Journal

OF THE MICHIGAN DENTAL ASSOCIATION

May 2022

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COVER STORY . . . 34
Dr. Vince Benivegna 2022-23 MDA President: *"Dentistry Is a Great Career!"*

Get to know Dr. Vince Benivegna, now serving as MDA president for the 2022-23 administrative year. A man of many interests, he's a board-certified oral surgeon in mid-Michigan, a volunteer with an impressive resume, and a strong advocate of the value of organized dentistry for dentists in every age group and practice setting.

michigan dental ASSOCIATION
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Your June 2022 MDA *Journal* will be mailed June 1, 2022

FEATURES


Page 52

DEPARTMENTS

SPECIAL FEATURES

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Journal
OF THE MICHIGAN DENTAL ASSOCIATION

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MDA VISION STATEMENT: The MDA is Michigan's oral health authority dedicated to the public and the profession.

MDA VALUES: We are guided by integrity and ethics; committed to the improvement of the public's overall health; we believe oral health is integral to overall health; in an inclusive environment that embraces diversity; that the profession of dentistry and the oral health team must be led by dentists to ensure the safety of the public; and that lifelong learning is critical to excellence in patient care.

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SOCIAL MEDIA

MDA Covers Legislative Testimony on Instagram

Do you follow the MDA on Instagram? If you do, you might have see our recent Instagram story that followed then-MDA President-elect Dr. Vince Benivegna and the MDA advocacy team when they testified in front of the House and Senate Health and Human Services Appropriations Subcommittees at the Capitol on March 23.

If you missed our story, head over to @mda_dentists to check out the "MDA in Lansing" highlight to see what they were up to, and follow along for more updates.

Benivegna testified on Gov. Gretchen Whitmer's 2022-23 budget proposal (see April *Journal*, Page 6), which is favorable to dentistry.

Looking forward, the MDA will use Instagram to keep members informed of advocacy for MDA priorities, provide updates on important news impacting dentists, and highlight opportunities for members to get involved with grassroots efforts, such as meeting with legislators or participating in an email or text campaign.

Currently, more than one in three MDA Instagram followers are between the ages of 25-34, and more than half are between 25-44 years old. Additionally, more than two-thirds of our followers have identified as female on their accounts. Our goal is to share engaging and informative content for our followers, while also attracting new followers.

MDA testimony — Then-MDA President-elect Dr. Vince Benivegna (right) testified before the Senate Health and Human Services Appropriations Subcommittee on the proposed 2022-23 state budget. He's shown here with Sen. Jeff Irwin (D-Ann Arbor), a member of the subcommittee.

During our "MDA in Lansing," story, @mda_dentists has seen strong increases in follower counts, engagement, and account visibility. Expanding our social media reach to more demographics of our membership is an important consideration as we grow our presence in the virtual world.

Please head over to @mda_dentists on Instagram and follow our account to see more!

NEW DENTISTS

Student Loan Moratorium Extended Again

On April 5, the Biden Administration announced that the moratorium on student loan payments has been extended from April 30, 2022, to Aug. 31, 2022. The moratorium has suspended interest on all public student loans, and no payments will be required until the moratorium expires.

This extension was granted despite the president's position that the prior extension to April 30, 2022, would be the final extension granted. Payments can still be made towards student loans during this period. Although there is pressure on President Biden to forgive student loans from some groups, either in part or entirely, there has been no strong indication that the president will seek widespread forgiveness. However, he recently amended the Public Service Loan Forgiveness program to expand eligibility to more than 100,000 borrowers with previously ineligible loans.

It's possible that we will see more targeted relief in the coming months, as well as more political pressure as we approach the November elections. The MDA will continue to monitor developments on student loan policies and support the student loan relief initiatives with the ADA, such as the Resident Deferred Interest Act that would defer interest on student loans for dental students who are in a residency program.

In the meantime, if you have student loans, the MDA urges you to make a plan to resume payments on Sept. 1, 2022, and look through the resources on the MDA's online Student Debt Resource Center to make sure you're prepared to take on your student loans when payments resume. Visit that at www.michigandental.org/Student-Debt.

Compiled by MDA legislative staff. Questions? Contact Neema Katibai, manager of government and insurance affairs, at nkatibai@michigandental.org. Sign up for MDA Legislative Text Alerts by texting MDA to 52886.

Katibai

MDA Thanks Departing Committee Volunteers for Service in 2021-22

With the end of the 2021-22 administrative year last month, a number of MDA volunteers have concluded their service or roles on MDA committees. The MDA thanks them for their contributions on behalf of Michigan dentistry during the past year.

They include:

Dr. Larissa Bishop, member, Committee on Public Relations

Dr. Samuel Blanchard,* chair, Committee on Public Relations

Sarah Bouwkamp, student consultant, Committee on Peer Review/Health and Well-Being

Frank Brettschneider, student consultant, Committee on Peer Review/Dental Care

Alex Eason, student member, Committee on Membership

Dr. Daniel Edwards, member, Committee on Annual Session

Christina Espinosa, student member, Committee on Membership

Kloanna Fetolli, student member, Committee on Public Relations

Dr. Francine Greenfield, member, Committee on Peer Review/Dental Care

Laura Hagerty, student member, Committee on Government and Insurance Affairs

Mayank Kaushal, student consultant, Committee on Peer Review/Dental Care

Sydney Kerre, student consultant, Committee on Peer Review/Ethics

Dr. Joseph Kirkwood, member, Committee on Annual Session

Michael Korleski, student member, Committee on Annual Session

Sarah Kowalksi, student member, Committee on Continuing Education

Ben Kruman, student consultant, Committee on Peer Review/Health and Well-Being

Tommy Lau, student member, Committee on the New Dentist

Julia Mastracci, student member, Committee on Continuing Education

Maxemillian Nascimento, student member, Committee on Annual Session

Dr. Cate Nelson, chair, Committee on the New Dentist

Dr. Molly Pauli, member, Committee on the New Dentist

Danjel Popaj, student consultant, Committee on Peer Review/Ethics

Tazeen Rahman, student member, Committee on Diversity, Equity, and Inclusion

Dr. Curt Ralstrom,* chair, Committee on Access to Care

Dr. Jessica Rickert, member, Committee on Diversity, Equity, and Inclusion

Dr. Nicholas Ritzema, consultant, Committee on the New Dentist

Dr. Juan Rodriguez, member, Committee on Diversity, Equity, and Inclusion

Dr. Basam Shamo, member, Committee on Membership

Dr. Steven Shoha, member, Committee on Peer Review/Dental Care

Dr. Kevin Sloan,* chair, Committee on Continuing Education

Joseph Spyrka, student member, Committee on the New Dentist

Dr. Benjamin Underwood, member, Committee on Continuing Education

Jenna VanderVelden, student member, Committee on Access to Care

Dr. Emily Varsanik, member, Committee on the New Dentist

Dr. Connie Verhagen, member, Committee on Government and Insurance Affairs

Dr. Lawrence Walker, member, Committee on Peer Review/Health and Well-Being

Sandy Wang, student member, Commmittee on Public Relations

Dr. Logan White, member, Committee on Membership

**Indicates individual will remain on the committee as a member.*

Annual Session News Coming Next Month

This year's MDA House of Delegates and Annual Session took place April 27-30 — too late to meet the news deadline for this issue of the *Journal*.

Actions from the 2022 MDA House of Delegates and Annual Session news will appear in your June *Journal*.

On April 30 Dr. Vincent Benivegna, of East Lansing, became the MDA's new president for the 2022-23 administrative year. An interview with Benivegna appears in this issue beginning on Page 34.

An article on MDA award-winners recognized at this year's House of Delegates appears beginning on Page 40.

2022 Fee Survey Coming; Watch Your Mail

Watch your email and regular mail this month for the MDA's 2022 Dental Practice Fee Survey — and be sure to fill it out! Data collected from this biannual survey will be used to compile a report containing fee data for more than 100 CDT codes, based on various areas of the state.

Unlike in some previous years, the surveys are being sent to all MDA members in active practice.

The MDA Dental Practice Fee Survey is one of the MDA's most-requested member services, and the more responses received from members, the more useful the data will be. Be sure to fill out your survey and return it to ElementOne Consulting by June 10. If you have questions about the survey, contact Linda Budd at ElementOne at 248-507-4670, ext. 1004, or at lmbudd@elementoneconsulting.com via email.

Survey results will be available to MDA members in the fall.

McCauley to Assume New U-M Post


McCauley

Dr. Laurie McCauley, dean of the University of Michigan School of Dentistry since 2013, will assume new duties this month as provost and executive vice president for academic affairs at the University of Michigan. U-M President Mary Sue Coleman announced the move on March 15. The 13-month appointment is effective May 16.

"Our university will greatly benefit from Dean McCauley's proven leadership skills, depth of experience, and demonstrated commitment to teaching, discovery and higher education," Coleman said.

McCauley has been dean of the dental school since 2013, making her one of the longest-serving deans in U-M's current academic leadership group, Coleman noted. Her other campus leadership positions include chair of the health sciences deans council and academic co-lead on the planning efforts for the university's next major capital campaign.

In accepting the new role with the university, McCauley noted that her term as dean was to expire in the summer of 2023, so plans were already underway to begin a search for a new dean. At press time Provost Susan Collins was working with the school's executive committee and leadership to identify and appoint an interim dean, and then begin a search for a new dean.

A clinical article on COVID-19 and periodontics co-written by McCauley appears in this issue.

—Source: University of Michigan School of Dentistry

U-M signing day — More than 50 students attended the 2022 ADA Signing Day event, held at Hopcat in Ann Arbor March 16. The students shown above posed for a quick group photo shortly before the event ended. Many of the Signing Day participants indicated they plan to stay in Michigan — good news! (Photo: Angie Kanazeh.)

NEWS BRIEFS

Postpartum Medicaid Coverage Extended to 12 Months

Effective April 1, 2022, the Michigan Department of Health and Human Services is extending Medicaid coverage to 12 months postpartum. Pregnant women enrolled in Medicaid will receive enhanced dental benefits from the time their pregnancy is identified until 12 months from the end of pregnancy regardless of how the pregnancy ended (live birth, miscarriage, etc.).

Dental benefits during this time period will be administered through the Medicaid health plan. Pregnant individuals enrolled in Healthy Kids Dental will receive these enhanced dental benefits through Healthy Kids Dental. Offices should verify benefits in CHAMPS on the date of service prior to providing treatment, including verifying whether CHAMPS shows the individual is pregnant and receiving the correct Medicaid dental coverage. Dental offices with questions should call the Medicaid provider hotline at 1-800-979-4662.

MDA Offers Discounted Legal Services

As a reminder, the MDA offers legal services to members through the Kerr Russell law firm at a 10% discounted rate. Kerr Russell is the MDA's longtime legal counsel. For more information on Kerr Russell, visit kerr-russell.com.

Solmetex Acquires Water Treatment Firm

Solmetex LLC, a leading provider of amalgam separators and other waste compliance products, announced on April 4 that it would acquire Sterisil, an innovator of dental unit water line infection control products. The combined company will create a diversified business, which will be the category leader in dental water treatment and safety management, with a commitment to strengthen and expand partnerships built over a combined 50 years, according to a company statement.

The MDA endorses Solmetex for amalgam separators. More information and special offers on Solmetex products is available at mdaprograms.com.

ADA: Practice Ownership Continues Decline

According to the ADA Health Policy Institute, 73% of dentists owned a dental practice in 2021, down from 85% in 2005. Solo practice ownership fell from 67% in 2001 to 46% in 2021.

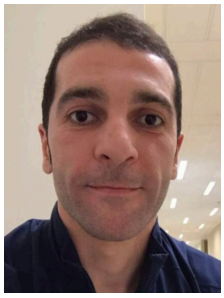
Dr. Marko Vujicic, chief economist and vice president of the ADA Health Policy Institute, said the trend away from practice ownership to large group practices and Dental Service Organizations will accelerate. He noted that just 34% of dentists from age 30 to 34 are practice owners, and that 30% of new graduates surveyed in 2020 said they planned to join a DSO.

The shift has been accelerated by the COVID-19 pandemic, retirement of older dentists, increased diversity of the dental profession, and economic factors, according to the HPI.

Other workforce changes include a younger dental workforce, more Latino and Asian dentists, and expected gender parity between men and women dentists by 2040. Currently, women make up about 35% of dentists. Trends are also showing a decrease in white dentists, from 83% in 2001 to 69% of the workforce in 2021.

To learn more about these and other changes, you can watch a recording of an ADA webinar, "The Changing Dental Workforce," at ADA.org/HPI.

Correction



Ballani

University of Detroit Mercy School of Dentistry D2 student Ghali Ballani was misidentified in an article in the March *Journal*. Ballani received a Certificate of Recognition from the ADA for his entry in the ADA National Health Literacy in Dentistry Essay Contest. His topic was "More Than Teeth: What Your Dental Team Wants You to Know about Health Misinformation." His essay was selected as Detroit Mercy Dental's submission for the national contest.

It is the *Journal*'s policy to correct errors when they occur.

ADA Resource Prepares You for the Unexpected

Asthma attack, stroke, blood pressure spikes. A medical emergency can happen anywhere — including in your office. Seconds count.

Be prepared with the ADA's *Medical Emergencies in the Dental Office* dental medical emergency kit, containing step-by-step guidance for 13 specific emergencies. To help you manage each scenario, an included guide and four videos detail the recommended supplies, staff responsibilities and other emergency basics.

The kit has everything you need to keep your team ready, including:

- A list of recommended equipment and supplies for a dental emergency kit.
- Detailed duty sheets listing each team member's tasks for different medical emergencies.
- Step-by-step instructions to identify and manage common medical emergencies, such as fainting, allergic reactions, seizures, diabetic and blood pressure events, and more.

The kit sells for $135.95 for MDA/ADA members ($202.95 for non-members). To order, or for more information including sample pages, visit adacatalog.org.

CMS Changes Rules; Medicare Advantage Plans Can Pay Dentists Who Have Opted Out

Since Jan. 1, the Medicare opt-out status no has longer applied to supplemental dental services covered by dental insurance companies through Medicare Advantage plans.

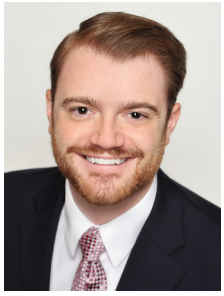

Johnston

"Medicare Advantage providers and/or patients will now be able to receive payment from Medicare Advantage plans for services even if a provider has opted out of Medicare," said former MDA President Mark Johnston, DDS, now serving as chair of the Dental Benefit Information Subcommittee of the ADA Council on Dental Benefit Programs. "This is a huge win for the ADA, which had been advocating to get this rule changed for a long time."

The previous version of the rule stated that if a provider opted out of Medicare, neither the patient nor the provider would get paid by a Medicare Advantage plan except for emergency or urgently needed services.

"The old policy placed a burden on dentists who had opted out, because the opt-out period lasts two years and cannot be terminated early unless the dentist is opting out for the very first time and terminates the affidavit no later than 90 days after the effective date of the dentist's first opt-out period. This risked presenting access issues for this patient population and has long been problematic," Johnston said.

The opt-out provision is still in effect for services covered under original Medicare. This rule did not rescind the need for ordering/referring providers to be enrolled in Medicare for pathologists to get paid by Medicare when performing a biopsy, for example. The pathologist will not be paid by Medicare unless the referring provider has enrolled in Medicare to provide covered services using CMS form CMS-855-I, enrolled in Medicare to order and refer using CMS form CMS-855-O, or formally opted-out. The same is true for ordering imaging services and durable medical equipment, prosthetics, orthotics and supplies.


Holdwick

Gabe Holdwick, DDS, chair of the MDA Committee on Government and Insurance Affairs, cautions, "Even with the CMS rule change, the opt-out status may affect the contractual requirements of dental plan networks. Dentists should review their participating provider agreements and check with their network administrators to assure that opting out of Medicare will not negatively impact a contractual relationship with any PPOs or Medicare Advantage Plans."

The ADA has developed a sample private contract and provides additional resources on Medicare participation available through the ADA website at: https://www.ada.org/resources/practice/legal-and-regulatory/medicare.

—Source: ADA News

Macomb-Oakland-Detroit Golf Outing Coming

You're invited to attend the 2022 Macomb-Oakland-Detroit Golf Outing, taking place Monday, June 27 at Oakland University's Katke-Cousins Golf Course in Rochester Hills. Registration will take place at 9 a.m. with a 10 a.m. shotgun start.

The price is $250 per golfer, and includes registration, continental breakfast, and driving range. Prizes will be awarded for the longest drive, hole-in-one, closest to the pin, and more.

The event is sponsored by Midway Dental and Kerr. For more information, contact the Oakland County Dental Society at 248-540-9333.

Rickert Receives Top ADEA Award

Dr. Jessica Rickert, a leading voice for American Indian dentists, received one of the top honors bestowed by the American Dental Education Association during the organization's annual conference in Philadelphia March 21.

Rickert received the William J. Gies Award for Achievement for her advocacy of diversity in dentistry and especially the need for more American Indian dentists. It was one of seven Gies Awards presented for Vision, Innovation and Achievement to individuals, institutions and organizations by ADEA.


Rickert

A member of the Prairie Band Pottawatomi Nation, Rickert was the first female American Indian dentist when she graduated from the University of Michigan School of Dentistry in 1975. Now retired from the practice of dentistry, she continues to frequently travel from her home in Traverse City to speak on diversity issues at conferences and educational institutions around the country. A founding board member of the Society of American Indian Dentists, she emphasizes the need to improve education for all ages of American Indian children so that they have a strong foundation for continuing into higher education and applying to dental schools or other professional schools.

In an introductory video during the award ceremony, Dr. Jane Grover of the American Dental Association described Rickert as a visionary who sees what is possible. Rickert has served as a member of the MDA Committee on Diversity, Equity, and Inclusion and has previously contributed to the MDA *Journal*.

KEEPING CURRENT

Events and Such

To publicize a local meeting or dental event in this space, contact Jackie Hammond at jhammond@michigandental.org. Continuing education courses are listed in the *Journal* Continuing Education department on Page 66.

May 16 — MDA Foundation Grant Committee via Zoom, 7 p.m.

May 18 — MDA Foundation Gift Committee via Zoom, 7 p.m.

May 20 — Committee on Peer Review/Ethics, 8:30 a.m.

May 23 — MDA Foundation Finance Committee via Zoom, 7 p.m.

May 23 — MDA Foundation Executive Committee via Zoom, 8 p.m.

May 30 — MDA office closed in observance of Memorial Day.

May 31 — MDA Foundation Grant Committee via Zoom, 7 p.m.

June 2 — Committee on Peer Review/Health and Well-Being, 8:30 a.m.

June 3 — MDA Board of Trustees Orientation, 9 a.m.

June 9 — Committee on Peer Review/Dental Care, 9 a.m.

June 9 — MDA Board of Trustees Forum via Zoom, 7 p.m.

Welcome, New Members!

The MDA is pleased to officially welcome the following individuals into membership:

Detroit: Ramzi Atoui, Racquel Malouf, Tiffani McElrath, Jeanette Murphy, Thomas Simon; **Macomb:** Jonathan Miller; **Saginaw Valley:** Crystal Ammori; **Superior:** Nicholas Golba; **Vacationland:** Donald Eaton; **Washtenaw:** Bruno Cavalcanti, Patrick McGrath; **West Michigan:** Eman Salameh, Kimberly Sherry, Benjamin Wallace.

In Memoriam

Dr. Willard John Hershey, East Lansing. Central District. Died Jan. 16, 2022. Age, 82.

Dr. Michel S. Nasif, Lansing. Central District. Died March 8, 2022. Age, 75.

BHS Disciplinary Report

Visit www.michigan.gov/lara to access the latest disciplinary reports for dentists, registered dental hygienists, and registered dental assistants. You may also check any licensee for disciplinary actions at the same web address.

Self-Reporting of Criminal Convictions and Disciplinary Licensing Actions

Section 16222(3) of Michigan's Public Health Code requires any licensee or registrant to self-report to the Department of Community Health a criminal conviction or a disciplinary licensing or registration action taken by the state of Michigan or by another state against the licensee or registrant. The report must be made within 30 days after the date of the conviction or action. Convictions and/or disciplinary actions that have been stayed pending appeal must still be reported.

Should the licensee or registrant fail to report, and the Department becomes aware of the conviction or action, an allegation will be filed against the licensee or registrant. Sanctions for failing to report can include reprimand, probation, suspension, restitution, community service, denial or fine. For more information contact the MDA's Ginger Fernandez at 800-589-2632, ext. 430.

Signing day social — A large group of Detroit Mercy Dental D4s gathered at Hopcat in Detroit on March 7 for a Signing Day event. Signing Day is a chance for graduating students to let the ADA and MDA know where they are going so they can remain connected to organized dentistry.

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MDA C.O.V.E.R. Program

Throughout the year circumstances arise that force dentists to be out of their offices for extended periods. That's where the MDA's Colleagues Offering Varied Emergency Relief (COVER) program can help.

The COVER Program is a members-only service providing dentists with a statewide list of colleagues who have expressed interest in providing temporary coverage while they are away from the office.

If you are interested in joining the program and willing to help another member during a time of need, without the obligation of making a formal commitment, or to access the list of participants, e-mail **membership@michigandental.org** or call **800-589-2632**. Learn more at **www.michigandental.org/cover**.

The Quickest Solution to IT Challenges Is the Cloud; Get Your Free Consultation

Do you or your staff manage and update your computers, internet, phones, servers, email, data security, etc.? If so, it's time to request help from a trusted source. You may greatly gain time, security, and efficiency by taking advantage of the services offered through Complete Dental IT.

MDA-endorsed Complete Dental IT is a program created just for Michigan dentists. The team assesses and determines your practice IT needs and how to best tailor a solution to solve your problems, while increasing security and improving IT processes.

Perhaps one of the most onerous and challenging tasks you face in the IT role is performing daily backups of your server and computer systems. Switching to cloud-based backup services solves this problem overnight, while improving your security. Your data will be backed up in real time with each keystroke, and with full HIPAA compliance. It will always be available to you, it's more secure, and provides better data protection.

Let's look at the cloud, or online-based system backup. The cloud utilizes off-site technology to host your backups. The biggest advantage of cloud systems is that they are generally more affordable. You don't need to have the backup systems in your office, which means you don't need to pay for the physical servers and upkeep associated with them. Going cloud-based is also less labor intensive and can be managed by Complete Dental IT's managed service providers.

Reach out to the Complete Dental IT team for a free, no-obligation discovery consultation about your practice IT. Visit CompleteDentalIT.com or call 866-498-0173. MDA members receive substantial discounts on all Complete Dental IT services.

Register Now for Health Care Seminars

With the Affordable Care Act celebrating its 12th anniversary this year, the MDA Insurance health insurance seminars will focus on how the COVID-19 pandemic is affecting the delivery of health care, how it impacts mandated benefits, and how it is driving costs higher. We'll also look at what may happen to provisions of the ACA when and if the administration declares and end to the state of emergency caused by COVID-19. The seminar, "Health Care in the Pandemic's Wake," will discuss some changes, such as transparency in health care costs, prescription drug cost drivers, and evolving legislation. Three free CE credits are available. To register, go to michigandental.org and select Health Insurance Seminars under the Continuing Education tab.

Here are the dates and locations. All seminars run from 9 a.m. until noon unless otherwise stated.

- Sept. 8, 2022, (6-9 p.m. ET) – NMU, Marquette
- Oct. 7, 2022, Traverse City, Hotel Indigo
- Oct. 21, 2022, Holiday Inn, Grand Rapids
- Oct. 28, 2022, MDA Building, Okemos
- Nov. 11, 2022, Henry Hotel, Detroit

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3 More Chances to Learn About Medicare Enrollment this Year

If you or your spouse are turning 65 soon, now is the time to enroll in the MDA Insurance Medicare webinar. It will help you understand the initial enrollment window, the differences between Original Medicare and Medicare Advantage plans, and what Medicare supplement plans are and how they work. The webinar is free and is eligible for 2 CEUs. All webinars begin at 1 p.m. and conclude at 3:30 p.m. Eastern time.

May 21 | July 14 | Sept. 24

To register, contact Rick Seely at 800-860-2272, ext. 411, or email rseely@mdaifg.com; or Shawn Haindel at ext. 442, or shaindel@mdaifg.com.

MCCA Refunds Arriving Now; Fee Schedule Controversy Continues

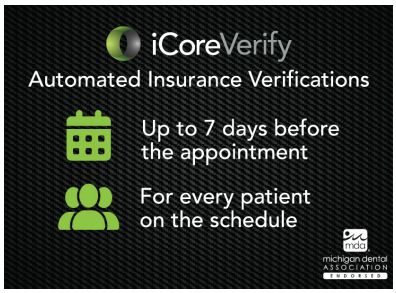
Nearly two years after Michigan's No-Fault auto reform law took effect, the benefits and drawbacks of the new law are unspooling. People who had vehicles insured as of Oct. 31, 2021, should keep an eye out for a $400 per vehicle refund, and an $80 refund per registered historical vehicle. These payments are returns of surplus from the Michigan Catastrophic Claims Association. Payments should be received by May 9 via check or ACH transfers to financial institutions.

As of this writing, lawmakers have yet to introduce legislation to address the dramatic reduction in medical fee reimbursements paid to health care providers who treat accident victims or who need ongoing rehabilitative services due to injuries sustained in an accident. Several providers offering care for accident victims in Michigan have closed due to the reductions in reimbursements, and those receiving services have been forced into settings offering less-specialized care.

Another consequence of the auto reform law is an individual's increased exposure to lawsuits after an accident. MDA Insurance recommends all drivers purchase a personal umbrella policy to protect their personal assets from being exhausted if they are an at-fault driver in an accident and are sued for negligence, pain and suffering, or excess wage loss or medical benefits.

For more information or a personal umbrella quote, call 800-860-2272 to speak with a personal lines agent, or visit mdaprograms.com.

iCore Automation: Makes Insurance Verifications Easier, Improves Practice Workflow and Bottom Line



Insurance verification is a beast. Consider the time consumed working record-by record, on the phone, following up on claim denials and payment collections. iCoreVerify changes the insurance verification game completely.

MDA-endorsed iCoreVerify automated insurance verification generates reports for hundreds of patients at once, up to seven days before every appointment. Specific claim denial errors are identified. Now, you can quickly fix those before the appointment. Work that took 20-plus hours a week is simplified to the time it takes to generate a report. Book a free, no-obligation demo at land.iCoreConnect.com/Mi44 or call 888-810-7706. As an MDA member you'll receive 40% off your subscription.

Add TDSC.com to Your Dental Supply Vendor List

MDA members are saving thousands of dollars on a wide range of dental supplies and small equipment by shopping at TDSC.com, Powered by Henry Schein. Orders over $99 receive *free* shipping, and orders generally arrive in just a few days.

Join the MDA's group purchasing organization for free, simply by making a purchase at TDSC.com. **Use the code WelcomeMI10 at check out to save 10% on your first order of more than $150.** Once you make a purchase, you'll receive notices about special promotions to help you save even more. Adding TDSC.com to your supply vendor mix will help you recoup your MDA member dues quickly!

Help Employees with Section 125 Plans

Section 125 plans provide a pre-tax method for employees to pay insurance premiums and save for qualified medical, vision, dependent care, and similar expenses. This benefits employees by allowing them to pay for necessary expenditures before taxes are withheld from their earnings. And the resulting lower gross pay for employees reduces tax withholdings for the employer.

Employers must use a third-party administrator to establish a Section 125 plan. The MDA endorses Alerus to set up and administer these plans for members. To learn more, contact Paula Ellermann at paula.ellermann@alerus.com, or call 303-481-1577.

COVID-19's Impact on Dental Practice: Managing with Less Support

By Christopher J. Smiley, DDS
Editor-in-Chief

With the easing of COVID-19 travel restrictions, my wife and I decided to join our daughters on a Colorado spring ski vacation. But thanks to the pandemic's workforce realities, merely getting started on our trip proved to be an adventure.

Our early morning cab ride failed to materialize. When we called to see if it was on the way, the dispatcher stated there weren't any drivers available for our scheduled pick-up! We drove ourselves to the airport, parked in the long-term lot, and boarded the plane. Then, once in our seats, the pilot announced a delay in our departure because the airport only had personnel available to load bags onto one aircraft at a time, and our flight was fourth in line!

Rather than becoming frustrated, I found these events oddly reassuring. The gravity of worker shortages for something as essential as air travel confirmed that employers throughout our economy are struggling to fill job vacancies.

Like the airlines, dentistry is struggling to manage with less support. The exodus of workers during the "Great Resignation" is due, in part, to worker stress, opportunities for more significant compensation, and a desire for work-life balance. Additionally, the pressures of COVID-19 protocols and perceived risks from working in our environment caused some to reconsider a career in health care.

Even before COVID-19, dentistry was experiencing a shortage of licensed, expanded-function registered dental assistants. That reality has spread to registered dental hygienists and business staff over the past two years. With a diminished supply, those seeking employment find themselves in a bidding war for their services, creating inflationary pressures on practice management. Also, corporate dentistry, backed by venture capital, is increasing throughout Michigan. These large group practices are well-positioned to offer higher wages to attract workers, and thus the available employee pool is constricting further for stand-alone practices.

To address workforce shortages, members of the Michigan Association of Orthodontists have expressed a desire to make RDA delegation rules less restrictive. However, delegating to someone who isn't educated or licensed to provide the service may risk patient safety. If appropriately educated team members are not available for delegation, the care should be delivered by the dentist.

The MDA is investigating the possibility of rules changes to facilitate the return to practice of retired assistants and hygienists whose licenses have expired. Cumbersome relicensure requirements are a barrier for otherwise qualified individuals re-entering the workforce. Currently, oral health care providers must retake the exam if their license has been expired for three or more years. Allowing these individuals to return to practice under direct supervision, with specified continuing education requirements, may provide a limited increase in the pool of available employees. However, such a rule change would not be an immediate fix and will likely take time to achieve through the regulatory process.

Refilling the pool of prospective employees will require individual and collective advocacy by each of us. We must support MDA grassroots legislative efforts for funding higher education. We must reach out to local allied dental education programs and urge them to expand their facilities and grow their class size, and we must recruit within our practices and social circles to encourage prospective students to seek education to join the dental team.

Without individual and collective action, COVID-19's acceleration of workforce trends will create lasting change in patient care and dental practice administration. A lack of team members to accept delegation is a long-term change from the pandemic that will increase the need for hands-on delivery by dentists of preventive and diagnostic services.

Shortages of essential support staff will be a lasting impact on health care in a post-COVID-19 world. Employers across society are struggling to fill job vacancies. Without a quick-fix, reducing barriers to employment and providing a competitive wage are long-term strategies to recruit and retain those who support us in the care of our patients.

Help — I Think My Employee Is Stealing from Me

By MDA Staff with Eric Tye, DDS
Chair, MDA Committee on Membership

Question: I think I have an employee who is stealing from the practice. But I want to make sure I'm fully prepared before addressing this with the employee. Are there any MDA resources that could help me?

Answer: Whenever you have an HR situation with a staff member, *think MDA first*. As an MDA member you receive unlimited consultations with MDA HR Director Brandy Ryan, at no charge. Each HR situation can be slightly different, and it's important to be making all the right moves to keep your practice protected from a potential lawsuit or complaint. Contact Brandy at 517-346-9416 or email bryan@michigandental.org for help.

Also, the MDA recently endorsed Prosperident, to help our members prevent embezzlement in their practices and to provide a resource to investigate suspected cases of embezzlement. Embezzlement is more common than you may think — nearly 50% of dentists have been victims of embezzlement at least once, and some have been victimized multiple times. Prosperident offers MDA members free access to its Embezzlement Risk Assessment Questionnaire, which is a $139 value. Members also receive a 6% discount on all investigative and proactive services. If you're interested in Prosperident's services, call 888-398-2327 and identify yourself as an MDA member.

Question: Does the MDA have any new brochures, educational books, etc., that I could use to help with dental health education in my practice.

Answer: An excellent source for this is the ADA Store. Check out the many patient materials on the web at catalog.ada.org. There's a vast amount of patient materials there for you to order and distribute to your patients. Take a look!

Also, to help members with their social media outreach, the MDA has just introduced downloadable social media Digital Support Kits, available on the MDA website at michigandental.org/Digital-Support-Kits. You'll find great content you can quickly post to your professional pages, plus short, themed monthly bulletins to send to your email list, and more. For more information, contact the MDA's Rich Evans at revans@michigandental.org.

Question: Sometimes my employees don't see eye to eye and it causes tension throughout the practice. It's even been noticed by some of my patients. Does the MDA have any suggestions for handling staff who just don't get along?

Answer: The MDA can provide your practice with DiSC® personal assessment training, giving you a clearer picture of your dental team's behavioral differences and personality styles. DiSC training can make it easier to coach, provide team development, and improve the practice work environment. It really works! DiSC training also helps every staff member better understand communication styles, which is important for patient interactions, too. Call Brandy Ryan, director of human resources, at 517-346-9416, or visit michigandental.org/DiSC for more information. The MDA has worked with many offices and continues to receive positive comments about this program.

Question: I'm graduating from dental school and will start practicing dentistry this summer. I know I receive free membership this year, but what does that include?

Answer: There are many MDA recent graduate benefits to take advantage of right away. If you're still looking for a position, the MDA offers HR assistance that includes help with CVs/resumes, job interview preparation, and job listings on the MDA Job Board (jobs.michigandental.org). New dentists can find guidance and a listening ear by connecting with fellow member dentists through the MDA Mentor Program at michigandental.org/Mentors. The MDA staff team is also available to help navigate tough situations at work, provide best practices information, connect you with practice management resources, and recommend other resources, including insurance products that can help save you money. Connecting with your local dental society and attending events is also a great way to maximize your membership and feel supported. ●

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Proposed Rules Changes for Dentistry — And How They're Made

By Neema Katibai
Manager of Government and Insurance Affairs

We've all learned about how the legislative process works in different ways, whether it was watching "How a Bill Becomes a a Law" in high school civics or following Congress as it addresses issues our country faces.

Once a bill becomes a law, the Executive Branch of the government has the task of enforcing the law constitutionally. Sometimes, a law provides broad authority to a state department to develop rules, which can be updated year after year within the bounds of the legislation. Other times, legislation provides strict guidelines that the department must adhere to, or even specific terms to avoid rulemaking on certain issues within the law.

This process provides the Executive Branch with the ability to influence how laws are enforced. Often, this process results in litigation from impacted parties who feel unjustly impacted by the Executive Branch's interpretation of its authority. One variable in this process is the fact that each governor has different priorities and makes his or her own appointments to the various departments to achieve these goals.

But with every administration, the MDA maintains a strong relationship with the Michigan Board of Dentistry, to ensure effective advocacy for our priorities in the rulemaking process. The Michigan Board of Dentistry is the starting point for nearly all administrative rules that impact the practice of dentistry. Through the Board, the Michigan Department of Licensing and Regulatory Affairs promulgates rules to address issues in the profession, either through existing legislation granting authority to address the issue, or by new legislation that creates guidelines for the promulgation process. Members of the Board of Dentistry hold public meetings to develop recommendations for new rules or amendments to existing rules.

Over the last year, the Board of Dentistry has reviewed the entire body of rules applying to dentistry in Michigan's Administrative Code and has recommended amendments to several sections. Some changes are in response to legislation, such as HB 4067, which recognized five additional dental specialties in Michigan law. Others were driven by changes in the current practice of dentistry that required updates to the rules.

Katibai

Here are some of the key changes that have been recommended by the Board:

- Establish rules to recognize and issue specialty licenses for oral medicine, orofacial pain, dental public health, oral and maxillofacial radiology, and dental anesthesiology.
- Establish criteria for licensure reciprocity for Canadian dentists and registered dental hygienists.
- Limit the authority to use the name "dental assistant" to registered dental assistants.
- Amend the rules to call unregistered dental assistants "unregistered dental auxiliaries."
- Limit licensing exams required for dentists to the National Board Dental Examination, or eventually the Integrated National Board Dental Examination, and the American Board of Dental Examiners examination.
- Establish rules to be licensed as a dental therapist.
- Establish rules for the delivery of teledentistry.
- Updates to the delegation of duties chart.

Once this rules process is completed as described above, the rules will be available for public comment before being referred to the Legislative Service Bureau and Michigan Office of Administrative Rules and Hearings for legal certification. After the rules are certified, they are submitted to the Legislature's Joint Committee on Administrative Rules to review, make amendments, and for ultimate approval.

If you have questions about the proposed changes to the rules, or the rule-making process, feel free to contact me at any time at nkatibai@michigandentalorg or at 517-346-9422. ●

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What Is Illegal About Disclosing Fee Schedules?

By Dan Schulte, JD
MDA Legal Counsel

Question: I have a question about dental plan fees. At least one dental plan pays dentists new to its network less than it pays dentists who have been in its network for several years. Several dental plans pay dentists in different geographic areas different fees for the same services. I have always wanted to know how the fees that I'm paid by the dental plans I participate with measure up to what is paid by other dental plans, in different areas, and what the age-based differences are when applicable. Dental plans consistently refuse to publish their fee schedules or even tell me on a percentile basis where my fees are. Some dental plans claim it would be an antitrust violation or otherwise illegal to make fee schedule information generally known. Is this true or just an excuse?

Answer: An excuse.

Why dental plans do not disclose their fee schedules only the dental plans can answer. Perhaps they do not want to make it easy for their competitors to know what they pay, and/or easy for its network dentists to compare these fees to those paid by competing dental plans. In other words, they may fear the competition this would create.

Disclosing fee schedule information, in and of itself, would not be a violation of antitrust or any other law. An antitrust violation occurs when competitors enter into agreements or understandings to engage in activities that unreasonably restrain competition. An agreement between dental plans on what fees they will pay and an agreement between dentists to only participate with certain dental plans and not others would be examples of "per se" violations of the antitrust laws. This means that the very existence of the agreement is all that must be proven; no defense of the agreement is allowed.

Dental plans choosing to make their fee schedules known does not mean there is any agreement or other joint activity among the dental plans, nor does it restrain competition in any way (in fact, competition may be promoted by the disclosure because it is easier for dentists to decide which networks to join). In order for the antitrust laws to be implicated in any way there would first have to be some agreement between two or more dental plans — for example, an agreement that fee schedules will not be disclosed, that fees will be lowered or otherwise jointly fixed at some amounts, etc.

Likewise, there is no other law that I am aware of making the disclosure of a fee schedule by a dental plan illegal. The truth is, a dental plan's reason for not disclosing its fee schedule or other information regarding its fees likely is due to its own business objectives and not due to any legitimate concern with violating antitrust or other laws.

It should be noted that the same is true for disclosures you make regarding the fees you are paid — you are free to make whatever disclosures you wish without violating antitrust or other laws. The only caveat is that you must honor any confidentiality or other nondisclosure obligations that you are subject to contractually.

Asking for a fee schedule is a legitimate request. You should know what you will be paid for your services in advance of joining a network, and be subsequently provided with fee schedule information to enable you to decide whether it makes sense for you to remain in the network. ●

Order Dan Schulte's 50 Most-Asked Legal Questions, available for $19 (hard copy) or as a free download at the MDA Store. Visit store.michigandental.org.

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*Subject to underwriting.
**Reference: Council for Disability Awareness, 2021.

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Employees on Military Leave

By Jodi Schafer, SPHR, SHRM-SCP

Question: I have an employee who is in the National Guard, and he has just told me that he is being deployed to support an emergency situation in another state. He is not sure how long they will be gone. I support his service, but it will be extremely hard for our small practice to cover his position when he is gone. What are my options?

Answer: Thank goodness there are people such as your employee who are willing to serve. With that said, it is understandable that an employee's unexpected leave can create hardship on employers.

There are two federal laws — the Uniformed Services Employment and Reemployment Rights Act of 1994 and the Family and Medical Leave Act that apply to military leave and military family leave. Both acts provide eligible employees the right to, at minimum, unpaid leave, during their deployment, and certain rights for re-employment upon their return.

FMLA, which was amended in 2008 to include military family leave entitlements, only applies to employers with at least 50 employees within a 75-mile radius. However, you said you are a small practice, so we'll focus primarily on the other federal law, USERRA, for the purposes of this article.

USERRA applies to all employers, regardless of size, and to all regular employees, regardless of position, length of service, or full-or part-time status. The law requires employers to provide leaves of absence and to re-employ workers who enter military service while employed. It applies to members of the uniformed services, including reservists and National Guard members, for training, periods of active military service (whether voluntary or involuntary), and funeral honors duty, as well as for time spent being examined to determine fitness to perform such service.

So, the answer is, you must re-employ such employees when they return from service. However, you may hire temporary employees, reassign work to other employees, and of course, hire additional employees to fill the void while they are on leave. The type of position the returning employee is entitled to depends on the duration of the military service. Commonly, for service of 90 days or less, the employee is entitled to return to the same position or the position he/she/they would have attained if they had not taken leave. The returning employee is entitled to all pay increases, seniority increases, and other benefits that would have been earned during the time of absence.

For employees returning from leaves longer than 90 days, employers may place them into positions that closely resemble the job an employee would have held or attained in terms of seniority, status and pay.

According to USERRA, there are three exceptions for the employer related to re-employment:

- The employer's circumstances have changed as to make such re-employment impossible or unreasonable.
- Re-employment would impose an undue hardship on the employer.
- The employment was for a brief, nonrecurring period with no reasonable expectation that such employment would continue indefinitely or for a significant period.

There are also specific eligibility requirements that employees must meet for re-employment, such as providing notice of leave (employers must accept verbal notice and may not require supporting documentation), being released from service under honorable conditions, and not exceeding five years of military leave, not including annual training and monthly drills.

We strongly recommend that you have a policy related to military leave in your employee handbook. This helps everyone better understand and follow the law. Also, do not forget that you are required to post notice about USERRA in a place where employee notices are normally placed. See: www.dol.gov/agencies/vets/programs/userra/poster.

There are also many things to consider doing during the employee's deployment and upon return to help him or her stay connected and support reintegration back into the workplace. More to come on those strategies in a future article. ●

Three Ways the MDA Helps You Get Paid for the Care You Provide

By Cindy Hoogasian
MDA Services

The cost of providing care to patients continues to escalate, making it more important than ever for you to be paid promptly for the services you provide. The MDA endorses three companies to help you facilitate patient payments so you get paid faster and keep more of what you earn.

For more than 30 years the **CareCredit** credit card has been helping patients get the dentistry they need and want. Today, CareCredit is accepted by more than 115,000 dental teams. There are more than 11 million CareCredit cardholders, and another 156,000 new accounts are approved on average every month. CareCredit is an often-used financing option for patients seeking elective treatment such as veneers, clear aligners, or implants. And, it's a good option for care not covered by insurance or for patients who don't have insurance benefits to contribute to the cost of care.

Patients can apply for the CareCredit credit card anytime, anywhere using your custom link and QR code. They can see if they prequalify for the CareCredit card without impacting their credit bureau score. Then, they can apply confidently and move forward with the care they want or need, helping you increase treatment acceptance, patient satisfaction, and retention.

If you've experienced team turnover or would like refresher training on how to optimize CareCredit in your practice, call the Practice Development Team at 800-859-9975, option 1, then 6. But if you have yet to accept CareCredit, call 866-246-9227.

Some patients prefer to pay by credit card, and more dentists than ever are accepting Visa®, MasterCard®, Discover® and other bank-issued cards. Businesses have to pay a credit card processor certain fees to turn those card purchases into money in their bank account. Credit card processing is one of the least understood contracts for most merchants, and the cost of taking cards can escalate rapidly. The MDA endorses **Best Card** for credit card processing. In 2021, Best Card saved dentists, on average, $4,221 in card processing fees — or about 28% per year. The savings in one year can fund your MDA dues several times over!

Best Card works almost exclusively with dentists and has no long-term contracts or high termination fees. Importantly, Best Card applies a $100 discount to the card processing terminal or online processing equipment you may need if you're an MDA member, instead charging a monthly rental fee forever. Best Card Online with Paylink can auto-post credit card transactions many management systems.

In addition to the MDA's endorsement, Best Card has won the endorsement of about 40 other dental association, as well as ADA Member Advantage. This company has proven it can deliver savings and U.S.-based personal service to dentists. Email Best Card a recent card processing invoice at compare@bestcardteam.com and get a $5 Amazon gift card, or call 877-739-3952 for more information.

Lastly, if you extend payment terms to patients, or are having trouble collecting co-pays, you should know about **TSI**. This is the company the MDA endorses to help with accounts receivable management and bad debt collection. TSI programs are integrated with 35 dental practice management systems. Yours is probably one of them. Working with TSI and its diplomatic payment reminder service will eliminate the time your staff spends on those difficult follow-up calls, and the time and cost of sending repeated statements seeking payment. If the series of diplomatic outreach communications that are automated by TSI don't result in payment (about 70% will!), you can resort to the traditional collection services the company also provides. To schedule an in-person meeting or a webinar with TSI, call 877-377-5378 or email Michael.glass@transworldsystems.com.

I encourage you to use the three vendors the MDA endorses to help you get paid for the care you provide! Make it easy for patients to pay you, spend less on collecting payments, and encourage slow pays to catch up. Your bottom line will be healthier if you do! ●

Contact Cindy Hoogasian at choogasian@mdaifg.com.

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How Can Our Office Be More Inclusive of Transgender Patients?

By Debra Peters, DDS

Question: I want to enhance my dental team's understanding of being more inclusive of the transgender patients we treat in our office. What suggestions do you have to assist with this process?

Answer: Many transgender and gender non-conforming (TGNC) people experience stigma and discrimination in their daily lives. Because of this, TGNC individuals may have limited access to dental and health care, further increasing the disparities in dental health equity.

In January 2020, the *Journal of the American Dental Association* published an article, "Understanding the Transgender Patient," which provided guidance based on the ADA *Code of Ethics*. To better understand how to apply this guidance, I interviewed Dr. Rebecca Klott, psychologist and president of River City Psychological Services of Grand Rapids. She and her team provide care to the LGBTQ community. She also has personal insight as a parent of a transgender son who will soon be leaving for college.

As Dr. Klott explains, unlike other members of the LGBTQ community, transgender people usually must tell their health providers of their gender or non-binary identification. She stresses that this can be very difficult for families or individuals. First impressions and how this information is conveyed and received are vitally important.

Since this conversation usually takes place on the phone or at the front desk upon arrival, providing training and appropriate resources for dental teams may assist in an overall good experience for everyone. Information from the National LGBT Health Education Center on forms and policy is available at lgbtqiahealtheducation.org to detail areas to evaluate for your registration and insurance forms.

Because some TGNC persons change their name, you should ensure that your forms for all patients provide an opportunity to list "affirmed name" and "affirmed gender." It's common to see blanks for "preferred name." According to the glossary of terminology at PFLAG.org, "affirmed gender" represents an individual's true gender, rather than their gender assigned at birth (see box). Additionally, it is essential to make sure that all persons in the office address the patient appropriately.

Difficulties may arise when filing an insurance claim. Available instructions for completing the ADA Dental Claim Form and the HIPAA standard electronic dental claim transaction (X12 837D v5010) do not have special instructions concerning completion for transgender patients. The subscriber and patient name should be the same as recorded in the payer's files to facilitate claims adjudication. Patients may consider resolving discrepancies directly with their carrier. Dental offices may

See these Additional Resources

"Understanding the Transgender Patient," *Journal of the American Dental Association*, January 2020 issue. At: https://jada.ada.org/article/S0002-8177(19)30795-0/fulltext.

"Affirmative Services for Transgender and Gender Diverse People — Best Practices for Frontline Health Care Staff." National LGBTQIA+ Health Education Center. At: https://www.lgbtqiahealtheducation.org/publication/affirmative-services-for-transgender-and-gender-diverse-people-best-practices-for-frontline-health-care-staff/.

PFLAG National Glossary of Terms
Pflag.org/glossary

seek modifications to forms or dental software to record the legal name if necessary. Check with your software vendor to ensure appropriate data input for your dental claim.

An additional resource, "Affirmative Services for Transgender and Gender Diverse People – Best Practices for Frontline Health Care Staff," can be found at the National LGBTQIA+ Health Education Center (see box, Page 28.). It explains the complex nature of changing a name and suggests language to resolve insurance claim errors compassionately.

Gender identity is not always apparent by someone's name, how they look, or how they speak. Getting into the habit of inquiring about a patient's preferred pronouns is one way to make a patient feel more comfortable. If unsure, it's best to use their name and avoid pronouns altogether.

Another point that Dr. Klott emphasizes is never to objectify the person. Don't ask about surgeries that aren't relevant to your health questionnaire. It is not appropriate to ask if the question is posed out of personal curiosity. This may seem obvious, but she stressed that such questions do frequently occur. Instead, when evaluating your health information, consider the following questions of yourself, "What do I know? What do I need to know? How can I ask sensitively?" You have a male-appearing patient, but notice they are on estrogen-progesterone. Dr. Klott suggests a simple statement such as, "I see that you are on these medications. Is there anything that you want me to know?" If they don't answer, she suggests moving forward without further pushing the issue.

Mistakes will occur. Someone will use the wrong pronoun or get a name wrong. Keep it simple. Apologize to the patient, using language such as "I didn't mean to show disrespect by using the wrong name. I apologize." As Dr. Klott further notes, the dental team member may be uncomfortable for a minute, but the patient or parent will be uncomfortable many more times and much longer. Show compassion and understanding.

Lastly, teams that work together to create an environment of respect enhance the care for all patients. With the ADA *Code* as our North Star, we must also take the time to consider all aspects of dental care and how our actions, words, and beliefs can work positively to provide a welcoming environment for members of the TGNC community. ●

About the Author

Debra Peters, DDS, of Grand Rapids, is a member of the American Dental Association Council on Ethics, Bylaws, and Judicial Affairs. She served as MDA president during the 2018-19 administrative year, and served as speaker of the MDA House of Delegates from 2008-2017, among other posts in organized dentistry.

Peters

Charcoal Toothpastes Pose Risks with Few Benefits

By Kelly Lemke, DDS, MS

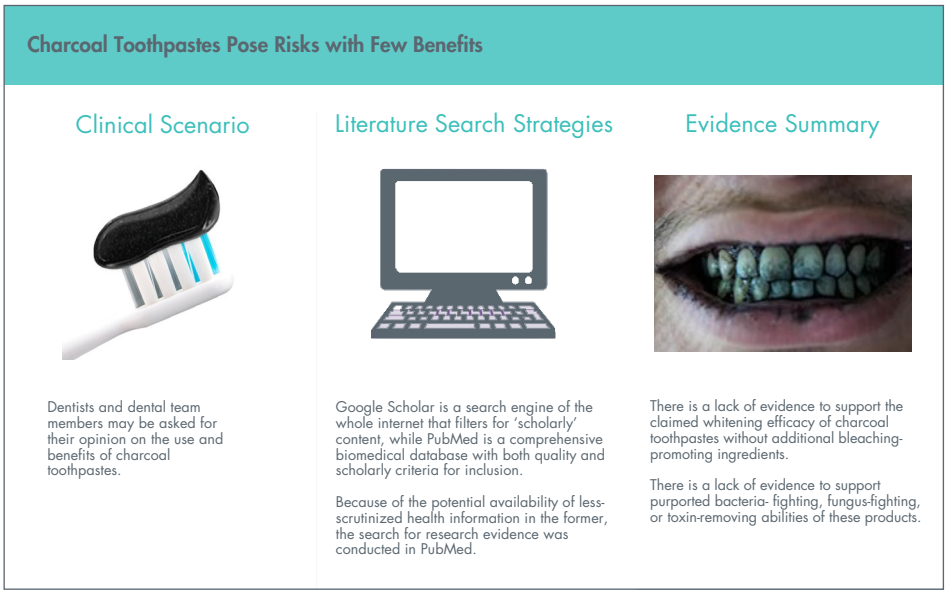
Social media platforms such as Instagram and Twitter — and the influencers who post content there — have become an important source of health-related information for many. Driven in part by thriving communities on social media, personal care products containing natural and organic ingredients have surged in popularity in recent years.

Such is the case with the increased interest in and use of toothpastes containing activated charcoal among consumers aiming for whiter teeth. Although there is a long history of charcoal use in oral care in many countries,[1,2] commercially available charcoal toothpastes have been considered to be a niche product until recently. Now, charcoal toothpastes can be found on the shelves of major grocery and big box stores. Crest, Colgate, and Arm & Hammer all produce their own versions, joining natural-product heavyweights such as Tom's of Maine, Burt's Bees, and Hello along with lesser-known "boutique" brands that rely on celebrity endorsements of their whitening effectiveness.[3]

The unique grey-to-black color of the paste seems tailor-made for the visual nature of social platforms, and indeed, most brands maintain Instagram accounts.[4] The almost 51,000 Instagram posts hash-tagged #charcoaltoothpaste further testify to the popularity of these products.

Charcoal toothpastes contain a finely ground, powdered form of activated charcoal, which is produced when charcoal is reheated to a high temperature, usually in the presence of a gas, resulting in the formation of internal spaces or pores.[1,5] The capacity of the powdered charcoal to abrade away surface enamel stains is the basis for its potential to whiten or to produce the appearance of lighter teeth;[4] however, this same abrasiveness has the potential to result in loss of tooth tissues and/or changes in their surface roughness.

This article aims to examine the evidence on the effectiveness and potential adverse effects related to toothpastes containing activated charcoal.



PICO questions

To capture all high-quality research evidence related to this objective, a PICO (P: Population, I: Intervention, C: Comparison, O: Outcome) question was formulated: In patients seeking whiter teeth, do toothpastes containing activated charcoal whiten teeth more effectively without increased enamel abrasion or loss as compared standard whitening toothpastes?

- **P** = patients seeking whiter teeth
- **I** = toothpastes containing activated charcoal
- **C** = standard whitening tooth pastes
- **O** = whiter teeth without increased enamel abrasion

Literature search

Google Scholar is a search engine of the whole internet that filters for

"scholarly" content, while PubMed is a comprehensive biomedical database with both quality and scholarly criteria for inclusion. Because of the potential availability of less-scrutinized health information in the former, the search for research evidence was conducted in PubMed. The peer-reviewed evidence on activated charcoal in toothpaste formulations was limited to literature reviews and *in vitro* (laboratory) studies. Some studies reported solely on charcoal-based powders, which are less commonly available in the United States and not the focus of this article.

Dentists and dental team members may be asked for their opinion on the use and benefits of charcoal toothpastes. Today, more than ever, dental providers must conduct their own due diligence on fashionable oral hygiene products so as to avoid giving advice based solely on personal observation or experience.

A 2017 literature review by Brooks and colleagues included 13 studies on the use of charcoal-containing oral hygiene products.[2] The authors also summarized advertised product information available on the internet for 50 charcoal toothpastes. They found that almost all products advertised whitening ability, and close to half of the products promoted various therapeutic claims such as detoxification and antibacterial and/or antiseptic abilities. The authors determined that there was not sufficient science to validate either the cosmetic or health benefits promoted on behalf of charcoal-containing oral products.

A more recent literature review concurs with these findings.[4] Bauler et al. located 21 *in vitro* and one short-term, non-controlled clinical study sponsored by the manufacturer of the product under study. Five studies showed positive results for the charcoal dentifrices, five showed no difference vs. the control product, and 12 reported various negative results, including no whitening ability, surface loss, and increased surface roughness. An interesting finding was that 41% of these papers have been cited on the internet and/or social media. About three-fourths of the products were affiliated with an Instagram account. The number of followers of these accounts ranged from 2,300 to 576,000 (median = 32,000 followers).

The review by Bauler and colleagues included an analysis of label information and indications for 36 charcoal-based toothpastes and abrasive powders available in Brazil, several of which are also on the U.S. market. They found that manufacturers made non-scientific claims, rarely made mention of risks and/or adverse effects, and often included statements appealing to niche markets, such as gluten-free, cruelty-free, and vegan.[4]

Evidence summary

Dentists and dental team members may be asked for their opinion on the use and benefits of charcoal toothpastes. Today, more than ever, dental providers must conduct their own due diligence on fashionable oral hy-

(Continued on Page 32)

(Continued from Page 31)

giene products so as to avoid giving advice based solely on personal observation or experience.

Claims about effectiveness and safety of these toothpastes on the websites of major brands include "noticeably whiter teeth," "removes stains and impurities," "gently whitens teeth," and "safe for enamel." These statements are undermined by the lack of clinical and laboratory data to support the claimed whitening efficacy of charcoal toothpastes without additional bleaching-promoting ingredients.[1,2] Neither is there any evidence of these products' purported bacteria-fighting, fungus-fighting, or toxin-removing abilities.

No activated charcoal-containing toothpaste has received the American Dental Association Seal of Acceptance.[6] All toothpastes with the ADA Seal of Acceptance — including stain-removal toothpastes — contain fluoride, whereas many charcoal-infused toothpastes are fluoride-free, raising concerns about the risk for caries among those who opt to use them.

The abrasiveness of charcoal toothpastes presents a risk for users. Many charcoal-containing products are overly abrasive, and their use can lead to alterations or loss of the tooth surface.[1,7,8] Loss of surface enamel can lead to a rougher tooth surface that may be more liable to absorb stains. Moreover, surface loss can lead to dentin exposure, hypersensitivity, and a less-white or yellower tooth appearance.[2] In other words, these products can lead to unintended effects that negate the primary purpose of their use for many patients.

The ADA has approved certain abrasive agents for use in toothpastes. These include modified silica abrasives or enzymes that help clean and potentially whiten teeth by physically removing surface stains: calcium carbonate, dehydrated silica gels, hydrated aluminum oxides, magnesium carbonate, phosphate salts, and silicates. During the ADA Seal of Acceptance process all toothpastes are assigned a Relative Dentin Abrasivity (RDA) value. An upper limit of 250 RDA has been adopted by the ADA as safe, indicating that these toothpastes result in limited wear to dentin and virtually no wear to enamel.[6]

When the American Academy of Cosmetic Dentistry asked people what makes a smile unattractive, the most common answer was discolored, yellow, or stained teeth.[9] So it's no wonder that whitening continues to be one of the most popular dental treatments. Teeth whitening can be done safely and effectively using an evidence-based approach. In addition to professionally monitored take-home and in-office tooth whitening, options include whitening toothpastes that have earned the ADA Seal of Acceptance for removal of surface stains, as well as ADA-accepted over-the-counter bleaching strips. ●

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About the Author

Kelly Lemke, DDS, MS, is director of admissions at UT Health San Antonio School of Dentistry and an assistant professor in the Department of Developmental Dentistry. She completed a general practice residency at Audie L. Murphy Memorial VA Hospital and has practiced dentistry in both private practice and public health settings. She earned an MS in clinical investigations from the UTHSCSA Graduate School of Biomedical Sciences in 2017. Dr. Lemke is an associate editor for the *Journal of the American Dental Association*.

Lemke

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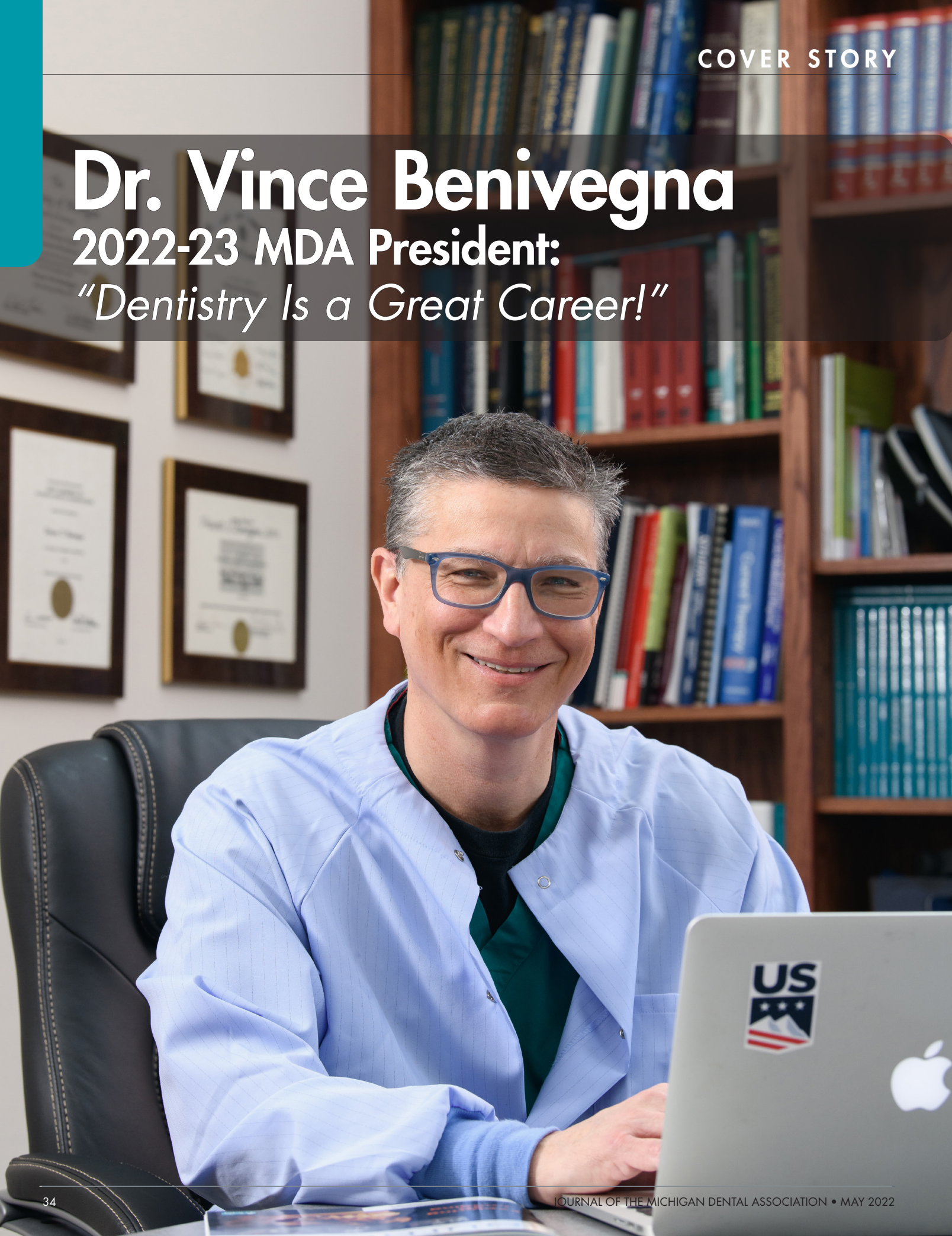
Dr. Vince Benivegna

2022-23 MDA President:

"Dentistry Is a Great Career!"



Get to know Dr. Vince Benivegna, now serving as MDA president for the 2022-23 administrative year. A man of many interests, he's a board-certified oral surgeon in mid-Michigan, a volunteer with an impressive resume, and a strong advocate of the value of organized dentistry for dentists in every age group and practice setting.

Dr. Vince Benivegna, an oral surgeon practicing in East Lansing, became the MDA's 2022-23 president at the second session of the 2022 MDA House of Delegates on Saturday, April 30.

Dr. Benivegna is a volunteer with an impressive record of service and commitment to the profession and patients. He's a past secretary, treasurer, vice president, and president of the Central District Dental Society, and has served the MDA through his work on numerous committees and as a member of the MDA Board of Trustees. During the past year he served as MDA president-elect and headed the MDA delegation to the ADA House of Delegates.

A proud graduate from the University of Michigan School of Dentistry, he's board-certified in oral and maxillofacial surgery. He's a past president of the Michigan Society of Oral & Maxillofacial Surgeons, serves as treasurer on the Council on Michigan Dental Specialties, is a Diplomat of the American Board of Oral & Maxillofacial Surgery, and a Fellow of The American College of Oral and Maxillofacial Surgeons.

Notably, he served as a member and subcommittee chair on Gov. Rick Snyder's Prescription Drug and Opioid Addiction Commission, and frequently presents continuing education courses for the MDA on opioid awareness.

Recently we posed a series of questions to Dr. Benivegna — whose last name, by the way, rhymes with "Pennsylvania." Here are the questions and his answers . . .

Journal: Congratulations on your new position as MDA president. We ask this every year, but as you begin your term, what are your goals for the upcoming administrative year?

Benivegna: Thank you. I'm hoping for a quiet year at the MDA, but I'm readying myself for whatever's thrown at me. Basically,

(Continued on Page 36)

I'm looking forward to continuing to complete the goals set forth in our strategic plan, including implementing our digital transformation at the MDA and implementing some new software to customize the member experience with the MDA and to help us engage and communicate with members more effectively. Also, we'll be looking at utilization levels of the services that the MDA is currently offering to make sure that what we're offering actually meets the needs of members, and is being fiscally responsible. And we're also focused on increasing member engagement with our advocacy efforts in Lansing.

Journal: That's quite a list, but a good one. So all that planning aside, what do you see as the state of practice in dentistry here in Michigan right now, after two years of living with the COVID-19 pandemic?

Benivegna: So I think, as the ADA Health Policy Institute surveys have shown, that we're operating at near pre-COVID capacity in our offices. Dentists have had to do a lot of adapting over the last two years to meet the evolving CDC guidelines and institute office protocols to protect staff and patients, as well as having to deal with supply chain issues and shortages. It's definitely not business as usual compared to pre-COVID-19, but we seem to be busy with plenty of patients to see and are getting back into more of a routine. Personally, my office days are getting to be less of an adventure as we return to the new normal. I think the MDA has done a lot to help members cope with everything the past couple of years.

Journal: That's for sure. So what are some other top challenges Michigan dentists are facing?

Benivegna: Well, number one, staffing shortages remain an issue. It seems to be a problem in many businesses, not just dentistry. Hopefully, as workers re-enter the market the situation will improve. The ADA and MDA are trying to help this situation, but there's no easy quick fix. It's affecting everyone. Also, there's still difficulty in getting our normal dental supplies. Sometimes you may have to buy a different product than usual to accomplish the same task. So, it's about willingness to adapt.

Journal: What else?

Benivegna: Selling a practice is also a challenge, especially in certain areas of the state. Some of the services that the MDA and ADA offer can make that easier. But there's no doubt that the practice environment is changing, with fewer owner-dentists. It's going to continue to move towards group ownership.

Journal: What about new

At the office — Dr. Benivegna is an oral surgeon, shown here with his staff in his office in East Lansing. Satellite offices are located in the nearby communities of Grand Ledge and Charlotte.

graduates? A lot of them are burdened with very high levels of debt, and many of them are finding it preferable to work for a DSO or group practice rather than pursuing a career as a solo practitioner. There are generational differences among our members, but we know for sure that dentists graduating from dental school are the future of our profession. So what would you say to a new graduate, or a fairly recent graduate? What's your advice to help them get started the right way in a professional career, and how does the MDA fit into all of that?

Benivegna: I think dentistry is a great career. It's super-rewarding personally and professionally, and you can make a good living at it. There are a lot of great, established private and large group practices to choose to work for, depending on the lifestyle you desire. And there's a place in the MDA and in local societies for dentists in all different types of practice situations. Dentistry needs their input and participation.

On a practical basis, I'd encourage a new dentist to take advantage of the services that the MDA has to offer to help with employment contract evaluation, insurance products, and debt consolidation and repayment, or maybe a practice purchase. Also, consider entering the MDA mentorship program. And take advantage of the ADA Contract Analysis Service before signing with a dental benefit plan. Just the basic information that the MDA provides through publications and from the staff is very valuable, especially to a dentist who's just starting out. And of course the ADA has a lot of practical resources too.

Journal: Agreed! Now, on the other side of the coin, since you've been practicing for a number of years now, I'm wondering if you could describe what you see as reasons for a well-established dentist to belong to the MDA and ADA and local society? Do they need association membership as much as the younger dentists? What MDA benefits do you personally take advantage of in your office?

At home — Benivegna poses with wife Susan, son Michael, and dog Yogi at his Okemos home, not far from MDA headquarters. Not pictured: Son Matthew.

Benivegna: So I've been a member of the MDA for 32 years now. I like keeping current with our profession, and the MDA *Journal* and MDA Connection app help me do that, along with the other MDA print and social media. I also take advantage of the local component and MDA CE offerings to help meet my licensing requirements. Using MDA Insurance and MDA Services for insurance and dental supplies and other services I need also saves me money. Another important benefit is advocacy. I'm happy to know that the MDA and ADA are in my corner when it comes to big issues like governmental regulation, taxation, and funding of community programs like Healthy Kids Dental. These MDA, ADA, and component offerings benefit dentists of all ages.

Journal: You're an oral surgeon,

(Continued on Page 38)

and I'm wondering what your thoughts are in terms of how the MDA gives value to dental specialists as well as general dentists, knowing that most of our members are general dentists.

Benivegna: Again, it goes back to advocacy for me. The MDA was successful in lobbying to get the dental prosthetic tax eliminated and the Cone Beam CAT scanner Certificate of Need requirement removed, which made it easier and more economical for me to install CBCT scanners in my offices. Another valuable benefit that was really nice to have during the early stages of the COVID-19 pandemic was all of the MDA guidance for our office regarding CDC, OSHA, and MIOSHA recommendations and requirements. It was also a small victory for dentistry to be included as an essential service, and the MDA was a major part of that. Additionally, the MDA helped us be first in line for COVID-19 vaccine doses.

Journal: On another note, many of our members know you served on the governor's opioid task force, and have given presentations on opioid addiction. What's the current situation in terms of the opioid crisis? Is it improving, or getting worse?

Benivegna: It was really an eye-opener for me to be on the Prescription Drug and Opioid Abuse Commission from 2016 to 2018. It changed the way I prescribe for pain control, and through our efforts I don't think dentists prescribe many opioids any more. Although dentistry is doing its part in helping with the opioid crisis, there's still work to be done in other medical fields. There was some recent evidence of opioid overdose and death numbers decreasing beginning in 2018, but the COVID-19 pandemic eclipsed that progress, and the curve again is on a steep upward trajectory. This is mostly due to increased abuse of illicit, non-prescribed synthetic opioids such as fentanyl, which is mixed with heroin in a deadly combination.

Longtime practitioner — Dr. Benivegna has been in practice more than 30 years. He's shown here examining a patient chart. (Photos by Dave Trumpie.)

Journal: That's frightening stuff. I know you presented on opioids at this year's Annual Session.

Benivegna: Yes. I hope we can continue to make progress on this, because the opioid epidemic has a high human cost.

Journal: Getting back to organized dentistry — establishing and promoting diversity, equity, and inclusion is priority for the MDA right now, and the ADA as well. How are we doing? What can we do to do better? We've received some push-back from some members on this — are we being "politically correct"?

Benivegna: To quote Jane Addams from the series Great Ideas of Western Man, "Civilization is a method of living, an attitude of equal respect for all men." I believe it's really not so much about being politically correct, it's more about doing the right thing. Who could be opposed to being a little introspective and learning how to make it more fun for all of us to play nice in the sandbox? Our newly formed DEI committee is working on breaking down some long-held barriers. The MDA has also supported bias awareness. These efforts will make dentistry a better profession, and the MDA a more relevant and effective organization. Even the science shows us that increasing diversity in an organization increases creativity and productivity. So, I think we're on the right path.

Journal: I wonder if you could give us your perspective on organized dentistry, volunteer leadership, and maybe some thoughts on why the MDA seems to be meeting the challenges that are out there, as reflected by our strong membership?

Benivegna: Sure. Believe it or not, I got involved in organized dentistry because I complained about the

entertainment selection for our holiday party at the Central District. Well, wouldn't you know, for the next year's holiday party I was put in charge of the entertainment. From there I became the Central District New Dentist Chair, and then I just got hooked into having a hand in organized dentistry. For me, my involvement in organized dentistry comes from wanting to be involved in effecting change, and also as an outlet to give back to the profession that's provided so much for my family and me.

Journal: So what's a good way for someone to get started volunteering for organized dentistry — other than complaining about the entertainment at a party?

Benivegna: I would urge young dentists to get involved with small bites at first. Be a host at a CE event, or volunteer to serve on a committee or task force, or help out at a meeting. Applying for the MDA LEAD program is a super way to develop your leadership skills and eventually get more involved at a higher level. I think other members will find as I have that the MDA is full of great people, and it's helped me grow personally and professionally.

Journal: Tell us a little about your family, what you do in your spare time, how you maintain work/life balance with so much going on?

Benivegna: Where do I start? I have so many irons in the fire. First off, let me say I have an awesome wife, Susan, and two super long-haired boys, Matthew and Michael, and a dog, Yogi, that keep me going on a daily basis. Matthew is a junior at Michigan State University and Michael is a senior at Okemos High School.

My office staff and two oral surgery partners are the best, too, and make it easy to be an oral surgeon. My personal life is filled with a lot of Alpine skiing, racing, and ski coaching and officiating in the winter at the high school and USSA level. During the summer I run a 32-member golf league mostly consisting of dentists, so if you have a dental problem on a Wednesday afternoon in the Lansing area you might be out of luck. Also, in the summer I manage 160 acres of hunting land in Northern Michigan, and do a fair amount of gentleman farming. There's nothing better than being outside and getting your hands dirty! I enjoy hunting deer and deer camp in November. And then during the pandemic I learned to turkey hunt, so I have one more thing to keep me busy in the spring and fall.

With my family this summer we'll be taking a trip to Italy, which was postponed for the last two years, also because of the pandemic. So, I look forward to learning more about my Italian heritage. As you can see my life is not all work and no play, and it's that balance that allows me to continue living the dream!

Journal: Vince, any other personal thoughts you'd like to convey?

Benivegna: I'm really looking forward to my year as MDA president. I can't do it alone, though, and everybody has to do a little bit of the rowing. Maybe for some of our readers that means answering a Text to Action alert from the MDA to help with a legislative dental issue, or maybe applying for a spot in the LEAD program, or taking advantage of one or more of the services offered by the MDA, or helping out at your local component level with a few hours of your volunteer time. All of our members have unique qualities they can bring to the table to continue to make our MDA the best professional organization.

Journal: Good thoughts, for sure. Any last words before we wrap this up?

Benivegna: Yes — Smile on! And I'm thankful for the opportunity to serve. ●

Congratulations to the MDA's 2022 Award-Winners!

Each year the MDA recognizes outstanding individuals or organizations with special awards, given out at the first meeting of the MDA House of Delegates during Annual Session. The awards presentation is always a highlight of the MDA year, honoring these richly deserving honorees.

The MDA's awards include the John G. Nolen Meritorious Award, the Emmett C. Bolden Dentist Citizen of the Year Award, the MDA Public Service Award, the Matt Uday New Dentist Leadership Award, the Michigan Donated Dental Services (DDS) Award, awards recognizing dentist faculty members at the University of Michigan and University of Detroit Mercy dental schools, as well as recognition for an allied dental professional educator.

Award recipients are nominated by component dental societies, with finalists selected by the MDA Board of Trustees. Watch for information on the nomination process for the MDA's 2023 awards later this year in the *Journal* and in the *Journal eNews*. Photos from the awards presentation at the MDA House will appear in next month's *Journal*.

More about the MDA's Annual Awards

The John G. Nolen Meritorious Award is the Michigan Dental Association's highest award and honor. Named after the longtime MDA leader and former executive director, the Nolen Meritorious Award honors dentists or other individuals or organizations for material contributions to the Michigan Dental Association or toward the advancement of the art and science of dentistry, while also recognizing contributions and activities of a nature that reflect great credit on the dental profession.

The Emmett C. Bolden Dentist Citizen of the Year Award honors a member of the Michigan Dental Association who has demonstrated outstanding or unusual contributions or service to the community, state, or country.

The MDA Public Service Award recognizes exceptional current contributions to the public and dental profession in the field of dental health and related activities.

The Matt Uday New Dentist Leadership Award recognizes new dentists who have demonstrated leadership qualities and abilities of such a substantial nature that they serve as a role model for other new dentists.

MDA Dental School Faculty Awards are presented to outstanding faculty members at the University of Michigan School of Dentistry and the University of Detroit Mercy School of Dentistry.

The MDA Allied Dental Professional Award is presented to an outstanding professional in one of the allied dental professions.

The Michigan Donated Dental Services (DDS) Awards recognize outstanding volunteer dentists and dental labs participating in the Michigan Donated Dental Services (DDS) program.

John G. Nolen Meritorious Award
Connie Verhagen, DDS
Norton Shores
Muskegon District Dental Society

Verhagen

The John G. Nolen Meritorious Award, named after the MDA's longtime (1969-1990) executive director, is the MDA's highest honor. And who better to receive this year's award than Dr. Connie Verhagen, who has spent her entire professional life serving dentistry? At the MDA she has served as chair of the Committee on Dental Education, as chair of the Special Committee on Health and Hazard Regulations, as co-author of the MDA's *HHR Handbook* and *MDA Regulatory Compliance Manual*, as a member of the MDA Board of Trustees, as MDA treasurer, and as MDA president. She was a guiding force behind the MDA Foundation Mission of Mercy, also serving as public health lead. At the ADA, she has served as a delegate to the ADA House of Delegates, as a member of the Reference Committee on Dental Education, Science and Related Matters, as a member of the ADA Council on Dental Education, and as a member of the Commission on Dental Accreditation. Retired from practicing clinical dentistry, she serves as executive director of the Muskegon District Dental Society. Today, she is redirecting her personal focus towards helping patients and people, especially those who are underserved, on a much broader scale in West Michigan. She works tirelessly as a leader, as a spokesperson, and in her various roles and activities, and continues to represent organized dentistry at its finest.

Emmett C. Bolden Dentist Citizen of the Year Award
John Monticello, DDS
Grand Rapids
West Michigan District Dental Society

Dr. Emmett Bolden, an African-American dentist in Grand Rapids, displayed great leadership in desegregating movie theaters in the 1920s. Dr. John Monticello is another West Michigan dentist with a long history of leadership and involvement. He has served with the West Michigan District Dental Society, with the Michigan Association of Orthodontists, the Great Lakes Association of Orthodontists, in many leadership roles within the American Association of Orthodontists, and with his church. Dr. Monticello proudly served in the Air Force and the U.S. Air Force Reserve. He is a well-deserved recipient of Emmett C. Bolden Dentist Citizen of the Year Award, due to his passion for his community, profession, and country.

Monticello

Matt Uday New Dentist Leadership Award
Rachel Sinacola, DDS
Grand Rapids
West Michigan District Dental Society

Sinacola

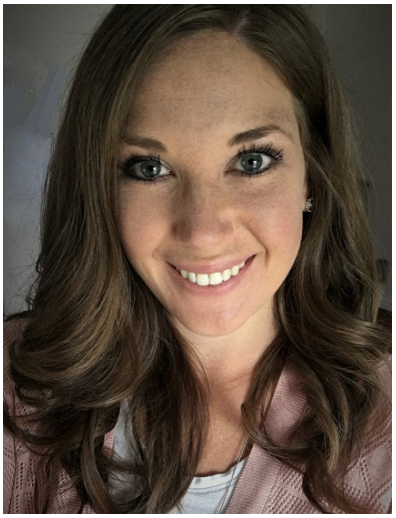
Like the late Dr. Matt Uday, Dr. Sinacola is an outstanding new dentist, and the MDA is proud to award her with this year's New Dentist Leadership Award. Dr. Sinacola is an MDA Leadership Exploration And Development (LEAD) graduate and currently serves on the MDA Committee on Membership. She is an adjunct clinical assistant professor of dentistry in periodontics and oral medicine at the University of Michigan

(Continued on Page 42)

School of Dentistry. Dr. Sinacola also has been very active at the local level, serving as the editor of the *Bulletin of the West Michigan Dental Society*, as a member of the WMDDS delegation to the MDA House of Delegates, as a member of the WMDDS Board, and as vice president of the Kent County Dental Society.

As WMDDS editor, she has helped implement positive changes that led to the *Bulletin* receiving awards in 2020 and 2021, including a Silver Scroll award for "Most Improved" publication, and an award for Best Leadership Editorial. She has proven herself to be a reliable, passionate, and skilled professional in the areas of professional and personal leadership.

Public Service Award
Cassie Caple, LMSW
The Area Agency of Aging of West Michigan
Grand Rapids



Caple

Cassie Caple, an active member of the Kent County Oral Health Coalition and its steering committee, the Area Agency on Aging of West Michigan, is the recipient of this year's MDA Public Service Award. She has identified barriers to oral health, improved access to care, and has increased her community's oral health literacy.

The local annual Senior Dental Day offers free preventive dental care to uninsured seniors over the age of 60. When the pandemic resulted in cancellation of Senior Dental Day in 2020, she redirected the funding to provide oral hygiene supplies directly to seniors. She also advocated for the Kent County Senior Millage, which helps fund services to allow older adults to remain in their own homes as they age. She participated in the Demand Medicare Dental Movement that promoted dental care provisions in Medicare and promoted the availability of low-cost dental access points available to seniors in Kent County. She is a pioneer for dental awareness in West Michigan and works consistently to improve the oral health landscape through community based-efforts.

Dental Faculty Award/University of Michigan
Diane Hoelscher, DDS, MS
Ann Arbor

Hoelscher

The MDA is proud to honor Dr. Diane Hoelscher with this year's MDA Dental Faculty Award. She has dedicated 26 years of her career to students, patients, and organized dentistry in southeast Michigan, teaching more than 45 courses between the University of Michigan and the University of Detroit Mercy. She spent 13 years at Detroit Mercy Dental as a department chair, and recently served as the interim associate dean for academic affairs at U-M. Additionally, she has served as the senior vice president for professional development at the American Dental Education Association, working to improve the teaching skills of dental educators in the United States and Canada. Her dedication and support of organized dentistry are demonstrated through numerous awards and participation in workgroups and councils.

After completing her MS in health care education, she focused on mentoring faculty to create and deliver innovative curricula that would, in turn, continuously improve the experience of students. During her time at Michigan, she has put in place a faculty development program that focused on new faculty education as they launch their dental education careers. She has also worked tirelessly at Detroit Mercy Dental, working with new faculty to implement standards for preclinical teaching, actualizing a predoctoral caries risk assessment and management process, and rolling out an interdisciplinary evidence-based dentistry curriculum. Her varied experience demonstrates her dedication to the students, patients, colleagues, and organized dentistry in southeast Michigan.

Dental Faculty Award/Detroit Mercy Dental
Rafael Pacheco, DDS, MS, PhD
Farmington Hills

Pacheco

A full-time faculty member at the University of Detroit Mercy School of Dentistry since 2015, Dr. Rafael Pacheco is a dedicated clinician and educator for both dental and dental hygiene students. His clinical knowledge, years of private practice experience, and research in teaching students how to best care for their patients has made him an outstanding educator. He has served on the school's Dental Admissions Committee, Research Committee, and Materials and Instrumentation Committee. He is a member of the International Association of Dental Research, the American Association of Dental Research, and is a member of the ADA, MDA, and Detroit District Dental Society. In addition, he has volunteered his graphic design skills to help student organizations in their fundraising efforts. He takes pride in serving both the School of Dentistry and the greater community, making him the perfect recipient of the Dental Faculty Award for the University of Detroit Mercy.

Allied Dental Professional Educator Award
Catherine Archer, RDH, BS, MSCTE
Big Rapids
West Michigan Dental Society

Catherine Archer, a dental hygienist and assistant professor in the dental hygiene program at Ferris State University, exemplifies the mission of the MDA Allied Dental Professional Educator Award. She has been a full-time educator at Ferris State for 14 years, instructing second-year dental hygiene community dentistry courses and labs for both fall and spring semesters. She has been an adviser for the Student Chapter of the American Dental Hygiene Association since 2015.

An active volunteer, she accompanies dental hygiene students several times a year to volunteer in the dental clinic at Mel Trotter Ministries, serving the local homeless and needy population. She leads by example, attending the Michigan Dental Hygiene Educators Association annual meeting, while her students attend the Student Chapter of the American Dental Hygiene Association. She is an active member of the College of Health Professions Diversity and Inclusion Committee and the Interprofessional Education Committee. Lastly, she coordinates an annual Guyana Mission Trip to educate dental hygiene students on the difference between poverty and overabundance, and motivates them to recruit the next group of volunteers for the following year.

Archer

Michigan Donated Dental Services (DDS) Volunteer Dentist Award
Dr. Howard Graef
Clawson

Graef

Dr. Howard Graef is a general dentist who has been a Donated Dental Services volunteer since 1996, helping 18 vulnerable individuals. In 2011 his daughter joined his practice and also became a volunteer. Dr. Graef and his team have consistently treated some of the most vulnerable DDS patients; consequently, treatment often is

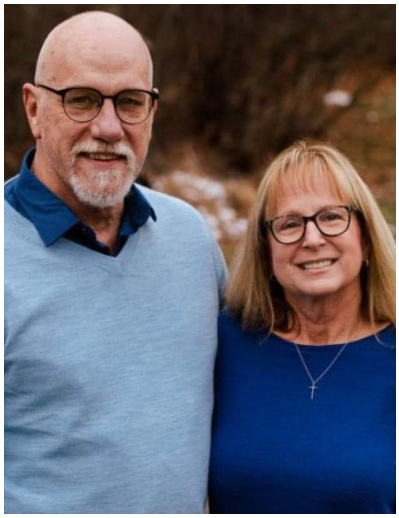
(Continued on Page 44)

prolonged due to medical issues and precautions. His spirit of commitment to vulnerable populations extends beyond DDS, but is seen consistently in the DDS patients he treats with extraordinary care and kindness.

A previous patient, an elderly frail senior, describes how "welcoming, patient, and caring" he was with her, and how his staff embraced her with kindness and respect. Even during the COVID-19 crisis, Dr. Graef's office was committed to treating "their two" DDS patients a year. Congratulations on a great record of service.

Michigan Donated Dental Services (DDS) Volunteer Dental Lab Award
Cornerstone Dental Studio
Novi

Cornerstone Dental Studio is a small crown and bridge lab with a three-to-six-person that has volunteered with the Donated Dental Services program since 1997, assisting with more than 45 cases. Their spirit of volunteerism is exceptional. Owners Sharon and Joe McCoy are always willing to help with cases regardless of whether the volunteer dentist typically does business with their lab. They help with cases across southeastern Michigan, regardless of whether a it is a simple or complex case. They have consistently said they will always donate for a case, and that DDS volunteers should never be concerned about asking them for help. Sharon and Joe are huge supporters of the Michigan DDS program and share its commitment to assisting vulnerable populations. ●



Cornerstone Dental Studio

MDA Policy on Providing Treatment to Pregnant Women

The Michigan Dental Association policy recognizes that preventive, diagnostic and restorative dental treatment to promote health and eliminate disease is safe **throughout pregnancy** and is effective in improving and maintaining the oral health of the mother and her fetus.

Current guidelines available at **www.michigandental.org/Perinatal-Resources**

michigan dental ASSOCIATION
YOUR CONNECTION TO ORAL HEALTH®

Periodontal Disease and COVID-19

By Zhaozhao Chen, DDS, MS, PhD; Laurie K. McCauley, DDS, MS, PhD; Purnima S. Kumar, BDS, MS, PhD; Hom-Lay Wang, DDS, MS, PhD

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a single-chain RNA virus with spike-shaped proteins (S-proteins) binding to angiotensin-converting enzyme 2 (ACE2), is the cause of a novel coronavirus disease known as COVID-19.[1–3] Being highly transmissible, COVID-19 poses an extraordinary threat to human health and public safety, and the emergence of SARS-CoV-2 variants of concern (VOCs) has exacerbated the COVID-19 pandemic. Patients may present mild symptoms (e.g., fever, fatigue, and dry cough) to severe respiratory and other organ failures.[4] The rapid replication of virus may trigger a strong immune response.

Considered the main cause of death in patients infected with SARS-CoV-2, hyperinflammation as a cytokine storm may result in acute respiratory distress syndrome (ARDS) and even respiratory failure.[5] In addition, respiratory viral infections predispose patients to co-infections, leading to increased disease severity and mortality.[6] According to the World Health Organization's March 6, 2022, statement, more than 433 million people had been confirmed with infection, with 5.9 million deaths worldwide.[7]

Abstract

As the gateway to the respiratory system, the oral cavity can play an essential role in SARS-CoV-2 invasion and transmission. Besides expressing high levels of angiotensin-converting enzyme 2 (ACE2), the oral cavity can harbor viral particles in saliva, gingival crevicular fluid, and the periodontal pocket. Microbial and inflammatory associations closely link periodontitis and COVID-19.

In this review, we summarize the reported oral manifestations of COVID-19, its association with periodontal diseases, the plausible underlying mechanisms of microbial and inflammatory crosstalk between COVID-19 and periodontal diseases, long COVID-19, and mitigation protocols during periodontal treatment.

Keywords: Covid-19, SARS-CoV-2, inflammation, periodontal disease, infection control, evidence-based dentistry.

Relationship between SARS-CoV-2 and oral cavity

In confluence with the upper respiratory tract, the oral cavity is one of the first places where the SARS-CoV-2 interacts with the host. The oral mucosa and salivary glands express high levels of the viral receptor ACE2, which may predict potential SARS-CoV-2 infection routes and predispose the oral cavity to infection and subsequent tissue damage.[8,9] Moreover, cell proteins related to coronavirus invasion, e.g., transmembrane protease serine 2 (TMPRSS2), cathepsin, furin, are found in the oral epithelium.[8]

The oral cavity harbors viral particles in saliva, gingival crevicular fluid (GCF), and periodontal pockets. SARS-CoV-2 can enter the saliva by three routes: secretions from upper and lower respiratory tracts, salivary glands, and gingival crevicular fluid (GCF).[10,11] Early detection of asymptomatic patients can contribute to the prevention of virus transmission. A salivary diagnostic test has been used for the early detection of SARS-CoV-2 that can be self-collected without involving specialized health care personnel. When compared to nasal swabs, it has significantly contributed to the prevention of virus transmission by delivering faster test results with earlier detection of asymptomatic patients.[12,13]

GCF is an inflammatory exudate consisting of serum, inflammatory mediators, immunoglobulins, and materials formed from tissue breakdown. GCF could be a possible mode of transmission of SARS-CoV-2. It has been reported that the detection sensitivity of SARS-CoV-2 in GCF and saliva are comparable.[11] Within the periodontal environment, previous studies have shown that oral epithelial cells express not only ACE-2, but also CD-147, which has been suggested as a novel SARS-CoV-2 infection route.[14] Furthermore, the expression of CD-147 in gingival epithelium has been found to be higher in cells harvested from patients with periodontitis.[15] SARS-CoV-2 RNA has also been detected in dental biofilms from symptomatic COVID-19 patients; hence, dental biofilms might be a potential reservoir in SARS-CoV-2 transmission.[16]

Oral manifestations of COVID-19

In COVID-19 infection, besides respiratory symptoms,

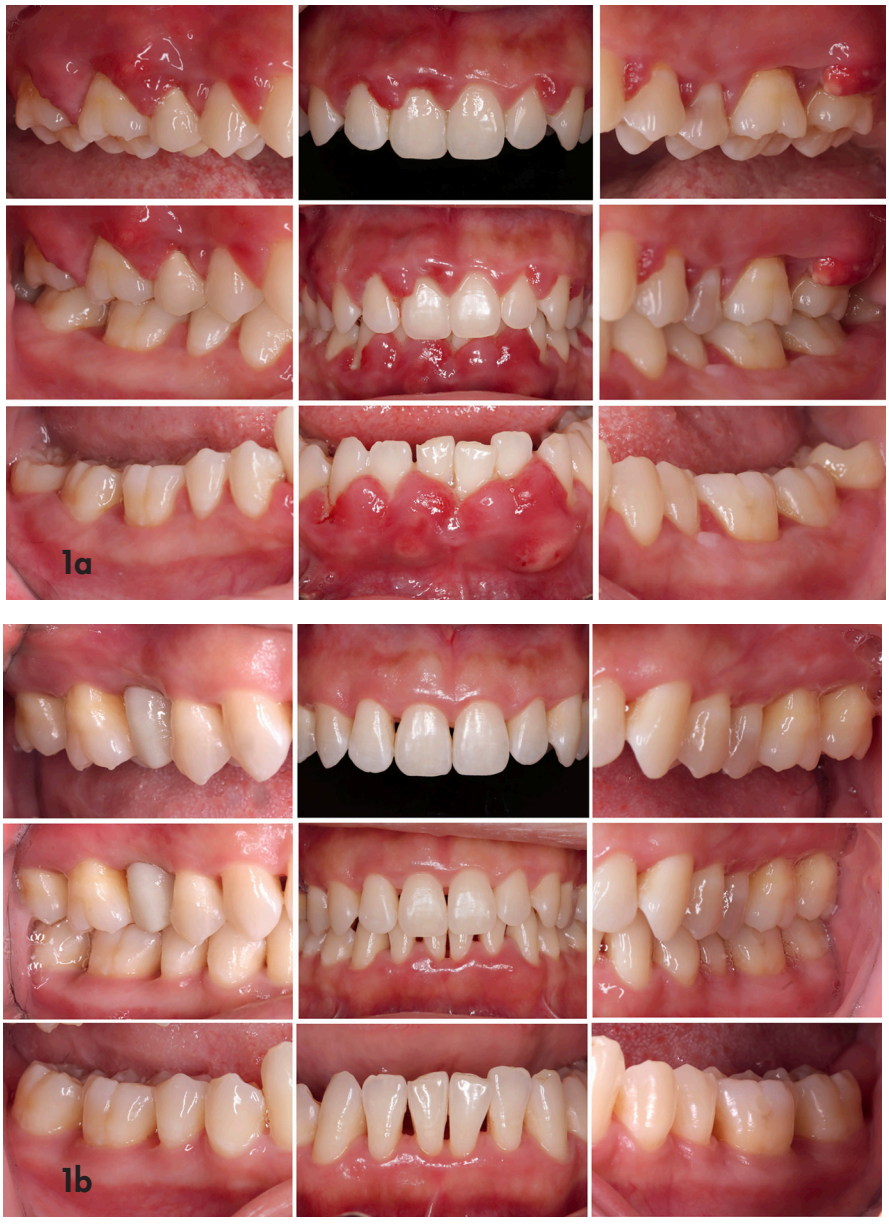
it has been reported that patients could present with a wide variety of oral manifestations.[17–19]

Taste disorders. Taste disorders are commonly reported among patients infected with COVID-19. They present at a higher prevalence in the North American (53%) and European populations (50%) than with Asians (27%). Taste disorders show a significant association with female patients and those with mild/moderate COVID-19 infections.[17] The exact mechanisms remain unclear, but one theory is that viruses are able to invade cells on the dorsal surface of the tongue, which express high levels of ACE2. Subsequent inflammation may result in the loss of function of taste buds and dysfunction of supporting non-neuronal cells in the mucosa.[20]

Oral mucosal lesions. Oral mucosa lesions associated with COVID-19 include blisters, ulcers, desquamative gingivitis, petechiae, and candidiasis.[17] However, it remains uncertain whether these lesions are the direct result of virus infection or secondary manifestations, considering the possibility of coinfections, a weakened immune system, and adverse reactions of medical treatment.[6]

Periodontal manifestations. Regarding periodontal manifestations of COVID-19, in a cross-sectional study including 33 COVID-19 positive patients (20 asymptomatic and 13 with mild symptoms), 17 out of 19 patients presented with periodontal disease.[11] However, it is unclear whether COVID-19 causes or exacerbates periodontal disease. It should be noted that Patel and Woolley[21] published a case report of necrotizing gingivitis in a SARS-CoV-2-infected patient. Without any other relevant medical history, this 35-year-old patient presented with bilateral submandibular lymphadenopathy, severe halitosis, generalized erythema and edema, necrotic interdental papillae, and spontaneous gingival bleeding. The patient had a fever starting three days prior to any oral symptoms and was suspected of COVID-19 infection.

Figure 1 — (a) Initial oral presentation and (b) Five weeks re-eval after Phase I periodontal therapy.



Similar to this case, a 29-year-old female patient visited our clinic (Graduate Periodontics Clinic, University of Michigan School of Dentistry) after her quarantine and reported that she had halitosis, bilateral submandibular lymphadenopathy, and severe gingival swelling, pain, and bleeding starting two days before her diagnosis as COVID-19 positive (with a mild symptom of fatigue and shortness of breath). An oral exam (15 days post-symptom onset) revealed the signs of

(Continued on Page 48)

necrotizing periodontal disease and multiple periodontal abscess formation (Figure 1a, see Page 47). In this case, resolution of acute periodontal lesions (Figure 1b, see Page 47) was achieved following mechanical debridement and antibiotic regimen.

Acute periodontal lesions, such as periodontal abscesses and necrotizing periodontal diseases (NPD), often develop in patients with impaired host immune defense.[22] Given that the patients with COVID-19 exhibit dysregulated immune response and a higher quantity of *Prevotella intermedia* and *Fusobacterium* (bacteria that are highly associated with acute periodontal lesions), it is suspected that the etiology of these periodontal conditions may be associated with bacterial co-infections in COVID-19 patients.[23,24] In addition, psychological stress, insufficient sleep, isolation, and inadequate oral hygiene, as relevant predisposing factors for NPD, are commonly found in the COVID-19 pandemic and could have an impact on or could solely explain these periodontal manifestations.

Association between COVID-19 and periodontal diseases

Periodontal diseases increase COVID-19 severity. Given the impact of periodontal diseases on systemic conditions, such as diabetes, cardiovascular diseases, preterm low-weight birth, Alzheimer's disease, and cancer, it is reasonable to assume a possible link between periodontal diseases and COVID-19. The potential relationship between periodontal disease and COVID-19 has become of major interest.[18,20,25,26] Recent case-control studies[27,28] demonstrated a significant association between periodontal disease and COVID-19. Compared to the patients without COVID-19, the population of patients with COVID-19 have been found to have a higher proportion of individuals with a mean plaque score ≥1 (odds ratio: 7.01), gingivitis (OR: 17.65), mean clinical attachment loss ≥ 2 mm (OR: 8.46), and severe periodontitis (OR: 11.75).[27]

A higher rate of intensive care unit (ICU) admission, increased need for assisted ventilation, higher mortality, and greater levels of biomarkers linked to worse COVID-19 outcomes such as D-dimer, white blood cells, and C-reactive protein, have been reported in COVID-19 patients with periodontitis (Stage II-IV) than periodontally healthy or initial periodontitis (Stage I).[28] A cross-sectional study investigated UK Biobank participants (n=13,253), and showed that patients with painful or bleeding gum have a higher risk of mortality following COVID-19 infection.[29]

Possible mechanisms and patient management. Hypotheses for possible mechanisms explaining the association of periodontal disease with COVID-19 risk and severity have been proposed, including shared risk factors (e.g., smoking and diabetes) between these two diseases, "refraining from dental visits" during the pandemic, and microbial and inflammatory associations.[26] As a niche for microbial infection, the periodontal pocket may harbor both active and latent (inactive or dormant) SARS-CoV-2 forms,[30,31] and the presence of periodontal pathogens may increase the cellular entry of SARS-CoV-2 by facilitating the degradation of S-protein.[25,26] In addition, ulceration of the gingival epithelium caused by periodontitis reduces the protection and increases the risk of virus invasion.[30]

Following replication in the periodontium, the virus may transmit into the oral cavity and saliva or enter the periodontium blood vessels to reach distant organs.[31] Cytokines released in response to periodontitis could enhance the cytokine storm in severe forms of COVID-19.[32] As such, maintaining adequate oral hygiene and periodontal health may be an important measure for the prevention of COVID-19 and its complications. Given that periodontal therapy has been shown to reduce bacterial burden and serum inflammatory biomarkers, it may have a therapeutic effect on both periodontitis and COVID-19 severity.

Another hypothesized mechanism is related to the aspiration of periodontal pathogens, mainly occurring in elderly patients.[25] Aspirated periodontopathic bacteria and other oral bacteria may increase ACE2 expression on the respiratory epithelium,[33] stimulate the production of proinflammatory cytokines and exacerbate lung inflammation,[34] and promote decreased respiratory function and alveoli/bronchi epithelial barrier destruction by overproduction of mucin.[35] In this regard, hospitalized patients are more likely to require more meticulous oral health management. The oral examination in patients with COVID-19, especially those in the ICU, should not be neglected.

Long COVID-19. Post-acute sequelae of COVID-19 (PASC; aka Long COVID) is characterized by long-term symptoms and/or complications after the onset of COVID-19.[36] Little is known regarding the association of PASC with periodontal disease. However, as studies link periodontal disease with severity of COVID-19 and severity of COVID-19 links with PASC, further investigation is of interest.[15,28,33,37] Microbial findings from studies of the gut point to the potential for microbial dysbiosis in PASC, raising the question of what the microbial perturbations are in the oral cavity and whether the periodontal microbiome associates with PASC.[38]

In a hospital-based study, the administration of bacteriotherapy/probiotics significantly reduced symptoms of fatigue associated with PASC.[39] An elegant recent study utilized a deep multi-omic longitudinal investigation of COVID-19 patients to identify four PASC risk factors, which included type 2 diabetes, SARS-CoV-2 RNAemia, Epstein-Barr virus viremia, and particular autoantibod-

ies.[40] They did not associate PASC with oral findings, but Epstein-Barr virus has been shown to be associated with periodontitis,[41] as is type 2 diabetes, rendering it plausible that periodontitis may also predispose individuals to PASC. This is an open question that future studies will need to clarify. In the meantime, clinicians need to be aware of the wide variety of symptoms associated with PASC, including fatigue, shortness of breath, chest pain, risk of thromboembolism, and neurologic and psychiatric complications, and be prepared to treat these individuals safely and with compassion in a clinical setting.[42]

Mitigation protocols during periodontal treatment. The SARS-Cov-2 virus has a predominantly respiratory transmission through aerosol and droplets.[43] The importance of infection control, such as patient screening and triage, hand hygiene, preprocedural application of mouth rinses, personal protective equipment (PPE), limitation of aerosol-producing procedures, and cleaning of potentially contaminated surfaces, is therefore crucial in minimizing viral diffusion.[44,45] Testing is becoming more straightforward and has value beyond the presence or absence of disease.[46] Given the high probability of transmission from asymptomatic patients,[47] it is necessary for us to pay close attention to the aforementioned oral manifestations in patients during dental visits to prevent nosocomial infections.

Infection protection and control strategies for aerosol mitigation have been extensively reviewed before.[48] The most effective strategy is elimination and substitution (e.g., symptom screening, preprocedural testing, preprocedural mouth rinses, line microbiota decontamination, high volume evacuation), followed by engineering controls (air cleaning systems, surface decontamination, negative pressure room), and administrative controls and personal pro-

(Continued on Page 50)

About the Authors


Chen


McCauley


Kumar


Wang

Zhaozhao Chen, DDS, MS, PhD, is currently a second-year resident of graduate periodontics at the University of Michigan School of Dentistry. She received her DDS, MS, and PhD degrees from West China School of Stomatology, Sichuan University, China. Her main clinic and research interests include hard/soft tissue regeneration and digital dentistry.

Laurie K. McCauley, DDS, MS, PhD, is the William K. and Mary Anne Najjar professor and dean of the School of Dentistry, and professor in the Department of Pathology at the Medical School at the University of Michigan. She is a Diplomate of the American Board of Periodontology, a Fellow of the American Association for the Advancement of Science, the National Academy of Medicine, the American College of Dentists, the International College of Dentists, and the Pierre Fauchard Academy. She is a former council member of the American Society for Bone and Mineral Research, former associate editor of the *Journal of Bone and Mineral Research*, and also served on the National Institutes of Health, National Advisory Dental & Craniofacial Research Council. In March of this year she was named provost and executive vice president for academic affairs at the University of Michigan for a 13-month appointment effective May 16.

Purnima S. Kumar, BDS, MS, PhD, served as tenured professor of periodontology and chair of the Oral Biology Graduate Program at The Ohio State University. She became the chair of the Department of Periodontics and Oral Medicine at the University of Michigan School of Dentistry on May 1, 2022. She is a Diplomate of the American Board of Periodontology and a Fellow of The Hedwig van Ameringen Executive Leadership in Academic Medicine program. She is the Principal Investigator of the Oral Microbial Ecology Laboratory at OSU, funded through the NIH, NCI, and oral health care industry. She currently serves as chair of the Continuing Education Oversight Committee for the American Association of Periodontology (AAP) and is a member of the AAP's Taskforce for Women in Periodontics and the Taskforce for Future Science Strategies. Her research focuses on the oral microbiome and its interactions with the host to promote health or cause disease and the role of human behaviors in shaping this ecosystem.

Hom-Lay Wang, DDS, MS, PhD, is professor and director of graduate periodontics at the University of Michigan School of Dentistry. He currently serves as a member of Taskforce for Future Science Strategies for the American Academy of Periodontology, president-elect, chair of the Global Education Committee, and chair of the Global Development Committee for the Academy of Osseointegration. He is a Diplomate and a former chair and director of the American Board of Periodontology, a Fellow of the American College of Dentists as well as a Fellow of AO, a Diplomate and former president and Board director of the International Congress of Oral Implantologists, and a former consultant for the ADA Commission on Dental Accreditation.

tective equipment (PPE).[49] Given that the infection rates among dental health care workers remain extremely lower than those in the general public,[50] this may reflect the pre-existing blood-borne pathogens precautions in dental environments and effective strategies adopted in response to the current pandemic.

Regarding PPE, the current recommendation for aerosol-generating dental procedures (such as ultrasonic scaling, implant osteotomy, and restorative procedures) includes the use of an N95 or equivalent mask or a mask in combination with a face shield. A full-sleeved cuffed gown with a back closure is recommended to minimize risk to dental health care providers.[48]

As a primary source of microbial pathogens in aerosols, dental unit waterlines play a major role in infection control.[51,52] Reducing microbial contamination in waterlines is essential for lowering the aerosol microbial load and can be achieved by the use of filters, biocides (e.g., sodium hypochlorite, phenol), waterline flushing for a minimum of two minutes at the beginning of each day and at least 20 seconds between each patient, and emerging methods, such as nano-adsorbents, ionizing currents, and acoustic waves.[48]

Preprocedural mouth rinses with chlorhexidine gluconate (CHX) are effective approaches to reduce the bacteria load in aerosols.[53] A four-arm randomized clinical trial[54] investigated SARS-Cov-2 viral load in saliva after 60-second mouth rinses from symptomatic, asymptomatic, pre-symptomatic, and post-symptomatic patients with COVID-19. It showed that regardless of the types of mouth rinses (normal saline, 0.12% CHX, 1% hydrogen peroxide, or 0.5% povidone iodine), viral load was decreased by 61%-89% at 15 minutes and by 70%-97% at 45 minutes after rinsing.

During ultrasonic scaling, high-volume evacuation can reduce atmospheric aerosol by 80.7% to 94%. Air cleaning systems also contribute to the reduction of viral particles suspended in the atmospheric aerosol.[48] In all, when standard infection control practices are adopted, such as mouth rinses prior to the procedure and intraoral high-volume evacuation, the risk for transmission of SARS-CoV-2 from aerosolized saliva in dental treatment of asymptomatic patients is moderately low.[51]

Conclusions

The COVID-19 pandemic has continued for more than two years, and SARS-COV-2 and its long-term effects will likely coexist with us for a long time. Understanding the association between COVID-19 and periodontal diseases, the detection and management of the possible oral manifestations, and following strict clinical infection control is essential for providing dental care, both today and in a post-pandemic era. Assisting our patients in maintaining adequate oral hygiene and periodontal health may further contribute to the management and prevention of COVID-19. ●

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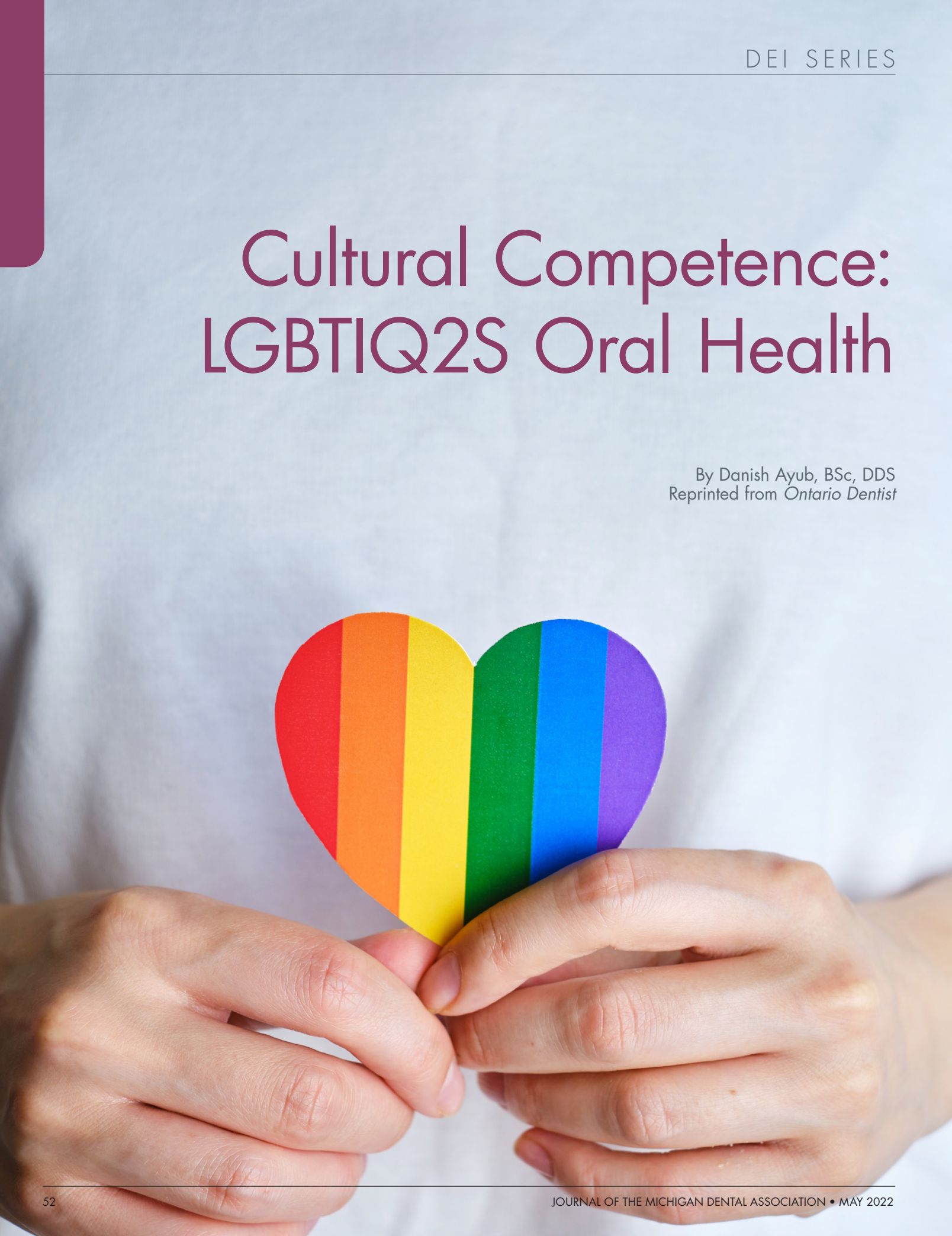
Cultural Competence: LGBTIQ2S Oral Health

By Danish Ayub, BSc, DDS
Reprinted from *Ontario Dentist*



The acronym "LGBTIQ2S," refers to Lesbian, Gay, Bisexual, Transgender, Transsexual, Intersex, Queer, Questioning, and Two Spirit individuals. It is a term that encompasses a spectrum of sexual and gender identities, and can take on many forms, including "LGBPT-TIQQ2sAAS+." For the purposes of this article, focus will be placed on LGBT, LGBTQ, or LGBTIQ2S issues, given available statistics and research. Either way, little research exists on oral health and dental care in these populations. This article presents what research is available and will highlight the extent of training for new dentists on this segment of the population, as well as what methods may improve the quality of education on these issues.

A syndemic of inequalities

In 2015, Statistics Canada reported that 1.7% of Canadians identified as gay or lesbian and 1.3% identified as bisexual.[1] These percentages will arguably grow, based on changing social environments and as individuals feel more comfortable self-identifying their sexual identities. Homosexuality was considered a mental illness by the World Health Organization until 1992 and, still to this day, same-sex acts are considered a criminal offense in 71 countries in the United Nations.[2] Individuals in countries that have anti-discrimination laws also still report experiencing abuse and violence for public displays of affection.[2]

Such stigma and discrimination lead to marginalization of LGBTIQ2S communities and socioeconomic and mental health disparities. For example, 40% of homeless youth in Canada identify as LGBTIQ2S and, compared to heterosexual cisgender (a person whose sexual identity and gender corresponds to their birth sex) youth, are at higher risk of identifying the reason for homelessness or street involvement as an inability to get along with parents or the experience of violence and abuse.[3] The Canadian Mental Health Association has reported that social inclusion, freedom from discrimination and violence, and access to economic resources are the three most important determinants of positive mental health and that all three impact the LGBTQ population.[4] LGBTQ individuals, most specifically the transgender community, are

(Continued on next page)

Editor's Note

Although this article originally appeared in 2020 in a Canadian publication *Ontario Dentist, The Journal of the Ontario Dental Association*, its message is valuable for Michigan readers today. In it, you will find that Canadian and other North American native cultures use the term "two-spirit individuals" to describe a person who identifies with both male and female spirits. The term is sometimes used to describe same-sex attraction or other variances in gender.[12] According to a 2019 survey, 4% of Michigan residents identify as LGBTQ.[13] We reprint this article as part of the MDA *Journal*'s continued emphasis on increasing awareness of diversity, equity, inclusion, and cultural competence issues. As always, your comments are welcome.

—CJS

Cultural Competence

(Continued from Page 53)

over-represented among low-income Canadians and are targets of sexual and physical assault, harassment, and hate crimes.[4] LGBT individuals have higher rates of depression, anxiety, obsessive-compulsive and phobic disorders, suicidality, self-harm, and substance use.[4] There are also disparities in terms of the health problems faced within these communities, such as higher susceptibility to bacterial vaginosis in lesbian women, greater vulnerability to sexually transmitted infections, and HIV in transgendered women and gay men. Research has shown that LGBT individuals face a syndemic of inequalities, which include sexual health, mental health, and alcohol/substance abuse.[2]

Oral health: what we know

In terms of oral health, little research is available. A U.S. study[5] using 2009-14 National Health and Nutrition Examination Survey data demonstrated that, after adjusting for age, sex, race/ethnicity, education, and income, clinical measures (DMFT, periodontitis, number of teeth) of oral disease do not differ by sexual orientation (gay, lesbian, bisexual, heterosexual). However, self-reported oral health status remains worse among gay, lesbian, and bisexual adults compared to heterosexual adults, and bisexual adults are more likely to report access-to-care barriers (30%) compared to heterosexual adults (19%). What these data suggest is that one's sexual and gender identity is likely linked to other forms of economic and social marginalization (e.g., income status), which itself has a relationship with oral health-related outcomes.

It is known that LGBTIQ2S communities face a number of barriers when it comes to health and well-being.[2-4] With this in mind, what is dentistry doing to ensure that LGBTIQ2S oral health is effectively addressed? Are there learning opportunities for dental professionals on the appropriate care of this community? Is stigma within the dental community present and, if so, is it being confronted and challenged?

It has been suggested that dentists are not proficient in dealing with LGBT health-care issues.[6] Some may assume that the health care of the LGBT community does not differ from the rest of the population, except for sexual health. Along with the mental health and socioeconomic issues mentioned previously, LGBT individuals may also face discrimination from health care professionals. For instance, LGBT individuals report being treated differently due to homophobia, which is a term used to describe an ideology that non-heterosexual relationships, behaviors, and identities are illegitimate.[7] Furthermore, lack of communication and knowledge, as well as unfounded presumptions among health professionals on LGBT health needs, are other health barriers that the LGBT community faces.[7]

The *Journal of Dental Education* published a study in 2009 that explored the views of dental student leaders on LGBT issues, and education for these issues within their dental schools.[8] The results of this study came from 113 students across 30 dental schools (27 U.S. schools and three Canadian) that recorded answers through an online survey. Students from 19 of the schools responded neutral to the statement, "My classes prepared me well for treating patients from non-heterosexual backgrounds." Students from seven schools disagreed completely with the statement, and students from only four schools agreed positively with that statement. However, more startling was that students from only three out of 30 schools agreed with the statement, "The curriculum should include more education about treating patients from non-heterosexual backgrounds." Not only were these students arguably not receiving appropriate training on dealing with LGBT issues, they also believed that it was unnecessary to address this issue. In terms of the environment for LGBT students at these schools, students from six out of 30 schools agreed that there was a supportive community for LGBT students at their school, while students from nine schools disagreed. Students from 80% of the schools also agreed that they have heard homophobic and insensitive remarks about sexual minorities from other students. When asked if any insensitive remarks also came from faculty members, students from 53.3% of the schools agreed that they have heard them.

The researchers went further to analyze whether answers from LGBT-identifying students differed from non-LGBT-identifying students. Sixteen of the 112 respondents self-identified as LGBT. Several significant results were seen. For instance, LGBT-identifying students agreed more strongly than non-LGBT students that dental school curricula should include more education on LGBT-related issues. LGBT students were also significantly less comfortable in their dental school, i.e., significantly agreeing less with the statement, "It is easy to feel comfortable in this school for persons regardless of their sexual orientation." LGBT students agreed less strongly that the faculty encourage the students to pursue their careers independent of their sexual orientation and that their dental school administration created a positive environment for LGBT students.

It was evident that most of the dental schools in this study were not including any form of training on dealing with LGBT issues. LGBT students within these schools reported not feeling equal to their non-LGBT counterparts, and the majority non-LGBT students did not feel the need to incorporate

(Continued on Page 56)

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Cultural Competence

(Continued from Page 54)

LGBT training into their curriculum.[8]

The lack of training on LGBT health and issues of insensitivity towards LGBT individuals in these dental schools are arguably related. The more exposure students have to resources needed for the LGBT community and the hardships faced by them, the more their beliefs may be challenged in the context of diversity. This sensitivity may also translate to future practice when they will have LGBT patients, who may already feel uncomfortable revealing their sexual identity to a health care professional.[9]

In a more recent study in the *Journal of Dental Education*, published in 2015, dental school administrators' attitudes towards providing support services for LGBT students was assessed.[10] Researchers sent a survey to 136 assistant and associate deans and deans in all 65 U.S. and Canadian dental schools, yielding a 40% response rate. One of the first significant findings is that 53% of the participants agreed that there is a policy to ensure equal opportunity for LGBT applicants, while over 45% indicated that they didn't have such a policy, or they didn't know about it.

When asked about whether their school's orientation material included information about LGBT resources at the institution, 44.4% indicated that there was no such information and 16% did not know. Mostly every participant agreed that LGBT students should have just as much access to student services as other students; however, 72.2% disagreed to providing more specialized academic support for LGBT students.

Participants were also asked about the presence of LGBT peer advocacy or support groups, and only 48 per cent knew of such groups at their institution. Less than one third of participants knew about whether or not LGBT students have created their own support groups within the school. Lastly, participants were asked about a written policy to protect LGBT students and 30% responded that no such policy existed. Overall, the study suggests that knowledge about LGBT students' needs is lacking by these administrative staff. If the individuals who are leading dental schools are unable to recognize the needs of LGBT students, then non-LGBT dental students may have no context or impetus to change attitudes about the LGBT community.

Looking at medicine's model

Dentistry is not the only profession becoming more conscious of this dynamic; medicine is also finding similar results. In a study supported by the American Medical Association and the Gay and Lesbian Medical Association, physicians were questioned about the degree of their training in LGBT matters while in medical school. Most of the respondents in that study reported receiving minimal or no training: 76% reported no education on transgender health, 61% reported no education on lesbian health, and just under half reported no education on gay male health.[11]

A study published in 2017 looked at the effects of teaching LGBT health to medical students in the U.K.[7] The researchers evaluated how a half-day educational session on LGBT health changed perceptions among second-year medical students. The session was subdivided into two sessions, a lecture followed by a group-facilitated workshop. Topics included issues around legislation and transgender health and health inequalities. The

workshop involved role play focused on gender dysphoria and discussions on topics such as heterosexism and sexual identity. Students participating in the educational session were asked to complete a short questionnaire. Feedback was gathered over a few years of this event running and was based on a scale from one to four, with one being the lowest self-perceived level of competency and four being the highest. Sixty-nine percent of students who had previously listed themselves as a one or two on the scale, listed themselves at three or four after participating in the workshop. The remaining students stayed within the same half of the competency scale; however, none felt less competent afterwards.

The questionnaire also invited comments from participants. Many students wrote that they had not realized the importance of the topic prior to the session, but now had a better idea of the difficulties experienced by LGBT patients in the U.K.'s National Health Service. An important comment that stood out was, "Mostly we think of HIV and [sexually transmitted infections] as being the big issues, but I hadn't realized there are inequalities in things like mental health, and access to cervical smears."

The school has now incorporated this half-day session into their curriculum and has been running it for more than four years. It receives the highest ratings during their 3D week (Disability, Disadvantage and Diversity). Students who received some of the first versions of this session came back to comment that the session was useful in improving their consultation skills and using appropriate language with patients. Since the first workshop, many other medical schools in the U.K. have adopted it into their curriculum. It is arguably surprising and positive that with just one half-day workshop incorporated into medical students' curricula, a difference in self- reported attitudes and confidence toward LGBT patients and their health was present.

Conclusion

This article set out to explore LGBTIQ2S issues in dentistry. It is evident from the research that dental students are not receiving appropriate training about these issues.[8-10] Research also suggests that even a short intervention can make students more aware of these issues and potentially more comfortable treating LGBT individuals.[7] Health-care professionals and educational institutions cannot neglect this and other marginalized populations. Interprofessional training would be ideal in making sure every type of health-care profession (dentistry, medicine, nursing, etc.) is receiving appropriate training, becoming more aware of LGBTIQ2S issues. ●

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About the Author

Danish Ayub was raised in the greater Toronto area and completed his undergraduate degree in Biochemistry and Biomedical Sciences at McMaster University in Hamilton, Ontario. He plans to graduate in 2022 with a DDS from the University of Toronto Faculty of Dentistry.

He hopes to bring more awareness to LGBTQ-related issues in the field of dentistry and further the conversation for equitable care.

Ayub

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(Continued on Page 60)

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PRACTICE FOR SALE

Beautiful practice for sale in northwest Michigan near Traverse City. Building is a store front on a lovely main street setting, so foot and vehicle traffic is abundant. This office is approximately 1,000 sq. ft., and has three operatories, all with fairly new cabinetry and equipment. This practice has gold mine potential, and is being sold by the current dentist. For information, please contact 231-499-7086.

Dental practice for sale in downtown Coloma, Mich. — Coloma is in beautiful southwest Michigan; a charming town full of friendly people. This fee-for-service solo practice has been successfully operating for 22 years and is a modern facility with four operatories. Dentrix software, the office is fully digital, no paper charts. Purchased a new panoramic X-ray unit last year. Intra-oral cameras used routinely. An in-office membership program is in place. Practice overhead consistently runs at a profitable 55%-60%. Contact Annette Wheeler at 616-295-5518 or annettewheeler1221@gmail.com for more information!

Northern Thumb area — Average gross $435K on four days per week. Six ops, in a beautiful brick professional building. Contact DBS Dental Sales Sarah Pajot at 989-450-0287 or Rob Ballard, DDS, at 810-252-2570. Reference: PPB21RS324.

Sunny side of Michigan — Motivated seller, open to negotiation. Four-day-per-week practice with an average gross of $555K in a beautiful stand-alone brick building. Four ops, digital X-ray, refers out most specialty work. Contact DBS Dental Sales Sarah Pajot at 989-450-0287 or Rob Ballard, DDS, at 810-252-2570. Reference: PPB21RS311.

Charlevoix area — Professional building in a beautiful prime location in northwest Michigan. Average gross $800K, non-par, four ops, digital X-ray, and charting, with Dentrix software, open four days per week. Contact DBS Dental Sales Sarah Pajot at 989-450-0287, or Rob Ballard, DDS, at 810-252-2570. Reference: PPB22RS327.

Bay, Midland, Saginaw area — Four days a week provides an average gross of $777K in a well-maintained stand-alone brick building. A paperless office with four ops, Dentrix software, and digital X-ray. Contact DBS Dental Sales Sarah Pajot at 989-450-0287 or Rob Ballard, DDS, at 810-252-2570. Reference: PPB21RS320.

Southeast Michigan — Grossing approximately $1M on a limited schedule. This dental practice has two locations with digital X-ray and both buildings are for sale. Contact DBS Dental Sales Sarah Pajot at 989-450-0287 or Rob Ballard, DDS, at 810-252-2570. Reference: PPB21RS316.

Washtenaw County — Pending sale! Contact DBS Dental Sales Sarah Pajot at 989-450-0287 or Rob Ballard, DDS, at 810-252-2570. Reference: PPB21RS317.

Southeast Michigan — Pending sale! Contact DBS Dental Sales Sarah Pajot at 989-450-0287 or Rob Ballard, DDS, at 810-252-2570. Reference: PPB21RS315.

Southeast Michigan — Downriver — Average gross $390K. Stand-alone building with five ops and Easy Dental software. Contact DBS Dental

Sales Sarah Pajot at 989-450-0287 or Rob Ballard, DDS, at 810-252-2570. Reference: PPB21RS318.

Southeast Michigan — Oakland County — pending sale! Contact DBS Dental Sales Sarah Pajot at 989-450-0287 or Rob Ballard, DDS, at 810-252-2570. Reference: PPB21RS321.

South-Central U.P. on Lake Michigan produces $1.2M yearly on three and one half days per week. Take home $500K pre-tax after debt service. Contact Mark Breit, 906-250-9666; mbreit@paragon.us.com.

Southwest Michigan — Long-standing stable general practice with a beautiful view. Four-ops, well-maintained and recently updated, left- and right-handed compatible equipment in all four ops. Growth opportunity, most specialty procedures referred out. Four days of hygiene, loyal staff, and high number of patients. Real estate is also available. Financials available upon request. To discuss this unique opportunity, please contact mike. oursler13@gmail.com.

Think MDA First!

Have a question? Need help? Think MDA first — email membership@michigandental.org.

$1.1M annually with great net! Large Upper Peninsula general dental practice. No Medicaid. Seven ops, digital X-ray, and E4D unit. Most specialty work referred out. Contact Phil Stark at 888-477-5777. (NNTF2)

Modernized general practice with more than $700K average, 39% net, and growth trends (SRH2). Primarily traditional insurance. Contemporary facility and equipment located in Saginaw County, five ops, and a stable staff. Contact Steven Schrems at Peak, 248-477-5777.

Grand Traverse County (LDGT1) — Established general practice in wine country. Four ops with extensive facility/equipment upgrades. Solid hygiene department. Contact Phil Stark, Peak Practice Transitions, 888-477-7325.

Oakland County (SLOS4) — Part-time, patient-focused practice. Two ops with pan, room to expand. Air filtration upgrades. Ideal for satellite location. Contact Steve Schrems, Peak Practice Transitions, 888-477-7325.

Lansing area — Solid practice with more than 1,630 active patients,

(Continued on Page 62)

steadily increasing collections with collections of more than $905K, available building with 4,000 sq. ft. of office space and seven operatories. Contact David J. Dobbins, DDS, 313-550-6509, ddobbins@paragon.us.com.

North Wayne County, Mich. — Location! Great community general family practice! Revenues of more than $1M with earnings after debt at $350K! Strong hygiene program with a loyal team. Room for additional growth with some specialty referred. Six ops. Digital. RE available. To discuss this opportunity, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI3065.

Grand Rapids, Mich. — Unique opportunity to own a Grand Rapids practice with a loyal team! Great cash flow with $1M in revenue and 50% overhead on four days per week. Most specialties referred. Real estate available. To discuss this opportunity, please contact Denise Bouwhuis, denise.bouwhuis@henryschein.com, 734-765-7080. #MI3027.

East Lansing — State-of-the-art in prime location! Eight ops with 50-plus new patients per month. CBCT and Cerec. Low overhead. Favorable lease terms. For more information, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI2869.

Northeast Michigan — Long-standing, successful four-op practice referring out most specialty procedures. Up-dated with digital X-rays, pan, scanner, and chartless records. Well-maintained. Real estate also available. To discuss this opportunity, please contact Denise Bouwhuis, denise.bouwhuis@henryschein.com, 734-765-7080. #MI2768.

Metro Detroit oral surgery practice — Highly profitable with excellent reputation in suburbs of metro Detroit. Revenue of more than $1.1M with above industry average cash flow. Beautiful facility, strong referral base, and loyal team. For more information, please contact Sara Marterella, sara.marterella@henryschein.com, 734-765-0770. #MI2985.

Southwest Michigan — Check this out! Excellent opportunity to own a long-standing and highly successful four-operatory practice with revenues well over $1M and earnings more than $500K. Productive hygiene department and well-trained clinical team with many services referred out. Real estate also available. To discuss this opportunity, please contact Denise Bouwhuis, 734-765-7080, denise.bouwhuis@henryschein.com. #MI179.

Southeast Michigan — Established, well-managed general family practice with $600K in revenue earning more than $200K after debt payment. Digital X-rays. RE is available for purchase with practice. For more information, please contact sara.marterella@henryschein.com, 734-765-0770. #MI2944.

Lansing, Mich. — General practice with four ops. Well-maintained, high visibility location with room to grow. Digital X-rays. RE available. To discuss this opportunity, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI2766.

Vacationland District — Well-established, five-operatory practice grossing $800K-plus, specialties referred out. Digital X-rays and camera. RE available. For details contact HS PPT consultant Denise Bouwhuis, 734-765-7080, denise.bouwhuis@henryschein.com. #MI173.

Oakland County, Mich. — General practice with revenues around $500K. Great location with four ops and room to expand as practice grows. Real estate available. To discuss this opportunity, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI2756.

Pediatric practice in desirable location — Pediatric practice with 12 ops in desirable location one hour northeast of metro Detroit. Gross $1M-plus. Digital using Dentrix. Strong hygiene program. Real estate available. Contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI148.

Northern Michigan — Long-standing stable practice available in a beautiful, centrally located northern city. Digital X-rays, pan, and intra-oral camera are utilized in this four-operatory practice with four days of hygiene. Real estate is also available for purchase. To discuss this opportunity, please contact Denise Bouwhuis, 734-765-7080, denise.bouwhuis@henryschein.com. #MI2682.

Genesee County, Michigan — Fantastic $1M practice with 55% overhead! Strong hygiene program and loyal team! Beautiful stand-alone building; eight treatment rooms; digital and pan. RE available. To discuss this opportunity, please contact Sara Marterella, 734-765-0770, sara.marterella@henryschein.com. #MI2767.

Southern U.P. practice consistently producing $1.2M on a three-and-one-half-day work week. Expect $500K pre-tax take home after debt service.

Contact Mark Breit, 906-250-9666; mbreit@paragon.us.com.

General practice for sale in Kentwood, Mich. — $499K — Five ops with room for one more. Busy, downtown location. Spacious and organized practice. Collecting more than $600K. For more information, please contact patrick.m.roberson@gmail.com or by phone at 919-559-6916.

Dental practice 50% partnership for sale — Established 45 years, Dr. Robert Cady, semi-retiring. 1,500 active patients, five ops, room for growth. Work three to four days, make $150K-plus per year. Contact jimmy@profitpro.co for info.

Grand Rapids, Michigan, a great place to live! Established, very busy six-op modern practice in a high growth area. Transition into a busy, friendly, low stress ownership opportunity. New grads welcome! Your timeline, easy terms with unlimited potential. Call me at 616-446-1234 or email me at slbmolar@gmail.com, to discuss practice acquisition possibilities! Real estate option also.

Clarkston — Four-chair fully equipped dental office in prominent established professional plaza on explosive growth Sashabaw corridor. Referrals from long-established, 40-year orthodontist and oral surgeon practices as your immediate neighbors. Ideal, low cost start-up turnkey opportunity. Call 248-431-7978.

Ingham County — Stable, long-term three-days-per-week practice grossing $400K. Refer OS and endo. Nice growing area. Great patients and staff. Office condo included in sale. Prefer owner/operator. Contact gmule@aol.com.

Chelsea, Mich., west of Ann Arbor — Established 40-year general practice and condominium suite for sale. Medical/dental office building located on main street close to downtown, schools, and St Joseph Mercy Chelsea Hospital/Michigan Medicine. Three operatories, digital X-ray, all new or upgraded dental equipment, with room to grow. Call for details and appraisal information. Ron Biedron, DDS, 734-475-1866, cell 734-355-4568, or email rbiedron@provide.net.

Macomb County — Small part-time office available with real estate. Collecting $250K per with more than 50% of collections coming from hygiene. With a little attention for treatment planning, this office should be collecting more than $500K per year. For more information please contact Patrick Houlihan, DDS, of The Houlihan Group at phoulihan11@msn.com or 734-634-4459.

Beautiful, established general practice located on Lake Huron shore with a river in the backyard. Five ops with room for a sixth. Digital radiography. All updated computers, Eaglesoft, in all ops, strong hygiene program; $1.1M production, practice continues to grow with more than 4,000 patients. Enough room for two doctors. Some specialties referred out. Building for sale also; 2,300 sq. ft. with finished second level. Good public and parochial schools, hospital, biking, hunting, fishing, boating, relaxing lifestyle. Call 989-362-7133.

(Continued on Page 64)

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Highly profitable general practice — Kalamazoo — Established five-op general practice collecting $1M-plus with 50% OH. Centrally located in Kalamazoo. Low overhead. Building available. Contact Veritas Transition Group. 844-283-7482, info@veritastg.com.

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Thinking about buying or selling a dental practice? Statewide service available. Experienced, professional consultants for all of your business needs. Curt Nurenberg, CHBC, Rehmann Dental Management Advisors; 800-349-2644 or 517-316-2400.

Don't make a mistake selling or buying. We have buyers. Your own buyer? We can help. We offer assistance you can't get anywhere else. More dentists use us than anyone else. Call the Goldman Group, broker, at 248-333-0500.

Upcoming Classified Deadlines

July 2022	June 1
August 2022	July 1
September 2022	August 1
October 2022	September 1
November 2022	October 1
December 2022	November 1
January 2023	December 1
February 2023	January 1
March 2023	February 1

PRACTICE WANTED

Looking to buy charts or transition patients from retiring dentist or dentist moving out of area. We have an existing stable patient base and are looking to expand our office. We are located on 18 Mile and Dequindre and are looking for a practice to merge that is within three to five miles at the most of our office. Our work ethic is to be fully transparent to our patients, take care of them like our own family members, and never compromise on quality. We are a full-service general dental office with subspecialties in full-mouth reconstruction, implant dentistry, sleep apnea, and clear aligner orthodontics. We have a great relationship with specialists and refer only those procedures that we can't handle in our office, which are mostly impacted wisdom teeth and complicated or questionable endo teeth. Please call or email me if you are ready to transition or want to chat and get more info on us. I know how important the right fit is in such

a step, so I don't take it lightly. My email is dr.dardelean@gmail.com or cell 248-890-9773.

Are you a general practitioner or a specialist who wants to be part of a dynamic and growing group? Would you like to capitalize on your practice equity as well as have the chance for DSO level multiples? We are specifically targeting West Michigan, expanding to Michigan as a whole as we can. You will ultimately be able to leverage your assets to a much greater degree by aligning with a strategic group like ours. We are democratic and not dictatorial. We are team players and very generous with our staff and dentists. Let's talk possibilities to align our futures and make a win-win situation. Shoot me an email at drsortman@sb-dental.com with the best time to call or text and we can see what the options could be. We have room for dentists to become equity partners even if you don't own a practice now, so let's talk.

MISCELLANEOUS

Troubled by addiction, stress, or other practice or personal problems? Many dentists and dental team members are. But you don't have to go it alone. The MDA Member Assistance Program can help you, or your family, with personalized, 24/7 service. For complete details visit michigandental.org/Assistance, or email care@michigandental.org.

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All issues of the MDA *Journal* from the past several years are open source, archived on the Michigan Dental Association website, and available 24/7 at

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MDA COURSES

Make the MDA your first choice for continuing dental education! Get all the details at michigandental.org/CE-courses.

The MDA is an ADA CERP Recognized Provider. ADA CERP is a service of the ADA to assist dental professionals in identifying quality providers of continuing dental education. The Michigan Board of Dentistry recognizes ADA CERP for CE credits toward dental license renewal.

Friday – Sunday, July 22-24: Summer Scientific Session. How Oral Dysbiosis Creates Systemic Disease and What You Can do to Save Lives with Mark Cannon, DDS, MS; and Odontogenic Sinusitis: Did You Know . . . with John Craig, MD. Where: Treetops Resort, Gaylord. Six CE credits.

Friday, Aug. 19: Problem-Solving Essentials in Endodontics. Speaker: Bernice Ko, DDS. Where: MDA Headquarters, Okemos. Six CE credits.

Friday, Sept. 9: Needles, Lungs, and Tongues, and Patients, Pills, and Pathologies. Speaker: Amber Riley, MS, RDH, FAAFS, FIACME. Where: Northern Michigan University, Marquette. Six CE credits.

Friday, Sept. 9: Implicit Bias, Jurisprudence, and Infection Control — Oh My! Get the New Licensing Requirements Completed in One Day. Speakers: Marie Fluent, DDS; Daniel Schulte, JD; and Marita R. Inglehart, Dr. phil. habil. Where: Weber's Inn, Ann Arbor. Five and one-half CE credits.

Friday, Sept. 23: Professional Protector Plan® Control, Protocol, and Risk Management Seminar. Speakers: Lynda Farnen, JD; and Robert M. Peskin, DDS. Where: Grand Traverse Resort and Spa, Acme. Four-and-one-half CE credits.

Friday, Sept. 30: 2022 Leadership Forum. Speakers: Vincent Benivegna, DDS; Bill Sullivan, JD; Neema Katibai, JD; Chelsea Fosse, DDS; Phil Zeller; Randy Dean; Todd

(Continued on Page 68)

Journal CE Listings Policy

The *Journal* lists continuing education courses by accredited Michigan dental schools and dental societies in Michigan in this section at no charge. To place a listing, see the online CE Course Submission Form at michigandental.org/CE-Courses.

CE SPOTLIGHT

Head to Treetops Resort for the MDA 2022 Summer Scientific Session

Treetops Resort near Gaylord is the spectacular setting for this year's MDA Summer Scientific Session, taking place Friday, July 22 through Sunday, July 24.

At Treetops Resort, breathtaking views, on-site dining, a full-service spa, meeting spaces, and five award-winning golf courses provide the perfect balance of work and play.

The weekend activities begin on Friday with a special MDA golf outing at Treetops' Masterpiece Course, including continental breakfast, lunch at the turn, and a reception and winner announcements following.

CE courses include:

Saturday July 23, 2022: "From Friend to Foe: How Oral Dysbiosis Creates Systemic Disease and What You Can Do to Save Lives," with Mark Cannon, DDS, MS; 8 – 11 a.m. (3 CE credits). Breakfast included.

What it's about: Dietary influences, especially the standard American diet, along with other environmental factors, may strongly affect the oral microbiome, leading not only to oral dysbiosis but also to very serious systemic illness. This seminar summarizes the evolution of dietary influence, microbiome shifts, pathobiont development, and the resulting serious systemic consequences. Effective and easily implemented prebiotic and probiotic interventions will be discussed.

Sunday July 24, 2022: "Odontogenic Sinusitis: Did You Know . . . ?" with John Craig, MD. 7:30-10:30 a.m. (3 CE credits). Breakfast included.

What it's about: Odontogenic sinusitis (ODS) is distinct from rhinosinusitis, and is more common than historically thought, representing about 50% of all unilateral sinusitis. Yet diagnosis and treatment of ODS have not been formally discussed in even the most recent national and international sinusitis guidelines or position statements. This lecture will present an evidence-based approach to diagnosing and managing ODS. Important case scenarios will be reviewed to highlight some of the nuances encountered when managing these patients.

For complete course and lodging information on Summer Scientific Session, visit michigandental.org/CE-Courses.

ADA C·E·R·P® | Continuing Education Recognition Program

CE REQUIREMENTS FOR LICENSE RENEWAL OF DENTISTS, HYGIENISTS, AND REGISTERED DENTAL ASSISTANTS

60 hours of CE for dentists and 36 hours for RDHs and RDAs is required for each three-year licensure period. All CE courses must be approved by the ADA, AGD, an accredited dental school, or the Michigan Board of Dentistry.

Of those hours:

- Up to 10 hours may be earned by reading articles, magazines, etc., relating to dentistry.
- A minimum of 20 hours for dentists and 12 hours for RDHs/RDAs must be done in a classroom setting or a real time live webinar (recorded webinars do not count as classroom credits).
- A minimum of 20 hours for dentists and 12 hours for RDHs/RDAs must be directly related to clinical issues such as delivery of care, dental materials and pharmacology. Specialists must earn this clinical credit in their specialty field.
- Up to 30 hours for dentists and 18 hours for RDHs/RDAs of CE may be done online and through recorded webinars.
- 3 hours for dentists and 2 hours for RDHs/RDAs must be in pain management.
- A one-time, one-hour course in human trafficking recognition is required. This course can be taken in-person or on-demand.
- **FOR DENTISTS ONLY:** A one-time training in opioid awareness is required to renew Michigan's controlled substance license.

- **NEW:** One hour in dental ethics and jurisprudence is required for all licensed dental professionals, with inclusion of delegation of duties to allied dental personnel. In-person or on-demand continuing education will count toward this requirement.
- **NEW:** One hour in infection control is required for all licensed dental professionals, which must include sterilization of handpieces, PPE, and CDC infection control guidelines. In-person or on-demand continuing education will count toward this requirement.

In addition to the required CE credits:

- All licensed dental professionals must carry a current basic or advanced cardiac life support CPR card from an agency or organization that grants certification pursuant to standards equivalent to those of the American Heart Association. No CE credit is given for CPR courses; therefore does not count toward the 60/36 hours required.
- **NEW:** Three hours of implicit bias training for all licensed health care professionals is required in the form of in-person or live webinars.

For more information on CE requirements for dentists and dental team members, and MDA courses that meet these requirements, including Annual Session courses, visit michigandental.org/CE-courses.

Christy, DDS; Joanne Dawley, DDS; Debra Peters, DDS; Autumn Wolfer; and Karen Burgess, MBA, CAE. Where: Crowne Plaza, Lansing. Five and one-quarter CE credits.

Friday, Oct. 7: Introduction to Treating Sleep Apnea in Your Practice: From Getting Started to Medical Billing. Speaker: Mark Murphy, DDS, ABDSM, FAGD. Where: MDA Headquarters, Okemos. Six CE credits.

Friday, Oct. 21: Implicit Bias, Jurisprudence, and Infection Control — Oh My! Get the New Licensing Requirements Completed in One Day. Speakers: Deirdre Young, DDS, and Nan Dreves, RDH, MBA. Where: Northern Michigan University, Marquette. Five and one-half CE credits.

Friday, Nov. 11: CAD-CAM Posterior Restorations. Speaker: Kate Schacherl, DDS. Where: MDA Headquarters, Okemos. Six CE credits.

Friday, Dec. 9: Local Patient Search and How Google Impacts Your and the Importance of Phone Call Tracking. Speaker: Sean White. Where: MDA Headquarters, Okemos. Six CE credits.

Friday – Sunday, Jan. 6-8, 2023: Winter Scientific Session. Get Ready for Change and Protecting Your Positive Practice with April Callis-Birchmeier, PMP, CCMP, CSP; and Clinical Decision-Making in the Periodontally Compromised Patient: Current Periodontal and Prosthodontic Perspectives with Kyle Hogg, DDS, and Leyvee Cabanilla-Jacobs, DDM, DDS, MSD. Where: Crystal Mountain Resort, Thompsonville. Nine CE credits.

Friday, Feb. 3, 2023: Making the Team: Hiring, Culture, Professionalism, Productivity. Speaker: Laura Nelson, MS, FAADOM. Where: Embassy Suites by Hilton Detroit-Livonia-Novi, Novi. Six CE credits.

Friday – Sunday, March 10-12, 2023: Spring Scientific Session. Dentistry Uncorked and Racking the Millennial Code and Let's Get Ethical with Ryan Vet, MBA; and Every Choice Matters: Strategies and Insights into Ergonomic Product Selection with Cindy Purdy, RDH, BSDH. Where: Great Wolf Lodge, Traverse City. Nine CE credits.

DETROIT MERCY DENTAL

These partial listings of live courses are provided by the University of Detroit Mercy Institute for Advanced Continuing Education. Contact Detroit Mercy Dental at

313-494-6626 or online at dental.udmercy.edu/ce for a complete list of courses and additional information.

Thursday, May 12: Alumni Day — To Vaccinate or Not to Vaccinate: How HPV is Affecting Treatment of Oral and Oxopharyngeal Cancer. Speaker: Carlos A. Ramirez, MD, DDS. Where: The Dearborn Inn, Dearborn. Five CE credits.

Thursday, May 12: Live Webinar — Hot Topics in Dental Pharmacology. Speaker: Arthur H. Jeske, DMD, PhD. Where: Online course. One CE credit.

Monday, May 16: Live Webinar — Bioactive Materials for Pulp Protection and Pulp Capping. Speaker: Ana Badran-Russo, DDS, MS, PhD. Where: Online course. One CE credit.

Wednesday, May 25: Live Webinar — Turning Patient Questions into Opportunities: Effective, Evidence-Based Communication for a COVID-19 World. Speaker: Matthew Messina, DDS. Where: Online course. Two CE credits.

Wednesday, June 1: Live Webinar — The Art and Science of Endodontic Diagnosis. Speaker: Georgia Nikoloudaki, DDS, MSc, FRCD(C). Where: Online course. Two CE credits.

Thursday, June 2: Live Webinar — Conscious Sedation in Dentistry: Techniques, Patient Evaluation, Pharmacology of Agents, and Complications. Speaker: Aman Gupta, MD. Where: Online course. Three CE credits.

Friday, June 3: Management of Most Common Medical Emergencies in the Dental Office. Speakers: Sanjay Chand, MD; Barbara Loucks, RN, EMTP; Jennifer McConnel, MSN, RN, FNPC. Where: School of Dentistry. Six and one half CE credits.

Friday, June 3: Live Webinar — Class II Restorative Complications and Solutions. Speaker: David Brock, DMD, MS. Where: Online course. Two CE credits.

Thursday, June 9: Live Webinar — Busting Biofilm: Classic to New Age Solutions. Speaker: Jennifer Harmon, RDH, MS. Where: Online course. Two CE credits.

Tuesday, June 14: Live Webinar — Diagnostic Tests in Periodontics: Concepts and Applications. Speaker: Eraldo Batista Jr., DDS, MSc, DSc. Where: Online course.

Wednesday, June 15: Live Webinar — Sinusitis or Some-

(Continued on Page 70)

thing Else? Multidisciplinary Approach to Diagnosing and Managing Odontogenic Sinusitis. Speakers: John Crain, MD, and Susan Paurazas, DDS, MHSA, MS. Where: Online course. Three CE credits.

Thursday, June 23: Live Webinar — Pain Management: Analgesics, Opioids, Adjuvants, and Beyond. Speaker: Sanjay Chand, MD. Where: Online course. Three CE credits.


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Thursday, June 23: Live Webinar — Surgical Microscope Enhancing Periodontal and Implant Treatment Outcomes. Speaker: Usun-Liang Chan, DDS, MS. Where: Online course. One CE credit.

Friday, July 15: A Hands-On Review of Local Anesthesia Techniques. Speakers: Ana Janic, DDS, MS; M. Lynne Morgan, RDH, MS, MA; and Carl Stone, DDS, MA, MBA, MA. Where: School of Dentistry. Five CE credits.

Wednesday, July 20: Live Webinar — Dental Ethics, Jurisprudence and Delegation in Michigan. Speaker: Pamela Zarkowski, JD, MPH. Where: Online course. Two CE credits.

Friday, July 22: Live Webinar — Innovations in Soft Tissue Grafting to Maximize Dental Implant Esthetics. Speaker: Bassam M. Kinaia, DDS, MS. Where: Online course. Four CE credits.

UNIVERSITY OF MICHIGAN

These partial listings of live courses are provided by the University of Michigan School of Dentistry. Please contact the school at 734-763-5070 or online at https://dent.umich.edu/education/continuing-dental-education for complete list of courses and additional information.

Wednesday – Saturday, June 1-4: Ramfjord Symposium. Speakers: William Giannobile, DDS; and Hom-Lay Wang, DDS, MS, PhD. Where: The Michigan League and Lydia Mendelssohn Theatre, Ann Arbor. Thirteen CE credits.

Tuesday – Saturday, July 25-30: Advanced Periodontal Surgery: A Practical Training Course. Speaker: Hom-Lay Wang, DDS, MSD, PhD. Where: School of Dentistry. Twenty-nine CE credits. ●

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Legislative Advocacy Begins at the Grassroots Level

Pictured from left: — Dr. Brian McLean, Dr. John Kamar, Rep. Tisdel, Dr. Michele Tulak-Gorecki, Dr. Jerry Kohen, Dr. Craig Spangler, Dr. Chris Gorecki, Dr. Richard Klein, and Dr. Manish Patel.

This group of MDA members met March 25 with state Rep. Mark Tisdel (R-Rochester) for coffee and conversation in a relaxed setting at Dessert Oasis in Rochester. It was another in the MDA's ongoing series of in-district meet-ups with state representatives and senators.

These informal meetings are a great way for members to take part in MDA advocacy and help raise dentistry's profile with legislators. In-district meetings are also great because they're typically casual get-togethers between legislators and constituents. After all, for the most part legislators are just ordinary people, and they're eager to meet with constituents (and potential voters).

Another advantage of these MDA in-district meetings is that they're held locally and are easy for members to attend. There's no driving to Lansing, no formality, and very little pressure.

The MDA legislative staff sets up these meetings in various districts across the state. If you receive an email inviting you to attend one of these meetings, please consider doing so. ●

(Photo: Lynn Aronoff)

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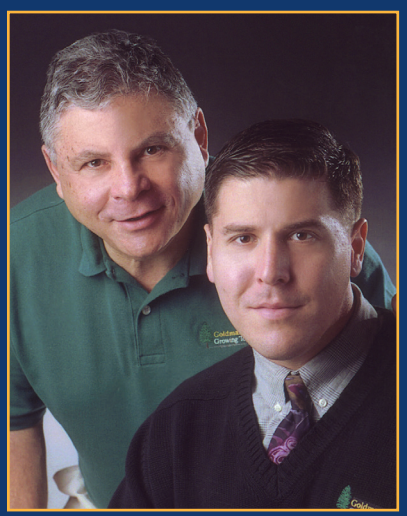

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