

March 2020

the
Nugget

Aligner Wave
Taking a Look at the
Latest Orthodontic Craze



Get Ready For Our UPCOMING EVENTS

MAR
5

Dentists Do Broadway • Thursday, 8pm A Bronx Tale at Memorial Auditorium

Broadway's hit crowd-pleaser takes you to the stoops of the Bronx in the 1960s, where a young man is caught between the father he loves and the mob boss he'd love to be. Bursting with high-energy dance numbers and original doo-wop tunes A BRONX TALE is an unforgettable story of loyalty and family. Seats are in Orchestra Pit B-C.

MAR
10

General Meeting • Tuesday, 5:45pm–9pm • \$75 A Day at The Office... Surefire Ways to Coordinate the Chaos (3 CEU, 20%)

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

MAR
12

Harassment Webinar • Thursday, 12–1pm • \$44 Harassment Prevention Training – For Employees (Webinar) (1 CEU, Core)

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

MAR
19

Business Forum • Thursday, 6:30pm–8:30pm • \$75 Compliance, Fraud and Embezzlement, Oh My! (2 CEU, 20%)

Presented by Christine Taxin
Are you ready for civil penalties of up to \$11,000 per billing error? Fraud takes place daily practices across the country. Most practices are unintentionally making errors by not controlling your practice or billing issues. The owner needs to be the leader of protection. Learn what to have your team supply and what only the owner should be in control of.

MAR
20

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

Claims, Compliance and Communication – What's the Magic Combination? (5 CEU, 20%)

Presented by Christine Taxin

Have you ever wondered why some treatments are no longer paid when you submit to dental insurance for reimbursement? Do you feel overwhelmed by the nuances of the changes to dental plans? Are your patients complaining about services not being covered? It's easy for dental practices to get swept-away by the myriad of complex billing and compliance issues that are causing so many issues.

MAR
25

HR Webinar • Wednesday, 12–1pm • \$59 Crucial Conversations, Hiring, Firing, Performance Issues (1 CEU, 20%)

Presented by California Employers Association
Workplace conflict haunts organizations every day – it leads to lost productivity, diminished morale and decreased performance. It has a negative effect on your organization's bottom line through increased employee absenteeism, decreased job performance and poor customer service. This workshop will help employees master skills to successfully resolve conflict situations and avoid future ones.

MAR
27

Continuing Education • Friday, 8:30am–1:30pm • \$250 The Endodontic-Periodontal Problem: Treatment Integration (5 CEU, Core)

Presented by Bernice Ko, DDS & Todd Yamada, DDS
Sponsored by Geistlich Biomaterials and XDR Radiology
The key to successful dental treatment is understanding the complex and dynamic interaction between endodontics and periodontics. This course will explore periodontal and endodontic treatment modalities to enhance outcomes including: diagnostic dilemmas, endodontic surgery in the esthetic zone, tooth resection, managing root fracture, resorption and perforations, regenerative surgery, ridge preservation and augmentation upon tooth extraction, implant restoration.

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

Save the Date
for the Annual SDDS Holiday Party!
December 11th at Del Paso Country Club!



Join us for
Dental Day at
Raley Field!

THURSDAY JUNE 18, 2020

Bring your staff, family, and friends to enjoy a fun night out of baseball at our own Raley Field.

Use the Insert to Sign Up!

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Awards

International College of Dentists (ICD)

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

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- Dr. Young

Dental Practices for Sale

Roseville | \$315,000 | 5 OPS | General Practice in highly desirable Roseville. Spacious, paperless office features 4 equipped ops (1 additional is plumbed), Dentrax, and is located in quiet medical complex with a large parking lot. Each operatory looks out onto a scenic, lush ivy wall via the expansive floor to ceiling windows.

Shasta County | \$135,000 | 4 OPS | Priced to sell fast! Great General Practice and Implant Center. Easy to find, highly visible, mostly paperless office features 4 equipped ops (1 additional is plumbed), pano, and Dentrax software. There is a huge opportunity for growth if a hygiene program is added!

San Anselmo | \$195,000 | 2 OPS | Recently updated general practice in San Anselmo features 2 equipped ops, private doctors office and is located across from the street from a busy, well-known shopping center.

San Jose | \$200,000 | 4 OPS | State-of-the-art general practice in historic Naglee Park neighborhood in San Jose. Features 2 equipped ops (2 add'l non-plumbed) and sophisticated finishes built to attract the high-end downtown clientele. Current dentist practices just 2 days per week, giving the new owner plenty of opportunities for growth!

Folsom | \$330,000 | 6 OPS | Fantastic opportunity to become a 50% partner in this already busy and successful practice. 2,000 SF office features Dentrax, a seasoned staff, and modern updates throughout.

Sacramento Area | \$315,000 | 5 OPS | Well-established general practice located in a lovely suburb of Sacramento! Sun-drenched, paperless office features 5 equipped ops, CEREC, digital X-rays in all operatories, an experienced, close-knit staff and a great landlord. 2019 was a stellar year and proves the possibilities with this practice are endless!

South Lake Tahoe | \$225,000 | 3+ OPS | Incredible opportunity to purchase a successful and community oriented General Practice in BEAUTIFUL South Lake Tahoe. Room to expand!

Sacramento | \$420,000 | 4 OPS | Established, profitable practice in beautiful Natomas neighborhood. Easily accessible and fantastic location in a busy shopping center.

Rancho Cordova | \$225,000 | 4 OPS | Very well-established practice in the recently named "All-American City"! Stellar reputation and a very loyal patient base.

COMING SOON! | Busy Vacaville General Practice



President's Message



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

Reflecting on SMILES FOR KIDS

I spent Saturday morning, February 1st, driving to three Smiles for Kids sites to provide them with See's, tangerines and swag. Smiles for Kids was a Sacramento District Dental Foundation idea born in 1991 out of the thoughts of Drs. Gerald Ortner and Don Rollofson. Since 1991, SFK has provided pro-bono dental treatment to roughly 17,000 kids and pro-bono Ortho treatment to more than 1200. Total value of treatment rendered is more than 14 million dollars.

Member dentists provided thousands of screenings and education at local schools and selected underinsured and underserved children to be treated at the available SFK sites the next February. This cycle of screenings and treatment has continued since 1992.

In fall of 2019 our member dentists screened about 9000 children and our partners in Sacramento County screened another 24,000. We were only able to identify 200 children that fit the criteria for SFK day.

Most of these children had DentiCal and only required Ortho screening.

Why the change? Only ten years ago we were screening 30,000 kids each year and selecting enough kids to utilize 30 to 40 SFK sites. Most of the kids seen did not have DentiCal or insurance then. Geographic Managed Care DentiCal has been in Sac County since the early 1990's. Ten years ago the utilization rates for GMC DentiCal approached 20% and DentiCal eligible kids were not being signed up. DentiCal offices were informing parents that children below the age of three would not be seen. DentiCal emergencies had extreme difficulty getting access to treatment. Within the DentiCal system ten years ago there was an access to care problem with GMC Sacramento County and this was reflected in the number of SFK patients available then.

Times have changed. Through the efforts of SDDS and SDDS Foundation bringing the inadequacies of GMC Sacramento County into public view, training programs for

school nurses that prepared them for dental screening and helping parents navigate the DentiCal bureaucracy, and the SDDS call center that helps navigate a DentiCal child to a dental home, we are in an era where most DentiCal eligible children in our local area are signed up with DentiCal and have a dental home at one of the GMC provider offices. GMC Sac County utilization rates are now up to 43% (still not great, but improving) and the number of SFK patients that we can find has been significantly reduced. That's great news the access to care problem in Sacramento County has been considerably mitigated, threatening the need for the Smiles for Kids Program. Now the Foundation concentrates on more education—like our puppet shows, and community outreach. ■

ENDO-PERIO COURSE COMING UP SOON!

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

The key to successful dental treatment is understanding the complex and dynamic interaction between endodontics and periodontics. This course will explore periodontal and endodontic treatment modalities to enhance outcomes including:

diagnostic dilemmas, endodontic surgery in the esthetic zone, tooth resection, managing root fracture, resorption and perforations, regenerative surgery, ridge preservation and augmentation upon tooth extraction, implant restoration.

Friday, March 27, 2020

8:00am • Registration & Breakfast
8:30am – 1:30pm • Class

SDDS Classroom

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



March Will Creep in Like a...

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

It's March—time to plan your Spring activities and events and, boy, do we have a lot of opportunities!

Whether you are looking for a CE class (topics such as insurance, fraud, embezzlement, claims, or clinical courses on perio or implants)... **MARCH IS YOUR MONTH!**

And fun events are coming up this spring: The Kitchen, River Cats, Golf Tournament and Broadway shows—we try to provide you CE AND FUN THINGS!

And, for sure, the Harassment Prevention webinars continue every other month. As a member benefit, we strive to “be ahead of the curve” on our member benefits. Last year, we initiated these webinars and they sold out—every one of them. Please sign up for this mandatory webinar, as required by law, sooner than later. We anticipate they will sell out later in the year, as they did last year. While the State still has not announced how they will monitor all this, the requirement is to have all doctors and staff completed before January 1st next year.

As a follow up to last month's “Time” affirmation... how's it going? For me... March is my beginning point! Baseball is starting, grandkid visits are scheduled and I'm hoping to be on the golf course this month! How is your wellness plan going?

Happy March! ■

Save the Date for the Annual SDDS Holiday Party!

December 11th at Del Paso Country Club!

Join us with your team at Del Paso Country Club – let's join our holiday parties this year!

We can do all the planning for your Holiday Party! We'll pay the band, host the wine, and do the wonderful dinner; you just bring your team and celebrate with us!

Stay tuned for when signups open!

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By Tyler Holt, DDS
Associate Editor

Aligner Therapy— *A Game Changer*

Aligner therapy has been a game changer in our dental field. It has challenged us and made us grow in ways we may have not expected. Today patients are now being offered aligner treatment without even stepping foot in our offices. They are being bombarded about straightening their teeth and getting their bite fixed. While this may seem very harmful to our dental community, I try to look at the positive that many more people are looking for orthodontic or dental care. Parents and kids are searching for answers of how to straighten their teeth and get a better, more confident smile.

In this issue of *the Nugget*, we have searched for great insight on the aligner industry, Invisalign treatment and accelerated aligner therapy. The articles included in this issue, written by three orthodontists and one periodontist, will feature several cases with photographs that can teach us valuable lessons about how to use aligner treatment in our offices. They will also uplift us to raise our standards for patient care as we see more and more patients seeking orthodontic treatment. Hopefully, these articles will give you tips and insight that can make you a better provider for your patients.

One of the best things we can do is learn how to use the aligners for ourselves. As doctors, we should know how the teeth should be moving, when to apply certain attachments and how to avoid creating periodontal issues for the patient in the future. Plastic aligners can do many of the same things as braces but it is still an instrument in our hands to treat malocclusions. The software gives us great help and can point us in the right direction but the oral health of our patients depends on us. ■

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YOU SHOULD KNOW

VOLUNTEERS NEEDED FOR CDA CARES LONG BEACH

Registration is now open for CDA Cares Long Beach set for July 17-18 at the Long Beach Convention and Entertainment Center. Dentists and other dental professionals are needed to provide services including extractions, fillings, cleanings, oral health education and a limited number of root canals, dentures and partial dentures.

Community volunteers are also needed to register and route patients, provide translation services and set up/tear down the clinic. Please spread the word to your members and community.

Additional information regarding the clinic is available in the volunteer FAQ.

To register, go to the online registration system https://www.cervistech.com/acts/console.php?console_id=0075&console_type=event.

For questions, contact Kevin at kevin.lewis@cda.org

CAN YOU HELP WITH A CDA TESTIMONIAL?

Submitted by CDA

CDA is looking to capture testimonial videos of members, leaders, community members, etc. to compile into a larger "member story" video to showcase the 150th anniversary and what people think of CDA. They're looking for first-hand accounts of why a member or individual is a part of CDA and to share a memorable CDA experience.

Preferably, this would go to CDA in video format. A simple iPhone type video is perfect! If you don't want to shoot a video, they'll take audio, photos, testimonial emails, etc. as well. Please send directly to cda150@cda.org.

DUES PAYMENT GRACE PERIOD CHANGES IN 2021

Reprinted with permission from CDA

The CDA House of Delegates approved elimination of the \$100 reinstatement fee and the implementation of a 30-day grace period for dues payments, effective 2021. Members who do not renew by Feb. 1, 2021, (30 days following the dues deadline of Jan. 1) will be dropped for nonpayment. If a member is dropped for nonpayment, they will be unable to register for CDA Presents, utilize the Practice Support Center or apply for TDIC policies.

Once a member's dues are paid, retirement affidavits and waivers will not be accepted for the current year (special circumstances may be requested and approved by the component).

CDA will communicate to members throughout 2020 and will provide components with a newsletter article and social media postings with the dues reminder.

WE HAVE TWO NEW VENDOR MEMBERS - ZENTIST AND WEO MEDIA

See Pages 36-37 for a listing of all our Vendor Members and what services they have to offer.

Job Bank

The SDDS Job Bank is a service offered only to SDDS Members. If you are a job seeker, associate seeker, selling or buying a practice, contact SDDS at (916) 446-1227. For contact information of any of the job bankers please visit www.sdds.org.

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Sunny Badyal, DDS • Sacramento • FT • GP
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Steven Tsuchida, DDS • Elk Grove • FT, Buy-Out • GP
Capitol Periodontal Group • Sacramento • FT • Perio
Brian Crawford, DDS • Antelope • PT/FT • Ortho
Childrens Choice Pediatrics • Sacramento • PT/FT • Pedo
Mark Redford, DMD • Roseville/Granite Bay • PT • GP
Kevin Chang, DDS • Roseville • PT • GP
Michael Hinh, DDS • Sacramento • PT • GP
Ricky Tin, DDS • Elk Grove • PT • GP
R. Bruce Thomas, DDS • Davis • PT/FT • GP
Amy Woo, DDS • Sacramento • 1 day/wk • Endo
Make A Smile • Sacramento • PT/FT • Pedo/Ortho/Endo/OS
SmileTime • Sacramento • PT/FT • GP
Jacqueline Delaney, DMD • Truckee • FT • GP
Paul Raskin, DDS • Sacramento • FT/PT • Prosth
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• FT/PT/Fill-In • GP

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By **Matthew Sandretti, DDS**
SDDS Member

Dr. Sandretti is a Sacramento native and grew up in the Roseville/Granite Bay area. He graduated from UCLA for both his Bachelor's and DDS degrees. He then completed his Masters degree and orthodontic residency at the Medical College of Virginia. He practices orthodontics in Elk Grove and Sacramento.

Invisalign: The Power of Plastic

Dentistry has long been at the intersection of health, science, technology and artistry. This fact is what makes dentistry so uniquely challenging and stimulating. We are tasked with the responsibility to diagnose, treatment plan and execute treatment in the best interests of the patient. We must complete these challenges all while maintaining high quality standards, respect and professionalism. However, that is no longer enough--the modern dentist must do more. The modern practitioner must also be sensitive to the patient's preferences about how their dental treatment is completed. Patients don't only want the best treatment option possible; they want the option that is most compatible with their lifestyle, needs and desires. This is perhaps no more pronounced in any field of dentistry more than in orthodontics.

For any practitioner doing even occasional orthodontic treatment, it is quite apparent that clear aligner therapy is here to stay. With \$2 Billion in revenues in 2018 alone, Align technologies has proven that the market demand is strong and growing, both by patients and doctors. Having the option to utilize removable, discreet and comfortable plastic aligners is appealing to patients of all ages. For any doctor which has integrated Invisalign into their practice, it is probably a fairly common occurrence for a patient to ask "can I get

Invisalign?" or "would Invisalign work for me?." This is a deceptively difficult question. At the base level, the patient is looking for a change in the appearance and/or function of their teeth AND there is an aspect of aligner treatment that appeals to the patient. They are asking the doctor to quickly merge their desires with the doctor's commitment to clinical excellence in creating a customized, predictable and successful orthodontic treatment plan.

One of the features available to those doctors which have moved into intraoral scanning is the "outcome simulator," which magically straightens the patient's teeth right before their eyes. It's visual, powerful, and creates a nearly immediate "wow" moment. While I think this is a great instrument for patient marketing, it is tempting to view Invisalign mechanics in the same way. Simply scan or impress, push button and see results. Invisalign marketing has been effective in reinforcing this idea that their system is easy, user-friendly and quick to adopt. While this is true to an extent, it does not tell the whole story and sells short its capabilities to create great results and memorable patient experiences.

Invisalign at its core is not so dissimilar from traditional braces. Both are complex and powerful methods of creating biomechanical forces to move teeth. To be able to maximize its potential, I like to think of Invisalign not as a finished product but as an effective tool to manipulate and shape the way I exert force on teeth. In keeping with that idea, the ClinCheck is not a simulation of the final tooth position, but instead a reflection of the ways in which forces are applied to the dentition over time.

For example, let's consider how to approach a deep bite case with retroclined incisors. This is typically not an easy case with aligners. When treating this

“Patients don't only want the best treatment option possible; they want the option that is most compatible with their lifestyle...”

case with traditional brackets and wires, the mechanics would include some form of disocclusion and bite leveling. This would probably involve exaggerating these movements by placing wires with a reversed curve of spee and controlling torque closely. So, we simulate these same mechanics instead with aligners, placing posterior attachments for more predictable extrusion, anterior bite ramps for disocclusion and exaggerating the leveling of the lower arch much the same as we would with archwires. This allows us to maximize the level of correction we can achieve and help the patient get the best possible result.

Invisalign has continued to improve its capabilities, allowing doctors to confidently approach increasingly more difficult cases. However, at some point, most doctors encounter clinical scenarios that they do not feel comfortable approaching with Invisalign or feel that the result would suffer if treated with aligners. It is these situations which I think are especially stimulating and great opportunities to provide our patients with excellent experiences. It is in these moments that I find myself asking two questions: what about Invisalign appeals to the patient? And what can I do to make their case into one I feel comfortable treating with aligners? It may be that their motivation is to avoid obvious appliances on the upper front teeth. Perhaps they are instead concerned about diet limitations or flossing difficulties with braces. Those two answers would give the treating doctor a different set of parameters to design the ideal treatment plan. Sometimes patients are comfortable with hybrid approaches, using lower braces or segmental braces in conjunction with aligners. Sometimes pre-treatment expansion, appliance therapy or class correction can tackle the most difficult challenges up front, creating more predictable aligner treatment afterward.

In short, I think this current era of orthodontics is an exciting opportunity to reach more patients with treatment modalities which will be accepted by a greater portion of the population than in the past. This is a time which will emphasize creativity, flexibility and critical thinking in orthodontic treatment planning. With information so readily exchanged and shared through online media, doctors are able to learn from each other and collaborate faster than ever, accelerating the creative process through collective experience. I look forward to being part of this exciting future in which a connected community of doctors are utilizing their expertise to combine the attractive attributes of clear aligners with their commitment to clinical excellence. ■



Picture 1 - Initial presentation: Deep bite, retroclined incisors, overclosure



Picture 2 - Clincheck: Exaggerated final tooth positions to simulate desired treatment mechanics



Picture 3 - Progress: Tooth position at end of first series (31 aligners, 13 months). Ready for refinement and finishing



By **Seth Lucas, DDS**
SDDS Member

Dr. Lucas graduated from UCSF School of Dentistry and went on to receive his orthodontic certificate and master's degree from UCSF. He is an active member of the AAO and is ABO-certified. He practices at Lucas Orthodontics located in Folsom.



Smiles (and Frowns)

Delivered Straight to Your Door

A few weeks ago I posted a picture of myself on Facebook that garnered a lot more attention, laughs and comments than I had expected. It was a picture of the back of my head in which you could clearly see a big chunk of my hair taken out from a botched, do-it-yourself (DIY) haircut. I'll be honest, this wasn't the first time I have tried cutting my own hair. With everyday busy life of running a practice and raising 4 kids, sometimes it's hard to find the time to make it into the barbershop, so cutting my own hair has become more of the rule than the exception. That is until this debacle happened. Reading the comments from the Facebook post, the general consensus was clear, "Why would you try that yourself? Why not just go to the barber?"

Fortunately, hair grows back, so after a couple weeks I was able to be seen around town again without a baseball cap on. Our teeth, however, do not grow back. We have one adult set that needs to last us for a lifetime, which is why it would be prudent to avoid taking the same do-it-yourself liberties as I did with my hair. However, the current trend in at-home orthodontics and teledentistry is on the rise. Let's face it, we live in an Amazon and Doordash world, and we can basically have whatever we want delivered straight to our doorstep these days. So why not have a new smile delivered straight to your home? Some companies are seeing an opportunity to fill this consumer demand, but they may be playing with the public's health a little recklessly.

This has been a big year for at-home aligner companies. It's hard to turn on your TV or scroll through social media without seeing an advertisement for Smile Direct Club, Candid, SmileLove, Byte and more. In fact one of these companies even had their initial public offering in September, so the business of creating smiles is now officially a publicly traded enterprise. Company executives and financial backers claim that they are only trying to provide a service to an underserved

demographic that would otherwise not be able to afford orthodontic care. In other words, they say it's a matter of access to care for them. They see themselves as industry "disrupters" that are going to break the stranglehold that orthodontists have with the traditional orthodontic model. And they see the orthodontic and dental community much like the disgruntled taxi cab unions fighting to stave off peer-to-peer ridesharing companies like Uber and Lyft.

For direct-to-consumer aligner companies, the process goes something like this:

1. Customers take their own impressions via a do-it-yourself kit or go to one of several hundred "smile shops" to get a 3D scan
2. A virtual dentist or orthodontist reviews and approves a software simulation of the smile transformation
3. Once approved, clear aligners are sent via mail to customers who then undergo 5-10 month treatment plans
4. Customers can communicate questions and concerns through the company's customer service team along the way during the course of their treatment but are not allowed to contact their overseeing dentist directly

So far, the results are a mixed bag. Some customers report satisfied results, while others make claims that their treatment actually made things worse. In fact, one company has already been slammed with over 1,200 complaints filed against them with the Better Business Bureau. The fact is that these companies are missing two of the most vitally important aspects of any orthodontic treatment: 1) comprehensive pre-screening exam and x-rays to identify dental issues that would preclude orthodontic treatment, and 2) continued personalized care from a licensed professional.

As dental professionals, we understand the reason why pre-screening is so important. We are obligated to "do no harm". Without

x-rays and an exam, we could be missing active periodontal disease, impacted or supernumerary teeth, and suspicious bony or soft tissue lesions. If these are not caught before actively moving teeth orthodontically, then we could compromise the teeth and even risk losing them. We also understand that there is a lot more to a beautiful smile than simply straightening teeth. It is just as important, if not more, to achieve a functional stable occlusion and ensure proper jaw alignment. In addition, an ideal result also takes into account the dental micro-esthetics (such as embrasures, tooth size proportions, and black triangles), gingival architecture, and smile arc--details that are tailored to each patient. Great smiles are not as cookie cutter as these companies would have you believe.

There are also certain things about periodic in-office visits that are necessary to ensure a satisfactory result that you can't achieve by just simply mailing out plastic aligners and putting treatment on cruise control:

1. If mechanics aren't controlled properly with oversight from an experienced practitioner, clear aligners are notorious for creating posterior open bites, which can leave the patients occluding traumatically on only a few anterior teeth.

2. With at-home impressions, molds may be defective and the aligners may not fit properly. For instance, if the second molar

is not captured in the impression then the manufactured aligners will also not extend to the second molars. If a patient wears aligners like this for long enough they will eventually only fulcrum and occlude on their second molars, an iatrogenic problem that is difficult to correct.

3. DIY aligners also do not allow for attachments or interproximal reduction, both of which are necessary in many cases. For instance, if a patient has minimal overjet but there is crowding present on the lower arch, then without IPR the only way to resolve that crowding is to flare the lower teeth out, which in this case would result in an edge-to-edge bite or even an underbite.

4. Extruding teeth without attachments is virtually impossible with aligners. Any provider that has tried treating a deep bite with aligners by leveling the lower curve of Spee without attachments to extrude the premolars can you tell you it's an exercise in futility. Anyone with any experience with Invisalign or Clear Correct can tell you how fun it is trying to extrude an upper lateral incisor without an attachment.

So far these companies have been operating in the wild west of the dental industry, with very little regulatory oversight. However, changes and regulations are coming. Alabama and Georgia dental boards have already enacted some rules that render these companies'

practices illegal. Expect more states to follow. Last month, Gavin Newsom signed a bill that includes protections for patients who undergo DIY orthodontic treatment, allowing them to submit complaints to the California Dental Board, something that these DIY companies have been able to circumvent up until this point with non-disclosure agreements and contractual fine print.

As DIY companies proliferate, it will become increasingly important to set ourselves apart as a profession. The one thing we can do as dental professionals to protect this specialty is to make sure we are consistently delivering exceptional results. Software algorithms still can't match the artistic eye and attention to detail of the dental professional. As technology continues to improve, I think there are ways we can adopt the convenience of DIY orthodontics, provide greater access to care, and yet still maintain our personal touch and continue to provide great results.

Although it's not going away any time soon, it's my personal opinion that we will look at the DIY orthodontic industry much like we do of the Flowbee haircutting device in the 90s. This vacuum-powered, do-it-yourself, hair-cutting machine was met with initial optimism as a haircut industry disrupter, but it didn't take long for us to realize that...well... it actually just sucked (pun intended). Leave it to the professionals to cut your hair. Take it from me. ■

MARCH GENERAL MEETING!

Tuesday, March 10, 2020 • 3 CEU, 20% • \$75

6:00-7:30pm • Graze, Greet and Get CE (from our Vendors). Small plates and food stations. Vendor tables and great deals! Peer networking!
7:30-9:00pm • Seating, Desserts, and Program

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The March General Meeting
**has a different meal format,
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A Day at The Office... Surefire Ways to Coordinate the Chaos

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

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

Speaker: Gayle Suarez; Dental Management Solutions, Inc.

Gayle Suarez is a practice and team coach and speaker. In 1999 she founded Dental Management Solutions, Inc. after a successful clinical and administrative dental career. With experience in over 30 States and 100 cities, Gayle is a strong believer that every practice has the opportunity to exceed, no matter the location or the changing industry. She is passionate about guiding doctors and teams to develop personal and professional growth with effective systems for successful results that can last throughout the life of the practice.



By **Mark Holt, DDS**
SDDS Member

Dr. Holt grew up in the San Francisco Bay Area. He attended Brigham Young University, followed by the University of California at San Francisco School of Dentistry. Dr. Holt completed his orthodontic residency and MS at the University of Oklahoma. He has three offices in the Sacramento suburbs and has treated over 4,600 patients with Invisalign.

Invisalign First: A Growing Success

When Invisalign introduced their new aligner product that targeted 1st phase of treatment in kids, I was skeptical of how patients, parents and our team would respond. Having worked with 7-9 year old kids for over 30 years and my experience with my own kids (5 children and now 10 grandchildren!), I worried about how they might work with Invisalign. We introduced Invisalign in our practice slowly with both options of braces and Invisalign to parents and kids. To our surprise parents and kids have selected the Invisalign treatment plan more and more. One young boy gave me a high five when I told him that we could do his 1st phase of treatment with Invisalign. There are many reasons for doing phase 1 treatment in kids and aligners allow us to make some wonderful changes in these little mouths.

There are several benefits for aligner treatment in the 1st phase. The first and foremost is the oral hygiene of the patient. As we all know, braces are a bacterial nightmare. Even though we work hard to keep the patient informed

To our surprise parents and kids have selected the Invisalign treatment plan more and more.

and work with them on their hygiene, it is hard to keep clean. Aligners allow for kids to completely brush and floss without any interferences. This allows for patients to avoid decalcifications and inflamed, puffy gums. Another benefit of treating with Invisalign is less appointments and no emergency appointments. Parents love this! They appreciate not having to come in as frequently for their child's orthodontic treatment. If a child loses an aligner set, they can skip ahead to the next one. These simple benefits make a huge difference for parents!

The 1st phase of treatment should be concise and goal oriented. We know that the child will most likely need a 2nd phase of treatment. We want to attain certain goals like expanding for cross bites, alleviating crowding, correcting to a Class I and decreasing overjet or overbite. It is important to note that not all children need Phase 1 treatment. Parents might wonder why treatment is needed in young children and question why a dentist might be referring to the orthodontist at such an age. We prefer to wait and treat in one phase when possible. It is important to see them so that their growth and tooth development might be observed. We may not recommend treatment but we may recommend certain baby teeth to be extracted or space maintainers to help permanent teeth erupt or prevent impactions. When the 1st phase of treatment needs to be done, it should be corrected quickly so that the patient can have a break between the 2 phases of treatment.

Setting up the ClinCheck is the most important part of the plan. We do different attachments and movements than the computer defaults.

In our first case here, this nine-year-old boy has a Class II bite, crowding and a deep bite. The mom does not like the rotated upper laterals. In our treatment plan we noted goals of distalizing the 1st molars, rotation of the laterals and opening spaces for the lower canines. This patient had 30 aligners and switched them every week. He was done with treatment after 8 months. We were able to attain Class I of the 1st permanent molars and rotate the laterals. Retention is critical.

With the second case, this little girl also had a Class II malocclusion, and crowding with the upper central overlapped with the upper lateral. They were curious if she would be a candidate for aligner treatment. She was very excited when we told her that she was! We added extra torque to the upper centrals and exaggerated the pushed out upper lateral. She wore 25 aligners while switching them every



week. Treatment was completed in just over six months. Our goals of correcting the Class II malocclusion and crowding were achieved and mom and patient were thrilled about the results. In the second phase of treatment, we will close these spaces and correct the canine to Class I. By pushing the molar back in Phase 1, we will decrease the amount of elastic wear in Phase 2 and significantly shorten the overall time in treatment.

We see in this third case, aligner treatment can be a little more complicated when we treat Class III malocclusions, but still can be done with excellent results. This patient is a ten-year-old boy with a slight underbite and spacing. This is a great age to use a facemask headgear. Although headgear has never been able to shed itself of the stigma, it has maintained an important place in helping to avoid jaw surgery for Cl III patients. To use the facemask with aligners, we had to do a cut out on upper second primary molars. On these teeth we placed small buttons to hold the elastics. In treatment, we started with having the patient switch aligners every two weeks and no facemask wear. After aligner six, we converted him from switching every two weeks to every week and we had him wear the facemask every night. In seven months of treatment, we were able to achieve Class I occlusion and correct the underbite. He wore the facemask for about 4 months during the treatment.

There is so much that is being done with aligners and many more changes are coming. Aligners are a wonderful addition to orthodontic treatment. It will continue to open new doors and challenge us professionals to learn new techniques. Phase 1 treatment can be done with excellent results in aligners. As doctors, we should continue to educate ourselves so we can give patients a confident smile in the fastest and most comfortable way possible. ■



By **Kian Azarnoush, DMD**
SDDS Member

Dr. Azarnoush works at Periodo Specialist in Roseville, he is a diplomat of the American Board of Periodontology certified in all aspects of periodontal treatment and dental implants. He attended Tufts University School of Dental Medicine for his dental degree and Virginia Commonwealth University for his specialty training. Prior to professional school Dr. Azarnoush received his bachelor's degree in microbiology and his master's degree in cell biology from the University of Texas. Dr. Azarnoush's passion for dentistry stems from his background in science and his desire to make a positive impact in the lives of his patients. Outside of work, Dr. Azarnoush is an avid sports fan and enjoys being active and spending time traveling with his girlfriend.

Surgically Facilitated Orthodontic Therapy: Rationale and Treatment Protocol

With the growing popularity of clear aligner assisted orthodontics, we are experiencing a renewed interest in many patients for correcting malocclusion. These cases are often in adults and present with a unique set of challenges that have to be met accordingly. One potential adjunct to treatment with clear aligners, is surgically facilitated orthodontic therapy (SFOT) which will accelerate tooth movement, reduce treatment time and serve to expand the dento-alveolar housing.

“One potential adjunct to treatment with clear aligners, is surgically facilitated orthodontic therapy (SFOT)...”

The time-displacement curve of orthodontic tooth movement proposes four phases upon the application of orthodontic forces. The initial phase lasts about 3-4 days and describes tooth movement about the distance of the periodontal ligament (PDL) thickness. The lag phase lasts for an average of about 7 days and is associated with hyalinization in the PDL. When hyaline forms in the periodontal ligament, bone resorption and consequently tooth movement is inhibited. Hyaline is gradually removed from the periodontal ligament by macrophages that differentiate from mesenchymal cells travelling to the area. However, this process can take up to 4 weeks during which no tooth movement occurs. The acceleration phase and constant linear

phase describe the bulk of orthodontic tooth movement dynamics following the lag phase.

Surgically facilitated orthodontic therapy (SFOT) reduces the duration of the lag phase by inducing “transient bursts” of localized hard and soft tissue remodeling. This is accomplished by surgically cutting, perforating or mechanically altering the cortical bone interproximal to the teeth being moved. What happens during the immediate healing process is termed regional acceleratory phenomenon (RAP) which potentiates tissue reorganization and healing. Allowing immune cells such as macrophages, osteoclasts and osteoblasts to migrate to the region quickly and begin the remodeling process, thereby reducing the lag phase experienced by traditional orthodontic tooth movement.

Wilcko et al, modified the original SFOT protocol by including simultaneous hard and soft tissue augmentation to accommodate buccal tooth movement. The use of bone allograft and resorbable collagen membranes essentially expanded the dento-alveolar housing minimizing the chances of post treatment gingival recession by thickening the existing gingival biotype. The current treatment protocol for SFOT starts with full thickness flap elevation, buccal decortications and corticotomies using carbide bur or piezotome and placement of bone allograft and collagen membrane with primary closure. The corticotomies are initiated 2-3mm apical to the alveolar crest extending beyond the root apex and connecting mesially and distally to the adjacent sites. Penetrating the buccal cortical plate induces a sufficient inflammatory response to activate the

RAP effect, there is no need to extend this corticotomy to the palatal or lingual cortical plate. Orthodontic tooth movement should be initiated within 7-10 days following surgery to take advantage of the RAP which is highest during the initial healing period.

More recently Dibart et al, introduced a minimally invasive approach to SFOT. The “Piezocizion” technique uses ultrasonic instrumentation known as a Piezotome to create cortical penetrations through the gingiva without elevating a full thickness flap. The procedure as described by their group, begins with vertical incisions made in the attached gingiva, interproximally below the interdental papilla. These incisions are full thickness meaning the blade must cross the periosteum and come into contact with the alveolar bone. Ultrasonic instrumentation such as the Piezotome, is then used to penetrate the cortical bone to a depth of 3mm. If a dehiscence is noted, the gingival flap is

elevated through the vertical incision via a tunneling technique to accommodate the placement of bone allograft and resorbable collagen membrane.

“SFOT can facilitate faster tooth movement...”

Although our surgical technique and use of materials has improved over time, the biological principles of why SFOT is effective has remained the same. Currently, SFOT is most appropriate for patients whose orthodontic treatment requires buccal movement of teeth into areas of thin bone and thin gingival biotype. SFOT can facilitate faster tooth movement, however its biggest advantage is expanding the dento-alveolar housing allowing tooth

movement into augmented bone and soft tissue, lowering the risk of post-operative sequelae such as gingival recession.

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Sebaoun Jean-David M., Surmenian Jerome, Dibart Serge. Accelerated orthodontic treatments with Piezocision: a mini-invasive alternative to alveolar corticotomies. Orthod Fr. 2019 Mar;90(1):5-12

Article continued 
The following page contains a case report from Dr. Azarnoush



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Case Report from Dr. Azarnoush

(continued from previous page)

Case report: 25-year-old male, lost tooth #8 at the age of 9 with no replacement and no space maintenance. The space for tooth #8 was completely occupied by tooth #7, he had initiated orthodontic treatment with Invisalign however they could only open up the space by about 2mm after many months of treatment. Pre-molar extraction to create space for future implant placement at site #8 was discussed with the patient, ultimately SFOT with bone grafting to expand the dento-alveolar envelope, accommodate buccal tooth movement and

create space for implant placement at site #8 was accepted (Figure 1).

After anesthesia administration, a full thickness flap was elevated on the maxilla and mandible from first molar to first molar. Interproximal corticotomies were created using a round carbide bur on a high-speed hand piece, starting 2mm apical to the alveolar crest and extending beyond the apex of the teeth (Figure 2). Freeze dried bone allograft (FDBA) was placed over the corticotomies, in particular

over any pre-existing root dehiscence (Figure 3) and covered with a resorbable collagen membrane with primary closure (Figure 4). The patient was seen for routine follow ups and given instructions to change his aligners every 4-5 days. At five months (Figure 5), a CBCT was taken to treatment plan implant #8 (Figure 6). There was adequate width and height for a 4.3x11.5mm implant fixture which was placed (Figure 7), less than 6 months after treatment was initiated with Invisalign and SFOT. ■



Figure 1



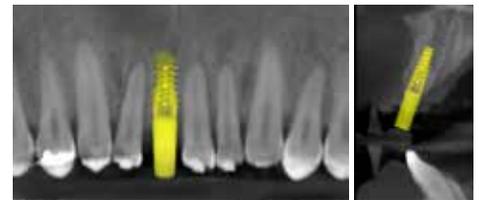
Figures 3



Figures 2



Figure 4



Figures 6



Figures 7



Figure 5

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I've been a hygienist for 20 years and always go to the San Francisco dental conference. This was my first time at the Sacramento conference and it was so good. The small classes, the breakfast, lunch and drinks all fabulous.

- Anita Bassi, RDH

162 Exhibitor
REPRESENTATIVES

I've been coming for midwinter convention for years with my team. This was the best one yet! I look forward to next year. Thank you SDDS!

- Polin Collins, DDS



622 Total Attendees



First time attending- enjoyed the course, the food and friendly atmosphere. Will be going back!

- Ethan Fox, DDS



77 Gallons OF COFFEE

This was my first time attending a SDDS meeting, and I must say I was very impressed by the number and quality of the lectures, the free food, the number of vendors, and the SDDS staff. Light-years beyond any local dental society meeting I have ever attended (and I've attended quite a few).

- Peter Rubenstein, DMD



The winner of the Crowns for Kids jar contest is
PIER 210 DENTAL GROUP IN AUBURN
Their jar was worth \$1300!



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 Three Essential Functions of Your Employee Manual

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When it comes to your dental practice, one of the most important documents in your HR toolkit is your employee manual. Not only can definitive employee policies resolve disputes, but they can thwart issues before they arise, protecting both the employer and the employee from any sort of misperception and the potential for litigation. Exercising your due diligence is the key to getting the most out of your employee manual.

Your Manual's Three Essential Functions:

1. Protection — Your Due Diligence

First, a well-written employee manual contains objective guidelines for workplace policies, rules and regulations in consideration of federal, state and local labor laws. Additionally, your manual outlines the consequences of policy violations all in one place.

The absence of an employee manual greatly increases the likelihood of an employee filing suit. After polling an opposing plaintiff's attorneys about what factors helped them decide to file suit on behalf of current or former employees with complaints, their responses are always the same: It depended on whether the practice had an employee manual.

Practices that don't have employee manuals are considered proverbial low-hanging fruit for successful lawsuits because it is indicative of potential negligence in other aspects of the business. In other words, if you want to avoid employee legal claims, a manual is one of the simplest yet most effective ways to deter opposing legal counsel from deciding to file a lawsuit in the first place.

2. Consistency — Thwarting Discrimination Claims

Manuals are essential because they emphasize consistency — most importantly, protecting you against discrimination claims, such as retaliation and a hostile work environment. But

all situations should be handled objectively and consistently. A manual allows you to outline policies (and the consequences of violating these policies) as they apply objectively to your entire team. Referencing your manual for applications of principles and procedures ensures you are handling all situations consistently and, more importantly, objectively, to avoid high-risk discrimination claims.

Furthermore, your employee manual outlines your practice's culture. This includes benefits, dress code, punctuality and attendance expectations. Outlining your expectations on these policies is imperative to ensure you are not unfairly or inadvertently singling someone out.

3. Compliance — Federal and State-Mandated Laws

While it is not legally required that you specifically have an employee manual, a manual is the most effective way to outline your compliance with legally mandated laws and ordinances. Federal agencies, such as the U.S. Department of Labor, Division of Labor Standards Enforcement and the U.S. Equal Employment Opportunity Commission require business owners to outline rights, such as the Family and Medical Leave Act, whistleblower protections, minimum wage, time off to vote, the Uniformed Services Employment and Reemployment Rights Act, etc.

State agencies also mandate that employers follow local ordinances. In California, employers must distribute 13 policies to each employee regardless of hours worked. One example is the recently imposed mandatory paid sick leave requirement. Legally, all employees are rightfully allowed to review their employer's paid sick leave policy as well as their accrued paid sick leave hours. Having these policies outlined in your manual ensures you are compliant while also informing your team of their rights within each policy and the procedures to exhaust mandated leaves.

The Perils of Generic Manuals

Many times, practices want to use generic manuals provided by their payroll company. Although this may seem to be easy and straightforward, it typically creates more risk than reward. In the compliance world, most things that are low effort and easy tend to prove hazardous. Here's how:

1. All businesses are not alike. Simply copying the contents of another company's employee manual is unlikely to satisfy the particular HR needs of your workforce.
2. You risk not being specific, consistent and objective. Your manual should outline benefits and policies that your practice uses to reference disciplinary action and benefit accruals. By outlining policies in your manual to reference during disciplinary action, you ensure every situation is handled objectively and consistently. Without sound policies in place, how does an employer discipline an employee who has violated an unspecified "rule?"
3. Labor laws change every year. It's imperative that your employee manual is revised to acknowledge these updates. Your employee manual is an ongoing project. Annual updates ensure you do not fall out of compliance.

A Powerful Tool

If you are not currently using a customized, up-to-date employee manual, you are missing out on a powerful yet easily implemented tool to improve and safeguard your practice. To insulate yourself from future lawsuits, increase productivity and minimize confusion about the policies and regulations affecting your practice, take the time to draft an employee manual. Your manual will serve as your primary defense in everything from day-to-day office disputes to full-blown legal claims. It is a simple, effective way to protect your practice — and yourself.



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Committee Corner



Nancy Achibald, DDS
Ethics Task Force Chair

We are Your Ethics Task Force

Did you know SDDS has a standing Ethics Committee?

I am pleased to report that there has not been a substantial ethical violation that required action since 2014.

The Ethics Committee's focus over the past several years has been to continue to educate and clarify ethical questions or dilemmas. You have likely read the articles in the *The Nugget*, usually under the heading, "Did you know?" or "Ethical Dilemma."

As we go forward in 2020, we are asking for your help. In January you received an e-mail with a brief survey. The survey is designed to

better guide us in areas of ethical concerns. We then go to CDA for answers to help serve our members as we continue to strive to run our businesses in an ethical manner.

At the end of this year this Task Force will report back to the SDDS Board of Directors and will determine if we should maintain our standing committee or move to an advisory committee to meet as needed.

As always, should you have an immediate concern or suggestions, please contact the dental society. Thanks to those who responded to the survey. ■

Committee Members

Nancy L. Archibald, DDS
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2020 SDDS Committees Schedule

Standing Committees

CPR Committee

Feb 24 • Apr 25 • Aug 14 • Nov 6

Nominating/Leadership Development

Work Completed

Peer Review Committee

Feb 25

Foundation

Foundation Board

Apr 6 • Nov 17

Other

Sac Pac

May 18

CDA House of Delegates

TBA

Advisory Committees

Continuing Education Advisory

Feb 25

Mass Disaster/Forensics Advisory

TBA

Fluoridation Advisory

Yolo County

Schedule as needed

Nugget Editorial Advisory

Sep 29

Strategic Plan Advisory

Schedule as needed

Budget and Finance Advisory

Schedule as needed

Bylaws Advisory

Schedule as needed

Legislative Advisory

Schedule as needed

New Dental School Advisory

TBA

Leadership

Board of Directors

Mar 3 • May 5 • Sep 1 • Nov 3

Executive Committee

Feb 14 • Apr 17 • Aug 21 • Oct 2 • Dec 4

Task Forces

Member Benefits/Services

Feb 18 • Apr 28 • Sep 29

Oral Health/Prop 56 Initiatives

Mar 13 • Oct 2

Ethics

Jan 21 • Mar 16 • Sept 14



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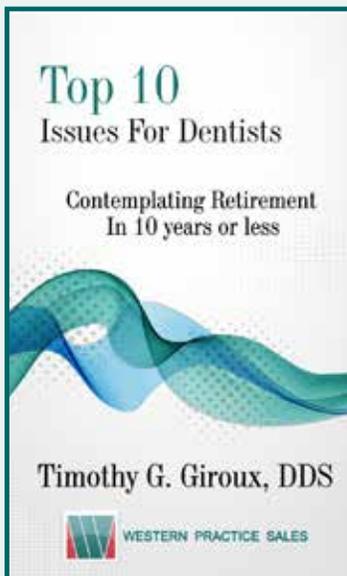
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listing price of my practice?**

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

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

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

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

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

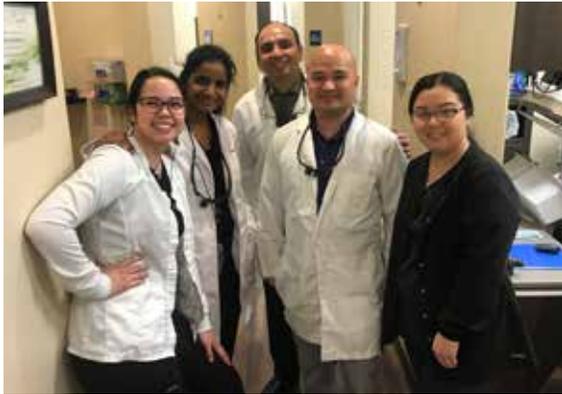
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YOU ARE A DENTIST. You've been to school, taken your Boards and settled into practice. End of story?

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.

CDA Practice Support Offers Information for Dental Practices Concerned About Disease Transmission

Reprinted with permission from **California Dental Association**

CDA Practice Support has received inquiries from CDA members and staff regarding the recent spread of the coronavirus to California. The virus has affected approximately 10,000 people and killed more than 200 in China, prompting the World Health Organization to declare a global health emergency to mobilize resources to contain the spread of the disease. Although a few individuals in the U.S. have been diagnosed, most had traveled in China where they were exposed to the virus. There is now one reported U.S. incident of person-to-person transmission in Chicago where a man contracted the virus from his wife, who had visited China. The Centers for Disease Control and Prevention states the immediate risk to the American public is still low.

It is important for dental teams to understand that screening procedures are similar, regardless of whether the aerosol transmissible disease is coronavirus, measles, chickenpox or the flu. An important part of the Cal/OSHA-required ATD screening process is to do a community risk assessment:

- Consider whether high-risk factors are present in the patient population (for example, international travel or anti-vaccine sentiments).
- Determine the incidence of ATD cases in the greater community by checking your local public health department website.

If a dental practice determines there is a medium to high risk of an ATD exposure, staff should ask each patient if they are experiencing symptoms characteristic of the particular ATD. The CDC offers interim corona virus guidance for health care professionals. If dental personnel are not actively questioning patients because there is a low risk of ATD exposure, each patient's general health condition should be observed and any symptoms such as coughing and fever should be noted. If symptoms are present, dental personnel should question the patient about other symptoms and ATD risk factors, such as exposure to an individual with an ATD.

If a patient is identified as possibly having an ATD, the patient should be isolated, provided with a mask and, in most instances, referred to their health care provider; their dental care should also be rescheduled. If the patient is suspected of having the coronavirus, the additional step of notifying the public health department should be taken.

The Cal/OSHA aerosol transmissible disease standard requires dental practices to screen patients. The procedures for screening should be included in your practice's Injury and Illness Prevention Plan and staff must be trained on screening procedures. The regulation was developed soon after the SARS outbreak several years ago in anticipation of other outbreaks of unknown viruses.

Additionally, CDA reminds employers that they should consult with an employment attorney before limiting an employee's work due to that employee's travel to China. Each situation requires an individual risk assessment. CDA will keep members informed about coronavirus in the Update and on the cda.org newsroom. Members with questions may contact CDA Practice Support at 800.232.7645. ■

CDA's Practice Support

Have you used CDA's Practice Support? You can get support for your practice through online resources and one-on-one consultations with our dedicated analysts. It's free and you can check it out online on CDA's website!

cda.org/Home/Practice/Practice-Support

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*This is a sample
of our listings.*

AUBURN/FOOTHILLS AREA: Fast-growing, 7 Ops, 6 Equip, 30+ yrs Goodwill, 2019 GR on track for \$1.2M+ #CA632

FAIRFIELD AREA: 5 Ops, 4 Equip, Digital, Paperless, Strong hyg. prog, 2018 GR \$840K on 4 day/wk #CA655

FOLSOM/RESCUE/EL DORADO HILLS AREA: 5 Ops+RE, Modern, Digital. 2018 GR \$773K. Condo available for purchase. #CA581

GREATER SACRAMENTO: Desirable area, 38 yrs Goodwill, 4 Ops, Digital, 6 hyg. days/wk. 2018 GR \$1M+ on 4 day/wk #CA656

GREATER SACRAMENTO: PPO/Condo, 33 yrs. Goodwill, 4 Ops, Digital, I/O Cam. #CA561

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

LAKE TAHOE AREA: Endo, 3 Ops, Digital, CBCT, 28 yrs Goodwill #CA602

ROCKLIN/LINCOLN AREA: 10 Ops, 6 Equip, 2018 GR \$747K on 4 day/wk #CA641

SACRAMENTO: *Price Reduced!* Hi-traffic, 4 Ops, under 5% Delta Premier, 2018 GR \$607K on 30 Dr. hrs/wk #CA590

SACRAMENTO AREA: GP & Specialty HMO/some PPO+RE, 9 Ops, Digital, I/O Cam, 2018 GR \$680K. 5,000 sf bldg. for sale. #CA567

SACRAMENTO AREA: 4 Ops+RE, 1 add'l plumbed, 47 yrs Goodwill, 24 Dr. hrs/wk. 2018 GR \$574K #CA603

STOCKTON AREA: 6 Ops+RE, 30+ yrs Goodwill. 2018 GR \$1M+ #CA616

VACAVILLE AREA: 5 Ops, 28 yrs Goodwill, Dentrux, 2019 GR \$556K #CA645

WOODLAND/DAVIS AREA: 6 Ops+RE, Dentrux, Digital, Pano, 43 yrs Goodwill, Strong hyg. prog, 2018 GR \$1.1M+ #CA629



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The Endodontic-Periodontal Problem: Treatment Integration

The key to successful dental treatment is understanding the complex and dynamic interaction between endodontics and periodontics.

The upcoming continuing education course hosted at the SDDS office, The Endodontic-Periodontal Problem: Treatment Integration, will focus on the intersection between endodontics and periodontics. This course will explore periodontal and endodontic treatment modalities to enhance outcomes including: diagnostic dilemma's, endodontic surgery in the esthetic zone, tooth resection, managing root fracture, resorption and perforations, regenerative surgery, ridge preservation and augmentation upon tooth extraction, implant restoration.

The course will provide attendees with practical ways to address endodontic-periodontic combined disease with a focus on diagnosis and a systematic approach to treatment, re-treatment and repair. This course uses case material to demonstrate how these procedures and techniques can be applied by the general practice dentist.

By taking this upcoming March continuing education course, you will walk away knowing how to:

- understand fundamental Endodontic-Periodontal concepts in order to diagnose properly
- use clinical cases to enable critical thinking to treat the Endodontic-Periodontal problem

Submitted by **Bernice Ko, DDS and Todd Yamada, DDS, MS**

- use differential diagnosis of a J-shape Lesion
- use step by step problem solving techniques from diagnosis to treatment phase of an Endodontic-Periodontal problem
- consider treatment of the tooth instead of extraction and replacement

Make sure to get registered for this upcoming course so you can get all the information on this interesting topic! ■

REGISTER FOR THIS ENDO-PERIO CLASS TODAY!

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Presented by Bernice Ko, DDS and Todd Yamada, DDS, MS

Sponsored by Geistlich Biomaterials and XDR Radiology

Speakers:

Bernice Ko, DDS

Dr. Ko was the former Director of the UCLA Postdoctoral Endodontics Program and was the Course Director of the UCLA Endodontic Continuum Lecture and Hands-on Workshop. Dr. Ko was the former President of the Southern California Academy of Endodontics and the Omicron Kappa Upsilon National Dental Honor Society, UCLA Chapter. Presently she maintains an Endodontic-Periodontic private practice in West Los Angeles.

Todd Yamada, DDS,

Dr. Yamada maintains a full time private practice in West Los Angeles and teaches at the UCLA School of Dentistry in the sections of both Periodontics and Hospital Dentistry. HE has lectured locally, nationally and internationally in the areas of Periodontics, Dental Implantology, Endodontics, Dental-related Medicine and Dental Hygiene.

Friday, March 27, 2020

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Course description listed above.

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* Udupa H, Mah P, et. al. Evaluation of image quality parameter of representative intraoral digital radiographic systems. *Oral Surgery Oral Medicine Oral Pathology Oral Radiology*. 2013 December; 116(6): 774-783

° United States Patent # US 9357972 B2

† Corner Bevel > 3mm.

‡ Dentaltown Staff. 2016 Feb 13. Must have. *Dentaltown* 17(2): 72.

∞ As advertised on company website.

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TOTAL MEMBERSHIP

(as of 2/12/20:)

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MARKET SHARE: 85.2%

RETENTION RATE: 96.1%
ENGAGEMENT RATE: 94%

New Members

March
2020

NIKHIL ANAND, DDS

General Practice

Dr. Anand earned his dental degree from UCSF School of Dentistry in 2013. He is currently practicing in Yuba City.

RITESH DIWAN, DMD

Transfer from Santa Clara Dental Society

General Practice

Dr. Diwan earned his dental degree in 2015 from University of Illinois. He is currently practicing at Smiles 4U Dental in Woodland.

MINA FOUAD, DDS

General Practice

Dr. Fouad earned his dental degree in 2018 from Mexico- Universidad De La Salle. He is currently practicing in Modesto.

MIGUEL FRISANCHO, DDS

General Practice

Welcome Back!

Dr. Frisancho earned his dental degree from University Peruana Cayetano Heredia in 1995. He is currently practicing at Pro Dental Group in Sacramento.

DANIEL KIM, DDS

Endodontist

Dr. Kim owns two practices in Sacramento and graduated from UCLA for both General Dentistry and Specialty.

CHARLES LEUNG, DDS

General Practice

Dr. Leung earned his dental degree from New York University in 2010.

PETER RUBENSTEIN, DDS

General Practice

Dr. Rubenstein earned his dental degree from University of Florida in 2002. *Fun Fact:* In the late 1980s, Dr. Rubenstein was stationed at Travis Air Force Base and was a crew member on our country's largest aircraft; The C-5 Galaxy! He flew all around the world and saw so many exciting places!

Pending Applicants:

Andrey Antonenko, DDS
James Connors, DDS
Thomas Eaton, DDS
Michael Narodovich, DMD
Patrick Pacyga, DDS
Samina Quidwai, DDS

Congratulations to Our New Retired Members!

Clifford Chow, DDS
Frederick Wenck, DDS

In Memoriam



Dr. Lee Crane passed away in the fall of 2019. He started membership with SDDS in 1963. He was, as his wife called and told us, considered to be "retiring on the go." Dr. Crane practiced in Carmichael since 1963.

TOTAL ACTIVE MEMBERS:
1,400

TOTAL RETIRED MEMBERS: 304

TOTAL DUAL MEMBERS: 8

TOTAL AFFILIATE MEMBERS: 12

TOTAL FACULTY MEMBERS: 1

TOTAL STUDENT MEMBERS: 8

TOTAL CURRENT APPLICANTS: 6

TOTAL DHP MEMBERS: 48

TOTAL NEW MEMBERS FOR 2020: 14

WELCOME

to SDDS's new members, transfers and applicants.

IMPORTANT NUMBERS:

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CDA (800) 736-8702
CDA Practice Support . . (866) CDA-MEMBER
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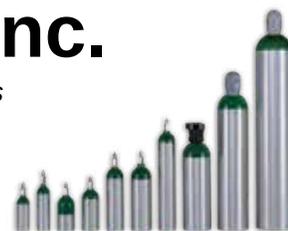
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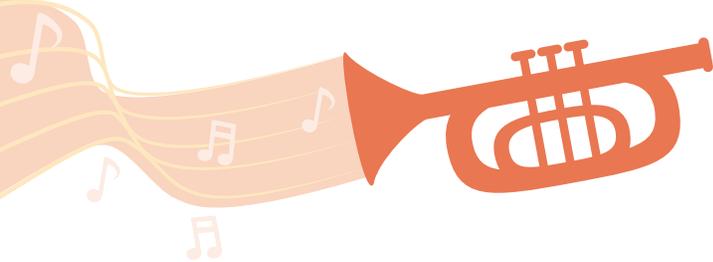
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David Roholt, DDS, on winning the 2020 MidWinter Crowns for Kids Contest! Their office, Pier 210 Dental, brought a jar worth \$1,300!

Kim Wallace, DDS & the Yolo County Oral Health Initiative Team, on their presentation at a recent board meeting! They even brought along Mighty Molar to assist with their presentation! These opportunities help to elevate the importance of oral health to the decision makers as well as the community! **(2)**



Kevin Yee, DDS, on getting married to his wife Lindsey Olsen in Palm Springs last November! Congratulations to the happy couple! **(3)**



Karen Yee, DDS, on being our other winner of our Crowns for Kids contest last year! With her \$250 gift card she took her staff out for a holiday lunch! **(4)**



LET US KNOW YOUR NEWS!

Send us your news to sdds@sdds.org to let everyone know about the great things that are happening!



Congrats to the happy couple!



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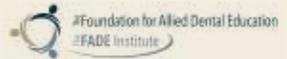
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hndental.com



Since 2018

LIBERTY Dental Plan

Danielle Cannarozzi
888.703.6999
libertydentalplan.com



Since 2016

The Dentists Insurance Company (TDIC)

Kelli Young
800.733.0633
tdicsolutions.com



Since 2011

SDDS VENDOR MEMBERSHIP SUPPORT IS A WIN-WIN RELATIONSHIP!

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

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

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

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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)



July 17-18, 2020 • Long Beach

TO VOLUNTEER: www.cdafoundation.org/cda-cares

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

Established private practice in Davis, CA is seeking a talented associate dentist to join our team. We are a state-of-the-art general dental office that also specializes in implant and cosmetic dentistry. The goal of our team is to provide quality dentistry to every patient and establish long lasting relationships. Strictly a fee for service practice. Full time position with potential to transition to practice ownership. Candidates should be passionate about continuing education in dentistry and motivated to provide the highest quality of care. Candidates with GPR's or other advanced training are greatly preferred. Candidates can expect a skills assessment evaluation. Please send resume to office@childressdental.com. 10/19

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

LEASING OPTIONS

Looking for shared space opportunity in Rocklin/Roseville 2-3 days a week. Preferably located off of 65 & 80. Immediate need. Please call Britt at (530) 913-2748 if interested. 3/20c

Available Dental Lease in Growing, Strong Retail area, modern active center: 6 HS, 15+ Elementary schools, 150,000+ population in 10 minute drive. Key signage, parking, shadow Safeway/CVS. Former Urgent-Care; lab, rooms with plumbing, waiting area. Call/email for brochure, information. Bob Rosenberg CCIM, owner/agent, bobr@investnnn.com, (916) 929-6310. 2/20

Rocklin dental office sublease 1,300 sf, 3 operatories, perfect for a startup; Roseville dental office lease 1,386 sf, 5 operatories, Fully improved move-in ready suites; Ranga Pathak 916-201-9247, Broker Associate, RE/MAX Gold, BRE01364897 6-7/19

Beautiful new building just completed in Auburn with optimal visibility, ideal location and ample ADA parking. We will help design, finance, build and market your relocation! Lease with future purchase option. 2-11,000 sqft spaces available for your dream office! www.3130ProfessionalDrive.com 1/19

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

EQUIPMENT FOR SALE

Nupro RDH Handpieces for Disposable Angles, 3 handpieces in box REF 740010 unopened \$1200. Salvin Centrifuge 1310 (for PRP), Like New \$500. SurgimasterII LED for Ultrasonic bone surgery with two handpieces and many tips, new in original aluminum case. \$3200. Contact jcopedds@gmail.com. 12/19

PRACTICES FOR SALE

Are you ready to BUY into a Private Practice of your own? We are looking for a compassionate, devoted dentist to care for our patients as Dr. transitions into retirement. We have an established, general practice in a newly remodeled building with 6 operatories in Sacramento's Arden Area. Patient Records are chartless with digital X-rays & Panoramic. Technology includes; Cerec crown system, waterlase & diode lasers. Please call 916.952.0269 for more details. 2/20

PROFESSIONAL SERVICES

Bookkeeping, payroll, & more! After 20+ years in the dental profession, I followed my interest into accounting. I'm offering bookkeeping, payroll, and work comp services. My business is cloud based. I'm a QuickBooks ProAdvisor and I use ADP, a highly respected international payroll company. I have an honors bachelor of science degree in accounting. Check out my business articles on Facebook @CherylsCloudAccounting. Contact me via email cheryl@cherylscloudaccounting.com or phone/text 916-708-1503 for a free consultation. Cheryl Taylor, RDH #20310 3/20

DENTISTS SERVING DENTISTS – Western Practice Sales invites you to view our ad on pg 25 to claim a courtesy copy of Dr Giroux's latest book, Top 10 Issues for Dentists Contemplating Retirement in 10 years or less. Visit our website, westernpracticesales.com to view all of our currently available practices. 800-641-4179. 2/20

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

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

Selling your practice? Need an associate? Have office space to lease? SDDS member dentists get one complimentary, professionally related classified ad per year (30 word maximum).

For more information on placing a classified ad, please call the SDDS office at 916.446.1227 or visit <http://www.sdds.org/publications-media/advertise/>

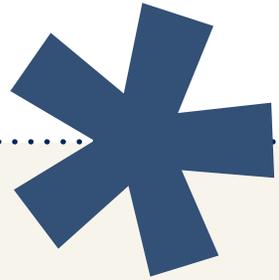
SDDS member dentists can place one classified ad

FOR FREE!

MEMBER BENEFIT!

ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS



MARCH

- | | | |
|--|--|---|
| <p>3 Board Meeting
6pm / SDDS Office</p> <p>5 Dentists Do Broadway
A Bronx Tale</p> <p>10 General Membership Meeting
A Day at The Office...Surefire Ways to Coordinate the Chaos
<i>Gayle Suarez</i>
Hilton Sacramento Arden West
6:00–7:30pm Graze, Greet and Get CE
/ 7:30–9:00pm Desserts and Program</p> | <p>12 Webinar
Harassment Prevention for Employees
<i>California Employers Association</i>
12–1:00pm / Telecom</p> <p>13 Peer Review Calibration
9:00am / SDDS Office</p> <p>13 Oral Health Initiative/Prop 56
9:30am / SDDS Office</p> <p>19 Business Forum
Compliance, Fraud and Embezzlement, Oh MY!
<i>Christine Taxin</i>
6:30pm / SDDS Office</p> | <p>20 Continuing Education Course
Claims, Compliance and Communication – What’s the Magic Combination
<i>Christine Taxin</i>
8:30am / SDDS Office</p> <p>25 HR Webinar
Crucial Conversations, Hiring, Firing, Performance Issues
<i>California Employers Association</i>
12–1:00pm / Telecom</p> <p>27 Continuing Education Course
The Endodontic-Periodontal Problem: Treatment Integration
<i>Bernice Ko, DDS & Todd Yamada, DDS, MS</i>
8:30am / SDDS Office</p> |
|--|--|---|

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



Join us for
Dental Day at Raley Field!

**JUNE 18
2020**

**MAR
10**

General Meeting

3 CEU, CORE • \$75

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

Presented by Gayle Suarez

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

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

New Topic & Different Meal Format!

6:00-7:30pm: Graze, Greet and Get CE (from our Vendors)
Small plates and food stations.
Vendor tables and great deals.

Peer Networking—meet our members! Bring your team!

7:30-9:00pm: Seating, Desserts, and Program

Hilton Sacramento Arden West
(2200 Harvard Street, Sac)

TUESDAY
5:45PM-9PM

ARE YOU REGISTERED FOR THE GENERAL MEETING?