San Mateo County Dental Society | Every Member. Every Day. Fall 2023

MOUTHPIECE

smcds.com

IN THIS ISSUE

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- Demystifying Long-Term Care: Innovative Solutions for a Brighter Future
- Unlocking the Value of Remote Dental Professionals
- Debugging the Myths of Practice Transitions/ Selling Your Practice Part III

Member Events Calendar

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

New / revised course info highlighted in **bold text**

Date	Day	Type	Topic	Speaker/Contact	Location	Time
November						
7	Tu	S	Senior Society Luncheon @ The Iron Gate	Jim Aicardi 650.637.1121	Belmont	11:30-2 P
7	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
14	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6-7:30 P
14	Tu	G	SMCDS Executive Board Meeting	President: Pinal M. Viraparia, DDS	N/A, Virtual	6:30-8 P
16	Th	CE1	SMCDS General Membership Meeting Topic: ***Hesham Amer, DDS***	Clear Aligners Appeal to GPs	Pinstripes San Mateo	6-9 P
17-18	F-Sa	L	CDA House of Delegates	Multiple	Sacramento	All Day
December						
2	Th	PS	Navigating the Long-Term Care Maze: A Seminar for All Ages	Michael D. Wong, CLTC, DDS	Webinar	10-11 A
5	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
7	Th	SCCE	SMCDS Study Club Topic: ***TBA*** *Sponsored by Yaeger Dental*	TBA	SMCDS	7-9 P
12	Tu	G	SMCDS Leadership Meeting	President: Pinal M. Viraparia, DDS	SMCDS	6:30-8 P
18	M	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6-7:30 P
January						
3	W	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
9	Tu	G	SMCDS Leadership Meeting & New Ldrshp Orientation	President: Oanh T. Le, DDS	SMCDS	6:30-8:00 P
18	Th	SCCE	SMCDS Study Club Topic: ***TBD***	TBD	SMCDS	6:30-8:30 P
25	Th	CE1	SMCDS General Membership Meeting Topic: ***Biomimetic Bonding Check-list***	Mehrdad Razaghy, DDS Inc	Burlingame Comm Ctr	6:00-9:00 P
30	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P
February						
5	M	PG	Bay Area Well-Being Committee Meeting Confidential assistance for drug & alcohol abuse	BAWB - Michael Alvarez	SMCDS	7-9 P
13	Tu	G	SMCDS Executive Board Meeting	President: Oanh T. Le, DDS	N/A, Virtual	6:30-8:00 P
13	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
20	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P
22	Th	NDS	New Dentists Pop-Up Network & Mingle @ TBD *Event sponsored by TBD*	Mike Aicardi 650.637.1121	TBD	7:00-9:00 P
26	M	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6:00-7:30 P

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

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

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

Photo by Debby Hudson on Unsplash

2023 Executive Board

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Photo by Aaron Burden on Unsplash

President's Message

By Pinal Viraparia, DDS

Hello fellow SMCDS members! I hope everyone had a fantastic summer filled with fun, food and adventures while building lifelong memories with their loved ones. I was fortunate to spend my summer with much needed time with kids and family while soaking in the beauty of Norwegian Fjords and exploring the peaks of the Alps.

Although there were not as many member engagement events during summer time, our committed staff was using the slower pace to catch up on many projects and programs crucial to the growth of our society. Some highlights are listed below:

Community Outreach: As mentioned in my previous letters, we have been working on an impactful community outreach program with the Health Plan of San Mateo and Sequoia Healthcare District to improve access to care in our community. Please reach out to Nakia if you would like additional information.

Addressing Workforce Shortage: We have been working with Canada College and College of San Mateo to implement Dental Assistant programs. We hope SMCDS members will soon have plenty of dental assistants to hire.

Continuing Education & Member Engagement: Our dental society facilitated over 20 units of continuing educational events, workshops, and webinars that equipped our members with the latest advancements in dental technology and techniques. Member engagement was achieved with networking events, mentorships, and social gatherings to foster a sense of unity and collaboration among our diverse membership.

Advocacy: Working tirelessly with ADA and CDA, we successfully advocated for important ballot measures in dental regulations and reimbursement policies, which not only will benefit our members but also improve patient access to quality care.

Financial Growth: Thanks to prudent financial management, our dental society enjoyed financial growth, enabling us to invest and plan for initiatives and better serve our members.

As I stand before you today, both honored and humbled to have served as your President for the past year, I am filled with an overwhelming sense of pride and gratitude. I am profoundly grateful for the unwavering support of our members, the dedication of our staff team, and the commitment of our Leadership Council.

President's Message Continued from Page 4

As I pass the torch to the incoming President, I do not doubt that they will continue to steer this ship with wisdom and vision. Together, we will embark on another year of progress and innovation, dedicated to improving the dental profession and the lives of those we serve.

In closing, I want to extend my heartfelt gratitude for the honor and trust you placed in me as your President. I am excited to see what the future holds for our remarkable dental society. I hope to see many of you at our last GM meeting of the year on November 16th by Dr. Hesham Amer discussing different varieties of clear aligners on the market today. The topic is very relevant for a practitioner of any experience. I hope to see the largest crowd this year.

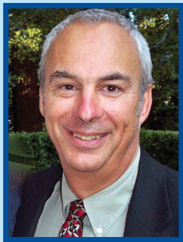
In Memoriam

Allen D. Johansen, DDS – passed away on August 27, 2023 at 4 pm from Atypical Parkinson's and Multiple Organ Atrophy. He was a member of the SMCDS for 40 years, retired in 2015, and moved to Spokane Washington. He passed his dental practice on to Dr. Zac Held and Dr. Jaime Lau when he retired. Dr. Johansen was also a member and chair of the Peer Review committee from 2004 to 2015. A memorial service was held Saturday, October 14th in Spokane, WA at Rockwood Retirement Community South Hill at 1:00pm. To honor his legacy of making a difference in the lives of others, contributions can be made in his honor to the following organizations: Global Neighborhood (Spokane, WA), The Parkinson's Foundation, and Eat.Learn.Play.Foundation.

Robert J. Porporato, DDS – General Dentist and SMCDS member of 52 years - passed away in August. Dr. Porporato graduated from Creighton University in 1970 and practiced his entire 24-year career in Daly City, culminating with his retirement in 1994. He is survived by his wife Barbara.

Dr. Alan Hafter – Remembered by fellow San Bruno Lions Club member and SMCDS member dentist, Mario Benavente, as having practiced in San Bruno for many years. Lion Alan became a member of the San Bruno Lions in 1988, serving as the club president in 2013 and as Zone Chair in 2014. His dedication as the Student Speaker Chair spanned numerous years, leading him to be a mentor to those who followed in his footsteps. Funeral services were held Wednesday, October 18, 2023, at Peninsula Temple Sholom at 10:30 a.m. Burial took place at Skylawn Cemetery in San Mateo at Noon. Cards and condolences may be sent to Brian Hafter at 2861 Rollingwood Drive, San Bruno, CA 94066.

Retirements



Brad L. Hart, DDS – San Carlos General Dentist and SMCDS member of 40 years has retired.

Diana C. Powers, DDS – San Mateo General Dentist and SMCDS member of 25 years has retired.

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

Consider the ***NEW*** SMCDS Seminar Room

It's perfect for small or medium groups and provides an ideal teaching and learning environment, for less than you'd pay at a hotel or commercial conference site.
The SMCDS Seminar Room is available for rentals 8am to 10pm daily and offers...

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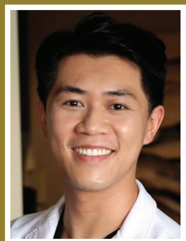
New Member Introductions

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



Steve Deng, DDS
General Practice
1675 Broadway, Ste. B
Redwood City, CA 94063-2481
NY Coll. of Dent. - DDS - 2020

What brought you to San Mateo County?
Purchased a practice in Redwood City. Always wanted to have one on the peninsula.

What is your favorite part of working in dentistry?
Helping patients achieve their goals.

What do you like to do in your spare time?
Hiking, video games, eating out, watching movies/T.V., playing with my dogs.

Nadia N. Barakat, DDS
Loma Linda - 2019 - GP

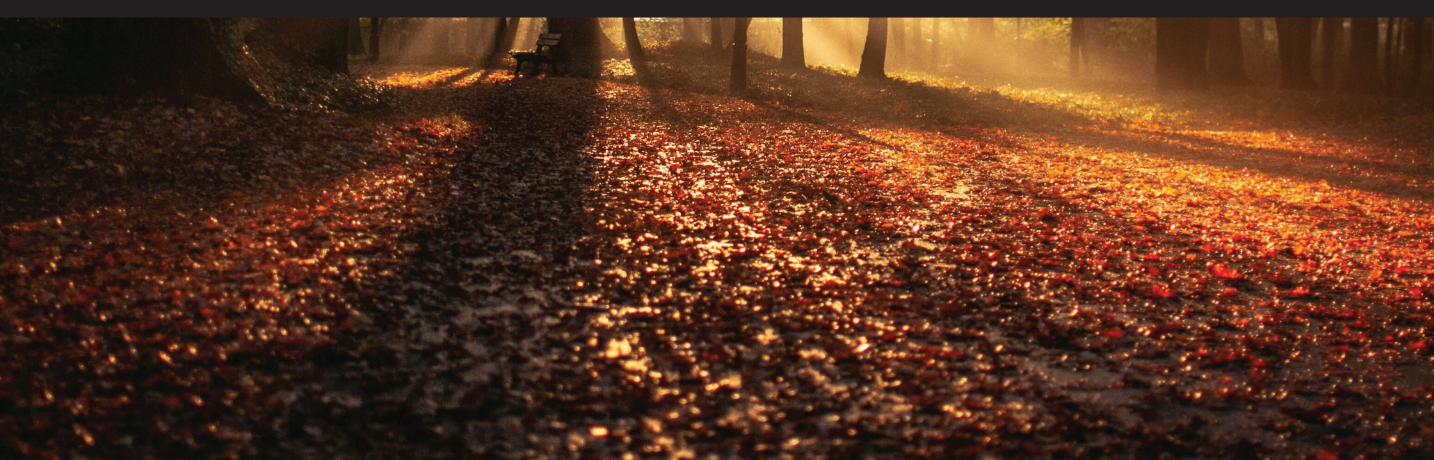
Neelam Dangol, DDS
UCSF - 2022 - GP

Steve Deng, DDS
NY Coll. of Dent. - 2020 - GP

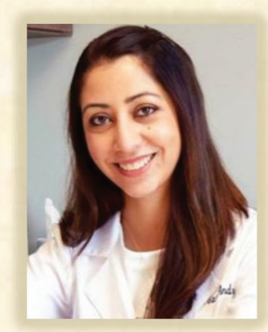
Alexander Hoghooghi, DDS, MD
SUNY-Buffalo - 1999 - GP, 2005 - O&MS

Shahrdad Kazerani, DDS
Semmelweis Univ. of Med. - 2015 - GP, University of Detroit- Mercy - 2019 - Perio

HyeMin Sohn, DDS
NY Coll. of Dent. - 2021 - GP, NYU - 2023 - Endo



Clear Aligner Treatment: The Do's and Don'ts



By Sara Andrews, DDS, MS

Orthodontic treatment via clear aligners has gained increasing popularity in the past decade. Clear aligners are an esthetic alternative to braces, making them very attractive to the adult population seeking orthodontic treatment. Clear aligners have become even more popular in the past 3 years due to the pandemic demands of virtual visits, and advances in digital technology. Clear aligners are a wonderful and powerful tool, and they can lead to excellent orthodontic results, and happy patients when used appropriately. The principles of biomechanics apply to clear aligners just as they do to braces. Teeth don't know if they have fixed or removable appliances on them. Teeth move by orthodontic forces. So insufficient knowledge of biomechanics, and the notion that treating patients via clear aligners is easier and safer than with braces, is naïve, and can potentially lead to frustrated doctors and patients, and even undesired outcomes. The clear aligner virtual treatment plan is designed by CAD designers, not dentists. It is the doctor's job to determine whether the designed dental movements are biologically achievable.

Let's look at some of the inherent differences between orthodontic forces by fixed appliances (brackets and wires), and removable appliances (aligners). Brackets are placed on the middle buccal surface of crowns, and an archwire is inserted into the bracket slots. There's significant play (wiggle room) between the wire and the bracket slot depending on the wire size and bracket design. This slot play allows for crowns and roots of teeth to move a bit more freely when compared to aligners. When you put an aligner on teeth, the entire crown surface is covered by plastic, leaving little to no wiggle room between the tooth and the plastic. Braces put light continuous forces on teeth which is optimum for biological tooth movement. Clear aligner forces are intermittent which is less biologically desirable. So, if the designed movement is not biologically feasible, or if the patient doesn't wear the aligners enough hours, the tooth will fall "off-track", and the aligner will stop fitting. Thus, unsuccessful treatment and potential side effects are very likely with clear aligners.
Here are some do's and don'ts I've learned over my past 10 years of treating close to 1000 patients with clear aligners.

Do: Select the right case. If you're just starting out, select a class I case with mild lower anterior crowding. Attend CE aligner courses to learn more. As you develop your skills, take on more challenging cases. Stick to cases you know, and are comfortable treating.

Don’t: Believe everything you see on the digital treatment plan. Extrusive movements are much more difficult with clear aligners than intrusive movements. So if you’re trying to close a posterior open bite by extruding molars with no attachments, or elastics, guess what? It’s not going to happen.

Do: Exaggerate the difficult movements in the digital treatment plan. For example, if you’re trying to avoid a posterior open bite, design the finished occlusion with heavy posterior contacts. Add attachments, and elastics as needed. Or if your goal is to reduce overbite in a deep bite case, perhaps design the case to finish with an anterior open bite. Get comfortable with your virtual outcomes looking over-treated.
Don’t: Let the patient dictate the treatment plan. Often, patients will come in and ask us to move only one tooth. Well, there’s no such thing as moving one tooth. In order to move a tooth into proper alignment, you must move the adjacent teeth and often the entire arch. When deciding to render limited orthodontic treatment, set clear expectations with your patient.

Do: Interproximal Reduction (IPR) when indicated. Tooth size discrepancy is commonly due to proportionally small maxillary lateral incisors. In such class I or class III cases, once you align the crowded mandibular incisors, you’ll end up with anterior occlusal interference. Subsequently, you either have to open space around maxillary laterals, or IPR the lower anterior teeth. In many orthodontic cases, IPR is a must to achieve the optimum occlusion. IPR helps reduce the size of unsightly black triangles as well. I find it ironic that as dentists we’re hesitant to remove enamel via IPR, but have no problem doing a crown prep.
Don’t: Underestimate the treatment length. If you think a case can finish in 6 months, give yourself some leeway, and tell the patient it’ll take 8-10 months. The mantra “under-promise, and over-deliver” will serve you well.

Do: Set clear expectations with your patient, and inform before you perform. Let them know that they need to wear the aligners ~ 20 hours/day to achieve the desired outcome. Inform them of the common side effects before you start treatment. Here are some examples: Their bite will feel different. They may experience light interproximal contacts and food impaction. Black triangles will appear as a result of aligning crowded anterior teeth. IPR may be indicated. Tooth mobility and gingival recession may worsen. Results may not be ideal, and relapse may occur.

Do: Protect the periodontium. Often, the digital treatment plan shows roots of teeth moving out of alveolar bone. Pay close attention to how roots vs crowns are being moved. Avoid excessive buccal movement of roots in cases with thin periodontium. Occasionally, periodontal side effects are inevitable when moving a tooth into proper position, especially when treating adults.
I hope you found the above tips helpful. Clear aligner therapy can be very rewarding for both the doctor, and the patient as long as both parties are educated in treatment goals and limitations. Continue to learn, serve, and have fun!

Navigating SB 699: What Dental Practice Owners Need to Know About New Non-Compete Restrictions

By Ali Oromchian, Esq.

In the ever-evolving legal landscape of California, Senate Bill 699 (SB 699) has emerged as a pivotal piece of legislation that holds significant implications for business owners, including those in the dental field. As a dental practice owner, understanding the nuances of this law is paramount, not just for compliance, but also for strategic practice growth.

The bill introduces stringent restrictions on non-compete agreements, which have traditionally been tools for protecting businesses. Yet, with this new legislation, the way dental practitioners negotiate, draft, and implement employment contracts may require reevaluation.

Introduction to SB 699 for Dental Practices

SB 699 represents a bold step by the California legislature, extending the state's restrictions on non-compete agreements to contracts even signed out of its jurisdiction. The implications of this are particularly significant for dental practice owners who often recruit talent from out of state.

While non-compete agreements have been deemed unenforceable in California for a while, the introduction of SB 699 ensures that even contracts signed elsewhere fall under this umbrella. This means that a dental specialist relocating from New York to California could be free from any previously agreed upon non-compete clauses.

Background of Non-Compete Laws in California

Historically, California has leaned towards a pro-employee stance, especially in the context of non-compete agreements. The state's Business and Professions Code section 16600 voids any contract that restricts an individual from a lawful profession or trade.

This has meant that poaching talent or losing talent to competitors is a very real scenario for dental practitioners. This unique California approach stems from a belief in fostering competition, innovation, and economic growth.

The Direct Impact of SB 699 on Dental Contracts

SB 699 amplifies the state's position by nullifying restrictive clauses in contracts signed even outside California. Imagine a scenario where a seasoned dental surgeon from Florida, bound by a non-compete, decides to move to California. With SB 699 in play, that surgeon could potentially join a competing practice without legal repercussions. This shift can drastically change dental practices' talent acquisition and retention strategies. Consulting with legal professionals is vital for navigating these issues.

Why Dental Practice Owners Should Care

Beyond recruitment, SB 699 influences how dental practice owners structure partnership agreements, especially when bringing experienced dentists from other states on board. It's not just about attracting talent but also about ensuring that partnership and employment agreements are legally sound and enforceable. Furthermore, ignorance or intentionally flouting this law could lead to unexpected legal battles or the loss of valuable staff members.

The Nuances of Out-of-State Contracts

The reach of SB 699 beyond California's borders is what makes it particularly intriguing and potentially challenging. Dental practices often tap into national talent pools, especially for specialized roles. With this legislation, even if a prospective employee has signed a restrictive contract in another state, that agreement might be rendered moot. This poses both opportunities and challenges for dental employers.

The traditional notion was that contractual agreements were primarily governed by the jurisdiction in which they were signed. But SB 699 disrupts this precendent. It directly challenges the long-held belief in the sanctity of contractual agreements and their jurisdictional applicability. Dental practices, while recruiting out-of-state professionals, now must be cognizant of these changes. That way, they can navigate these issues efficiently.

How Does It Impact an Employee You Might Hire From Out-of-State?

California has also created a new opportunity for dental professionals bound by non-competes in other states. This shift can lead to a more competitive hiring landscape in California, benefitting employees. On the other hand, dental practices might find themselves in a tug-of-war for talent. While recruiting, it's essential to acknowledge this new reality and strategize accordingly.

Even though SB 699's intention is clear, its application across state lines raises legal issues. Termed "extraterritorial application," this is an area of law where state jurisdiction boundaries are tested. Dental practice owners should be aware that while SB 699 is a California law, its attempt to influence contracts from other states might face legal challenges, creating a potential gray area.

Liability and Legal Risks: What's at Stake for Dental Employers

The introduction of SB 699 isn't just a matter of contract interpretation; it carries potential legal liabilities. Ignoring its stipulations or being unaware can lead to litigation. Furthermore, an employer found enforcing such non-competes could be deemed in "civil violation," increasing the risk profile for dental practices while adding new potential fines, sanctions, and penalties. The stakes are high, and a proactive approach is essential.

SB 699’s Extension to Private Rights of Action

One of SB 699's significant shifts is the private right of action it grants to employees. Prior to this, most courts held that restrictive covenants did not directly create a right of action against employers. Now, any current, former, or prospective employee can sue an employer over restrictive covenants. Dental practices must, therefore, exercise extreme caution in drafting agreements.

Assessing and Revising Current Employment Agreements

With SB 699's, it's a key moment for dental practice owners to revisit all existing employment contracts. Many contracts crafted before the advent of SB 699 may contain clauses now deemed non-compliant or obsolete. It's not enough to merely be aware of these changes; proactive steps are required to ensure legal alignment. Engaging with lawyers is vital to ensure compliance and retain a competitive edge in hiring and retaining talent.

Contracts also play a role in setting the tone for the employer-employee relationship. Outdated or non-compliant clauses can create mistrust or unnecessary apprehensions. For dental practices, where the relationship between practitioners is foundational, ensuring clarity, fairness, and updated contracts is tantamount to fostering a harmonious work environment.

Broader Impact on the Dental Industry in California

SB 699 is indicative of California’s broader push toward empowering employees. While commendable from an employee rights perspective, this stance can pose complexities for employers, especially in specialized fields like dentistry. The dental industry, characterized by its close-knit community and specialized roles, might feel the ripple effects of this legislation more intensely. With potential shifts in talent acquisition, partnership dynamics, and competitive landscape, the immediate impact is undeniable.

However, the longer-term ramifications of SB 699 extend beyond contractual adjustments. For the dental industry, it's a cue to reevaluate and possibly reshape their strategic outlook. As California continues to pioneer employee-centric laws, dental practices must adapt completely to position themselves for success in this new business world. Embracing this shift towards employee empowerment can usher in a new era of growth, innovation, and collaboration for dental practices in the state.

Best Practices Moving Forward and Seeking Legal Counsel for SB 699

In the wake of SB 699, embracing change, staying informed, and seeking expert legal advice become more crucial than ever. This legislation isn't static; its interpretation and application will evolve, especially as legal challenges emerge. Dental practice owners would do well to foster relationships with legal professionals who understand both the dental industry and California's employment laws. At DM Counsel, we would be happy to help you. We have a tremendous amount of experience navigating the changing legal landscape, particularly as it pertains to dental professionals, and we would be honored to use our experience to assist you.

FAQ Section

Q: What is Senate Bill 699 (SB 699) and why is it significant for dental practice owners?
A: SB 699 is a California law that imposes restrictions on non-compete agreements, which is significant for dental practice owners as it affects employment contracts and talent acquisition.

Q: How does SB 699 impact dental practitioners who recruit talent from out of state?
A: SB 699 extends restrictions on non-compete agreements to out-of-state contracts, potentially freeing professionals from prior non-compete clauses when they move to California.

Q: Why does California have a historically pro-employee stance regarding non-compete agreements?
A: California's stance is rooted in promoting competition, innovation, and economic growth by voiding contracts that restrict individuals from lawful professions or trades.

Q: How does SB 699 affect partnership agreements for dental practice owners?
A: SB 699 affects how partnership agreements are structured, emphasizing the need for legally sound and enforceable contracts, especially when hiring experienced dentists from other states.

Q: How does SB 699 disrupt the traditional jurisdiction of contractual agreements?
A: SB 699 challenges the belief that contracts are primarily governed by the jurisdiction in which they are signed, potentially rendering out-of-state contracts moot in California.

Q: What opportunities and challenges does SB 699 pose for dental employers?
A: SB 699 creates opportunities for dental professionals, but it also leads to a more competitive talent acquisition landscape for dental employers.

Q: What are the potential legal issues surrounding SB 699's extraterritorial application?
A: SB 699's attempt to influence contracts from other states might face legal challenges, creating a potential gray area.

Q: What legal liabilities can dental employers face if they ignore SB 699?
A: Ignoring SB 699 can lead to litigation, and employers enforcing non-compete agreements could face civil violations, fines, sanctions, and penalties.

War of the Roses: Front Office vs. Back Office and How to Streamline Scheduling Policies

Debra Llama, Practice Management Consultant

Front office vs. back office at your dental practice–are you a tight team or totally out of sync? A disconnected front and back office in a dental practice is an age-old problem. Unfortunately, most practices are plagued with it.

For some reason–and who knows how this came to be–there is a very clear "line" down the middle of the office. How does this line happen, and what can we do for better flow and communication in your dental practice? It should never feel like a front office vs. back office scenario!

Does Your Front Office and Back Office Dialogue Sound Like This?

If you take a minute to listen to your front and back office dialogue, you might hear a lot of problems pop up. Some of the common conversations you might hear include:

Front Office –

"What is the matter with them in the back?
We are trying to get production on the books.
Can't they hurry up?
What is going on?
I have patients waiting….."

Back Office –

"Are they crazy?
How are we supposed to get this done in the amount of time?
I didn't get a lunch.
Who scheduled this patient next to that procedure?
I am moving this patient.
I can't get my additional responsibilities done.
A crown at the end of the day, are you kidding me?"

Meanwhile, don't forget all the while there is a doctor who does not want to hear any of this. If this sounds like you, it's likely that you are exhausted at the end of the day. Like everyone else, you are running around like crazy. Sound familiar?

But the circus doesn't stop there. You also have the hygienist who seemingly gets a whole hour to see one patient. How easy is that?

The Simple Steps to Eliminating Front and Back Office Divide

By now, you might be wondering how you can successfully close the gap and streamline office communication. If so, great news! There is a simple remedy to fix this. Once you take these steps, you will have the start of a beautiful relationship. Even better, that "line" we talked about will be non-existent.

Step 1: Get the Staff on the Same Page
First, you need to get commitments from everyone that you are going to change the way the practice has operated in the past. Forget past processes–it's time to move forward. What matters is the team's commitment to change. This change can start happening now!

The idea is to get a commitment and agreement for everyone to be on board. If they are not, maybe this isn't the practice for them. Everyone wants to work smarter, not harder.

In the words of a very insightful dentist I know, "Let's try it, just for fun!"

Step 2: Try a Time Study
When you try booking appointments without regard to a realistic time assessment, you are setting up a schedule that will never run on time. What's the fix? This is the perfect time to do a time study.

A time study is where you keep track of each and every appointment in your office over a two-week period. At the end of the study, note the length in minutes for each procedure that you did.

From there, figure the average length of that procedure based on those numbers. The study gives you an average of how long it takes to do a specific procedure.

At the end of this step, you'll have a realistic assessment of the amount of time that needs to be scheduled for each procedure.

Step 3: Get Smart About Booking Appointments (Try Block Scheduling)
Next, you need to bring your team together and make a plan. It's time to get smart about booking appointments, and this conversation can be kicked off at a staff meeting.

Have a staff meeting where you focus on drafting a scheduling policy. For example, block scheduling can be an excellent tool for your dental practice. Block scheduling is a method that ensures specific blocks of time are set aside for particular types of appointments, ensuring efficient utilization of both staff and resources.

We know that things happen every day to disrupt the schedule, such as patients running late, emergency patients, or the doctor might be running a little behind. Since we know that these delays happen, why not make a plan for it? This approach is a much better alternative than letting it wreak havoc on the schedule.

Step 4: Make New, Clear Policies for Scheduling
To get a handle on your dental practice management, it’s time to implement some new policies. When it comes to new policies for scheduling, try the following approach:

- Sit down as a team.
- Discuss other issues that cause schedule delays throughout the day.
- Make a decision on how these situations should be handled.
- Write down every issue identified.
- Document the new office policy for addressing each issue.
- Post these policies in a location where the whole team can see them.

It’s important to mention that you must be clear about the purpose of this meeting from the beginning. The intent of this meeting is to make decisions on how these things can be handled. This is not the time to bring up past problems and point fingers.

Someone with good meeting control needs to make sure the meeting stays on track and does not turn into a complaint session. Keep a matter-of-fact focus on what the scheduling issues are and how to handle them.

Step 5: Stay Flexible and Communicate About Schedule Changes
Finally, make sure your employees stay in good communication about the schedule as changes occur.

For example, use the morning time to huddle, discuss the day ahead, and the schedule as planned. Have an environment of teamwork where the team can decide when more collaboration is needed in the schedule. This may be necessary when the schedule becomes a little hectic.

Meanwhile, identify good places in the schedule to handle patient emergencies. This will alleviate stress on the dental assistants and prevent the schedule from falling apart.

If there are times when things don't go smoothly, always refer back to the policy. Remind the team that it's important to follow these policies every day.

Get the Team Management You Need with Next Level Consultants

Inevitably, there will be undiscussed scenarios that arise. Just continue to address them with new policies as needed and add all policies to a master policy document. If you don't have one of these, ask us for help at Next Level Consultants. We provide dental practice team management for the front office, back office, and beyond. Let's get your team on the same page and put an end to the war of the roses. Contact us to get started.
Get in touch with us now.

Demystifying Long-Term Care: Innovative Solutions for a Brighter Future

By Michael D. Wong, CLTC, DDS

My dad's neighbor flagged me down as I came by the house, "your dad is riding his mobility scooter down the middle of the street, you should talk to him about that". What the neighbor didn't realize was that I'd talk to him daily but his dementia had taken him over. He was now an obsessive compulsive, angry, self-medicating person, a shell of himself.

My dad's dementia was bad and taking care of him was a full time job, so I needed help.
Seven out of ten California families are in the same boat I was in, where a family member needs help but they don't know where to start. Should they do everything themselves, hire someone or move them to a facility? How much would it cost to hire outside help and doesn't health insurance or Medicare provide care?

Our goal here is to demystify long term care allowing you to make informed decisions that could substantially affect your family's future.

What is long term care?

Long term care is often mixed up with medical care, but in reality, it's custodial care. *Custodial care* is needing help from someone with activities of daily living (ADLs) that people typically do on their own without help. The activities of daily living are categorized into six tasks:
Bathing, Eating, Dressing, Transferring (moving from chair to a bed/vice versa), Toileting, Continence

Why would someone need long term care?

A person needs long term care when they can't accomplish one or more of the six daily living activities (ADLs) independently without assistance from someone. The most common causes are:

Aging: As individuals grow older, they may experience a decline in physical or cognitive abilities that necessitate long-term care.
Chronic Illness: Conditions such as Parkinson's disease, multiple sclerosis, or arthritis may require ongoing care and assistance.
Disabilities: Physical or intellectual disabilities from birth or acquired through injury can lead to long-term care needs.
Cognitive Impairment: Alzheimer's disease and other forms of dementia can result in a need for specialized care.
Recovery from Surgery or Injury: Following major surgery or injury, some individuals may require extended rehabilitation and assistance.

Where are people receiving long term care?

Over 70% of those needing long term care receive care in their own home from a family member or hire a health aide. Hired aides help individuals with activities such as showering, eating, and moving about in their home or outside. Some additional duties may be light housekeeping, cooking and companionship. Many families begin here, but if a person needs more help beyond the normal daylight hours, they often look to the *assisted living facilities* who have aides 24 hours a day.

Assisted living facilities are all inclusive and account for 10% of those who need long term care. These facilities offer a residential environment where individuals receive assistance with the six ADLs and have access to social activities and communal dining while maintaining some degree of independence. *Memory care units are a subset in assisted living facilities.* These specialized facilities are designed for individuals with dementia or Alzheimer's disease who require a secure and supportive environment with staff trained to address their unique needs.

The last group of long term care patients are the 15% who reside in a nursing home. Nursing homes provide round-the-clock care for individuals who require a higher level of medical and personal care. This includes individuals with chronic illnesses, severe disabilities, or advanced age.

What are the potential costs to my family?

The costs can be heavy physically, emotionally, and financially for a family. We see this scenario often where family members rally to provide custodial care initially but after about 6 months, caregivers experience burnout from the physical toll of lifting and assisting their loved one and are emotionally beat down because of the high level of stress.

Financially, the cost for care is substantial, but for us in the San Francisco Bay Area the rates are some of the highest in the county. In our area*:

- Home care costs for 20 days a month at 8 hrs/day are $7,500/month or $91,000 annually.
- Assisted living costs are $6,500/month or $80,000 annually.
- Nursing home expenses are $14,900/month or $179,000 yearly.
- These rates rise about 3-5% per year approximately doubling every 20 years.

*Rates from Genworth Financial Calculator

Doesn't my health insurance or Medicare cover the costs?

Unfortunately, neither health insurance nor Medicare covers long term care. *The only program that offers partial long term care at home or nursing home coverage is through the Med-Cal (Medicaid) system* in which your eligibility is reliant on your income of less than $3,200/month (couple) and asset levels below $195,000 (couple).
*Medi-Cal Income Limits Link

Besides potentially using my own money for long term care, is there a better alternative?

Long term care insurance or a long term care annuity can help in many ways:

- *Use someone else's money:* Use the insurance company's money to pay the expenses instead of your own.
- *Leverage:* Long-term care insurance multiplies your buying power from day one.
- *Preserve Assets:* Using insurance can help preserve your savings and assets for other financial goals or to leave as an inheritance to your heirs.
- *Cost Control:* Long-term care insurance provides a predictable and budgeted cost. You can plan for premium payments, whereas the cost of care can be highly unpredictable, especially if you need extensive care for an extended period.
- *Quality of Care:* Insurance can help you access higher-quality care services, as you can afford to pay for more specialized or personalized care, if needed.
- *Peace of Mind:* It relieves the financial burden and allows you to focus on getting the care you need without constantly worrying about costs.

- *Protecting Spouse or Partner:* Long-term care insurance can be crucial in protecting the financial well-being of a spouse or partner who might otherwise have to deplete their assets to cover your care expenses.
- *Tax Benefits:* In some cases, long-term care insurance premiums may be tax-deductible, providing a potential tax benefit

How does long term care insurance work?

Long term care insurance is a pool of money available for you from day one in the event you need care. Once a doctor certifies that you need help with at least 2 activities of daily living, you can apply for long term care benefits.
Here's an example: Dr. Green has a long term care insurance policy of $250,000, has a stroke, and now needs long term care at home. After certification from her doctor, Dr. Green is eligible for $6,944/month for 36 months until the funds are exhausted.

What type of long term care insurance options do people have?

For over 20 years there was only one type of long term care insurance, but now there's other options: traditional long term care insurance, hybrid insurance, and life insurance with a long term care rider.

Traditional long term care insurance gives great leverage for your money but similar to health insurance, it can be "use it or lose it". Also, many of the traditional policies in California have a lifetime baseline cap on the amount of benefits such as $500,000.

Hybrid long term care insurance is a combination of life and long term care insurance. This combination takes the "use it or lose it" off the table because if a person never needs long term care help, their hybrid policy will become a life insurance policy at death, paying out the heirs a death benefit. Furthermore, some hybrid policies have unlimited long term care benefits with no time limits.

Here's an example: Dr. Lee purchased a hybrid long term care policy 15 years ago with an unlimited cap on long term care benefits. Over that time, he pays his premiums but unexpectedly he passes away never using the long term care benefits. The policy pays the family the life insurance benefit of $200,000 thus refunding all of his paid premium plus more and protecting his health for many years.

Finally, there is *life insurance with a long term care rider.* What makes this different from a hybrid long term policy is that the life insurance is the primary benefit with the long term care being secondary. The long term care benefit cap is generally only equal to the initial life insurance limits and doesn't increase over time.

Dr. Patel just graduated from dental school, has school loans and wants both long term care insurance and life insurance to protect her young family. She decides on a life insurance policy with both a $150,000 death benefit and long term care benefit. In the event she passes away prematurely her family will receive $150,000 plus the interest she's accumulated, but if instead she needed long term care, she would have a total long term care benefit of $6,250/month for 2 years ($150,000)

All of these choices help alleviate the financial burden of long term care costs, with the deciding factors usually being health, age, finances, and time in your life.

I've heard that long term care insurance is too expensive.

Many people think long term care insurance is too expensive but in reality, it is fully customizable and can fit any budget. Just like health insurance It really depends if you want minimal, moderate or a full type of coverage.

Ways to get lower premiums.

Some hints on getting the best rates are to apply when you are younger and healthier, join up with a spouse or partner to get a couple's discount, and see if there are Alumni or professional organization discounts.

I've heard that Washington state has a mandatory long term program and tax called Washington Cares. Is California working on something similar?

Washington state implemented a mandatory long term care program (WA Cares) back in 2021 with the tax going into place July 2023.

- In summary, the tax only affects employees where for every $100 they earn they're taxed .58%, split between employer and employee. This equates to about $600/year for every $100,000 one earns.
- The vesting period is 10 years with a lifetime benefit of only $36,500.
- Washington residents were given a short window to opt out of the tax by purchasing private long term care insurance prior to November 1, 2021.
- Because of the rush and ambiguity of the program, many insurance companies became overwhelmed with applicants and paused issuing policies leaving people to absorb the tax.

In 2021-22, California spent about $3.48 billion on long term care for its residents, so it's understandable that the state would want some relief from this burden. (In California, Medi-Cal only provides limited home care and nursing home long term care. Assisted living is not a benefit.)
The California Long Term Care Task Force was formed in March 2021 and has met 22 times to consider a program (AB567) similar to the Washington's Care Act. They have five proposals they intend to vote on by December 2023, which have various benefits and contribution limits.
In my opinion, some aspects in the proposals may be similar to the Washington state program regardless of benefit levels:

- Employees and the self-employed will be part of this program.
- Employers and employees will split the contribution.
- Full long term care benefits will be available after a vesting period.
- Regardless of income, all will start out with the same amount of long term care benefits.
- For full opt out of the program one would need a private or company long term care insurance qualified policy in place prior to the start or signing of the program.

AB567 is still in committee and not a law yet but keep abreast of the progress because this could potentially affect you and your employees. This is the link to the task force:
https://www.insurance.ca.gov/0500-about-us/03-appointments/ltcitf.cfm

Whether you're in the prime of your working years or enjoying a well-deserved retirement, the importance of preparing for long-term care cannot be overstated. While the decision to purchase long-term care insurance is a deeply personal one, it offers a vital layer of protection for your assets, your family, and your peace of mind.
However, the path to financial security in long-term care planning extends beyond insurance. It involves understanding your options, considering your health, seeking advice, and making informed decisions that align with your unique circumstances and goals. Additionally, it involves open conversations with your loved ones about your wishes and expectations.

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This article summarizes common scenarios and best practices when considering a remote dental professional. Traditionally, the blueprint for a private practice has been to have all front office tasks initiated and completed within the four walls of the office. However, as the demand for skilled professionals often outpaces the available workforce, practices have had to explore innovative solutions to tackle the staffing crises. With almost twice as many jobs available than workers in the US, one such solution is the integration of remote dental professionals into a team. This article highlights common scenarios and best practices for considering a remote team member to optimize the efficiency and productivity of a dental practice.

When to Consider a Remote Dental Professional

1. Overwhelmed Front Desk: Is your front desk swamped, struggling to manage daily tasks efficiently? It might be time to consider bringing in remote support to lighten the load and ensure your front office functions smoothly. Burnout is a major factor contributing to front desk team members leaving an office. Providing additional support can improve the morale of your team and allow them to focus on revenue-generating tasks.

2. Temporary Coverage: Whether it's due to sickness, vacation, or maternity leave of your in-house staff, remote professionals can step in to provide temporary assistance and keep your practice running seamlessly.

3. Insurance Verification: Handling insurance verification can be time-consuming. Remote professionals can help verify insurance details, allowing your on-site team to focus on other essential or patient-facing tasks.

4. Phone Support: Remote professionals can promptly answer (or return) calls and schedule reservations, contributing to better customer service.

5. Training and Talent Gap Filling: If your on-site team requires additional training or assistance, remote professionals can support training efforts and bridge skill gaps.

6. Hygiene Recare Calls: Timely and consistent hygiene recare calls are vital for patient retention and practice growth. Remote professionals can provide a human touch to automated patient reminders, increasing the effectiveness of a hygiene recare program.

7. Billing and Posting Support: Ensure your billing processes run smoothly with the assistance of remote professionals who can handle billing and posting activities. Non-patient facing activities such as these tend to be high on the list of tasks to be completed by a remote professional.

8. Patient Account Follow-Up: Timely follow-up on past due payments from patients is essential for maintaining a healthy revenue cycle. Remote professionals can help in this regard.

9. Past Due Insurance Claims: Remote professionals can efficiently manage follow-up on past due insurance claims, helping to ensure that your practice collects 100% of what you produce.

Things to Consider

There are a number of best practices to consider when integrating a remote team member into your office.

1. HIPAA Compliance: Ensure all communication tools and technology used to connect with remote team members are HIPAA compliant to safeguard patient information.

2. Onboarding and Training: Allocate time for onboarding and training your remote team member. Proper training is vital for them to adapt to your practice's unique requirements effectively. If you are “stretched too thin”, consider hiring only experienced dental professionals to help bridge any training needs or contract with a coach or outside party to assist.

3. Effective Communication: Maintain clear communication by holding daily check-ins, especially during the initial stages of integration. Many practices include their remote team member in their daily huddles. Adjust the frequency as your remote team member becomes self-sufficient.

4. Start Small, Scale Up: Begin with a small scope of remote work and gradually increase it to minimize disruptions to your office's workflow. Be open to making refinements as needed.

5. Monitoring and Evaluation: Request regular productivity reports to assess the impact of the role. These reports will help you understand if you need to modify, increase, or decrease the workload or make compensation adjustments.

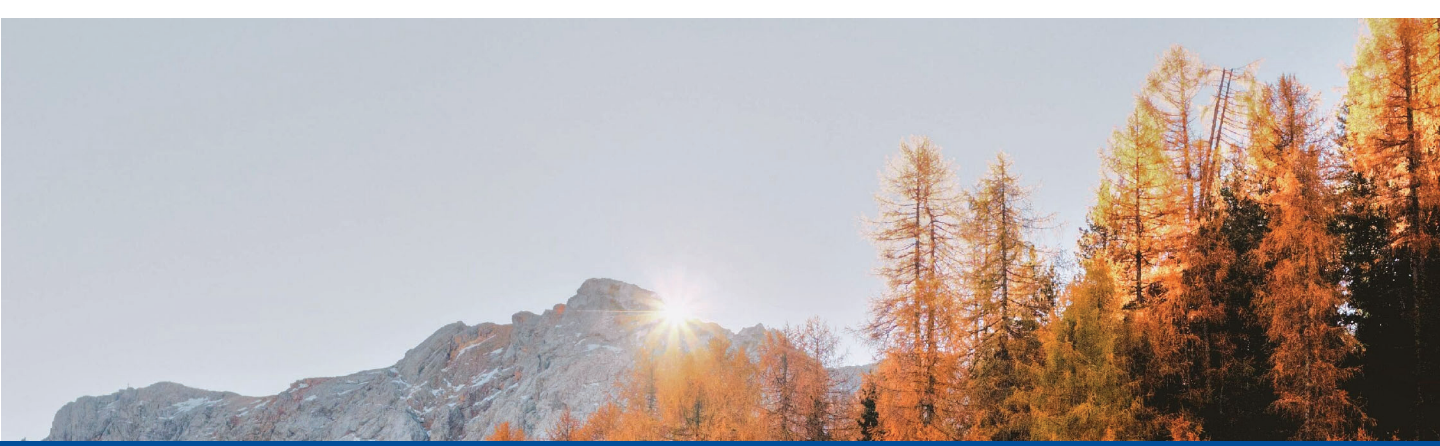
6. Flexible Scheduling: Be attentive to the hours and schedule, especially for tasks with varying workloads like following up on past due insurance claims. In these scenarios, practices may need to provide more hours upfront and reduce hours as they come to "maintenance" and reallocate time to other activities as needed.

Embracing remote dental professionals can significantly benefit your practice by leveraging an untapped workforce, reducing costs, and addressing local staffing shortages.

About the Author

Christine Sison, BA, MS
CEO/Founder, Swiss Monkey

Christine Sison is the CEO/Founder of Swiss Monkey. Swiss Monkey specializes in connecting practices to remote dental professionals and provides a suite of remote worker productivity and performance tools. Ms. Sison has built and managed a dental practice for over 10 years and has her Bachelor of Neurobiology from UC Berkeley and a Master of Health Policy and Management from the Harvard School of Public Health. Prior to her work in dentistry, she conducted brain tumor research at University of California, San Francisco, assisted in the integration of information technology into clinics and hospitals, and later led the development of community-wide healthcare systems, including telemedicine efforts.



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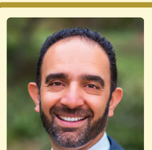

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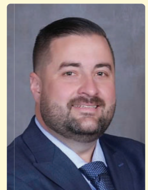

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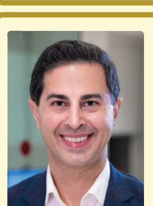

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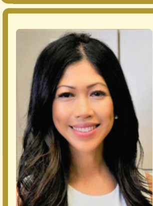

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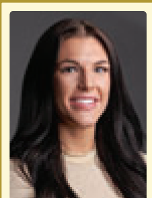

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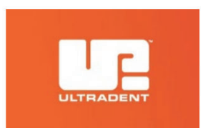

Sedation and Anesthesia for the Dental Office
MICHAEL LAM, M.D.
Board Certified Physician Anesthesiologist

"Debugging the Myths of Practice Transitions/Selling Your Practice Part 3-Valuation Myth"

By Michael Njo, DDS

The past two articles have walked you through what your timeline and exit strategy desires are, the second article walked you through putting your team together to achieve and facilitate your goals. Now let's discuss the nuts and bolts of a valuation. This process will either add or detract from a successful purchase. Who does valuations? Or should I say an "Opinion of Valuation". Unlike a piece of real estate, Dental Valuators are generally not licensed. Brokers or transition consultants do not generally have a license to valuate practices.

The asking price is what a seller would like to receive, the offering price is what a buyer is willing to pay, and the appraised value is what an appraiser provides as an educated opinion of value. In common parlance, we refer to fair market value as "willing buyer, willing seller." This is very important because until we have a willing buyer and a willing seller, we don't have a deal. As important as willing buyer and willing seller are, the other very important elements are that "neither party is under any compulsion and that both parties have reasonable knowledge of the relevant facts." The compulsion issue stands alone. There are rare situations where death, disability, or some other event can cause the seller to be under pressure to sell, but pressure is not compulsion. On the other hand, having knowledge of the relevant facts is another issue entirely. This is where a valid appraisal performed by a qualified appraiser using legitimate and accepted appraisal methods is critical. It is also where the buyer and seller perform their own due diligence and take some of the responsibility of understanding the implications of entering into a transaction. A legitimate appraisal with explanations and justifications will greatly assist both parties in making these assessments. There is a big difference between facts and feelings. I have cared for so many buyers who feel the practice is too expensive and have taken care of many sellers who feel that their practice is worth a lot more. Facts are information in the form of data that can be written, verified, and replicated. Feelings, on the other hand, are just that. One person may feel a particular way, and another person may feel an entirely different way. Both feelings and facts are important in the decision-making process, and neither should be less valuable when establishing a selling price for a seller or analyzing a practice to buy by a purchaser. If the data is not there or suggests a deficiency in the practice, that fact must be reflected in the value. If the feeling is not there, it may not be reflected in the offer by the buyer. One buyer may feel warm and fuzzy whereas another may not. Feelings are subjective, so we will leave the feelings out of the analysis process. Since facts and data are objective, we can look at the numbers and analyze, compare, and project to help us to arrive at a value. But the numbers are only one component of value. The other component is risk. Value is a function of net income and risk. Risk is the subjective component to the process of appraising in contrast to the numbers, which are objective. What is

important to understand is that without the objective component, there can be no knowledge of the relevant facts, and without the subjective component, there is limited reasonable knowledge.

Without getting into the complexities of the different processes used in valuing professional practices, it is possible to review, in a generalized manner, the methods used, and the information required to perform an appraisal. The terms appraisal, valuation, and opinion of value may be interchanged. The important thing to remember is that to be considered an appraisal, certain specific information about the subject practice has to be known and analyzed. If an opinion of value is made without the necessary information, the representation of value is most likely the result of using a rule of thumb. A rule of thumb is a generalized estimation that may not be precise or, for that matter, even representative of actual value. An example of a rule of thumb is: “A practice is worth 70% of gross income.” To show that this is not a valid opinion of value, let’s look at two practices, each grossing receipts of $800,000. Using the rule of thumb, both practices would be worth $560,000. However, if one practice has an overhead of 50% with the dentist taking home $400,000 and the other practice has an overhead of 70% with the doctor taking home $240,000, are they equal in value? Of course not. Another example is using the same practices with $800,000 in gross production and both having an equal 50% overhead, but one has all new, state-of-the-art equipment and the other has old, outdated equipment. Again, these two practices are certainly worth different amounts, even though they provide the same amount of income to the dentists. Knowledge of the relevant facts suggests that the information is available and has been analyzed correctly. To achieve a proper analysis, it only makes sense that someone who is qualified to do the analysis does the analysis. It would not be appropriate for an attorney to diagnose and suggest a treatment plan to a dental patient, nor would it be appropriate for a dentist to interpret the law.

So, what are the methods of valuation? There are two universally accepted approaches for valuing dental practices. The first is the market approach. The market approach to value uses comparable previous sales of like practices to determine value, much the same as real estate appraisals use comparable sales of real estate to establish value. This approach is the most accurate and most defendable method of valuation. It is hard to argue that like practices do not have reasonably like values. It is information such as this above that provides us with the ability to compare a proposed value to that of other transactions in order to confirm that the value arrived at using other methods of valuation falls within the reasonable parameters of the marketplace. It is also information, such as the above, that allows rules of thumb to be used or misused instead of using legitimate appraisal methods. It is easy to use the market data and derive a percentage of gross as the going market value, when, in fact, the previous examples show how other factors impact the actual value of the practice.

The second universally accepted method of valuation is the capitalization of earnings approach. The capitalization of earnings approach uses the concept that a multiple of earnings or the capitalization of earnings represents a legitimate return on investment and therefore a legitimate value. Capitalization converts earnings or excess income to value. The problem that must be solved is, what are earnings? In a dental practice, the earnings are always distributed to the owner(s). Therefore, no earnings are identified, and with no earnings, there is no value. To address this, it is necessary to analyze and adjust the income and expense statement to determine the actual required expenses that are necessary to operate the practice and the usual and customary salary that would be paid to a dentist if he or she were to be hired

to perform the dentistry in the practice. In most cases, this will result in some income left over that can be capitalized. This process requires someone with knowledge of dental practice management, industry standard expense norms, and acceptable salary ranges to do the analysis. Once a true net income has been arrived at by analyzing and adjusting the income and expense statement to reflect real practice income and expenses, we have to apply the risk factors that impact value. As stated before, value is a function of net income and risk. Risk factors include many things, such as local and national economic conditions, age and condition of equipment, location, types of procedures, staff competence and experience, size of the practice, percentages of managed care and reduced fee dentistry, specialties and specialty procedures in a general dental office, location, facility lease conditions, and practice systems. Practice systems reflect the management and transferability of the practice. Systems consist of scheduling, number of active and new patients, charting, recall, and accounts receivable management. All these issues need to be analyzed and the risk associated with them determined before a value can be arrived at. If the systems in a practice are not functioning properly, a buyer is less likely to want to purchase the practice or will pay less for it. As such, a disorganized practice would lend to the point that higher risk yields lower value. The size of a practice can also be a risk factor. If the practice is grossing less than $300,000 per year, it is likely that there will be little, if anything, left for a buyer after the operating expenses and the debt service (payments for the money borrowed to purchase the practice) have been paid. Not many buyers are willing to buy a practice if they cannot take home a reasonable salary. Considering taxes will still need to be paid on the earnings, it would be hard to live on less than $70,000, raise a family and pay off school loans. Because of this, the commercial lenders are reluctant to finance a practice purchase where the take home is so low even if a purchaser is willing to buy. On the other hand, a practice grossing $1,200,000 or more requires an experienced clinician and administrator. This experience is not readily available in most new buyers, thus once again creating greater risk in selling the practice. Because fewer and fewer specialists (as a ratio of the population) are graduating, it has become easy in many locations to start up a practice from scratch, reducing the available buyers, and thus creating a greater risk of selling a specialty practice. Specialties within a general practice also create risk. For example, if a practice has a significant portion of the production generated by a specialty such as TMJ, CAD CAM, Holistic, or orthodontics, it is hard to find a buyer who is qualified and has the same philosophical approach to the specialty as the seller. The same issue exists for any specialty practiced within a general practice, including pediatric dentistry, endodontics, implant surgery, and periodontics (usually large soft-tissue management programs). If, in fact, there is significant specialty practiced within a general practice, the portion of revenue generated by the specialty may have to be carved out of the gross production, thus reducing the gross production and concurrently net income to the practice, thereby lowering the value.

The liquidity of money is usually determined by the prime interest rate, the cost of borrowing money (lending fees), treasury notes and bonds, and T-bill rates. The reason these are used in the appraisal analysis when considering risk is to provide a comparison to the risk of investing money in something other than a risk-free instrument. Treasury instruments are considered risk-free because the government would have to collapse for a default to occur. So, if by investing in a dental practice, the return on investment (ROI) is equal to or less than putting the same money into a Treasury instrument, it would be foolish to invest in the dental practice. The converse is also true, however, that if investing in a dental practice the return is greater than putting money into a Treasury instrument, then the risk can be justified.

All of the above factors need to be evaluated in order to develop a capitalization rate (cap rate). This number is properly arrived at by what is called the build-up method. The build-up method takes into consideration all of the risk factors and builds them up to a percentage number that is used as a denominator which is divided into the adjusted net income (the numerator) with the resulting number as the value. Other methods that are common to the appraisals of other businesses and industries but are not usually appropriate for dentistry are the discounted future earnings approach, the amortization of earnings approach and the asset summation approach.

All of this information is provided to communicate that there is a formal process accepted by the professional communities for determining a practice value. If these accepted practices and processes are not used, the asking price by the seller or the offering price proffered by the buyer may not have any basis of support and, most likely, cannot be justified.

In summary, it is very possible to legitimately determine the value of a dental practice. To do this, there are two accepted and legitimate methods, the market approach, and the capitalization of earnings approach, which, when determined, represent the value of the whole practice. If these methods are used correctly by skilled appraisers, the value of the practice arrived at in the appraisal will cash flow. One thing that should be mentioned is that when interest rates are very high or very low, or net income in a practice is very high or very low, the impact on the build-up method to arrive at a cap rate will force the practice value out of the market range. Therefore, the true test of value is always the question, “Does the value fall within the market range, and does the practice cash flow at the appraised value?” That question brings us full circle to: “Will a buyer buy, and will a seller sell if both have reasonable knowledge of the relevant facts?”

Board of Component Representatives Meeting Summary
October 13, 2023

Chair Report: The chair provided an overview of the August and September board of directors' (board) meetings.

CDA Board Proposal: Revisiting the Challenge Statement: BCR participated in small groups, discussing the board's challenge statement to create short and long-term financial sustainability, deliver value that meets members' needs and preserves membership, and prepare the organization to meet the needs of the future; as well as the board's decision to postpone the ADA optional membership proposal.

Review of Component House Resolutions: BCR shared feedback regarding the House of Delegates Reference Committee Hearings resolution, authored by the Sacramento District Dental Society. The BCR's feedback will be provided to the resolution author(s) for consideration.

CDA Education and Events: BCR received information regarding CDA's new education and events programming, how the new offerings are designed to increase member engagement and market share, and CDA's component engagement philosophy in the planning and implementation of these programs.

President/President-Elect Meeting: BCR provided feedback regarding the proposed agenda and meeting format for a component president/president-elect meeting, which will be held in conjunction with the house of delegates.

BCR Subcommittee Report: The Component Resources Subcommittee provided an update, highlighting the progress of their work since August.

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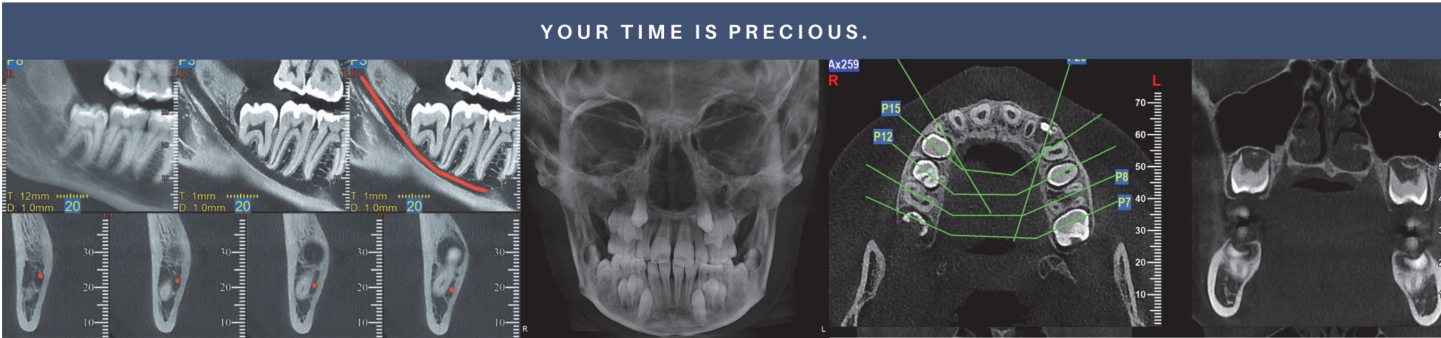

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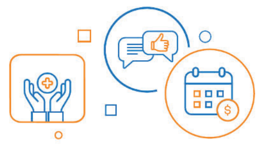

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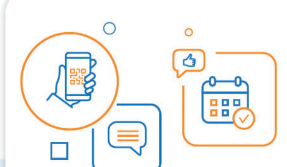

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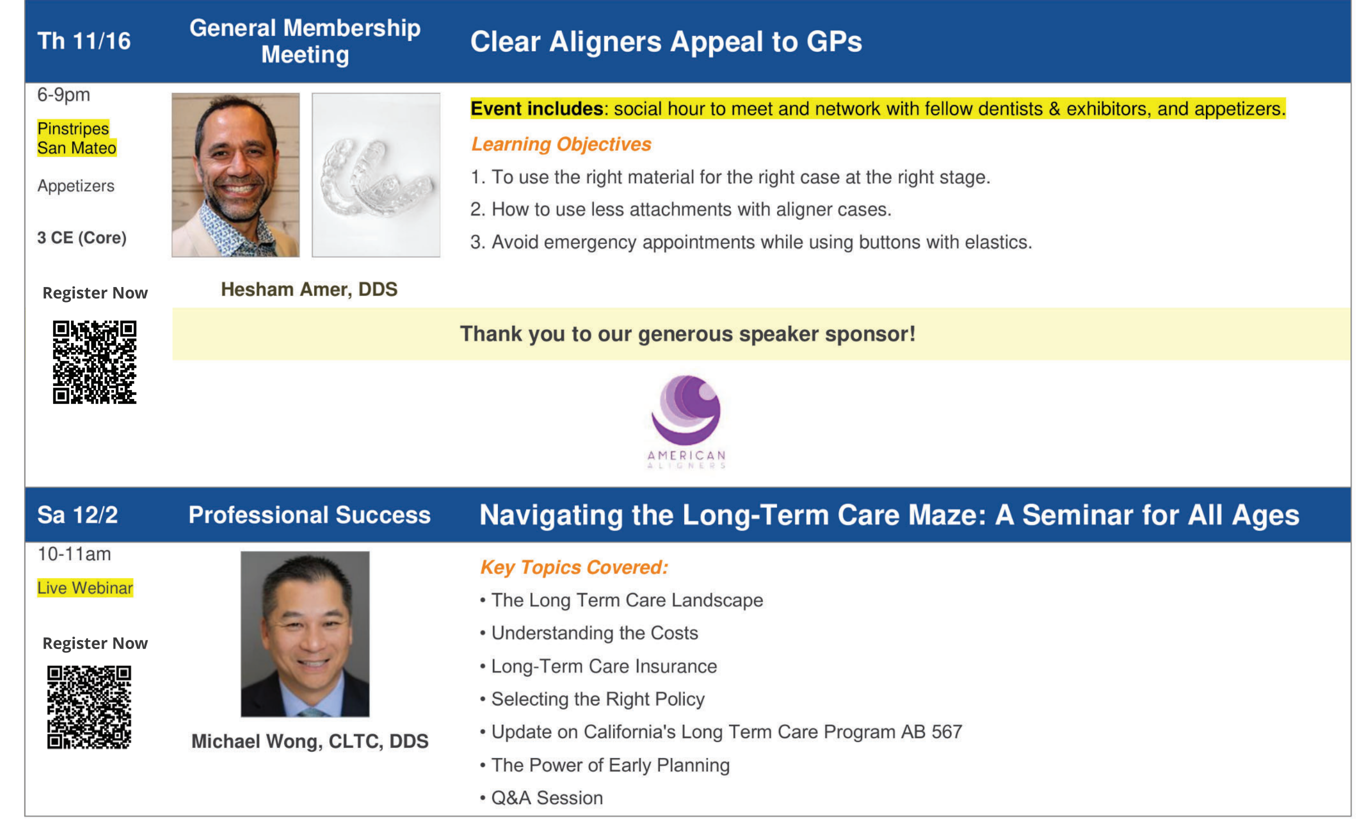

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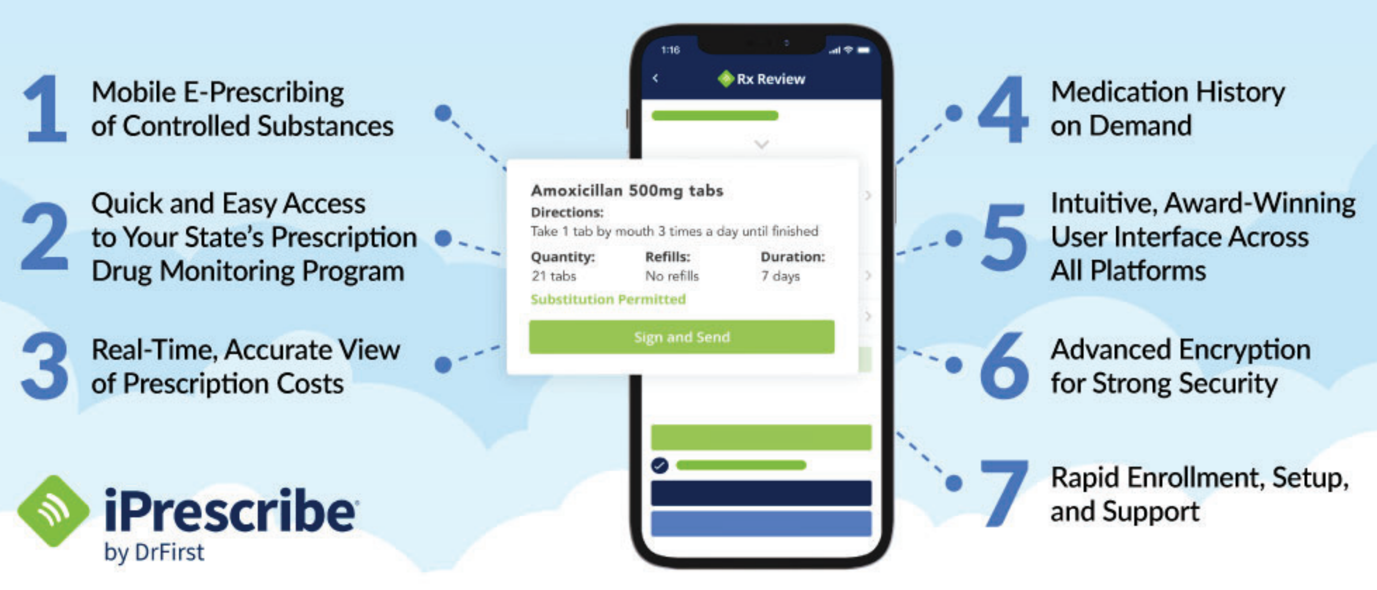

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