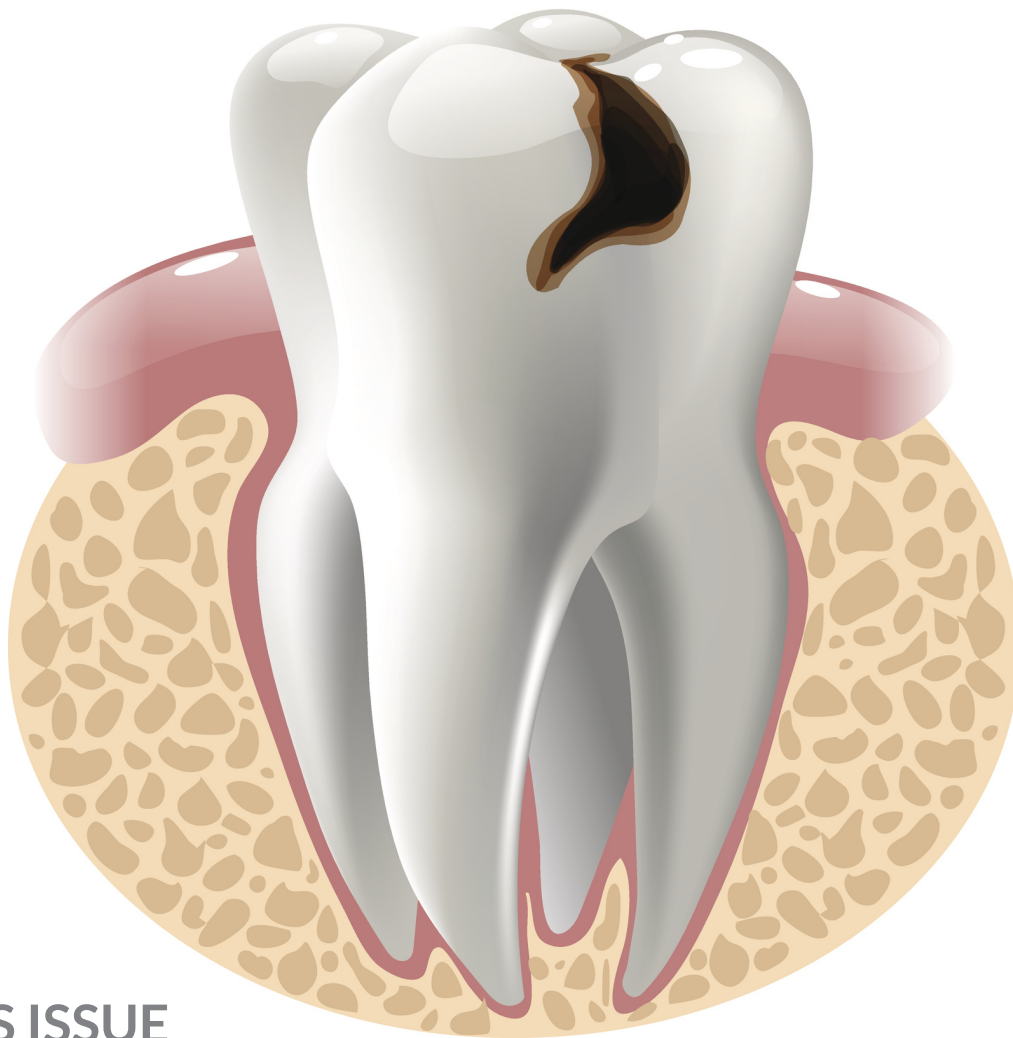


MOUTHPIECE

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CO-DEPENDENT CARIOLOGY



IN THIS ISSUE

- Co-Dependent Cariology
 - New Developments on the Corporate Transparency Act:
What You Need to Know
 - It's Showtime! Keeping Your Schedule Full
 - So Much To Be Thankful For
- and much more...



San Mateo County
DENTAL SOCIETY

Member Events Calendar

See Education / Events > Calendar of Events at www.smcds.com for details and registration.

New / revised course info in **bold text**. Featured courses **highlighted**.

JANUARY						
DATE	DAY	TYPE	TOPIC	SPEAKER/CONTACT	LOCATION	TIME
7	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
15	W	CE1	SMCDS General Membership Meeting Topic: A Guide to Successful Endodontics with Advanced Imaging Techniques	Kazim A. Mirza, DDS	Burlingame Comm Ctr	6:00-9:00 P
16	Th	SCCE	Palo Alto Oral & Maxillofacial Surgery Rental	Alexander Hoghooghi, DDS, MD / paomfs.com	SMCDS	6:00-9:00 P
21	Tu	G	SMCDS Leadership Meeting	President: Zachary E. Held, DDS	SMCDS	6:30-8:00 P
23	Th	SCCE	SMCDS Study Club Topic: Treating Older Patients	Donald R. Hermansen, DDS	SMCDS	6:30-8:30 P
28	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P
28	Tu	RCE	Responsibilities and Requirements for Prescribing Controlled Substances (Schedule II Opioid Drugs)	Reb Close, MD & Casey Grover, MD	Webinar	6:00-8:00 P
FEBRUARY						
3	M	PG	Bay Area Well-Being Committee Meeting Confidential assistance for drug & alcohol abuse	BAWB - Michael Alvarez	SMCDS	7:00-9:00 P
4	Tu	SCCE	Bay Area Aesthetic Masters Study Club Hands-On Workshop	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
6	Th	HWS	Topic: 3D Printing <i>Nobel Biocare SprintRay</i>	Matthew Ochs & Kenney Moore, DDS	SMCDS	6:30-8:30 P
11	Tu	G	SMCDS Executive Board Meeting	President: Zachary E. Held, DDS	N/A, Virtual	6:30-8:00 P
11	Tu	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6:00-7:30 P
19	W	NDS	New Dentists Pop-Up Network & Mingle @ Paul Martin's American Grill <i>Event sponsored by Bank of America & ROAM</i>	Mike Aicardi 650.637.1121	San Mateo	7:00-9:00 P
20	Th	SCCE	Palo Alto Oral & Maxillofacial Surgery Rental	Alexander Hoghooghi, DDS, MD / paomfs.com	SMCDS	6:00-9:00 P
24	M	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6:00-7:30 P
27	Th	SCCE	SMCDS Study Club Topic: TBD	TBD	SMCDS	6:30-8:30 P
MARCH						
6	Th	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P
8	Sa	S/CE1	CDA Now + Next Event at Pinstripes	Amrita Patel, DDS	San Mateo	10:00-1:30 P
11	Tu	G	SMCDS Leadership Meeting	President: Zachary E. Held, DDS	SMCDS	6:30-8:00 P
12	W	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
13	Th	SCCE	Palo Alto Oral & Maxillofacial Surgery Rental	Alexander Hoghooghi, DDS, MD / paomfs.com	SMCDS	6:00-9:00 P
19	W	CO	College of San Mateo Spring Health Fair	Mike Aicardi 650.637.1121	CSM	10:00-2:00 P
20	Th	CE1	SMCDS General Membership Meeting w/ MPDS Topic: Maxillofacial Trauma for the General Dentist	Gary Roberts, DDS	Hiller A.M. San Carlos	6:00-9:00 P
28	F	RCE	OSHA-Bloodborne Pathogens & Hazard Comms	Leslie Canham, CDA, RDA	Webinar	8:15-10:15 A
28	F	RCE	Infection Control & CA Dental Practice Act	Leslie Canham, CDA, RDA	Webinar	10:30-3:00 P

EVENT TYPE	
AR	Allied Dental Relations
CE1	Core CE
CE2	20% CE
CO	Community Outreach
FMB	Free Member Benefit
G	Governance

EVENT TYPE	
H	Holiday
HWS	Hands-On Workshop
L	Leadership
NDS	New Dentists Social
PG	Personal Growth
PM	Practice Management

EVENT TYPE	
PM1/4	Pract Mgmt 1=New Dent 4=Life Active
PS	Professional Success
PS1/4	Prof Success 1=New Dent 4=Life Active
RCE	Required CE
S	Social Event
SCCE	Study Club CE



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2025 Executive Board

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President Elect: Tyler W. Davis, DMD

Treasurer, Secretary: Jennifer H. Chew, DDS

Immediate Past President: Oanh T. Le, DDS

CDA Bd Component Reps: Purvi K. Zavery, DDS, MS

Financial Guardian: Frederic G. Holloszy, DMD

Executive Director & Editor: Nakia Brandt

MOUTHPIECE

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All editorial contributions are subject to space and/or content editing at the Editor's discretion.

Contents

- 02 Member Events Calendar
- 04 President's Message
- 05 Retirements / In Memoriam
- 06 New Member Introductions
- 07 New Member Celebration / Member Specialist Spotlight
- 08 Member Events
- 12 Co-Dependent Cariology
- 21 New Developments on the Corporate Transparency Act: What You Need to Know
- 26 It's Showtime! Keeping Your Schedule Full
- 31 Business Member Wall of Fame
- 33 Thank You! to Supporters
- 34 Oral Health Alternative Payment and Access Acceleration (OHAPAA) Learning Collaborative
- 35 So Much To Be Thankful For
- 43 Classifieds

Photo by [Evgeni Evgeniev](#) on [Unsplash](#)

President's Message

By Oanh Le, DDS



Dear Members,

I hope this message finds you all in good health and high spirits as we welcome the arrival of winter.

I'm please to share that the inaugural Bay Area Dental Expo was a success, with a great turnout and enthusiastic participation. The symposium was well-received and appreciated by attendees, with dynamic speakers presenting updated topics such as stem cell regeneration and other cutting-edge advancements in dentistry. I learned a great deal and look forward to exploring future dental innovations with all of you.

As we plan for the upcoming events, here's what's on the horizon:

- 1. Ongoing:** CPR classes for members. Please register with SMCDS staff.
- 2. New Offering:** DA 8-Hour Infection Control and Radiation Safety for member's staff.
- 3. Mentorship Program:** Nakia and the Leadership Council are working on creating a mentorship program. Email Nakia Brandt at nakia@smcnds.com if you're interested or have ideas to contribute.
- 4. January 15:** Our next GM meeting will be held at the brand-new Burlingame Community Center. Dr. Kazim Mirza will speak on the topic of **Successful Endodontics with Advanced Imaging Techniques**.
- 5. Oral Access Learning Collaborative:** SMCDS in collaboration with HPSM (Health Plan of San Mateo) and Sequoia, is hosting this initiative. We currently have 8 dentists signed up. The next 10 members who register will have their 2025 SMCDS dues covered.
- 6. 2024 House of Delegate:** SMCDS submitted a resolution to continue discussions on the ADA's membership model. The resolution passed.

It has been an honor and privilege to serve as your president this year. With mixed emotions, I share that this will be my final President's Message. I am deeply grateful for the opportunity to serve you all.

As your President, I encourage you to share your thoughts and ideas for our dental society. Whether it's suggestions for speakers or topics, or considerations for joining the Board, your input is invaluable in shaping the future of SMCDS. Let's keep strengthening and enhancing our dental community – and have some fun along the way!

Thank you for your ongoing support and contributions to SMCDS.

Warm regards,

Oanh Le, DDS

Cell number: 415.519.9852

Email: oanh.le.dds@gmail.com

Retirements



Anthony R. Ferrer, DDS – Redwood City General Dentist and SMCDs member of 37 years has retired and sold his practice to SMCDs member dentist **Toral Patel**.

In Memoriam



Phillip E. Held, DDS – San Carlos General Dentist and SMCDs member since 1969, passed away peacefully in November. Dr. Held graduated from University of Missouri- Kansas City, dental school in 1968. He moved back out to California and began practicing in San Carlos in 1968. He practiced for 35 years and retired in 2003 when he sold his practice to his son Zachary Held, DDS and daughter in law, Jaime Lau DDS. He loved practicing dentistry, and especially loved interacting with his patients. He always showed kindness and interest in their lives, and though he has been retired for over 20 years, hardly a day goes by where patients aren't inquiring on his well being, or regaling the office with a funny story.

A Phil Held Scholarship fund has been set up at the University of Missouri Kansas City dental school, per his request. If you would like to make a monetary contribution, you can send an 'In Memorium' gift in the name of the 'Phil E. Held Scholarship'.

Checks should be made payable to "Rinehart Foundation" and mailed to:

*Rinehart Foundation
UMKC School of Dentistry
650 E. 25th Street
Kansas City, MO 64108*

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SCAN ME

New Member Introductions



Please join the SMCDs Leadership in welcoming our newest members. Take a moment to introduce yourself when you see them at an upcoming General Membership meeting (they wear yellow daisy name tags). Our personal new member interview gives you a sneak-peek into who they are...



Roberta R. Jurash, DDS, MSc
Oral Medicine, Orofacial Pain
1528 S. El Camino Real, Ste. 408
San Mateo, CA 94402-3067
UCSF - DDS - 2004
USC - MSc - 2023

What brought you to San Mateo County?

I've lived in San Mateo County since 2005, though I spent the last 17 years in a General Dentistry Private Practice in Palo Alto. When I made the decision to focus exclusively on Orofacial Pain and Dental Sleep Medicine, I knew I wanted to be more involved in the local dental community here in San Mateo, closer to home, and connect with the dentists and specialists in this area.

What is your favorite part of working in dentistry?

My favorite part of working in dentistry is helping my patients achieve a healthy smile they can be proud of. Taking care of ourselves includes taking good care of our teeth, and a healthy smile conveys a sense of youthfulness and vitality, contributing to our overall well-being and quality of life.

What do you like to do in your spare time?

Up until early October, my spare time was mostly spent driving our twin daughters around when not working. Now that they've both just gotten their driver's licenses (wahooo), I've found more time for myself. I enjoy reading fiction books, taking walks with friends, listening to podcasts, planning our next travel adventures, and, my new favorite thing to do is play Mahjong.



Nadia Shaheen, DDS
General Practice
UCSF - DDS - 2018

What brought you to San Mateo County?

I recently moved to Burlingame upon getting married, as my husband and I felt this would be a wonderful area to settle and grow in. We are loving the kind and welcoming community of San Mateo County! It is also great to return to the Bay Area after many fond memories of my time at dental school and AEGD residency at UCSF.

What is your favorite part of working in dentistry?

My favorite aspect of dentistry is the positive impact I can have in my community through my passion for both patient care and academia. As a general dentist, it is a wonderful privilege to be my patients' first resource and advocate when it comes to their oral health. It is truly gratifying to deliver optimal care for my patients' multifaceted needs through prevention and oral health education, the creation of a comprehensive treatment plan, and executing a wide range of dental treatment. I am also an assistant professor at the California Northstate University College of Dental Medicine. It is so rewarding to witness my students' growth and to cultivate future dentists who uphold excellence and service in our community.

What do you like to do in your spare time?

I love spending time with my family and sharing delicious meals together. My husband and I are enjoying traveling and having fun adventures together. We hope to explore as many diverse and beautiful parts of the world as we can! In my spare time, I also enjoy baking and recently delved into pilates.

New Member Celebration

Welcome!

Join us in celebrating **8** new members from September 2024 to December 2024, contributing to the voice that is SMCDs - **645** strong...

Isabel Kwon, DDS

UOP - 2019 - GP

Melinda Lee, DDS

Touro College of Dental Medicine - 2020 - GP

Seokjoon Pang, DDS

UOP - 2014 - GP

Nadia Shaheen, DDS

UCSF - 2018 - GP

Toral Patel, DDS

Univ. of Oklahoma - 2021 - GP

Ji Won Yoon, DDS

UCSF - 2023 - GP

Esther Yun, DMD

Tufts - 2014 - GP, Interfaith Med. Ctr. - 2016 - Pedo

Xuejun Wang, DDS

NYU - 2023 - GP

Member Specialist Spotlight



Prosthodontists

SMCDs member prosthodontists are spread throughout San Mateo County

Indira K. Gill, DMD, MS

150 Middlefield Road # 102
Menlo Park, CA 94025-3505
(650) 299-1480

Kenneth E. Moore, II, DDS

3155 Campus Dr
San Mateo, CA 94403-3118
(650) 577-0755

Samir Nanjapa, DDS

1528 S El Camino Real Ste 408
San Mateo, CA 94402-3060
(650) 212-3500

Robert A. Savage, DDS

1130 Hopkins Ave
Redwood City, CA 94062-1413
(650) 367-8833

Parisa Shahi, DDS, FACP

455 Hickey Blvd Ste 403
Daly City, CA 94015-2630
(415) 967-5527

Tze-Foun K. Tsiang, DDS, MSD

320 N San Mateo Dr # 1
San Mateo, CA 94401-2514
(650) 348-3328

Member Events

Bay Area Dental Expo September 27 and 28

The First Bay Area Dental Expo was a great success. The Expo was in Collaboration with Santa Clara County, Mid-Peninsula, San Francisco, Monterey, Southern Alameda, Contra Costa, Marin County and Monterey Bay Dental Societies. The expo took place at the Santa Clara Convention Center. We were pleased to see so many of our members and staff participate in this two day event. Attendees were able to earn up to 11 CE units.



SMCDS President Oanh Le, DDS

There were over 600 attendees. The focus was innovation and concepts that will impact the future of the dental profession. There were 13 pioneering speakers and over 10 hands-on demonstrations. Speakers included Edward Zuckerberg, DDS, FAGD, Gordon Christensen, DDS, MSD, PhD and Ankur Gupta, DDS.



We look forward to building upon our first expo and making it even better in 2025.

Please mark your calendars for the next Bay Area Dental Expo on August 22 and 23, 2025

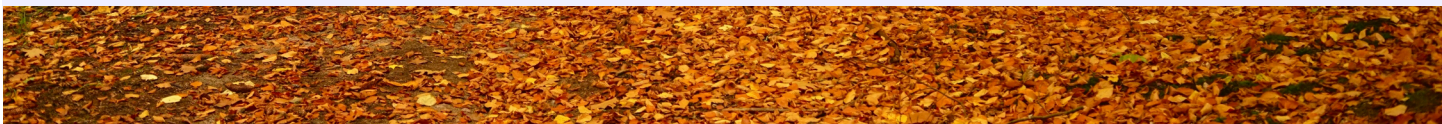
[View the Bay Area Dental Expo 2024 Recap Video](#)



(Left) **Carliza Marcos, DDS** CDA President & SMCDS Member (Center) **Fred Cho, DDS** SMCDS Leadership Council & Past President (Right) **Derrick Chua, DMD** with Gordon Christensen, DDS, MSD, PhD

We could not have done the expo without the generous support of our business members and exhibitors. Thank you for your partnering with us to bring this benefit to our members and staff.

SMCDS Business Members: Dental and Medical Counsel, Yaeger Dental Supply, Bank of America Practice Solutions, Hariri Financial Partners, C-Dental X-Ray Inc., Revolve Practice Solutions, Supply Doc, Roam Commercial Realty, Long Term Care Resources Pacific, Nimbus Dental, Nobel Biocare, Swiss Monkey, The Phillips Group



October 29 Tax Tips for Dentists Seminar



Laura Phillips, EA. presented to our members. Members learned tried-and-true techniques along with lesser-known strategies to optimize their strategic business and personal tax planning and to maximize tax savings.

[View Video](#)

November 6 Senior Society Lunch



We had an enjoyable lunch at the Iron Gate with some of our longest and most faithful members and their spouses. It was a great day of catching up and sharing memories.

November 8 and 9 House of Delegates Los Angeles



The house meets annually to set strategic direction on matters of dental policy and practice, elect officers of the association, establish membership dues and act on recommended bylaws changes. SMCDS was represented by Carliza Marcos (CDA President), Oanh Le (SMCDS President), Jennifer Chew, Purvi Zavary, Pinal Viraparia, Benson Wong, Jaime Lau and Nakia Brandt (Executive Director)

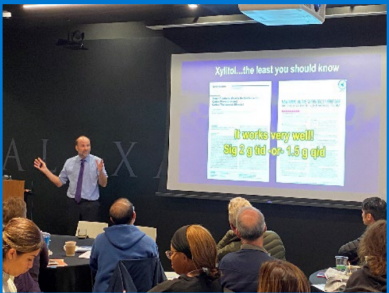
November 13 Associate to Entrepreneur Seminar *Free Member Benefit*



Business Members and Industry Experts Ali Oromchian, JD., LLM, Michael Dinsio, MBA, CJ Williams and Forrest Wiederman guided members through purchasing a practice or starting their own.

[View Video](#)

November 20 GM Meeting



Dr. Brian Novy spoke on caries. He gave members and staff an entertaining and informative presentation. Thank you to our sponsor Voco.

[View Video](#)

Looking for space to host your next seminar, meeting, study club or clinical training?

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Co-Dependent Cariology

By Brian B. Nový, DDS; Erinne N. Kennedy, DMD, MPH, MMSc;
Janice Donahue; and Susan Fournier

Clinical caries management has changed significantly during the past decade. With the start of a new decade, the world is facing a new challenge, COVID-19. More than ever, we are relying on a disease management model of caries, and a non-surgical approach to treatment of dental caries disease.

The American Dental Association created a new Caries Classification System, and systematic reviews regarding sealants as well as non-surgical interventions have led to the creation of new clinical guidelines¹⁻⁴ that are more appropriate than ever before due to the inherent lack of aerosol generation. Patients of dentists who are early adopters are being introduced to the concept of remineralization rather than restoration, and “patient-centered care” has been transformed into “person-centered care.”

All these changes may be viewed as “disruptive innovation” or merely the natural evolution of our profession based on improved science.⁵ Yet, without the co-evolution of a business model that incentivizes disease management, this progress toward creating improved health for our patients will either adapt and affirm the medical management of dental caries or encounter continued resistance through the reliance upon traditional operative dentistry.

There is a dental caries disease management-shaped void in the payment system. Aside from patients with co-morbidities such as cancer, where a dentist is asked

Abstract

Clinical caries management has improved significantly during the past decade by way of detection, treatment, and prevention. Now, COVID-19 has brought about even more impetus to alter the practice of dentistry. Providers were directed to deploy caries treatment modalities that do not generate aerosols and yet still control caries disease. Never before has there been more reason to use remineralization agents and novel treatment models including salivary diagnostics and creating dentists who are prodependent cariologists. By walking through a patient case, including traditional radiographs, salivary data, and patient photographs, we can see the benefit of organizations that are “revolutionizing oral health.”

to eliminate foci of infection, there is little emphasis paid to and for bidirectionally linking oral health and systemic health. Until dentists are reimbursed to treat the underlying disease of dental caries, our clinical system will remain stuck in the traditional dogma of “drill and fill,” a dogma that is dominated by aerosol generating procedures (AGP).⁶ Patients deserve and demand better. Every dentist has access to chemistries and processes that have the potential to revolutionize the model of care. Is the profession willing to tap into these technologies in an effort to effectively fight the most prevalent disease on Earth? If not, they risk remaining entrenched in archaic models of prevention that seem

to foster the delayed arrival of better evidence and improved outcomes. More importantly, is there a payment system designed to encourage the adoption of better science and therapies without creating an environment of fearful “co-dependent cariologists”?

Despite fluoridation campaigns and public service programs encouraging proper oral hygiene, our traditional therapeutics seem impotent and appear to be no match for a population addicted to sugar, armed naively with nylon bristles and string. Aciduric and acidogenic bacteria continue to evolve and adapt to an oral environment. Salivary secretions continually modify that environment with the potential to buffer plaque acids and confer a state of health.⁷ We must accept that we

(Continued on Page XX)

Figure 1, Figure 2 – SillHa salivary screening data from a patient before and after consuming arginine bicarbonate taffy (BasicBites).

Tooth health	Cariogenic bacteria	31	Average Ave. :37	Every mouth contains a few of the bacteria that causes cavities. We want to help you keep this level from increasing, or decrease it.
	Acidity	70	High Ave. :43	Your saliva is too acidic and is encouraging the growth of bacteria. We will help you find a way to change this, and lower your risk for cavities.
	Buffer capacity	35	Average Ave. :36	The chemistry of your saliva is considered normal, but you may be able to improve it by eating more protein (especially the amino acid arginine).
Gum health	Blood	13	Low Ave. :22	Congratulations! There is very little blood in your saliva, which indicates your gums are healthy.
	Leukocyte	7	Low Ave. :49	Your saliva contains a low level of white blood cells indicating very little inflammation in your mouth.
	Protein	9	Low Ave. :43	Congratulations! You have very little gingival crevicular fluid in your saliva. This is an indication your gums are healthy.
Oral Cleanliness	Ammonia	100	High Ave. :53	Your saliva contains an abundance of ammonia, which usually indicates the growth of commensal (healthy) bacteria. Sometimes this is linked to halitosis.
Overall comment	The findings above reflect the physiology of your mouth based on saliva and bacterial. These results help us develop a highly personalized plan to prevent cavities, gingivitis, and gum disease. Our goal is to ensure your optimal oral health for years to come.			

Figure 2

Tooth health	Cariogenic bacteria	55	High Ave. :37	Your mouth appears to have elevated levels of the bacteria that causes cavities. We will provide you with some strategies to decrease this level.
	Acidity	38	Average Ave. :43	Your saliva appears to be healthy today, but with some changes to your diet we can ensure it stays healthy in the future.
	Buffer capacity	60	High Ave. :36	Congratulations! Your saliva contains all the chemistry necessary to help your teeth and gums stay healthy.
Gum health	Blood	10	Low Ave. :22	Congratulations! There is very little blood in your saliva, which indicates your gums are healthy.
	Leukocyte	18	Low Ave. :49	Your saliva contains a low level of white blood cells, indicating very little inflammation in your mouth.
	Protein	60	High Ave. :43	Your protein levels are elevated, which usually indicates some type of infection. However, this may also be caused by recently eating healthy protein.
Oral Cleanliness	Ammonia	92	High Ave. :53	Your saliva contains an abundance of ammonia, which usually indicates the growth of commensal (healthy) bacteria. Sometimes this is linked to halitosis.

cannot fluoridate our way out of oral disease, we must overcome the stale dogma that dental caries is simply the result of bacteria metabolizing sugar and secreting acid. There are biochemical systems utilized by commensal (“good”) bacteria that result in the release of ammonia and generate a basic (capable of remineralization) biofilm. We as a profession are equipped, but not well-positioned, to fully embrace disease management in practice and pave the way for an era of truly efficacious oral health care while also decreasing aerosol-generating procedures.

The health and disease of the mouth is highly dependent upon the physiology and chemistry provided by saliva, yet few clinicians utilize salivary screening. It’s often noted that a clinical treatment plan of restorations and calculus removal is largely unaffected by the findings of a saliva analysis; however, the information obtained from basic salivary testing offers objective measurements upon which we can evaluate the success of our therapeutic interventions. The data can act as a mo-

tivating conversation-starter for patient engagement, and the objective findings help clinicians prescribe customized interventions that address the individual needs of patients rather than continuing the traditional mindset of applying stronger fluoride with increased frequency⁸ (Figures 1 and 2, see Page XX).

Technology such as Sill-Ha and Boka Flow already offer the potential to collect and analyze salivary data that may ultimately improve the evidence base and drive the future of oral health care.⁹ The Sill-Ha Oral Wellness System offers the ability to measure seven markers for oral wellness (cariogenic bacteria, acidity, buffer capacity, blood, leukocytes, protein, and ammonia). Boka Flow measures resting salivary flow with the accuracy of three significant figures. Imagine a clinical system wherein a patient’s intraoral physiology is understood on a chemical level so the prognosis for treatment is improved with tailored therapeutic interventions based on objective data, and dentists receive financial compensation for improving and maintaining

Figure 3, Figure 4 — SillHa salivary screening data from a patient before and after initiating sodium bicarbonate rinse.

Tooth health	Cariogenic bacteria	44	Average Ave. :37	Every mouth contains a few of the bacteria that causes cavities. We want to help you keep this level from increasing, or decrease it.
	Acidity	89	High Ave. :43	Your saliva is too acidic and is encouraging the growth of bacteria. We will help you find a way to change this, and lower your risk for cavities.
	Buffer capacity	16	Low Ave. :36	Your saliva seems to be lacking some critical chemistry. You would benefit from using baking soda toothpaste and/or using MI Paste at bedtime.
Gum health	Blood	17	Average Ave. :22	Your saliva contains a small amount of blood, which usually indicates gingivitis, although it could also be due to recent brushing or flossing.
	Leukocyte	36	Low Ave. :49	Your saliva contains a low level of white blood cells, which indicates there is very little inflammation.
	Protein	32	Low Ave. :43	Congratulations! You have very little gingival crevicular fluid in your mouth. This is an indication your gums are healthy.
Oral Cleanliness	Ammonia	47	Average Ave. :53	Your saliva contains an abundance of ammonia. You may want to try and increase this level by consuming more protein, especially when you snack.
Overall comment		The findings above reflect the physiology of your mouth based on saliva and bacteria. These results help us develop a highly personalized plan to prevent cavities, gingivitis, and gum disease. Our goal is to ensure your optimal oral health for years to come.		

health. That is the epitome of value-based care.

In 2019, the Massachusetts Public Employees Fund created a clinical practice (the Alliance Dental Center LLC) to serve as an incubator for improving oral health care processes and systems while also providing traditional restorative dental treatment. Before COVID-19, novel therapeutics were offered to patients along with evidence-based treatments based on clinical salivary data in an effort to decrease disease incidence. During the global pandemic the ADC was able to keep employees working and treating patients using teledentistry. For example, patients at high risk for tooth decay were contacted by phone to review oral health goals and proactively apply preventive strategies using motivational interviewing. After the initial patient contact, patient-specific kits were assembled containing resources, educational materials, and preventive agents or therapies that could balance risk factors.

Current theories in behavior change indicate patient engagement is paramount to successful use of preventive agents, and consequently the clinical staff at the Alliance Dental Center received intensive training in moti-

vational interviewing prior to beginning to offer clinical services.¹⁰ Rather than prescribing a preventive product, patients are encouraged to select their preferred caries management strategy and create their own oral health goal. A matrix was created for the clinical team to identify preventive products that would “fit” into the patient’s lifestyle and preferences. For example, some patients prefer to simply use a different toothpaste, while others may choose to change their diet or begin chewing gum in between meals (Figure 3).

The therapeutics and preventive products used at the Alliance Dental Center reflect the tremendous strides in the past decade within the field of clinical cariology. Although fluoride will continue to be the most evidence-based preventive and therapeutic agent for the time being, the body of research in novel therapies has been the subject of three separate International Conferences on Novel Anticaries and Remineralization Agents (ICNARA 1, 2 and 3).¹¹⁻¹³ These conferences have resulted in entire publications focused on the future of improving the clinical success of treating dental caries

(Continued on Page XX)

Figure 4

Tooth health	Cariogenic bacteria	61	High Ave. :37	Your mouth appears to have elevated levels of the bacteria that causes cavities. We will provide you some strategies to decrease this level.
	Acidity	2	Low Ave. :43	Congratulations! The pH of your saliva is considered “Very Good.” While this helps prevent cavities, you may notice more tartar forming on your teeth.
	Buffer capacity	100	High Ave. :36	Congratulations! Your saliva contains all the chemistry necessary to help your teeth and gums stay healthy.
Gum health	Blood	11	Low Ave. :22	Congratulations! There is very little blood in your saliva, which indicates your gums are healthy.
	Leukocyte	38	Average Ave. :49	The level of white blood cells in your saliva is elevated, probably due to gingivitis or other sores in your mouth.
	Protein	24	Low Ave. :43	Congratulations! You have very little gingival crevicular fluid in your mouth. This is an indication your gums are healthy.
Oral Cleanliness	Ammonia	1	Low Ave. :53	Your saliva has decreased ammonia content, which indicates an elevated risk for tooth decay. Consuming more protein can help raise this level.
Overall comment		The findings above reflect the physiology of your mouth based on saliva and bacteria. These results help us develop a highly personalized plan to prevent cavities, gingivitis, and gum disease. Our goal is to ensure your optimal oral health for years to come.		

around the world, with many of the therapies being non-aerosol-generating procedures. As we move forward and treat patients in light of infectious diseases like COVID-19, we all are called to look to innovative and less invasive means of offensively preventing and treating oral disease.

The Alliance Dental Center strives to deliver innovative care that is developed based on recognition of the evidence and the application of synergistic therapies that many would consider novel. Rather than continuing what the clinical team felt was an ineffective strategy of disinfecting the mouth with broad spectrum antimicrobials and creating fluorapatite, chitosan

technology was identified as offering a new mechanism for biofilm removal and control. Originally created for military purposes of wound management on the battlefield, chitosan rinses are now available over the counter and specifically designed for oral use. This remarkable technology appears to have all the characteristics of an ideal mouthwash with a positive charge, basic pH, and the ability to attract moisture, while also disrupting bacterial cell membranes. Peer-reviewed clinical studies have already demonstrated utility in treating even the most severe hyposalivation (for example, patients undergoing chemotherapy, or those who suffer from medication induced xerostomia) with a minimal quantity.¹⁴

Figure 5 – The clinical matrix used at the Alliance Dental Center to identify preventive modalities that are customized to patient’s preference and desired therapeutic outcome.

		Desired treatment effect				
		Antibacterial	Neutralize acidic PH/ promote salivary flow	Improve the Oral Microbiome	Remineralize or Improve Enamel	Improve Salivary Chemistry
Patient preference for delivery	Toothpaste	Closys 5000 ppm F toothpaste	Baking soda toothpaste	Xylitol toothpaste Arginine toothpaste	5000 ppm F w/TCP MI Paste One	MI Paste One
	Gel	Livionex Carbamide peroxide Stannous fluoride gel	Carbamide peroxide	Xylitol gel Carbamide peroxide	Stannous fluoride MI Paste Plus Enamelon Curodont ReminPro	MI Paste MI Paste Plus ReminPro
	Rinse	Synedent/Moisyn Closys CTx4 rinse Listerine Chlorhexidine	Baking soda water Synedent/Moisyn CTx3/4 treatment rinse Xylitol	Xylitol water Xylitol rinse	Synedent FLX ACT mouthwash Fluoride mouthwash	Salivamax
	Spray	Moisyn Xylitol spray	Moisyn spray CTx2 spray	Xylitol spray CTx2 spray		CTx2 spray
	Lozenge/ Mint/Gum	Dentiva Salese Loloz	Dentiva Salese Xylitol gum Sugar-free gum Pilocarpine lollipops	Probiora Xylitol candies/mints Loloz		Dentiva Salese
	Food Product	Cranberry extract Licorice root extract	Basic Bites	Xylitol granules Erythritol granules	Spinach Tea Fluoridated tap water	Increase protein in the diet especially with arginine-rich foods

The table is meant to identify caries management strategies that can be easily implemented by individual patients based on their personal preferences. Only one product should be recommended to the patient at each appointment and subsequent recare visits should be used to inquire into the successful use of the recommended product. All patients should be encouraged to increase contact time of toothpaste with their teeth by “leaving the foam alone.”

Probiotics, prebiotics, and protein scaffold remineralization strategies like P11-4 (also known as Curodont) take clinical interventions to new levels that haven't been appreciated by randomized controlled trials, but outcomes measurement can better inform their strategic use. Progressive clinicians can provide probiotic lozenges to a patient in an attempt to "seed" a healthy biofilm, and dispense lozenges for patients to use daily at bedtime.¹⁵ The commensal biofilm can be nurtured further by adding a prebiotic such as dietary protein rich in arginine, which serves as metabolic substrate creating the generation of basic plaque so that pathogen growth is suppressed.¹⁶ And, if a lesion does happen to form, the application of P11-4 can create a biomimetic precipitation of peptide chains that penetrate into early demineralized surfaces, unlike any remineralization chemistry we've seen before.¹⁷ In our practice, we are able to treat an initial carious lesion with a liquid-soaked sponge rather than a drill, a mode of treatment that can be safely delivered in the time of a pandemic.

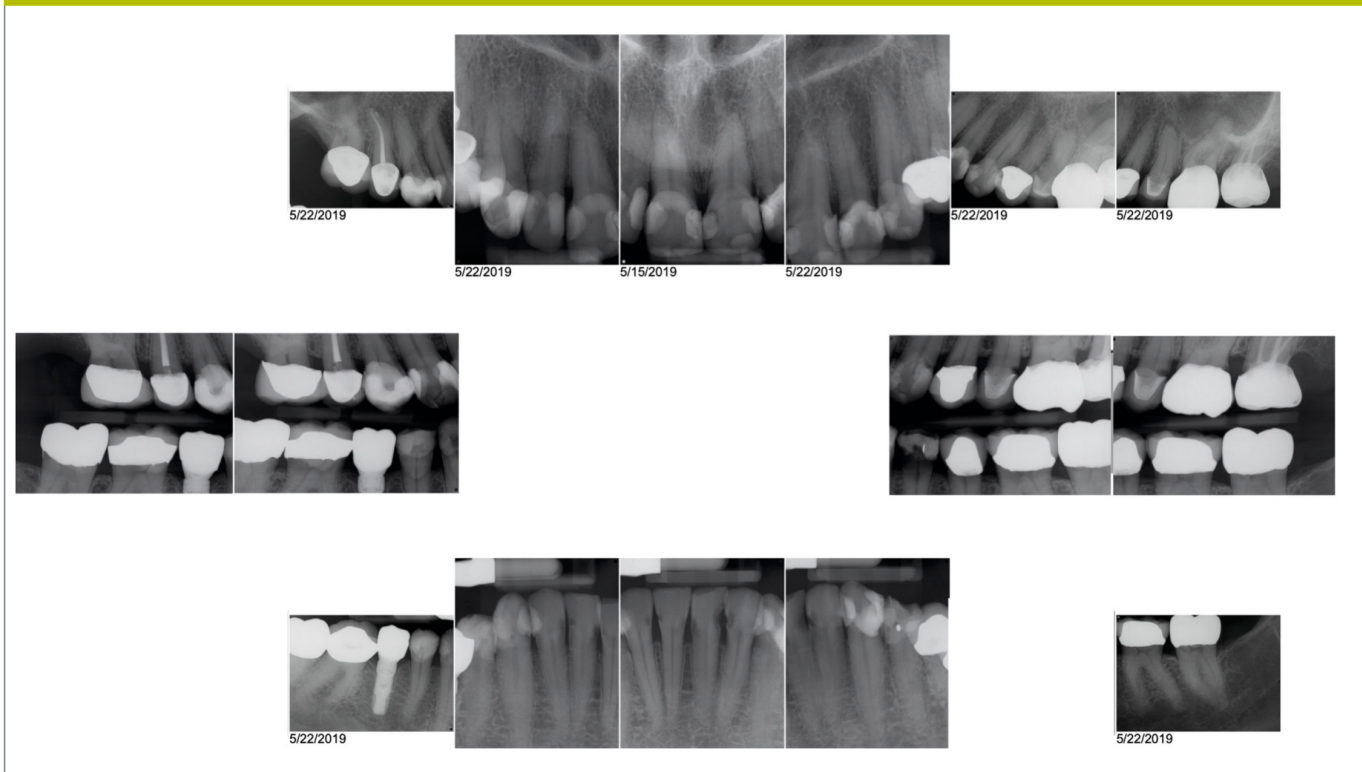
All of these disruptive innovations require a value-

based reimbursement system to incentivize their clinical utilization and widespread adoption. At the Alliance Dental Center, caries susceptibility testing is reimbursed in order to facilitate screening and intervention with appropriate therapeutics. The clinical team is held accountable for health outcomes measured via a decrease in caries risk. The forward-thinking board of directors of the Massachusetts Public Employees Fund and staff at the Alliance Dental Center are on the leading edge of pursuing improved health unhindered by a lack of evidence for the clinical utility of improved diagnostics and therapies. Yet often, the simplest modification of raising the intraoral pH to a basic level using sodium bicarbonate rinse achieves results in a short period of time. (Figures 4, see Page XX, and Figure 5).

The rest of the dental ecosystem is at least one step behind. At the moment, most dental practices don't assess the caries risk of patients at all visits. Worse still is the fact that some payers reject claims containing a caries risk assessment, or refuse to reimburse for more

(Continued on Page XX)

Figure 6 — Radiographic presentation of the patient's dental caries disease secondary to medication induced xerostomia.



than one risk assessment every three years. However, without the use of caries risk assessment codes, clinical environments are unable to track the disease prevalence and incidence within their systems. Every practice should be able to calculate the health of the population it treats using metrics within its practice management software; however, our data systems struggle to calculate outcomes. Instead, the majority of electronic dental records are designed to calculate financial gains and losses rather than the incidence of oral disease. Practice level metrics belong in every dental office, not just the meetings of the Dental Quality Alliance. The Dental Caries Management Virtual Practicum (available online for free) offers a comprehensive experience for all members of the dental team to create health measurement in any practice setting using any computer-based practice management system.¹⁸

Dr. Bob Barkley wrote in 1972 in *Successful Preventive Dental Practices*, “. . . disease management programs are finally gaining respectability as bonafide tools of dentistry.”¹⁹ Yet, nearly 50 years later, our fee-for-service reimbursement system continues to incentivize a surgi-

cal model that leads to more restorations rather than less disease. It’s doubtful that G.V. Black thought it would take more than a century for his famous statement, “The day is surely coming, and perhaps within the lifetime of you [clinicians] before me when we will be engaged in practicing preventive rather than reparative dentistry” to come true.²⁰

Perhaps value-based oral health care and our response to a global pandemic will usher in the practice of true preventive dentistry as G.V. Black envisioned. As optimistic as some of us are, something is holding us back from achieving the goal of an oral health care ecosystem. The profession has never been better prepared to treat oral disease and measure our success — the science, therapies, clinicians, and patients are all ready and eager. It is up to the profession to guide the new era of oral health care, wherein patients stop developing disease and payment is linked to the creation of health. The clinician who fears the pitfalls of co-dependent cariology may find some solace in the realization that once value-based reimbursement becomes a reality, every general dentist is capable of becoming a prodependent cariologist.

Figure 7 — Baseline SillHa salivary screening data demonstrating an oral environment highly prone to continued demineralization and disease.

Tooth health	Cariogenic bacteria	0	Low Ave. :37	Studies have shown that higher cariogenic bacteria count makes the teeth more vulnerable to caries.
	Acidity	85	High Ave. :43	Studies have shown that higher salivary acidity makes the teeth more vulnerable to caries.
	Buffer capacity	25	Low Ave. :36	Studies have shown that lower buffer capacity (resistance to acid) makes the teeth more vulnerable to caries.
Gum health	Blood	55	High Ave. :22	Studies have shown that gingival inflammation, oral damage, and oral mucosal ulcer increase blood in saliva.
	Leukocyte	84	High Ave. :49	Studies have shown that gingival inflammation increases leukocytes in saliva.
	Protein	78	High Ave. :43	Studies have shown that higher periodontal disease-causing bacteria count and gingival inflammation increase protein in saliva.
Oral Cleanliness	Ammonia	7	Low Ave. :53	Studies have shown that higher bacteria count in the oral cavity increases ammonia in saliva, causing bad breath, etc.

Clinical case

Patients with medication-induced xerostomia (also known as MIX disease) present a unique clinical challenge that requires aggressive caries disease stabilization and intensive home prevention prior to providing long term restorations.

A 52-year-old female presented with a two-year history of periapical pathology on multiple teeth identified by her primary care physician via MRI, resulting in chronic sinusitis and hospitalization. Due to personal circumstances and a complicated medical history consisting of lupus, attention deficit hyperactivity disorder (ADHD), anxiety, depression, insomnia, fibromyalgia, anemia, gastroesophageal reflux disorder (GERD), and gastric bypass, she de-

layed seeking dental care. Upon presenting for care she was identified as an extreme dental caries risk secondary to medication-induced xerostomia, resulting in what would be traditionally referred to as “rampant dental caries disease” with multiple non-restorable teeth (Figure 6, see Page XX).

The patient’s salivary assessment via SillHa data verified her acidic oral environment, lack of buffering capacity, overgrowth of cariogenic bacteria, and periodontal inflammatory markers, which became a baseline measurement to assess the patient’s progress toward health in the future (Figure 7).

She was immediately treated with a full mouth application of silver diamine fluoride, and she selected to

begin using a mouthwash (Moisyn) that would alleviate her constant xerostomia. A compounding pharmacy was contacted to create pilocarpine lollipops (5 mg pilocarpine in a 2g sorbitol/xylitol base), which the patient was instructed to use as needed throughout the day. At her second visit, she remarked that the mouthwash seemed to be helping because she had noticed a decrease in oral discomfort. Nonsurgical periodontal therapy was provided along with a second application of silver diamine fluoride to all surfaces. She was referred to an endodontist for evaluation and treatment of her symptomatic teeth and she consented to an initial treatment plan consisting of the elimination of all active caries disease and restoration of all surfaces with conventional and resin modified glass ionomer.

Over the course of her eight-month treatment plans the patient had three extractions, and five teeth were treated with endodontics. All existing restorations were removed and replaced with glass ionomer (and resin-modified glass ionomer) restorations with the intention to use the large restorations as build-ups for full coverage restorations in the future (Figures 8 and 9). She continues to use the Moisyn rinse every night, pilocarpine lollipops as needed, and tries to sip on xylitol water throughout the day (4 grams of xylitol in 16 ounces of water). She reports an improved quality of life and looks forward to her dental visits.

Although her salivary analysis data does not show the creation of an altogether stable and low caries risk environment, the screening metrics allow for continued evaluation of the patient’s progress. Further use of her salivary data will hopefully demonstrate continued stabilization of her oral condition. ●

Figure 8 — Clinical presentation of the patient’s dentition after restorative treatment with resin modified glass ionomer and conventional glass ionomer.



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Disclosure: Dr. Nový has received lecture honoraria in the past from GC America, Air Techniques, Xlear, Ivoclar, SDI, Triodent, Shofu, CariFree, GSK, Straumann, Church and Dwight, and has served a consultant to Philips and Mars-Wrigley. Dr. Kennedy is a consultant to ARKRAY USA. Ms. Donahue and Fournier have no potential conflicts to disclose.



Nový



Kennedy



Donahue



Fournier

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New Developments on the Corporate Transparency Act: What You Need to Know (as of 12/3)

***On December 3, 2024, the U.S. District Court for the Eastern District of Texas issued a nationwide preliminary injunction against the enforcement of the Corporate Transparency Act (CTA) in *Texas Top Cop Shop v. Garland et al.* The court raised significant constitutional concerns about the CTA, particularly its impact on small businesses and federal overreach into areas traditionally governed by the states.

Despite this injunction, all the information below about the CTA remains accurate and essential for understanding its original requirements and the implications for businesses. For our clients who utilized our services to handle Beneficial Ownership Information (BOI) filings, your proactive approach ensured compliance during a rapidly changing regulatory landscape.

We're closely monitoring the situation and will keep you updated as more developments arise. Stay tuned for updates and further guidance!***

Essential Corporate Transparency Act (CTA) Compliance: What Dental Professionals Need to Know Now

The Corporate Transparency Act (CTA) marks a significant regulatory change, impacting businesses across all sectors, including healthcare. **Effective January 1, 2024, healthcare professionals are required to file Beneficial Ownership Information (BOI) Reports with FinCEN before the January 1, 2025, deadline.** For healthcare professionals, compliance with the CTA is more than a legal requirement—it's a step towards enhancing transparency and promoting ethical practices. Part of the Anti-Money Laundering Act of 2020, the CTA mandates that businesses disclose information about their beneficial owners, aiming to reduce illicit financial activities. Physicians and healthcare providers, already familiar with complex regulations, should understand how this act affects their operations to ensure compliance and build trust within their industry.

How the CTA Affects Healthcare Entities

The CTA's reach in healthcare extends beyond legal mandates, emphasizing transparency and ethical accountability. Healthcare organizations, from large hospital networks to small private practices, now need to disclose detailed ownership information. This initiative addresses concerns about fraud and money laundering in healthcare—a sector often scrutinized for financial integrity. By understanding and meeting the CTA's requirements, healthcare professionals can align with these standards, ensuring their practice remains compliant and trustworthy.

An Overview of the Corporate Transparency Act

The Corporate Transparency Act introduces a critical shift in U.S. business regulations, requiring certain companies to report beneficial ownership information to the Financial Crimes Enforcement Network (FinCEN). Designed to deter financial misconduct, this legislation affects optometrists and other healthcare providers who now must meet transparency standards previously unenforced. For healthcare

entities, this means disclosing information about those who have substantial control over or hold significant shares in the company, creating a clearer picture of business ownership within the sector.

Reporting Requirements Under the CTA: Essential Details for Healthcare Businesses

Healthcare businesses must report specific details about their beneficial owners under the CTA, including names, addresses, dates of birth, and identification numbers. **Businesses must file by January 1, 2025, or be subject to daily fines up to \$500.** This in-depth reporting is essential to revealing who genuinely controls or benefits from the entity, aiding in the fight against financial crimes. For healthcare providers, this translates to a rigorous compliance checklist, requiring accurate record-keeping and regular updates to ownership data to meet deadlines and avoid penalties. These protocols introduce a new layer of regulatory oversight, demanding strong internal processes.

Navigating Compliance Challenges with the CTA

For healthcare providers, CTA compliance brings a range of challenges. Understanding and applying the act's provisions often requires adapting organizational practices to meet new reporting standards. Smaller practices, like independent dental offices, may face added strain due to limited administrative support compared to larger organizations. While the CTA's emphasis on transparency aligns with healthcare's broader ethical commitment, it also introduces additional complexity, making it essential for businesses to stay informed and prepared.

Legal Responsibilities and Potential Risks for Healthcare Employers

The CTA carries serious legal implications for healthcare employers, including mandatory disclosure of beneficial ownership and penalties for non-compliance. To avoid fines, healthcare entities must prioritize accurate, timely reporting. Additionally, balancing CTA transparency with data privacy obligations, such as HIPAA, is essential to maintain trust with patients and partners. Legal counsel is invaluable here, helping healthcare providers manage these complex intersections of compliance, privacy, and ethical responsibility. Dental and Medical Counsel can guide you through these intricacies, ensuring you meet all legal requirements.

Avoiding Common Pitfalls with CTA Compliance

A primary risk under the CTA is underestimating the reporting requirements, especially around defining a "beneficial owner." Incorrect or incomplete information can lead to penalties. Failing to keep ownership records up-to-date as changes occur also heightens legal risks. Another challenge lies in securely managing sensitive data—though transparency is crucial, healthcare organizations must handle and store this information in a way that respects privacy laws. Effective CTA compliance demands a comprehensive approach that considers legal, operational, and ethical obligations, ultimately safeguarding the trust of patients and stakeholders alike.

Due to high demand, Dental & Medical Counsel offers a streamlined service to ensure your BOI report is completed accurately. However, you may file independently if you prefer. Penalties for non-compliance include daily fines of up to \$500. To stay compliant, consider filing before the deadline of January 1, 2025.

Addressing Key Questions About the Corporate Transparency Act (CTA) for Healthcare Professionals

1. What is the Corporate Transparency Act, and Why is it Relevant to Healthcare Entities?

The CTA is a federal law aimed at preventing financial crimes, such as money laundering, by requiring businesses to disclose beneficial ownership information. For healthcare entities, this means increased scrutiny and responsibility in reporting ownership details, promoting transparency, and enhancing trust and integrity within the healthcare sector.

2. Who is Considered a 'Beneficial Owner' in Healthcare Businesses?

A beneficial owner is anyone with direct or indirect control over the business or ownership of at least 25% of its interests. This helps prevent anonymous ownership structures and ensures visibility into who ultimately benefits from the entity, which is essential for compliance and ethical business operations.

3. How Does the CTA Impact Small Healthcare Practices?

Small healthcare practices, like dental and medical offices, are not exempt from the CTA. They must disclose information about beneficial owners, which can be challenging for practices with limited administrative resources. Compliance, however, is critical to avoid legal risks and maintain transparent operations.

4. What are the Consequences of Non-Compliance with the CTA?

Failing to comply with the CTA can result in substantial fines and, in severe cases, imprisonment. To avoid these repercussions, healthcare entities must prioritize timely and accurate reporting of beneficial ownership information.

5. Are There Exemptions Under the CTA That Apply to Healthcare Providers?

Certain exemptions may apply, such as for publicly traded companies or those under specific federal regulation. However, private healthcare entities, including most small practices, will likely fall under the CTA's reporting requirements.

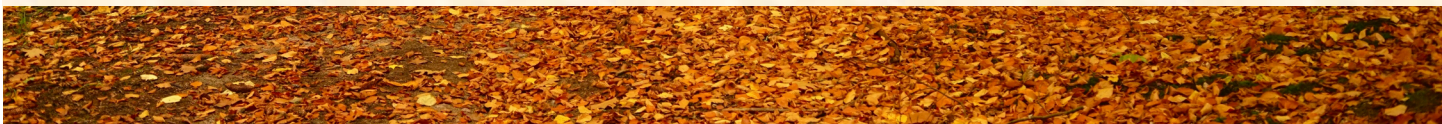
6. What Steps Should Healthcare Businesses Take to Prepare for CTA Compliance?

Healthcare businesses should identify beneficial owners, develop systems for gathering and updating ownership data, and establish reporting procedures. Seeking legal guidance can help ensure that all CTA obligations are met.

7. What Information Needs to be Reported Under the CTA?

Reporting companies must provide details like the names, addresses, birth dates, and identification numbers of beneficial owners. This information must be current and updated when changes occur to remain compliant.

8. How Does the CTA Impact Employee Privacy in Healthcare?



While the CTA requires ownership transparency, healthcare businesses must balance this with privacy obligations. Compliance with both CTA and HIPAA regulations is crucial to protect employees and maintain confidentiality.

9. Are There Specific Reporting Deadlines for Healthcare Entities?

Yes, deadlines are strict. New entities must report beneficial ownership upon formation, while existing entities generally have two years from the CTA's effective date to comply. Staying within these timelines is vital to avoid penalties.

10. How Can Healthcare Practices Verify Beneficial Ownership Information?

Establishing internal verification processes, maintaining updated records, and communicating with owners regularly can help ensure accurate reporting of beneficial ownership information.

11. What Role Do Lawyers Play in CTA Compliance for Healthcare Entities?

Lawyers are invaluable for guiding healthcare entities through CTA compliance, from interpreting legal requirements to accurately identifying beneficial owners and ensuring proper reporting.

12. How Will the CTA Affect Future Business Transactions in Healthcare?

The CTA will increase due diligence and transparency in business transactions, impacting mergers, acquisitions, and partnerships. While this transparency fosters trust, it may also extend the time required for transactions.

13. Can Healthcare Entities Face Audits Related to CTA Compliance?

Yes, healthcare businesses can be audited for CTA compliance. To prepare, entities should maintain detailed records and undergo regular internal reviews to verify accuracy.

14. What Resources Are Available for Healthcare Businesses to Understand the CTA?

Guidance from FinCEN, legal advisories, and industry-specific resources are available for healthcare businesses. Consulting legal experts and keeping up with regulatory changes are effective ways to stay compliant.

15. How Does the CTA Intersect with HIPAA and Patient Confidentiality?

The CTA requires disclosure of ownership information while HIPAA mandates patient data protection. Healthcare entities must ensure both compliance areas are met, requiring robust privacy and data-handling practices.

16. How Will the CTA Impact Contractual Relationships and Vendor Agreements in Healthcare?

The CTA will likely affect contractual relationships, as healthcare entities may need to disclose beneficial ownership information during contract negotiations and vendor due diligence. This increased

transparency strengthens the healthcare sector's integrity, helping providers engage with reputable, legally compliant businesses.

About the Author

At Dental & Medical Counsel, we've been instrumental in realizing the practice goals of countless doctors. Whether you're looking to purchase, launch, or sell a healthcare practice, our expertise is your guide. Beyond the initial stages, we're committed to ensuring your healthcare practice remains legally compliant.

We provide comprehensive support, including employment law protections, healthcare contract reviews, and assistance with healthcare employment agreements. Additionally, we specialize in incorporating healthcare practices and securing trademarks. And for long-term planning, our services extend to helping doctors with succession and estate planning. Trust us to be your partner in every step of your healthcare practice journey.



*About Ali Oromchian, Esq.
Your Dental Lawyer*

Ali Oromchian, JD, LL.M. is the founding attorney of the Dental & Medical Counsel, PC law firm and is renowned for his expertise in legal matters

Ali Oromchian, JD, LL.M., is a leading legal authority in dental law and the founding attorney of Dental & Medical Counsel, PC, with over two decades of experience. His deep connection to dentistry comes from his wife's nearly two-decade-long career as a pediatric dentist.

This personal insight fuels his dedication to empowering dentists to navigate their legal challenges and achieve their practice goals. In doing so, Ali has helped thousands of doctors open their practices while maintaining legal compliance.



It's Showtime! Keeping Your Schedule Full

Schedule Schmedule... What does it really
come down to?

By Debra Llama, Practice Management Consultant

Pretty sure most of you have either said or heard the phrase:

"The schedule just fell apart...."

We have openings, and no one is available to come in.

I have called EVERYONE..... I just had a last-minute cancellation that was a 2-hour block.

Even when your team asserts and professes, ***"Our patients love us!"***

The schedule can make or break you. True as that statement is...

Is the schedule really the issue? Or is it everything else that goes into creating a day where you practice:

1. Starts on time
2. Stays on time
3. Gets out on time
4. AND - your patients value the care, treatment, and time spent there.
5. AND - it's an environment where your team is happy, and you, the doctor, get to leave the office with a relaxed sense of having had a productive day.

Selling a Smile

That can happen! Believe it or not! But, like it or not, to keep your schedule full we need to talk about that dirty word *Sales*, and after the sale, we all need to be in *Show Business!*

Let's start with that horrible word: Sales. In this vertical of healthcare, most will tell you, "I hate sales," that is why I went into dentistry. "I am horrible at sales," or "I hate it when people try to sell me." Well, in every walk of life, someone is either selling you something *or* buying something. So whether you realize it or not, you're participating in sales every day. Think of it this way... selling is looking for that vote of confidence. When you're scrolling on social media, you are being pitched, and when you pause to watch a clip, that's a vote of confidence you give value and attention to it. So, start getting accustomed to pitching and sales. Because everyone else is.

Think about it: you are selling daily to your spouse and kids! You could be trying to convince your husband you need another pair of black heels for an event, or maybe your husband is trying to convince you that a \$10,000 BBQ station will change your life, because they will do ALL the cooking!

As a dentist, you are trained to find the things that are wrong and fix them. Pretty black and white and logical. Or is it? To the professional, it is, but it's not always black and white for the patient. After a consult, the patient makes their way to the ever-popular Financial Coordinator, who then informs them of the "cost" and expects them to be excited about scheduling a date. On top of that, the Financial Coordinator is often in a position where their evaluation of closing the deal is directly tied to their performance review and/or salary.

What if that patient does not schedule? Or maybe they schedule but then cancel later because they felt pressure to make an appointment? It can feel like a scramble to fill the production schedule, make goals, and collect...and the pressure is on. To add to the picture, in today's world of social media and exposure, you have to "hope" that the whole experience exceeds the patient's expectation because if it does not, they will talk about it. Much like the evening news, bad news sells and spreads quickly. Very little gets mentioned about the feel-good experiences. So, how do we change all of that?

Emotion vs. Logic Tennis Match

The first rule is to remember – People buy from people they like. Almost all decisions we make are based on emotion, and dentistry is no different. If money is attached, it is even more emotional. With this simple rule of thumb in mind:

1. **Ask** patients what they want.
2. **Give** them what they ask for.
3. And then **Show** them what they need.

The world looks different from everyone's perspective. For example, doctors live in a world of logic, but most people live in the world of emotion. Patients respond to logic with emotion, and doctors respond to that emotion with logic. Do you see the disconnect? That said, all you have is this tennis match. So try to go emotional along with them using words like "**I understand how you might feel.**" The patient will *feel better* and more *confident* about the financial situation or honor the appointment if you connected with them on an emotional level.

It All Starts With Hello

It all starts with the "Hello". How was the phone answered? Thank them for choosing you right at the gate. "**Good morning! Thank you for choosing Exceptional Smiles; this is Mandy. How can I help?**" There are many different types of calls that come in throughout the day: new patients, unhappy patients, established needing to schedule or cancel, and... much more. Have you ever just taken a moment and asked, "How are all those patients being addressed?" That question alone can potentially make or break the relationship between you and your patients.

Dental consultants can provide doctors with tools and scripts for different scenarios, but let's focus on the New Patient calling in. This is a chance to really "Wow" them. Remember, 95% of



the patients who call your office don't even look to see if you have a license. They will check your website. Websites are great for general information, but do they really connect the patient with you and your team? New patients never have been to your office, so how do you impress them and get them to come in? Think about it: It's also very likely that they have called other offices and are looking for the right appointment, service, or insurance acceptance.

Here is a brief example of how you can change your approach. When a new patient calls:

"Are you accepting new patients?"

"We are! Thank you for calling. May I ask how did you hear about us?"

Also, make sure you are notating the response to that question in the practice management software. This will help you with marketing efforts in the future.

"Great, let me be the first to welcome you to our practice. You will find that we are different from other offices in that we ask a lot of questions to make sure your experience with us exceeds your expectations."

And it goes on from there.

"Here is what you can expect when you arrive. We will review all your forms and answer any questions. Someone from our clinical team will greet you and give you a tour of our office. You will be seated in one of our treatment rooms, and one of our clinical team members will take any necessary radiographs (try not to use X-ray) and photos as part of your permanent record."

Dental consultants can provide you and your team with a complete training on **New Patient Experience**, which also includes **The Clinical Experience**. **The Business Office** system with strategies and tools we know works. Also, **The Financial Conversations**. All the way to getting the new patient scheduled and in the chair.

The Follow Up and Follow Through

After the appointment, acknowledge whoever referred them to your office. Word of mouth is the cheapest and best marketing. Having social proof from a patient who had such an amazing experience telling all their friends and family how easy and enjoyable that experience was at the dentist's office is worth GOLD! You should also consider that most people buy in groups, especially younger families – following the trends. They enjoy going where everyone else goes, eating where everyone else eats, and using the same professional services – so why not have your office on their list?

Finally, how are you planning to follow through after they come to their appointment? Maybe give your new patients a gift as they leave the office. Put something in a box with a big satin ribbon around it. Presentation is always impressive, and not just a cheap plastic bag with a giveaway toothbrush and floss. Think of something with your name and logo on it, a travel mug in the winter, an insulated cold drink in the summer, or something special around Mother's Day or Father's Day. Think outside your box!

In the words of a very famous and wise person:
It's not what you say or what you did. It's how you made them feel.



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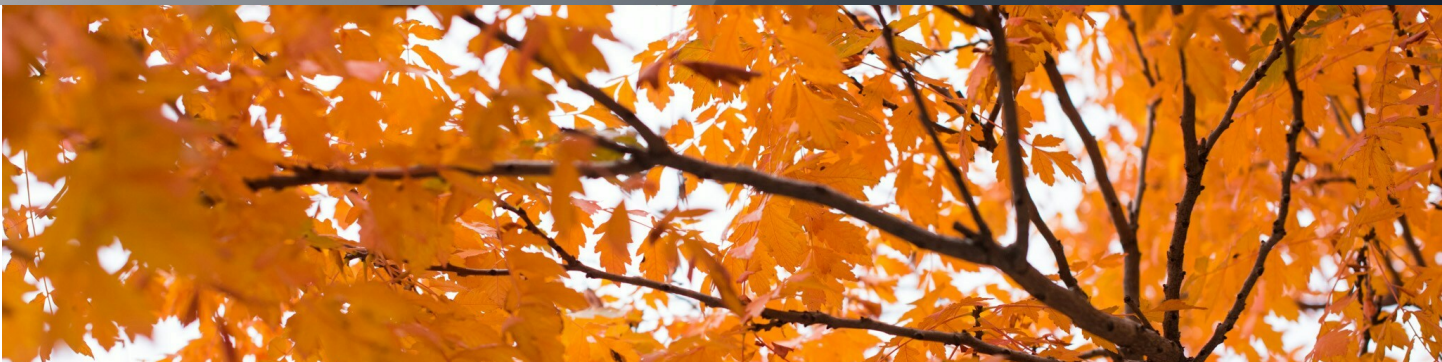
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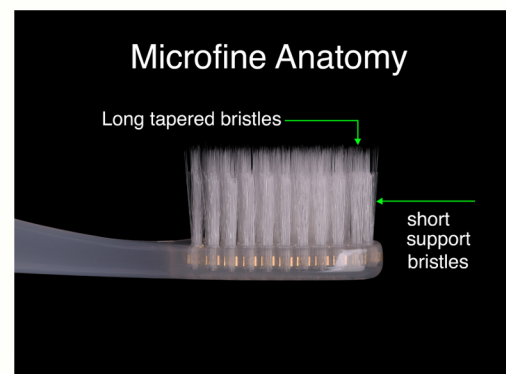
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- We carry a multitude of different designer friendly and stylish equipment lines, which means we can tailor a new unique look for your office renovation or remodel.
- Our first and foremost goal is to make our customers happy! Even in the current digital age, we understand that word-of-mouth recommendations are our most important and effective endorsements so we strive to make sure we don't let our clients down.

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Join the San Mateo County Dental Society (SMCDS), Sequoia Healthcare District (SHD) and the Health Plan of San Mateo (HPSM) in increasing access and utilization of dental care for patients living in the Sequoia Healthcare District.

What is the learning collaborative?

- HPSM is recruiting at least **10 new general dentists** to practice in San Mateo County.
 - Participating dentists will agree to see up to **10 members**.
 - Join in **quarterly learning collaborative meetings** to learn more about the oral health needs of HPSM members.
- Dentists will receive **direct payments** from HPSM and an additional incentive payment from SHD for each member they accept.
- Reduced commitment to participate in the learning collaborative and providers will have **support from HPSM staff**.

Contact Nakia Brandt at nakia@smcnds.com or dental@hpsm.org



San Mateo County
DENTAL SOCIETY





SO MUCH TO BE THANKFUL FOR

By Michael Njo, DDS

As we enter the holiday season, did I just say that? Where did this year go? I love this time of year, although I do miss the summer months. The reason I love this time of year is it always gives me an opportunity to pause and reflect. It provides me an opportunity to be thankful for all the blessings I have. I wanted to share that I lost a dear friend this year at the young age of 51 who battled cancer for several years, leaving a wonderful wife and two loving children, a freshman and junior in college. Unfortunately, my story is not too uncommon. If you speak to enough people, one would come across a similarly tragic story, and some have come close to losing a loved one. In reflecting on this year, I came across this inscription, that I sent a book to him - "The Boy, the mole, the fox and the horse"

Dear Kevin,

You have had a long-fought journey, and this journey is continuing, because your life will continue. I thought this book would be helpful with this journey. My niece gave this book to me, she knows that I enjoy things that make me view life in different ways and make me think. I hope this book provides inspiration and strength as you soldier on. But does this journey need to be a fight, do you need to be a soldier? One of our greatest freedoms is how we react to things - it is our choice. Sometimes just getting up and carrying on is magnificent. When the big things feel out of control...focus on what you love right under your nose, your amazing family and your friends who love you!!! Life is all about mindset. As you read through this book, hopefully these thoughts will be uplifting. The ending of the book shares that this book is about friendship and indeed Renee and our family will always be by your and your family's side. It is an honor to call you, my friend!

Our family will be forever thankful he was a part of our lives.

Recently I had the opportunity to be one of the speakers in an Annual Leadership Retreat held in Deer Valley, Utah. It was an amazing group. The attendees were all Pride Institute Alumnus practicing and retired. What a beautiful place! It was a perfect setting for the featured speaker, Kristen Ulmer, who is the author of the "Art of Fear" and was the number one Big Mountain Skier for 12 years. She addressed fear and how different people manage it. She shared the exercises of really understanding people and how we can all interact better with our patients, team, friends and family. Kristen shares with the group that treatment for anxiety disorders is more resistance. These are not mental health issues, she expresses. Furthermore, these anxiety disorders can manifest itself into physical ailments. We should not try to suppress or bury fear. If you are in flow with your fear than you can be in flow with yourself. The awful feeling we associate with fear is not fear it is the feeling of the resistance. Our society loves to fear

shame. We need to embrace fear and work with it. How does fear factor in your personal life, with your patients and with your team? It is too large of a concept to address in this article, but it should give you pause and a time of self-reflection. It was an amazing talk. If you are interested in attending the next one, please reach out to me.

I also had the honor to speak to the dental students at the Dugoni School of Dentistry at the start of the school year. The topic was advice on navigating dental school and career paths after dental school. I truly enjoy interacting and presenting to these groups. It was wonderful to see the number of Freshman students, as well as each class being well represented. The group was engaging, asked very thoughtful questions and their curiosity and zest for knowledge was off the charts. They have their whole career ahead of them. Their energy, excitement, and fear of what their future holds was palpable. I highlighted my former Dean, Dr. Art Dugoni's, message of be involved, be a leader, and give back to our profession. As organized dentistry is facing a variety of challenges it is now more important than ever to be part of a movement to be involved. As we reflect on our own blessings in life, we can show our gratitude now by paying forward. There are so many opportunities to be involved. Many hands make light work! I know the individuals reading this article echo my sentiment and charge. It is us that need to get the word out! I am thankful to my profession, to the San Mateo County Dental Society and its awesome team and constituents, and to all who have touched my life! Wishing you all a very joyous holiday season! Please email me at dentalstrategies@gmail.com for any questions or suggestions for future article topics.



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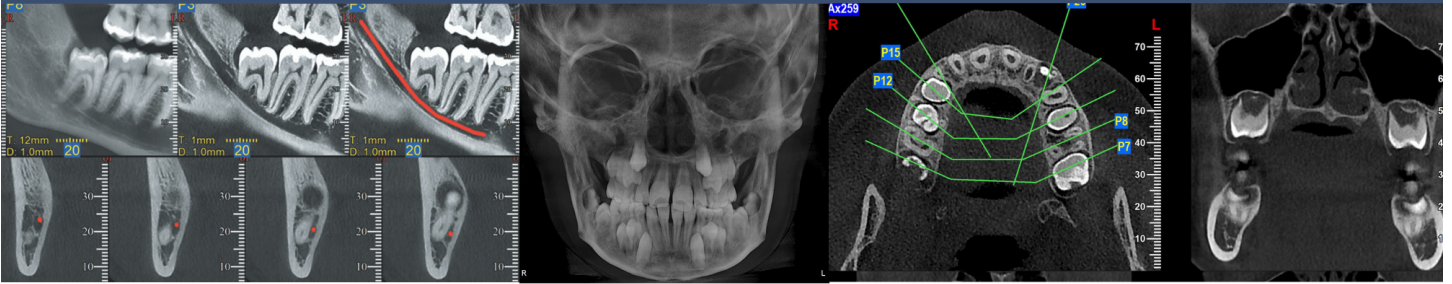
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Don't lose access to resources that make a difference

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- Advocacy & Leadership Development ■ Community Outreach/Volunteering
- Job Resources (for dentists & staff) ■ Practice Management & Regulatory Compliance
- Updates on Requirements, Laws, Insurance, Benefits ■ Professional Headshots
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 - serving full-time for a charitable organization ■ temporary/permanent disability
 - financial hardship ■ medical illness ■ leave of absence from dentistry
- **If you're not sure** about **why** you should renew and need reassurance of member benefits and the **power of organized dentistry**, please e-mail mike@smcnds.com.
- If you run into any problems in the process, call **CDA Membership at 800.232.7645** or **Mike on the SMCDs phone line at 650.637.1121**.

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We 1/15

General Membership Meeting

A Guide to Successful Endodontics with Advanced Imaging Techniques

6-9pm

Burlingame Community Center

Three-course Dinner

3 CE (Core)

Season Ticket Package Meeting 1 of 3



Kazim A. Mirza, DDS

Event includes: social hour to meet and network with fellow dentists & exhibitors, appetizers, & dinner.

Course Description

A detailed guide to the guidelines on CBCT imaging from the joint position statement of the AAE and AAOMR showing a series of cases and how endodontic treatment was managed using CBCT planning.

Course Objectives

Learning all the recommendations for taking CBCT scans for root canal treatment and apical surgery; Understanding root canal anatomy from a 3-D perspective.

2025 ongoing

2025 GM Meeting Season Ticket Offers

6-9pm

1/15, 3/20, 11/12

Varying Locations

6 CE (Core)

For staff too!



Description

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2025 ongoing

2025 Study Club Member Season Ticket

6:30-8pm

1/23, 2/27, 4/10, 8/7, 10/23, 12/4

SMCDS Seminar Room
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Dinner Included

12 CE (Core)



Description

Want to learn about all aspects of dentistry while developing new professional relationships? Want to learn how to implement the latest techniques into your practice efficiently? Want a place to collaborate with colleagues and specialists about your complex cases? Want to earn continuing education credits? If that sounds good to you, give the SMCDS Study Club a try.

Tu 1/28

Required CE

Responsibilities and Requirements for Prescribing Controlled Substances (Schedule II Opioid Drugs)

6-8pm

LIVE Webinar

2 CE (Core)



Reb Close, MD & Casey Grover, MD

Objectives

- Explore pain management drug options for acute pain control
- List how to register for, and utilize, CURES (Controlled Substance Utilization and Review and Evaluation System)
- Discuss red flag indicators of prescriptions issued for reasons other than a legitimate medical purpose
- How to manage acute and chronic pain in the dental setting.
- The risks and identification of opioid use disorder.
- The practices and legal requirements for opioid prescribing and dispensing.

