

October 2021

the

Nugget



Managing Broken Parts: The Implant Minefield

A PUBLICATION OF THE SACRAMENTO DISTRICT DENTAL SOCIETY



Get Ready For Our UPCOMING EVENTS

OCT
8

Continuing Education - Hands On

Friday • 8:30am–1:30pm • SDDS Office • \$199

Updates in Digital Dentistry – What Works in Everyday Clinical Practice? (5 CEU Core)

Presented by Michael Scherer DMD, MS, FACP
Sponsored by ZEST Dental Solutions (SDDS Vendor Member) and Pearson Dental Supply

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.

OCT
12

General Membership Meeting - In-Person

Tuesday • 5:45pm Social & Vendors
6:45pm Dinner & Program
Hilton Sacramento Arden West • \$75

Physical Therapy for the Dental Professional AND Your Patients (3 CEU Core)

Presented by Alex Ray, PT, DPT; North Area Physical Therapy and Aquatic Therapy

This course will focus on the aspects of the ergonomic challenges of the various jobs within the dental profession.

OCT
15

Continuing Education - Hands On

Friday • 8:30am–2:30pm • SDDS Office • \$199

Safety and Simplicity in Root Canal Instrumentation and Obturation: Myths, Metal and Motion (6 CEU Core)

Presented by Alex Fleury, DDS, MS
Sponsored by Real World Endo® and Brasseler, USA

As a result of recent improvements in metallurgy, enhanced designs, and innovative rotary file motions, we now need to understand how these changes affect clinical instrumentation. Combining improvements on both instrumentation and obturation front is now allowing us to create more efficient instrumentation and obturation techniques that are safe, simple, and predictable. Dr. Fleury will talk about these points with specific emphasis on access, irrigation, instrumentation, and obturation. A simple instrumentation and obturation system discussed during the didactic portion of this presentation will be demonstrated.

OCT
22

Licensure Renewal - Online

Friday • 8:30–11:30am • Zoom Meeting • \$99

OSHA/Infection Control (3 CEU Core)

Presented by Nancy Dewhirst, RDH
Sponsored by PCIHIPAA (SDDS Vendor Member)

This course reviews the science of disease transmission and makes sense of the many dental safety recommendations considering COVID-19 and beyond. Standard and Transmission-based Precautions will be explained in the context of CDC & ADA Guidelines and OSHA & Dental Board regulations (meets Infection Control & OSHA CE requirements).

OCT
26

Business/Practice Management Forum - Online

Tuesday • 12–1:30pm • Zoom Meeting • \$49

FFS, PPOs, Insurance Independence: How Do You Decide? (1.5 CEU 20%)

Presented by Ashlee Adams; Adams Dental Consulting (SDDS Vendor Member)

Take control of your business back from outdated insurance contracts and curate the practice you’ve always wanted. Whether it’s going out of network with a major carrier, strategically adding high reimbursement PPOs or negotiating changes to existing contracts, many Dentists don’t know where to begin or simply don’t have the time. Join our discussion on the path to insurance independence and get started down that road today.

OCT
28

Business/Practice Management Forum - Online

Thursday • 5:30–6:30pm • Zoom Meeting • \$49*

Mandatory HIPAA Compliance Update (1 CEU Core)

Presented by Jeff Broudy; Founder and CEO of PCIHIPAA (SDDS Vendor Member)

2020 was an unprecedented year for healthcare providers. Forced to adapt to ever-changing circumstances, practices across the nation scrambled to put together a response plan to ensure compliance with new OSHA and HIPAA guidance.

OCT
28

Licensure Renewal - Online

Thursday • 6:45–8:45pm • Zoom Meeting • \$79*

California Dental Practice Act (2 CEU Core)

Presented by Nancy Dewhirst, RDH
Sponsored by PCIHIPAA (SDDS Vendor Member)

This seminar reviews the DPA topics and updated regulations that are required for re-licensure through stories about violations of the law, questions about the legality of conditions and scenarios. After attending the course, attendees will be familiar with the scope of regulations addressed in the DPA, how those regulations define dental practice limits, how to find answers to legal questions addressed by the DPA, how the California Dental Board enforces the DPA and where to locate resources to further their knowledge in this topic.

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

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

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2020 • Platinum Pencil

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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



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

Get Involved in the Future of Dentistry!

This year marks my 20th dental school reunion. I honestly cannot believe that it has been this long! In a year of COVID restrictions and uncertainty, creativity is key to any get together, as is the case for my dental school class reunion celebration too.

When I look back to my school days and think about who influenced and helped shape the dentist I am today, two people come to mind. First, Dr. Radke, who was a prosthodontic instructor who later became a very good friend. He has to be one of the hardest, most demanding, and best clinical instructors I had in my student career. He would insist that you do your own lab work, that every case was preplanned and, when executed, was done to your absolute best ability. If you did not measure up, he had a look, would pause, clear his throat, and stare at you quietly. Man, would that look pierce right through you. On the flip side, if he thought you did well, he would put his hand on your shoulder and nod and smile in approval. That felt great. 20 years later, I still see his face when I preplan a

case or deliver a complex one. I truly love the man for coaching me to be a better dentist and person.

Make time to volunteer and help lead and preserve the integrity of our profession for future generations.

The second man who affected my life, and who I know has touched other people's lives in and out of dentistry too, is Dr. Dugoni. He always lectured our class on the 5 B's; those who went to school at Pacific will remember them. They are Be on time, Be there, Be involved, Be disciplined, and Be balanced in your life. Dr. Dugoni had a profound effect on my professional life. It is because of him that I have been involved in organized dentistry. His example of service and leadership is an inspiration for many generations of dentists.

Although we lost Dr. Dugoni this year, we didn't lose his example. Dr. Dugoni was a prolific leader who always lectured about being involved. He would say that if you love what you do, you should give back to help preserve it for future generations. I believe that he is right; we need to Be involved. Especially this year, as we move forward as a profession and navigate the ever-changing pandemic restrictions and requirements, it has never been more important to be involved.

I have a request for you: honor the memory of one of dentistry's greatest leaders and the profession that has given us so much by getting involved in your dental society and showing up and being present at our CE events. Make time to volunteer and help lead and preserve the integrity of our profession for future generations. It's the right thing to do. ■

ATTEND THESE GREAT UPCOMING HANDS-ON CE COURSES!

Friday, October 8, 2021

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

8:30am–1:30pm • SDDS Office • \$199 • 5 CEU Core

Presented by Michael Scherer, DMD, MS, FACP

Sponsored by ZEST Dental Solutions (SDDS Vendor Member) and Pearson Dental Supply

Friday, October 15, 2021

Safety and Simplicity in Root Canal Instrumentation and Obturation: Myths, Metal and Motion

8:30am–2:30pm • SDDS Office • \$199 • 6 CEU Core

Presented by Alex Fleury, DDS, MS

Sponsored by Real World Endo® and Brasseler, USA

Head to sdds.org or use the insert to get signed up for these classes today!



We're Baaack!

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

My heart is full!

It's the day after the September General meeting as I write this Corner and I am so please to say... "we're back!"

We enjoyed a great meeting at the Hilton with 190 attendees and 14 vendor/exhibitors.

There were so many smiles (beneath the masks) that you could see in everyone's eyes. People were just ready to be back together for sure.

And we had 19 new members join us at this meeting – we are so proud of our newest SDDS members! Some are new grads, others transfers, and some new members who just have never joined before.

We are blessed that Sacramento continues to be a place that dentists would like to live, own or work in a practice, and raise their families. It's also a place where retired members from elsewhere move here to be with their grandkids. Thank you to the retired members - and especially those who are willing to work as locum tenens for our members who go on vacation, have medical issues and just need help!

As a 6th generation Sacramentan, I am very proud of this!

At this General Meeting, we offered those in attendance a discount to upcoming CE programs and more than 150 sign ups were taken at the meeting. Of course, we have "deals of the week," and other opportunities via our e-blasts... but you never know what may happen when you "show up." (Hint hint!)

October brings a huge array of various modes of ways to engage with SDDS members, programs, courses, webinars, hands on IN PERSON and a few fun things. Please plan to attend the October General Meeting. We're masked and proud of it!

Happy October!

PS: Speaking of fun...180 SDDS members and friends experienced HAMILTON and the newly opened Community Center Theater – it's beautiful! Next up – THE KITCHEN on October 21st. (We do have a wait list for this – email us if you'd like to be on it!) ■

Cathy

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

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By Ash Vasanthan, DDS, MS
Editor-in-Chief

Managing Broken Parts: The Implant Minefield

During my 1st year in Perio Residency I had my first encounter with breakage in an implant, which I didn't believe was possible, until it happened to me. As a novice to implants and to assessing the quality of bone, I had my very first experience with what we called "flowering of an implant" at that time. This happened when I was placing a narrow diameter implant on the anterior mandible and exerted too much insertion torque and the implant platform cracked and widened giving it an opening of the flower effect. The anterior mandible has the densest bone and the narrow diameter implant had the thinnest platform at the edges and so with some lack of experience and putting some undue forces, I landed myself with causing the alloy to split at the connection. I spent the next hour trying to remove the implant without putting undue force to not cause any jaw fracture in the frail old patient of mine. Like the saying goes, the best way to avoid a complication is to not have one. As easy as it is to say, that's not reality. We have to deal with the problems and challenges that come in our way and many times we may be at the end of the line to handle the situation.

Implants have become a part of everyday dentistry and have evolved into what they are today over the years. As the best alternative to our natural teeth, implants have significantly changed the way we practice dentistry. This simple everyday treatment option is often very lucrative and has been embraced by the dental community whole heartedly. This

“Implants have become a part of everyday dentistry...”

dental life changing treatment modality however comes with its own challenges as these are mechanical parts that come together to function in a biologically dynamic organ of the body.

It will not be an understatement to say that one of the most frustrating parts of clinical practice can be when a patient shows up with a broken implant part, be it any part of the

implant. The complication and the challenges get worse as the fractured or broken part gets more apical with the simple problem being a fractured implant crown, followed by a cracked or broken abutment. It gets more complicated when there is a broken abutment screw and lastly a broken implant. The broken implant is the worst and can be challenging as the entire fixture over it could go useless most of the time. As we see more implants being placed and restored, we are also starting to see failures not only in the form of peri-implantitis or bone loss but also in mechanical and structural failures. As dentists, we also need to understand the mechanics of the implant parts which can help with retrieval and removal of broken implant parts. This issue is a rare compilation of tips and tricks to help handle most such situations. Dr. Shane Panter discusses the fragility of the ceramic abutments and Dr. Brian Ralli talks about a clinical situation which quickly unraveled into a complication requiring implant removal. ■

JOIN US FOR THE OCTOBER GENERAL MEETING!

Physical Therapy for the Dental Professional AND Your Patients?

3 CEU, Core • \$75

Presented by Alex Ray, PT, DPT; North Area Physical Therapy and Aquatic Therapy

This course will focus on the aspects of the ergonomic challenges of the various jobs within the dental profession.

Learning Objectives:

- Back pain and your profession
- Protect your neck, it has a big influence on the TM joint
- Ergonomics and exercise are your maintenance tools

Tuesday, October 12, 2021

5:45pm: Social & Table Clinics

6:45pm: Dinner & Program

Hilton Sacramento Arden West
(2200 Harvard Street, Sac)

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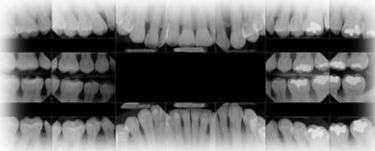
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YOU SHOULD KNOW

THE SDDS ONLINE MEMBER DIRECTORY IS OUT NOW!

The SDDS Online Member Directory is a resource that includes information on SDDS, related organizations and resources, and a list of our SDDS Members. Currently we have the active member list available which will help you find the dentist you're looking for (additional lists will be coming soon).

Searching the documents is simple! Use the find command (ctrl+f) and search for what you're looking for: whether it's a dentist's name, a zip code, or a specialty.

We hope you enjoy this great resource that's now available to you on the go. **Visit our website to check it out: www.sdds.org/member-directory/**

PRESCRIBING AND DISPENSING Q&A

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Q&A on state and federal DEA requirements for prescribing, dispensing and administering controlled substances and non-controlled substances, and on CURES, the state drug monitoring database can be found at www.cda.org/Home/Resource-Library/Resources/category/dental-practice/prescribing-and-dispensing-qa

ARE YOU PLANNING TO MAKE LARGE PURCHASES BEFORE THE END OF 2021?

Submitted by John Napier; Tech West

Challenges manufacturers are facing now and in the foreseeable future are causing major delays in product deliveries in almost all sectors. Many different issues are at play here.

- Supply chain issues causing delays in raw materials
- Shipping delays especially on imported items
- Massive increase in the cost of materials
- COVID related factory disruptions
- Labor issues with difficulties finding workers

Deliveries for Dental Equipment have been dramatically affected and vary depending on the type of equipment and what manufacturer. Our equipment, Vacuums and Compressors are usually one week lead time. Operatory equipment is out 12 to 26 weeks with the different brands. Don't wait too long to order equipment that you want to expense out this year, you might take delivery this year.

NEW CAREER CENTER ON CDA.ORG CONNECTS EMPLOYERS AND JOB SEEKERS, BUILDS DENTISTRY EMPLOYMENT PIPELINE

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CDA has launched an enhanced platform to offer practice owners and job seekers an intuitive and easy way to connect through job alerts, customized profiles and high-quality job matching technology.

Visit the new Career Center at careers.cda.org

RECALL ISSUED ON N95S PRODUCED BY SHANGHAI DASHENG

The FDA has issued a recall on certain N95 respirators manufactured by Shanghai Dasheng. **For more information, the full article is available on fda.gov.**

EMPLOYEE RETENTION CREDITS

Submitted by Craig Fechter; Fechter and Company (SDDS Vendor Member)

Important advice from our Vendor Member, Fechter and Company. We all know about the PPP that was signed in with the CARES Act in March of 2020. What most people do not know about is the Employee Retention Credit (ERC). There were some unique changes that were made at the end of 2020 that will allow most dental practitioners to qualify for both the PPP AND the ERC whereas when initially passed in March of 2020, you could only qualify for one or the other. I have seen some dental practitioners obtaining refunds in the tens of thousands of dollars for this unique credit. I strongly advise you to contact your accountant about the mechanisms for calculating and claiming the credit.

"THIS WEEK AT SDDS" EMAILS OFTEN CONTAIN DEALS!

Have you taken advantage of any of the week long deals we've been offering in our "This Week at SDDS" emails? We've discounted courses, bundled products at a discount, shared vendor member discounts and had many other great deals! **Check your inbox Sunday mornings around 8am for the weekly news and possible deals you won't want to miss.**

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Support SDDF, our Smiles for Kids and Smiles for Big Kids program with donations through Amazon Smile. They will automatically donate .5% of our purchases. **Logon to smile. amazon.com and select the Sacramento District Dental Foundation as your charity.**



By Shane R. Panter, DDS
SDDS Member

Dr. Panter practices General and Cosmetic Dentistry in Roseville. He has been trained at LVI and Frank Spear and is a proponent of good continuing education events. He is also a member of the Academy of General Dentistry and the SDDS.

It Was *Almost* a Perfect Monday at the Office

It was a beautiful Monday morning. My daily breakfast toast was toasted to perfection and the peanut butter spread nicely. What an amazing Monday morning. Upon arrival to my office my team was ready for the day. Our morning huddle went well as we prepared for the perfect day, when George called. My receptionist informed me the beautiful crown I placed on his upper implant a couple of years ago was now loose and he was leaving town in the morning. My experience has taught me that loose crowns on implants will most likely not be an easy fix and will be unprofitable, time consuming, and stressful.

I examined George—indeed the implant crown was loose. I had placed a cement retained zirconia crown over a zirconia abutment on tooth #11. I always prefer a screw retained restoration on an implant if possible. However, in this situation, the only restoration that would work was a cemented one purely for esthetic purposes. I had made sure the occlusion was dialed in for the implant especially since I was doing a canine tooth with a zirconia abutment.

The x-ray confirmed a fractured abutment with the fractured base still tightly lodged inside the internal connection of the implant. Because the abutment was fractured, I knew I would have to remove it along with the crown and remake a new one. I numbed the area and tried to remove the crown with forceps. It was not successful. In this situation, it was easier for me to cut the crown and abutment off horizontally to gain access to the abutment and screw knowing that I would have to make a new abutment and crown. I cut the crown and zirconia abutment off horizontally 3mm above the gingival margin. This takes patience and tons of time as zirconia is hard to cut through. I use Brasseler zirconia removal diamonds and it took 30 minutes to cut through the crown and abutment to finally remove the screw. All that remained was the base piece lodged inside the implant. I've learned to always place one long piece of plumber's tape (Teflon tape) in the access hole all the way to the top

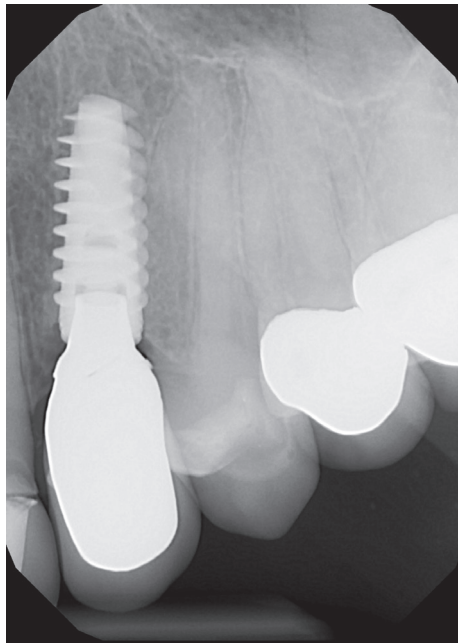
of abutment with a very thin layer of blue blackout resin on top of that. This provides an easy visual landmark when drilling through a crown if retrieval is necessary and a safeguard from damaging the screw. I never use cotton pellets as they are too hard to remove in a deep abutment. However, in this case the base portion on the abutment remained tightly lodged inside the internal connection of the implant. Removal of this portion is always challenging, and I was unable to remove this piece with my hand instruments, so I used an ultrasonic scaler gently around the broken piece to help loosen the wedged piece. I then used a sharp scaler that I modified to create a sickle-shaped instrument to remove the wedged piece. I was able to remove the base portion of the abutment with lots of persistence and patience as not to harm the implant connection. I keep all my implant models and healing abutments of my patients in case there is a problem. I took new impressions and placed the healing abutment on the implant that I saved from his old model. He returned 2.5 weeks later, and I placed a new titanium abutment (not another zirconia) that was gold coated. Gold coating a titanium implant by the lab is a good alternative to help mask out the grey shade from the typical grey titanium abutment. The end result was beautiful, George was pleased, and we both felt good about that fact that the abutment this time was metal and would not easily fracture.

Traditionally, titanium has been used extensively as a material for implant abutments due to its excellent consistency and reliability. However, in an aesthetic zone, the inherent grey color of the titanium abutment is very difficult, if not impossible, to mask, giving the gingiva a grey discoloration and being visually unpleasant. They are often considered a failure from an aesthetic point of view. When zirconia oxide abutments became available, they were considered an excellent alternative in the aesthetic zone. I have placed hundreds of zirconia abutments in the anterior region

with great aesthetic success. However, over time I began to have more failures than I was comfortable with. The most common was a fractured zirconia abutment at the base inside the implant. These can be difficult to remove.

I still use zirconia abutments when it is necessary for aesthetics. They are some of the most beautiful and natural looking restorations. My recommendation is to use zirconia hybrid custom abutment. The base portion of the zirconia abutment that connects to the implant is in metal, not zirconia. I also make sure the zirconia abutment has a minimum thickness of 1mm from the access opening to the exterior wall for maximum strength. The thicker the zirconia abutment the better it is. When in doubt, I go with titanium. Of course, occlusion, parafunctional habits and food choices all play a major role in the success of any implant restoration.

The incidence of failure can be minimized by proper case selection. It is critical to take into consideration occlusal scheme, bad parafunctional habits, location of the implant in the mouth, gingival tissue quality. If a decision is made to use zirconia abutments, I would recommend it be used with adequate



thickness or consider using the hybrid with a metal base. With the failures I've had with zirconia abutments, I am extremely cautious and diligent in my case selection. In conclusion, management of fractured implant components is strenuous, time consuming, a drain on profitability and often discouraging.

To avoid being in this unpleasant situation it is important to understand the limitations of the materials we use and balance the strength vs. aesthetics dilemma and choose their use in well thought out situations. ■

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SOLUTIONS



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, Ling, in Roseville, CA. He serves on the SDDS Nugget Editorial Board. Besides managing a dental practice, he is also a proud father of five.

Everyone Wants to be the Hero

The reality of dealing with implants is that you are inevitably going to have to deal with complications with the implant screw. I've dealt with many implant screw issues over the years and most of them went smoothly. Typically a patient will call complaining that their "crown is loose." As the dentist, you hope that it is a loose implant screw that you are able to easily access and replace. Unfortunately, there are so many variables that can turn what might have been a simple procedure into hours of sweat and heartache.

I recently had a case that ended up involving myself, two specialists, and in the end, a lost implant. The patient had been with our office for many years and had ended up getting added to my schedule on a very busy day with that "crown is loose" complaint. I was thankful that the implant itself looked beautifully integrated but sure enough, the crown was flopping around like a fish. It was a cemented crown on an unknown implant. The patient at the time had no idea who placed or restored the implant. This is something to keep in mind. A lot of us feel like we are reasonably equipped to handle most implant companies but you would be surprised how many different sizes of drivers there are out there. Having come from the automotive industry prior to my foray into dentistry, I would get so frustrated how much companies would fiddle with their parts and the required tools to work on them. That is an industry all in itself and dentistry is no different. (Figure 1)

Being a distal tooth, I was actually able to fully rotate the tooth in the mouth and I thought

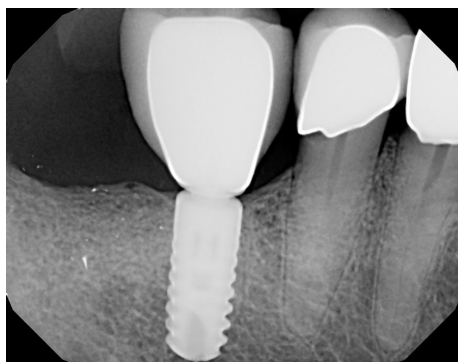


Figure 1

this would be to my advantage; hoping I could just spin the crown around enough to coax out the last bit of the screw holding it all together. This would be a completely hopeless effort which I will get to later.

At some point I decided I had no choice but to drill into the crown. I was hesitant to do this because I didn't know if I had the driver to work on it. I might have done some internet research to identify this implant but I had didn't have that luxury at the time. I also HAD to get this tooth out because the patient couldn't bite down at all. Drilling through a freely rotating crown wasn't exactly easy either, I had to physically hold the crown between my fingers to keep it still; not exactly safe. I'm also not convinced the dentist before me DID NOT even put in a cotton pellet because it was pretty much solid all the way to the screw. Please, colleagues, put a GIANT wad of cotton, teflon tape, bubble gum... ANYTHING over that screw as a favor to the next dentist. That being said, I actually did a pretty nice job drilling a perfectly oriented hole to the screw.

Needless to say, nothing in my toolbox would touch that screw and I have a lot of drivers. I was pretty confident that the screw was loose enough that I could coax it out even with an ill-fitted driver and the crown was just as loose as you could be without falling out. I even tried various Allen wrenches, ultrasonics, running a dulled round bur in reverse; just about everything. Yes, there are screw removal kits. I didn't have one.

About three hours later, I informed the patient that I was going to have to physically break the screw so he could eat that night. I just used my fingers and rocked it back and forth until it broke. I didn't even charge the guy. Sure enough the screw head with filled with cement but most notably, the part that was loose was not the screw, it was the abutment that was broken. I should have suspect this as I was able to rotate the crown on top of the implant. I just assumed the gum tissue was preventing the loose abutment from engaging. So what was left behind was a fully torqued base of an abutment held in with the base of the screw. (Figure 2 and 3)

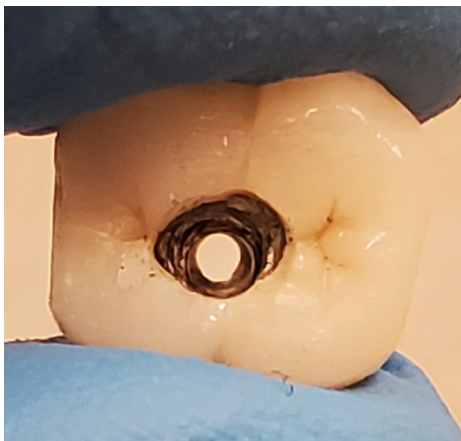


Figure 2



Figure 3

The next stop for this poor patient was the oral surgeon's office who had previously taken out broken implant screws for me. He sounded pretty confident it wouldn't be a problem but sure enough, I get a call from him that after spending two hours and every tool in his arsenal that he couldn't get it out. He recommended removal and replacement of the implant.

The patient wanted a second opinion. He moved on to a prominent periodontist whom I work with regularly. The periodontist triumphantly called me and said he successfully removed the screw and abutment fragment after much time and effort but he had to drill into the implant itself to get them out. We mutually discussed how appropriate it would be to restore a damaged implant but I wanted to at least look at it after all the efforts.

At this point, I did get the patient to dig through his files and find out where the implant was placed and restored. Despite conflicting implant reports, I did get the appropriate impression coping ordered after a lot of phone calls and detective work. I was straight up with the patient that we would only restore it if the coping fit rock solid. The periodontist gave an admirable effort but the implant was damaged beyond restoration. The impression coping

freely spun around with no engagement of any anti-rotational features. In the end, there were three frustrated doctors and most of all, a frustrated patient.

In retrospect, mistakes might have been made but in the end I don't think it would have been right to just send the patient on their way to another doctor with a tooth that unstable and a patient physically unable to eat. The implant was likely never going to have been restorable. It is a personal decision of the doctor to decide how much time and effort they would be willing to put into situations like this but ultimately sending the patient on their way would not have been ethical in my opinion. As implant technology become more ubiquitous and our patients start having implants that are decades old, we need to be prepared to handle complications that might not always go as smoothly as we would have liked and to appropriately communicate that reality to our patients. There is a point where we need to make the decision that an implant is hopeless, even a fully integrated one and we might not do our patients any favors trying to be unreasonably heroic. ■

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By Ash Vasanthan DDS, MS
SDDS Member

Dr. Vasanthan is a Board Certified Periodontist practicing in the Roseville and Citrus Heights area with practice limited to Periodontics and Dental Implants. He is a Diplomate of the American Board of Oral Implantology and the International Congress of Oral Implantology. He is currently the Editor-in-Chief of Nugget (SDDS Publication).

Tips and Tricks with Broken Screws and Abutments

In the typical single implant model, the abutment screw is the smallest part and the weakest link most of the time. When an abutment screw breaks, it can be very stressful for the dentist or specialist to remove the broken abutment screw and still salvage the rest of the implant parts of the implant body, abutment and crown. Many times, one or all the parts will have to be removed and the entire process restarted after a healing period of the bone. The best way to avoid broken abutment screws is to not have one. Some simple ways of avoiding such issues could be by using genuine parts, torquing to the manufacturer recommended value and making sure occlusion is ideal. An important aspect to understand is if the abutment screw is not torqued to the manufacturer recommendation, it may break from becoming loose and causing the abutment/crown to move or rotate and thereby end up with heavy force in the wrong direction causing the screw breakage. On such occasions the remainder of the broken screw is usually loose and easy to remove. When the screw is torqued to recommendation and it breaks, the broken part inside the implant body may be in a state of “cold weld” meaning it may be tightly engaged with the internal threads of the implant body. Once the screw is removed, it is easy to remove the abutment. My personal recommendation when such a situation is encountered is to block your self adequate time to explore and retrieve and also to explain to the patient a full disclosure, obtaining informed consent for “implant removal with a step by step process to replace it with another implant” including the costs associated and alternative options.

Broken Abutment Screw: Tip 1

The simplest approach to any screw is to back it out. When the head of the screw is broken off, there is nothing to grab the screw and this can be stressful. Most times an endo

explorer can be used to over the broken part of the abutment screw to slowly back out the screw. If the screw is tight, consider using a cavitron making sure to move the tip in a counterclockwise direction.

Broken Abutment Screw: Tip 2

Consider using a piezo unit with a fine tip to shake and release the cold weld between the internal threads of the implant body and the broken abutment screw. Make sure you keep the tip moving in a counterclockwise direction to unscrew and remove the broken screw.

Broken Abutment Screw: Tip 3

If you are able to keep a steady hand and the implant access is visible, consider using a “crown lengthening bur or end cutting bur of surgical length with an electric handpiece.” Make sure to keep the setting at “reverse” and go with the slowest speed making sure you put a slight amount of pressure so that the bur doesn’t dance around.

Broken Abutment Screw: Tip 4

Most implant companies make “retrieval kits” and “abutment burs.” These are mostly “latch type burs” and will need to be used with a slow speed latch unit or an implant handpiece. In the large scheme of things with the time, money and stress involved, such kits are not a bad idea. Some 3rd party companies also make universal kits that could work with most widely used implant systems.

Broken Abutment Screw: Tip 5

This trick rarely works but might be worth a try. Use endo ice on a couple of cotton pellets and place it over the broken screw and repeat this a few times. In theory this could create a temperature difference between the broken part and the implant chamber and might help to break the “weld” and then other tools could be used counterclockwise to remove the broken part.

When an abutment screw breaks, it can be very stressful for the dentist or specialist to remove the broken abutment screw and still salvage the rest of the implant parts of the implant body, abutment and crown.

Broken Abutment: Trick 1

The most important step in this process is to make sure the abutment screw is removed. Very rarely some screws will have to be removed with the abutment and may not come out separately. On such cases, carefully wiggle the implant screw in a pulling motion and the abutment should disengage.

Broken Abutment: Trick 2

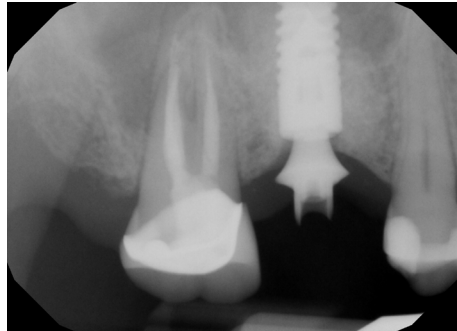
Once the abutment screw can be removed, if the crown and abutment are still connected, determine the fracture line and see if it can be completed circumferentially. Once done, the loose top part of the abutment and the crown with it are removed. You can then use an explorer to see if the part in the implant body is loose. If so it can be removed and if not consider using something like a root tip pick to carefully loosen the abutment friction (cold weld) without damaging the connection.

Broken Abutment: Trick 3

If the abutment has a clean fracture line and is in a cold weld, consider using an abutment removal tool from a dedicated implant removal kit from the manufacturer or from a universal removal kit. Identify the correct size that will have a snug fit with the abutment and then drive it in clockwise with a mini ratchet till you feel resistance. Once it is tight, use a pumping motion to break the cold weld or friction lock. The tool can be re-used if it can be disengaged from the removed part.

Broken Abutment: Trick 4

In the case of zirconia abutments with a zirconia connection, it should be quite easy to removed it as there is usually no friction between the metal from the implant and the ceramic of the abutment. The key is to make sure the abutment screw is removed without breaking. ■



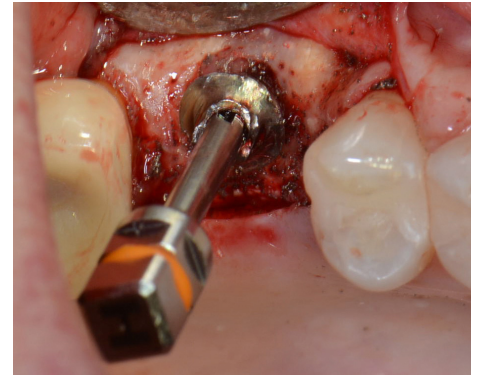
PA showing abutment screw of a friction locked conical connection implant (Ankylos) with the screw head stripped.



Photo shows the screw head stripped and so a 557 drill was used to make a deeper access and abutment screw removal driver from a universal kit was used to engage the screw and carefully remove it without fracturing



Photo shows the abutment screw removed with metal shavings scattered around the bone and the abutment looking beat up.



Abutment removal tool from the Universal kit is used to engage the abutment by driving it with a mini ratchet in a "clockwise direction" until it is locked it. Then the tool with or without the ratchet is "gently pumped" to break the friction lock and the abutment is removed from the implant body.



Removed abutment and the screw with the abutment removal driver on the right with the red band.

Board Report



Lisa Dobak, DDS
Secretary

September 7, 2021

Summary of the Board Meeting

President's Report

President Dr. Volki Felahy called the meeting to order at 6:05 PM and welcomed Dr. Gary Ackerman, CDA ADPAC Representative as a guest. Dr. Felahy gave a State of SDDS report complimenting Cathy and SDDS staff for pivoting this last year and says we are in a great financial situation with excellent vendors and sponsors, programs and membership. Dr. Gary Ackerman was approved as an alternate delegate to the HOD and Dr. Nima Aflatooni was approved as the Nugget Editor in Chief beginning in January 2022.

Treasurer's Report

Dr. Wes Yee reports that SDDS is doing very well financially. We are staying within our budget and are right on target. We have received PPP grant this year, as well as Employee Retention Credit, and a Lendistry grant – all pandemic relief grants. MidWinter Sponsorship is going well and we anticipate a sold out Expo Hall in February.

Secretary's Report

Dr. Lisa Dobak reports that SDDS continues to send recruitment emails to nonmembers, and our market share is above 80%, our goal. The Board will be reaching out with emails and personal calls

to welcome new SDDS members. SDDS appreciates the continued support of our current members.

Committee Reports

Mediation Task Force – Dr. Dobak presented the final report of the Task Force and the Board agreed with the recommendation to have no mediation services.

Strategic Plan Midyear Report – Drs. Yee and Dobak report that all membership, retention, and member engagement goals are above expectation. The SDDS internships for dental/pre-dental students is the only one in the nation that offers college credits and will begin again soon. A big thank you goes to Dean Dr. Kevin Keating for involving organized dentistry at CNU Dental School. Engagement and involvement is a large part of our Strategic Plan.

Trustee's Report

Our Trustees reported on CDA issues (see page 21 for their report).

Executive Director's Report

Cathy Levering reviewed the following:

- **Fall programs and MidWinter plans** – some programs are web and Zoom, others live. MidWinter will be live in February,

- **Membership Benefits** – HR Hotline getting lots of calls – this is a Free service for all SDDS members.
- New Vendor Member PCIHIPAA has been offering free compliance evaluations to all SDDS members. This is a great member benefit.
- Cathy urged all leadership and members to use our valuable Vendor Members—their support keeps member dues low!

Old Business

Geographic Managed Care follow up: Gov. Newsom has postponed the elimination of GMC until 2022 due to no clear method of transition and concern about doctor participation and transition. More to come.

New Business... New Ideas

The Board discussed leadership, involvement and engagement of leaders as well as members.

Adjournment

The meeting was adjourned at 8:50pm.

Next Board Meeting:
November 2, 2021 at 6pm

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Love Being Back

The 41st Annual MidWinter Convention & Expo

February 10–11, 2022 | SAFE Credit Union Convention Center

Thursday

7:30am–9:30am • 2 CE, Core

California Dental Practice Act: Where's the Line?

Nancy Dewhirst, RDH, BS

Sponsored by PCIHIPAA (SDDS Vendor Member)

7:30am–9:30am • 2 CE, Core

Botched or a Complication?

Jagdev Heir, MD, DMD, FACS

*Sponsored by Zest Dental Solutions
(SDDS Vendor Member)*

7:45am–9:45am • 2 CE, Core

Stage it, Grade it - Now What?

Treating the Diagnosis of Periodontal Disease
Theresa Worsham, DMD

8:00am–9:30am • 1.5 CE, Core

**Are You Trying to Treat TMJ
Using Dental Procedures?**

Richard Hirschinger, DDS, MBA

Sponsored by gentle jaw

8:00am–9:30am • 1.5 CE, 20%

Kondo Your Clinic... NOW!

Kelly Giannetti, DMD

8:00am–9:30am • 1.5 CE, Core

Vaping: Just the Facts!

Jo-Anne Jones, RDH

10:00am–11:30am • 1.5 CE, 20%

Collect with Confidence

Cindy Fayal, Dental Benefits Analyst and Lisa Greer, Practice Support Analyst; CDA Practice Support Center; CDA Practice Support Center

10:00am–12:00pm • 2 CE, 20%

Patient First. What About Me?

Kelli Jäecks, MA, RDH

10:00am–12:00pm • 2 CE, Core

**Comprehensive Care Utilizing Advanced
Digital and Direct Restoration Material**

Payam Ataii, DMD

Sponsored by Shofu Dental

10:00am–12pm • 2 CE, Core

**HIPAA Training: Complete Your
2022 Requirement!**

Jeff Broudy, CEO

Sponsored by PCIHIPAA (SDDS Vendor Member)

10:00am–12:30pm • 2.5 CE, Core

**Hindsight is 20/20: Missing the
Oral/Oropharyngeal Cancer Diagnosis**

Jo-Anne Jones, RDH

Sponsored by LED Dental Inc/Orascope

10:30am–12:00pm • 1.5 CE, Core

Splints Gone Wrong

Kelly Giannetti, DMD

Sponsored by Align Technology

1:30pm–4:00pm • 2.5 CE, 20%

**Scheduling Frustrations Solved—
20 Step Plan to Take Control of Your Day!**

Jennifer de St. Georges

Sponsored by CareCredit

1:30pm–4:00pm • 2.5 CE, Core

**Recession: To Treat or Not to Treat,
THAT is the Question**

Theresa Worsham, DMD

1:30pm–4:00pm • 2.5 CE, 20%

**Considerations in Women's Health for You,
Your Dental Team and Your Patients**

Kelli Jäecks, MA, RDH

1:30pm–4:30pm • 3 CE, Core

**Annual OSHA Training & Infection Control –
Are We Safe "Enough?"**

Nancy Dewhirst, RDH, BS

Sponsored by PCIHIPAA (SDDS Vendor Member)

1:45pm–4:15pm • 2.5 CE, Core

New Era in Patient Care with Clear Aligners

Payam Ataii, DMD

Sponsored by SmileDirectClub

2:00pm–4:00pm • 2 CE, Core

**What's in Your Oral Cancer Screening
Toolkit? Workshop Format**

Jo-Anne Jones, RDH

Sponsored by LED Dental Inc/Orascope

Friday

7:30am–9:00am • 1.5 CE, 20%

Ergonomics: It's A Balancing Act

Nancy Dewhirst, RDH, BS

7:30am–9:30am • 2 CE, Core

**Be SMART: Silver Modified Atraumatic
Restorative Treatment**

Jeannette MacLean, DDS

Sponsored by Elevate Oral Care; GC America

8:00am–9:30am • 1.5 CE, 20%

**Communication Skills to Instill Patient
Confidence & Trust**

Jennifer de St. Georges

Sponsored by CareCredit

8:00am–10:00am • 2 CE, Core

**Inflammatory Diseases:
It's Not Just Perio Anymore**

Lory Laughter, RDH, MS

8:00am–11:00am • 3 CE, Core

**Let's Destroy the Misconceptions of
Minimally Invasive Implants**

Michael Miyasaki, DDS

*Sponsored by IBS Implants/AMIAA
(SDDS Vendor Member)*

9:30am–11:30am • 2 CE, Core

Gotta Love Infection Control

Marcella Oster, RDA

10:00am–12:00pm • 2 CE, Core

**Less is More: Minimally Invasive Cosmetic
Treatment Options for Enamel Defects**

Jeannette MacLean, DDS

Sponsored by Elevate Oral Care; GC America

10:00am–12:00pm • 2 CE, 20%

**Financial Patient Communication-7-Point Plan
to Eliminate Financial Surprises**

Jennifer de St. Georges

Sponsored by CareCredit

10:30am–12:30pm • 2 CE, Core

**The Science of Products and Technology:
Old, New, Tried and True**

Lory Laughter, RDH, MS

Sponsored by GC America

11:30am–12:30pm • 2 CE, 20%

**Dentistry's Changing Workforce Composition
and the Age of Digital Transformation**

Christine Sison; Swiss Monkey

(SDDS Vendor Member)

1:30pm–3:30pm • 2 CE, Core

**Is My Patient Crazy or Do They Actually Have
Pain? Solving the Puzzle of Treating Invisible Pain**

Richard Hirschinger, DDS, MBA

Sponsored by Gentle Jaw

1:30pm–3:30pm • 2 CE, Core

An Endless Love for California Dental Practice Act

Marcella Oster, RDA

1:30pm–3:30pm • 2 CE, 20%

**Love and Processing: 10 Steps to Keeping
your Patients Happy and your AR Low**

Sara Baker, CEO; SD Reliance

(SDDS Vendor Member)

1:30pm–3:30pm • 2 CE, 20%

**Reducing Your Practice Risk: Effective Risk
Management Strategies, Tips, and Resources**

Jamie Wiles & Shelli Macaluso, Risk
Management Analysts; TDIC

Sponsored by TDIC (SDDS Vendor Member)

1:45pm–3:45pm • 2 CE, Core

**Ice Age: Pathology, Physiology, and Destructive
Aftermath of Methamphetamine Abuse**

Mitchell Goodis, DDS; Jennifer Berry, MS, LMFT;
Terri Fox

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Trustee Report



Wallace Bellamy, DMD & Viren Patel, DDS
SDDS Trustees

Highlights of the Recent CDA Board of Trustees Meeting

August 27-28, 2021

CDA Diversity, Equity & Inclusion (DEI) Discussion: Marko Vujicic, PhD, chief economist and vice president of the American Dental Association's Health Policy Institute provided the board with a national and state-level health equity overview, including racial disparities in dentistry, cost barriers to dental care, access to care and dental profession and population demographics. Final definitions will be presented at the October board meeting, and all input provided will be shared with the DEIB workgroup, once established, to help guide organizational work on this topic.

Organizational Update: The board received an update from Executive Director Peter DuBois providing perspective on the state of the organization including: a membership renewal report, current and future budget impacts of dues and nondues revenues results, the continued organizational implications of the pandemic, staff wellness and various programs and activities.

Financial Update: The board received a financial overview of the past 18 months. While CDA is secure financially, current and future operational challenges including employment competition, virus variants and health mandates and financial uncertainty of membership and nondues revenue continue to drive organizational financial strategies and planning.

Financial Recommendations: Following the financial update, the board approved the continued suspension of funding for the council on peer review program, judicial council and council on membership and will reconsider the suspension again no later than August 2022.

Public Affairs/Advocacy Update: The board received a public affairs and advocacy update highlighting COVID-19 response, Medicare dental benefits activity and the status of the California governor recall election:

- **COVID-19** – In late July, the state health department issued a vaccine verification or weekly testing mandate that applies to most health settings. Since the order was published, CDA continues to work diligently to answer member questions, while also actively advocating for regulation clarification and solutions to ease the burdens of implementing the order in dental practices.
- **Medicare** – Democrats in the United States House and Senate are working to pass a \$3.5T spending package, which is likely to be scaled down, and proposes to add supplemental benefits to Medicare, including dental, vision and hearing. As the details are being negotiated, CDA's Medicare workgroup is meeting to develop member education about and CDA's response to the congressional discussions.
- **Governor Recall** – The recall, which has dominated the political and legislative landscape throughout the year is set for Sept. 14, with an all-mail ballot. Details of the recall election process and status were reported to the board. As reported previously, the CDAPAC's \$500,000 contribution to the campaign against the recall was discussed. It was clarified that this contribution is funded through CDAPAC contributions, not CDA member dues or through the CDA operational budget.

Council, Committee and Board Recommendations/Trustee Elections: The board approved the committee on volunteer placement recommendations for 2022 council, committee and board positions, with official notifications to be sent to applicants in the coming weeks.

ADA Trustee Selection: The board selected Dr. Karin Irani as the next ADA Thirteenth District Trustee. Her candidacy will be forwarded to the 2021 CDA House of Delegates for selection and election by the ADA House of Delegates in 2022.

2021 Management Objectives: The board approved revisions to the 2021 management objectives, which include the extension of Covid-19-related practice support offerings, evaluation of member communication channels and historic sponsorship/advertising revenue, establishment of a Medicare workgroup, details related to membership research and inclusion of a wellness objective for staff to address the ongoing toll of pandemic disruptions.

House of Delegates Overview: Speaker of the House, Dr. Debra Finney, provided an overview of house activities, highlighting important dates which are available at cda.org/house. In addition to the board meeting, the nominating committee held elections for CDA officer positions, resulting in the following nominations:

- Dr. John Blake, President-Elect
- Dr. Carliza Marcos, Vice President
- Dr. Max Martinez, Secretary
- Dr. Steven Kend, Treasurer

Next CDA Board of Trustees Meeting:
October 1-2, 2021

SDDS Foundation

A Dinner to Remember!

At our Smiles for Sacramento Gala in 2019, we had quite the variety of amazing prizes to bid on, and all proceeds of the event benefitted our Foundation! One of these amazing and unique prizes was the “Duck Dinner for Ten,” where the winner got to enjoy a duck dinner for ten at the downtown location of Frank Fats - where duck dinners began here in Sacramento! Dr. Wes Yee was the lucky winner of this prize!

On Sunday, July 25th the group got together to enjoy this wonderful prize! Dr. Yee commented: “We had a fabulous dinner and even better company.” The ducks were generously donated by Dr. Don Rollofson, Ron Rott, and Dr. Yee’s classmate from Stockton Bill Nakaki. Even Dr. Ken Fat was able to join them too! Each one of the couples that enjoyed the duck dinner had either participated in the Gala or had donated our Foundation. Thanks to them all for helping support our Foundation (and getting a delicious dinner out of it too)! ■



Have You Attended our Broadway Series Yet?

Our Broadway series is a great way to donate to our Foundation and get to see an amazing Broadway show at the same time! All proceeds benefit Sacramento District Dental Foundation, so buying tickets is a great way to support the dental community as well.

We still have two shows with tickets left for 2021: An Officer and a Gentleman and Charlie and the Chocolate Factory, so make sure to contact SDDS soon if you want tickets. In exciting 2022 news, we just found out our dates for the three additions for the 2022 season! We’ll be having Anastasia on February 3rd, Wicked on April 14th, Tootsie on May 19th, and our rescheduled date for Come From Away on September 22nd. View more information on the upcoming shows below! ■

We still have tickets for:

NOVEMBER 4, 2021

An Officer and a Gentleman

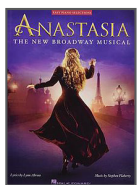
DECEMBER 30, 2021

Charlie and the Chocolate Factory

SEPTEMBER 22, 2022

Come From Away

New additions to next year’s Broadway season!



FEBRUARY 3, 2022

Anastasia

This dazzling new musical transports us from the twilight of the Russian Empire to the euphoria of Paris in the 1920s, as a brave young woman sets out to discover the mystery of her past. Pursued by a ruthless Soviet officer determined to silence her, Anya enlists the aid of a dashing conman and a lovable ex-aristocrat. Together, they embark on an epic adventure to help her find home, love, and family.



APRIL 14, 2022

Wicked

WICKED looks at what happened in the Land of Oz...but from a different angle. Long before Dorothy arrives, there is another young woman, born with emerald-green skin—smart, fiery, misunderstood, and possessing an extraordinary talent. When she meets a bubbly blonde who is exceptionally popular, their initial rivalry turns into the unlikely of friendships...until the world decides to call one “good,” and the other one “wicked.”



MAY 19, 2022

Tootsie

Call it TOOTSIE! This laugh-out-loud love letter to the theatre tells the story of a talented but difficult actor who struggles to find work until one show-stopping act of desperation lands him the role of a lifetime. “In these turbulent times, when the world seems out of balance, we need a place to let the good times roll,” raves Rolling Stone. “TOOTSIE is it!”



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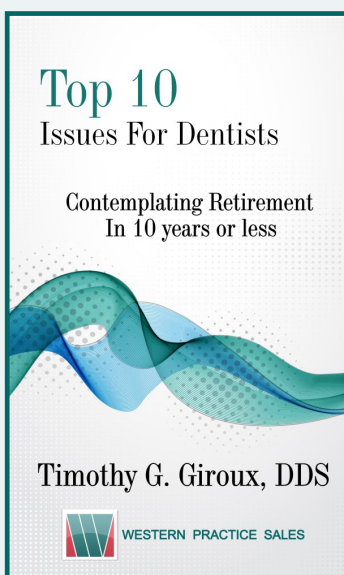
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The "Goldilocks" Phenomenon

"The Goldilocks principle" is named by analogy to the children's story, The Three Bears, in which a little girl named Goldilocks tastes three different bowls of porridge, and she finds that she prefers porridge which is neither too hot nor too cold, but has just the right temperature.[1] Since the children's story is well known across cultures, the concept of "just the right amount" is easily understood and is easily applied to a wide range of disciplines, including developmental psychology, biology,[2] economics and engineering." (from Wikipedia)

So what does this have to do with dentistry? In my humble opinion, it is the most important principle in a practice sale! The prices of dental practices will fall within a 10% range of the local multiple of their gross receipts. (The national average is 67% of collections) The value of the practice is in the patient base. There is the rub. I have NEVER met a dentist that did not believe that their treatment plans were "too hot or too cold". We believe that when it comes to dentistry, we are "just right"! I can put a patient in the middle of ten dentists, including myself, and get 10 different treatment plans. THIS IS AN EARTH SHATTERING PHENOMENON!

Some of the treatment plans will amount to a few hundred dollars and watching some areas, while others are a comprehensive treatment plan that might cost the patient \$5000 or more. If an average practice does 1000 exams per year, just do the math on the difference of production in that circumstance. However, even if the average practice saw 25 new patients a month, or 300 new patients a year and the differential between the doctors diagnosis was just \$1,000, there would be a \$300,000 differential in production just from the new patient diagnosis!

It should be self-evident that the due diligence in a dental practice NEEDS TO BE DONE BY THE PURCHASING DENTIST THEMSELVES. I don't believe an accountant, an attorney, a dental consultant or even another dentist can determine if the treatment plans in any practice are "too hot" or "too cold", or are "just right" for you. An accountant should be able to tell you if the practice cash flows enough to meet your needs, but they are assuming that the buying dentist will produce EXACTLY what is shown on the historical tax returns. The fact is that you might double the production with the same patients in the practice, or you might only diagnose half of the treatment that the selling dentist did.

Therefore, the price of the practice is really secondary when \$100,000 on the price tag of the practice translates into about a \$1,000 difference in your loan payment. Only you can tell if the "porridge" is just right, or if you can heat it up a bit! If it is already way too hot and there is no way you can replicate what the seller does, simply find a practice that matches your skill sets. What you can do with a patient base trumps any Delta Dental fee schedule issue!

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

You may contact Dr Giroux at:

westernpracticesales@gmail.com or 800.641.4179

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Committee Corner



Strategic Plan 2018-2022 Mid-Year Report August 2021

Lisa Dobak, DDS & Wesley Yee, DDS
SDDS Secretary & President Elect

Even with unforeseen challenges due to the COVID pandemic, SDDS has successfully fulfilled thus far in 2021 the goals and objectives written in 2018 for our 5 year Strategic Plan. Our SDDS Executive Director and SDDS team, volunteer members, and leadership worked diligently to serve SDDS members and the public. We maintained financial strength with no dues increase, provided much needed Webinars, Zoom meetings, CE, disseminated COVID information, monitored and advocated for legislative and legal issues affecting dentistry, and continue to be the “go to” resource for the community and dentists. There was always a live person at the office answering phones during working hours so that inquiries were addressed in a timely manner and direct communication was maintained.

Goal 1: Membership - Strive for success with recruitment, member satisfaction and involvement

Objectives:

1. Maintain a minimum of 80% engagement ratio at all times
 - above projections
2. Maintain 80% market share of all area dentists
 - 81% to date
3. Maintain a 90% or better retention rate
 - 95% to date
4. Outreach dental students and pre-dental students to ensure their success and future involvement
 - SDDS continues to work with CSUS pre dental club and the new CNU Dental School to involve their new class of dental students, scheduled for January 2022.
5. Provide and communicate member benefits, resources and services to assure member success
 - Continued improvements in communication modes, social media and print media to illuminate the benefits of

membership and services. Especially during the pandemic, SDDS continues to be the “go to” for the most current information

- Designed webinars and Zoom CE courses in blended formats during COVID restrictions – attendance exceeded expectations
- HR Hotline saw a huge increase in calls this past year

Goal 2: Advocacy - Monitor and advocate on behalf of topics that affect oral health, dentistry and the dental practice

Objectives:

1. Monitor and advocate for legislative and legal issues affecting dentistry
 - Successfully worked with Sacramento County and other four counties to make sure that dental offices were considered essential and should be open for preventive dental care during COVID.
 - Worked on behalf of managed care providers to NOT ELIMINATE managed care in Sacramento County in 2021.

2. Increase communication with members regarding issues affecting their practices

- Practice, patient and employment resources provided to SDDS members as they were constantly changing and evolving; HR Hotline resource was essential with regard to employment questions and concerns, leaves, layoffs, furloughs, etc.

3. Collaborate with community partners (including SDDS Foundation) to promote oral health education and issues

- Exceeding goals even during the COVID restrictions

Goal 3: Leadership, Sustainability, Succession Plan - Ensure systems are in place for continuity, stability and success in all aspects of the organization: management, operations and volunteer leadership

Objectives:

1. Ensure operations, policies and procedures are in place for continued success and succession
 - All manuals, operations, processes policies are documented and updated regularly.

2. Provide leadership succession and training opportunities at the committee level for all interested volunteer members
 - Using task forces to increase involvement and participation; striving for 100% engagement of all leadership candidates; long term succession strategy in place
3. Continue to offer options and various modes of technology and communication in meetings and leadership
 - Thank you Zoom!
4. Maintain financial strength by continuing internal controls and policies
 - Initiated a full audit for 2020; report was very positive
 - Continue to fund reserves for continued stability ■

2021 SDDS Committee Schedule

Standing Committees

CPR Committee (courses)
Nov 12

Nominating/Leadership Development
Work Completed

Foundation

Foundation Board
TBA

Other

Sac Pac
Nov TBA

CDA House of Delegates
Nov 12

Advisory Committees

Continuing Education Advisory
TBA

Mass Disaster/Forensics Advisory
2022

Nugget Editorial Advisory
Meetings Completed

Advisory Committees (cont)

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
Nov 2

Executive Committee
Oct 8 • Dec 3

Task Forces

Mediation Review
Work Completed

Member Benefits/Services
Completed

Oral Health/Prop 56 Initiatives
Dec 3

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*This is a sample
of our listings.*

CONCORD/WALNUT CREEK PEDO: *NEW LISTING!* 8 chairs, busy retail area, Digital Pan, Scan-X. 2019 GR \$832K on 3-4 days/wk. #CA2523

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

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

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

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

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

ROCKLIN/ROSEVILLE AREA: *NEW LISTING!* 4 Ops, Hi-tech in Affluent Area. Digital, iTero Scanner, much more. 2021 projected to produce \$2M+. #CA2793

ROSEVILLE/CITRUS HTS/ANTELOPE: *NEW LISTING!* 6 Ops, high traffic location. Digital, Strong Hyg Prog with 1,100 Active Pts in last 18 mo. 2020 GR \$669K. Room to grow w/specialties. #CA2749

SACRAMENTO: *NEW LISTING!* 5 Ops+RE in busy area. Digital, 6 Hyg Days/wk. 2019 GR \$697K with specialties referred. #CA2620

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, Dentrux, 2019 GR \$556K. #CA645

VACAVILLE AREA: 4 Ops, 3 Equipped, 45 Yrs Goodwill, Dentrux, Paperless, Digital. 2020 GR \$609K with room to grow. #CA2748



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YOU

THE DENTIST, THE EMPLOYER

SDDS Members' Burning COVID-19 Questions

By Giuliana Gabriel; California Employers Association
(SDDS Vendor Member)

COVID-19 issues impacting the workplace have been ever changing over the past 18 months. It is difficult for employers to keep up on the “latest” with vaccine mandates, COVID-19 testing requirements, considerations for unvaccinated workers, and more. We know many of you are exhausted, so we have compiled a list of FAQs to answer your burning questions about COVID-19 workplace requirements.

Can employers mandate the vaccine and fire an employee for not getting vaccinated?

Yes and possibly. According to both state (DFEH) and federal (EEOC) agencies, employers **may require** employees to be vaccinated, so long as the vaccination is job-related and consistent with business necessity.

However, before you terminate an unvaccinated employee, make sure you find out the reason they are not (or refuse to) get vaccinated. This is because you are obligated under the law to make reasonable accommodations for employees with disabilities/medical conditions, or sincerely held religious beliefs that would prevent them from getting vaccinated. While you should not ask questions about an employee's diagnosis you do have the right to request a doctor's note certifying the disability. Questioning the employee's sincerely held religious belief is not recommended nor is requiring documentation in support of their request for accommodation. Make sure to document the reason an employee is not getting vaccinated.

Even if an employee needs a reasonable accommodation, there may be rare

circumstances when the employer can show that refusal of the vaccine poses a direct threat to the health or safety of others in the workplace. In theory, the employer may proceed with the termination under those circumstances. However, CEA recommends you speak with **legal counsel** before proceeding to ensure that you have satisfied the stringent legal requirements, and that you understand all of your liability risks.

You can learn more about the reasonable accommodation process on the DFEH's website (www.dfeh.ca.gov/accommodation/). If you need assistance with processing a request for a religious or medical exemption to the vaccine, employers may reach out to the Job Accommodation Network (“JAN”) (<https://askjan.org/>). JAN is a free resource to assist employers and individuals with workplace accommodation questions.

What about vaccine mandates in health care settings, including dental offices?

Certain employers are **required** to mandate the vaccine, per state and local orders. For example, the California Department of Public Health (CDPH) issued an August 5, 2021 order (<https://bit.ly/CDPH-Aug5>) mandating that almost all healthcare employers (both public and private) require their healthcare workers to be fully vaccinated, unless the person qualifies for a religious or medical exemption, as described above. **However, this order excludes dental offices!**

This has caused some confusion for dental offices who are subject to the CDPH's previous July 26, 2021 order (<https://bit.ly/CDPH-Jul26>), which also applies to

many health care employers, as well as State employees. This order provides that unvaccinated workers are permitted to continue working, so long as they submit to weekly COVID-19 testing.

Bottom line: This means that dental offices may allow unvaccinated employees to continue working, so long as they submit to the weekly COVID-19 testing requirements. Alternatively, a dental office may opt to mandate the vaccine in their workplace, but they are not required to do so.

Learn more about the order for dental offices here: <https://bit.ly/OrderQA>.

Do employers have to pay for COVID-19 testing when employees are given the choice of regular testing or getting vaccinated?

This often depends on whether the employer is requiring COVID-19 testing, or whether the employer is subject to a state or local order which requires it in their workplace.

If the **employer** is the entity requiring COVID-19 testing by their own choosing, then the following rules apply:

Business-Expense Reimbursements

The employer must reimburse the employee for all expenses incurred in connection with the COVID-19 test, such as cost of the test, and mileage reimbursement if travel is required. This is because California law obligates employers to reimburse employees for all necessary, business-related expenses. As such, employers should look into whether there are free testing options in their community. Learn more about free testing sites here: <https://bit.ly/freetestingCA>.

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Compensable Time

Moreover, the time it takes for the employee to receive COVID-19 testing is compensable, meaning it is “on the clock” time. According to the California Department of Industrial Relations, “If the employer requires an employee to obtain a COVID-19 test or vaccination...then the employer must pay for the time it takes for the testing or vaccination, including travel time.”

State or Local Order (Dental Offices)

When an **employer is subject to a state or local order** to test unvaccinated workers, different rules may apply. For example, health plans are responsible for paying for COVID testing for unvaccinated health care workers subject to the CDPH’s July 26th order (<https://bit.ly/CDPH-Jul26>), such as dental offices. Learn more here: <https://bit.ly/DHMCtesting>.

However, the CDPH has not clarified whether dental offices must pay employees for the time it takes to get tested. As such, it is best to be cautious and treat it as “compensable” time.

Bottom line: Dental offices should compensate employees for the time it takes for employees to get tested and associated expenses. If dental offices are requiring employees to get vaccinated, the employer should pay for the employee’s time and expenses to get vaccinated. The vaccine itself should not cost the employee anything

Cal/OSHA Pay Rules for “Outbreaks”

Moreover, there are specific circumstances when almost **all employers** must pay for the cost of COVID-19 testing. For example, Cal/OSHA’s emergency temporary standard (“ETS”) requires employers to offer COVID-19 testing at no cost to employees: (1) following a work-related exposure, or (2) if there is an outbreak in your workplace.

Additionally, employers must offer testing to any employees who have COVID-19 symptoms and are not fully vaccinated..

Can I advertise that my staff is fully vaccinated?

While you are permitted (or in the case of dental offices, required) to collect vaccine status information, **do not share an employee’s vaccination status** with others, including coworkers, applicants, or patients. An employee’s vaccination status should be treated as a confidential record and kept separate from employee personnel files.

Some employers have contemplated advertising to the public that all of their staff is fully vaccinated. However, this is likely a privacy violation, as it would allow someone to determine each individual’s vaccination status in your workplace.

Remember this rule: Collecting vaccine information is fine, sharing it is not.

Do employers have to notify workers about COVID-19 exposure in the workplace?

Yes, when employers “knew or should have known” about a COVID-19 case, they must notify workers in writing within one business day. Employers must also give verbal notice in a language understandable to the employee, if you believe they have not received the written notice or have limited literacy.

What else do employers have to do if someone in your workplace tests positive?

Here is a quick guide about what you need to do once you learn someone has tested positive in your workplace:

1. COVID-19 Prevention Plan:

One of the first steps is to refer to

your COVID-19 Prevention Plan (required by Cal/OSHA) regarding all procedures after someone tests positive, including cleaning and disinfection.

2. Notification: In addition to notifying your workers in writing within one business day, the employer must also notify their workers’ compensation carrier that someone has tested positive, in writing within 3 business days (regardless of whether the transmission was “work-related”).

Additionally, if your business is experiencing an “outbreak,” defined as 3 or more COVID-19 cases in a 14 day period, you must also notify your local public health agency.

3. Exclusion: Those who were within “close contact” of the COVID-19 individual must be excluded from the worksite. If the “close contact” individual has no symptoms, they must be excluded for at least 10 days. If they are symptomatic, then they must satisfy additional requirements, such as symptom improvement, before returning to work. Note that those who were **fully vaccinated before exposure and are asymptomatic**, need not be excluded from the worksite!

4. Exclusion Pay: For employees who do have to be excluded, because they were exposed at work and are unable to work remotely, the employer must maintain their “pay and benefits” during their isolation period. This is known as Cal/OSHA’s “exclusion pay” requirement. ■

Upcoming HR Webinars Presented by California Employers Association (CEA)

One hour online and audio seminar, you will only need a telephone, cell phone and/or computer (computer not required). All you need to do is dial, listen and ask questions if you desire. Sign up online at sdds.org

Leave Laws for Small Employers

Wednesday, November 3rd • 12-1pm
1 CEU, 20%

How many different leaves of absence might a California Employer have to grant? Depending on the number of employees a company has, they may have to grant over 19 different leave laws! If you have 50 or more employees, this seminar is NOT for you. We will focus specifically on the laws that impact smaller employers, from pregnancy disability leave to time off for jury duty. We’ll even provide you with a CA Leave Law Cheat Sheet to refer to in the future.

Employee Handbooks

Wednesday, December 1st • 12-1pm
1 CEU, 20%

An employee handbook is one of the most important communication tools you can have between your company and your employees. Not only does it set forth your expectations for your employees, it also describes what they can expect from you and ensures your business complies with state and federal employment laws.



A New Chapter in Sacramento's Dental Education



By **Sheila Brear, BDS**
SDDS Member & Associate Dean Academic
Affairs at College of Dental Medicine, CNU

California's newest dental school, the California Northstate College of Dental Medicine, will finally be opening its doors in 2022. This has been a long journey with multiple contributors to the process, now headed up by the Dean Kevin Keating. The Dean was Chair of the original Task Force that included Alvin Cheung (CNU President and CEO), Rosemary Wu (now Associate Dean for Administration), Wai Chan (CNU Trustee), Jagdev Heir (Past SDDS Board of Directors), Eric Wong (Past AGD President), Huong Le (former DBCA Director) and Deb Finney (CDA Speaker of the House). This group came together and developed a vision: to deliver a modern dental curriculum using a humanistic philosophy, which will result in competent, confident clinicians who will improve the health of the community.

There is a large diversity in the demographics of the Sacramento region; five Communities of need were identified by the Task Force. Sacramento covers five counties, and a dental school in this area would benefit about 3.8 million people. The Sacramento District Dental Society (SDDS) is one of the largest dental societies in the State of California. Many of the SDDS staff and members have contributed to the curriculum as consultants and advisors since the initial vision was developed in 2017.

The College of Dental Medicine opening date was significantly impacted by the COVID pandemic: the Commission on Dental Accreditation (CODA), the accrediting body for dental schools in the US, cancelled the accreditation site visit days before it was due to be held in 2020, and put the process on hold for one year. The development of the physical plant was also set back, as building permits were also delayed due to the pandemic. The College took advantage of the delay to follow CODA's guidance to integrate

the basic science curriculum, and a small team worked with the existing syllabi to create a more integrated clinical approach utilizing case based learning opportunities. Assessments were also developed for all courses, per CODA's guidance, and all Learning Outcomes were mapped against the CODA standards as well as the College's own competencies.

Dean Keating leads a small team consisting of Sheila Brear (Academic Affairs), Pinelopi Xenoudi (Clinical Affairs and Admissions), Paul Glassman (Research, Outreach and Community Based Education) and Rosemary Wu (Administrative Affairs). The College finally received the "go ahead" from CODA on August 13th, 2021, with permission to open the first program of 40 students in January 2022, followed by a second cohort in July 2022. From July 2023 onwards, CDM will accept 80 students per year into the program. The students starting in January 2022 will engage in a unique 3.5 year accelerated program from which they will graduate in June 2025, in time to start Residency programs if they so choose. All other programs will be for the standard four years. There are just a few more hurdles to address prior to the final opening, and the College is now moving full steam ahead!

The College is incredibly grateful to all the consultants who have helped to move the prodigious effort so far along its path. For those who would like to help develop the program and/or teach, they will need to be hired as faculty. Hiring is currently underway for Faculty to teach the first contingent of learners, starting with the integrated biomedical and clinical sciences. During the program, teachers and learners will work together in small groups, aided by specialized content experts from the CNU Campus and beyond. Learner's ability to build upon this core knowledge will be assured by weekly Grand Rounds, to be

attended by the entire school. Students will engage in weekly guided reflections on their learning process, as they develop their academic understanding and clinical skills in a humanistic and professional environment.

Come and help mentor these developing learners, brush up on your clinical science and transition from an evidence based clinician to an evidence based educator. Help us create safe, independent, confident practitioners who will promote and improve the health of this community. Teaching positions are open at all levels, with a minimum participation of one day per week. The College is providing a robust introduction to teaching and learning, and faculty will have access to the same learning resources as the students. All faculty will teach in the first year of the program, and will move with that cohort of students to teach in the second through fourth years of the program to ensure continuity of education throughout the developing program.

The hiring process is necessarily systematic and will collect data necessary for accreditation and credentialing. Please contact Dr. Sheila Brear for more information, sheila.brear@cnsu.edu

CNU College of Dental Medicine looks forward to partnering with SDDS for a face-to-face student-SDDS member networking events, date and time to follow. These are exciting days for the College of Dental Medicine; it will take a village! CDM looks forward to graduating dentists into this wonderful and supportive community. ■



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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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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.

Saving Time and Staying Safe With Paperless Documentation

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California Dental Association

If you've ever lost a receipt, arrived at the grocery store without your list or misplaced a lucky lottery ticket, you've experienced the perils of paper. When navigating your dental practice's many documentation requirements for patients, benefit plans and employees, those perils are exponentially multiplied.

Analysts who answer The Dentists Insurance Company's Risk Management Advice Line field thousands of calls about practice challenges — many of which are related to navigating paper and digital documents.

The Downside of Paper Docs

As reported during a recent TDIC Advice Line call, a dentist who shared a storage area with another tenant experienced an issue when the space was being remodeled. When returning to work after the weekend, she realized that some charts were misplaced and was unsure whether information was missing and possibly even compromised. The analyst advised the dentist to conduct a HIPAA breach assessment. Without any certainty of the scope of the issue, the practice might have needed to send a blanket notification to all patients whose charts were contained in the storage area.

The inability to monitor, track and access paper documents during practice interruptions — no matter how brief — introduces risk. Whether you're working through converting existing records into digital formats or looking for more paper-free opportunities, be thoughtful and strategic in your approach.

Saying Yes to Paperless in Four Steps

Understand Retention Guidelines

The amount of time you keep dental records after a patient's last visit is determined by each state's laws and the provisions of any contracted benefit plans — ranging from several years to "indefinitely." Employment documents, tax returns, business contracts and insurance policies all have unique retention guidelines. Digital solutions allow you to more easily find and access documents on the cloud without the clutter. Check with your state dental association or dental board for region-specific requirements.

The inability to monitor, track and access paper documents during practice interruptions — no matter how brief — introduces risk.

Secure Records Against Risks

One of the biggest benefits of going paperless is the ability to protect important and confidential information from loss, theft or damage. Your role is to ensure that the right individuals on the practice team have access, that passwords are strong, that protocols are consistent and that your practice is insured for potential liabilities. Comprehensive protection to respond to and recover from

cyber-related incidents is essential for dental offices of any size.

Get on a Backup Cycle

Another paperless upside is anytime, anywhere access. During an emergency or unforeseen event, you can have confidence that you'll connect to the data you need. Your backup cycle is determined by your risk tolerance. How much data can you afford to compromise in a day, a week or a year? Secure, HIPAA-compliant, cloud-based solutions can back up data dependably but still need to be checked that they are functioning as expected.

Facilitate Team Buy-In

While digital documents can streamline processes, the entire team still needs to be aligned. Use consistent naming conventions for files so that information can be cross-referenced or searched with ease. Provide training and opportunities for staff to weigh in on how the practice can be most successful at going green. Those who do the most paperwork can be the best champions for reducing repetitive tasks.

Saving Paper Beyond the Chart

Of course, patient records aren't the only place to go paperless. Discover new ways to go green, streamline and save time.

For example, here are three ways to manage insurance documents:

- **Policy documents:** Through TDIC's enhanced website (www.tdicinsurance.com), policyholders can access accounts 24/7 to download insurance policy

documents, update profile information and preferences and make or request policy changes.

- **Bill payment:** TDIC's site also offers online bill payment and the option to set up recurring autopay debits. "Set it and forget it" billing ensures that payments are trackable and on time for many of your practice's services and vendors, and online statements can facilitate budget reconciliation.
- **Claims reporting:** When experiencing an accident or emergency, you'll want to file a claim quickly and return your focus to patient care. Whether you report your claim online or by phone, logging in to track your claim through the process can provide more transparency and relief.

And here are more ways to streamline tracking equipment and supplies:

- **Inventory and asset tracking:** In the event of an emergency, you'll want records of your practice's contents to be accessible too. With a little time

invested on the front end, you can create a full view of the value of your assets in software or apps designed just for the task. Update and sync as you introduce new equipment and capture warranties, receipts, manuals and serial numbers.

Engage the whole team
in your efforts toward a
paperless practice.

- **Supply shopping:** From dental equipment to break room essentials, creating digital checklists of frequently ordered items can help you cut down on shopping time, better organize and review invoices and avoid gaps and duplications. Bundling orders is another way to go green. Cut down on packaging and reduce your carbon footprint with fewer, well-planned deliveries.

Engage the whole team in your efforts toward a paperless practice. Start with quick wins, like online access for insurance and business services. And commit to consistent safety and security protocols that allow you to enjoy the flexibility of digital documents.

TDIC's Risk Management Advice Line is a benefit of CDA membership. Schedule a consultation with an experienced risk management analyst or call 800.733.0633. Reprinted with permission from the September issue of the CDA Journal. ■

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TOTAL MEMBERSHIP

(as of 9/10/21:)

1,822

MARKET SHARE:

81.1%

ENGAGEMENT RATE: 96%
(as of 2020)

TOTAL ACTIVE MEMBERS:
1,391

TOTAL RETIRED
MEMBERS: 336

TOTAL DUAL
MEMBERS: 7

TOTAL AFFILIATE
MEMBERS: 13

TOTAL STUDENT
MEMBERS: 9

TOTAL CURRENT
APPLICANTS: 3

TOTAL DHP
MEMBERS: 63

TOTAL NEW
MEMBERS FOR 2021: 83

New Members

October
2021

MIRIAM BEHPOUR, DDS

Orthodontics

New Graduate!

Dr. Behpour earned her dental degree in 2009 from University of Pittsburgh and then went on to earn her specialty of Orthodontics this year. She served in the United States Navy from 2010-2018. She currently practices at Holt Orthodontics in Roseville.

SHALAKA DESAI, DDS

General Practice

New Graduate!

Dr. Desai earned her dental degree in 2021 from UOP Arthur A. Dugoni School of Dentistry. She currently practices at Dentists of Arden in Sacramento.

PAUL GLASSMAN, DDS, MBA

Transfer from Marin County Dental Society

General Practice

Dr. Glassman earned his dental degree in 1972 from UCSF School of Dentistry. He is currently a Faculty member at California Northstate University in Elk Grove.

MOHD KHALAF, DDS

Orofacial Pain

Dr. Khalaf earned his dental degree in 1999 from an International School of Dentistry and then went on to earn his specialty of Orofacial Pain from USC Herman Ostrow School of Dentistry in 2010. He currently practices at Kaiser in Roseville.

GALEN KING, DDS

Transfer from San Fernando Dental Society

General Practice

Dr. King earned his dental degree in 2019 from UOP Arthur A. Dugoni School of Dentistry. He currently practices at Elica Health Center in Sacramento.

EGER KOROLEVSKY, DDS

Transfer from Southern Alameda Dental Society

General Practice

Dr. Korolevsky earned his dental degree in 2014 from UCSF School of Dentistry. He currently practices at Creekside Endodontics in Roseville.

DINO LIRIO, DDS

General Practice

Dr. Lirio earned his dental degree in 2012 from Hermon Ostrow School of Dentistry. He currently practices and owns August Dentistry in Roseville.

STEVEN LYNCH, DDS

General Practice

Retired!

Dr. Lynch earned his dental degree in 1982 from UCLA School of Dentistry. He retired from dentistry in 2017.

GRACE MIN, DMD

General Practice

Welcome Back!

Dr. Min earned her dental degree in 2001 from Boston University. She currently owns and practices at Strawberry Dental in Sacramento.

EH SAN MOSSAVI, DDS

Transfer from Orange County Dental Society

General Practice

Welcome Back!

Dr. Mossavi earned his dental degree in 2012 from UOP Arthur A. Dugoni School of Dentistry. He currently practices at Roseville Smiles Family Dentistry in Roseville.

NILESH PATEL, DDS

General Practice

New Graduate!

Dr. Patel just graduated and earned his dental degree from an International School of Dentistry. His current office location is pending.

JAMES ROBISON, DDS

General Practice

Dr. Robison earned his dental degree in 2015 from University of Nevada, Las Vegas. He served in the Army from June 2015-August 2019 in Fort Bragg. And his currently serving in the California Army National Guard. He currently practices at Rocklin Dental in Rocklin.

ASHISH SUD, DDS

General Practice

Dr. Sud earned his dental degree in 2020 from New York University. He currently practices at Park Place Dental in Sacramento.

WELCOME

to SDDS's
new members,
transfers and
applicants.

IMPORTANT NUMBERS:

SDDS (doctor's line) (916) 446-1227
ADA (800) 621-8099
CDA (800) 736-8702
CDA Practice Support . . (866) CDA-MEMBER
(866-232-6362)

TDIC Insurance Solutions . (800) 733-0633
Denti-Cal Referral. (800) 322-6384
Central Valley
Well Being Committee . . . (559) 359-5631

RAMSEN WARDA, DDS

Periodontics

New Graduate!

Dr. Warda earned his dental degree in 2018 from UCSF School of Dentistry and then went on to earn his specialty of Periodontics in 2021 from New York University. He currently practices at Golden State Dental in Roseville.

PETER YANNI, DDS

Periodontics

New Graduate!

Dr. Yanni earned his dental degree in 2018 from Western University of Health Sciences College of Dental Medicine and then went on to earn his specialty of Periodontics in 2021 from UCSF School of Dentistry. He currently practices at Roseville Perio in Roseville.

Pending Applicants:

Andrey Antonenko, DDS

Paryal Ismatt, DDS

Melanie Kim, DDS

Congratulations

to Our New Retired Members!

Lee Wiggins, DDS

Melvin Walters, DDS

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by 3shape



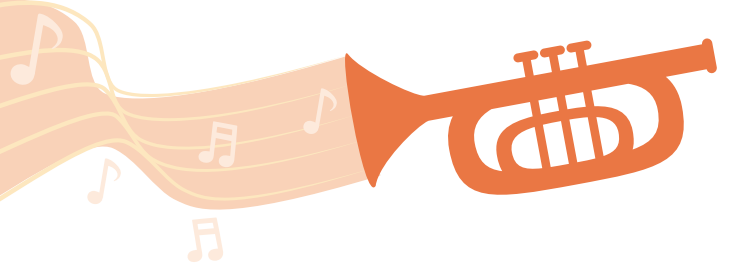
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Congratulations to...

SDDS Members, on being involved in leadership at CDA. Dr. Nima Aflatooni was roaming the CDA halls and spotted Dr. Wallace Bellamy featured on a CDA promotion! **(1)**

Carl Hillendahl, DDS, on delivering Oral Hygiene supplies donated by our Foundation, to Major Randy Hartt from the Salvation Army in Diamond Springs! The Salvation Army is managing a disaster relief center in Diamond Springs for the Caldor Fire evacuees. **(2)**

Galen King, DDS and Cathy Vo, DMD, on being recipients of CalHealthCares loan repayment program! The CalHealthCares loan repayment program incentivizes physicians and dentists to serve Medi-Cal beneficiaries by repaying educational debt. Drs. King and Vo both received funding to help with their student loans, while also helping our Medi-Cal Dental community!

Sam Morrar, Yee Family Scholarship Winner, on finishing his first official day of school in August! Sam says, "I am having an amazing time here. I hope this excitement to learn never wears off!" He even sent along a photo of him in his white coat! Good luck in school Sam! **(3)**

Dr. Purvak Parikh's son Prayaag, on raising over \$600 for the SDDS Foundation with his Hooping for Kids event! Thank you so much for finding unique and great ways to help our Foundation! **(4)**

April Westfall, DMD, on being our 500th member of the Foundation! What a milestone!

LET US KNOW YOUR NEWS!

Get married? Pass your boards? Got published? Let us know your good news and we will feature it in "Blowing Your Horn."

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



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fsanchez.neolab@yahoo.com

Brenda Villagomez

brenda@neodentallab.com

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*Welcome to all four of our
new Vendor Members!*



sd reliance

SD Reliance Management is the leading IT and Dental Billing company in the Sacramento area. We specialize in dental billing services such as Insurance aging, patient accounting and AR services, insurance eligibility and verification, and even practice sales and transitions. Our dynamic and experienced IT services offer a full suite of IT support, malware protection, network services and consulting.

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Benefits or Special Pricing for SDDS Members:

We are excited and honored to be a part of SDDS! We would love to hear from our fellow members. Please call us today for a free practice evaluation and discover what SD Reliance can do for you and your practice!

Dennis Krohn Jr. - President/Partner

(916) 367-4244
dennis@sdreliance.com

Sara Baker - CEO/Partner

(916) 367-4248
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General Manager
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pattersondental.com



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Gary Perkins
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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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SDDS office (916.446.1227 • sdds@sdds.org)

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TO VOLUNTEER, CONTACT:

Dr. Steve Holm (916.425.6766 • sholm@goldrush.com)

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Kathi Webb (916.743.5351 • kwebbft@aol.com)

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CALL: (916.925.9379 • CCMP.PA@JUNO.COM)

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

Classified Ads

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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

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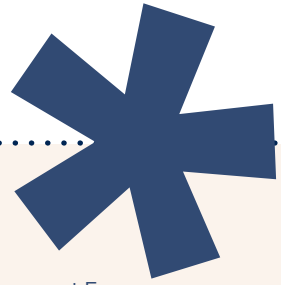
Pocket area of Sacramento. 1550 square feet for rent. Four operatories and ready for occupancy. Full price \$2,750 per month full service lease. 90 days of free rent upon signing a lease. Call (916) 421-3821. 2/21

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

ADDRESS SERVICE REQUESTED

SDDS CALENDAR OF EVENTS



OCTOBER

- | | | |
|--|---|--|
| <p>4 SDDS HOD Caucus
6pm / SDDS Office</p> <p>8 ExComm Meeting
7am / Offsite</p> <p>8 Continuing Education
Digital Dentistry—What Works in Everyday Practice? (HANDS ON)
<i>Michael Scherer DMD, MS, FACP</i>
<i>Sponsored by Zest Dental Solutions (SDDS Vendor Member)</i>
5 CE Core / 8:30–1:30pm / SDDS Office</p> <p>12 General Membership Meeting
Physical Therapy for the Dental Professional AND Your Patients
<i>Alex Ray, DPT</i>
Hilton Sacramento Arden West
3 CE Core / 5:45pm Social / 6:45pm Dinner & Program</p> | <p>15 Continuing Education
Safety and Simplicity in Root Canal Instrumentation and Obturation: Myths, Metal and Motion (In-person course)
<i>Alex Fleury, DDS, MS</i>
<i>Sponsored by Real World Endo® and Brasseler USA</i>
6 CE Core / 8:30–2:30pm / SDDS Office</p> <p>21 Special Event
The Kitchen Dinner</p> <p>22 Licensure Renewal
OSHA/Infection Control
<i>Nancy Dewhirst, RDH</i>
<i>Sponsored by PCIHIPAA (SDDS Vendor Member)</i>
3 CE Core / 8:30–11:30am / Zoom Meeting</p> | <p>26 Business/Practice Management Forum
FFS, PPOs, Insurance Independence: How Do You Decide?
<i>Ashlee Adams; Adams Dental Consulting (SDDS Vendor Member)</i>
1.5 CE 20% / 12–1:30pm / Zoom Meeting</p> <p>28 Business/Practice Management Forum
Mandatory HIPAA Compliance Update
<i>Jeff Broudy; PCIHIPAA</i>
<i>Sponsored by PCIHIPAA (SDDS Vendor Member)</i>
1 CE Core / 5:30–6:30pm / Zoom Meeting</p> <p>28 Licensure Renewal
California Dental Practice Act
<i>Nancy Dewhirst, RDH</i>
<i>Sponsored by PCIHIPAA (SDDS Vendor Member)</i>
2 CE Core / 6:45–8:45pm / Zoom Meeting</p> |
|--|---|--|

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



Love Being Back

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

**OCT
12**

General Meeting
3 CEU, CORE • \$75

Physical Therapy for the Dental Professional AND Your Patients

Presented by Alex Ray, PT, DPT; North Area Physical Therapy and Aquatic Therapy

This course will focus on the aspects of the ergonomic challenges of the various jobs within the dental profession. Learning objectives:

- Back pain and your profession
- Protect your neck, it has a big influence on the TM joint
- Ergonomics and exercise are your maintenance tools

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)

**TUESDAY
5:45-9PM**

ARE YOU REGISTERED FOR THE GENERAL MEETING?