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GDA ACTION seeks to be an issues-driven journal focusing on current matters affecting Georgia dentists and patients accomplished by disseminating information and providing a forum for commentary.

Closing date for all editorial and advertising materials: Six weeks prior to publication.

Subscriptions: $17 of GDA membership dues is for the journal; all others, $75 per year. Periodicals postage paid at Jefferson City, MO.

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APRIL 2019

5  District Leadership Conference
5  Presiding Officer Training Workshop
8  NDDS Membership Meeting
9  GDIS/GDHC Board Conference Call
12  Leadership GDA Kick-off Session
14  ADA Dentist and Student Lobby Day
15  NDDS CE Course
26  Risk Management CE, GDA Office
27–29  DCG 50th Anniversary Celebration

MAY 2019

3  LEAP Course, GDA Office
3  HPV Course, Columbus
3  NWDDS General Membership Meeting
9  CDDS Quarterly Membership Meeting and CE
15  Leadership GDA Webinar
17  Opioid Course, GDA Office
17  SWDDS CE Course
27  SEDDS District Meeting
Confidentiality is important during a practice sale. That’s just one reason why thousands of practitioners have entrusted their practice sale, purchase, valuation, and transition planning to us.

Shouldn’t you?
Some observers say, “Digitization of manufacturing will bring the third industrial revolution.” Computer Aided Design and Computer Aided Manufacturing (CAD-CAM) has enabled many firms to mass customize many products. Social and economic forces such as expanding disposable incomes, higher educational levels and more awareness of the world have produced consumers with varied and sophisticated needs, tastes and lifestyles than ever before. This has led to an outpouring of goods and services that compete with one another for the opportunity of satisfying some group of consumers.

Ethics and professional obligations dictate that we must not compare healthcare to commercial goods or off-the-shelf, one size fits all services. However, digital technology has its benefits to improve care, reduce cost and improve efficiency. Every dental restoration is customized to an individual situation and patient need. Laboratory services have been used to fabricate indirect restorations. The digital revolution is bringing change to this process making it more efficient, less labor intensive, cost-effective and with an economic benefit for both the consumer and provider. Each aspect of the dental practice has been impacted by the digital revolution.

Dental practices adapted to digital charts and radiography earlier than other areas. The last decade saw the transition into this next phase. As with any new product or service, there are the early adapters and the early majority. It is fair to say that almost all practices have made this transition. The benefits were just too obvious: ease of retrieving patient information, radiographs, communication, marketing and reduced radiation dose for patients and staff. While it took some investment to make these changes, the advantages were far more beneficial than the initial investment and cost of maintenance. The profession was more open to make this transition because it was a stress reducer and contributed to patient safety and improved quality.

The next transition we see approaching is a CAD-CAM and 3D imaging. Cone-beam imaging and the ability to fabricate/print stereoglithic models have already made diagnosis and planning more predictable in all areas of dentistry. This technology has made some surgical procedures simpler and less invasive. Technology has enabled many dentists to expand their scope of practice, especially in the field of implant surgery. It has made procedures less invasive and more productive for the provider, extending an economic benefit to both dentists and patients by conserving resources and time.

The greatest impact is seen in the area of prosthodontics. Most general dentists and prosthodontists devote the majority of their time restoring teeth. Traditionally, these restorations are made following an analog technique. Our ability to capture information digitally and fabricate restorations using milling technology has reduced material costs, shipping costs and the cost of restorations fabricated by laboratories. Critics would argue that the artistic touch is lost in this assembly line production system. To that one can argue that technology has the potential to customize and it is done so routinely. In fact, it leaves enough room to make artistic changes easily, involving less time. The digital approach has almost reduced the use of alloys by as much as 50–60%, lowering the cost of labor and materials. The cost of fabricating a restoration digitally has reduced cost by 20–30% by some estimates. Technology has the enormous potential to customize at a mass scale by taking advantage of economies of scale. Machine milling has improved the working environment in the laboratories.

No technology or change is without disadvantages. Mass digital customization comes with a price. Equipment and an initial investment come with a price for dentists and laboratories. This wave has caused economic issues for smaller laboratories. Large laboratories can mass produce at a reduce cost. According to Pierre Nenteme, CEO of Accenture, “The digital revolution is far more significant than the invention of writing or even of printing.”
“Digital is the reason just over half of the companies on the Fortune 500 disappeared since 2000.” Technology also comes with a potential to “outsourc” manufacturing to another part of the world and this leverage is used wisely and strategically by many laboratories. The ability to send digital impressions to any part of the world with a click of a button has made outsourcing a reality. The ability to fabricate single unit restorations or print surgical guides have reduced the dependency on laboratories for many dentists. Financial resources of large group practices enable these business units to incorporate this technology and benefit from economies of scale while investing in this may be not so easy for a solo practitioner.

While one industry suffers, consumers always benefits from advances. Digitization of manufacturing is here to stay and we as practitioners need to find ways to benefit from this. Most of us are in the early adopters phase for embracing this change. However, as we adopt, competition gets intense for companies manufacturing equipment and developing technology and the cost of this change is likely to go down. It is wise to embrace this change and adapt it in a way that we can have the same strategic benefit competitors have.

In the words of Douglas Engelbart, “The digital revolution is far more significant than the invention of writing or even of printing.”

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GDA Members Go Above and Beyond During MLK Day of Service

Dr. Matthew McRae opened his doors at McRae Family Dental to underserved members of the community for the sixth year in a row in honor of MLK Free Service Day from the Heart on January 21, 2019. The dentists of McRae Family Dental provided over $150,000 worth of free dental care services to over 110 members of the community.

50th Anniversary Celebration

The Dental College of Georgia’s 50th Anniversary Celebration is April 27–29, 2019 at the Marriott Hotel in Augusta, GA. GDA will sponsor a cocktail party prior to Friday night’s dinner in honor of the 50th Anniversary of the Dental College of Georgia. Visit www.augusta.edu/giving/dcg50.php for more information and to register.
GDA Office Runs for a Cause

The GDA team met bright and early at Centennial Park on Sunday, February 17 to participate in the team’s third annual Hot Chocolate Run—a 3.1 mile run/walk through Atlanta. The run raised funds for the event’s official charity, the Make A Wish Foundation.

ASDA 4th District Meeting

GDA members Drs. Kumar Patel and Eric Anderson participated in a panel discussion at ASDA’s 4th District meeting in Chattanooga, TN. Discussion was focused on the role of the GDA and other state organizations in guiding students as they transition into practice.

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Lunch & Learn at DCG
The GDA hosted a lunch and learn at the Dental College of Georgia on February 21. Dr. Mindy Broda spoke to the students about integrating Medicaid into their practices.

Welcome New Members
The following new members joined GDA in January.

- Shelly Abramowicz  
  Northern District Dental Society
- Sarah Ahern  
  Northwestern District Dental Society
- Ronnie Arrington  
  Southwestern District Dental Society
- Jenifer Barrett  
  Central District Dental Society
- Justin Bordlemay  
  Southeastern District Dental Society
- Michael Carr  
  Southwestern District Dental Society
- Laura Davis  
  Northern District Dental Society
- Scott Fulp  
  Southwestern District Dental Society
- John Gale  
  Eastern District Dental Society
- Abbas Haider  
  Northern District Dental Society
- Timothy Helton  
  Northern District Dental Society
- William Noggle  
  Eastern District Dental Society
- Deborah Nwosu  
  Northern District Dental Society
- Ida Rose-Mize  
  Northwestern District Dental Society
- Christopher Seibert  
  Eastern District Dental Society
- Haley Swearingen  
  Eastern District Dental Society
- Martin Velez  
  Northern District Dental Society
- Hanna You  
  Northern District Dental Society
SEEN&HEARD

Points of Light recognized GDA member Dr. Richard Weinman for “improving the world” through volunteer service. On February 8, Dr. Weinman was named the Daily Point of Light award honoree, which included the article below that was featured on the organization’s website.

Atlanta Dentist Offers Restoration and Healing as He Repairs Smiles and Lives Through Volunteerism

February 8, 2019 | Richard A. Weinman

Points of Light Number: 6451 | Atlanta, GA

Pearly whites. Chompers. Ivories. Your teeth play a larger role than most give them credit for. They are an integral part of the structure of your face and healthy teeth are vital to diet, health and an overall sense of well-being. But the care of teeth can sometimes take a backseat due to lack of resources.

That’s where Richard A. Weinman, DMD, comes in. Devoting several hundred volunteer hours each year across several organizations including the Ben Massell Dental Clinic, Donated Dental Services and Georgia Mission of Mercy project through the Georgia Dental Association, and the Special Smiles program, the Atlanta-based dentist gives his time and talent to treat about 185 low and no-income patients annually across the state of Georgia, at no cost to the patient.

As the cost of annual dental care runs on average over $600 according to the American Dental Association, and sometimes higher, Dr. Weinman is truly giving people in need a reason to smile, and is today’s Daily Point of Light award honoree. Points of Light spoke to Richard to learn more about his volunteerism.

What inspires you to volunteer?

My family inspired my volunteerism. My mother, especially, volunteered for many, many organizations. My father always supported her, and always made it a point to give to many different charities. His contributions weren’t a secret, he wanted us to know that giving back was something he felt was important, like a personal responsibility. Some people have different hobbies, for me, these different volunteer activities keep me busy and happy.

You are an active volunteer. Share some information about the organizations you work with.

- **Ben Massell Dental Clinic** Over 100 years old, this is the oldest continuous dental clinic in the country. It is 100% charity, there is no sliding scale, so we are able to take care of the neediest people first. The staff is completely volunteer, we have about 190 dentists on staff that include all specialities for adult dentistry, and we treat between 2,000 and 3,000 patients each year. I have volunteered at the clinic for over 35 years treating the people who fall through the cracks—both low-income and no-income people—and serve as a member of the clinic’s board of directors.

- **Donated Dental Services** This is a year-round charitable program that provides free, comprehensive dental treatment to Georgia’s most vulnerable people with disabilities or who are elderly or medically fragile. I led the effort to establish this program in the state after seeing how well the program did in other parts of the country. In 2016, the Georgia Dental Association made a three-year commitment to the Donated Dental Services program.

- **Special Smiles Program** I have been a volunteer with this program for 20 years. It is run by Georgia Special Olympics and provides comprehensive oral health care information, including offering free dental screenings and instructions on correct brushing and flossing techniques to participating Special Olympics athletes.
• **Georgia Mission of Mercy** I serve in a lead role for the Georgia Mission of Mercy project, a 2-day free dental care clinic that provides about 2,000 patients with nearly $1.7 million in care.

### Wow, tell me more about the Georgia Mission of Mercy project.

The Georgia Dental Association’s Foundation for Oral Health sponsors this free dental clinic about every other year. Approximately $150,000 has to be raised in advance to host an event of this size, and then in-kind donations are coordinated. Several hundred Georgia dentists and more lay volunteers gather from across the state to donate their time and expertise to provide dental care to thousands of adults in need. Basic dental services are offered to low- and no-income adults including cleanings, fillings, and extractions. We will see a couple thousand patients over this two-day period. These are people who are really down and out, and they’ll wait overnight in lines like you would for a rock concert. We see as many of them as we are able.

### Describe your volunteer role as the Chairman of Governmental Affairs Committee for the Georgia Dental Association.

My job as chairman of the governmental affairs committee for the association puts me in the lead to ask for funds and help level the playing field a bit in supporting our dentists and providing care for the community. While the legislature is in session, we ask dentists from around the state to come in and talk about different programs we support. I attend about 6–8 sessions in total, and I might also be called on to testify in committees. Last year, we were able to achieve helping dentists with their student loans. This year, we’re working to address the shortage of dentists in rural areas, a crisis affecting all medical professions. We are asking to put into place a program that encourages new practitioners to work in underserved counties by offering to pay their malpractice insurance if they relocate. Lastly, we successfully got the state to commit to paying for a coordinator for five years to help facilitate donated dental services. This role helps the association continue their service to patients across the state.

### Share one impactful story with me from your volunteerism.

One young lady had problems with drugs, which is common with some of the patients we see, because they’re so out of it, they don’t take care of their teeth. They get horrible decay and their mouths are ruined. She came to me through the Donated Dental Services program. In addition to her addiction, she had anxiety issues. Once she recovered from drugs, she then became homebound because she was anxious about the way she looked. I took her on as a patient and restored her teeth. She was an attractive lady but before her teeth were fixed, she kept her hand in front of her mouth when she talked to you because she was that embarrassed. I’ve kept her as a patient since then to help her maintain her dental health. When she comes to see us now, she always says how our help changed her life.

### You’ve dealt with some very serious medical situations. Explain.

Let me tell you another patient story. This patient was also referred through the Donated Dental Services program, she had stage 4 cancer and had such severe dental problems, her doctor stopped her chemotherapy because she would have likely died from dental infections if she took drugs to suppress her immune system. The concern was that she’d likely die from cancer if she continued on without chemo. I coordinated her care because it required some extractions and because she wasn’t healthy, we got oral surgeons involved in her care. We restored her dental health and got her back on chemo. Truly, once we were able to get her squared away, we knew she was going to be able to take care of herself.

### What’s one thing you want readers to take away from your service?

What people don’t realize is that it’s not uncommon for dentists to take on patients on a volunteer basis, whether they’re doing so through their church, or for a clinic or organization. People sometimes stereotype us as those rich dentists, making money, buying cars, but there are lots and lots of dentists that really provide for those most in need, and don’t talk about it. They’re not tooting their horn, they’re just out there providing care. When we can make someone look good and get them out of pain, it’s a great feeling. It’s a great profession, I wouldn’t want to do anything else.
What’s your favorite part of being a dentist?

My favorite part of dentistry is restoring a patient’s smile. A patient can’t tell when something is technically correct but everyone can appreciate when we give them an attractive smile.

Outside of Georgia, how can those in need get dental help?

The best way is to check programs that the American Dental Association offers. Additionally, some public resources are available through local organizations, including religious organizations.

For those reading, how can they help?

The Ben Massell Clinic and the Georgia Dental Association are always in need of volunteered services. Please check their websites for more information.

Do you want to make a difference in your community like Dr. Richard A. Weinman? Visit All For Good for local volunteer opportunities.

Post written by Marlena Militana.


Dr. Richard A. Weinman.
Courtesy Dr. Richard A. Weinman

GDA Members Voted Mom-Approved in Atlanta Parent Magazine

Atlanta Parent asked readers to recommend their favorite dentists, orthodontist and oral surgeons they trust for dental care. Of course, our dentists made the list. Join us in congratulating them!

FAMILY/GENERAL DENTISTRY

- Roberta Cann, DMD
- Dominick M. D’Auria, DDS
- James M. McGee, DMD
- Bahar Nia, DDS
- Peter Pate, DDS

PEDIATRIC DENTISTRY

- Yangsun Bak, DDS
- David Bradberry, DMD
- Judy Christianson, DDS
- Hemant Dhawan, DMD
- Mary Doombos, DMD
- Jonathan Eaton, DDS, MS
- Lujayn “Lulu” Elkaiali, DMD
- Zeyad Hassan, DMD
- Sarita Henry, DDS
- Brent Herrin, DMD
- Jaha Howard, DDS, MS
- Teresa Jordan, DMD
- Danny King, DDS
- Michael J. Leach, DDS
- Susan Lee, DMD
- Rochelle Lopyan, DMD
- Anthea Drew Mazzawi, DMD
- Miles Mazzawi, DMD
- Byron Murphy, DDS
- Azi Nia, DMD
- Ben Popple, DMD
- Nirali Procter, DMD
- Jason E. Turner, DMD
- Anjali Williamson, DDS

ORTHODONTICS

- William Bennett, DMD, MSD
- Meredith Dempsey, DMD
- Oral Francis, DDS, PC
- Amir H. Lamei, DMD
- Meridith Long, DMD, MS
- Doug A. Singleton, DDS, MS
Membership Survey

Your Georgia Dental Association leadership is continually assessing our association’s programs and services to ensure we are meeting the needs of our member dentists. In the November 2018 membership survey, you, our members, ranked the current GDA initiatives on what was most valuable to you. Here are our top six scorers in order of importance:

1. Monitoring regulatory and legal changes/issues
2. Advocacy with state legislators and policy makers
3. Public relations—promotion of the profession/educating the public
4. GA Delegation representation/involvement in the ADA House of Delegates
5. Peer review & ethics process for mediation of patient complaints
6. Georgia Dental Insurance Services (business insurance, health insurance, medical malpractice, etc.)

Governor Proclaims February Children’s Dental Health Month

Georgia Governor Brian Kemp showed his support of oral health by proclaiming February 2019 as Children’s Dental Health Month in Georgia. GDA members visited the governor’s office for the signing of the Children’s Dental Health Month proclamation and a photo with the governor.
Member dentists of the Georgia Dental Association were recognized by the Georgia Senate on February 20, 2019 for removing barriers to dental care by volunteering their services to the uninsured, and by treating patients with special needs and those with Medicaid dental insurance.

Senate Resolution 210 by Senator Jeff Mullis (R-53) commended dentists of the Georgia Dental Association for their long-standing commitment and dedication to promoting good oral health for all Georgia’s citizens and for protecting the safety of their patients.

The Georgia Dental Association has been leading the way with diverse, creative solutions to addressing barriers to care through initiatives outlined in its Georgia’s Action for Dental Health plan. Initiatives include:

- **Placing more dentists in rural communities** The association successfully advocated for a student loan repayment program in the state budget, making it possible for 12 dentists to practice in Georgia’s rural areas.

- **Treating patients in public health clinics** Georgia Dental Association together with the Georgia Department of Public Health and The Dental College of Georgia-Augusta University, created a Dental Adjunct Professor Program, through which dental students may serve a clinical rotation treating patients in Georgia public health clinics located in rural and underserved parts of Georgia under the supervision of a Georgia Dental Association member dentist who serves as adjunct faculty for the dental school.

- **Delivering charitable care through Mission of Mercy clinics** Since 2011, the Georgia Dental Association and its foundation have hosted four Georgia Mission of Mercy clinics, providing over 41,000 procedures and $6.6 million in donated care to low-income and underserved adults across the state.

- **Treating elderly and medically fragile patients at no cost** The association established a statewide Donated Dental Services program in 2016 to provide free, comprehensive dental treatment and labs for Georgia adults with disabilities or who are elderly or medically fragile. The program has provided over $1.5 million in total donated dental treatment with an average value of $5,400 in donated care per patient to date.
Providing donated dental care for children and the special needs community In conjunction with Children’s Dental Health Month, Georgia Dental Association member dentists provide in excess of $30,000 of donated dental care and services during Give Kids a Smile Day each February to underserved children in the state. Member dentists also provide free dental health services at the Georgia Special Olympics Summer Games and Master Bowling Tournament.

Volunteering in free and charitable dental clinics Dentists in Georgia consistently provide millions of dollars in donated care to underserved and low-income patients by volunteering in free and charitable dental clinics throughout the state and through free treatment given in their offices.

Combating Opioid Abuse The association developed a Prescribe with Care initiative to educate GDA member dentists on the opioid abuse epidemic in the state, which included creating and offering a continuing education course for dentists on safe and effective prescribing, administrative rule making with the Georgia Board of Dentistry requiring opioid prescriber continuing education, participation in statewide task forces, and formally endorsing the American Dental Association’s Statement on the Use of Opioid in the Treatment of Dental Pain.

Visit gadental.org/actionplan to learn more about Georgia’s Action for Dental Health.

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Special Smiles is the dental health discipline of Special Olympics Healthy Athletes® that provides athletes with intellectual disabilities the opportunity to take charge of their oral health. Special Smiles provides comprehensive oral health care information, offers free dental screenings and instructions on correct brushing and flossing techniques to Special Olympics athletes. This also includes issuing preventative supplies, like toothpaste, toothbrushes and applying fluoride varnish.

IMPORTANCE & IMPACT
Special Smiles examinations have found that a large percentage of Special Olympics athletes are unaware of the condition of their oral health.

- 46% have gingivital signs
- 37% have untreated tooth decay
- 14% received an urgent dental referral
- 15% have mouth pain

GOALS:
Special Smiles is an event designed to:
- Increase access to dental care for Special Olympics athletes, as well as people with intellectual disabilities.
- Raise dental professionals’ awareness of the oral health concerns of people with special needs, including difficulties involved in accessing care.
- Develop a body of knowledge about the oral health care needs of children and adults with disabilities.
- Provide a list of regional dental professionals who care for people with special needs to all athletes who participate in Special Smiles.

Sign Up
Volunteer at the 31st Georgia State Summer Games. Volunteers are needed for the Special Olympics, Special Smiles free dental screening event at Emory University on Saturday, May 18, 2019. Dentists are encouraged to bring their assistant or hygienist to help with screenings.

gadental.org/foundation
Volunteers Needed
We continually receive requests for health fairs, school and other community events looking for dentists to provide screenings and/or health education.

**Upcoming Screening Dates:**
- June 22, 2019 | Atlanta
- July 27, 2019 | Atlanta

**Screeners & Educators**
Dental professionals are needed at the upcoming Special Smiles events to provide screenings and oral health education.

**Clinical Directors**
We’re looking for additional clinical directors to help cover events throughout the state.
- 3-year minimum commitment
- Attend a “train the trainer” session with Special Olympics International
- All expenses covered

**Upcoming Special Smiles Events**
- May 18, 2019
  - State Summer Games, Emory University
  - Atlanta
- Aug. 17, 2019
  - State Masters Bowling Tournament
  - Warner Robins

For more information or to volunteer, please contact Megan Capaldo at meg@gadental.org or by calling 404.636.7553.

**COMMUNITY OUTREACH VOLUNTEERS**

**DONATED DENTAL SERVICES**

**Dentists needed to provide dental treatment.**
Dentist are fully in control of the treatment plan and which patients they treat. The patients are pre-screened and there are no charges for lab expenses. Paperwork, applicant screening, patient progress and coordination with any specialists or labs is completely handled by the DDS Program Coordinator.

**UPCOMING SPECIAL SMILES EVENTS**

**May 18, 2019**
- State Summer Games, Emory University
- Atlanta

**Aug. 17, 2019**
- State Masters Bowling Tournament
- Warner Robins
bringing smiles to Georgians

Visit us at gadental.org/foundation to give.
Are Your Electronic Devices Secure?

While it seems obvious that HIPAA requires a dental office to back up all of its electronic patient information, physical security is an important component of the HIPAA Security Rule that is often overlooked, according to the U.S. Department of Health and Human Services Office For Civil Rights.

Dental office workstations like desktop or laptop computers, as well as portable electronic devices like tablets and smart phones must be protected by physical safeguards.

Physical security controls are available at little or no cost and can include privacy screens, cable locks and port and device locks. There are also cost-free measures like positioning workstation screens away from busy areas, keeping electronic equipment in secured areas and using security cameras and other security practices to restrict access to equipment.

Failure to take reasonable steps regarding physical security may have serious consequences. For more information on physical security measures and questions for practices considering a physical security strategy, download the OCR May 2018 newsletters at www.hhs.gov/sites/default/files/cybersecurity-newsletter-may-2018-workstation-security.pdf

Out With Stress

Coping Mechanisms for the Busy Professional

By Dr. Lisa Knowles

Stress in dentistry and life is unavoidable. Conflict with people is unavoidable. Hopeful, right? Wait. There is one thing that is avoidable: letting it all get to you. You can cope. But how? How do you not blow up or implode during those hectic, nerve-wracking, emotional times?

Last year, I was put to the test. My mother was in the last stages of amyotrophic lateral sclerosis, my two kids and husband needed me, and I was running my consulting business while practicing two to three days a week. In addition, I agreed to help cover a maternity leave at my office. This added another day to my work schedule. I was pushing back paper, tears and fears for most of the year while helping my mother die. It was an ugly year. Yet, I survived using these skills, and I want to share them to help you prepare for the next life storm. The storms will come if not already here; it’s imperative to have a plan.

Busy professionals, especially leaders, are intertwined with many people in their lives—co-workers, family members and organizations. People have needs, and sometimes their needs come all at once. Here is what we can do:

Get out.
Despite the needs of many people in our lives, we have to say, “no,” and get out of certain situations. This is a self-preservation maneuver. I hated to let others down. I hated to back out on commitments, but I had to do it. Volunteer opportunities will arise again. Certainly, the ideal plan is to limit commitments initially. I use this strategy more and more as I get older. I am less burdened and less edgy when I allow for slack in my schedule to deal with unanticipated needs.

Go out.
Find solitude and natural beauty. Breathe in fresh air. Watch something in nature. It is amazing how calming it is to watch a bird on a tree limb when our lives are circling like merry-go-rounds. Walk and notice the sounds of nature. Nature is absolutely replenishing.

Work out.
Cortisol shoots through our bodies under stress. When we exercise, some of that cortisol is counteracted with an endorphin release. Exercise can be a good escape as well, especially if done outside of the home where stress can be centered. A good workout or walk helps our mental health, too. It restores the sense of control. By taking time for ourselves, we prove to ourselves that we are still in control of our bodies, and this helps maintain our stability in other areas of our lives that are seemingly out of control.
Burst out.
During the depressing points in my mom’s journey, I craved comedy. I wanted to laugh and smile again. Despite a grave situation, I forced myself to watch Seinfeld reruns and The Big Bang Theory episodes. Humor and comedy must be infused into our lives during these tense, painful moments. Find the shows, the people, or the comics to bring light-heartedness to the situation. No one expects our entire lives to be bad when bad things are going on. We must allow ourselves to laugh—and let go of the pain for short times. We have to intentionally instill those moments into our day-to-day routines.

Talk it out.
Find a friend or counselor with a listening ear. These supporters provide hidden perspectives and help maintain normalcy during rough periods. Never be too proud to ask for this help. These are lifesaving maneuvers. Also, avoid toxic people during tumultuous times. No need to add more inflammation to a sore spot.

We are professionals touting prevention to our patients. When we take our own advice and help ourselves first (fulfill our needs), we are in a better position to help our patients—and family members—more completely.

Dr. Lisa Knowles graduated from the University of Michigan School of Dentistry and has a certificate in Mindfulness Based Stress Reduction for Health Professionals from Duke University’s Integrative Studies program. She infuses mindfulness concepts into her consulting business, Intentional Dental Consulting, to help other dentists reduce their stress, increase their self-awareness and build their businesses. Dr. Knowles is an adjunct professor at the University of Detroit Mercy School of Dentistry, practices in Michigan and speaks internationally on the topics of leadership, communication, and money management. For more information, or to contact Dr. Knowles, email her at intentionaldental@gmail.com or phone 517-331-3688.

Dentistry is rapidly changing and staying the same, all before our eyes.

As dentists, we have a responsibility to stay at or above the standard of care for our community. As new procedures and technologies enter the marketplace, how do we decide when to add them to the practice and when do we stick with the tried and true? It is not an easy question and there are numerous answers.

New technology can make our jobs easier. New impression materials have made obtaining accurate, flavorless, quick impressions an easy procedure. Digital radiographs allow us to expand the size of a picture and enhance it with the touch of a key. Computer-aided design and computer-aided manufacturing (CAD/CAM) systems allow for generating impressionless models and crowns in one hour. But making our job easier should be only one part of assessing the value of a new technology.

A second and equally important question is will it be more comfortable for the patient? The answer is easy for impression materials. The horrible, smelly materials of the past and the potential errors that accompanied its use are history. Combine that with trays that now fit and setting times that are comfortably fast and it is easy to see what benefit we are offering the patient. Patient comfort with other technologies is less clear. Digital radiographs are great and the reduction in radiation is a godsend, but the tabs are stiff and difficult for some patients to tolerate. CAD/CAM systems allow for fabricating crowns in 1 hour but require using a precise technique, and patient wait times in the office that may not fit the patients’ needs.

A final question that must be answered is will the new technology improve the quality of care? There are a lot of potential solutions to issues that we face in dentistry, but often the solution only works if the practice is willing to lower its standards of care. Early renditions of the in-office ceramic crown manufacturing systems depended on superior preparation technique, lots of cement, or both. In a field in which we use nanometers for the space between tooth and crown, the early in-office crowns could not compete with beautiful laboratory made crowns unless the quality was compromised. Composites have continued to improve on almost a daily basis, but they still do not compare in longevity and resistance to wear what we see in amalgams. And they do not compete at all if they are placed like amalgams. Composites require a much drier environment and multiple layers if they are to fit without voids and have the strength to resist biting pressure.

These three questions: “Does it improve the ease of care?” “Does it make the patient more comfortable?” And “does it improve quality?” are all essential when evaluating new technologies. Of course, the overriding question then arises: How do we evaluate new technologies while sitting chairside in our practice? For some, it is simply a matter of buying the product and using it. If it does not work on enough patients, stop using it. Many dentists use this technique.
I would recommend that you find dentists who use this technique and befriend them. They will show you the products that are now gathering dust in their office closet.

The caveat here is that many of us, to justify having already spent our money, will develop rationales for why the technology benefits us. Often the rationale is centered around money. A laser has a few important uses. Some periodontists are finding excellent results from its use. General dentists are a little less likely to find all three questions answered when they consider purchasing a laser. However, they might use it to start filling dark spots on molar crevices that they have been looking at for ages. They might find it necessary to charge for gingivectomies around crown preparations. And they might want to offer periodontal recontouring to patients with gummy smiles. A laser could then pay for itself, but consider thoughtfully any nonmonetary cost to the standard of care.

CAD/CAM is another huge change in the technology of fixed restorations. It can save the whole laboratory bill if all the crowns are done in house. But if all the crowns are done in house, are they at the same quality of the laboratory-made crowns? The chairside fabrication system costs a lot, but can save a lot, if used a lot. Again, if used exclusively, does it maintain the quality of care that the practice provided before it was purchased?

One last area of exploding technology for which the three questions need to be asked is implants. In the early years of implants, only a few dentists who provided them seemed to have success. The rest of the profession found them impossible.

Today, implants are a wonderful addition to the options available for patients. They do not improve the ease of care however. They are more expensive and take much longer than a bridge or partial denture. They certainly can make the patient more comfortable; dentures fit more securely, individual crowns are much easier to maintain, and often the appearance is much better than a bridge pontic. Do they improve quality? They certainly keep the dentist from preparing otherwise healthy teeth for bridgework. And they are easier to clean than a bridge or partial. But are they a quality improvement over a root canal or periodontal surgery to save an existing tooth? There is a lot of debate in that area. Should we save a compromised tooth or extract it and place an implant? A good answer to the question is what would I do for myself in that instance? If you would extract your dying tooth and replace with an implant or have a bridge placed rather than undergoing the two surgeries for an implant, it can help you give similar advice to your patients.

New technologies will continue to improve and confuse the profession. By relying on the three important questions and maintaining a high level of ethics and quality, we will continue to be the professionals our patients assume us to be. And we will be able to guide them toward the best dental care in the world.

Dr. van Dyk practices general dentistry in San Pablo, California, and teaches in the department of Dental Practice at the Arthur A. Dugoni School of Dentistry. He lectures throughout the US and Canada and is happy to expand on his message of surprising patient management. He can be reached at bvddds1@gmail.com or at vandykcastro.com.
Throughout the history of modern dentistry, new technologies have earned their place in practices by outperforming older technologies in some crucial way. The introduction of innovative clinical procedures and materials stimulate the development of new support technologies. And basic scientific and engineering advances—such as from analog to digital systems—can have a revolutionary impact on the hardware and software that dentists and staff members use.

Whether they are improving clinical outcomes, enhancing the patient experience, adding capabilities or improving productivity and profitability, new technologies continue driving dentistry to higher levels of performance. However, that doesn’t mean practices should be quick to invest in the latest, most-talked-about products on the market. The pace of technological change has become so fast, there are so many choices, and their impact can be so complex, so you should establish some guidelines for deciding what to invest in. Otherwise, you could make some costly mistakes.

Here are 10 questions you should answer before introducing new technology to your practice.

1. Will it have a positive impact on clinical care?

Naturally, manufacturers claim that their products will improve clinical performance and outcomes for patients. Look for proof, relying not just on manufacturers’ representatives or marketing materials but also on independent evaluations and, if available, the comments of actual users. Understand, too, that a minimal improvement—gained at great expense—will probably not turn out to be a good investment.

2. Will it help your practice run more efficiently?

A practice that runs like the proverbial well-oiled machine will have much greater potential productivity and profitability. New technologies that facilitate more efficient performance, greater workflow, easier team interconnections or reduced stress merit your consideration. If a manufacturer promises such improvements, check the data—and think through whether the gains will actually apply in your case. What’s great for one practice can be totally wrong for another.
10 Point Checklist for Investing in Technology

By Dr. Roger P. Levin

Here are 10 questions you should answer before introducing new technology to your practice.

» Will it be cost-effective?

When evaluating a possible purchase of new technology, calculate the return on investment, or ROI. You need to determine if its overall financial impact will be positive, negligible or negative. To do so, you need to factor in both the initial cost (whether paid outright or in installments) and the projected operating costs. Look at these numbers separately as well as together. Bear in mind that the ROI might be good in spite of a high initial expenditure if operating costs are low enough, and that an attractive purchase price might be masking operating costs that will undermine profitability. Figuring out the ROI of new technology can be very difficult, so if the manufacturer offers a 90-day trial period, take advantage of it. This will enable you to get an accurate picture of operating costs and the impact of profitability before you make a permanent commitment. The trial will also enable you to compare performance in other respects.

» Will it last and still provide cost-effective service years from now?

Judging the service life of new technology can be difficult, especially if it's too new to have a long-term track record. Gauge how long it will last and continue performing efficiently. Try to determine if it's likely to give you years of profitable service or become obsolete before it's paid for.

» Will it open new revenue sources?

Any practice seeking to increase production and profitability should consider offering new clinical services, and new technologies are often the key to adding these revenue sources to your service mix. Many dentists have discovered that equipping their practices to perform more cosmetic dentistry, for example, can have a significant effect on their bottom line. Manufacturers’ representatives—who typically know not only their products but also how other practices are using them profitably—can be useful sources of ideas and information in this area. Just remember that reps will present their products in the best possible light.
INVESTING IN TECHNOLOGY
Continued from page 27

Will it reduce risks for staff members?

Technologies that reduce or eliminate safety hazards in your office deserve careful consideration. Though they may have little direct impact on profitability, they can influence productivity. You can also calculate cost reductions resulting from a decrease in accidents, injuries and stress.

Is it user-friendly?

The capability of new technology to perform cost-effectively depends in many cases on the performance of the doctor or staff members who are using it. Some products have incredibly steep and long learning curves, making any claims of productivity misleading. Other products, though relatively easy to learn how to use, actually slow down team members with laborious operational steps or outright bottlenecks built into product design. This is another area where trial usage can be very enlightening. You should also ascertain what kind of training and ongoing support the manufacturer offers. A robust training program can ensure that staff will acquire requisite new skills quickly, while a true commitment to technical support can raise your long-term comfort level. Faced with a choice between products from competing firms, training and support could be the deciding factors.

Can it be implemented easily?

Even if a new technology will ultimately work well with other products and systems in your office, implementation could become a real cost issue if it requires upgrades to other systems—like new digital radiography technology that your current computer system can’t handle—or consumes many hours of staff time.

Can it be integrated smoothly with legacy technologies?

Many of the technologies and systems used by your practice are closely interconnected. When you introduce something new, it will probably have an effect on related functions. You may need to pass up an otherwise valuable technology simply because it will not relate well to other existing systems.
DECISION TIME

Rather than making impulsive or ill-informed decisions about new technology purchases, take a systematic, objective approach. Avoid costly mistakes by coming up with solid answers to these 10 questions. This will enable you to accurately predict how new products will contribute to office functionality, productivity and profit.

Dr. Roger Levin is the founder and CEO of Levin Group Inc., a leading dental consulting firm.

Leverage the group buying power of your Association...

What members like you are saying...

“When GDA recently welcomed members to join GDA Plus+ Supplies without the fee, we jumped and have never been happier. Prices seem to run about 15–35% lower on average, and turn around is perhaps a day or two longer: No problem since we don’t wait until we’re out of supplies. The kicker was when our former supplier offered us ‘new pricing structure in line with one of our aggressive buying groups.’ We chose to stick with GDA because had we gone back, there was nothing to prevent the prices from increasing again: The pressure would be gone. We highly recommend GDA Plus+ Supplies and consider it worthy of trying!” - Dr. David Marion

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Dear Chelly,

My colleague and I were talking the other day and he mentioned to me that I need to get a commercial flood policy. Why would I need one if I already have a business owner's policy in place?

~Skeptical, yet curious

Dear Skeptical,

Yet Curious,

A commercial flood policy provides coverage in the event your property is damaged due to flooding. Many standard business owner's and homeowner's policy do not cover damage due to flood.

~ Chelly

If you have a question for Chelly regarding any of your insurance needs, please submit your questions to chelly@gadental.org.

All published articles are anonymous.

When it Rains,

It was breaking news. Hurricane Matthew was headed towards Savannah, Georgia. The storm became worse and Chatham County issued evacuation orders for all residents. Debra was worried. She recently moved to Savannah and had never been in a situation where she had to evacuate a city.

Debra sent all of her employees home while she closed the office. She rushed home from work to pack her bags. Once packed, she locked up her house and traveled to Alabama to stay with family. Then, she waited out the storm.

After the hurricane passed, many people lost their homes and businesses, including Debra. She lived on the first floor of her apartment building. Water rose two to three feet in her apartment damaging her furniture, carpet and other items. She was not able to get back into her apartment for a few days due to the county not letting anyone back into the city until it was safe. As a result, her belongings started to mold. The experience was unexpected. She did not realize she was in a flood zone, let alone a flood zone in the middle of the city of Savannah. As for her business, the carpet and some of the drywall was damaged. Debra had to keep her business closed until she was able to have the carpet replaced and the damaged drywall repaired.

After making calls to her insurance agent and the apartment leasing office, she discovered that her property damaged was not covered by insurance. Her renter's insurance for the apartment only covered water
damage if there was flooding due to back up of sewer and drain (toilet, sink, or washing machine) or if rainwater from a broken window or leaking roof damaged her property (i.e. tornado). Though her business owner’s policy would cover interruption of business, it would not cover replacing the carpet and drywall. Debra never thought she would need a flood policy for her apartment or business. She applied for federal assistance, but it did not cover the entire cost of what she lost or the expenses to move to a new apartment since her apartment building was condemned due to mold. After this loss, Debra went to her insurance agent and made sure she obtained flood insurance on her home and her business to protect from future natural disasters.

You do not have to live on the coast to see flooding. Even metropolitan areas experience flooding, especially near rivers, creeks, etc. If you only have a business owner’s policy, you could be overlooking a serious risk for your own business and personal property. If you rent your home or business, check with your landlord on whether or not they provide any coverage. If not, contact your GDIS insurance agent to discuss protecting your property and personal belongings from flooding.

Call us today at 770-395-0224 or visit gdaplus.com.
CE for You and Your Staff

Don’t forget, 2019 is a license renewal year for dentists and hygienists, and there is new required continuing education. But don’t worry, the Georgia Dental Association has all your requirements covered as well as a CE events calendar created by dentists for dentists and dental staff. For all your 2019 CE needs, visit gadental.org/ce.

Risk Management in Dentistry: A Practical Approach

- **Friday, April 26, 2019**
- **10 am – 2 pm** (4 CE Hours)
- Georgia Dental Association
  7000 Peachtree Dunwoody Road, NE
  Suite 200, Building 17
  Atlanta, GA 30328

Presented by Thomas David, DDS

Fees (includes lunch):
- $100 GDA Members
- $200 Non-Members

What’s the Hype About HPV? Recognizing HPV Infections that Affect the Oral Region

- **Friday, May 3, 2019**
- **Noon – 2 pm** (2 CE Hours)
- Green Island Country Club
  6501 Standing Boy Road
  Columbus, GA 31904

Presented by Susan Muller, DMD, MS, Professor Emeritus, Emory University, Atlanta Oral Pathology

Fees (includes lunch):
- $40 GDA Members
- $99 Non-members

Legal, Ethical and Professional (LEAP) CE

- **Friday, May 3, 2019**
- **8:30 am – 4 pm** (7 CE Hours)
- Georgia Dental Association
  7000 Peachtree Dunwoody Road, NE
  Suite 200, Building 17
  Atlanta, GA 30328

Fees (includes lunch):
- $500 Dentists
- $250 Hygienists

The Opioid Epidemic—How Does the Dental Profession Fit In?

- **Friday, May 17, 2019**
- **Noon – 1:30 pm** (1.5 CE Hours)
- Georgia Dental Association
  7000 Peachtree Dunwoody Road, NE
  Suite 200, Building 17
  Atlanta, GA 30328

Fees (includes lunch):
- $59 GDA Members
- $99 Non-members
CPR Certification and Renewal

Friday, June 14, 2019

8:30 – 11:30 am or 1 – 4 pm (3 CE Hours)

Georgia Dental Association
7000 Peachtree Dunwoody Road, NE
Suite 200, Building 17
Atlanta, GA 30328

Fees:
$65  GDA Members
$100  Non-members

Work-Life Balance—How to Accomplish More by Working Less

Friday, June 21, 2019

Noon – 3 pm (3 CE Hours)

Georgia Dental Association
7000 Peachtree Dunwoody Road, NE
Suite 200, Building 17
Atlanta, GA 30328

Presented by Audie Cashion

Fees:
$75  GDA Members
$150  Non-members

Register for GDA CE at gadental.org/ce
SMART TEAM APPROACH
Leveraging Technology in Dental Care

Host: Dr. Mayur Nayee | Program Sponsor: straumann

AGENDA

8 – 9 am  Diagnosis Using Digital Tools and Guided Approach
  ▶ Dr. Peter Shatz
  Periodontist
  Atlanta, GA

9 – 10:30 am  Digital Workflows for Immediate Implant Placement: Simple and Predictable
  ▶ Dr. Carlos Castro
  Prosthodontist
  Atlanta, GA

10:45 am – Noon  Digital Work Flow
  ▶ Matt Alles
  Digital Products Specialist
  Andover, MA

1 – 3 pm  Restoration of Edentulous Case for Fixed Cases
  ▶ Dr. Alex Molinari
  Periodontist, Prosthodontist
  Andover, MA

3 – 4:45 pm  Digital Dentures: Bridging the Gap—Evidence-Based Use of Technology, Limitations
  ▶ Dr. Kumar Patel
  Prosthodontist
  Marietta, GA

4:45 – 5:15 pm  Discussion/Open Forum

Embrace the future, you’ll love it!

GDA 2019 DIGITAL DENTISTRY SYMPOSIUM

If you are looking to take your practice to the next level, or if you want to explore the possibilities of implementing digital technology into your practice, the Digital Dentistry Symposium at the GDA annual convention at Amelia Island will provide you with a glimpse at the future of dentistry. Don’t miss this opportunity to learn how to enhance your practice’s potential through the application of digital dentistry in your practice.

This one-day Digital Dentistry Symposium was created to help make the digital transition easy, fun and rewarding. In this open-forum course you can talk with, and learn from, dentists that have implemented digital technology with an array of leading-edge equipment at their disposal. Advancements in digital dentistry have allowed for streamlined processes and improved efficiencies that result in savings in time and cost for dentists and their patients.

Embrace the future, you’ll love it!
“90% of CEOs believe the digital economy will have a major impact on their industry. Only 25% have plans in place. And less than 15% are funding and executing on the plan.” –MIT Sloan and Capgemini, 2013

LEARNING OBJECTIVES

- Understand the assortment of digital technologies available
- Learn how to incorporate technology to reduce stress, improve quality and streamline procedures
- Discover where technology can help you save on costs
- Bridge the gap to improve profit and minimize investment
- Determine the digital advantages that will differentiate your practice and make it more competitive
- Understand the limitations of digital dentistry

DIGITAL DENTISTRY PRESENTERS

**Peter Shatz, DDS**
Dr. Peter Shatz is a world-renowned periodontist who trains dentists nationally and internationally in the areas of periodontal care, dental implants and guided tissue regeneration.

**Carlos Castro, DDS, FACP**
Dr. Carlos Castro is a dentist specializing in prosthodontics and oral implantology. With over 10 years of experience, Dr. Castro is dedicated primarily to implant, cosmetic and reconstructive dentistry and is the only board-certified prosthodontist trained in implant surgery in Georgia.

**Alexandre Molinari, DDS, MSd, PhD**
Dr. Alex Molinari is currently the Director of Education for Neodent USA, Inc. He is a specialist in periodontics at the University of Santa Catarina (UFSC—Florianopolis—Brazil) and holds a graduate degree in implant prosthesis from the University of Sagrado Coraçao (USC—Bauru—Brazil). His research has been published in 12 publications and he has presented at more than 900 conferences in 20 different countries.

**Matthew Alles**
Matthew Alles is Senior Marketing Manager for Digital Dentistry Solutions at Straumann Group North America, where he oversees product management and technical support teams for digital dentistry solutions, and assists in driving and executing global strategy for the digital dentistry business unit.

**Kumar Patel, DMD, MS, FACD**
Dr. Kumar Patel is a specialist in dental implant reconstruction and prosthodontics. He is a Fellow of American College of Dentists, the International College of Dentists and the Pierre Fauchard Academy, and is owner and chief clinical dentist for three dental practices based in Marietta, Newnan and Buckhead.
GDA CONVENTION & EXPO 2019 CE HIGHLIGHTS
All CE included with registration.

You don’t have to choose between vacation and CE... Meet us for CE at the beach!
2019 is a license renewal year and your GDA is providing 40 hours of CE covering all required areas for licensure. You can earn up to 18 CE hours in one weekend.

The Opioid Epidemic
Lee Whitesides, DMD, MMSc

Risk Management /Trends in Professional Liability
Theodore Passineau, JD
MedPro

Your Retirement Assets: Positioning for Volatile Markets
Harris Gignilliat, CIMA, CRPS
Wile Consulting Group—UBS

Trends in the Business of Dentistry—Ask the Experts
Panel Discussion

HIPAA/OSHA
Bill Fivek
Total Medical Compliance

Section 199A of The New Tax Code & How It Affects Dentists
Todd Mardis
Capital Preservation Services

Effective IT, IT Security
Bryan Currier
Advantage Technologies

Digital Dentistry Symposium
Alex Molinari, DDS, MSC, PhD
Neodent

Sleep Medicine
Jeff Prinsell, DMD, MD

Managing Medical Emergencies in the Dental Office
Mike Pruett, DMD, FICD, DICOI

DSO vs. CEO: Evaluating Your Career Options as an Associate Dentist
Matt Adrian and Suzanne Grad
Bank of America Practice Solutions Group

General Legal Trends in Dentistry
Stuart Oberman, JD
Oberman Law

Team Building
Don Lang
Kennesaw State University

Employment Law in the Dental Practice
Douglas Duerr, JD
Elarbee, Thompson, Sapp & Wilson, LLP

Balancing Work/Life Stress
Jane Walter, LPC
Georgia Dental Recovery Network

Top 5 Mistakes Dental Offices Make While Submitting Claims—Understanding the CDT Code, Dental Benefits and Claim Processing
Dennis McHugh
American Dental Association

July 25–28, 2019
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GDA is continuously recognized as one of the strongest organizations under the Gold Dome because of the support of our members. In 2017 and 2018, GDA successfully:

- Introduced a House Resolution recognizing the donated care provided by GDA dentists
- Passed legislation regulating virtual credit card reimbursements by insurance companies
- Secured an 11% dental Medicaid fee increase for specific preventative and restorative codes
- Increased state funding to support the Rural Dental Student Loan Repayment Program
- Secured state funding to support GDA’s Donated Dental Services Program
- Worked with the Georgia Board of Dentistry to create an opioid prescriber CE rule
- Advocated for the hiring of a Georgia licensed dentist to serve as the state’s dental director
- Stopped attempts to alter Georgia’s statewide water fluoridation requirements

Your donation to the Georgia Dental Association Political Action Committee helps us communicate our concerns to candidates for state office in Georgia, fight for the safety of your patients, and your profession.

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Contributions can be made by personal check payable to “GADPAC” and mailed to the GDA office, 7000 Peachtree Dunwoody Road NE, Suite 200, Building 17, Atlanta, GA 30328.

Learn more at gadental.org/gadpac.

*The Georgia Dental Political Action Committee is a non-profit, non-partisan organization. All GADPAC contributions are voluntary and are not limited to the above amounts. No one will be favored or disadvantaged based upon the amount of, or failure to make a contribution. Contributions are NOT deductible for federal income tax purposes. State law requires political committees to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of $100.00 in a calendar year.*
Phishing is a Curable Disease

By Robert McDermott, President & CEO / iCoreConnect

Malware. We’re calling it the most significant disease that can infect your practice. First let’s start with some simple definitions:

- **Malware** is quite literally any software that’s operating on your system with malicious intent.

- **Ransomware** is malware that criminals use to hold your data or system hostage until you pay a ransom. And if you pay, they may or may not release it.

- **“Phishing”** comes in different forms. It is most commonly seen when criminals use email to get their malware into your system. This could be as simple as an attached Word document, a malicious link, or even someone posing as IT staff.

“So why go to all the trouble? As you might imagine, it all comes down to money. The data sitting at your dental practice turns out to be very valuable to those who operate in a shadow economy. In fact, far more valuable than stolen credit card data.

For example, consider a retail store that runs hundreds of credit cards per day… when their data is stolen, it is commanding around $8 to $12 per record. But for every health record stolen from your dental practice, criminals can get about $50 on the shadow market. So the data in your hands is worth roughly quadruple straight credit card data.

These numbers have led the Health and Human Services Dept. (HHS) to issue extremely strong warnings:
“Healthcare, in general, is and has been the number one critical infrastructure sector to be targeted by cybercriminals… This virtually ensures any new attack will target healthcare organizations first and foremost.” – HHS Report, April 12, 2018

So, let’s drill down to better understand how a typical ransomware attack might happen. While there are multiple ways, phishing is by far the most common… because it’s the easiest.

You only need one person in your practice or Dental Service Organization (DSO), to be tricked by an email that’s pretending to be something it’s not.

Again, this could be as simple as opening an attachment (even something non-threatening as a PDF) or clicking on a link inside an email that either installs the malware or leads the user to a real-looking site that captures a username and password.

Once a single phishing attempt is successful with just one person in your organization, the malware goes into your system and begins its nefarious work. Sometimes it sits dormant for a while. But sooner or later, it begins collecting information. And sometimes, it begins destroying your backup files.

Regardless, there are usually two options for what happens next:

- The malware sends your data back to the cybercriminal. This includes the actual Protected Health Information (PHI). It may also include additional data that will help the criminals take further control of your system. This could go on perpetually.

- The other popular option is that the malware will lock you out of your entire system and post a ransom message. This can often deny access to any computer in your practice. This is when you have officially entered the category of “ransomware.”

Most typically, you’re asked to pay in Bitcoin so the funds are not trackable. Bitcoin is an electronic payment system that doesn’t go through a bank or other payment gateway. We’ve seen ransom requests range from hundreds to hundreds-of-thousands of dollars. And we’re also seeing escalating ransoms. If you pay $10,000, they may up the ransom by another $20,000. And of course, this doesn’t even account for the HIPAA violations you’ll have to deal with later.

So, no matter how you slice it, you don’t want to encounter malware in your practice.

How do you know if you are under a ransomware attack? The HHS list of indicators include:

- Users realizing that a link was clicked on, a file attachment opened, or a website visited may have been malicious in nature.

- An increase in activity in the central processing unit (CPU) of a computer and disk activity for no apparent reason (due to the ransomware searching for, encrypting and removing data files).

- An inability to access certain files as the ransomware encrypts, deletes and re-names and/or re-locates data.

- Detection of suspicious network communications between the ransomware and the attackers’ command and control server(s) (this would most likely be detected by IT personnel via an intrusion detection or similar solution).

More importantly, how do you prevent an attack from happening? HCCIC offers the following advice:

- Back up data regularly and use off-site servers for backup and storage.

- Secure your backups—ensure backups are not connected permanently to the computers and networks they are backing up. Backups are critical in ransomware recovery and response; if infected, a backup may be the best way to recover critical data.

- Restrict access behind firewalls and the number of users who can log in to remote desktop applications.

- Train your staff to assist in detecting malicious software and how to report such detections.

- Conduct an annual vulnerability assessment.

- Use strong/unique username and passwords with two-factor authentication (2FA).

- Limit users who can log in using remote desktop.

- Implement an account lockout policy to help thwart brute force attacks (set a maximum number of attempts before locking out the account).

You only need one person in your practice or Dental Service Organization (DSO), to be tricked by an email that’s pretending to be something it’s not.

These steps, along with the HIPAA-compliant practice management and email exchange systems will help prevent you from becoming the next victim to malware, ransomware or phishing.

Robert McDermott is Chief Executive Officer and President of iCoreConnect. He leads the company’s innovative team of software developers, sales and technology veterans. iCoreConnect creates communication and practice management software that allows professionals to share information at the highest levels of security, backed up with real customer service. More detailed information on iCoreConnect’s HIPAA-compliant email, iCoreExchange, is available at iCoreConnect.com, an endorsed partner of the Georgia Dental Association/ GDA Plus’ Program.

Is Your Rental Property Eligible for the Qualified Business Income Deduction?

By Bill Morris, CPA
The IRS recently issued FINAL regulations under IRC § 199A, the code section that describes the new Qualified Business Income Deduction (QBID). One of the topics covered is rental real estate.

As a dental-centric CPA, I’ve seen many of my clients have invested in rental real estate as part of a wealth-building strategy. The most common tactic is to buy the practice real estate; but many have also purchased other real property assets unrelated to their dental practice.

So what’s important to know?

**Practice Real Estate**

Let us assume we have an owner of a dental practice (an S corporation) who also owns the practice real estate in a separate LLC.

Since a dental practice provides health care services, it is a Specified Service Trade or Business (SSTB) subject to special rules that potentially limit the QBID. (This same rule also applies to similar professional service providers such as physicians, veterinarians, accountants, attorneys, actuaries, professional athletes and performers, consultants, etc.)

If the LLC owns the practice and its sole tenant is the practice, Reg. § 1.99A-5(c)(2) states the rental property is also a SSTB and is subject to the SSTB limitations.

If the dental practice is owned 50/50 by two dentists who also own the LLC 50/50, the LLC income will still be subject to the SSTB rules.

If the dental practice is owned by the dentist but the LLC is owned by a related party (spouse, brother, sister, ancestors or lineal descendants), under the rules of attribution described at IRC § 267(b), the dentist is still treated as the owner of the LLC and the LLC’s rental income falls under the SSTB restrictions.

Now, let us assume we have two unrelated owners of a dental practice (Senior and Junior each own 50% of an S corporation) but only one person (Senior) owns the practice real estate through a separate LLC.

Since Senior owns 50% or more of each activity (practice and real estate), 100% of the LLC’s rental income is subject to the restrictive SSTB rules. Reg. § 1.199A-4(b)(1).

Let’s change the facts about the LLC so that Senior and Junior each own 33.3% but the last third is owned by a retired dentist (former owner of the practice). Because Senior and Junior own a combined 66.6% of the LLC, 66.6% of the rental income is subject to the SSTB rules, but the retired dentist’s share is not.

**Other (non-practice) Real Estate**

In order for rental real estate to be eligible to claim the QBID, the real estate activity must qualify as a Trade or Business (“TOB”) under IRC § 162. The Code does not provide a specific definition of TOB, but the Supreme Court, in the Comm. v Groetzinger decision (107 S.Ct. 980) issued in 1987, described TOB thus:

We accept the fact that to be engaged in a trade or business, the taxpayer must be involved in the activity with continuity and regularity and that the taxpayer’s primary purpose for engaging in the activity must be for income or profit. A sporadic activity, a hobby, or an amusement diversion does not qualify.

On the same day the IRS issued the § 199A Final Regulations (01/18/2019), it also released Notice 2019-7 which proposed a safe harbor for rental property. If a taxpayer attaches a statement, signed under penalties of perjury, stating a real activity enterprise meets the following requirements:

- The taxpayer maintained separate books and records for the rental property;
- The taxpayer and/or delegates performed 250 hours or more of rental services during the year;
- The taxpayer maintained contemporaneous records documenting (i) hours of all services performed; (ii) description of all services performed, (iii) dates on which services were performed, and (iv) who performed the services; …then the real estate rental enterprise will be presumed to be a TOB and thus eligible for the QBID.

Rental services include (i) advertising to rent the real estate, (ii) negotiating and executing leases, (iii) verifying...
QUALIFIED BUSINESS INCOME DEDUCTION
Continued from page 43

data contained in prospective tenant applications, (iv) collection of rent; (v) daily operating, maintenance and repair of the property, (vi) property management, (vii) material purchases, and (viii) supervision of employees and contractors.

Rental Services do not include financial or investment management activities such as arranging financing, procuring property, studying and/or reviewing financial statements and/or operational reports, actions related to long-term capital improvements, or traveling to/from the property location.

In addition, the Preamble of the § 199A final regulations indicates that a rental property which issues Forms 1099-MISC to deserving recipients is indicative of a TOB whereas the failure to issue such 1099s when required weakens the argument. Triple net leased property (where the owner collects rent but provides no service) is generally assumed to not qualify as a TOB.

Notice 2019-7 only proposes a safe harbor for rental activities and when the IRS finalizes this idea in the form of a Revenue Ruling, it could be quite different. For now, however, it provides insight on the Service’s perspective on the TOB issue and potential audit foci in the future.

A taxpayer with multiple rental properties may find it easier to meet these requirements by aggregating (AKA “grouping”) several properties together as one. Once such an election is made, it cannot be revoked unless the taxpayer’s circumstances change. Commercial and residential rental properties may not be aggregated in the same group.

This article gives a narrow and brief overview of the new 199A final regulations as they apply to rental real estate. Consult your tax advisor about your specific situation and how you might position yourself to tax advantage of a valuable tax deduction.

Bill Morris is a dental-centric CPA with 25+ years of experience in financial and tax matters. In his career, he has worked as both a CPA and a Chief Financial Officer in the healthcare and real estate industries. Bill received both his Bachelor of Business Administration (accounting) and Master of Taxation from Georgia State University. As the owner of Rozar Morris, Bill’s mission is to provide a highly proactive, personalized and consistent level of service to all of his clients. He and his team are dedicated to fulfilling that goal each and every day. Bill specializes in complex business and personal income tax planning issues. As the end of each year approaches, he prepares detailed tax projections for his clients and provides suggestions for reducing the potential liabilities.

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The Wile Consulting Group of UBS Financial Services in the Atlanta, GA is the endorsed wealth management provider for the Georgia Dental Association. As comprehensive financial planners, UBS maintains a network of professional service providers that specialize in serving the dental community. As a part of the UBS professional network, Bill Morris, CPA helps many UBS dental clients plan and execute their business and personal tax strategies.
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Anesthesiology Recognized as a Dental Specialty

On March 12, ADA News reported dental anesthesiology becomes the 10th dental specialty recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards.

The recognition comes after the National Commission on March 11 adopted a resolution based on an application from the American Society of Dentist Anesthesiologists to recognize dental anesthesiology as a dental specialty, according to ADA News.

“This historic vote by the National Commission certainly reflects the ADA’s ongoing efforts towards improved patient care and safety in the areas of dental sedation, dental anesthesiology and access for those with special health care needs,” said Dr. James Tom, president of the American Society of Dentist Anesthesiologists.

The ADA House of Delegates in 2017 established the National Commission to oversee the decision-making process for recognizing dental specialties. The “Requirements for Recognition of Dental Specialties” is still managed by the ADA’s Council on Education and Licensure and the ADA House of Delegates.

Dental anesthesiology now joins the following dental specialties: dental public health; endodontics; oral and maxillofacial pathology; oral and maxillofacial radiology; oral and maxillofacial surgery; orthodontics and dentofacial orthopedics; pediatric dentistry; periodontics; and prosthodontics.

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Trivia

- April 2019 • 47
Meet Dr. Michael P. Clarkson

This column highlights GDA members talking about their path to dentistry and the value they find in GDA membership. This month, we hear from Dr. Michael P. Clarkson in the Northern District.
When and how did you become a GDA member?
I’ve been a GDA member from the first day I began my dental career. I wanted to stay connected to our community of dentists and our voice as an industry within the great state of Georgia. There was never any question for me.

Why is being part of a professional group important?
Strength in numbers! Not only does being united enable us to protect our interests as dentists, it also affords us paths to professional development personally as well. No man is an island, as they say, and our best selves can only be found in community with others. I am so thankful for this organization for giving me an avenue with which I can stay connected to my profession as a whole.

What is the single most important thing, in your opinion, GDA can do to help members?
The way the GDA keeps a close eye on laws and regulation that could help or harm our profession is without a doubt it’s most important function. The protection they provide us from outside forces is paramount and cannot be overstated.

What is your most memorable GDA experience?
Probably the first time I attended Law Day. Seeing first hand how legislation is passed is a terrifying and eye opening experience! It is unbelievable how much hard work the GDA puts in for the dentists of Georgia, and being there will make you want to be a member for life. Our voice is powerful, and no one can be expected to advocate on our behalf besides us. I try to attend Law Day at the Capital building every year, and I encourage every other member to do the same.

What did you want to be when you were growing up?
I have a posterboard my first grade teacher made where I apparently said I wanted to be a chef! I do love to cook and have always had fun with it, so I guess I was on to something even way back then.

What was your first job?
I gave swimming lessons to kids starting when I was 14 years old at the local pool, and continued teaching swimming even after college.

Why did you decide to become a dentist?
I decided my junior year in college. A friend had mentioned dentistry in passing, and when I thought about it later on it made perfect sense. I had always been self conscience of my own smile, so I connected deeply with the thought of helping others in that regard. I actually had a feeling of peace and clarity come over me and I just knew that was what I was supposed to be. I know it sounds corny, but it’s true.

What advice would you give to an aspiring dental student?
I’d say get to know your professors on a more personal level. They may seem unapproachable sometimes, but they are usually like most dentists, very unique and interesting people.

What do you enjoy doing in your spare time?
Hunting and fishing tends to pair well with cooking, so I try to do those things when I can. But, my wife and I have three kids all under the age of ten, so we focus on spending as much time with them as we can. And they love to get in the kitchen to help me cook, so that’s always fun.

What is your all-time dream vacation?
I’d love to visit New Zealand one day. With such an amazingly diverse geography there, I find it fascinating.

Without saying, “I am a dentist,” what would you say if someone asked what you do?
Uhhhhhhhhhh... Ñ
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