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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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JUNE
11 NWDDS CE: Smile Design, Bonding and Esthetic Materials Update
13 Leadership GDA Webinar #2
13 Webinar: Tips on Instrument Processing (Total Medical Compliance)
15 Webinar: Risk Management in Dentistry—A Practical Approach
22 New Dentist Forum & Braves Game, SunTrust Park
24 Emile Fisher Foundation Meeting, GDA Office
25 NDDS Executive Council & Pre-caucus Meeting, GDA Office
27 NWDDS Executive Council, Cartersville Country Club

JULY
6 Convention Committee Call
11 Board of Trustees, Amelia Island, FL
11–15 GDA Convention & Expo, Amelia Island, FL
12 House of Delegates, Amelia Island, FL

Risk Management in Dentistry—A Practical Approach
Thomas David, DDS
Friday, June 15, 2018
10:00 am–2:00 pm
4 CE HOURS

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Visit gadental.org/events for the full GDA calendar.

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This year is turning out to be a great year for dentists as well as the state of Georgia as a whole. We have seen the economy bounce back, and Georgia has been ranked as the #1 place to do business. Our Government Affairs team worked diligently to put money back in our pockets with the virtual credit card legislation. Our membership numbers are the highest they have ever been, and we have a great group of leaders that will represent the Georgia Dental Association very well for years to come.

There is a major issue that still plagues our home state. That issue is opioids. According to the Centers of Disease Control and Prevention, there were 1,394 deaths in the state of Georgia related to the opioid epidemic in 2016. This rate exceeds the number of American soldiers who died during the Vietnam War.

According to the Centers of Disease Control and Prevention, there were **1,394 deaths in the state of Georgia** related to the opioid epidemic in 2016. This rate exceeds the number of American soldiers who died during the Vietnam War.

As prescribers, we have a duty to help curb this crisis and be a part of the solution. Doctors of dentistry around the state of Georgia are already actively combating this opioid epidemic. We have already decreased our opioid prescription numbers, started continuing education to become more aware of prescribing, and registered with the statewide Prescription Drug Monitoring Program (PDMP). Our members have become active in a variety of task forces solely focused on the opioid crisis. As dentists in Georgia, we are doing our part! However, there is still more work to do.

Later in this issue, you will read more about the opioid crisis as it relates to the state of Georgia. There are highlights on Georgia Dental Association’s new Prescribe with Care initiative as well as what the Georgia legislature and Georgia Board of Dentistry have done. Take some time today to read through these articles and think about ways that you can help combat this issue. Make sure you register for the PDMP. Be aware of what you are prescribing. Continue the good work that we have already done to be a part of the solution. Together, we can end the opioid epidemic! 🕊️

DR. ROBIN REICH
GDA President

“Our members have become active in a variety of task forces solely focused on the opioid crisis.”
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Different stages of your career come with different kinds of stressors. I can’t relate to all career stages considering my career has been 15 years long and is not even at the halfway stage. However, as I interact with my colleagues at different stages of their career some of the stressors sound very familiar. I have yet to experience issues that may bring stress in the later part of the career.

Just like most graduating students these days, I had the burden of paying a student loan, paying for a practice and supporting a family, not to mention the stress of establishing a practice and managing cash flow, a staff and demanding patients. Let’s see what else I can pile on this! For me, I had to stay in good shape considering I was diagnosed with type 2 diabetes at age of 32. New challenges that have been added to this list include growing a business, securing retirement, funding college, and private schools.

I guess dealing with them took a lot of good advice and a good support system from family, friends and loyal employees. One thing I have never been shy of is to ask for help and to be receptive to advice and criticism.

Each challenge required a plan and patience. Working hard and on extra days helped me cope with financial challenges. Staying focused and networking helped with practice building. Networking proved very valuable as it put me in touch with friends and colleagues who sent regular referrals to the office and who gave valuable advice on many day-to-day practice challenges. Networking helped me get better employees, find better banks and even business partners.

Planning for every challenge was the key. Anticipate, ask for advice, come with a plan and a back-up plan. Work hard to execute the plan and be patient. Regular exercise and an interest in topics other than dentistry and business relaxes me. As my career continues, new challenges emerge and some phase out. My approach hasn’t changed. A strategy of anticipating, planning, seeking help, and working to execute a plan remains regardless. In a way, this filter allows me to look at a situation as a challenge rather than as a stressor.

However, the most valuable source to help cope with any stress or challenge was immediate and extended family and their unconditional support. In words the of Lou Holts, “It’s not the load that will break you down, it’s the way you carry it.”

In the words of Lou Holts, “It’s not the load that will break you down, it’s the way you carry it.”

DR. KUMAR PATEL
GDA Editor
Phone 770.429.1545
drkay71@gmail.com

PRACTICE STRESSORS AND MANAGING STRESS
HIPAA, OSHA and Infection Control Compliance
Karen Gregory of Total Medical Compliance gave a presentation on HIPAA, OSHA and Infection Control compliance on April 20. The presentation reviewed OSHA’s Bloodborne Pathogen Standard and addressed the required training under the updated Hazard Communication Standard.

President Elect Conference 2018
District leadership convened at the GDA office on April 20 for the annual Presidents-elect conference.

Don’t miss our Holland cruise next year! Visit our private Facebook group, 2019 GDA President’s Trip Group, for details.

The 2018 President’s trip group at Iguazu Falls.
Leadership GDA 2018 Kicks Off

The Leadership GDA kick-off session took place on April 13 at the GDA office in Atlanta. The program is now in its sixth year. The first meeting of 2018 provided the class a chance to learn about all the areas of the GDA and its subsidiaries.

NDDS CE—Becoming the Restorative Specialist on Your Interdisciplinary Team with Dr. Daren Becker

Dr. Daren Becker spoke to Northern District members about the steps to create a referral source at Maggiano’s on April 18.
GMOM Planning Meeting
On April 28, volunteer leads for the Georgia Mission of Mercy met in Greensboro, Georgia to plan for the 2018 event.

Support for GMOM
The Northern District Dental Society presented the GDA Foundation for Oral Health with a $10,000 check for GMOM at their Executive Council Meeting held on April 30, 2018.

The Oral Health Foundation of Pierre Fauchard Academy presented a $10,000 check to the GDA Foundation for Oral Health in support of GMOM.
NDDS Holds Staff Appreciation Event at Topgolf

The Northern District held their annual staff appreciation event at Topgolf in Alpharetta on May 11. The event included a buffet lunch, 3 hours of golf, and CE lecture.

DEA Warns Public of Extortion Scam by DEA Special Agent Impersonators

The Drug Enforcement Administration is warning the public about criminals posing as DEA Special Agents or other law enforcement personnel as part of an international extortion scheme.

The criminals call the victims (who in most cases previously purchased drugs over the internet or by telephone) and identify themselves as DEA agents or law enforcement officials from other agencies. The impersonators inform their victims that purchasing drugs over the internet or by telephone is illegal, and that enforcement action will be taken against them unless they pay a fine. In most cases, the impersonators instruct their victims to pay the “fine” via wire transfer to a designated location, usually overseas. If victims refuse to send money, the impersonators often threaten to arrest them or search their property. Some victims who purchased their drugs using a credit card also reported fraudulent use of their credit cards.

Impersonating a federal agent is a violation of federal law. The public should be aware that no DEA agent will ever contact members of the public by telephone to demand money or any other form of payment.

The DEA reminds the public to use caution when purchasing controlled substance pharmaceuticals by telephone or through the Internet. It is illegal to purchase controlled substance pharmaceuticals online or by telephone unless very stringent requirements are met. And, all pharmacies that dispense controlled substance pharmaceuticals by means of the internet must be registered with DEA. By ordering any pharmaceutical medications online or by telephone from unknown entities, members of the public risk receiving unsafe, counterfeit, and/or ineffective drugs from criminals who operate outside the law. In addition, personal and financial information could be compromised.

Anyone receiving a telephone call from a person purporting to be a DEA special agent or other law enforcement official seeking money should refuse the demand and report the threat at dea.gov. Please include all fields, including, most importantly, a call back number so that a DEA investigator can contact you for additional information. Online reporting will greatly assist DEA in investigating and stopping this criminal activity.
CMS Finalizes Rule Removing Parts C, D Enrollment Requirements

The ADA News reports that on April 16 the Centers for Medicare and Medicaid Services published a final rule revising regulations for the Medicare Advantage program (Part C) and Prescription Drug Benefit program (Part D). The final rule “rescinds a previously announced rule that would have required dentists who provide dental care and prescriptions for Medicare Advantage patients and Part D beneficiaries to be enrolled in Medicare or to have opted out in order for their services to be covered.” The article notes that “the Medicare Parts C and D requirements have been a top advocacy issue” for the ADA. Dr. Steve Snyder, chair of the ADA Council on Dental Benefit Programs, said, “This is another example of successful advocacy on the part of the ADA.” CMS will use a preclusion list as a substitute for the enrollment/opt-out requirement. The final rule will take effect June 15, and CMS will begin using the preclusion list on Jan. 1, 2019.
Volunteer Opportunities

**Volunteer with DCG/Dental Students**
GDA is seeking volunteers for involvement in the Adjunct Faculty Program, Mentoring Program, and Lunch & Learns at DCG. We are also launching the “take a stranger to dinner” program where local dentists take incoming freshmen to dinner prior to starting dental school in the fall. If you are interested in getting involved in any of these programs, please contact Katherine Torbush at katherine@gadental.org or complete our dental student engagement volunteer form on the GDA website.

**Volunteer at GMOM 2018 in Augusta**
It takes over 1,000 people to make the Georgia Mission of Mercy successful. Invite your family, friends, and members of your dental team to volunteer with you in August.

* Please remember not to share the dates for GMOM until they are released to the public.
Welcome to the GDA Team

EMILY YONA

Job Title
Director of Health Policy

Responsibilities
Serve as the liaison between GDA and private/state/federal agencies, identify ways to improve the oral health of Georgia citizens, and address matters that relate to third party insurance issues, HIPAA and OSHA.

Education
I graduated from the University of Georgia. Go Dawgs!

Work Experience
I began my career in advertising, but after serving in the US Peace Corps, I became immersed in the healthcare world. Most recently, I worked for the Georgia Alliance of Community Hospitals.

Where I’m from
I am from the southern coastal area of Georgia (Brunswick/Saint Simons Island), and I currently reside in Midtown Atlanta.

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Welcome to the GDA Team

TECHROUNDUP

Startup Aims to Improve Oral Surgery Outcomes By Mapping Arteries in the Mouth

The Purdue University (IN) Newsroom (4/10) states that Starfish Engineering LLC, a Purdue University-affiliated startup, has “devised a way to map arteries in the roof of a person’s mouth to help avoid complications and improve outcomes in oral surgery.” The method “uses diffuse optical imaging to locate the greater palatine artery and lesions that are not visible to the naked eye by injecting light to create a 3-D map.” The article states that this is beneficial for surgeons who “use the greater palatine artery as a landmark,” since “studies have shown that there can be a discrepancy of up to 4 millimeters between where surgeons believe the artery is and where it actually is, a disparity that can cause a variety of surgical complications and injuries.”

Americans Have “Mixed Feelings” on Robotic Dentistry, Survey Finds

KWQC-TV Davenport, IA (3/28) reports that a new survey shows “Americans have mixed feelings about trusting a robot with their teeth.” The survey of 500 adults found just over half were “moderately or strongly opposed to robotic dentistry,” and “they were even more wary of invasive procedures like extractions, root canals and gum surgery.”

Healthline (3/27) reports that researchers at Embry-Riddle Aeronautical University in California conducted the online survey, which found “dental patients are only lukewarm to the idea” of robotic dentistry. “The most common comment was that people feel that robots are not sophisticated enough yet to do the more invasive procedures,” said Stephen Rice, PhD, associate professor of human factors at Embry-Riddle Aeronautical University and the study’s organizing author.

A release on Medical Xpress (3/27) states that the findings were presented at the 2018 International Symposium on Human Factors and Ergonomics in Healthcare (HFHEH) in Boston, Massachusetts March 26–28.

Researchers Design New Product to Strengthen Enamel, Treat Dental Caries

The University of Washington (4/12) states University of Washington researchers have designed a “product that uses proteins to rebuild tooth enamel and treat dental cavities.” According to the article, the researchers captured “the essence of amelogenin—a protein crucial to forming the hard crown enamel—to design amelogenin-derived peptides that biomineralize and are the key active ingredient in the new technology.” The article adds that “the peptide-enabled technology allows the deposition of 10 to 50 micrometers of new enamel on the teeth after each use.” The findings were published in ACS Biomaterials Science and Engineering.

Researchers Use 3D Printer to Create Realistic Cancer Environment to Examine Treatment Methods

Healthcare Analytics News (3/20, Roussi) reports a study published in the journal Advanced Materials showed that a “lifelike cancer environment” created using a 3D printer helped researchers “better analyze drugs that might stop the disease in its tracks.” The Purdue University researchers’ specifically-designed 3D jet writer “enables a cancer microenvironment by producing polymer tissues on an authentic scale with pore sizes large enough for cells to enter just as they would in a human body.” Researchers were able to use “a patient’s fluids that already contained cancer cells...to grow the cells.”
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.

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 ten questions. This will enable you to accurately predict how new products will contribute to office functionality, productivity and profit.
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.

3. **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.

4. **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.

5. **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.

6. **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.

7. **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.

8. **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.

9. **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.

10. **Will you and your staff actually use the new technology?** What seems exciting in theory can turn out to be less appealing in practice. Many dentists have made substantial investments in technologies that end up underutilized and not utilized at all. Obviously, such investments are not cost-effective in the least, and their ROI is nil. Before committing, be honest with yourself and ask for frank appraisals from your staff.

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Dr. Roger Levin is the founder and CEO of Levin Group Inc., a leading dental consulting firm. 10 Point Checklist for Investing in Technology, Dental Practice Success, Winter 2016. Copyright © 2018 American Dental Association. All rights reserved. Reprinted by permission.
Dr. Tracey Nguyen is a 40-year-old general dentist with a private practice in Lansdowne, VA. She graduated from Virginia Commonwealth University Medical College of Virginia with a DDS in 2002 and purchased her own practice in 2006. She started using digital X-rays in 2009 and CAD/CAM in 2010. She now prepares 80% of her patient restorations in-house, utilizing a laboratory only for complicated anterior veneer and full mouth rehabilitations. She practices with one associate dentist, three assistants, an office manager, a hygienist and two front desk team members.

In 2014, she bought a cone beam computed tomography system to better meet her goals in implant treatment planning. Here, Dr. Nguyen talks to Arlene Furlong, consulting editor for Dental Practice Success, about a few of her experiences implementing digital imaging and CAD/CAM in practice.

Six years ago, you transitioned to digital technology and never looked back. Tell us a bit about that journey.

For me, it was all about a mindset, a vision. When I decided to embrace digital technology I also decided that I was going to be good at it. What I didn’t realize at the outset was how well both my practice and patients would adapt.

What initial challenges were most difficult?

The hardest thing for me was accepting that for a time I would be slower. Obviously, everything takes longer when
you’re using new equipment and figuring out how to make it work best. For example, my dental school education had trained me to prep a crown in 30 minutes and have a patient in my operatory for an hour. That’s what my patients who had previous crowns expected too. My first patients receiving treatment with digital imaging and CAD/CAM were at my office for three hours. Again, I had to adjust my mindset: the process would be different and patient visits would be longer. After all, in essence, they were here for two appointments in one visit. My staff was scared at the beginning but they were confident that we were going to make this work together and that we would get better and better.

Now, patients who need crowns are typically in the office for 90 minutes to two hours and I’m physically with patients for about 45 minutes.

**What qualms did you face when implementing new technology?**

Today’s patients are busy people and I was dreading their reactions to a longer visit. Other doctors had told me patient pushback might be a problem so I prepared my staff. I knew that if my staff had reservations about the convenience of the new process my patients would too. As a result, my team was very good at setting expectations and letting patients know we don’t do crowns traditionally, but in one visit. They wouldn’t have to take an additional day off of work for treatment. We have Wi-Fi and Netflix so they can work or relax while waiting for restorations.

**What are some of the biggest differences in how you practice now?**

If my staff wasn’t on board with my vision, the new technology wouldn’t work the way it should. Training your assistant is a must with CAD/CAM. The dentist will lose what the technology can do for the practice if doing it alone. I’ve found that once the dental assistant is trained, he or she has a much larger role in the practice and also greater professional pride. As a result, it can be frustrating to have to retrain when there is staff turnover. Much of the time I used to spend working with the laboratory now goes into training the assistant. Those assistants who understand CAD/CAM technology have very different training than those coming out of most dental assistant schools.

**What do you like best about digital dentistry?**

Mainly, I think it makes me a better dentist. Digital imaging has allowed me to communicate better with patients and patients better understand what I’m communicating. I feel more in control, more efficient. A patient sits down and the assistant can take images with the intraoral camera. I can pull up a picture on the screen and go straight into diagnosis and treatment planning. If the crown doesn’t fit or the color isn’t right, I train myself where I’m lacking and improve. So it has helped me improve my clinical skills too. I continually self-evaluate. Because I’m my own worst critic, I can improve wherever I see the need through continuing education. It’s another thing I love about dentistry: We have such a large and helpful support group.

Last fall, you and your patients probably started Friday, October 21, 2016 the same way you do most weekdays. I know I did. I opened my phone to the Starbucks app to place a mobile order. Except I couldn’t, because when I clicked my order nothing happened, the Starbucks app returned an error.

So I tried it again—same response. A little bewildered I shrugged it off as a problem with my iPhone. I walked into Starbucks, placed my order, and happily went on my way with my drink.

When I got home, I was going to check an Amazon.com order, only to realize I
couldn't get into Amazon.com because the website was down. Well that can't be right, Amazon can't be down—the world stops if Amazon was a victim, so was Starbucks, so was about an (DDOS) attack. Essentially this is when Netflix, Twitter, Reddit, Spotify etc. They were just simply not available. *What Happened?* Turns out there was a large scale, widespread Distributed Denial of Service (DDOS) attack. Essentially this is when servers are flooded with millions of fake requests for information; so much so that they are unable to respond to the legitimate requests. They simply lock up and crash under the weight of this attack. Amazon was a victim, so was Starbucks, so was Spotify, so was Reddit, so was about another 150 other major sites that were down anywhere from minutes to hours. Other than the fact that it was a minor inconvenience for you and your patients, why should you care? We don’t know who did it, but what is more interesting is how it happened. Previously, in attacks such as this one, we often found that the origin of the attack is a group of computers that have been taken over by a virus or malware that spits out these fake requests. That is not what happened here. Do you have so-called connected devices in your office or home? Not computers per se, but cameras, routers, DVRs, and the like. Maybe you can control the office thermostat through your smartphone. This is what happened here. This was an army of DVRs, routers, cameras, thermostats, and the like—benign objects on their own—but together, on this occasion, these seemingly unconnected devices brought down websites over a large portion of the U.S. All of this was accomplished from a small piece of software that was released on the dark internet. It allowed a hacker to distribute the malicious software to all of these little devices of yours and you had no idea. Why would you? The hardware still worked as it should, your DVR still showed the latest episode of The Walking Dead or NCIS, my heater still turned on, the security cameras still functioned as they should, no one would know the difference. So did all of these devices suddenly turn on, like a scene from I, Robot? Not quite. Many times these situations are started with a phishing email. You get an email that looks like it is from your bank or another prominent institution asking you to reset your password. However, it’s not really from them, instead when you click on it, it downloads code to your computer. In today’s Internet of Things, that code now not only goes to your computer but also to every other device that is on the same network as your computer. As you can see, this amazing interconnectivity we now have has both pros and cons. We are in an era where everything is connected. Cameras, thermostats, DVRs, even your refrigerator now has the ability to be connected. It’s a wonderful convenience and an amazing time to be living in, However, we need to be aware of the risks as well; particularly in businesses with sensitive information like dental practices. You are sitting on a treasure trove of protected health information that is covered by HIPAA. So we must be wise about how we embrace the Internet of Things in this environment. Let’s talk about some practical steps. *Key Thoughts* Is the juice worth the squeeze? Do you really need a toaster that will send you a text message when your toast is done in your practice? When you look at smart thermostats and such, some of these technologies are valuable and helpful. Sometimes they are useless features that aren’t going to make things better. So, if the juice isn’t worth the squeeze, don’t bother. If it is worth the risk, how do we limit that risk? We isolate it. Your thermostat, wireless cameras, any other smart device should be on the guest network, not your main practice network. This portion of the practice network should be fully segmented from your internal wireless. They should never be on the same network as servers or workstations. A safe rule is that if it doesn’t need to be on your internal wifi, put it on the guest wifi. Your security cameras, thermostat, Apple TV, and everything else will function exactly the same. *Special considerations for the practice.* It is important to note that in dental practices we have certain devices that should be and remain on the internal network. CEREC, wifi, intraoral cameras etc these devices directly relate to the daily needs of the practice and should be protected by the firewall and the technological securities in place. There is a big difference between a smart thermostat or DVR and your intraoral cameras and CERECs. These are some steps that will go a long way towards making sure we are smart in a world of the Internet of Things. A connected world is wonderful, but it demands that we be smart about it. As in all technology decisions, especially those dealing in security, be sure to consult your IT management company. They are there to support and be a resource for you! An extra call to them, as well as the time and money spent on reducing your risk, is much better than a call from the Office of Civil Rights. Another great resource to get you started in the right direction is the Dental Integrators Association. Their sole job is to provide a system which educates IT providers to a manner in which, raises them above the norm. Bryan Currier is the President of Advantage Technologies, an IT company and leading source of technology integration solutions for the dental community. In the last 18 years, he and his team have worked with more than 1,000 practices, helping them effectively integrate computers and digital technology. Bryan has spoken at numerous conferences throughout the country. He has served on the Microsoft Partner Advisory Council and published articles in the Doctor of Dentistry magazine and The Journal of American Association of Oral and Maxillofacial Surgeons. Bryan has a bachelor's degree in Business Leadership as well as various dental and technological certifications. You can find Advantage Technologies online at www.adv-tech.com and the Dental Integrators Association can be found at www.dentalintegrators.org.
I distinctly remember the evening I closed on my practice. The day was overwhelming, exciting, and exhilarating, but when everyone left that evening, the office was silent. I had just signed contracts and borrowed more money than my mortgage, car, and dental school loans combined for what I knew would be my dream practice, but as I looked around in that moment, all I saw was outdated technology.

I knew how I wanted my practice to be and look, and I immediately felt disheartened. After all, how could I have the premier practice in my area without up-to-date equipment? I am sure that many other new business owners have felt this way too. Fortunately there are some technology updates you can invest in that will have a meaningful impact on your patients and practice at a substantially lower cost than a complete office remodel.

**Digital Radiography**
When I purchased my practice, I knew I could not travel back in time with my procedures and efficiency. The first technology upgrade that I invested in was digital radiography. I decided to invest in DEXIS, predominantly because I was familiar with it and it easily integrated with my patient software. We have not experienced any complications with our sensors, and digital radiography has been a valuable technology advancement and time saver for the practice.

Our patients are impressed at how quickly and easily we can capture an image. In addition, the image is available on a computer screen right in front of the patient, which facilitates patient education and informed consent. Patients also value the significant reduction of exposure to radiation.

**Electric Handpieces**
Another notable upgrade is the incorporation of electric handpieces. Patients appreciate the noticeable reduction of the “drilling sound” in the office and during procedures. Dentists who use electric handpieces appreciate the consistent torque of the handpiece, which helps to create more efficient, smoother, and better tooth preparations and improves caries removal. When sectioning and removing crowns, or when
removing existing restorative material with an electric handpiece, the bur travels through those materials with much more ease and fluidity. In my experience, the bur may not cut as efficiently with some air-driven handpieces, resulting in chattering noises and a less efficient cut. Moreover, polishing composites, ceramics, and metals is more efficient and effective using electric handpieces.

One to consider is the Electromatic series by KaVo. The Electromatic Premium offers the most versatility and features; there is a 4.3-inch touch screen, and the system is intuitive and user friendly. The system can be preprogrammed and the settings can be easily changed from high speed to low speed or to endo mode, which allows for varying torque controls in each setting.

There are five speed programs in prep mode. Changing speed is simple, using a sliding bar on the touch screen. This is particularly useful for polishing the margins of crown preparations. There are five programs available in endo mode with ten files each. In addition, there are 20 preprogrammed file systems to set up the maximum torque and speed for each file automatically.

To further improve efficiency, one or two motor systems are available. It is common to own one electric handpiece unit and constantly change the handpieces when you want to change the torque or switch from a friction-grip bur to a latch. With this system, you can have both handpieces ready to go! This system will greatly enhance the quality and efficiency of all restorative and endodontic procedures.

**Intraoral Camera**

One challenge that many dentists face when buying an existing practice is case acceptance of new treatment recommendations for existing patients. Many patients meet their new dentist with trepidation and concern that care is being recommended to help finance their new dentist’s endeavor, not because it is needed. One simple and cost-effective technology that can help with this is the intraoral camera.

Intraoral cameras break down communication barriers; they can easily capture images of teeth and intraoral structures, so patients can actually see what the dentist is seeing. For instance, I have found that it is much easier to explain the implications of not pursuing treatment of cracked teeth with a photograph than it is with just words. When intraoral photographs are used in treatment discussions, patients have a better understanding of their own oral condition, and treatment acceptance is much higher. In addition, dental hygienists can document calculus buildup and show before-and-after photos during dental hygiene appointments. This encourages communication and trust between the patient and dental professional.

When incorporated into the private practice for the first time, intraoral cameras also offer a method of documentation and communication that the patients have never experienced before. When it is decided that a tooth needs monitoring for clinical changes, how is it possible to remember every detail of that tooth without photography? In addition, dentists can take photographs before, during, and after treatment to aid in communication with a patient or specialist and to encourage insurance reimbursement.

Which one should you get? There are many excellent intraoral cameras on the market, and I can tell you how I selected mine. I went to my local dental convention and scheduled time with my dental hygienist. My only deal maker/breaker was that I wanted the camera to have a seamless integration with my electronic health record software. After that was confirmed, I wanted the camera to be comfortable in my hygienist’s hands and cost effective. I also ensured that the company offered training and support for my team. I believe that team participation in the decision-making process helps to encourage the long-term use of the technology.

When a dentist buys an existing practice and wants to make updates with new technology at a relatively low cost, digital radiography, electric handpieces, and intraoral cameras fit the bill perfectly. These technologies are relatively low cost and are easy to acquire and implement. In addition, electric handpieces, digital radiography, and intraoral cameras not only provide the office with excellent equipment that improves care, but they also impress patients, improve communication, save time, and encourage treatment acceptance.

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Pamela Maragliano-Muniz, DMD, is an editorial director for Pearls for Your Practice: The Product Navigator, an e-newsletter from DentistryIQ and Dental Economics. She was a dental hygienist before earning her DMD from Tufts University School of Dental Medicine and her certificate in advanced prosthodontics from the UCLA School of Dentistry. She teaches, and she maintains a private practice in Salem, Massachusetts. In 2010 her practice was named the Adult Preventive Care Practice of the Year by the American Dental Association.
The GDA's Government Affairs Team is pleased to report that the GDA had another great session under the Gold Dome!

Our primary piece of legislation, HB 818, which was sponsored by Rep. Lee Hawkins (R-Gainesville) and relates to insurance reimbursements paid to healthcare providers via virtual credit card, passed through the Senate on Day 39 without any amendments. On May 8, 2018, Governor Deal signed the bill into law, which goes into effect on January 1, 2019.

2018 was the second year of the biennial legislative term in Georgia, which means that any bills that did not pass this year are wiped clean from the slate. 2018 is also an election year, which always provides interesting debates and voting choices by incumbents who have picked up opposition in their primary and general elections. Accordingly, one of the signature pieces of legislation this year involved the passage of one of the biggest state income tax rate cuts in the history of the state. Some of the main features of this tax cut are a reduction in the highest state income tax rate from 6% to 5.5% for a period of two years, as well as increasing the standard deduction for state income taxes—$3,000 to $6,000 for married couples filing jointly. One of the bill's more highly publicized features was the removal of the jet fuel sales tax exemption for Delta Airlines, which occurred after Delta announced it would be severing a business relationship with the National Rifle Association.

The issue of distracted driving also provided for interesting debate during the last few days of session. HB 673, sponsored by Rep. John Carson, will now make it illegal to operate a motor vehicle in the state of Georgia while using a cell phone or electronic device unless the driver is using "hands free" technology. If signed into law by the Governor, Georgians will not be allowed to hold or support a wireless telecommunications device or stand-alone electronic device while driving, nor will they be able to write, send, or read texts/emails; view the internet; or watch or record videos while driving. However, there are certain exceptions to the new law, such as viewing GPS navigation data.

The expansion of the state's medical marijuana laws to include post-traumatic stress disorder (PTSD) and intractable pain was another interesting election-year issue, especially considering the recent focus on the opioid abuse epidemic in Georgia. Although the bill ultimately passed both chambers before the gavel dropped on Sine Die, statements made on the House floor prior to the chamber vote provided some last-minute fireworks between the House and Senate.

Finally, it is possible that a special session could take place over the summer if the state reaches an agreement with Amazon. As you may have heard, Georgia made the short list for a proposed “HQ2” for Amazon, which could bring an estimated 50,000 jobs to the state. If such an agreement is reached, the word at the Capitol is that the Governor will convene a special session in order to address some of Amazon's legislative/regulatory concerns.

The following is a list of the key legislation affecting our members this year:
As mentioned above, it simply states while the standard EFT transaction was necessary.

However, as a result of the hard work of Rep. Hawkins, our LAW Day attendees, and the GDA’s Government Affairs Team, we were one of the few provider related groups to pass a bill through the Georgia General Assembly this year.

**GDA Virtual Credit Card Bill**

*2018 RESULT—PASSED*

Rep. Lee Hawkins (R-Gainesville) introduced HB 818 to ensure insurance companies cannot mandate that healthcare providers only accept reimbursements via virtual credit card. As you may recall from previous weeks’ reports, insurance companies have recently begun reimbursing providers using electronic payments, which include electronic funds transfers (EFTs) and virtual credit cards. While the standard EFT transaction typically comes with a $0.34 transaction fee, virtual credit card transaction fees can range between 2.5–5% of the underlying reimbursement payment, which the provider absorbs each time she/he runs this payment through the credit card terminal in the office. Many providers are unaware of their ability to opt-out of receiving virtual credit card payments, which is currently mandated by a federal rule adopted by the U.S. Department of Health and Human Services. It is also our understanding that some insurance plans are verbally advising providers that they do not have the ability to opt-out, which was why we believed passing a state law was necessary.

HB 818 does not prohibit virtual credit card transactions or any other types of electronic or physical payments. As mentioned above, it simply states that an insurance company cannot require a healthcare provider (e.g., physicians, dentists, hospitals) to accept reimbursement payments via virtual credit and must advise providers of their ability to opt out of receiving such payments. Upon its signature by the Governor, this legislation will protect your ability to run your practice as you choose and help reduce the costs of healthcare for your patients. This bill initially drew intense opposition from insurance companies, banks, credit card companies, and electronic funds transfer companies.

**Surprise Billing Legislation**

*2018 RESULT—DID NOT PASS*

As you may recall from our 2017 wrap-up report, the issue of surprise/balanced billing was a carry-over from last year’s session. Accordingly, the GDA’s Government Affairs Team was actively engaged over the summer while this issue was being heard in study committee. The two bills we tracked on this issue, SB 8 and HB 314, were both available for consideration on Day 40, but ultimately neither bill passed.

Although SB 8 initially contained language that could have permitted an insurance plan to deny a patient’s request to see an out-of-network provider if the plan determined that it had an in-network provider with similar training and experience as the patient’s chosen provider, the GDA’s Government Affairs Team successfully lobbied the sponsor and Chairman of the House Insurance Committee to remove this harmful language from the bill. Given the sponsor’s commitment to addressing this issue, it will be interesting to see what he does over the summer and next session. However, as noted above, no bills addressing this issue passed in 2018.

**Dental Medicaid Fee Increase**

*2018 RESULT—INCLUDED IN 2019 BUDGET*

Another item included in the FY2019 budget is a 1% dental Medicaid fee increase on the same codes that received a fee increase last year. Accordingly, in the last two years alone, we have been able to secure an 11% fee increase on certain preventative and restorative codes, a feat which has not been accomplished for many years!

**Water Fluoridation**

*2018 RESULT—DID NOT PASS*

In 2018, there was another attempt to remove water fluoridation requirements in Georgia via legislation. HB 884 was a reiteration of a bill we saw in 2016 that would allow local governments to opt out of state water fluoridation requirements by approval by resolution of the governing body.

**Budgetary Issues**

**GDA Donated Dental Services Program Funding**

*2018 RESULT—INCLUDED IN FY2019 BUDGET*

Another GDA legislative priority, a budgetary request for $85,000 in the state budget to support the hiring of a full-time coordinator for the GDA’s Donated Dental Services (DDS) Program, was also included in the final FY2019 budget and approved by the Governor on May 2, 2018.

For those of you who may not be familiar with the DDS Program, it is one of the GDA sponsored initiatives to help remove barriers to care for elderly and medically fragile patients in the state of Georgia. All eligible patients receive treatment at a GDA volunteer dentist’s office free of charge. Labs are also provided to the patient at no charge. Given the current limitations on the state’s dental Medicaid program for non-pregnant adults, the DDS Program is a public-private partnership between the state and the GDA’s member dentists. For more information about how to become a volunteer in the program, please contact the GDA office and ask for Marth LeGrone, or email her at martha@gadental.org.

It is vital that we continue to support the legislators who support the GDA under the Gold Dome in this election cycle.
JOIN US IN SUPPORTING GEORGIA MISSION OF MERCY
A PROGRAM OF THE GDA FOUNDATION FOR ORAL HEALTH

VOLUNTEER
gofundme.com/gmom2018

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• Together We Can •

HEAL & INSPIRE
Together We Can • HEAL & INSPIRE

JOIN US IN SUPPORTING GEORGIA MISSION OF MERCY
gofundme.com/gmom2018
VOLUNTEER   DONATE

A PROGRAM OF THE GDA FOUNDATION FOR ORAL HEALTH

GMOM 2018
Augusta, GA

2,000 patients
1,300 dental procedures performed
10,000 volunteers
1.7 million dollars of donated dental care

gadental.org/gmom
authority of the municipality or county rather than by voter referendum. The GDA’s Government Affairs Team learned of this legislation early in the session prior to its introduction and was able to stop it before it was heard in committee.

As you can see from this report, the hard work and dedication of our members, contact dentists, and LAW Day attendees paid off once again in 2018. The GDA’s Government Affairs Team accomplished all of the legislative goals set by the GDA’s House of Delegates in 2017, which is a very difficult task, especially in an election year. Our efficacy as an organization under the Gold Dome truly illustrates how important it is to maintain a relationship with your local legislator and be involved in the GDA’s political affairs. Simply put, the Government Affairs Team is successful because legislators know that our members are truly passionate about the issues affecting their patients and profession.

It is vital that we continue to support the legislators who support the GDA under the Gold Dome in this election cycle. Many key members of House and Senate leadership have either announced they are not seeking re-election or are running for a statewide office. Accordingly, we need to ensure that we start to create strong relationships with the incoming crop of new legislators. If you have any questions or concerns about how to become a contact dentist for a legislator, please do not hesitate to contact me.

Finally, we are very pleased to announce that we have hired a new Director of Health Policy, Emily Yona. Ms. Yona joins the GDA with a background in healthcare and government affairs working for the Alliance of Community Hospitals. She will be a great addition to the GDA’s Health Policy initiatives, as well as an integral component of our Government Affairs Team. She can be reached via email at emily@gadental.org.

If you have any questions or concerns about the information contained in this report, please do not hesitate to contact the GDA’s Director of Government Affairs, Scott Lofranco. He can be reached via email at scott@gadental.org or telephone at 404-636-7553.

LEGISLATIVE WRAP-UP
Continued from page 25

Dr. Padolsky would be pleased to assist you in treating patients with temporomandibular joint disorders. He enjoys the challenge of helping TMD patients.

• Taught TMD courses for the University of Pittsburgh and the University of Alabama
• Provides Phase I diagnostic and Phase II TMD services.
• Comfortable with a multi-disciplinary approach
• Dr. Padolsky is accepting TMD referrals

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If your patients have any of these symptoms and are not responding to treatments, they may be suffering from a TMJ disorder. Problems within the jaw can produce a myriad of symptoms that, at first glance, might appear to be totally unrelated to the temporomandibular complex. Our dedicated team of professionals have years of training and are happy to assist you in the diagnosis and treatment of possible craniofacial/palatomaxillary disorders.
The GDA Descends on Capitol Hill for the 2018 ADA Dentist & Student Lobby Day

By Scott Lofranco, GDA General Counsel & Director of Government Affairs
Washington, DC—April 8–10
Dr. Evis Babo (NDDS), GDA Vice President and Georgia Program Chair, led the group of 24 GDA and ASDA members who attended the ADA’s Dentist and Student Lobby Day in 2018. The ADA held this three day conference at the JW Marriott in DC, located just blocks from the U.S. Capitol, House, and Senate offices.

After the ADA’s Government Affairs Staff briefed attendees all day Monday on the current issues affecting dentistry at the federal level and then enjoying a night of fellowship at our annual dinner at Bobby Van’s, the members of our GDA-ASDA delegation joined over 1,100 dentists and dental students from around the country on Tuesday to speak with our Georgia Congressional Senators and Representatives in their offices on Capitol Hill.

The Georgia GDA-ASDA delegation presented the following issues:

Establishing a National Response to the Opioid Epidemic

Student Loan Programs and the Higher Education Act
Two bills, HR 1614 and HR 4001, urge members of Congress to consider more favorable terms and interest rates for federal student loans made to graduate/professional degree students when reauthorizing the Higher Education Act of 1965 and other related federal student loan programs.

The Dental and Optometric Care Access Act
This bill urges members of Congress to co-sponsor this legislation that prohibits an insurance plan regulated by the federal government to incorporate non-covered services provisions in their dental and vision plans.

The ADA Action for Dental Health Act
This bill urges members of the Senate (this has already passed the House) to allow organizations to qualify for oral health grants authorized by Health and Human Services (HHS) to support activities that improve oral health education and dental disease prevention (e.g., Give Kids a Smile and Missions of Mercy).

Repeal of McCarron-Ferguson Act
This bill urges members of the Senate (this has already passed the House) to co-sponsor a Senate version of the Competitive Health Insurance Reform Act, HR 372, which seeks to repeal the anti-competitive exemption for health insurance, including dental insurance, only. It would not affect the business of life insurance, property or casualty insurance, or any other similar insurance areas.
GDA Attendees

Drs. Robin Reich (NWDDS)
Evis Babo (NDDS)
Jay Harrington (CDDS)
Kumar Patel (NWDDS)
Richard Weinman (NDDS)
Henry Benson (NDDS)
Ash Walker (CDDS)
Kaneta Lott (NDDS)
Thomas Jagor (NDDS)
Stan Halpern (NWDDS)
Supriti Balyan (NWDDS)

ASDA Attendees

Briana Amos
Lincoln Fantaski
Kristen Grisham
Abby Halpern
John Hann
Alexandra Howell
Benjamin Hunt
Grace Kwon
Britney Lewis
Chandni Patel
Brad Torkian
Vanessa Villalobos
Many GDA members have been practicing dentistry for multiple decades—and generations. We spoke with four pairs about what it’s like working with each other in the same profession.
BRUCE A. CAMP, DMD
Villa Rica, GA—Northwestern District

Why did you choose a career in dentistry?
My father was a chiropractor. One of Dad’s cousins was a medical doctor, another was a dentist, and another a pharmacist. This family group was rounded out by a fishing buddy who was an optometrist. All of these men practiced in Talladega, Alabama and during my growing up years, I benefited from the exposure to these professionals. In addition to being a chiropractor, my father was a state legislator for Talladega County, Alabama and he served as the vice-chairman of the Health and Human Services Committee. Through my relationships with these professionals and my dad’s position in the legislature, I was introduced to the significant role that legislation plays in the practice of healthcare and the impact that rules and regulations have, not only on providers, but on the patients we serve. During my junior year of high school, I decided I wanted to become a dentist because I wanted to help people. I was interested in doing this through becoming a healthcare professional. I loved getting my teeth cleaned and I loved the smell of the dental office. In my second year of dental school I found out that the source of this smell was eugenol.

What have you learned from your parent/child since you’ve worked together?
It has been great having “Dr. Nathan” in practice with me. I believe early in Nathan’s dental education we were naturally considering the idea of practicing together. However, we were also a bit concerned about the dynamic of moving from a purely father-son relationship, to adding the professional dimension. How would we relate as practitioner to practitioner under the same roof? Well, I can say that after Nathan’s completion of dental school and a GPR at UAB, he arrived in our office as a confident and extremely capable dentist. (It also does not hurt our dynamic that he works on his end of the building and I work on mine.) I smile when I hear Nathan relating to patients, giving a diagnosis and explaining their treatment options. He has a thorough knowledge of the entire human body as well as of drug interactions and considerations. I believe this to be in large part due to his preparation under the instruction of our own Dr. Paul Eleazer. Nathan is a great resource for “refreshing” my knowledge and provides insight into how concepts and procedures are currently being presented in dental school.

Has your parent/child had any influence on the way you practice?
Nathan has encouraged me to make our practice more visible by engaging with our community through a website. This project is currently underway and when completed will make it possible not only to easily locate our practice, but to also learn about who we are and what kinds of services can be expected by our patients. In addition to this, I believe that the practice as a whole (myself, our staff, and even the patients who knew him as a child) is energized by having Nathan join us!

Were you surprised your child(ren) also chose dentistry as a career?
Was I surprised by Nathan’s decision to become a dentist? The answer is “no” if he had decided right away and “yes” when he decided later. Nathan has been around the dental office his entire life. Even so, my mother has always stressed these words to me, “Don’t push him into your profession. Let him decide on his own what he wants to do in life.” As a boy, Nathan accompanied me to the dental office while I treated emergencies. He assisted me in putting teeth back into place after four-wheeler accidents, automobile accidents, and accidents in which mouths caught baseballs instead of gloves. However, even with all this “experience” he began Auburn University as an engineering major changing the next year to architecture. Three changes in his declared major later, he decided “on his own” that through the practice of dentistry, he could incorporate those interests and talents that had led him in other directions into one valuable and rewarding profession. I am very thankful for this decision and thankful that he and his wife, Christina have made Villa Rica their home.

NATHANIEL J. CAMP, DMD
Villa Rica, GA—Northwestern District

Why did you choose a career in dentistry?
During my time at Auburn University, after exploring many career paths, I discovered that dentistry is the profession that combines art, science, and compassion in such a way that I found remarkably appealing.

What have you learned from your parent since you’ve worked together?
Gleaning from his many years of experience, I’ve picked up various techniques that tend to result in better outcomes ranging from operative dentistry to oral surgery to pedodontics.

Has your parent had any influence on the way you practice?
Absolutely; he has encouraged me to expand my skill set and clinical efficiency, while always making patients feel comfortable and welcome.

What was it like growing up in a dentist’s family?
There was a school bus stop near the dental office, so I spent many hours there after school. My most vivid memories are managing my lemonade stand out front, and making pottery out of plaster and lab stone.
Why did you choose a career in dentistry?
Dr. Jack Freese, my dentist and mentor, was an excellent and successful dentist in Concord, New Hampshire. I first met him when I was about 12 years old. He was on the part-time faculty at Tufts and president of the Concord Alumni Association and president of the New Hampshire Board of Dentistry. He was a great positive influence and friend and always encouraged me to consider dentistry as a career.

What have you learned from your child since you’ve worked together?
I have benefited by having Jennifer as a practicing partner. She has been a positive influence and continues to benefit the practice by updating and expanding our treatment modalities. We also have been able to have a five day practice and cover for each other during the holiday and vacation times. It has allowed me to work fewer hours and to continue to practice which I enjoy so much. Our practice and I have benefited from Jennifer’s presence and she has been a definitely has been a supportive influence in many ways.

Were you surprised your child(ren) also chose dentistry as a career?
I was very happy when Jennifer chose dentistry as a career I did not pressure her to make that decision, but was very pleased she chose dentistry and later periodontics. She grew up helping the staff in the front office along with her younger sister, our middle daughter, Lynn, but particularly enjoyed learning about patient treatment and care. In high school and college, she observed and assisted me with procedures. She was interested and engaged in learning more about the field of dentistry and periodontics.

Other family members have been a part of our practice. My wife Joan worked as my assistant in the early years of practice and Jennifer’s daughter, Caroline, began working as her very able assistant during holidays and school breaks at a young age. She considered dentistry while majoring in neuroscience but decided on medicine and is currently beginning her third year of medicine at Emory. Mary, our youngest daughter, has been our practice’s Chief Financial Officer for 21 years. She received her Juris Doctorate degree from the University of Georgia School of Law and has been instrumental in handling the business side of our periodontal practice.
**JENNIFER I. DIVERSI, DMD**  
Atlanta, GA—Northern District

**Why did you choose a career in dentistry?**  
I loved the sciences in high school and college as well as the arts, especially art history. Dentistry encompassed these two subjects well. But I grew up with dentistry, first and foremost, and knew through my Dad it was not only a demanding profession but a very rewarding and caring profession. The ability to help others appealed to me.

Both my mother and father were very involved in organized dentistry. The profession of dentistry has always been important to them and to our family. My mother served as President of the Northern District Dental Auxiliary and as President of the Georgia Dental Association Auxiliary. My father was active in the Northern District Dental Society and served as one of its Presidents. He was active in the Georgia Society of Periodontists, the Southern Academy of Periodontology (President), the American Academy of Periodontology (Contributor to the Periodontal Therapy Section of the 1966 World Workshop in Periodontology, Senior Ambassador for the AAP Foundation, and Chairman of the Awards Committee) and the International College of Dentists (serving as Deputy Regent, Vice Regent, Regent, Foundation Trustee and Councilor at Large).

Because Dad was an advocate of dental hygiene education in the late 1960s, he was invited by the President of Clayton State College, Dr. Harry Downs, to serve on a committee to help initiate a formal training program for dental hygienists at Clayton State College. Also serving on this Committee were Dr. Carole Hanes and Dr. Thomas Zwemer, both Associate Deans at the Medical College of Georgia, and Doris Bates, a well known dental hygiene educator from Boston. Prior to the development of this academic and clinical program, the training of dental hygienists in the state of Georgia was limited to preceptorships.

**What was it like growing up in a dentist’s family?**  
As a child and continuing into adulthood, I enjoyed and was very proud to attend dental meetings with my parents and sisters and to form many friendships. My interest in dentistry continued to grow.

**What have you learned from your parent since you’ve worked together?**  
I feel so fortunate to have joined Dad in his established practice. In our nearly thirty years of practice together, my Dad has taught me many things:
- To care for and to have the greatest consideration for our patients and what is best for them.
- Professionalism, kindness, and encouragement
- A strong work ethic
- Always keep learning
- Be involved in and promote organized dentistry

**Has your parent had any influence on the way you practice?**  
Dad has influenced me and our practice in so many positive ways during my almost 30 years of practice and his nearly 60 years of practice! He was influenced early on by the philosophy of Dr. L.D. Pankey and his “cross of life” to achieve balance in one’s life. The tenets of the “cross” are Worship and Love and Work and Play. His dedication to our practice and leadership have provided a wonderful example. He continues to be a positive mentor. We enjoy attending continuing education courses together and learning together. We share journal and periodical articles and discuss them.

Dad encouraged me to become involved early in my practice years in dental organizations. I was fortunate to have the opportunity to serve as President of the Northern District Dental Society, President of the Georgia Society of Periodontists, President of the Georgia Dental Education Foundation, and President of the Southern Academy of Periodontology.

I enjoyed working alongside many dental friends and colleagues. I also had the opportunity to serve as Chairman of the Young Periodontists Committee of the American Academy of Periodontology and as a member of the Clinical Practice Committee. And my Dad is always there to provide wise and helpful advice when needed. I recall on one occasion when I was to speak as President of the Northern District at one of our membership meetings and to welcome the GDA President and Executive Director Martha Phillips to our meeting and District. Dad leaned in and said “have fun and enjoy it.” And I did, and I have.
FAMILY BUSINESS
Continued from page 35

D. KENDRICK MATHEWS, DMD
Fort Valley—Central District

Why did you choose a career in dentistry?
I wanted to become a doctor in some field. As a dentist in the 70s, this meant I could have my own business and be my own boss. It also meant I was not limited to where I had to work and live and could choose an urban or rural location. I wanted to help people receive a positive outcome (comfort or emotional) immediately, be well-paid, and be called “Doctor.” I also did not want to be responsible for the care of terminally ill patients on a regular basis.

What have you learned from your parent/child since you’ve worked together?
I have been blessed to practice with Katie. She is a great, well-rounded person. I was impressed with how much dentistry she learned in school! I was able to teach her a few real-world applications. She also discovered it was necessary to see more than two patients in the morning and two in the afternoon. I helped with that! It also is nice to bounce ideas off her and confer as colleagues. From another aspect, it has been a pleasure to observe her nearly daily and from the sidelines; most parents do not have this pleasure. Once again, I am very blessed!

Has your child had any influence on the way you practice?
Since we have been working together, I feel as though I am able to talk to my patients more and not feel compelled to rush to the next task. Prior to Katie joining me, I have always practiced solo.

KATIE M. GARVIN, DDS
Fort Valley—Central District

Why did you choose a career in dentistry?
I wanted to enter the field of dentistry because it was something I was familiar with. I wanted to be in the healthcare field and dentistry seemed like a good fit. I wouldn’t have to worry about life and death situations and I liked the technicality of it. Dentistry would also allow me a comfortable living, while being able to improve a person’s quality of life.

What have you learned from your parent/child since you’ve worked together?
There is so much I have learned from my dad, I can’t begin to list them all! I learned I can do a Class II amalgam in a reasonable amount of time. I learned to manage patient expectations and that I can’t make everyone happy. I also learned that my dad is a lot more outgoing and talkative than I thought! I have really enjoyed learning tricks of the trade from my dad and I may have even taught him a thing or two!

Has your parent had any influence on the way you practice?
I believe my dad’s work ethic has definitely influenced the way I practice. He does his best to blend the clinical need and the patient’s desire with what treatment will provide the best long-term outcome. He treats the patient as a person while providing an outstanding clinical service. I believe this is a huge reason why my dad has multi-generation families that continue to see him.

What was it like growing up in a dentist’s family?
Growing up as a dentist’s kid was great! My sister and I spent a lot of time at our dad’s office, so I was very familiar with the atmosphere. I never understood why people were afraid of the dentist because to me it was just normal! We were even told as kids that the tooth fairy would bring us more money if our dentist pulled our baby teeth. I thought I was the luckiest kid because my dentist was my dad! I did work for my dad over the summer when I was in high school. I would say that’s when I knew for sure that was what I wanted to do! In addition to being familiar with the office, I always had a blast at the Annual Conventions and looked forward to seeing the same friends year after year. Because both my parents were very involved in organized dentistry (my dad serving as CDDS president and my mom as president of the Alliance twice), I was indoctrinated of its importance at an early age. This is something we, along with my husband Cameron, continue to be active in today!
DR. CHARLES N. SMAHA  
Macon—Central District

Why did you choose a career in dentistry?
Growing up I had two close uncles who were physicians who exposed me to the medical field early in life. As I began to develop an interest in the healthcare industry, I mentored with two dentists who were members of our church. They took me under their wing, showed me their practices and allowed me to learn more about dentistry. To this day, I am grateful for the time they invested in me as I have no doubt it helped me select this career that has been so rewarding.

What have you learned from your parent/child since you’ve worked together?
It has been an honor and a privilege to have my son come and join me in our practice. Bringing a young doctor in has brought innovation as well as a tremendous amount of vitality to our growing practice. I have truly enjoyed seeing how he approaches the business with such energy and it has certainly inspired me.

Has your parent/child had any influence on the way you practice?
He has had a tremendous impact on our practice by introducing us to new technologies and equipment. This has allowed us to add new and innovative procedures to our practice. By adding new approaches, we are able to improve our practice in a number of ways and my son has been a driving force in that.

Were you surprised your child(ren) also chose dentistry as a career?
Ched showed some interest in high school by coming to work in the lab and shadowing his senior year. I have to admit, when he informed me he wanted to attend dental school I was pleasantly surprised. He and I had never discussed it in detail and I had tried not to place any pressure on him to follow in my footsteps. Obviously, when he informed me of his decision, I was thrilled and have very much enjoyed watching him develop into such a wonderful orthodontist.

DR. CHED SMAHA  
Macon—Central District

Why did you choose a career in dentistry?
I grew up in a dental family watching my father practice orthodontics. I’ve always been so impressed with the connections that are made and the lifelong satisfaction of helping others have a beautiful smile.

What have you learned from your parent/child since you’ve worked together?
Working with my father has been a wonderful experience and has given me the opportunity to learn all aspects of dentistry from a man I admire and respect. In dental school there is not much of an opportunity to learn the business side of dentistry. We were given in-depth technical and academic training but were rarely exposed to the aspects of running a practice like a business. Given that my father had decades of experience operating just such a business, he has been an incredible resource to me and my practice.

Has your parent/child had any influence on the way you practice?
My father has been a wonderful role model. He has taught me so much about being a professional and how to go about interacting with client families and other dentists. He has been such a great resource and I very much enjoy the opportunity to share this experience with him. !

What was it like growing up in a dentist’s family?
Growing up in a dental family was wonderful and I have nothing but the fondest memories. I loved working in the lab in high school. My senior year, I shadowed my father and this allowed me to understand how enjoyable it could be to create appliances for patients and see the finished products. ¶
NEW DENTIST FORUM
DoubleTree Suites by Hilton
Atlanta—Galleria
2780 Windy Ridge Parkway SE
Atlanta, GA 30339
9–9:30 am
Registration
9:30 am–4:30 pm
Sessions and Lunch
COST: $75 for GDA members
$125 for non-members
ATTEND THE GAME
Braves v. Orioles
SunTrust Park
755 Battery Avenue SE
Atlanta, GA 30339
7 pm

SAVE THE DATE!
Friday,
June 22, 2018

Business and Clinical Courses for New Dentists
Earn 6 CE credits by participating in the New Dentist Forum. This new event is a program for dentists who graduated from dental school within the past ten years and will offer both practice management and clinical courses that will assist dentists and their teams. You will also have the opportunity to connect with your peers to discuss current topics and build relationships. From 9:30 am to 4:30 pm, the forum will offer business and clinical courses for new dentists.

New Dentist Forum attendees receive a complimentary ticket to the Baltimore Orioles vs. the Atlanta Braves baseball game at 7pm that evening.

Register today to attend www.gadental.org/ce.

Government Job, Associateship, Practice Startup—or Acquiring an Existing Practice
What makes sense for you?

Speaker
Steven Wingfield, DMD
Chief Dental Officer of Dental Whale Practice Group
Managing Member of Dental Whale

Managing of the Most Common Medically Complex Dental Patients

Speaker
Michael Pruett, DMD, FICD, DICOI
Professor of Oral Rehabilitation
Director of the General Practice Residency Program
Dental College of Georgia At Augusta University

Periodontal Evaluation & Therapy
Traditional and Contemporary Treatment of Periodontitis and Gingival Recession

Speaker
Stan Halpern, DDS
Periodontal Specialist
Northwest Periodontics

Building Blocks to Starting Your First Dental Practice

Speaker
Suzanne Grad
Vice President
Bank of America Practice Solutions

Life after Dental School
Financing Your Practice's Future

Speaker
Matthew Adrian
Vice President
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NEW DENTIST FORUM

ATTEND THE GAME

Braves v. Orioles

ATTEND THE GAME

Braves v. Orioles

ATTEND THE GAME

Braves v. Orioles
JUNE 16, 2018  Online Event

Risk Management in Dentistry—A Practical Approach

INSTRUCTOR  Dr. Thomas David  PRICE  $100 GDA Members / $200 Non Members

Dentists cannot prevent the possibility of a lawsuit by a patient, however they can greatly minimize the possibility of a successful lawsuit. Therefore, it is critical that dentists institute basic risk management steps into their practices. Some of these steps relate to how you handle your patients’ emotional expectations, but most concern management of record keeping and information systems in your practice.

There will also be a discussion of standards of care in dentistry, since risk management strategies are dependent on and interwoven with a thorough knowledge of standards of care (SOC). There will be practical examples of both risk management and standards of care.

AUGUST 10–11, 2018

Expanded Duties

West GA Tech—Carrolton, GA

The Expanded Duties program is designed to prepare students for entry-level dental careers working alongside dentists. Skills taught during the course include placing dental restorations under the direct supervision of a dentist. The Expanded Course also prepares students to assist the dentist chairside or to work in the operatory or treatment room with the dentist. The chairside dental assistant mixes and prepares dental impression and restorative materials, evacuates debris and extraneous materials from the oral cavity, and prepares the operator for procedures including instrument tray and anesthesia setups as required by the dentist.

### COURSE 4
- Alginate Impressions for Denture Repair
- Face Bow Registration
- Tissue Retraction
- Liners and Bases
- Provisional Restorations
- Fabrication of Bruxism Appliances

### COURSE 5
- Periodontal Pack
- In-Office Bleaching
- Dentin Bonding
- Desensitization

### COURSE 6
- Monitor Nitrous Oxide
- Fluoride Application
- Sealants
- Dry Socket Redressing

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PARTNER CE

JUN 13, 2018 | 12–1:30 PM

Tips on Instrument Processing

4 Facts You Want to Know!

PRICE  Complimentary for GDA members

1.5 CE Credit Hours

One of the risks in any procedure is the transmission of disease or infection. Thousands of patients in the United States have been impacted by the inadequate infection control procedures which have led to potentially deadly illnesses. This review of the basic steps in instrument processing will give you the tools you need to be sure that your patients receive the excellent care that is the cornerstone of your practice.

Topics covered in this review include the following:
- Cleaning
- Packaging
- Sterilization
- Monitoring of the sterilization process

At the completion of this session the attendee will:
- Explain Spaulding Classification
- Recall four (4) critical steps in instrument processing

Presented by

REGISTER AT GADENTAL.ORG/CE
Every day, 142 Americans die from a drug overdose. According to Georgia General Attorney Chris Carr, “Last year alone, 982 Georgia families lost a loved one from an opioid-related drug overdose—a death toll that has increased tenfold since 1999.”

You cannot turn on the TV or open up a newspaper these days without coming across mention of the opioid epidemic that has been plaguing our nation for quite some time. We are all constantly being bombarded with articles about all of the ill effects of prescription opioids and how this epidemic is affecting our family, friends, and patients.

In 2017, the senators and representatives of the Georgia General Assembly made curbing the opioid epidemic a priority. Legislation was passed that influenced how opioids are prescribed by dentists, physicians, and other healthcare professionals. Requirements to use the Prescription Drug Monitoring Program (PDMP) were established, and it was during this time that a lot of Georgians became aware of the terrible crisis we had on our hands.

The momentum continued in the 2018 legislative session. Bills were introduced, money was put into the state budget, and articles by reputable news sources were published. The requirements of the PDMP came into effect, including getting all prescribers to register with the PDMP by January 1, 2018 and getting prescribers to check the PDMP before writing more prescriptions (this will go into effect on July 1, 2018).

The Georgia Dental Association has decided to combat the problem head on and has created Prescribe with Care initiative to lead the charge on fighting this terrible epidemic. Under this initiative:

- GDA is working together with other healthcare professionals, policy makers and the public. Our Government Affairs team worked in conjunction with the Georgia Board of Dentistry to create a continuing education requirement as a component of licensure renewal on the prescribing of opioids (this is currently pending the Governor’s approval, which should be received in the summer).
- GDA is actively involved with other providers around the state of Georgia by participating in the Attorney General Chris Carr’s Statewide Opioid Task Force and the Medical Association of Georgia’s statewide “Think About It” Campaign.
- GDA is closely working with Georgia Department of Public Health to monitor the PDMP registration numbers and assisting more of our members to register.
- GDA is constantly monitoring this epidemic and is focused on how to fight this epidemic.

There is still more work to do to end this opioid epidemic. If you have any ideas to add or questions about GDA’s Prescribe with Care initiative, please contact Emily at emily@gadental.org.

Ibuprofen, Acetaminophen More Effective For Dental Pain Than Opioids, Study Finds

A new study from Case Western Reserve University found that “opioids are not the most effective way to manage dental pain.” Instead, a combination of ibuprofen and acetaminophen provides more effective pain relief for adults, according to the findings published in The Journal of the American Dental Association. “What we know is that prescribing narcotics should be a last resort,” said Dr. Anita Aminoshariae, an associate professor in the dental school’s Department of Endodontics and one of the study’s authors.

The study referenced above is one of four cover articles in the April issue of The Journal of the American Dental Association focusing on the subject of opioids and dentistry. The other cover articles examine opioid prescribing patterns among US dentists; disparities in opioid prescriptions for Medicaid dental patients; and prescription monitoring programs.

For more information about opioids, including upcoming webinars and prescriber tips, visit ADA.org/opioids. In addition, the ADA Practical Guide to Substance Use Disorders and Safe Prescribing helps dental practitioners identify and treat patients with drug addiction, prevent drug diversion, and properly manage and prescribe controlled substances.

Prescribe with Care
By Emily Yona, GDA Director of Health Policy
What Are the New Prescriber Requirements?

- By January 1, 2018, every prescriber with a DEA number shall enroll in the PDMP as soon as possible. Prescribers who obtain a DEA number after 1/1/18 shall enroll within thirty (30) days of obtaining credentials. A prescriber who fails to register shall be held administratively accountable to the state regulatory board governing such prescriber for such violation(s).

- On and After July 1, 2018, when prescribing a controlled substance listed in Paragraphs (1) or (2) of Code Section 16-13-26 or Benzodiazepines, a prescriber shall review the PDMP the first time he/she issues such prescription and thereafter at least once every 90 days, unless the:
  
  (a) Prescription is for no more than a three (3) day supply and no more than 26 pills;
  
  (b) Patient is in a hospital or health care facility, including, but not limited to, a nursing home, intermediate care home, personal care home, or a hospice program, which provides patient care and prescriptions to be administered and used by a patient on the premises of the facility;
  
  (c) Patient has had outpatient surgery at a hospital or ambulatory surgical center and the prescription is for no more than a ten (10) day supply and no more than forty (40) pills;
  
  (d) Patient is terminally ill or under the supervised care of an outpatient hospice program; or
  
  (e) Patient is receiving treatment for cancer.

- A prescriber who has reviewed the information from the PDMP shall make or cause to be made a notation in the patient’s medical record stating the date and time upon which such inquiry was made and identifying the individual’s name who made such search and review. If the PDMP does not allow access to such individual, a notation to that effect shall also be made containing the same information of date, time, and individual’s name.

- No requirement for prescribers to check the PDMP when prescribing a Schedule II, III, IV, or V for a patient other than those listed in paragraph (1) or (2) of OCGA Code Sec. 16-13-26 and benzodiazepines.

- When prescribing opiates, opioids, opioid analgesics, and opioid derivatives, a prescriber shall provide the patient with information (either verbally or in writing) on the addictive risks of using such substances and information on options available for safely disposing of any used opioids where such options exist.

Learn How to Check the PDMP System Before the Deadline

Beginning July 1, 2018, all prescribers with a DEA number in Georgia will be required to check the Georgia Prescription Drug Monitoring Program (PDMP) before prescribing opiates or cocaine derivatives listed in Schedule II drugs or benzodiazepines. The PDMP can help eliminate duplicative prescribing and overprescribing of controlled substances and provide a prescriber or pharmacist with critical information regarding a patient’s-controlled substance prescription history and protect patients at risk of abuse.

Appriss–PMP Aware is the data analytics system that Georgia uses for its PDMP. They have prepared a “How To” video and written instructions to assist you with using the PDMP. The information will help you log in, reset your password and navigate the system.

We encourage you to watch the video, review the instructions and log in and search patient records to become familiar with the PDMP before July 1, 2018.

Visit dph.georgia.gov/pdmp for PDMP resources.

If you need additional help or if you have questions regarding the Georgia PDMP, please call 404-463-0772 or send an email to pdmpsupport@dph.ga.gov.

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**Meet Our 2018 Exhibitors & Sponsors**

### Exhibitors

From dental supplies and equipment to services to help your practice thrive, you’ll find dozens of valuable vendors in our packed Exhibit Hall. Here, you’ll find new, creative and innovative ideas you can take back to your practices. In addition to finding tools for continued success, you might score a great deal—or win a prize.

Thank you to all of our 2018 sponsors and exhibitors!

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Should You Get Employment Practices Liability Insurance?

Why You Should Consider It Now

If your practice never had a claim of employment discrimination or other unlawful employment practice, the idea of purchasing Employment Practices Liability Insurance (EPLI) can seem like a waste of money. However, if you have passed on EPLI in the past, it may now be time to take another look. While you might think that the arrival of the Trump administration and changes in labor policy will help business and reduce the need for EPLI, in fact, the arrival of the #MeToo movement and the conversations it has sparked about discrimination and fairness in the workplace, has already started to cause a change you should take into consideration. The discussion has become about “missed opportunities” by victims and bystanders to correct unlawful conduct, about the perceived harm that has resulted from a failure to speak up, and about employers’ alleged use of confidentiality agreements to hide misconduct. This means that EPLI might be more important.

History provides us some guidelines of what we can expect to come of this new national discussion of harassment and discrimination in the workplace: Almost 27 years ago, Clarence Thomas, now a Justice on the US Supreme Court, was accused on the national stage of having sexually harassed a colleague. For several years following the Senate hearings, employers were subjected to a significant increase in the number of claims filed alleging violation of federal discrimination law. It is widely expected that a similar increase in claims is just around the corner: The Equal Employment Opportunity Commission (EEOC), which is the federal agency that enforces laws against employment discrimination, has reported a significant increase in visitors to its website seeking information regarding harassment and how to file charges. It has also been reported that EPLI underwriters are already beginning to plan for the expected increase in claims against their insureds later this year and next.

So what does this mean for your dental practice? In a 10-year study concluded just a few years back, the health care industry produced the fourth highest number of harassment claims filed alleging violation of federal discrimination law.

DATA BREACH

Daily Premium Cost through GDIS is $1.09 (on average)

EPLI

The Daily Premium Cost through GDIS to a practice (with no claim history) is $1.36–1.64 (on average)

Customer Service Doesn’t Get More Personal Than This!

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Need someone to sit down with you to go through everything? We can do that! We’ll come to you! Call to schedule an in-person appointment today!
charges filed with the EEOC. Thus, there is already a significant potential your practice will face a claim, which potential is likely to increase with the #MeToo movement. Furthermore, historically, we have seen that with the expected increase in sexual harassment claims, we will see increases in other employment claims as well. This is not to suggest that such a claim would be valid against your practice, but even defending against an unsubstantiated claim can cost thousands of dollars, with that amount becoming tens of thousands of dollars if the matter gets to court. These amounts do not include what you may eventually decide to pay in order to avoid the uncertainty of trial and further bad publicity.

If in the past you passed on EPLI because it was a new product and expensive, things have certainly changed. The EPLI marketplace is now relatively mature and stable compared to the days of old, and the prices are, at the moment, not what they have been. For example, the price for EPLI through GDA Plus Insurance/GDIS Team, if you have no prior losses, averages $1.36–1.64 per day. (Please note that I am not endorsing any particular EPLI policy, but simply providing this pricing information as an example. As with any insurance, you should read your policy carefully before purchasing it and make your own determination if it meets your needs.) EPLI policies typically provide defense of, and coverage for, not only claims of unlawful discrimination and harassment, but also claims for failure to provide proper leave, accommodation of disabilities, employment torts, and other common claims.

As with other types of insurance, it is best to purchase such insurance before you have a claim and to make that insurance part of an overall strategy to reduce potential exposure and financial loss. That strategy should include having updated personnel policies tailored to your practice, training, and auditing.

Doug H. Duerr is an attorney at the law firm of Elarbee Thompson. He has built a long track record of success representing numerous clients in administrative proceedings with the OFCCP, NLRB, EEOC, OSHA and other Department of Labor agencies at the federal and state level.
Soon after returning to work from the holidays, a practice was visited by their business associate (BA) who handles their shredding. The bin for the bimonthly pickup was unusually empty. The practice swung into action.

They interviewed employees to see if someone knew what happened. An employee remembered the trash being picked up a few days before. She had not asked them to sign in because she misinterpreted a recent memo about mail pickup.

The client called TMC to get advice and assistance. The BA was asked to verify that an additional pickup had not happened.

A new bag in the shredding receptacle left by the earlier pickup had another shredding company’s logo. The BA contacted the other shredding company to see if they had accidentally picked up the bin. Both companies pitched in with the investigation.

The practice gathered information on whose information could have been breached. This included anything printed during the two-week period. They also interviewed employees to see if anyone threw out other papers during this time. (Remember if you can't narrow down who was affected you have to notify all your patients.)

The practice realized that the business they shared a parking lot with had active cameras on the lot. They contacted the business who agreed to view the film for the time in question. The film showed the pickup.

The BA identified the truck as a third trash pickup company. The practice identified the new company as one they had a service contract with to pick up recycling. After contacting the third company the practice discovered that this company also handled shredding and the materials picked up had been handled correctly.

The practice documented all their investigative results.

**The Results**

- This was a security incident but not a breach due to the following exclusion in the law: 164.402 Definitions. (2) Breach excludes: (i) Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under subpart E of this part.
• The misinterpreted memo was rewritten for better clarity and reviewed with the staff.
• Check In and Log In procedures were reviewed, updated and shared with the staff.
• The practice launched a new Risk Analysis with TMC and their IT Company to identify any other potential areas of liability.
• Documentation on the security incident was concluded and filed.

This practice did all the right things. A good HIPAA program is reviewed and updated regularly. In the rush to determine if a breach happened, many practices forget to look at why it happened and what they can do to prevent it from happening again.

A big shout out to this practice and their business partners who really pitched in to help.

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GDA MEMBER VALUE

Meet Dr. Saniya Setia

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. Saniya Setia in the Northern District.
What did you want to be when you were growing up?
Ever since I was a child I wanted to be a doctor like my father. When I was a child, I would use his stethoscope to check my doll; it was my favorite toy growing up.

What was your first job?
As a child, my first job was over summer breaks, making coloring books for the underprivileged kids—and my employer was my Mom. My first job as a dentist was after I graduated from dental school in India. I worked at a community dental clinic and postgraduate Institute of Dental Sciences to further enrich my skills along with helping people in need, while I applied for Advanced Standing Dental Programs in the United States.

Why did you decide to become a dentist?
Growing up, I could not think of any other profession that would bring me more contentment and the intangible pleasure of service than being a doctor like my dad. The turning point in my career goals was when I started an art class in the 8th grade. My teacher encouraged me to pursue a profession that would involve utilizing my hand skills such as sculpturing and painting. This led to me exploring my avenues and I decided I wanted to be a dentist. The coagulum of art and science that dentistry offered, intrigued me and allured me to follow my passion of dentistry and advocating for my profession.

How did you become a GDA member?
Ever since I was a student, I was very active with the American Student Dental Association and served as a national leader representing all international dental students in the country during dental school. I strongly believe in organized dentistry and advocating for my profession. I continued to be an active member of ADA after graduation and regularly volunteered for the meetings. During my induction into the Pierre Fauchard Dental Honor Society earlier this year, I had the opportunity to spend time with Dr. Evis Babo the current Vice President of the GDA and Dr. Kumar Patel, the Editor for GDA, who recommended me for the Leadership GDA program. This has been a very exciting opportunity for me and I am having a great time participating and learning about dental legislation.

My first GDA meeting was earlier in April of this year as a part of the Leadership GDA program. It helped me better understand the role of the GDA on cultivating professional skills and fostering interpersonal relationships along with enhancing leadership in the dental community and as a dentist in the office team. I am excited about my involvement and look forward to making a difference within organized dentistry.

What advice would you give a dental student about GDA?
I advise all students to use it as resource to connect with other dentists and explore the opportunities for great mentorship, camaraderie and continuous support. GDA does not only provide you with professional associations but also helps you make some long-lasting relationships with your fellow colleagues. It gives us a platform to be united and stand with each other and the dental profession.

Organized dentistry describes the combined efforts of all the organizations that work to positively contribute to the dental profession. It gives us a spirit of unity. The importance of organized dentistry can never be undervalued, especially in the current times of increasing student debt, massive political change in health care, and rapidly evolving technologies. The core values we bring to the profession are the foundation of organized dentistry and thus we must strive to keep this excellence in dentistry alive by our amalgamated efforts. Being a part of the local or national dental societies not only gives tremendous opportunities for continuing education, advocacy and community service but also help us be heard. The support from colleagues is an invaluable asset and such organizations help in preserving and fostering it.

What do you enjoy doing in your spare time? Or how do you spend a typical weekend?
I enjoy traveling, playing golf, swimming, and hiking. I love art and I am very passionate about painting and photography. Also, I am a bit of a dental nerd, so I always take out time to contribute towards research and reviewing articles for journals and participating and volunteering for dental associations.

Have you made any friends or long relationships because of GDA?
Being a part of dental organizations has given me a great opportunity to travel and make best friends over time. I found some new ones and continue to cherish some old friendships through GDA.

What is the single most important thing, in your opinion, the GDA can do to help members?
GDA has made the dental community smaller by bringing us all together. With continued efforts GDA can help its members be more aware of pressing issues in dentistry and help advocate for the profession.

What advice would you give to people aspiring to go to dental school to become a dentist?
If you think dentistry is the profession for you and noticing someone’s teeth is your second nature, I would recommend that you shadow your dentist or a dentist near you. A few weeks spent at a dental practice will walk you through every moment in a dentist’s work life. Running a dental practice involves a lot of compassion for health care and administrative and managerial leadership. It would give you a great insight into how rewarding and demanding the practice of dentistry can be and help you make a wise decision.

What is your all-time dream vacation?
I would love to go to Bora Bora.

Without saying “I am a dentist” if someone asked, “What do you do?” what would you say?
I create, enhance and maintain smiles so you can express and experience your beautiful personality.

I not only get to see beautiful smiles at the end of the day but also experience a feeling of great content and accomplishment from the reward of improving someone’s self-esteem and helping them achieve a good quality of life. A short-term pleasure of getting patients out of pain is followed by a long term satisfaction in knowing that I have made a difference in their lives with my service.
**GDA CLASSIFIEDS**

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$20,000 SIGN ON bonus for the right associate! If you are a dentist making less than $1,000 per day and want to work and live in a thriving Georgia market, this offer is for you. The Macon Dentist Office, located at 205 Tom Hill Sr Blvd #8, Macon, GA 31210 is looking for a FT Associate to work and lead in clinical excellence. This office has modern technology, such as CEREC CAD/CAM, Paperless charting, Digital X-Rays, IntraOral Camera, and laser technology. This is a great opportunity for someone that is looking to work in a supportive environment, which is very patient focused. The office is offering a comprehensive benefits package including malpractice insurance, medical, dental, vision, disability, 401k, and CE credits offered through the PDS institute. Your Role - Build trust with patients, ultimately building a community of Patients For Life.” Pursue lifelong clinical and practice management learning/education - Utilize modern technology to provide clinically excellent dentistry Requirements - DDS/DMD from an accredited University and active State Dental Board license - A strong sense of ethics and the ability to act with integrity - A willingness to be coached and trained by clinicians - A hunger to achieve financial success and independence If you are interested in this opportunity, please click on the link below to apply to the position directly. https://pacden.csod.com/ats/careersite/JobDetails.aspx?id=109.

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