 operatories, fully improved move-in ready; Ranga Pathak 916-201-9247, Broker Associate, RE/MAX Gold, DRE01364897. *06-7/20*

SACRAMENTO DENTAL COMPLEX has one 3 unit suite which is equipped for immediate occupancy. Two other suites total 1630 sq. ft which can be remodeled to your personal office design with generous tenant improvements. 2525 K Street. Please call for details: 916-448-5702. *10/11*

PROFESSIONAL SERVICES

MONEY IS WALKING OUT THE DOOR. Have implants placed in your office and keep the profits. Text name and address 916-769-1098. *12/14*

LEARN HOW TO PLACE IMPLANTS IN YOUR OFFICE OR MINE. Mentoring you at your own pace and skill level. Incredible practice growth. Text name and address to 916-952-1459. *04/12*

PRACTICES FOR SALE

Having Trouble Restarting Post-COVID? A+ Dental Care Group can help. Discover the benefits or our flexible affiliation model. Contact Dr. Tim Herman at 916-217-2458 or tim.herman@aplusdentalcaregroup.com to learn more. *06-7/20*

EQUIPMENT FOR SALE

RETIRING- Selling equipment, all or separate. 3 operatories including all chairs, overhead lights, xray units, handpiece unit, Dexis digital sensor, Ellman electrosurgery unit. Miscellaneous lab, dental equipment, supplies. Prices negotiable. (916) 213-8556. *08-09/20c*

Carestream 8100 3D scanner, Dexis Platinum Sensors, OPMI 1 Zeiss Scope, Midmark M9 Autoclave, Airtechnique Airstar 220V Compressor. Marus Complete Chair Units (3). (530) 318-0932. *06-07/20*

New Large Olympic Papoose Board ($400), Head Immobilizer ($150), Two Casting Machines Accucast + Centrifico ($200 each), Bench BB Belt Drive Buffalo Dental Drill ($250). Call Dr. Chiurazzi at (559) 303-2962. *06-07/20*

SDDS member dentists can place one classified ad **FOR FREE!** MEMBER BENEFIT!

Selling your practice? Need an associate? Have office space to lease? SDDS member dentists get one complimentary, professionally related classified ad per year (30 word maximum). For more information on placing a classified ad, please call the SDDS office at 916.446.1227 or visit http://www.sdds.org/publications-media/advertise/

sacramento
District Dental Society
2035 Hurley Way, Suite 200 • Sacramento, CA 95825
916.446.1211 • www.sdds.org

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SDDS CALENDAR OF EVENTS

AUGUST

14 CPR BLS Renewal
8:30am / SDDS Office

21 ExComm Meeting
7am / Offsite

SEPTEMBER

8 General Membership Meeting
A Day in the Office…Surefire Ways to Coordinate the Chaos
Gayle Suarez; Dental Management Solutions, Inc
6–9pm / Zoom Meeting

16 Webinar
Harassment Prevention for Employees
California Employers Association
12–1:00pm / Telecom

16 Continuing Education Course
Special Needs Patients in Your Dental Practice
Panel of Experts
6:30pm / SDDS Office

17 Business Forum
Become the Ultimate Data-Driven CEO
Kerry Straine; Straine Consulting
6:30pm / SDDS Office

18 Continuing Education Course
Manual Day: Build & Complete Your OSHA, Employee & HIPAA Manuals in One Day!
Teresa Pichay, CDA (HIPAA & OSHA) and CEA Speaker (Employee Manual)
8:30am / SDDS Office

22 Webinar
Harassment Prevention for Supervisors
California Employers Association
12–2:00pm / Telecom

25 Continuing Education Course
The Endodontic-Periodontal Problem: Treatment Integration
Bernice Ko, DDS & Todd Yamada, DDS, MS
8:30am / SDDS Office

30 CE Lunch & Learn
Front Office Study Club
Melinda Heryford, MBA
11:30am / SDDS Office

For more calendar info and to sign up for courses ONLINE, visit: www.sdds.org

SEP 8
TUESDAY
6PM-9PM

General Meeting
3 CEU, CORE • $49

A Day at The Office…Surefire Ways to Coordinate the Chaos

Presented by Gayle Suarez

Extraordinary customer service is the key to a successful practice – from the moment the phone rings for the appointment! Extraordinary service takes extraordinary teamwork; this program will present sure, rapid ways to achieve extraordinary patient and practice health, including:

- Meeting and exceeding patient expectations
- Advanced planning and morning huddle efficiency
- Fundamental daily flow and operations

This course is being offered as a Zoom meeting only. To register, please go to www.sdds.org/events/gm-sept2020/

If you are a 2020-21 DMD member, you will receive a $20 credit.

ARE YOU REGISTERED FOR THE GENERAL MEETING?