

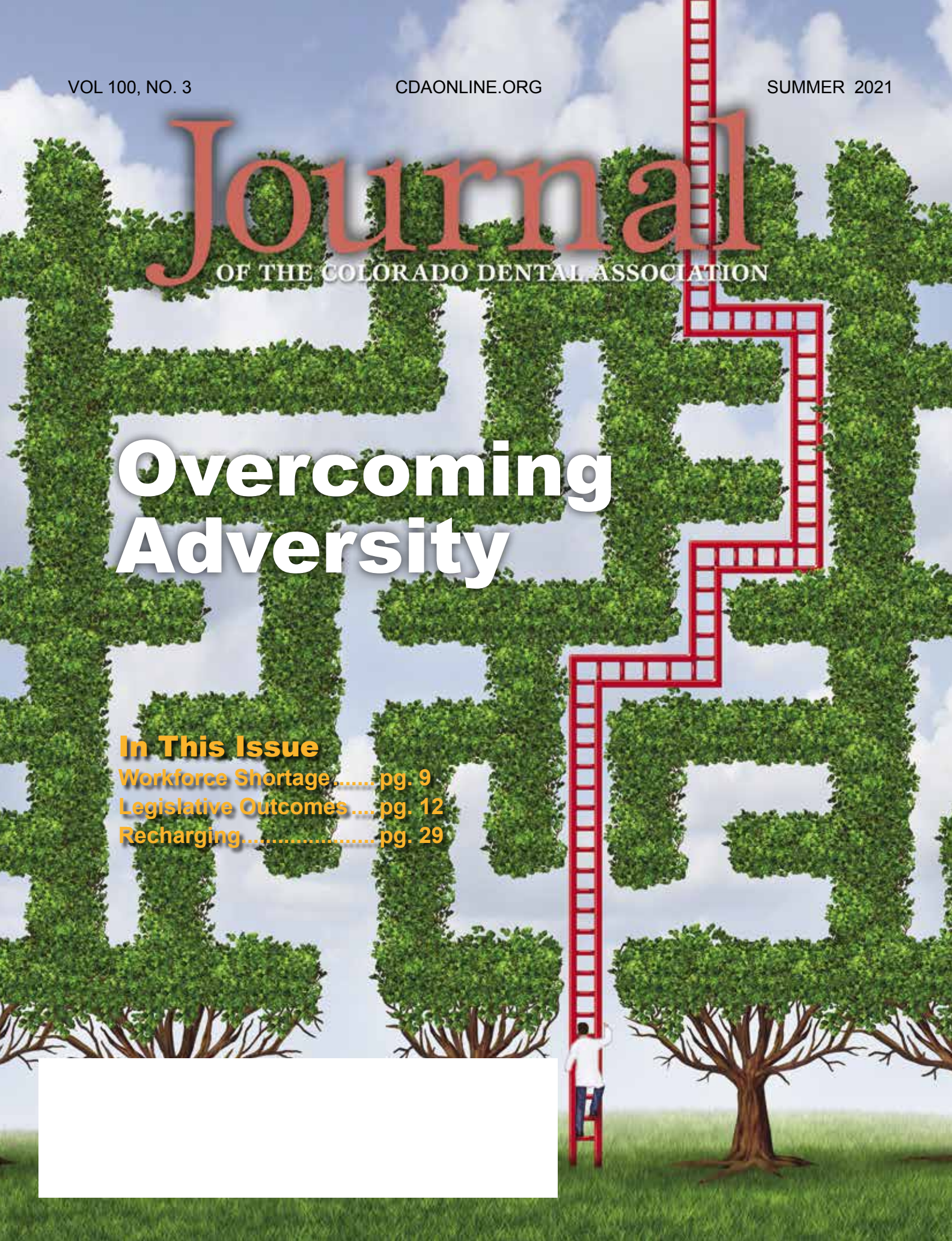
Journal

OF THE COLORADO DENTAL ASSOCIATION

Overcoming Adversity

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Shannon Richkowski
 254-289-5321
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Chris Hammelev
 719-287-5938
 ChrisHammelev@fortunemgmt.com



Back Row:

Amy Murray
 813-414-1214
 AmyMurray@fortunemgmt.com

Kim McGuire
 415-717-2026
 KimMcGuire@fortunemgmt.com

Rene Schubert
 303-810-5988
 ReneSchubert@fortunemgmt.com

Servant Leadership Needs No Reward

By Nate Kunzman, D.M.D., CDA President



It seems like yesterday that I moved to Colorado from my residency in Philadelphia. In reality, it has been nearly a

decade. I was born in Greeley, CO, but my mother moved back to her home state of Massachusetts when I was just 8 months old. From the age of 5 years old I spent every summer visiting my dad in Greeley. I have fond memories of those summers and I always knew that one day I would move back and make Colorado my permanent home.

After college and before I went to dental school, I decided to take a few years off and do some service work abroad. I had converted to Catholicism when I was a senior in high school and had gone to Benedictine College in New Hampshire. While I was there, I found a passion and love for service work, so after college I decided to fly to Bolivia and Peru and work as a physical education teacher at an elementary school run by the Maryknoll brothers. I received six months of language training in Bolivia and after my lessons, I helped at an orphanage for boys. After Bolivia, I was sent to Lima, Peru and I got to teach first through sixth graders how to play dodgeball and capture the flag. It was the most rewarding experience of my life.

While I was there one of the Maryknoll priests was conversing with me and some of the other volunteers. He said,



"Whatever you guys decide to do in life make sure you embrace your profession with love and kindness. Whatever you decide to do, make it God's work." Then he followed it with, "unless you become a dentist because that is probably impossible." He did not know that I wanted to become a dentist. I laughed to myself that day and I have spent my entire life proving him wrong.

Service and doing good works are very much a part of who I am. In fact, one of my core values that I look at every day is servant leadership. It is why I am so passionate about the Colorado Mission of Mercy and why I participate as much as possible with Dental Lifeline Network. It is also why I got involved with the CDA. Being in leadership roles in the CDA is not easy. It requires time away from family and many Zoom calls after long days at the office. However, it is rewarding and fulfilling to serve this community.

I cannot express enough how proud I was of our CDA leadership and staff when COVID-19 first hit. Many of you may have different experiences or

may have felt frustrated back in March of 2020, but what I saw was inspiring. Leaders of the CDA met *every day* for over a month. They got all parties involved: CDPHE, DORA, dental suppliers, the Governor's office, the Colorado Dental Hygienists' Association, community health networks, Delta Dental, etc. They worked hard to understand the PPP and EIDL loans for dentists so they could use them appropriately. They worked with DORA and the governor's office to get us back to work and to ensure that the PHOs kept us safe without impeding us from doing our work as best we could. A lot of dentists will never know how hard the CDA worked for them, and I am ok with that. After all, service work is not about the recognition; it is about the good works and knowing that you were a part of something that made a difference. That is the reward. That is why I am here. I am here for you. I am here to make a difference.




LEADERSHIP *continues on page 8*

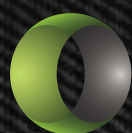
LEADERSHIP *continued from page 7*

You have all been through an incredible ordeal these past 16 months and I am truly amazed at the fortitude, ingenuity and strength of our dental community. All of you made it through the closures, the ever-changing public health orders, the incredibly hot and cumbersome PPE, the government assistance loans, the staff shortages, the lack of PPE...all of it! I could not be prouder to be a member of Colorado's dental profession with all of you.

I feel the best is ahead of us. Right now, the CDA executive officers and the Board of Trustees are working hard on our next strategic plan. We have searched out the best people possible to aid us in this endeavor. Once again one of our main focuses will be membership because as one of my mentors recently

told me, "Membership is everything." It is no secret that our profession is currently facing many challenges. Our landscape is changing, and we must be forward-thinking and adapt to those changes and work to keep the needs of dentists and patients first. We are still in the beginning stages of this new strategic plan, but we have already done a vast amount of market research. We are identifying market needs for our dentists and their patients and coming up with new and innovative ideas to meet those needs. We are looking to create a more enhanced customer service model to better seek out opportunities to engage with our members. This proactive approach will help guide us into the future and has already put us far ahead of many of our peer state associations. Believe me when I say our future is bright.

It has been an extreme pleasure working with the Board of Trustees these past five years, and I am deeply looking forward to working with all of them in this year to come. I would also like to thank the CDA staff. These individuals are rock stars! They have led the way for us and without their hard work and vision we would not be where we are today. Most of all I would like to thank my family and especially my wife, Wesley. They have been my inspiration and support through it all. My daughter, Easton, just turned 6 years old. She never ceases to make me smile. The other day I asked her what she wanted to be when she grows up, and she said, "a pet doctor." Needless to say, I'm proud that she is on her path to serving others as well. 



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Aloha | Hello AND Goodbye!



By Carrie Mauterer, D.D.S., CDA Immediate Past President
and NEW CDA Editor



Before I launch into the meat and potatoes of this delicious ode to organized dentistry, I wanted to introduce you to

someone very special to me: my great grandfather, Mr. Walter Clyde Jones. He served the great state of Illinois as a state senator from 1906-1914 and in 1912 ran an unsuccessful (though passionate, I'm sure) campaign for Illinois governor. My great grandpops was also a leader in the movement for civil service reform and enactment of rules for reformed legislative procedure back in the early 20th Century.

You would think with politics in my blood, I would have known since birth a whole lot more about how the government affects our profession and how we can make an impact. Nope. I was raised to avoid talking about politics at all costs and taught to stick to pleasant topics like the weather...and... cats.

My introduction to the effect that legislative and regulatory bodies can have on my day-to-day practice began my first year in dental school. That was the year I joined ASDA (because they fed me free pizza) and I began traveling to national ASDA meetings and Lobby Day (because...free travel). Initially, I found myself doubting that the U.S. government could really have that much of an effect on my day-to-day practice of dentistry. Fast forward to my

presidential year of '20-'21 when our profession was turned upside down by COVID-19 related mandates, regulations, public health orders and emergency scope of practice changes. Good gravy. What a year to be the CDA President!

Today, the current crisis is one that many industries are facing—a workforce shortage.

Witnessing the strategy, the nimbleness and the effectiveness of the Colorado Dental Association during this time of crisis absolutely humbled me. I wish you could have seen it through my eyes this past year. Our collective successes cannot be attributed to just one member. The reason why we have political influence and power is because of years and years of laying the groundwork for such a moment of crisis. We have strong relationships with our state legislators because we consistently find the most dental friendly state senators and representatives and strengthen our relationships with them. This involves hours and hours of interviews and town halls with our legislative members and candidates. When they have questions about how a house or senate bill might

affect the day-to-day practice of dentistry, they all know who to call.

Throughout all these past moments of crisis, the CDA worked tirelessly on behalf of our members. Today, the current crisis is one that many industries are facing—a workforce shortage.

The CDA is very aware of this issue and is exploring the growing concern of workforce shortages and viable options to pursue. A few (but not an exhaustive list) of the ideas that our Colorado dentists brainstormed are:

- ♦ Increase capacity of hygiene programs
- ♦ Increase number of hygiene programs
- ♦ Broaden the scope of practice to allow dental assistants to scale teeth
- ♦ Incentivize hygienists from other states to relocate to Colorado
- ♦ Incentivize re-entry of hygienists into the workforce
- ♦ Use federal and Colorado stimulus funding to help dentists

With this slate of ideas in mind, the CDA started research and conversations with stakeholders, including the Colorado Dental Hygienists' Association. We began by looking into increasing the capacity of hygiene programs. This would be one of the quickest methods to increase the number of hygienists in the state (timeframe: two-to-three years to educate and graduate an increased

ALOHA continues on page 10

number of hygienists). The current barriers we face are finding the funding and faculty to increase the student capacity. Colorado state funding for higher education is one of the lowest in the nation. Serendipitously, House Bill 21-1330 passed this year, which will form a task force to look at state spending on higher education. This will be our opportunity to advocate this summer for an increase in state funding for hygiene programs.

Next, we investigated increasing the number of hygiene programs in the state (timeframe: at least four years to perform a community needs assessment, receive CODA accreditation, and graduate a class of hygienists). The constraints that we face here is a long timeline, lack of funding for new programs, difficulty in establishing an ROI for a program (it is very expensive to educate a hygienist) and faculty shortage. When speaking with the Colorado Dental Hygienists' Association, we learned that there are about five community colleges in Colorado that have seriously looked into starting a new hygiene program, but none have been successful in launching one. It is a daunting and expensive task to begin a new program and after investigating this option, the CDA felt this would likely be an uphill battle to advocate for this solution.

Third, we investigated changing the scope of practice for dental assistants to include scaling teeth (timeframe: at least four years). The constraints for this approach include required statutory (state legislative) change. Our legislative environment makes Colorado a minimalist state when it comes to regulation in dentistry. There would be opposition (both inside and outside the profession) if we were to introduce

a new area of regulation. This process would likely require a "sunrise review" of the Dental Practice Act, which at the earliest would take place between December 2021 and October 2022. Following a sunrise review, the concept would need to go before the Colorado legislature (January 2023-May 2023), and then if it successfully passed, it would go through the DORA rule-making process (Fall 2023). Following rulemaking, standardized training programs would need to be established to teach this skill to dental assistants, and dental assistants would need to graduate from these programs and likely apply for a licensure, registration or certification. This option is complex and would take substantial time to achieve.


Fourth, we took a close look at using American Rescue Plan Act (ARPA) stimulus dollars to help our dentists recover from this rocky year. We wrote a letter to the governor and requested that stimulus funding be provided for incentives to help licensed hygienists re-enter the workforce; to include hygienists and dentists in premium pay for essential workers; to create a grant pool, bonus pay or tax credit to help providers cover increased cost for PPE; to create incentives for dentists who provided care to underserved populations; to give tax credit to those who donated PPE; and finally to ask for funding to increase capacity at dental hygiene programs.

This summer, Colorado senators and representatives will decide how ARPA stimulus money is distributed. We will continue to advocate for relief for our dental profession.

I was thrilled to serve as your president this past year and I'm excited to see the result of our combined efforts and how we can continue to help our

members. I'll be closely watching and helping where I can. Our next president, Dr. Nate Kunzman, is a familiar face to our Government Relations Council and lobbyist team. He has testified on behalf of dentists in legislative hearings and is just as passionate about protecting you and our profession as I am. The CDA is in wonderful hands this year! He is one of the best leaders the CDA has ever seen.

In closing, I want to give a nod to my favorite story time character, Winnie the Pooh. He is credited with saying, "How lucky I am to have something that makes saying goodbye so hard." This wise old bear knows where my heart lies and how much I adored serving as your CDA president this past year. The good news is that this is not a goodbye, just a brief farewell while I prepare to take on the CDA editor role. Filling Dr. Mike Diorio's shoes as our CDA editor is not an unfamiliar task for me—I also followed in his footsteps when I took on the MDDS editor position quite a few years ago. We even overlapped a conference or two of the American Association of Dental Editors and Journalists (AADEJ) when I was earning my Certified Dental Editor recognition. It is a daunting task to take on this new role, as Dr. Diorio is one of the most brilliant authors in dentistry and his term as the national president of the AADEJ was outstanding. He has given so much to organized dentistry throughout his career, and I am so proud to call him my friend.

I look forward to all of our continued success together as fellow members of organized dentistry. Thank you all for a wonderful year. 

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Lengthy Legislative Session Produces Several Outcomes for Dentistry

By Jennifer Goodrum, CDA Lobbyist



Colorado's General Assembly closed its regular legislative session on June 8—delayed almost a full month by

the COVID-19 pandemic. The CDA tracked nearly 50 bills for the Colorado dental profession this year. Healthcare (reducing costs, expanding access and addressing gaps in health equity) was a primary focus of this year's legislative session. COVID response and recovery was also a significant topic of conversation in healthcare circles.

A broad overview of outcomes in healthcare policy and specifically dental, follows.

Healthcare

- Gov. Polis signed the Colorado Option Bill (**HB 1232**) on June 16. The law requires health plans to lower premiums by 15% by 2024. The final bill removed penalties for doctors who do not comply with the mandatory participation requirement and loosened the enforcement provisions for hospitals by removing the loss of licensure provision.
- Hoping to mitigate out-of-pocket expenses for patients, the new Prescription Drug Affordability Board (**SB 175**) will be charged with reviewing prescription drug affordability data and creating caps on drug costs. Beginning Jan. 1, 2022, it is

unlawful to purchase a prescription drug at a cost that exceeds the cap established by the board except for personal or familial use. The board is repealed five years after the first upper payment limit is established, following a sunset review.

- In the continuing effort to address substance use disorders, **HB 1276** places several restrictions and requirements on insurance carriers and health benefit plans relating to opioids and alternative treatments (e.g., physical therapy, occupational therapy, chiropractic and acupuncture). The measure also imposes prescribing limitations and continues indefinitely the requirement that healthcare providers query the Prescription Drug Monitoring Program (PDMP) before prescribing an opioid. The bill adjusts the PDMP check requirement to the first prescription of an opioid and a benzodiazepine. Prescribing boards are required to issue rules to limit prescribing of benzodiazepines—likely in a format similar to restrictions imposed for opioids—by Nov. 1, 2021. Finally, the bill authorizes the Center for Research into Substance Use Disorder Prevention, Treatment, and Recovery Support Strategies at the Colorado Health Sciences Center to include in its educational activities the best practices for prescribing benzodiazepines and the potential harm



of inappropriately limiting prescriptions to chronic pain patients.

- Additionally, the Legislative Audit Committee heard the report on the Department of Regulatory Agencies Prescription Drug Monitoring Program* (PDMP) on June 21. Findings indicate that the PDMP is not operating as effectively as the legislature intended to help improve patient care, detect illegal activity, and prevent prescription drug abuse or misuse in Colorado. We anticipate significant statutory and regulatory changes over the next year that will include more enforcement among healthcare providers, more robust limitations on opioid prescriptions, and increased scrutiny of registration. We will continue to keep you informed as this issue develops.

Dental

- The CDA passed two dental specific measures: **SB 139**, preserving dental telehealth options for patients post-pandemic, and **SB 102**, allowing dental hygienists to continue provision of ITR and SDF procedures to patients with certain adjustments for

*https://leg.colorado.gov/sites/default/files/documents/audits/1933p_colorado_prescription_drug_monitoring_program.pdf

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efficiency in the practice. We had an incredible community of partners in these efforts with more than two dozen stakeholders supporting the two bills.

- We secured an aggregate increase of more than \$21M in state and federal funding for the dental profession. We fought to restore funding for the state's adult Medicaid dental benefit, as the cap for services was slated to be reduced from \$1,500 to \$1,000 as a consequence of the 2020 budget recession (**SB 211**). Medicaid rates were increased by 2.5% (beginning July 1, 2021) and planned co-pays for Medicaid patients were eliminated. We also helped to restore a cut of \$1M to the state's Low Income Senior Dental Program. Funding for a preventive dental hygiene program for patients with disabilities was continued and funding was increased for the state's Dental Loan Repayment

Program. Additional state and federal relief dollars were made available to small businesses and minority owned businesses with opportunities to pursue additional relief through summer interim processes. **SB 284** also introduced some new evidence-based criteria for state budget decisions. The new standards may have an impact on future state funding requests.

- **HB 1198** imposed billing restrictions for providers (including dentists) related to care provided in a hospital or facility setting for uninsured patients earning 250% or less of the federal poverty level. Hospitals remain responsible for most of the screening processes, but providers are capped on the monthly amounts they may bill a patient and must discontinue billing after 36 months of payments. There are limitations imposed on collections activities with significant fines for noncompli-



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ance. While hospitals have access to funding sources to offset the costs of uncompensated care, providers do not and creating a mechanism to at least partially reimburse providers for the financial impacts of this care will be a continued area of stakeholder discussions in coming months. We were also able to secure a complete exemption for the CU School of Dental Medicine, as the bill could have greatly constrained the charitable and reduced cost care provided by students and faculty members.

- The CDA worked to expand definitions in **HB 1005** to allow providers beyond physicians and nurses to be included in state healthcare emergency response teams, particularly given the role that forensic dentistry can play in disaster response. Participating in summer task force work on

OUTCOMES *continues on page 14*

OUTCOMES *continued from page 13*

this topic will be vital to future inclusion in the program.

- We worked successfully to stop **SB 197**, a bill that would have restructured access to dentists through the workers comp claim system. The bill would have required a physician referral for patients to see a dentist for oral injuries (as opposed to the current direct access system). These modifications could have ultimately increased costs and resulted in worse outcomes for patients. Discussions on this bill are expected to continue into future legislative sessions and we will closely monitor continued stakeholder conversation on the topic.
- A number of changes were made to telemedicine statutes. Among the most substantial was **HB 1256**, which gives HCPF/Medicaid the ability to develop rules on when in-person checkups should be required as part of a course of telehealth treatment. This can have an impact for industries where online, direct-to-consumer telehealth services can be abused (orthodontics, etc.).
- Another bill that impacts Medicaid providers was **SB 22**, which changed the requirements for provider notification with Medicaid audits to ensure that providers have full awareness and opportunity to respond to audit requests prior to any recoupments.
- Substantial changes were made to the PDMP with opioid prescribers now required to check the PDMP before writing a first (previously required at second) opioid script (**HB 1276**), prescribing boards directed to adopt


rules on PDMP checks and tracking for benzodiazepines (**HB 1275**), and the pharmacy board authorized to adopt rules to expand PDMP tracking to all prescription drugs (**HB 1012**).

- DORA boards may see some impacts (hopefully positive) with the addition of **HB 1212**, which seeks to expand the diversity of Board appointments.
- We continue to watch the implementation of **SB 126**, which sets precedent to improve insurance credentialing timelines for physicians. If the state Division of Insurance does not require consistent credentialing for other types of healthcare providers, future legislative action may be warranted to ensure alignment.
- **HB 1330** sets up a task force to review gaps in current higher education programs and opportunities for future workforce development. This process may offer a venue to raise awareness of dental hygiene and dental assisting workforce shortages and explore potential state assistance in solutions.
- **HB 1232** (state plan to reduce insurance premiums) and **SB 175** (board to cap the cost of high dollar prescription drugs) are intended to address affordable coverage and drug pricing as implemented over coming months and years, but also come with some concerns among providers about impacts to medical decision making and practice sustainability. These bills are not expected to have a heavy intersection for most dental practices, but it will be important to keep a close eye on rulemaking

related to these policies to ensure no unanticipated adverse impacts for patients or the profession.

- Significant federal funding is anticipated to be allocated during interim session policy work and provider groups should stay engaged in these conversations to help drive funding to more programs and innovations that could improve sustainability of practices that have experienced adverse financial consequences from the pandemic, as well as health and outcomes for patient populations.

We anticipate business-as-usual moving forward with legislative interim committees occurring throughout the summer and early fall. Additionally, several legislative task forces will work through the summer to determine allocations for the remaining \$2.5 million in federal funding through the American Recovery Plan Act. We anticipate these committees and task forces will begin meeting later in July or early August and are still awaiting details on committee memberships and schedules, which have not yet been announced at the time of publication.

While the 2021 legislative session has concluded, budget and policy discussions will continue over the interim with deadlines in place for fiscal year 2022-2023 department budget requests in advance of the Nov. 1 budget presentation to the Joint Budget Committee. 

Jennifer Goodrum is a principal at Michael Best Strategies. She serves as the CDA's primary lobbyist with 20 years of association management and healthcare policy experience. Contact her at jbgoodrum@michaelbeststrategies.com.

THE ULTIMATE GUIDE TO DENVER'S DENTAL EVENTS

August 19

**CDA & MDDS Diversity
Block Party**

Edgewater Public Market
5505 W 20th Ave
Edgewater, CO 80214
6:00pm – 8:00pm

August 28

MDDS Shred Event

650 W Colfax Ave
Denver, CO 80204
9:00am-12:00pm



September 8

CPR & AED Training

-CPR Choice
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
6:00pm – 8:30pm



September 10

**Botulinum Toxins (Xeomin, Dysport, Botox)
and Dermal Fillers Training, Level 1**

-American Academy of Facial Esthetics
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 5:00pm



September 11

**Frontline TMJ & Facial
Pain Therapy, Level 1**

-American Academy of Facial Esthetics
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 12:00pm



September 19

**CDA & MDDS Celebrate
Women in Dentistry**

Denver Athletic Club
1325 Glenarm Pl
Denver, CO 80204
10:00am – 1:00pm

October 1

**Navigating the World
of 3D Imaging**

-Dr. Michael Moroni
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 3:00pm

October 8

CDA & MDDS Day of Wellness

Moxy Hotel
240 Josephine St
Denver, CO 80206
8:00am – 3:00pm

October 21

MDDS New Member Welcome Event

Joy Hill
1229 S Broadway
Denver, CO 80210
6:00pm – 8:00pm



November 9

CPR & AED Training

-CPR Choice
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
6:00pm – 8:30pm

November 13

**CDA & MDDS Dental
Business Boot Camp**

-Dr. Brad Guyton
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 3:30pm



December 4

**Nitrous Oxide/Oxygen
Administration Training**

-Dr. Jeffrey Young
Mountain West Dental Institute
925 Lincoln St Unit B
Denver, CO 80203
8:00am – 4:00pm

January 20-22, 2022

Rocky Mountain Dental Convention

-Multiple Speakers
Colorado Convention Center
700 14th St
Denver, CO 80202

Learn more and register
for these events at
mddsdentist.com

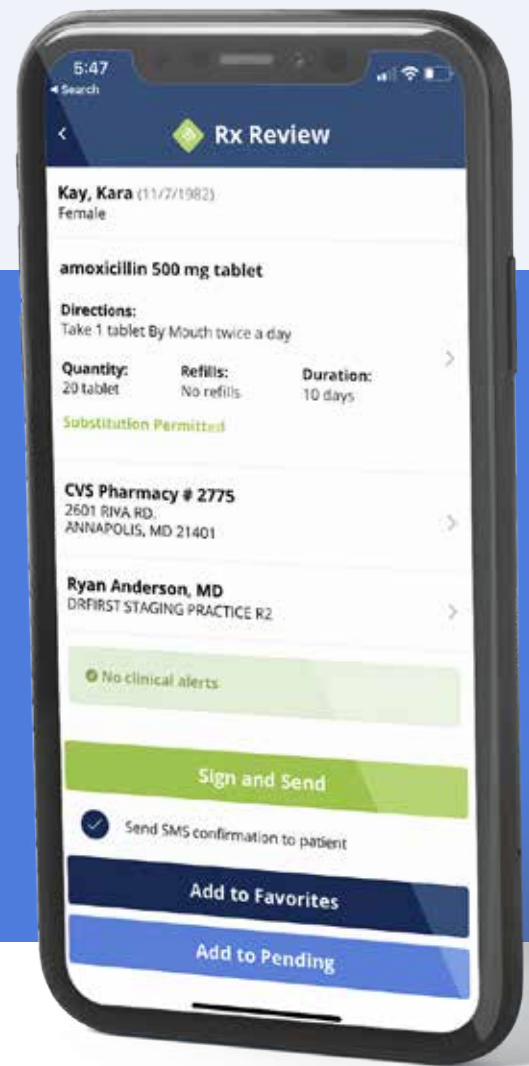




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S U M M A R Y O F T R A N S A C T I O N S

RESOLUTION 01-21-H

Concerning the Standing Rules and Procedures.

RESOLVED, that the Standing Rules and Procedures of the Colorado Dental Association House of Delegates be approved as published and distributed.

Fiscal impact: None

HOUSE ACTIONS: PASS

RESOLUTION 02-21-H

Concerning the Summary of Transactions.

RESOLVED, that the Summary of Transactions of the 2020 session of the Colorado Dental Association House of Delegates be approved as published and distributed.

Fiscal impact: None

HOUSE ACTIONS: PASS

RESOLUTION 03-21-B

Concerning the annual dues of the Colorado Dental Association.

RESOLVED, that beginning January 1, 2022, the annual dues for active members of the Colorado Dental Association shall be \$479.

Fiscal impact: None

HOUSE ACTIONS: PASS

RESOLUTION 04-21-B

Concerning changes to the Colorado Dental Association Constitution regarding the Principles of Ethics and Code of Professional Conduct.

RESOLVED, that the Constitution of the Colorado Dental Association be amended to eliminate conflicting language with the Colorado Dental Association Bylaws. And be it further

RESOLVED, that the Colorado Dental Association Constitution be modified as presented at the 2021 House of Delegates.

Fiscal impact: None

HOUSE ACTIONS: PASS

2021 Election Results

CDA President-Elect, 2021-2022:

Dr. Lindsay Compton, MDDS

CDA Vice President, 2021-2022:

Dr. Leah Schulz, LCDS

CDA Treasurer: 2020-2022:

Dr. Nelle Barr, MDDS

CDA Speaker of the House:

Dr. David Jackson, BBCDS

ADA Delegate, 2022-2024:

(2 positions)

Dr. Jeff Kahl, CSDS

Dr. Nate Kunzman, WELD

ADA Alternate Delegate, 2022:

(6 funded/4 unfunded positions)

Dr. Angelica Seto, MDDS* (NDC representative)

Dr. Asha Chinni, MDDS*

Dr. David Lurye, WCDS

Dr. Bryan Marshall, MDDS

Dr. Carol Morrow, CSDS

Dr. Sheena Schoch, WCDS



**Denotes individuals who were appointed to serve as ADA alternate delegates after the election to fill vacancies. These appointments were approved by the CDA Board of Trustees.*

2021-2022 | CDA Officers



The CDA Executive Committee is comprised of four officers elected by the House of Delegates and three ex-officio (non-voting) members that include the Speaker of the House, Editor and Executive Director.



President

Dr. Nate

Kunzman graduated from Temple University School of Dental Medicine with a dual D.M.D./M.B.A.

degree. He then completed a two-year general practice residency at Albert Einstein Medical Center in Philadelphia, PA and was named chief resident of the Department of Dental Medicine in his second year. Dr. Kunzman is the past president of the Weld County Dental Society and has served multiple terms on the CDA Board of Trustees as the representative for Weld County. He was chair of the CDA Membership Council and was the recipient of the 2019 CDA Exceptional Leadership Award. Dr. Kunzman has been awarded fellowships with the Academy of General Dentistry, the International College of Dentists and the American Dental Implant Association. He is passionate about community outreach and dental advocacy. He currently sits on the board of directors for the Colorado Mission of Mercy (COMOM) and was the site chair for COMOM in Greeley, CO in 2018.



President-Elect

Dr. Lindsay

Compton majored in zoology and genetics during her undergraduate studies at Iowa State University. At the

University of Iowa College of Dentistry, she held leadership positions within her class, the school, and national student organizations. She won major research competitions and was published in the Journal of Dental Research. After dental school, Dr. Compton joined the general practice residency program at Truman Medical Center in Kansas City, MO, where she gained experience in sedation dentistry and provided care to developmentally disabled patients, elderly patients, and pediatric patients. Dr. Compton is active in the Spear Study Club and International Partnership for Occlusion Study Club. She also has held several leadership positions in the CDA and MDDS and has served as CDA treasurer and chair of the CDA New Dentist Committee. She is currently serving as the ADA New Dentist Committee District 14 representative and a member of the ADA Council on Dental Practice.



Vice President

Dr. Leah

Schulz graduated from the University of Colorado School of Dental Medicine in 2014.

She is passionate about improving health equity through her work as a general dentist and the director of Dental Projects at Salud Family Health Centers, a Federally Qualified Health Center, and serves on the Colorado State Medical Assistance and Services Advisory Council. She received the 2018 Geiger-Gibson Emerging Leader national award, is a

2019 graduate of the National Oral Health Learning Institute and serves on the National Network for Oral Health Access' Practice Management Committee. Dr. Schulz is a member of the CDA Board of Trustees, Government Relations Council, Membership Council, a CODPAC board member, and a delegate to the American Dental Association. Her favorite part of her job is precepting predoctoral students as a University of Colorado School of Dental Medicine adjunct faculty and postdoctoral students as NYU Langone faculty. She is currently an ADA Success Speaker and a 2020 ADA Institute for Diversity in Leadership graduate.



Treasurer

Dr. Nelle Barr

is a board-certified pediatric dentist at Children's Dentistry, a private practice in Westminster, CO. She received

her dental degree and pediatric dental certificate from the University of Kentucky. Dr. Barr enjoys working with children and carrying on the dental family tradition—her sister, father and great grandfather were all dentists. She is a past president of MDDS, as well as the Adams County Dental Society and the Colorado Academy of Pediatric Dentistry. Dr. Barr was chair of the 2014 Rocky Mountain Dental Convention and the former president of the Metro Denver Dental Foundation. She was born and raised in Frankfort, KY. She moved to Colorado in 1993.



Speaker of the House

Dr. David Jackson earned his D.D.S. degree from the University of Iowa in 1992, where he also completed

his undergraduate studies in biology. He grew up in Iowa and will forever be a Hawkeye. He moved to Colorado in 1992 and has been providing comprehensive family dental care through his private practice in Boulder County ever since. He is a fellow of the International College of Dentists and American College of Dentists. He has served as the president of the Boulder County Dental Society, a trustee for the Colorado Dental Association, and a delegate to the ADA House of Delegates.



Editor


Dr. Carrie Mauterer graduated from the University of Colorado School of Dental Medicine in 2005. During her

studies, Dr. Mauterer was involved in many leadership positions including class president for two years and president of her school's ASDA chapter. She was honored to be awarded fellowships in the Pierre Fauchard Academy, the American College of Dentists and the International College of Dentists. For four years she served on the MDDS Board of Directors. While serving as the editor of the Articulator Magazine, she published dozens of her editorials and won two awards from the International College of Dentists for her editorial work. She was the recipient of the MDDS Volunteer of the Year award in 2013 and the MDDS Chair of the Year award in 2017. She is a past president of the CDA and served as a delegate to the ADA House of Delegates.



Executive Director

Greg Hill, J.D., C.A.E., joined the CDA in 2014. He is a graduate of the Washburn University School of Law

in Topeka, KS and received his Bachelor of Science degree in economics from Kansas State University. He earned his Certified Association Executive designation in 2016 from the American Society of Association Executives. He was recognized as a Pierre Fauchard Honorary Fellow in 2018 and was recognized as the 2018 University of Colorado School of Dental Medicine Honorary Alumni. Greg currently serves on the board of directors for Colorado Dental Lifeline Network and is the president-elect of the Colorado Society of Association Executives. He is a past president of the Denver Tech Center Rotary Club. You can reach Greg Hill at 303-996-2846 or greg@cdaonline.org. 

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Being Kind



By Krista Barnes

I began raising my brother, Alexander, when he was just 9 years old. As a 19-year-old college student I felt lost and overwhelmed after our mother died following a two-year battle with cancer. We had little to no resources and I found myself seeking dental care for this little boy who was already struggling to smile through so much loss and grief. On top of that, he was embarrassed and being rejected by peers because of his teeth, which were covered in decay.

When it seemed like no one else was able to help us, we discovered Kids in Need of Dentistry (KIND). KIND stepped up, made it easy, and was very effective in supporting Alex to regain his smile. After his teeth were fixed, he really came out of his shell. He joined a baseball team, which he'd always wanted to do, but never felt confident enough. He had a fun, comedic personality that was always tucked away and thanks to KIND, he was able to give joy to others through his sense of humor.

After a career as a teacher, I now work for KIND. Just last week, KIND had a father call in needing to reschedule his child's appointment because the little boy's mom had passed away. This stopped me right in my tracks and took me back to my own experience. The compassion and care the KIND team showed this dad was exceptional.

"KIND is not just about oral care; it is also a shoulder to cry on when life hits hard. It's not just about appointments; it's about building community

trust by addressing true needs," said Dr. Les Maes, a KIND team dentist.

As a teacher in a high-poverty area I saw many students struggle with dental issues. Students wouldn't want to share their thoughts or talk (such an important part of learning!) and they were impacted socially. Just like my brother. The worst was watching basic needs, like eating, cause so much struggle and sadness for a young child. I was so struck by how KIND was able to make such a transformation possible for a kid! There really is such a direct link between the mouth and the body. If you're able to help with dental issues, you can see improvements in learning, mental health and self-esteem. I was reminded over and over of this and how powerful it was for all kids, not just my sweet Alex.

For 109 years, generations of Colorado children and teens have found their smile at KIND. The oral health non-profit provides dental services to an average 12,000 patients each year and is well known for its Chopper Topper program in highly impacted schools across the state. They also conduct both outreach and education while integrating pediatric care. KIND focuses on the whole-person and believes good oral health is intrinsically linked to overall physical and mental wellbeing. When families understand, and can access comprehensive care, the care costs less,



Krista Barnes and her brother Alex Barnes in 1995.

and long-term situations significantly improve.

KIND is working diligently to stop the closure of its Commerce City clinic, where thousands of children are served each year. To do this, the organization must raise over \$500,000 in the next year for their new C4 project. Channeling this challenge into an opportunity, KIND is partnering with other nonprofits to repurpose an existing county building into an innovative hub for neighborhood wellness in Adams County.

The Commerce City Community Campus (C4) anchors health and social services in one location. KIND will join trusted health and public service providers to increase access to integrated care, while empowering families with choices that will decrease healthcare costs and increase quality of life.

I really wish something like the C4 would have been around when I was taking care of Alex. I didn't have great transportation at the time, and this



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would have helped cut down on driving and being able to access many services in one day, forcing many extra days off work.

C4 will include a KIND comprehensive pediatric oral health clinic that will nurture cross-agency collaboration. Projected to open in October 2021, at 7190 Colorado Blvd. (right across the street from KIND's current clinic in Commerce City), KIND hopes to continue uninterrupted services for thousands of children in need.

"We cannot trade one health crisis for another. As we look forward, we are continuing to rigorously seek out opportunities toward accomplishing our timeless mission. Our clinic services have re-opened, and we also continue to serve patients remotely, as we've been able to add teledentistry resources and support to our lineup," said Dr. Maes. 📌

Krista Barnes is the community engagement manager at Kids in Need of Dentistry (KIND). For more information about C4 or any KIND program, please contact KIND Executive Director Ellie Burbee at eburbee@kindsmiles.org and learn more at www.c4wellness.org.



New CU Dental Graduates | Join the Dental Community



On May 26, 2021, the University of Colorado School of Dental Medicine conferred 81 D.D.S. degrees during the Class of 2021's

commencement ceremony. Under a sunny sky, Kevin Patterson, D.D.S. ('89), M.D., provided the commencement address to this special class that distinguished itself during this "year like no other."

These new dentists will practice dentistry in a host of practice venues near and far. While some will participate in advanced dental education programs, to include both general practice residencies and dental specialty programs, another group of students in this class have answered the call to serve our country as military dentists.

Because of the school's strong partnership with the CDA, these graduates were guided through their dental education with in-person and virtual input from CDA members who are on the faculty of the CU School of Dental Medicine and in the community. We take great pride in the fact that current and past CDA leadership consists of strong CU dental alumni and honorary alumni and are privileged to now have past presidents of the CDA on our school-based faculty.

As a partner, the CDA generously sponsors the American Student Dental Association (ASDA) dues for DS1 students and a dental student scholarship each year to ensure our students are

By Denise Kassebaum, D.D.S., M.S., CU School of Dental Medicine Dean




Dental graduates reading the Dental Professions Oath.

introduced to the value of organized dentistry and its positive impact on dentists throughout their dental careers. Through activities such as the CDA Lobby Day and COMOM, dental students witness service and dedication to our profession that CDA dentists exhibit.

On behalf of these new dentists and the CU School of Dental Medicine family, I want to express our appreciation to the CDA leadership and dentists for the positive and consistent voices provided to these graduates.



Dr. Kevin Patterson presented this year's convocation address to the CU graduates.

Your advocacy and information during this pandemic informed us all and will support the graduates as they enter the dental community. Thank you for welcoming this amazing group of new Colorado dentists. 

SPECIAL RECOGNITION

The following teaching awards were celebrated during the Virtual Awards Ceremony last evening. The award recipients were selected by the graduating Class of 2021.

THE PRESIDENT'S EXCELLENCE IN TEACHING AWARD

James DeLapp, D.D.S., M.B.A.
Associate Professor, Restorative
Dentistry

CHANCELLOR'S TEACHING RECOGNITION AWARD

Joseph Parsons, D.D.S.
Clinical Assistant Professor,
Surgical Dentistry

OUTSTANDING BASIC SCIENCES INSTRUCTOR

Lisa Rabe, Ph.D., M.S.
Instructor, Craniofacial Biology

ALTRUISM FACULTY RECOGNITION AWARD

Emanouela Carlson, D.D.S.
Chair, Division of Endodontics
Associate Professor and Interim
Chair, Surgical Dentistry

OUTSTANDING DIDACTIC INSTRUCTOR

Daniel Wilson, D.D.S.
Clinical Associate Professor and
Chair, Restorative Dentistry

OUTSTANDING CLINIC INSTRUCTOR

Alan Sutton, D.D.S., M.S.
Director, Implant Prosthodontics
Associate Professor, Restorative
Dentistry

OUTSTANDING PRE- CLINICAL INSTRUCTOR

James DeLapp, D.D.S., M.B.A.
Associate Professor, Restorative
Dentistry

OUTSTANDING PART-TIME FACULTY MEMBER

David Geck, D.D.S., M.S.
Clinical Assistant Professor,
Restorative Dentistry



The CU School of Dental Medicine class of 2021.

2021 Graduating Class



Dr. Alexandria Aitken



Dr. Crystal Almaraz



Dr. Dalal Alnassar



Dr. Mohammad Alshemali



Dr. Morgan Barber



Dr. Philip Bauer



Dr. Brittini Bent



Dr. Margeaux Black



Dr. Elizabeth Brito



Dr. Kayla Brown



Dr. Marisa Campain



Dr. Chris Chambers



Dr. Tyler Chancellor



Dr. Skylar Christensen



Dr. Candy Cong



Dr. Joseph Coromelas



Dr. Elana Costanza



Dr. Connor Craig



Dr. Tam Dang



Dr. Margaret Dinkel



Dr. Simone Favor



Dr. Kathleen Fay



Dr. Eric Feichtinger



Dr. Tabitha Fischer



Dr. Alexa Friedrich



Dr. Matthew Gamache



Dr. Justine Gullia



Dr. Yohannes Hadera



Dr. Evan Hamamoto



Dr. Aida Ibrahim



Dr. Messay Ibrahim



Dr. Olivia Jaconette



Dr. Neba Jivan



Dr. Courtney Johnson



Dr. Riley Johnson



Dr. Ryan Jones



Dr. Conni Kim



Dr. Ryan Koster



Dr. Emma Lazaroff



Dr. Hanna Le



Dr. Lauren Lustig



Dr. Alexis Mascarenas



Dr. Chadd McAlpin



Dr. Ryan Miller



Dr. Daniel Mora-Plata



Dr. Cori Morris



Dr. Michael Mulady



Dr. Kathryn Nagel



Dr. Natalie Newton



Dr. Son Nguyen



Dr. Bushra Omar



Dr. Rachel Padmanabhan



Dr. Hamilton Pennywell



Dr. Cara Pocano



Dr. Damon Pogoncheff



Dr. John Rausch



Dr. Jayson Ricks



Dr. Brandon Rinker



Dr. Erik Rivas



Dr. Brady Robbins



Dr. Keith Rockwood



Dr. Sinalli Ruiz



Dr. Rebecca Ryan



Dr. Jasmyne Samuels



Dr. Tony Schickanz



Dr. Bomy Shim



Dr. Sheaffer Skadsen



Dr. Stanford Smith



Dr. Jillian Stacey



Dr. Sarah Stamps



Dr. John Stout



Dr. Amanda Ta



Dr. Mi Than



Dr. Brittani Trevitick



Dr. Mark Velemirovich



Dr. Caroline Hinds Vick



Dr. Brooke Watson



Dr. Rachael Yancey



Dr. Sejeong Yeo



Dr. Danping Yi



Dr. Hassanain Zaheer

An Easy Path to Compliance with the Colorado Secure Savings Program



In July 2020, state legislators passed the Colorado Secure Savings Program in an effort to help the roughly 40% of Colorado workers who currently have no access to an employer-sponsored retirement plan.¹

Program Highlights for Employers and Employees

Many of the details of the program offering—including timing of its implementation—are still being determined, but here are some known details that are relevant to many of the 91,000+ employers in Colorado who currently do not offer a retirement plan:²

- Each private-sector business with five or more employees that has been in business for two or more years will be subject to the program's requirements.
- Employer penalties for not complying with the program (once it's launched) can be as high as \$5,000 per year.

By Darren Royal

- Employers who offer a 401(k) or other qualified retirement plan will be exempt from having to enroll in the Colorado Secure Savings Program.
- There are state-sponsored tax benefits of up to \$16,500 for employers who implement a 401(k) or other qualified retirement plan for their employees.

These additional details are likely important to many of the estimated 675,000 full- and part-time Colorado employees who do not currently have access to an employer-provided retirement plan.²

- Employees of eligible companies described above who are 18 or older, who have been employed for at least 180 days, and who earn taxable wages in Colorado must be enrolled in either their employer's retirement plan or the state program (if their employer doesn't offer a plan).
- Employees participating in the state program will fund their retirement through an initial automatic 5% payroll deduction, and employees will be allowed to change that withdrawal amount or withdraw those funds without penalty for at least the first two years of enrollment within the program.

These are just some of the known and relevant details that state legisla-

CDA Retirement Solution

Royal Wealth Management offers access to a 401(k) plan through the Colorado Dental Association that is intended to be an alternative to the state-mandated program. The solution acts as the employer's 401(k) department, maintains continuous compliance with evolving regulations, serves as the designated Plan Administrator and Named Fiduciary, and leverages the scale and experience of industry titans Transamerica and Mercer.

Royal Wealth Management would be happy to help you explore the possibilities to find a solution that best suits both you and your employees. Contact 720-733-9143.

tors have shared so far as they work to design and implement the Colorado Secure Savings Program, which may launch in 2021 or 2022.

An Alternative Solution for Employers

Employers who are not eager to participate in the eventual implementation of the state-mandated Secure Savings Program have the option to offer a 401(k) program to their employees and may receive tax benefits from the state for doing so. In our work with employers, these items rank highest on their wish list for a 401(k) program:

SAVINGS *continues on page 26*



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COPIC Financial Service Group is an endorsed administrator by the Colorado Dental Association for its members' business and personal insurance needs.

SAVINGS *continued from page 25*

- Ease of implementation and administration
- Constant compliance with the myriad regulations governing retirement plans
- Protection from fiduciary liability
- A plan powered by well-known, industry-leading providers
- Reasonable cost

Employers have many options, but a limited amount of time as the Colorado Secure Savings Program moves toward implementation.

Darren W. Royal, AIF, is the president of Royal Wealth Management Inc. Contact him at darren.royal@lpl.com or 720-733-9143.

Important Disclosures:

TAG Resources is the Plan Administrator, Named Fiduciary, 3(16) and 3(21) fiduciary to the plan. Mercer is the 3(38) Investment Manager. Recordkeeper services offered through Transamerica Retirement Solutions.

Darren W. Royal, with Royal Wealth Management, is the financial advisor to the plan and is a registered representative with, and securities are offered through, LPL Financial, member FINRA/SIPC. TAG Resources, Mercer, Transamerica Retirement Solutions, and Royal Wealth Management are all separate entities from LPL Financial.

This information was developed as a general guide to educate plan sponsors but is not intended as authoritative guidance or tax or legal advice. Each plan

has unique requirements, and you should consult your attorney or tax advisor for guidance on your specific situation.

In no way does advisor assure that by using the information provided plan sponsor will be in compliance with ERISA regulations. This material does not constitute a specific recommendation or advice regarding engaging third-party service providers and should not be used as the sole factor in selecting providers for your plan. The final selection of third-party service providers is the responsibility of the plan sponsor.

1 https://leg.colorado.gov/sites/default/files/2020a_200_signed.pdf

2 <https://araadvocacy.org/wp-content/uploads/2019/08/SECURE-Act-State-Retirement-Data-Colorado.pdf>



What Your Patients Aren't Telling You...

By Marissa Nicholson and Christine Hammelev, R.D.H.

As hard as it may seem to believe, your patients do not love your practice because you are a fabulous dentist who creates amazing structurally perfect crowns with near undetectable margins. We love to think this, but our reviews tell us a different story.

Most online reviews are generally a reflection of your team (i.e. "I love Sarah because..." or "Jasmine was amazing; she is always so kind."). The public perception of your practice is a reflection of how you and your team make your patients feel, not necessarily the quality of your dentistry. Patients are drawn to a practice where they feel safe, comfortable, calm and cared for.

So, while this concept isn't anything new, here's the rub. It's what the patients AREN'T telling you that is the snake in the grass. Most patients will not tell you what is bothering them.

61% of the nation are of a personality type that don't feel comfortable voicing their needs and are terrified to express dissatisfaction. So, they just leave. We see the proof of this in re-care effec-

tiveness rates, which is the number of patients who return for their recommended hygiene intervals.

There are many reasons why patients dismiss themselves from your practice, and most of them are in your control.

Comfortability

The issue:

Often, dental offices either leave too much to the imagination or overcommunicate in a way that leaves the patient feeling overwhelmed. Both situations result in a patient feeling uneasy about their appointment. Comfortable people purchase and invest. If we confuse, offend or rush our patients, they become uncomfortable. This leads to them having to "talk to my spouse" or worse, making the appointment and then later leaving a message to cancel or just not showing up at all.

The Fix:

Communicate clearly with your patients from the first phone call to the appointment check-in to where they can put their coat in the operatory. When people are unsure, they are uncomfortable because they don't want to make a mistake. In the exam and treatment planning process, don't take them to dental school by overcomplicating your diagnosis. Go big picture and ask, "What questions do you have?" It will save your time and their brain space. As a cherry on top, you will get better treatment acceptance.

Lateness

The Issue:

Chronic waiting is not ok. If you have patients waiting for more than 10 minutes for their appointment, something needs to change.

The Fix:

Block booking that is well followed with clear rules can be a life saver. It creates an environment of ease for the clinical and admin team. The clinical team has a road map of how to balance hitting goals and taking exceptional care of the patients while docs have time to get to their exams. YES! You can have time to get to your exam! In addition, the admin team knows where to put patients and how to create an ideal schedule without having to overthink. There will still be those moments we fall behind; this is, of course, dentistry. However, at the five-minute mark, an admin team member should be apologizing to a waiting patient and have an accurate timeframe of when the patient should expect to be taken back. It's also not a bad idea to have some gift cards on hand in case a reward for their patience is helpful. (Don't wait for them to complain, just do it.)

Kindness

The Issue:

Oddly enough, we see less than kind behavior toward patients coming from

PATIENTS continues on page 28

the admin team in many practices. We get it! The front office is actually the most difficult position in the office. Our little time travelers up there are handling what happened last week, filling the afternoon, screening emergency patients, and handling billing and insurance. The front office becomes overburdened because systems are poor, time is tight, staff is short or they've just simply "had it up to here!" Chaos breeds discontent and the patient can either feel it or is on the receiving end.

The Fix:

We see people just throw bodies at this problem. They'll have six admin team members when they really just need three. Inefficiencies must be cleaned up. Systems and having people in charge of specific duties is where we see the admin team thrive. "If it's everyone's job, it's no one's job." Get checklists for each admin member, make sure they know your vision of customer service, evaluate if they need "carve out time" to step away from patient-facing duties for a couple hours each week, and make it clear that the front desk is the equivalent to a concierge. They must go above and beyond to help patients with their insurance questions, provide patience with scheduling needs and create a welcoming environment.

Appreciation

The Issue:


We have more teams than we can count that tell us they don't feel "authentically" appreciated. Meaning, it's not enough to just say, "good job" or "thank you" at the end of the night. Teams want real "buy in" to their goals and needs. An underappreciated team will disconnect to self-protect and you will typically have the good team members leave and the not-so-great staff stay—and your culture will plummet. This leaves the not so great, not so kind, team members to care for your patients.

The Fix:

Create a culture of accountability. If you don't have policies and systems, create them and train your team. Then, hold them accountable. Have annual (or more frequent) reviews. You don't have to tie them to raises and, in fact, you shouldn't. Have them be goal setting sessions and buy into your team. Help them achieve their goals and grow as professionals—and they will stay engaged. Lastly, have team outings and connect in a non-work environment. Relationships are what create unstoppable teams.

Chaos breeds discontent and the patient can feel it. We hear over and over patients saying, "I left the den-

tal practice because of the staff, not because of the dentist."

The challenge is that you are the dentist! You need to be doing dentistry not watching what is going on up front or with the rest of your team. Therefore, it is imperative to have excellent systems, excellent training and excellent accountability. Now more than ever, we need to keep and attract quality team members. Gone are the days that you can just offer a decent hourly wage and some PTO and have a team member for 20+ years. If you have someone for 18 months in this environment, you are one of the lucky ones. How do we change that? We create an environment that is enriched with accountability, appreciation and communication. Invest in your team and they will invest in your patients. 

Marissa Nicholson is a certified life coach and dental executive, and Christine Hammelev is a dental hygienist and dental executive. Both have extensive dental backgrounds both clinically and administratively. They manage dental offices and run a training academy for entry level front office team members. They have made it their passion to give back to the dental community that has given so much to them. Contact them at dentalpracticemanagementagency.com/about.



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Warning: Low Battery

By Myriah Shimatsu

How are you feeling over a year after COVID-19 took over nearly every aspect of our lives? Are you relieved to have the hardest days behind you or are you still exhausted and in need of a recharge? Do you wonder if your dental practice and team are still being impacted? How do you perceive your team members' well-being vs. how they're actually feeling?

Dental teams have been working under new conditions for what seems far longer than a year and a half. The extra PPE, obsessive cleaning, heightened protocols and longer hours have impacted them. Your team may also be navigating patient anxiety, financial instability and health concerns. Many small businesses, just like your dental practice, may be struggling to hire a full team. This can also affect the positivity and morale of the office, and all of this combined can cause stress and burn-out for you and your team. This level of mental overload and exhaustion isn't overcome by an extra day off or donuts at the next huddle. Empathy and a plan for recovery are the answers, and summertime is the perfect time to do it.

Here are a few tips on how you can help your employees and yourself bounce back and recharge over summer.

1. Check in with each of your employees individually. Ask them how they're doing, how they're feeling and what they need to recharge. You might be surprised by their answers. And those answers might give you some great ideas that aren't hard to implement to improve workplace culture.

2. Start a positivity campaign in the office. Optimistic and positive employees are better at coping with and recovering from stressful situations, reducing the harmful effects of stress on their bodies. This could be as simple as posting a positive quote and picture each week in the break room or writing a genuine note of appreciation for your team in a common area. Make sure to be a positive example yourself first, and then figure out how to make the positive energy contagious. Having a positive environment creates relationships and a team is stronger when they care about each other and enjoy working together. Don't allow negativity to affect the whole office.


3. Host a fun team event to boost morale and lighten the mood in the office. With trying times from the pandemic nearly in the rearview mirror, lifting up your team's burned-out spirits can keep your retention rates where you need them. Host a fancy coffee bar on Mondays in the break room. Turn Thursdays into Thankful Thursdays and show your gratitude. This can be in the form of an email shout-out, verbal praise during a meeting, or even a handwritten thank you card. You can even go all out and offer a pool or bowling night and invite the whole family to show appreciation for the team's resilience and hard work.

4. Now with travel more accessible, make sure to allow (and encourage) your staff to take time off this summer. Encourage each person to take a long weekend or full week off to do

something fun. If someone takes time off, make it clear to everyone that they should respect their personal time and not contact that individual. The mental shift and reboot will benefit both the individual as well as your dental practice.

5. Respect boundaries! If a team member says "no" to covering an extra shift assume it is for a good reason. Most people struggle with setting boundaries for themselves and in the end suffer from the stress it causes in their personal life.

6. Create your own boundaries. Lead by example and create healthy boundaries for yourself. Separate work from home. While we all need to catch-up on work, make it a goal this summer that you only work on a work-day and set a firm quitting time each day. Don't check work voicemails or emails off hours. So long as you have an emergency contact on your office voicemail, there isn't a need to constantly check messages for non-urgent matters. Give yourself a break!

COVID-19 may not quite be a thing of the past, but we can move forward with stronger, more resilient teams by taking a much needed and deserved break to prioritize resting, recharging and resetting this summer. 

Myriah Shimatsu is the co-owner of Movement 1st Wellness and has been certified by the National Strength and Conditioning Association (NSCA) for over 12 years. She holds her bachelor's degree in adult exercise science with a minor in nutrition. Contact her at myriah@movement1stwellness.com.

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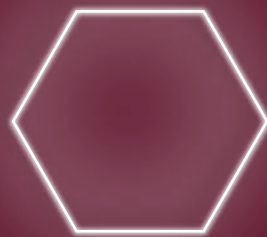


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Visa and Mastercard Postponed 2021 Rate Increase... | Make sure your processor did too!

By Phillip Nieto

Do you know what it costs to take credit cards at your practice? Most dentists have better things to think about than the minutiae of processing fees. However, because the last 10 years have seen the volume of credit card transactions at dental practices almost double, attention to those details can make a huge difference to your bottom line.

What are the real costs of running a patient's card?

Every time a business runs a credit card, there is a direct cost that is set by the card issuer. This cost is identical for every credit card processing company and is known as the interchange rate. Interchange is an important concept because it is a hard cost for all processors. This is the minimum amount that can be charged on a transaction without a credit card processor losing money.

Interchange rates vary immensely. For example, debit cards are almost always cheaper to run than credit cards, even when processed without a PIN. Reward cards are usually more expensive than regular credit cards. Similarly, card-present transactions (when you accept the card via chip/swipe/and even contactless payments, such as cards saved on a smart phone) will get the lowest rate for that type of card. That same card manually keyed (whether for a called-in or website payment), generally runs at a slightly higher rate due to increased risk of fraud.

Did the cost to process cards go up in April of 2021?

Every April and October, the card brands (Visa, Mastercard, Discover,

and American Express) make adjustments to the rates that are paid by all businesses to run cards. While these changes are usually very small, the April 2021 changes *were slated* to be some of the largest increases in the last 10+ years. Fortunately, pressure from Congress and Covid-impacted businesses finally persuaded the card brands to delay the majority of increases until April 2022.

However, even though these rate increases were postponed, it does *not* mean that your costs *won't* increase. First, not all processors pass through costs directly and it can be difficult to determine which fees are due to actual brand rate increases and which are just added profit margin. Second, since rate and fee increases usually have to be communicated 30 days in advance, many processors had already initiated rate increases and notified their customers of such prior to the announcements that the card brands were holding off.

Some companies will move forward with these increases and pocket the extra fees they were going to have to pay to the credit card companies. On top of this, even without brand fee increases, many processors still raise rates several times per year. A good deal you received a few years ago may not be so great now. It is important to monitor any changes made to your processing fees and to understand why the changes were made.

How can practices minimize costs when taking card payments?

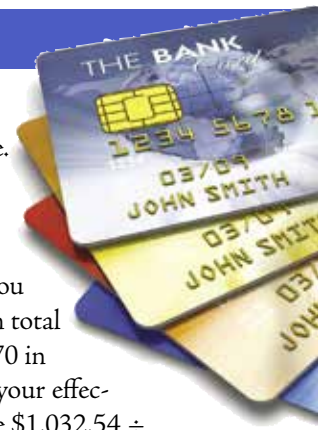
1. Do the math. Grab a recent credit card processing statement and

quickly calculate your effective rate. Fees divided by dollars processed = effective rate. For example: If you paid \$1,032.54 in total fees on \$30,456.70 in credit card sales, your effective rate would be $\$1,032.54 \div \$30,456.70 = 3.39\%$

Effective rate is a great measure of your credit card processing costs. Statements can be difficult to decipher, but this simple math quickly shows what you are really paying to accept credit cards in your practice. Your effective rate will vary monthly, based on the types of cards you accept and how you accept them, but if you're regularly paying more than 2.20%, it's definitely worth taking a look at what your processor is charging.

2. Know the steps that you can take to lower your credit card processing costs. Best Card has published 7 Rules specifically geared toward helping dental offices keep rates down. These tips target lowering your Interchange costs on transactions.

Phillip Nieto is the president of Best Card Team, the ADA Member Advantage and CDA-endorsed credit card processing solution created for dentists. Submit a recent credit card processing statement to Best Card by fax at 866-717-7247 or email to Compare@BestCardTeam.com for a no-obligation savings analysis. Contact Best Card, a Colorado-based company, at 877-739-3952 or visit BestCardTeam.com/co.



Not Very Social Media | Postings and Other Reviews



By David M. Jones, Esq. and H. Candace DeLapp, D.D.S.



Online review platforms are everywhere these days. Consumers rely on 1-to-5-Star ratings for picking everything from TV shows to toothbrushes, dog food to dentistry. Even with a word-of-mouth referral from a friend, your new patient is likely

to evaluate you online before making an appointment. And it only takes a few reviews for them to form that all-important first impression.

For you and your office, positive feedback feels terrific, and it can make your practice grow. Negative feedback can feel like a gut-punch, and make you ask, “isn’t this libel or defamation of character?” And worse, if you mismanage a response, your words can get you into trouble. Rather than stewing about a negative review, or ignoring it, develop a proactive strategy for addressing negative reviews. This will give you credibility and control the message you put out there every day: you are willing to listen, you’re here to help, and you really do care about your patients.

As a general matter, most authors of online postings engage in “free speech” protected by the First Amendment. (You know those crass clichés analogizing opinions to body parts—“everyone has one”—and in most instances, ratings or reviews state mere opinions that

“Life is 10% what happens to you and 90% how you respond to it.”

—Lou Holtz, Hall of Fame football coach

are not actionable as libel or defamation.) It can feel unfair that there are very few rules for online reviewers to follow, and that posts can be anonymous and are almost never fact checked. Unless a poster does things like threaten harm or seek to incite violence, in most cases it probably is not worth investing significant time or energy in forcing the poster to stop or in seeking legal redress for what they have written. Legal claims for defamation against a reviewer in this context are quite difficult to win. The essential elements of a claim for defamation include:

1. A verifiably false statement purporting to be fact
2. Publication or communication of that statement to a third person
3. Culpability for stating the falsity that amounts to at least negligence
4. Damages, or some harm caused to the person or entity who is the subject of the statement.

Developing evidence to establish the first and fourth elements (verifiable falsity of the statements; and quantifiable harm directly resulting from them) is especially challenging.

But does that mean you should simply roll over? No!

First, treat each critique on a case-by-case basis. Read each review in isolation and decide whether a response is warranted at all. Every once in a while, a negative review (or the reviewer) is so far “out there” that it really does not need to be dignified with a response.

Assuming a review is not patently ludicrous, you may decide some response is appropriate. But crafting a response can be tricky. Unlike the general public, you do have rules you need to follow. Here are some considerations for developing your strategy.

- ♦ Write only a response you would be willing to see printed on a full-sized billboard standing above your office, illuminated at all hours with flashing lights.
- ♦ Anticipate that posting a response may further engage or provoke the patient. Be ready for the patient to reply to your response and be ready to let that go. No matter how tempted you may be, resist the urge to engage in an online debate. Like the farm-yard maxim discouraging mud wrestling with an ornery pig—you both get dirty, but the pig enjoys it—do not engage in a battle you cannot win.
- ♦ Never, under any circumstances, share protected health information explaining the treatment the patient is upset about or identifying the reviewer. There is no exception to HIPAA and other confidentiality

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protections for responding to a negative patient review.

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Applying this algorithm may leave you feeling as if there are not a lot of options for responding. And really, there aren't. In most instances, nothing you write will change the reviewer's mind. The principal benefit to responding is only to show others reading your reviews later that you are paying attention, and that you are responsive. Reasonable responses might say something like this:

- "We're sorry to hear that you had a disappointing experience. We pride ourselves on always giving our best in every situation. Please contact us so

we can work together to give you an exceptional experience!"

- "Although we disagree with your statements, we are sorry you were unsatisfied. We wish you good health and happiness."
- "As we discussed in the office, we would be happy to see you again to address your concerns. Please contact us and we'll schedule an appointment."

Finally, these strategies only work if you know what your patients are posting. We suggest deputizing someone in your office to look at what is posted on a routine basis and bring to your attention any concerning reviews you may wish to address. But beware of delegating the responses entirely to staff! Personalized thank-you responses to positive postings can help build

your reputation and your patients' loyalty. Personally addressing negative responses can minimize the negative impact and even bolster your integrity. And don't worry if you lose that perfect 5.0 Star rating—it means you're human, which is reassuring in today's world. 

David M. Jones is a trial lawyer who defends dentists and other healthcare providers in professional negligence lawsuits and before the healthcare licensing boards. He can be reached at jonesd@hallevans.com.

H. Candace DeLapp, D.D.S., is the executive director of the Dentists Professional Liability Trust of Colorado. Contact her at hdelapp@berkleyrisk.com.

3 Unfounded Fears That Will Cost You During Commercial Real Estate Negotiations

Fear

By Naum Nasif

Fear can be a motivating factor but often is baseless, misplaced and ultimately a thief of our desired outcome. Consider an analogy from nature: A tiger can run 30-40 miles per hour, but only in short bursts. A gazelle can sustain speeds of 30-40 mph with bursts up to 60 mph. Based on the numbers alone, a tiger should never be able to catch a gazelle. But with strategy, prowess and striking fear into its prey, a tiger's pursuit results in the gazelle's fatal end.

This may seem like an extreme or irrelevant analogy to a real estate negotiation, but fear affects humans' minds just as it does animals, by clouding our thinking and leading to feelings of intimidation and poor decision making. It is paralytic and results in an undesired end for one party.

The following are three key fears that, once you've identified them, can be disarmed and defused to prevent you from losing:

1. Fear of Making a Premature Commitment

Many people believe that submitting a Letter of Intent (LOI) or Request for Proposal (RFP) on a property commits them to the terms of the deal or to that specific property. This is just a misunderstanding. Negotiations performed via a non-binding LOI in commercial real estate are just that, non-binding, and it's an acceptable practice to submit non-binding LOIs on more than one property at a time.

Submitting terms in the form of an LOI is not a premature commitment, instead it's a way to address and negotiate the basic financial and business points of a deal before moving forward with the legal expense of drafting and signing a lease or contract. It's not until a tenant (or buyer) and landlord (or seller) mutually executes a lease or purchase contract that the parties are legally obligated to perform the terms.

2. Fear of Acting Inappropriately

There's a common belief that it's inappropriate to "shop" for the best offer on the market. This fear could apply to property locations, financing options, service providers, equipment vendors and more.

This process of competitive procurement—which savvy business owners always employ—is sometimes labeled as "shopping," which sounds unrefined or disreputable. However, it's normal and accepted in the commercial real estate world. As a buyer or tenant, competitively procuring the best possible terms can only be achieved by securing multiple offers from multiple properties to find the best fit. Negotiating with a landlord or seller or requesting a service provider submit a quote does not commit you to that offer, nor is it inappropriate. Instead, failing to competitively procure solutions will surely end in a loss.


3. Fear of Confrontation

Most people have this fear innately. It's something that salespeople and real

estate agents must quickly overcome if they're going to make it in their field. At the root, it's either a fear of rejection ("What if they think unfavorably of me?") or a fear of loss (losing relationship status, losing a reputation, losing an argument, or losing a good deal in pursuit of a better deal), or both.

The truth is that confrontation is not a bad thing. It's an inevitable path to clarity and a greater outcome for both parties; especially anytime you are dealing with a high-dollar negotiation. When handled professionally, confrontation is respectable and can strengthen a relationship. Leaning on a team of advisors and professionals also helps remove the personal confrontation a doctor feels when going up against a professional landlord and creates a competitive business scenario that drives greater concessions.

Think Like a Human, Not A Gazelle

While a gazelle's fear of a tiger is legitimate, a tenant's fear of a lease or purchase negotiation, or dealing with a landlord or seller is not. Submitting to fear in a real estate negotiation can lead to a string of bad decisions that can result in six-to-seven-figure losses over the life of a practice. 

Naum Nasif is a Broker with CARR with 15 years' experience in the commercial healthcare industry. He has successfully used his experience to help hundreds of dentists in Colorado with their lease and purchase negotiations. Contact him at carr.us.

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Them: Claims call center (likely in another state).

Besides a policy, what do I get when I buy coverage?

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Them: Online support.

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Them: Yes, via their national board.

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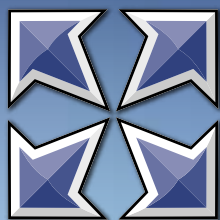
Them: \$0

How long has the company been serving Colorado dentists?

The Trust: We were Established by dentists in 1987.

Them: It's hard to say... they tend to come and go.

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