

June / July 2021

the

Nugget



Removable Prosthodontics



Get Ready For Our UPCOMING EVENTS

Business Forums/Practice Management Courses

For dentists, office managers, front office and more!

Wednesday, August 25

12-1:30pm • \$49
1.5 CEU, 20%
Zoom
**Exclusive Tools for a Successful
Dental Practice – CDA Practice
Support Has Those!**
Ann Milar, CDA
Sponsored by CDA

Tuesday, September 21

12-1:30pm • \$49
1.5 CEU, 20%
Zoom
**Dentists Are Judged By Everything
But Their Quality of Care**
Jennifer de St. Georges

Thursday, September 30

6-8:30pm • \$75
2.5 CEU, 20%
In-person
Fix It Before It Fails
Eric Payne; TEKagogo

Tuesday, October 26

12-1:30pm • \$49
1.5 CEU, 20%
Zoom
**FFS, PPOs, Insurance Independence:
How Do You Decide?**
Ashlee Adams; Adams Dental Consulting
SDDS Vendor Member

Thursday, October 28

5:30-6:30pm • \$49*
1 CEU, Core
Zoom
Mandatory HIPAA Compliance Update
Jeff Broudy; PCIHIPAA
SDDS Vendor Member
Sponsored by PCIHIPAA

Wednesday, November 17

12-1:30pm • \$49
1.5 CEU, 20%
Zoom
**Ask Jenny: Fine Tuning Your
“Welcome to our Practice” Plan**
Jennifer de St. Georges

Wednesday, December 8

12-1:30pm • \$49
1.5 CEU, 20%
Zoom
Where Are You? Where Are You Headed?
Melinda Heryford, MBA

** If you sign up for Nancy Dewhirst, RDH's California Dental Practice Act course on October 28th, you are able to attend this Mandatory HIPAA Compliance course by Jeff Broudy; PCIHIPAA for free!*

THIS FALL'S UPCOMING LICENSURE RENEWAL COURSES

Friday, October 22

8:30-11:30am • \$99
3 CEU, Core
Zoom
OSHA/Infection Control
Nancy Dewhirst, RDH
Sponsored by PCIHIPAA

Thursday, October 28

6:45-8:45pm • \$79*
2 CEU, Core
Zoom
CA Dental Practice Act
Nancy Dewhirst, RDH
Sponsored by PCIHIPAA

** Reference the asterisk listed above.*

Stay Tuned...

Next month's issue will feature listings of all our upcoming courses for the remainder of 2021! Get ready to plan your CE!



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Awards

International College of Dentists (ICD)

2020 • Platinum Pencil
 Outstanding use of graphics

2020 • Golden Pen, *honorable mention*

Article / series of articles of interest to the profession

2020 • Special Citation Award

2019 • Special Citation Award

2019 • Golden Pen, *honorable mention*

2018 • Humanitarian Service Award

2017 • Special Citation Award

2016 • Golden Pen, *honorable mention*

2015 • Special Citation Award

2014 • Outstanding Cover, *honorable mention*

2014 • Golden Pen, *honorable mention*

2013 • Outstanding Cover

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President's Message



Another Lesson from My Mom

By **Volki Felahy, DDS**
2021 SDDS President

I remember back when I was in dental school, removable was one of the most challenging activities for me in clinic. While in school, I had nightmares about the mysterious vestibule form capture during the border molding of a final impression, all the anxiety and stress of the first try in appointments and the readjusting of the denture teeth in wax when needed. There was quite a learning curve and a lot of acute frustration to work through.

I am not sure if it still the same today, but when I attended dental school, we had to do all the steps, from setting the teeth up to the processing of the final denture. I remember the long sighs of students almost in harmony in the denture lab when they inevitably overheated the wax with a flame-warmed instrument while moving teeth, only to have it cool in an unintended position and have to start over. What I did not see at the time was how much there really was to learn from removable.

Today I know that removable taught me more about the art of dentistry than any other specialty of practice. How to form the perfect smile always starts with the position of the

two upper front teeth. I gained experience with occlusion and learned a lot about bite interferences, the vertical dimension, and how dramatically tooth position affects speech. There is so much skill that goes into fabricating a successful denture.

Over my years of practice, I have learned that dentures are more than a resin base with esthetically placed teeth but honestly a life-changer for the user. People do not aspire to have all their teeth removed and need dentures to restore their mouths. They are people who, for whatever reason, have lost the fight to keep their teeth. There is always a backstory behind every denture. There are emotions, fear, embarrassment, and a feeling of being constantly judged by others.

It hits home for me because my mom was one of my patients. If you ever met her, she was an outgoing 4'11" German woman with an infectious laugh. She loved people but for years would never show her teeth when she smiled and would avoid eating certain foods due to pain. Given her previous dental experiences in Germany, she had a deathly

fear of any dental procedure. One day it got bad enough that she could not ignore the pain anymore. She cried at her first appointment from the embarrassment and would not stop apologizing about her teeth. I also remember her sigh when we delivered her dentures and the change of her facial expression to one of relief. Her eyes lit up and she smiled so big when she saw herself in the mirror. Her face that day is still fresh in my mind. I have seen that same reaction from other patients that had a similar story to my mom's. It is that same look of relief and smile every time.

What a gift to be able to help these people that have had such a personal struggle! I am so thankful for the knowledge and skill to be able to serve the people that need us. We are, in my opinion, in the greatest profession. We literally change lives for the better with what we do. ■

A handwritten signature in black ink, appearing to read 'Volki Felahy'.

ARE YOU USING YOUR ADVERTISING BENEFIT?

SDDS MEMBERS RECEIVE A
5% DISCOUNT
ON ADVERTISING

SDDS Members—General Practitioners and Specialists; Have you ever thought of advertising in *the Nugget*? What is your area of expertise? Want to let other colleagues know?

Sign a year advertising contract and get a 15% discount and an additional 5% if you pay in full



What Are Your Member Benefits... Really??

By Cathy B. Levering
SDDS Executive Director

So many times I hear from members... "I don't see the value," or "I don't USE the benefits of ADA, CDA and SDDS," or "I don't need the insurance."

And then the next question is – what "are" the benefits that SDDS provides? Take for instance...

The SDDS HR Hotline! This is a member benefit just for our SDDS members. It's not a CDA Hotline. It's the SDDS Hotline. It is for dentists, whether they are employees or practice owners. You can call it 8 to 5, 5 days a week, for employment questions, staff issues, leave laws and anything HR related. Our partnership with CEA also provides the Harassment Prevention training, and we give CE credit along with it.

This issue of *the Nugget* – along with every monthly issue! Within this monthly magazine is up to the minute news, tips for business owners, educational articles for clinicians, employment articles and much more. All the info is inserted and listed in *the Nugget* each month.

Our Website! With CE programs, practice management courses, CPR, licensure renewal and other course info, our website has up to date resources for dentists.

Our Dentist Job Bank! If you are looking for a job, or looking to hire someone, our job bank (online, in *the Nugget* magazine) and 'on request' at sdds@sdds.org is up to date every week. Hire our members, please!

Membership Directory! Coming on our website this summer, members, their addresses and specialties! We are making the transition to this online version of our time-honored and traditional printed Directory. Watch for it on our website soon! It will be updated every month and will never be out of date nor out of print!

Continuing Education! We have made the plans to go back to SOME in-person programs (our General Meetings on Tuesday evenings, every 2nd Tuesday) and some will be ZOOM and webinar formats. Our CPR courses will be 5 times a year and blended with online pre-learning and skills testing in person. And Midwinter Convention is coming back LIVE in February!

SDDS Vendor Members! Our wonderful Vendor Members provide our members with information, webinars, discounts and many services to make lives easier, businesses more successful, and compliant. Hope you will call them FIRST when you are looking for professional services, a bank, a CPA, a practice broker and more. The Vendor Members are in every issue of *the Nugget* and we are very thankful for their support.

Fun Times! We're going to Hamilton, The Kitchen, the baseball games and other Broadway shows. We'd love you to join us for some fun and camaraderie, not just "peer networking!" Put Dec 10th on your calendars – our Holiday party at Del Paso Country Club will feature a great cover band, marvelous dinner, lots of fun – plan to invite your friends too! And hoping to have a day on the slopes next year and more fun things for you and your family to be part of...(and thanks to the 70 people and 500 boxes of shredding on Shred Day!)

So to sum it all up, there are many benefits of membership that SDDS has to offer. We hope you use them every day! ■

Cathy

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By Herlin Dyal, DDS, MS
Associate Editor

Removable Prosthodontics in a World Leaning to Implants

Implant dentistry can often take a lot of time from start to finish and can also become quite pricey, especially in challenging cases. As much as implants have become a part of every dental office and every discussion when discussing treatment plans to replace missing teeth, they have also become one of the more expensive treatment options. Between the implant company with their parts and pieces along with the laboratory costs, “All on X” cases (we use the term X because the number of implants can span anywhere from 4 to 8 in an arch) costs can become expensive.

I frequently find myself walking a treatment planning tightrope between doing incredibly fancy dentistry with super esthetic requirements, and patients who are looking for simple and cost-effective solutions. I consider it to be my responsibility to present all treatment options including removable partial or removable full dentures as options to help the patient understand and see what

works best for them. That’s right, every treatment has its place and so does “Removable Prosthodontics.”

This issue of *the Nugget* is focused on emphasizing the use and need for removable pros which, in most cases, provides a cost-effective treatment option to a segment of our patient population. This issue of *the Nugget* has three amazing articles making the case for removables.

Dr. Brian Ralli is passionate about the need to provide cost effective options to our most vulnerable edentulous or potentially edentulous populations: the aging and the economically disadvantaged and makes the case for it in his article. In the geriatric population, the ratio of edentulous individuals is 2 to 1. The ACP estimates that about 23 million people are completely edentulous and about 12 million are edentulous in one arch.

Consequences of missing teeth include significant nutritional changes and obesity

which can lead to diabetes and coronary artery disease. Given these sobering health risks, offering conventional removable complete or partial dentures is a valuable tool in our treatment plan armamentarium and will provide better function to our patients and help them lead a better quality of life with more confidence and the ability to keep up their nutritional needs. Dr. Ken Moore does an outstanding job of discussing the factors to consider when preparing patients to transition from a failing dentition into a removable prosthesis and we have the academician in Dr. Michael Scherer who makes an excellent point on the need to expand clinical treatment options. He takes us through his treatment planning and clinical implementation process of a patient that he treated on a rarely used, old-fashioned treatment using modern day technology and planning. Enjoy! ■

JOIN US FOR OUR FIRST IN-PERSON GENERAL MEETING IN OVER A YEAR!

Throwdown! Who Placed that Implant? 3 CEU, Core • \$75

Presented by Dale Alto, DDS; Pieter Linssen, DDS; and Ash Vasanthan, DDS, MS

In the vast majority of cases, dental implants have become the preferred treatment to replace missing teeth. As a result, implants are now being placed in an increasing number of both general and specialty practices. This throwdown will bring together an Oral Surgeon, a General Dentist, and a Periodontist to discuss and debate some of the specifics of implant surgery – come join the fun!

Topics will include:

- Modern techniques and standard of care
- Concepts in implant surgery and restoration
- Appropriate training for placing implants
- Management of complications

Tuesday, September 14, 2021

5:45pm: Social & Table Clinics

6:45pm: Dinner & Program

Hilton Sacramento Arden West
(2200 Harvard Street, Sac)

*We're back, and
throwing it down!*

Do you know all of your SDDS Member Benefits?

SDDS has many great member benefits that we provide to all of our members! Are you utilizing them all? We offer an exclusive SDDS HR Hotline number, a Job Bank, patient referrals, and much more! Read below to learn more about the benefits you may not have even realized you have already!



SDDS HR Hotline

Exclusive number FREE to SDDS members!

The California Employers Association provides SDDS with a exclusive HR Hotline number for our SDDS members! You are a dentist, but you're also an employer. Employee evaluations, hiring and firing, labor laws and personnel files are an important part of that! Call free with all of your burning HR questions.

SDDS HR Hotline: 888.784.4031

DOZENS OF CONTINUING EDUCATION COURSES

We do our best to provide you with courses of all types! From clinical hands-on classes, virtual HR webinars, CPR, practice management, mandatory licensure renewal courses, and more, we have a course for everyone! As an SDDS member you also receive special pricing, non-member dentists actually pay double for our courses! Yay for savings!



SDDS JOB BANK FOR DENTIST POSITIONS

Do you use the SDDS JOB BANK? Did you know that your future associate, boss or partner may be just a click away on our website? It's also in this issue of *the Nugget* (see page 27) and in a spreadsheet upon request from our office.

If you are looking to hire a dentist, or be hired, or looking for a few extra days a week, our job bank is a great way to begin your search.

So Many Benefits at Your Fingertips

Make the most of your SDDS Membership by utilizing your benefits!

Patient Referrals • Community of Dentists • TDIC Insurance (through your CDA Membership)
Front Office Courses • Dinner at The Kitchen • MidWinter Convention • ADA and CDA Toolkits
SDDS Foundation (includes Smiles for Kids and Smiles for Big Kids) • Member Online Link
Practice Support (through CDA's Practice Support Center) • Advocacy and Legislation • Fun Events
Complimentary Classified Ad Each Year • Discounted Advertising • Discounts from our Vendor Members



The Nugget

*SDDS' award-winning
monthly publication!*

The Nugget is our opinion and discussion magazine. It provides our members with information and helps encourage conversation among members. The issues cover a wide-variety of topics from feel-good Foundation stories, to clinical information, practice management and much more!

**Read past issues digitally
on the SDDS website!**

Special Events & Fun Times

SDDS hosts special events throughout the year for you and your team! These events allow for our members to get to know one another and take place in the community! Hope to see you at an event soon!

- Annual Swing for Smiles Golf Tournament
- Dentists Do Broadway Series
- Dental Day with the River Cats
- Shred Day
- River Boat Cruise
- and Many More!

YOU SHOULD KNOW

ELECTRONIC PRESCRIBING BECOMES MANDATORY IN CALIFORNIA IN JANUARY 2022

Reprinted with permission from California Dental Association

Beginning January 1, 2022, dentists and other prescribers in California must issue electronic-data prescriptions for both controlled and noncontrolled substances with very few exceptions. Paper prescriptions will no longer be allowed by state law, as CDA previously reported.

All pharmacies across the state, too, must be capable of accepting those prescriptions and are required to immediately notify prescribers if the electronic transmission fails or is incomplete.

Assembly Bill 2789, which mandates the electronic prescribing, was signed into law in 2018, but CDA advocated for the three-year implementation window to give dentists time to obtain adequate e-prescribing systems and to train staff.

Purchasing Prescribing Software

Electronic prescribing can especially reduce opportunities for diversion of controlled substances by eliminating the use of paper forms, which can be lost, stolen and used illegally. E-prescribing also can help provide timely patient care.

Prescribing software is available with or without the ability to electronically prescribe controlled substances. Software that can prescribe controlled substances costs more because of the additional regulatory compliance costs; the software must be certified that it complies with a 2010 DEA regulation that requires identity proofing of prescribers and two-factor authentication when signing prescriptions, for example.

Prescribers can choose to purchase a standalone prescribing software or a software application associated with an electronic health record. EHR-based applications allow for automation of patient demographic information and attachment of a prescription to the patient's treatment record. The applications can be added to Dentrix, Eaglesoft, OpenDental, Curve, Carestream or MacPractice. Providers can search for prescribing software applications on the Surescripts website.

Mobility, Practice Type and Cost Affect Selection

Dentists will want to consider several other factors before purchasing prescribing software, including whether they need to use the software on Android, IOS or other mobile platforms and whether they want enhanced software that provides additional features, such as the ability to check for drug interactions or a patient's drug allergies.

The type of dental practice can affect software selection, as well. An associate who works at more than one practice may opt to purchase standalone prescribing software since it is not tied to a specific EHR, for example. And if a practice has multiple locations that use the same EHR, a separate user license for each location may be required.

Exceptions to Electronic Data Prescribing

Prescribers can provide paper prescriptions directly to a patient only in situations that qualify as exceptions to the electronic data prescribing mandate. Exceptions that may apply to prescribing dentists include:

- The electronic data transmission prescription is not available due to a temporary technological or electronic failure of a computer system, application or device or a service interruption. If prescribing a controlled substance, the prescriber must document in the patient's record the reason for the failed electronic transmission.
- The prescriber is issuing a prescription for dispensing by a pharmacy located outside of California.
- The prescribing health care practitioner and the dispenser are the same entity.

Prescribers can also call in prescriptions for noncontrolled substances in situations that qualify as exceptions under the state law, but only in emergency situations can prescribers call in prescriptions for schedule II drugs.

More Information Available in CDA Practice Support Resource

For more details about the electronic prescribing requirement, exceptions to the state mandate and types of prescribing software, read the Prescribing and Dispensing Q&A from CDA Practice Support. The resource also includes answers related to scope of practice and the use of CURES, the state's prescription drug monitoring database, for prescribing controlled substances.

CDA reminds dentists registered with the U.S. Drug Enforcement Administration that the **DEA is no longer sending renewal notices by mail as of June 2020**. Registrants will instead receive renewal notifications by email.



By Brian Ralli, DDS
SDDS Member

Dr. Ralli graduated from the University of the Pacific Dental School in 2000. He currently practices with his wife, Dr. Ling Ralli, in Roseville, CA. He serves on the SDDS Nugget Editorial Board. Besides managing a dental practice, he is also a proud father of five.

The Case for Dentures

We live in a golden age of implant dentistry. The science of our dental materials and diagnostic equipment has changed drastically in the last twenty years to the point where implants are a routine component of all of our dental practices regardless of specialty. We've all seen beautiful published cases or even cases we've restored ourselves of patients who went from failing dentitions to beautiful fully restored smiles anchored rock solid to the bone. This is ultimately the ideal of dentistry.

It is always our duty to let our patients know their options and of course we are trained to never judge anyone's financial capability.

Unfortunately, there is a third component besides aesthetics and function and that is one of finances. We all get these patients on a regular basis. They come to the dentist usually out of sheer necessity; something is hurting. Your assistant takes a single x-ray and from that x-ray you already suspect the full picture, that this is a patient who is ultimately going to lose their teeth. Many times the patient has no idea of the reality of their situation. They haven't been going to a dentist regularly. They haven't had full x-rays taken. The last dentist before you might have even done a root canal on them, or pulled a tooth; but shockingly, no one has ever really talked to them about the reality of their overall dental health. It may be advanced periodontal disease or rampant decay but the difficult conversation needs to be had that this patient has a terminal dentition.

It is always our duty to let our patients know their options and of course we are trained to never judge anyone's financial capability. That being said, I see a lot of dentists who

just ship this patient off to a specialist (many times with an active infection) with the note "patient wants implants". In my opinion, this is a disservice to the patient. As front line doctors, we need to have conversations with patients about their overall expectations for their teeth functionally, aesthetically, and very importantly, financially too. I have an admittedly insurance dominated practice and I get tons of patients who come to me after decades of neglect and are legitimately excited because they finally got dental insurance and want all their teeth fixed. I had a young man in his 20s last week who just needed a bunch of cervical fillings and was floored to find out that he would have to pay HUNDREDS of dollars as his share of cost. He couldn't understand it. He thought he had insurance. As a dentist, I am thinking "Wow, this guy is getting off light, in a year those are all going to be root canals..." Unfortunately, this is a hard reality for much of our patient pool.

Let's go back to that emergency patient they added on your busy schedule; the one with advanced periodontal disease or the one with two dozen teeth visibly rotten to the bone. What conversations do you have with them? It has to be beyond "Do you want implants?... OK, here's your referral..." It took me many years to learn to comfortably talk overall finances with patients. We can definitely sell the benefits of implants and we should. But there is a harsh reality that for many of these patients, investing in the something the equivalent of a brand new luxury car is not going to ever happen and as their medical provider you have to reasonably get them into a healthier situation.

In my practice I do a lot of immediate dentures. It annoys me when I go to CE lectures or read opinions on forums that proclaim that dentures not supported by implants are below the standard of care. This is a ridiculous assertion in my opinion. Many patients live out their lives perfectly functional, healthy, and happy with a set of

dentures. These same patients might have gone through decades of infections, pain, anxiety, and poor self-esteem due to their failing teeth. I can honestly say that the most excited patients I've ever had, the ones with tears in their eyes, are the ones who I just pulled all the teeth out of their mouth and stuck in a pair of acrylic plates with 28 straight, plastic teeth. Yes, this is lower end option for a patient in this situation. Yes, it is not ideal. But, the alternative experienced by many Americans who go through a lifetime of oral infections is a lot worse.

I think it is the duty of the general dentist, who is the front line coordinator for most patients to set up our specialist colleagues and of course our patients for success. Shipping off a patient for a mouthful of implants or even something as routine as a root canal and not having the patient even pick up the phone to make the consult ultimately is a failure of communication on the part of the dentist. We need to communicate realistic expectations right up front to our patients that also involve financial expectations. Many times I will have these conversations before I even look in their mouth. With limited time, I need to give them a big picture as to the direction we need to undertake that ultimately will determine what their mouth is going to look and feel like potentially for decades. I challenge my colleagues to resist the urge to just treat the single tooth, or even worse punt the patient to the next dentist up the chain. Make a stand with the patient that between the two of you, there needs to be a plan to get their mouth disease free. That plan may be to make a drastic lifestyle change and invest that luxury car payment into a

We need to communicate realistic expectations right up front to our patients that also involve financial expectations.

mouth of beautiful implants involving the best minds and hands in the industry. That plan may also be to extract all their front teeth and hand them an acrylic stayplate that they might happily wear for the next fifteen years. There should be no shame in this decision as long as we do our job and properly inform and educate the patient. Some of these patients may choose higher end treatments down the road. Yes, trying to place an implant a decade after an extraction may not even be an option at some point but no one ever died from a missing tooth. People die daily from dental infections. We are all trained to replace missing teeth in a variety of ways. Let's not forget that removable appliances need to be a viable weapon in our repertoire. ■



Professional Practice Sales
of The Great West

PPS Does Not List Practices, We Sell Them!

Recent Sacramento Engagement

SDDS Member contacts PPS on November 13th. He has decided to sell his long-time Delta Premier practice. He needs to be out by Spring as the result of a commitment he made which dictates the sale. He commences his due diligence on PPS to determine if he can entrust us with this important task.

PPS performs our due diligence. We come to an agreement and he engages our services.

Marketing commences December 26th. Client meets with interested prospects after review of their CVs. Three Offers are tendered, two above asking price. Client accepts an Offer on January 27th. The practice is in escrow at 32% above the asking price. Due diligence and financing conditions are satisfied with an April 16th closing.

This all happened in one month once placed "For Sale" with PPS.

Do we understand Today's SDDS' Marketplace? Absolutely!



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Discussion Topics

for the Patient Undergoing Full Arch Removable Prosthetic Treatment

By Kenneth E. Moore II, DDS

Dr. Moore completed his dental degree at the Arthur A. Dugoni School of Dentistry in San Francisco and completed his Graduate Prosthodontic Training at University of California, San Francisco. He currently maintains a private practice in San Mateo, CA.

The 36 million fully edentulous Americans can greatly benefit from dental treatment. While fixed implant therapy is all the rage in journals these days, the reality that 40% of Americans do not have savings over \$400 and 56% have less than \$5,000. This means a fixed solution is not a possibility for more than half of the population. In addition to these financial barriers, implants have certain health and biological requirements that may favor a removable option of treatment. Yet, the decision to move away from teeth into prosthetic options requires the dentist to explain the process and support the patient through their journey of becoming whole again. Aims of this article are to delineate four general steps for removable prosthetic treatment, and to guide providers thorough topics of discussions with patients about their expectations and options.

Step 1: Explaining Reasons for Edentulation. The first step in removable prosthetic treatment is to have the patient understand why they must remove their teeth to achieve better health and function. Two major scenarios drive the need for edentulation: the structural and the biological. Structurally, a critical number and distribution of teeth will be required to support the forces of mastication. If there are too few teeth or they are in a single grouping, complete edentulation must be considered (figures 1 & 2). Biologically, widespread tooth decay or severe periodontal disease can indicate removal of the infection and prosthetic management of the patient (figures 3 & 4). Extensive research links oral disease with systemic health. The patient must be educated that their infection is not confined to their mouth but can contribute to health issues



Figure 1 - Pre-treatment of Structurally/Positionally Challenged Patient.



Figure 3- Pre-treatment of Biologically Challenged Patient



Figure 2 - Post Removable Treatment of Structurally/Positionally Challenged Patient.



Figure 4- Post Removable Treatment of Biologically Challenged Patient



Figure 5 -Duplication of Immediate Denture for use in surgical implant planning.



Figure 6 – Guide in place allowing surgical range of placement of implants.

such as cardiovascular disease, diabetes, pregnancy complications, and pneumonia.

Step 2: The Immediate Healing Denture.

Once the patient has accepted the need for treatment, the process and options should be clearly understood. Traditionally, the journey begins with a set of immediate

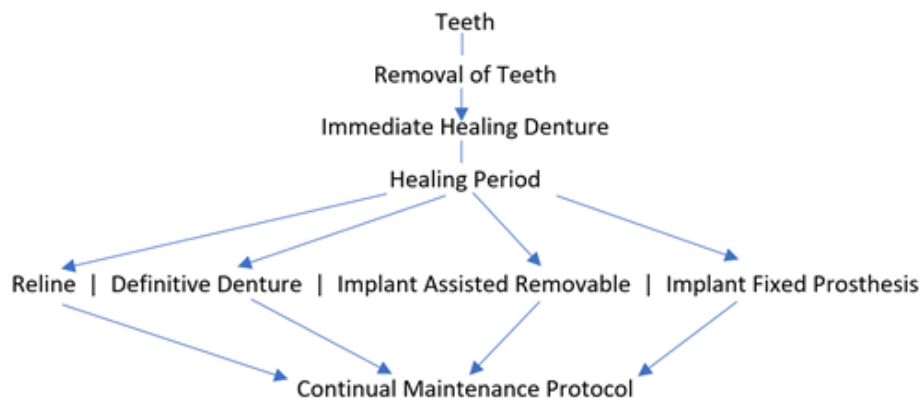


Figure 7- Traditional flow of treatment for the edentulous patient.

dentures. While there are cases where a reline will make the immediate denture become the definitive treatment, typically it will only be used during the healing stage. Several benefits of the immediate healing denture should be reiterated to assist the patient in understanding its critical value. For example, an immediate denture gives the patient the dignity to never be without teeth. It also serves as a dressing while the wounds from tooth extraction heal, and acts as a prototype that allows the patient to have input on desired esthetic changes. Additionally, the patient can “test drive” conventional removable traditional therapy, to either reaffirm their

decision to stay in conventional removable or move on to implant assisted treatments. Finally, the immediate healing denture can be duplicated and used as a surgical guide to place any implants that are considered in the treatment (figures 5 & 6).

As with any new removable prosthesis, the patient will initially have issues with salivary flow, sore spots, relearning chewing strokes, and speech. Several studies have demonstrated most patients will adapt over the first 2-3 months but may need up to 6 months to see improvement of fit and discomfort (figure 7).

Continued on following page...



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Step 3: Definitive Treatment. Once the healing period is complete and the tissues are stable, the patient may begin with definitive treatment. Removable definitive treatment includes both conventional and implant-assisted dentures, each of which has their own advantages and disadvantages that can be explained to the patient. The benefits of conventional dentures include shorter treatment times, lower cost, excellent esthetics, and ease of repair (figures 8 & 9). The use of dental adhesives, especially during the adaptation period, improves satisfaction and retention of conventional dentures.

While implant assisted removable dentures are more costly and complex than a conventional denture, they do offer significant advantages (figures 10 & 11). Depending on the study, the bite force of a conventional denture ranges from 35psi to 91psi, whereas the addition of implants for an overdenture can bring the bite force as high as 191psi. The same series of studies demonstrated an increase in efficiency of chewing, which took 70 chewing strokes for the conventional denture to match 40 chewing strokes of the implant overdenture.¹ Implants in the maxillary arch allow the prosthesis to be less bulky, more comfortable, and better ability to taste, as the hard palate is not required to be covered for retention. Unfortunately, the increased ability for function does not necessarily translate into improved nutrition. Finally, the mandibular implant overdenture offers considerable improvement in function and comfort over a conventional denture, such that a two-implant overdenture was recommended as the standard of care by the McGill Consensus in 2002.² Notably, some benefits of traditional implants on removable prosthesis also apply to alternative implant therapies (e.g., mini implants or single implant overdentures), especially in the lower arch.

While we tirelessly strive to maximize technical quality and optimize the design of a prosthesis, we must balance our own expectations with the humbling study by Fujimoto and colleagues stating that the greatest predictor of patient satisfaction and nutrition are personality and attitude.³ The unique desires, psychology, and means of each patient must be considered when discussing the definitive design of removable prosthesis.



Figure 8 – Example of Conventional Removable Denture



Figure 9 – Example of Conventional Removable Denture

Step 4: Maintenance and Follow-up. Regardless of conventional or implant assisted removable treatments, it is important to discuss the final, yet endless step of meticulous hygiene and maintenance. All too often, edentulous patients believe that they will never need to see their dentist again. The American College of Prosthodontics recommends ongoing, annual checkups for edentulous patients. Benefits to the patient include inspection and correction of structural components such as chipped teeth, fractured acrylic, and worn retentive elements. Examination of the tissues for early signs of oral cancer is also important for health. Further, dentists should screen for infections, as removable prosthetics increase the likelihood of candida fungal colonization. Finally, the mouth continues to change throughout life, and an ill-fitting prosthesis will accelerate the breakdown of the bone and supporting tissues known as residual ridge resorption. Overall, routine and basic preventative visits will prevent or prolong the need for another round of active treatments.

We are fortunate to live in an age with multiple treatment options for patients to restore their form, function, and health. With this great ability comes the responsibility to have conversations with our patients to support them with their reconstructive journey along four key steps reviewed in this article: reasons for



Figure 10 – Example of Implant Assisted Overdenture



Figure 11 – Example of Implant Assisted Overdenture

edentulation, the immediate healing device, definitive treatment, and maintenance and follow-up. Armed with the knowledge and the state of the science of removable discussion points, the conversation will occur with ease and confidence. ■

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"The incredible faculty at the FADE Institute not only provided me with an exceptional gateway to becoming a successful RDA, but they also provided a warm hand as I became a new member of the dental community".
Jaden – RDA Class of 2020



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- Have a working computer with color printer.
- Be willing to commit to an estimated 15 - 20 hours per week of study time/homework.
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Root Overdenture Attachments in an Implant World

By **Michael Scherer, DMD, MS, FACP**

Dr. Scherer is an Assistant Clinical Professor at Loma Linda University, a Clinical Instructor at University of Nevada – Las Vegas, and maintains a practice limited to prosthodontics and implant dentistry in Sonora, CA. He is a fellow of the American College of Prosthodontists, has published articles, DVD training series, and in-person and online courses related to implant dentistry, clinical prosthodontics, and digital technology with a special emphasis on full-arch reconstruction. As an avid technology & computer hobbyist, Dr. Scherer's involvement in digital implant dentistry has led him to develop and utilize new technology with CAD/CAM surgical systems, implement interactive CBCT implant planning, and outside of the box radiographic imaging concepts.

The growth and interest of using dental implants is a clinical paradigm shift that has slowly occurred over the past 30+ years in our dental practices. Many clinicians have gotten to the point where a patient who presents to our offices with a hopeless/failing dentition, we are often fast to conclude that extractions and implant treatment is their only option. Some clinicians see the limitations to patient acceptance of implant treatment is often the expensive cost of the procedure and fear of surgical procedures to have implants placed. While both of these factors can be accounted for and managed with patients, I do find it a bit easier to get some patients to accept the idea of saving a few teeth to help stabilize their denture or removable partial denture rather than just going straight to dental implant treatment.

As our baby-boom generation patients continue to age, we are encountering more patients holding onto teeth longer and those same patients are looking for cost-effective dental treatment. To help inspire future generations of dentists in expanding treatment options, we often should look back to how creative dentists in the past would address clinical options.

Looking Back to the 1970s

In the 1970s, using natural tooth roots to help retain a prosthesis was considered a primary treatment recommendation for many patients. At the time, dental implantology was in its infancy and considered by some not ready for clinical practice. As a result of when teeth would fracture or patients would need denture treatment, clinicians would utilize the last remaining tooth in the maxillary or mandibular arch to help keep patients away from tissue-supported dentures.

Many advances in attachment systems were pioneered during this time; some would

even consider the 1970s as the “decade of the overdenture.”¹ During this time-period, clinicians and manufactures established protocols of using endodontically treated teeth with a cemented post and core which contained a stud-style attachment system. Many of the core principles apply today in dental implantology and when a clinician uses a LOCATOR abutment on a dental implant, its proverbial “roots” are actually with root overdenture treatment!

Looking to Today and the Future

Fast forward to today - a patient presents to our office with a chief concern of a fractured fixed partial denture from teeth #6-8. (figure 1) The patient indicated that he had the fixed prosthesis made several years ago and would prefer a similar treatment if possible. Furthermore, the rest of his dentition was healthy with no signs of periodontal disease or dental caries so he could potentially be a great candidate for implant treatment.



Figure 1

We discussed options including dental implants, however, we did indicate that bone grafting would be required in the area. As the complexity of the treatment went up, so did the costs. The patient ultimately saw the bottom-line costs of the dental implant treatment and told me, “Doctor, at my age, that sounds like way too much money for me to spend, do you have any other cheaper options?”



Figure 2

Immediately the thought of a removable partial denture popped into our minds and we presented him with the option of simply extracting the remaining fractured teeth and fabricating him a removable prosthesis. He was interested in the option and when we let him know the cost of the removable partial denture compared to the dental implant option, his interest peaked even more. When we told him that he would need a metal clasp on tooth #8, however, his interest diminished. He did not like the idea of something like that showing when he smiled and immediately let us know his concerns with that reality.

Could we do something else that would meet the expectations of the patient and keep costs reasonable? Thinking back to the 1970s pre-implant dentistry era, could a stud-style root attachment, such as a LOCATOR abutment, cemented into each could potentially appease the patient's concerns with dental treatment? We presented the option of keeping teeth #6 and 8 and using them for retention. We presented him the idea of root canal therapy and cementing an attachment directly into the roots. The benefits were obvious to him, a snap like connection could eliminate the wire clasp showing on tooth #8 and additionally it could give him an implant-like retention and stability without having to go through complex surgical procedures with minimal costs.



Figure 3

On top of the above, we told him that while implants were not a covered service with his dental plan, much of the root canal and removable partial denture treatment were covered and would reduce his out of pocket expenses. He was thrilled and asked the question, "Doctor, that sounds great! When can we get started?!" We responded, "How about right away?" He said yes to treatment without hesitation.

Clinical Steps

Anesthetic was placed, a rubber dam applied, endodontic procedures were completed on teeth #6 and #8. The roots were reshaped to slightly below the gingival margin using a diamond rotary bur and a high-speed handpiece. Emphasis is placed on ensuring that there is sufficient restorative space between the top of the residual root and the opposing dentition.

The canals were shaped using a drill that corresponds with the post size for a corresponding LOCATOR root attachment. Ensuring the path of insertion of the future prosthesis is critical and attention was given to ensure that the future abutment was as close to paralleling

the path of insertion for the prosthesis. Since residual roots diverge compared to the path of insertion, LOCATOR root abutments come in 3 angulations to help compensate for divergent angles. Using a paralleling post to ensure the proper angle, a 20-degree abutment was chosen for tooth #6 and #8 as it most closely matches the path of insertion. (figure 2) The post was air abraded (MicroEtcher CD, ZEST Dental Solutions) and cemented using a resin cement (Panavia v5, Kuraray).

Scan body scan housings were applied to the LOCATOR attachment to assist in digital impression procedures. A digital intraoral optical scan of the maxillary arch, mandibular arch, and occlusion was captured (TRIOS, 3Shape). (figure 3) The scan files were sent to a laboratory and the metal framework was 3D printed. Denture teeth were applied to the metal framework and the patient returned for a clinical try-in where esthetics, phonetics, centric, and comfort were confirmed. The removable partial denture sent to the laboratory for final processing.

Continued on following page...

The patient returned for clinical delivery. (figure 4) Block-out spacers and housings were placed onto each attachment and the removable partial denture placed to ensure sufficient space within the prosthesis to ensure complete adaptation to the maxillary dentition. Composite resin (Chairside Attachment Processing Material, ZEST Dental Solutions) was injected around each housing and within the intaglio of the removable partial denture. The prosthesis was placed back onto the dentition and allowed to fully polymerize. After complete polymerization, the prosthesis was removed ensuring the housings were attached to the prosthesis. The processing inserts were removed and nylon inserts placed corresponding to an acceptable retention level. (figure 5)

The patient was given instructions on how to remove and care for the removable

prosthesis. He was very pleased with the final result and has returned for follow up to reinforce hygiene and long-term care. He is still thrilled – he's now telling all of his friends about his new teeth!!

Are root overdentures back even in the modern implant world? This author thinks so! Frankly, we should look back for inspiration and make the choice that is best suited for each and every patient in the modern world. Ultimately root retained dentures and removable partial dentures are a treatment modality that can be part of clinical options we can present to patients! ■

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1. Fenton AH. The decade of overdentures: 1970-1980. J Prosthet Dent. 1998;79(1):31-36



Figure 4



Figure 5

ATTEND DR. SCHERER'S UPCOMING CE COURSE!

Updates in Digital Dentistry – What Works in Everyday Clinical Practice?

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This course covers the latest updates in digital dentistry technology from scanners, 3D printers, milling machines, and much more. This program aims to be a review of digital workflows and technologies focusing on what works and what is still considered emerging technology. Dr. Scherer aims to dispel fact from fiction and emphasis is placed on clinical applications and “real-world everyday practice” workflows that work well in the author’s clinical practice and strategies for what every dentist can do to implement the latest technologies.

Learning Objectives:

- Become exposed to digital technologies and innovations occurring in dentistry
- Recognize the role of digital dentistry workflows and realistic places to begin new or implement new technology into existing digital dentistry practices
- Understand the limitations of the latest technologies and recognize their shortfalls

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Michael D Scherer, DMD, MS, FACP

Dr. Scherer is an Assistant Clinical Professor at Loma Linda University, a Clinical Instructor at University of Nevada – Las Vegas, and maintains a practice limited to prosthodontics and implant dentistry in Sonora, California. He is a fellow of the American College of Prosthodontists, has published articles, DVD training series, and in-person and online courses related to implant dentistry, clinical prosthodontics, and digital technology with a special emphasis on full-arch reconstruction. As an avid technology & computer hobbyist, Dr. Scherer’s involvement in digital implant dentistry has led him to develop and utilize new technology with CAD/CAM surgical systems, implement interactive CBCT implant planning, and outside of the box radiographic imaging concepts.

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Committee Corner

Committee Liaison Midyear Reports to the Board of Directors

Role of the committee liaison: The board liaison is not required to attend committee meetings (nor to “be a committee member” nor do committee work). The liaison should provide guidance to chairs and observe/keep track of the committee members at work in the search for future leaders. Liaisons are responsible for contacting the chair and providing a written report of the committee/task force proceedings to the Board at Board meetings.

CPR Committee - Dr. Craig Alpha, liaison (and CPR instructor)

All 2021 CPR classes will continue to be presented as Skills Testing, with the online learning from the American Heart Association course. Thank you to Dr. Margaret Delmore, who is serving as a wonderful chair!

Membership Benefits and Services Task Force – Drs. Jeff Sue, Kart Raghuraman, Stephanie Sandretti, Nima Aflatooni, liaisons

Committee chair, Dr. Chirag Vaid, has had two meetings thus far. The committee has discussed SDDS, CDA and ADA benefits. The committee clearly thinks that the SDDS

benefits outweigh all benefits from ADA and CDA. They continue to investigate what benefits members want, and what more SDDS can offer. SDDS will be doing a member survey this summer to take the pulse of the membership. SDDS benefits include HR Hotline (for SDDS members only), fun events, camaraderie, networking, and mentorship. The final task force report will go to the Board in September.

Mediation Task Force – Dr. Lisa Dobak, liaison

Dr. Dobak reports that the Mediation Task Force recommends a “Warm Hand Off” process only. Insurance coverage is a limiting factor in SDDS involvement. It is recommended that after receiving a call from a patient regarding a complaint about a

member dentist, the SDDS staff will forward the complaint directly to the dentist via phone (after getting patient’s permission). For insurance liability purposes, minimal records will be kept. A final report and process will be approved by the Board by September.

CE Advisory Committee - Dr. Hana Rashid, liaison

Dr. Rashid reports that she is serving on a CDA Workgroup and participating in an audit involving CDA’s CE courses online. Many components and CDA will continue in Zoom format. There is some concern that CDA’s ongoing CE program (more than the two Presents programs, either live or online) will interfere and/or compete with component CE programs (thus competing for revenue resources at the component level).

2021 SDDS Committee Schedule

Standing Committees

CPR Committee (courses)
Aug 18 • Sep 17 • Nov 12

**Nominating/Leadership
Development**
Work Completed

Foundation

Foundation Board
Sep 21

Other

Sac Pac
May TBA

CDA House of Delegates
Nov 11-13

Advisory Committees

Continuing Education Advisory
TBA

Mass Disaster/Forensics Advisory
Sep 21

Nugget Editorial Advisory
Sep 20

Strategic Plan Advisory
Schedule as needed

Budget and Finance Advisory
Schedule as needed

Bylaws Advisory
Schedule as needed

Legislative Advisory
Schedule as needed

Leadership

Board of Directors
Sep 7 • Nov 2

Executive Committee
Aug 6 • Oct 8 • Dec 3

Task Forces

Mediation Review
Work Completed

Member Benefits/Services
Sep 20

Oral Health/Prop 56 Initiatives
Sep 17



CDA/Legislative/Issues to Consider – Dr. Nima Aflatooni, liaison

Dr. Aflatooni reported that the SDDS Legislative Advisory hasn't had any issues of which to act/meet. He discussed third party payers and the CDA issue of Assignment of Benefits. This issue was taken off 2020 agenda due to COVID, but it will be on the 2022. SDDS will monitor this very important issue and make sure it is not again put on hold.

CDA Government Affairs - Dr. Stephanie Sandretti, CDA Council Chair

Dr. Sandretti reported that CDA is watching AB454 - Plan Accountability and Practice Stability Bill. This bill will hold plans accountable for situations similar to COVID. The Vaccine Scope Agenda is moving forward seeking to allow rapid testing and vaccinations in dental offices. The State has a huge surplus – and CDA is asking for millions of dollars for fluoridation in San Joaquin Valley, for special needs access to care, for coordination with Denti-Cal / Medi-Cal to align ER's to help with MD-DDS referrals. It is such an honor that Dr. Sandretti is the CDA Council Chair AND that she serves on our SDDS Board as a guest member this year!

Oral Health Task Force - Dr. Kevin Keating, liaison

Dr. Keating reported on this task force, which began when the Prop 56 funding became available to all counties (2019). This task force was brought together to share Public Health concerns, ideas and progress, and modes to improve care to those segments of the population who fall through the cracks

– bottom 10%. The committee meets three times a year and will be proposing to make this an advisory committee at the end of this year, moving from a task force.

Nugget Editorial Committee - Dr. Ash Vasanthan, Editor-in-Chief

The Nugget continues to be one of SDDS' leading member benefits. On March 19th Cathy Levering and Dr. Vasanthan attended the American Association of Dental Journal Editors and Journalists Webinar. The focus of the webinar was on "Editorial emphasis" and was attended by Dental Journal Editors from around the country. *The Nugget* received accolades from the ICD with "Golden Pen," "Platinum Pencil" and "Special Citation" for three different issues in the previous year.



Dr. Vasanthan with the three different awards The Nugget received from the International College of Dentists for the past year!

Bylaws Advisory Committee - Dr. Brock Hinton, liaison

Dr. Hinton advised no changes at this time. If Resolution 5 passes, we will amend bylaws at the end of the year, along with other proposed changes.

Placer Co. Fluoridation Workgroup - Dr. Dean Ahmad, liaison

Dr. Ahmad discussed the history of fluoridation in Placer County and optimum fluoride levels. Roseville has been fluoridated for many years. However, many small water districts are not and there are many private wells. There is an exploratory committee with First 5 in Placer County and some community members to see if now is the time to move forward with fluoridation advocacy in Placer County. Dr. Ahmad will continue to attend meetings and report any progress to the Board in September. Currently SDDS has asked for more information before deciding on SDDS' level of commitment to help with the fluoridation efforts. ■



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.

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The What-Ifs of Employees Returning During COVID

By California Employers Association (SDDS Vendor Member)

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As the COVID-19 hospitalizations continue to decline and vaccinations continue to increase, more employers are requiring employees to return to the office. A frequent question on our SDDS HR Hotline is whether an employer can fire an employee if they refuse to come back to work? What happens to unemployment insurance benefits? Some offices may also be faced with dealing with employees who previously could or would not return. Depending on the circumstances, you will need to determine if they must be reinstated to their former position. Read on to learn more!

1. What if my employees don't want to come back to work?

It depends on why they are not coming back to work. If the employee refuses with no explanation or reason, ask the employee for a reason. If none is given, then the employee is voluntarily separating from employment or terminated (refer to your policy). While we cannot stress enough that you must first consider all of the reasons someone might refuse to return to the office, it's unlikely that fear of the virus or preferring to work from home will be a legally defensible excuse for refusing to work in the office. When an employee voluntarily resigns or is terminated for job abandonment it may be more difficult for them to receive unemployment benefits from the state.

However, if the employee or a family member has a health-related issue impacting their ability to return, you must determine if the employee is protected under applicable law (such

as the Americans with Disabilities Act [ADA], Fair Employment and Housing Act [FEHA], or supplemental [COVID-related] paid sick leave) requiring a leave of absence or another form of reasonable accommodation. If there is a childcare-related issue, review the new emergency leaves and California's school activities leave.

2. What if my employee says they are afraid to return to work?

Fear of the virus is on the mind of most employees being called back to work. People might say, "I'm afraid I will get sick at work and bring it home to my family." In the notice to employees that there is work available, employers should outline all actions being taken to comply with federal, state, and local laws to ensure a safe and healthy workplace such as cleaning protocol, staggered shifts, patient load management, social distancing, etc. And, make sure that you have met all those safety requirements. Check your local city and county COVID-19 resource pages, as well as CDC and Cal-OSHA for guidance. Tell your employees additional training on these protocols have been implemented and they will be covered on their return.

3. What if my employee wants to return to work but their position no longer exists?

This can become a very complicated and potentially litigious issue if it is not handled properly. You will need to look at several factors; why does the position no longer exist, what discussions and/or agreement did you have with the employee while they

were out, and what documentation do you have in regards to the issue.

Did they have a medical reason as to why they could not return to work? Was a reasonable accommodation or other protected leave granted to the employee? If so, in most circumstances, that employee should be reinstated to their former position.

What if you offered to reinstate the employee to their former position a few months ago, but they refused to return to work and it was not for a protected reason? In general, if an employee is refusing available work then it is considered a voluntary quit and they would not be eligible for reinstatement. But remember to use caution, the burden is always on the employer to show that they acted in good faith in dealing with their employee. Did you provide written notice to the employee that they should return to work? Did you document other attempts to reach out to the employee? Did you document the employee's response to the reinstatement notice?

Business is certainly challenging right now and the guidelines and requirements from local, state and federal agencies can be confusing and can change daily. But not to worry, that is what CEA is here for! If you have questions or need to talk through a particular situation, that is the perfect time to give the SDDS HR Hotline a call and one of our advisors would be happy to assist. The direct number is 888-784-4031. We look forward to speaking with you soon! ■



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You Can't Do Ethics Alone

By David W. Chambers, EdM, MBA, PhD

Dr. Chambers is professor of diagnostic sciences and former associate dean for academic affairs and scholarship at the University of the Pacific, Arthur A. Dugoni School of Dentistry in San Francisco. He is also the editor emeritus of the American College of Dentists. He has earned the EdM, MBA, and PhD degrees and has been a visiting scholar in philosophy at Cambridge University, The London School of Economics, and UC Berkeley. He has published over 650 papers, including a monthly column on ethics in the CDA Journal. Dr. Chambers received the American Dental Education Association Gies Award for Achievement in 2018 and the Gies Award from the American College of Dentists in 2020.

Those interested in learning more about dental ethics may want to ask Amazon about Nubs: Bite-sized Morsels of Ethics for Daily Life and the American College of Dentists Ethics Report: The New Professionalism. Royalties in both cases go to ACD.

Alexander Selkirk was a Scottish sailor and a very difficult person to get along with. By mutual consent he was marooned on one of the Juan Fernandez Islands, 400 miles west of Chile in 1704. He was alone there over four years until he wrangled an escape on a passing English vessel and returned to some celebrity in London. Perhaps you know the story better in Daniel Defoe's retelling as Robinson Crusoe.

Here is the question: During the 52 months he was completely alone, was Selkirk ethical? Probably the best answer is that this is a meaningless question. No one can be ethical or unethical alone. No one even cares much about having this kind of academic discussion. Ethics is always a group activity.

"Not so fast," I hear some of you saying. "I take ethics very seriously. I have a personal code of conduct regarding what is right and wrong, and I try to live by it." Most of us do, and that is why so many folks are disappointments to us. We all try, in good faith, to do the best we can, and there are times when we just walk away from those who "don't get it." Those who walk away from us are doing just the same thing.

Ethics is always a group activity.

There are academics who offer us various theoretical justifications for the ethical positions we favor. They have been drawing a salary for millennia doing this work. There is so much to choose from.

Here is a view of ethics that may help. Ethics is the joint behavior of those who share a problem such that no one involved would change their position if thoroughly informed and free to choose uncoerced.

Sounds a lot like the joint decision making model of informed consent, doesn't it? The two parts of this view that matter most are (a) it is always about more than one person since our futures depend on what others do and (b) there is no room for "guiding" others by using power, superior knowledge, misdirection, or economic and political leverage and calling that ethics. We are trying to solve a common problem, so we should extend the same degree of information and autonomy to others we expect them to accord us.

Let me make this more concrete.

You have noticed that a dentist in the community has recently drifted toward what certainly appears to you (by your high professional standards) to be both unnecessary treatment and poor quality as well. Perhaps an endo file in the sinus that the patient had not been informed of or veneers on periodontally involved teeth. You interpret the ADA Code of Professional Conduct to require that you inform the patient of the oral condition without disparaging comment about the treating dentist. You do not feel it necessary to do anything more because you do not know the conditions under which the care was rendered. That is a perfectly sound private ethics response. You are providing appropriate care to the patient, including offering to address the current problem yourself, and you are honoring a presumption of high professionalism toward your colleague.

Is it an ethical response? Have you placed the patient in a position where he or she can decide how to continue treatment based on full information and personal choice? Have you established a relationship with the providing dentist(s) so you would expect to see fewer such cases in the future? Have you contributed to the public respect of the profession or are you overlooking a blemish on everyone, including yourself?

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.

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 Madhavi Yellamanchili, DDS • Sacramento • PT • GP
 Guillermo Arellano, DMD • Sacramento • PT/FT • GP, Endo, OS
 Gilbert Limhengco, DDS • Sacramento • PT/FT • GP
 David Roholt, DDS • Sacramento • PT/FT • GP
 Shiva Salehi, DDS • Sacramento • PT • GP
 Cindy Weideman, DDS • Sacramento • PT • Ortho
 Paul Johnson, DDS • Sacramento • PT • Pedo
 Jeff Sue, DDS • Citrus Heights • PT • Pedo
 Kelvin Tse, DDS • Rocklin • FT • GP
 Brandon Martin, DDS • Sacramento • FT • Ortho
 Sabrina Jang, DDS • Sacramento • PT/FT • GP/Pedo
 Aaron Reeves, DDS • Sacramento • PT • GP
 Peter Kim, DDS • Sacramento • PT • GP/Endo/OS
 Robert Catron, DDS • Cameron Park • PT • GP
 Monika Gugale, DDS • Sacramento • FT • GP
 Thomas Ludlow, DDS • Sacramento • PT • GP
 Marina Mokrushin, DDS • Folsom, Rocklin • GP
 Sunny Badyal, DDS • Sacramento • FT • GP
 Jeff Summers • Kids Care Dental • Sac/Stockton • PT/FT • Oral Surgeon
 Capitol Periodontal Group • Sacramento • FT • Perio
 Michael Hinh, DDS • Sacramento • PT • GP
 R. Bruce Thomas, DDS • Davis • PT/FT • GP
 Amy Woo, DDS • Sacramento • PT • GP/Endo
 David Park, DDS • FT/PT • GP
 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

Gaetan Tchamba, DDS • Mondays • GP
 Robert Nisson, DDS • PT • Ortho
 Erica Hsiao, DDS • PT • Perio
 Behdad Javdan, DDS • PT • Perio
 Bruce Taber, DDS • Fill-In • GP
 Steve Murphy, DMD • FT/PT • Endo

Actually 4.C in the ADA code says that under penalty of losing your membership you are obliged to report all cases of suspected gross or continuous faulty treatment to the appropriate authority. Naturally, you should not speak disparagingly of colleagues to patients or steal them “for their own good.” But the code does not say anything about keeping mum because you do not know the full story. What it actually says is that you should contact the providing dentist(s) to find out what the circumstances are.

There is no question about ethics being messier when it involves others (a patient and a colleague in this case). But setting oneself up as the judge with a private code and steering clear of those who do not see things the way you do is not really ethics at all. It is an ethical substitute. Would you share what you have done at the Rotary Club or in church or any other public gathering? ■

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Board Report

May 18, 2021

Highlights of the Board Meeting

President's Report

President Dr. Volki Felahy called the meeting to order at 6:00PM and welcomed the Board members back to our in-person meeting! The following actions were approved:

- Appoint and approve Dr. Jeff Sue to fill Board vacancy
- Appoint and approve Dr. Bryan Judd to fill the House of Delegates vacancy
- Appoint and approve alternates for the House of Delegates 2021: Drs. Stephanie Sandretti, Kevin Keating, Jeff Sue

Treasurer's Report

Dr. Wes Yee reported on our current budget, in which we are on track in membership income and programs. And our reserves continue to be preserved. Our PPP was funded in February and we have submitted our Forgiveness application.

- Because of our participation in the Sacramento County DTI project in 2020, it was required to have a full audit. Brandon Rood, Rood and Associates CPAs, presented the results of the audit to the Board. He reported that the audit reviewed SDDS financial internal controls, examined risks, asset allocations, investment policies, balances and looked for potential fraud risks. He reported a clean audit report – some adjustments on the final balance sheet due to inventory levels and supplies carried over from the DTI purchases. Great outcome 2020! Cathy discussed current internal safety controls and preventive measures. Mr. Rood was pleased with the safety measures in place. He saw no need to have a private discussion with the Board. Due to the audit balance sheet adjustments due to inventory and prepaid expenses, the Fiscal year-end report previously approved at the March board meeting was amended. It

was M/C to approve the amended 2020 fiscal year end report.

- Super WOW (Week of Webinars) - Cathy reported that the Week of Webinars was a big success financially, and that the sponsors supported us with \$50,000 in sponsorships. THANK YOU SPONSORS!

Secretary's Report

Dr. Lisa Dobak reported that, even though the member drops for non-payment of dues occurred in April, our market share is up to 82.3%, and we continue to have new members transferring and joining. Welcome new members! The SDDS Staff continues their recruitment efforts. Currently there are only 300 recruitable nonmembers in our area.

Committee Reports

Board members will serve as committee and task force liaisons and will be in contact with the chairs for actions suggested to the Board, if necessary. (See Committee Corner in this issue of *the Nugget* for the specific reports).

Old Business

- Foundation Pledge % Report - Drs. Bellamy and Patel reported that 100% of both the SDDS and the SDDF Boards have committed to pledges for the Foundation—thank you all!
- General Meeting changes – Drs. Yee and Dobak reported that the 2021-2022 program is set and we will be meeting IN PERSON! The September GM Throwdown will be great: “Who Placed that Implant?”

New Business... New Ideas

- General Meeting DMD program – is on sale now; members will save money if they sign up for the program (at least a \$75 savings!)
- CE Program plans - the fall program is set for CE, Business Forums, Front



Lisa Dobak, DDS
Secretary

Office/Practice Management, and Licensure Renewal Courses. Some programs will be via Zoom, some in person.

- MidWinter will be LIVE and IN PERSON, February 10-11th, 2022.
- Welcome to new Vendor Member - PCIHIPAA; they will be providing a program to our members in the fall on mandatory HIPAA compliance.

Trustee's Report

Drs. Patel and Bellamy reported that CDA is trending favorably on budget, and the CDA Board approved the Board composition (Reso 5) proposal at their May Board meeting. This resolution will go forward to the House of Delegates in November.

Executive Director's Report

GMC and Denti-Cal - Gov. Newsom has recommended the elimination of Geographic Managed Care, as the utilization rate is 39%, (all plan average), now (from 19% in 2012; but still not good enough). The GMC plans have worked hard to find dental homes for kids and adults and are great partners of SDDS. GMC is expensive for DHCS and the State, thus the proposed elimination. GMC is working in Sacramento primarily due to SDDS' efforts and persistence to hold the providers and the plans accountable and responsive. Our SFK funds are now spent on education, prevention, and educational puppet shows. CDA is supporting the elimination as they have a policy against managed care that will not change.

Adjournment

The meeting was adjourned at 8:52pm.

Next Board Meeting:
September 7, 2021 at 6pm



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HIPAA Compliance: Invest or Roll The Dice?

By Jeff Broudy, CEO of PCIHIPAA
(SDDS Vendor Member)

Where Should I Start to Become HIPAA Compliant?

Many believe HIPAA compliance is a “set-it-and-forget-it” exercise. Well, not exactly. HIPAA compliance is an ongoing requirement, whether you’re a small practice with a limited budget or if you’re a large office with multiple locations. There is no HIPAA Certification. HIPAA compliance is environment that you have to show written proof upon audit.

Maybe a lack of time, knowledge or resources have impacted your HIPAA compliance for your practice. Our goal is to provide you with information to accurately plan and predict your compliance budget.

First, Some HIPAA Compliance Considerations:

The cost of HIPAA compliance depends on many variables. We’ve identified some of the key factors to consider:

- **Your organization type:** Are you a privately-owned dental practice, multi-location, or DSO? Your organization will have varying amounts of protected health information (PHI) and risk levels.
- **Your organization size:** The more employees, programs, computers, PHI, and departments that your practice has will increase the number of vulnerabilities you might encounter.
- **Your organization’s culture:** If data security is management’s top priority, you have most likely invested in a cybersecurity program. If not, HIPAA compliance costs will increase due to the additional training and policy requirements for your staff.
- **Your organization’s environment:** If cybersecurity was considered when purchasing, implementing, and maintaining devices, the costs to comply with HIPAA should be lower for your practice. This includes computers, software, firewalls, servers, and more.
- **Your organization’s dedicated HIPAA workforce:** A dedicated HIPAA team or third-party provider will help to determine what requirements your practice needs. In fact, the American Dental Association has published guidelines to help dental practices determine criteria for a 3rd Party Provider.

The Cost of a Data Breach

If Health and Human Service’s estimate of compliance seems daunting, the costs related to non-compliance are even greater. For not protecting PHI, a practice can face the following fines and penalties:

- Health and Human Service’s fines: up to \$1.5 million per violation per year
- Federal Trade Commission fines: \$16,000 per violation
- Class action lawsuits: \$1,000 per record
- State attorneys general/potential fine assessment: \$150,000 – \$6.8 million
- Patient loss/not returning to doctor due to breach: 40%
- Free credit monitoring for affected individuals: \$10-\$30 per record
- ID theft monitoring: \$10-\$30 per record
- Lawyer fees: \$2,000+
- Breach notification costs: \$1,000+
- Business associate changes: \$5,000+
- Technology repairs: \$2,000+

When you look at the high costs paid by practices found in violation of HIPAA, it’s obvious the consequences are meant to penalize those who don’t adequately protect patient information. OCR Director Roger Severino announced during a 2018 HIPAA Security Conference:

“The next round of examinations will be focused on enforcement and the upcoming audits will use harsher investigative tools to hold bad actors accountable.”

With an increase in audits, HIPAA compliance is more important than ever. Protect your practice’s finances and reputation by becoming HIPAA compliant.

Estimated Compliance Costs:

Whether you decide to take on HIPAA compliance internally, or seek a trusted advisor, we’ve outlined some of the material costs you should expect to incur. Obviously, the key considerations above will impact your investment decisions.

If you are a private dental practice, annual compliance costs are outlined below on an a-la-carte basis. There are companies that combine some or all of these services, however this will give you a good ideas of the range that you

should consider to protect yourself from the potential losses outlined above:

- Risk Analysis and Management Plan ~ \$1,000 to \$2,000
- Employee Security and Privacy Training ~ \$2,000 to \$3,000
- Policy Development ~ \$1,000 – \$2,000
- E-mail and Data Backup ~ \$500
- IP Scanning and PCI Certification ~ \$250
- Business Association Management and Documentation ~ \$500
- HIPAA Compliance Documentation and Audit Support ~ \$300
- Emergency and Incident Response Planning ~ \$1,000
- Data Breach and Network Security Insurance ~ \$2,000 (not required; recommended)
- Additional Technical Safeguards (password management, device monitoring, firewall and anti-virus updates) ~\$1,000 to ~ \$2,000

Larger practices with multiple locations and 25+ employees can expect to pay many multiples above the costs above.

Final Thought:

HIPAA is often viewed as a bad word throughout the healthcare industry. However, protecting the privacy and security of your PHI is something every dentist should take seriously. OCR is taking more aggressive steps to police an under compliant industry. When developing a HIPAA compliance strategy for your office, you will need to balance the resources you allocate compliance with your risk tolerance and levels. Now is not the time to ignore HIPAA law, however with the right strategy and advisors, you can make progress quickly and easily and prevent the ramifications of HIPAA non-compliance and/or a data breach. Probably not a good idea to roll the dice, but you also don’t need to break the bank.

To learn more about PCIHIPAA’s compliance services and to take advantage of complimentary compliance resources available to SDDS members, visit Pcihipaa.com/sacramentodental. ■

Attend PCIHIPAA’s upcoming HIPAA Compliance course with us on October 28th!



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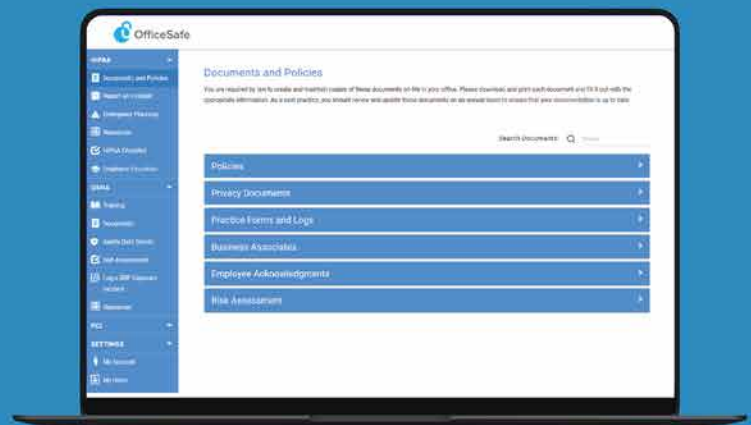


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***HHS Requirement Under SECTION 164 308(A)(1)(II)(A) of the HIPAA Security Rule.**

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.

What Could You Do with an Extra \$5,000 - \$50,000 for Your Dental Practice?

By **Brett LeMmon, CPA;**
Thomas Doll
(SDDS Vendor Member)

There is a lot of money on the line, and you want to ensure that you are not missing out on the Employee Retention Tax Credit. In December 2020, Congress passed a law that made it possible for your business to be eligible for the Employee Retention Credit (ERC), even if you had already received a PPP Loan. The original rules did not allow business owners to claim the ERC if they had previously taken a PPP loan. There is no reason to wait any longer to claim this credit.

The 2020 Employee Retention Credit is a potential credit of up to **\$5,000 per employee** (8 employees = \$40,000 credit) if certain conditions are met. There is also a 2021 Employee Retention Credit available if your practice's collections are less than 80% per 2021 quarter when compared to the same quarter in 2019 which is worth up to **\$7,000 per employee per quarter!**

The credit only applies to employees that received a W-2 at the end of the year. For sole proprietors, this will only apply to your employees. For corporations, this will apply to all employees, including the owner (even if the owner is the only employee).

For employers who qualify, including borrowers who took a loan under the initial PPP, the credit can be claimed against 50 percent of qualified wages paid, up to \$10,000 per employee annually for wages paid between March 13 and Dec. 31, 2020.

Qualification is determined by one of two factors for eligible employers — and one of these factors must apply in the calendar quarter the employer wishes to utilize the credit:

1. A trade or business that was fully or partially suspended or had to reduce business hours due to a government order. The credit applies only for the portion of the quarter the business is suspended, not the entire quarter.
2. If gross receipts in a calendar quarter in 2020 are below 50% of gross receipts when compared to the same calendar quarter in 2019, an employer would qualify. They are no longer eligible if in the calendar quarter immediately following their quarter gross receipts exceed 80% compared to the same calendar quarter in 2019.

You must first determine if you qualify. Then you must determine the time-period that you can use for the calculation. Once you have determined the time-period, you can count up to \$10,000 of each employee's gross wages towards the 50% credit.

If there is any period that overlaps with the covered period of your PPP loan, you cannot allocate the same wages for both the Employee Retention Credit and PPP forgiveness. It is recommended that your documentation proves that your practice has not double-dipped with the wages being allocated to PPP Loan Forgiveness.

Most dental practices in California will qualify for this credit. Thomas Doll can provide the necessary documentation to ensure you have full loan forgiveness along with maximizing the Employee Retention Credit.

It is critical to ensure the correct treatment for any time periods that there is overlap with the PPP loan 8 week or 24 week covered period. If

you have already received forgiveness on your first PPP loan, you need to be careful about how you approach the Employee Retention Credit calculations, and it is recommended to speak with a qualified CPA to go through the details.

Claiming the ERC will impact the amount that you can deduct as wages on your business tax return. If you have already filed your 2020 tax return and retroactively claim the ERC, you will need to amend your tax returns and decrease the amount of wages deducted on the return by the amount of the credit that is being claimed. Thomas Doll provides a tax memo to the CPA who prepares your tax returns to ensure that they have the proper documentation needed for the amended tax returns, or if you are on extension, they can make the appropriate adjustments to finalize the return.

The formula to maximize the Employee Retention Credit can be complicated... especially if you also will or have received full PPP loan forgiveness. The wrong moves could cost you THOUSANDS in credits or warrant unnecessary audit risk. ■

To get on the list for our ERC & PPP Package click the following link to fill out the questionnaire about your practice: <https://bit.ly/ThomasDoll>.

As an SDDS member, you will receive special discounted client pricing rate for the Thomas Doll ERC & PPP Package, even if you are not a Thomas Doll client! You can find more about the Employee Retention Credit on the IRS website at <https://bit.ly/IRS-ERC>



Wallace Bellamy, DMD & Viren Patel, DDS
SDDS Trustees

Highlights of the Recent CDA Board of Trustees Meeting

May 14 and June 11-12, 2021

Association Management System: The board received an update regarding CDA's association management system, Aptify, which was selected in 2011 with the intention to suit CDA's needs and also to eventually migrate the component dental societies from CompPlus, which CDA developed and supports, to Aptify.

In looking at the ongoing development costs and component needs, CDA began a search for a more cost-effective "off the shelf" replacement system that can most effectively serve members, create efficiencies in business processes and replace CompPlus for the dental societies. In June, the board received a detailed proposal, including implementation costs, and a plan for partnering with components on the transition. The replacement of Aptify with Fonteva a Salesforce based platform will save CDA significant costs with a return on investment occurring within a year. The board voted to approve the change of association management software

Board Composition: Over the last several months, the board has received a number of presentations regarding the board composition recommendations.

At this meeting, the board considered the board composition proposal and modified the prior leadership requirement for the Committee on Volunteer Placement to expand eligibility from "former chair" to "former member" of a CDA council, committee, task force or board of managers. The change is reflected in the Summary of Changes, Committee on Volunteer Placement section.

Following the discussion and approved modification, the board approved the resolution by vote of 37 to 7 (84%/16%). The approved resolution is now available at cda.org/house, allowing delegates and component leaders adequate time to review the proposal, ask questions and work with other components and CDA staff on potential amendments.

In June the Board of Trustees trialed the type of communication that would be present with the formation of the board of component representatives should the governance change be approved at the house. It was clear that such a forum would be beneficial to all components, large and small and allow for better representation of component issues.

13th District ADA Delegation: In June the Board of Trustees revisited the position of whether to send the California delegation

to the ADA house of delegates. In the midst of the pandemic, it was determined that the association would not be attending any large gatherings and as such funding would not be needed for a delegation to 2020 and 2021 HOD. With the changes that vaccination has brought, ADA determined that remote attendance to the 2021 HOD would not be allowed. It was therefore decided that the California delegation should attend the in-person ADA HOD as it has been instrumental in ensuring California members needs are considered at the national level.

Fall CDA Presents: At the June meeting the Board of Trustees was presented with the logistics and cost analysis of an in person Fall CDA presents in San Francisco with the addition of a remote portion for those that could not attend. The Board unanimously consented to moving forward with a hybrid CDA presents in September as they felt that the profession is eager to move to a more normal feeling convention.

Next CDA Board of Trustees Meeting:
July 23 and August 27-28

LEARN ABOUT AN AMAZING RESOURCE YOU HAVE ACCESS TO AS A MEMBER!

Exclusive Tools for a Successful Dental Practice – CDA Practice Support Has Those!

Presented by Ann Milar, CDA Director of Practice Support & Policy

CDA Practice Support has been referred to as the "Swiss Army Knife" of dentistry, with many tools to help you in the day-to-day management of your practice. This course will provide the latest practice support information available to CDA member dentists and their teams, including a preview of upcoming products and value-added services. Learn more about the tools, resources and expertise available to you and your dental team as a member benefit and how to minimize duplication of effort and expense while providing optimal care for your patients!

Wednesday August 25, 2021

12-1:30pm (on Zoom)
1.5 CEU, 20% • \$49

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SDDS Foundation

Dental Student Scholarship Endowed by the Yee Family

The dental scholarship was begun in 2014 to assist our new dental students matriculating from CSUS. The Yee Family has a heart for higher education. "We are aware of the costs of dental school and want to do our part to help. There are over 15 dentists in our family and we are proud of our profession. This is token of our appreciation to the CSUS Pre Dental Club and our way to pay it forward. When you have an opportunity to help someone, please remember those who mentored, supported, and believed in you." On Behalf of Dr. Herbert and Dr. Wesley Yee, we congratulate all the scholarship winners, in the past and this year! ■



Thank you Yee family!

Message from 2021 Recipient, Ashley Velasquez!

Dr. Yee & family-- THANK YOU so much for sponsoring scholarships to Sacramento State students. I am extremely grateful and appreciative of the support your family is providing. I am beyond humbled to have been one of two selected. Your generosity will greatly impact my upcoming journey towards dentistry.

I am extremely excited to start dental school at Tufts University this July. I have been dreaming of becoming a dentist since I was 15 years old. Sacramento State has provided so many great opportunities through the Pre-Dental Club. One of those opportunities was shadowing Dr. Judd's practice in Roseville, CA. This exposure in dentistry ramped up my hunger

towards pursuing this fulfilling career. I saw his kindness, his empathy, quality of care, and the trust that his patients had with him throughout treatment. I can honestly say I learned from the best. Dentistry is my calling. As a dentist my passions will completely align; my urgency to help others, fortitude to bring dental care to underserved places, and the love I have towards boosting confidence in others.

Recently, I finished a Masters in Biomedical Sciences in Florida. I will visit some family members in California before I make the big move to Boston, MA next month. I AM EXTREMELY EXCITED!

Thank you everyone and congrats to Sam!! ■



Message from 2021 Recipient, Sam Morrar!

Dr. Wes Yee, I'd like to start by giving a huge thank you for the opportunity you and your family provide to Sacramento State students every year providing this amazing scholarship.

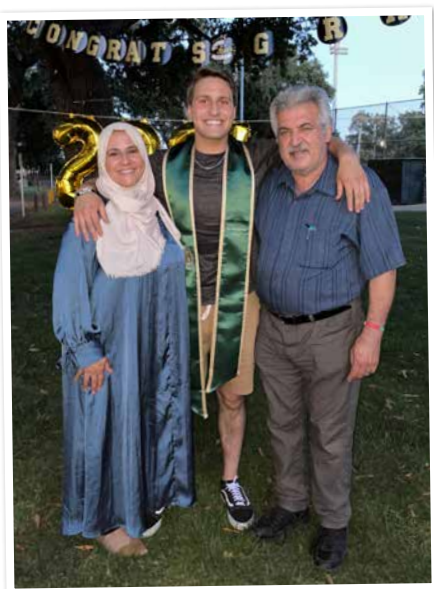
I will be attending Herman Ostrow School of Dentistry of USC in August. Dentistry has always been on my radar. As a kid, I always wanted to become a dentist, but it was not until I got to Sacramento State that I figured out the "why?" I immediately joined the Pre-Dental Association my very first week and it opened my eyes to not only the requirements and what it takes to become a dentist, but the wide range of opportunities to immerse yourself in the field as well. Pre-Dental Association is awesome, and I thank you again for your continued support!

I just graduated with my Bachelor of Science, majoring in Biology with a minor in Chemistry.

Before I head off to dental school, I will be spending a lot of time with my family and friends, as this will be my last summer with this much time for a while. I have also been helping my research group train new incoming research members that we have recruited for our project in Total Synthesis. I owe a lot to my lab, and I love that I can pass on all the knowledge and skills that I learned researching for the last two years.

Finally, I am also using this time to reconnect with my hobbies that sometimes get pushed to the back burner with business of life. I've already started running again and I plan to get back into painting and reading as well.

Thank you all again so much and a big congratulations to Ashley as well! ■



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TOTAL MEMBERSHIP

(as of 6/8/21:)

1,772

MARKET
SHARE:
79.4%

ENGAGEMENT RATE: 96%

New Members

June/July
2021

JATIN ARORA, DDS

General Practice

Dr. Arora earned his dental degree from UCSF School of Dentistry in 2020. He currently practices at Elk Grove Dental Group in Elk Grove.

CHEAN CHANG, DDS

General Practice

Dr. Chang earned his dental degree from UCLA School of Dentistry in 2020. His practice location is currently pending.

NEHA DHAND, DDS

General Practice

Dr. Dhand earned her dental degree from UCSF School of Dentistry in 2021. Her practice location is currently pending.

CHELSEA GLISSMAN, DDS

General Practice

Dr. Glissman earned her dental degree from Arthur A. Dugoni School of Dentistry in 2020. She currently practices at Promenade Dental Group in Sacramento.

EVA GUPTA, DDS

Transfer from Southern Alameda County Dental Society

General Practice

Dr. Gupta earned her dental degree from University of Illinois at Chicago in 2011. Her practice location is currently pending.

DENISE LAM, DDS

General Practice

Dr. Lam earned her dental degree from Arthur A. Dugoni School of Dentistry in 2020. She currently practices at Woodland Smiles in Woodland.

ALLICIA LUCICH, DDS

General Practice

Dr. Lucich, our 2017 Yee Family Scholarship winner, earned her dental degree from University of Nevada Las Vegas. She currently serving in the Army and is based in Georgia.

ADITI MEHNDIRATTA, DDS

General Practice

Dr. Mehndiratta earned her dental degree from UCSF School of Dentistry in 2020. She currently works for Land Park Modern Dentistry.

AVA THERESE NAVASERO, DDS

General Practice

Dr. Navasero earned her dental degree in 2017 from New York University. Her practice location is currently pending.

ALEXANDER OWYOUNG, DDS

General Practice

Dr. Owyong earned his dental degree from UCSF School of Dentistry in 2021. His practice location is currently pending.

MELISSA PETERSEN, DDS

General Practice

Dr. Petersen earned her dental degree from SUNY Stony Brook Dental Medicine in 2007. She currently practices at Riverside Oral Surgery in Redding.

KATHERINE SHI, DMD

Endodontics

Dr. Shi earned her dental degree from University of Pennsylvania School of Dentistry in 2019, then went on to earn her specialty of Endodontics in 2021 from Tufts University. She currently practices at Endodontics Associates in Sacramento. *Fun Fact:* She loves to go hiking and would love to get a hiking group together with fellow dentist members.

PREETKAMAL SIDHU, DDS

General Practice

Dr. Sidhu earned her dental degree in 2016 from Loma Linda University. She currently practices at Everlast Dental in Citrus Heights.

LOUND ZADA, DDS

General Practice

Dr. Zada earned his dental degree from Mexico Universidad De La Salle in 2020. He currently practices at Suave Dental in Modesto.

VALERIYA YURCHAK, DDS

General Practice

Dr. Yurchak earned her dental degree in 2020 from University of Illinois at Chicago. She currently practices at Live Well Center in Rancho Cordova.

Congratulations to Our New Retired Members!

Debra Finney, MS, DDS
Rikard Forsberg, DDS
Tim Giroux, DDS
Paul E. Johnson, DDS
Kevin Keane, DDS
Richard Keilson, DDS
Howard Shempp, DDS

TOTAL ACTIVE MEMBERS:
1,360

TOTAL RETIRED
MEMBERS: 329

TOTAL DUAL
MEMBERS: 7

TOTAL AFFILIATE
MEMBERS: 12

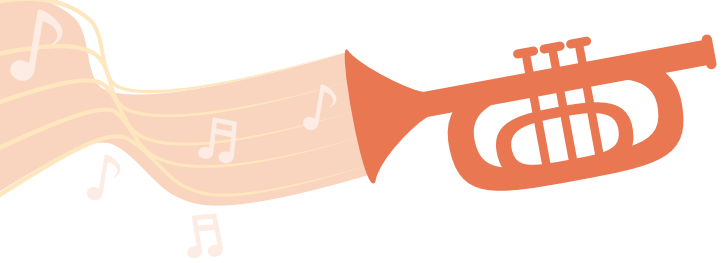
TOTAL STUDENT
MEMBERS: 11

TOTAL CURRENT
APPLICANTS: 0

TOTAL DHP
MEMBERS: 53

TOTAL NEW
MEMBERS FOR 2021: 41

We're Blowing your horn!



Congratulations to...

Guillermo Arellano, DMD, for purchasing Dr. Dennis Wong's practice! Dr. Wong will be working with Dr. Arellano during their transition! Congratulations to them both!

Scott Pyo, DDS on becoming the new owner of Gold River Pediatric Dentistry!

Our newest DHP/SDDF Members, from the FADE Institute's EF cohort! From left to right, top row: Sara Smith, Nicholas Hackwell, Gail Fackrell. Middle row: Sandra Fernandez, Jennifer Garcia, Danielle Moore, Jessica Sowinski. Bottom row: Jenna Duncan, Amy Legarda, Bethany Delgado, Olga Bobrovskaya. (Not pictured Amber Baumbach). So happy to have you all as our members! **(1)**

Dennis Wong, DDS' wife, Robin on becoming a dietitian! She has created a 3-day, online, Diabetes Summit, see it here www.t2dwomensummit.com.



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WELCOME to SDDS' new members and transfers!

IMPORTANT NUMBERS:

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

JOIN US FOR THIS UPCOMING EVENT!

New Member Reception/Job Bank Night
August 26 • 6pm • SDDS Office

Inviting all SDDS members who have joined in the past few years to come and meet your colleagues. Dentists looking for a job, looking for an associate to hire, or looking for a mentor for the future are all invited. Great time for networking, setting up a study club, and sharing stories.

PRACTICE SALES • VALUATIONS/APPRAISALS • TRANSITION PLANNING • PARTNERSHIPS • MERGERS • ASSOCIATESHIPS



Jay Harter

LIC #01008086

36 Years in Business

(916) 812-0500

Jay.Harter@henryschein.com

*This is a sample
of our listings.*

DAVIS/WOODLAND: Practice and RE 7 Ops, 5 Equipped, Digital, Strong hyg. program. 2019 GR \$770K on 24-26 hrs./wk. #CA1732

FAIRFIELD AREA: 7 Ops, Digital, Digital CB/Pano. Newer equipment, Specialties referred. 2019 GR \$1.7M. #CA1824

FAIR OAKS/CITRUS HTS: Desirable area, 38 yrs. Goodwill, 4 Ops, Nice décor, Digital, 6 hyg days/wk. 2019 GR \$970K on 4 day/wk. #CA656

GREATER SACRAMENTO: 5 Ops, Paperless, Strong hyg. Open 30 yrs with most Specialties referred. 2020 GR \$781K. #CA2465

LAKE TAHOE AREA: 4 Ops, Rural Lifestyle practice in growing resort area. 37 Yrs Goodwill. 2019 GR \$760K on 32 hrs./wk. RE also for sale. #CA1715

LAKE TAHOE AREA: Resort area, 6 Ops, 5 Equip, Digital, 42 yrs Goodwill. 2019 GR \$579K on 22 Dr. hrs/wk. #CA608

NORTH SACRAMENTO: 5 Ops, Retail loc, Digital, Hi-NP count, Room to grow w/ Specialties, Seller can work back. 2020 GR \$900K. #CA2464

NORTH SACRAMENTO AREA: 3 Ops, 1 add'l shared, Paperless, Digital, CEREC, Busy street location. 2019 GR \$671K. #CA1745

REDDING: NEW LISTING! 5 Ops, 4 Equipped, Digital X-rays and Digital Pano, CEREC, 5 Hyg. Days/wk, Refers Specialties. 2019 GR \$558K. #CA1742

STOCKTON AREA: 1/3 partnership share, Digital, 10+ Ops, GR \$508K. #CA1389

STOCKTON AREA: 5 Ops+Dental Condo. Digital, 5 hyg days/wk. GR \$812K, high level of Ortho expertise. #CA2006

VACAVILLE AREA: 5 Ops, Pano, Centrally Located, High Traffic Location with 28 yrs. Goodwill, Dentrix, 2019 GR \$556K. #CA645



Dr. Thomas Wagner

LIC #01418359

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Dr.Thomas.Wagner@henryschein.com

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SPOTLIGHTS:



The Foundation for Allied Dental Education (FADE) was founded in 2011 as collaborative supporter of the state dental assisting teacher's association. Today, our central mission and purpose is to provide educational opportunities and professional development courses for the entire allied dental healthcare team.

The Foundation's core values of commitment, collaboration and community are the bedrock of our purpose to provide learning, community outreach programs, and public awareness of the important role allied dental personnel play in the provision of oral healthcare. These initiatives, coupled with corporate and private donations, serve to support our educational scholarship programs and community collaborations on a non-profit, public benefit basis.

Our courses, programs and educational events are open to all members of SDDS and their staff, as well as licensed or unlicensed chairside personnel, business administrative staff seeking collaborative study group events, continuing education specific to all licensure categories and Board-approved certifications for those seeking entry-level opportunities in the dental workplace.

Products and Services:

- RDAEF2 educational program
- DA to RDA licensure program
- RDA licensure examination preparation courses and study resources
- BLS Certification and Recertification Courses (4-5 CEU)
- California Radiation Safety Certification
- Infection Control and Dental Practice Act for Unlicensed Dental Assistants
- Coronal Polishing Certification
- Pit & Fissure Sealant Certification
- X-ray license short-course certificate

LaDonna Drury-Klein — CEO

DonnaKlein@theFADE.org

theFADE.org

(916) 358-3825



PCIHIPAA was founded in 2012. We provide peace of mind to healthcare providers by helping prevent catastrophic losses caused by regulatory non-compliance (HIPAA, OSHA, PCI), cyber security breaches, and human error. We currently serve over 3,000 practices nationwide and have offices in Santa Monica and Las Vegas. Visit www.pcihipaa.com.

Products and Services:

We provide turn-key PCI, HIPAA and OSHA compliance services through our OfficeSafe technology platform. We also help protect our clients by providing each practice with \$250,000 in cyber-insurance and \$25,000 is OSHA Audit Protection. We are a one-stop shop for compliance, and incident response services.

Benefits or Special Pricing for SDDS Members:

We are not just trainers or advisors, or a compliance book that sits on the shelf. We have a comprehensive solution that helps practices save time and money, fulfill their annual compliance requirements, and protect them in case of a breach, attack, or audit. We know of no other company that does all of the above on one compliance platform. We offer an exclusive rate to our OfficeSafe 360 product to all SDDS members at \$259/month.

Zack Rosenfeld

zackr@pcihipaa.com

(310) 508-2354

Jacob Borcover

jborcover@pcihipaa.com

(818) 257-2655

pcihipaa.com

(310) 508-2354

*New
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DESCO began in the mid-eighties as a service only company. As we grew, more requests came for us to become an equipment resource. We became multi-line suppliers for all types of dental equipment.

While we still have our roots in the service and maintenance of all types of dental equipment, in the last 25 years we have expanded our scope of work to include: new equipment sales, office design and construction, relocations and remodels. The equipment we service ranges from handpieces to digital x-ray and everything in between.

Being a family owned business allows us the flexibility to personalize our sales and service to your needs. Our integrity and professionalism is what you remember of us and we never forget we are working for you.

We look forward to the opportunity to be the source for all of your equipment needs.

Make sure to like us on Facebook: facebook.com/descodental

Products and Services:

- New equipment sales
- Service, repair and maintenance of existing equipment
- New office design, construction and TI's
- Office relocations

Benefits or Special Pricing for SDDS Members:

- Free equipment evaluation (call to schedule)

Tony Vigil, President

tony.desco@gmail.com

DescoDentalEquipment.com

(916) 259-2838

Analgesic Services, Inc.

Steve Shupe, VP
916.928.1068
asimedical.com



Since 2004

Anutra Medical

Jeff Daner
844.268.8721
anutramedical.com



Since 2020

DESCO Dental Equipment

Tony Vigil, President
916.259.2838
descodentalequipment.com



Since 2012

Patterson Dental

Christina Paulson,
Regional Manager
800.736.4688
pattersondental.com



Since 2003

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Publications

N&R Publications

Jeff vonKaenel
916.224.5677
newsreview.com



Since 2020

Education

The Foundation for Allied Dental Education

LaDonna Drury-Klein
916.358.3825
thefade.org



Since 2015

Office Construction

GP Development Inc.

Gary Perkins
916.332.2300
gpdevelopmentcorp.com



Since 2016

Olson Construction, Inc.

David Olson
209.366.2486
olsonconstructioninc.com



Since 2004

Insurance Services

The Dentists Insurance Company (TDIC)

Lloyd Brown
800.733.0633
tdicsolutions.com



Since 2011

Dental Practice

Kids Care Dental & Orthodontics

Jeff Summers
916.661.5754
kidscaresdental.com



Since 2016

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

**we love
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Members!**

Dental Refining

Star Group Global Refining

Elizabeth Reynoso
800.333.9990
stargroupus.com



Since 2009

Practice Sales

ddsmatch

Roy Fruehauf
916.918.5752
ddsmatch.com



Since 2020

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



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Practice Management

Adams Dental Consulting

Ashlee Adams
866.232.7640
adamsdentalconsulting.com



Since 2021

PCIHIPAA

Zack Rosenfeld
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pcihipaa.com



Since 2021

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our Vendor
Members!

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 (or alternate event), the SDDS Membership Roster (send out quarterly via email), complimentary exhibitor tables at 3 meetings/events per year, and much more!

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Banner Bank

Tim Hughes, VP,
Business Banking
408.892.1650
bannerbank.com



Since 2017

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Craig Fechter, CPA
916.333.5360
fechtercpa.com



Since 2009

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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

US Bank

John Smythe
916.924.4546
usbank.com



Since 2017

Staffing

Direct Placements Dental

Mark Ray, Sales Director
916.805.4221
directplacementsdental.com



Since 2021

Resource Staffing Group

Debbie Kemper
916.993.4182
resourcestaff.com



Since 2003

Swiss Monkey

Christine Sison
916.500.4125
swissmonkey.io



Since 2016

Access Dental Plan

Shanna Madden
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premierlife.com



Since 2017

Health Net of California

Felisha Fondren
877.550.3868
hndental.com



Since 2018

LIBERTY Dental Plan

Lisa Rufo
800.268.9012
libertydentalplan.com



Since 2016

Dental Plans

SDDS VENDOR MEMBERSHIP SUPPORT IS A WIN-WIN RELATIONSHIP!

**MEMBER
BENEFIT!**

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 (or alternate event), 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, dental plans, and even our Crowns for Kids refining partner!

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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

Dental office in Rocklin looking for a full time (approximately 32 hours weekly) RDA. Small, relaxed office with one dentist, open M - Th. Experience preferred. Contact us at rossheyndds@att.net or (916) 624-8597. 6-7/21c

Are you looking for a place to call home away from big city life? Do you love the natural beauty of the Foothills? Are you looking for a practice you can be a partner in? Call (530) 913-2748 for more information! 6-7/21c

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

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

PRACTICES FOR SALE

Dental office for sale in Elk Grove. 4 operatories and patients. Condo is also available. Located inside a professional class A building. Call for information (916) 233-7829. 6-7/21c

We have practices available throughout the state of California and the greater Sacramento area. If you're looking for a practice in California, go to www.omni-pg.com to view our listings and get more details. 05/21

Roseville/Rocklin family oriented practice for sale. Consistently delivers standard of care to motivated patient base. Averages 7 patients/day and 10-15 new patients a month. \$240,000. Contact alignedteeth@gmail.com. 3/21

PROFESSIONAL SERVICES

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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

EQUIPMENT FOR SALE

CDR Digital Pano \$2,000, 5 Belmont Dental lights \$150 each, 2 Accutron Nitrous Units \$200 each and Forest Dental Delivery Units \$700 each for sale. Email dentistbryan@gmail.com for info. 6-7/21c

Statmatic 31 Handpiece Maintenance Unit, low/high speeds, all brands. Purchased \$2500 new in August 2019; asking \$500 OBO. Text Barbara (916) 847-8283 for pictures and info. 05/21

FOR LEASE

Move-in ready dental suites in Lincoln and Sacramento; Retail for lease/office for purchase, perfect for dental use in Sacramento, Citrus Heights, Yuba City; Ranga Pathak (916) 201-9247, Broker Associate, RE/MAX Gold, DRE01364897. 6-7/21

4 Chair Dental Suite For Lease! Need a bigger space? Another Location? Starting on your own? We have a Modern Suite that is ADA Compliant with Large Windows, See 3D Tour and Photos: <https://rb.gy/0314im> (916) 384-7287 Call of Text Victoria or email: ccdb1901@gmail.com. 6-7/21

Leasehold improvements and equipment. NEW LISTING: Carmichael, CA. Park Professional Center. High quality, built-out, 3 exam room suite. Current dentist is relocating to a larger suite. Reasonable rent. (510) 332-8442. 4/21

El Dorado Hills Professional building with 3 ops equipped. 1736 sq feet, modern furnished, panorex room, private office with Bathroom plus employee lounge. Utilities and janitorial included except phone and internet. Generous TI allowance also included. Total price \$3200 per month. Call Dr. Amar at (916) 230-5195 and leave a message for appointment. 3/21

Pocket area of Sacramento. 1550 square feet for rent. Four operatories and ready for occupancy. Full price \$2,750 per month full service lease. 90 days of free rent upon signing a lease. Call (916) 421-3821. 2/21

Greenhaven Dental Office For Lease. Professional Dental Building 930 Florin Road Ste 100. 1,396 S.F. \$1.85 PSF Plus Utilities. Contact agent (916) 443-1500 CA DRE Lic. #01413910 11/20

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

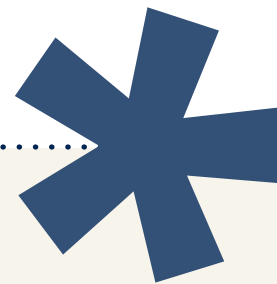
SDDS member dentists can place one classified ad

FOR FREE!

MEMBER
BENEFIT!

ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS



AUGUST

- 6** ExComm Meeting
7am / Offsite
- 18** CPR - AHA BLS Blended Learning
Skills Testing, 3 Time Sessions
6-6:45pm, 7-7:45pm, 8-8:45pm)
SDDS Office
- 25** Practice Management Forum
Exclusive Tools for a Successful Dental
Practice—CDA Practice Support Has Those!
Ann Milar, CDA
Sponsored by CDA
12-1:30pm / Zoom Meeting
- 26** New Member/Job Bank Event
6pm / SDDS Office

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

SEPTEMBER

- 2** Harassment Prevention Webinar
For Employees
California Employers Association
10-11am / Webinar

For Supervisors
California Employers Association
12-2pm / Webinar
- 7** Board Meeting
6pm / SDDS Office
- 14** General Membership Meeting
Throwdown! Who Placed That Implant?
*Drs. Ash Vasanthan, Dale Alto,
and Pieter Linssen*
Hilton Sacramento Arden West
5:45pm Social / 6:45pm
Dinner & Program

- 17** CPR - AHA BLS Blended Learning
Skills Testing, 3 Time Sessions
8-8:45am, 9-9:45am, 10-10:45am
SDDS Office
- 20** Member Benefits Meeting
6pm / SDDS Office

Study Club Interest Meeting
6pm / SDDS Office

Nugget Editorial Meeting
6:15pm / Zoom Meeting
- 21** Practice Management Forum
Dentists Are Judged By Everything...
Jennifer de St. Georges
12-1:30pm / Zoom Meeting

Forensics Committee Meeting
6pm / SDDS Office

Foundation Board Meeting
6:15pm / SDDS Office



Love Being Back

**The 41st Annual
MidWinter Convention & Expo**
February 10-11, 2022

SEP
14

TUESDAY
5:45-9PM

General Meeting
3 CEU, CORE • \$75

Throwdown! Who Placed That Implant?

Presented by Drs. Ash Vasanthan, Dale Alto, and Pieter Linssen

In the vast majority of cases, dental implants have become the preferred treatment to replace missing teeth. As a result, implants are now being placed in an increasing number of both general and specialty practices. This throwdown will bring together an Oral Surgeon, a General Dentist, and a Periodontist to discuss and debate some of the specifics of implant surgery – come join the fun!

Looking forward to
seeing you all
in person again!

5:45pm: Social & Table Clinics
6:45pm: Dinner & Program
Hilton Sacramento Arden West
(2200 Harvard Street, Sac)

ARE YOU REGISTERED FOR THE GENERAL MEETING?