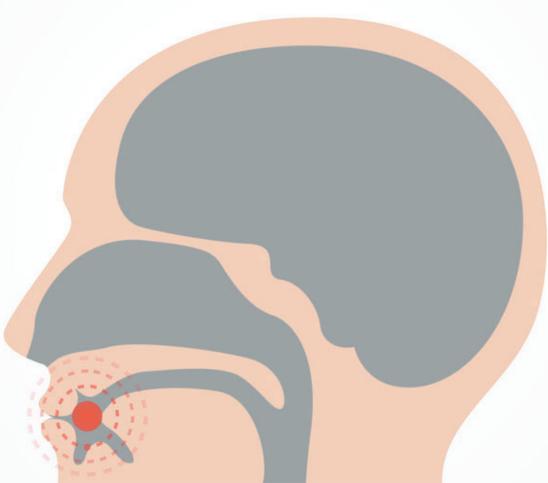
MOUTHPIECE

Oral Cancer



IN THIS ISSUE

- How to Launch a New Dental Practice: Essential Steps
- Navigating Burnout: An Article for Dental Professionals
- Oral Squamous Cell Carcinoma Mimicking Peri-Implantitis
- Debugging the Myths of Practice Transitions/ Selling Your Practice Part II

and much more...



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**

	S E P T E M B E R						
DATE	Day	Түре	Торіс	SPEAKER/CONTACT	LOCATION	TIME	
5	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P	
			Responsibilities and Requirements				
6	W	RCE	for Prescribing Controlled Substances	Reb Close, MD & Casey Grover, MD	Webinar	6:00-8:00 P	
			(Schedule II Opioid Drugs)				
7-9	Th-Sa	CE1/2	CDA Presents: San Jose	Multiple	Convent Ctr	Multiple	
11	M	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6-7:30 P	
14	Th	CE1	SMCDS General Membership Meeting (Joint Meeting with MPDS) Topic: Current Management of Oral Cavity Precancerous Conditions and Squamous Cell Carcinoma Surgery	Chi Tonglien Viet, DDS, MD, PhD, FACS & Nita Chainani-Wu, DMD, MPH, MS, PhD	Hiller A.M. San Carlos	6-9 P	
19	Tu	G	SMCDS Leadership Meeting	President: Pinal M. Viraparia, DDS	SMCDS	6:30-8 P	
26	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6-7:30 P	
29	F	RCE	OSHA-Bloodborne Pathogens & Hazard Comms	Leslie Canham, CDA, RDA	Webinar	8:15-10:15 A	
29	F	RCE	Infection Control & CA Dental Practice Act	Leslie Canham, CDA, RDA	Webinar	10:30-3:00 P	
			O c 1	OBER			
7	S	G	SMCDS Leadership Strategic Planning Retreat	Nakia Brandt 650.637.1131	SMCDS	TBA	
10	Tu	G	SMCDS Executive Board Meeting	President: Pinal M. Viraparia, DDS	N/A, Virtual	6:30-8 P	
12	Th	SCCE	SMCDS Study Club Topic: TBA Sponsored by C-Dental	ТВА	SMCDS	7-9 P	
16	M	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6-7:30 P	
21	Sa	PS	Associate to CEO: How Macro Trends Have Changed Dental Practice Acquisitions in 2023	Calvin Williams, Forrest Wiederman, Ali Oromchian, Foad Ahmadi, & Michael Dinsio	SMCDS	9-12P	
25	W	CO	College of San Mateo Fall Health Fair	Mike Aicardi 650.637.1121	CSM	10-2 P	
	November						
6	М	PG	Bay Area Well-Being Committee Meeting Confidential assistance for drug & alcohol abuse	BAWB - Michael Alvarez	SMCDS	7-9 P	
7	Tu	S	Senior Society Luncheon @ The Iron Gate	Jim Aicardi 650.637.1121	Belmont	11:30-2 P	
7	Tu	G	SMCDS Executive Board Meeting	President: Pinal M. Viraparia, DDS	N/A, Virtual	6:30-8 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	
16	Th	CE1	SMCDS General Membership Meeting Topic: Hesham Amer, DDS	Clear Aligners Appeal to GPs	CP-FC	6-9 P	
17-18	F-Sa	L	CDA House of Delegates	Multiple	Sacramento	All Day	

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

EVENT TYPE
Holiday
Hands-On Workshop
Leadership
New Dentists Social
Personal Growth
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				





2023 Executive Board

President: Pinal M. Viraparia, DDS **President Elect:** Oanh T. Le, DDS

Treasurer, Secretary: Zachary E. Held, DDS

Immediate Past President: Purvi K. Zavery, DDS, MS Executive Board Member: Sara A. Andrews, DDS, MS

Executive Director & Editor: Nakia Brandt

MOUTHPIECE

Published Quarterly

Publisher

San Mateo County Dental Society 939 Laurel Street, Suite C San Carlos, CA 94070 650.637.1121 info@smcds.com www.smcds.com

Editors

Cathy Tao, DDS Nakia Brandt Executive Director nakia@smcds.com

Advertising Coordinator

Jim Aicardi Operations Specialist jim@smcds.com

Membership Specialist

Mike Aicardi Membership Specialist mike@smcds.com

Publisher

Marq marq.com





in linkedin.com/company/smcds

All expressions of opinions and statements of facts contained herein are published on the authority of the writers and or editors and are not to be construed as the official views of the San Mateo County Dental Society.

All editorial contributions are subject to space and/or content editing at the Editor's discretion.

Contents

- **02** Member Events Calendar
- 04 President's Message
- 05 SMCDS Study Club
- **07** How to Launch a New Dental Practice: Essential Steps
- 12 Navigating Burnout: An Article for Dental Professionals
- 17 Oral Squamous Cell Carcinoma Mimicking Peri-Implantitis
- **21** CDA Board of Component Representatives Meeting Summary, May 5, 2023
- 24 Member Specialist Spotlight
- 25 Retirements / New Member Celebration
- 26 Business Member Wall of Fame
- 27 Thank You! to Supporters
- 28 Debugging the Myths of Practice Transitions/
 Selling Your Practice Navigating Dental Transitions:
 The Importance of Advisors to Ensure a Seamless Process
- 38 Classifieds

Photo by Alex Bunday on Unsplash



President's Message

By Pinal Viraparia, DDS

As we continue to enjoy the last of our summer season, I am excited with the progress SMCDS is making this year. We have continued to work on our strategic plan goals by studying our members' requests via surveys and developed ways to engage more dentists through membership benefits. We have also set goals to target new dentists and provide programs and events that appeal to them. I'm proud of the progress our study club has made and you will hear about that later in this Mouthpiece issue. If you have feedback or program ideas for us, please send an email to nakia@smcds.com

We continue to build our community partnerships and develop programs that will benefit SMCDS member's practices. Our collaboration with Canada College's Dental Rover program has been a success. Student graduates completed externships with SMCDS members and were hired as dental assistants. Nakia currently serves on Foothill College's dental advisory committee. SMCDS members looking for RDHs can email Nakia nakia@smcds.com and she will request a list of their last three graduating classes.

Through a partnership with SMCDS, Health Plan of San Mateo, and Sequoia Healthcare District (SHD), residents on waitlists to see a dentist with one of our partner non-profit or county clinics would be screened and assigned to a private dentist for treatment. The Health Plan of San Mateo (HPSM) will enroll SMCDS dentists via letters of agreements and HPSM will pay dentists the Medi-Cal rate. In addition to the Medi-Cal rate, SHD will provide an incentive bonus of up to \$2,500 per patient after treatment. A Learning Collaborative will also be formed. SMCDS, HPSM, and SHD will share innovation, multi-specialty teamwork and tools developed in this project. Nakia is beginning to recruit SMCDS members. If you are interested in participating, please email nakia@smcds.com

As a reminder, we will be hosting a joint General Membership meeting with the Mid-Peninsula Dental Society on Thursday, September 14th at the Hiller Aviation Museum in San Carlos. Our presenters Dr. Chi Viet and Dr. Nita Wu will present about Current Management of Oral Cavity Precancerous conditions and Squamous Cell Carcinoma Surgery. It will be a great event and hope that we have a large turnout. You will also have fun walking through the museum and learning about their exhibits! Please take a look at our current calendar of events in this issue.

President's Message Continued from Page 4

We have several fun and insightful events coming up!

Once again, I want to thank you colleagues and friends, for the continued support of our beloved dental society. SMCDS is a great dental community and it is always fulfilling to see everyone interacting and getting more involved. We are working hard to bring more opportunities to our members and please stay tuned as we aim to bring more value to all of you.

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...

> Over 1000 square feet comfortably seating 35 classroom Access to 85" LED 4K UHD TV or projector screen SMCDS Members get 20% off Call 650.637.1121 or email info@smcds.com for rates and booking schedule

Located in beautiful **Downtown San Carlos**





SERVING DENTAL PRACTITIONERS ACROSS OUR COUNTY 939 Laurel St., Suite C • San Carlos • CA • 94070 650.637.1121 • fax 650.649.2980 • info@smcds.com





SMCDS Study Club

By Brad L. Hart, DDS



I can't believe half the year has gone by already. I heard it before that your life goes by at the speed of your age. I'm sixty five so my life is going by at 65 miles an hour. That said, half of our yearly study club schedule has gone by as well.

I find it amazing the talent we have in our dental society members. Over the last two and half years, our study club members have delivered in an incredible way with a broad array of topics. With Dr. Sara Andrew's vision for starting a dental society study club, we now are hoping for the possibility of starting another study club night.

Occasionally leadership is asked why our dental society members cannot speak at a General Membership meeting. There is past history of not allowing our members not to speak as that member would be the solo expert on the subject that they spoke about. With that said, the member would have an unfair advantage relative to other members. Yes, one year we had our members present at the General Membership meeting but that was because the finances were very tight due to the recent purchase of our first dental society headquarters and the members agreed not to receive honorariums. The dental society study club is trying to get members to commit to the yearly series of meetings. With that commitment, you can present to the group. Why would you want to commit and present? It is a great way for a specialist to show the other attendees their expertise and have their style of patient treatment. For the general dentists, it is a way to project their restorative style and educate the specialist on issues that they can play a role in. As general dentists are comfortable with referring to specialists, specialists have a need to find general dentists for their patients when requested. But you don't think you could do a presentation to a group? Funny, when you just get it rolling in PowerPoint, the presentation just kind of falls into place. The first time I presented to a study club, I used a poorly copied article that my patient received from a radio talk host doctor, Dr. Dean Edell about sleep apnea oral appliances. I really knew nothing about them but I found one of my recent CDA Journals was all about Sleep Apnea and with a little Internet research, my first presentation was born. I have to admit, one of the members brought in the CDA Journal I used to the presentation but, oh well. Dr. Bruce Bohannan has a guide to how to create a presentation so all you need to figure out is the topic. In the end, the reward is you become an expert!

Besides the ability to promote your practice by joining the study club, Dr. Bruce Bohannan has recorded all the study club meetings. As a yearly committed member, you have access to go back and review all the previous study club presentations. We still have three meetings remaining this year on August 10th, October 12th and December 7th. If these presentations are like our past presentations, they shouldn't be missed. Our next study club is August 10. We have a special guest speaker, Michael Dinsio presenting on practice ownership. Hope to see you there, Brad

How To Launch a New Dental Practice: Essential Steps



By Ali Oromchian, Esq.

Starting a new dental practice can be a daunting but incredibly rewarding endeavor. Not only will you need to secure financing and find a suitable location, but you also need to comply with legal and healthcare regulations, hire and manage staff, market your business, and provide excellent patient care.

What do you need to know about starting your own dental practice? Remember that you do not have to go through this process alone, and experts are available to help you.

Planning and Research

The first step towards establishing a new dental practice involves meticulous planning and research. This is crucial for understanding your market, setting clear goals, and identifying potential opportunities and challenges.

1. Define your goals and vision for the practice

Having a clear vision of your practice will guide all of your subsequent decisions. Consider the type of practice you want to run, the services you want to provide, and the type of patients you wish to serve.

2. Conduct market research

Understanding the demand in your intended area will help you forecast your potential customer base. Consider demographics, general oral health awareness, and the existing dental practices in the area. This will help you identify an opportunity for your practice to thrive.

3. Research local competitors and their services

By understanding what your competitors offer, you can differentiate your practice and find a unique selling point. Look into the services they offer, their pricing structure, and their marketing efforts. Then, figure out a gap where you feel like you can acquire more patients and set your practice up for success.

Business and Finance

After conducting your research, it's time to focus on the financial aspects of your practice. This includes creating a robust business plan, establishing a legal structure, and securing funding.

1. Create a comprehensive business plan

Your business plan is the blueprint for your dental practice. It should include details such as your practice's mission statement, target market, marketing, and growth strategies, as well as projected revenues and expenses.

2. Determine the startup costs and secure funding sources

Start-up costs for a dental practice can be significant, so it's important to budget accurately. Consider expenses like property lease or purchase, equipment, insurance, staffing, and marketing. Once you have an estimate, explore various funding options such as personal savings, loans, or investors.

3. Establish a legal structure for your practice

The legal structure you choose will have implications for your personal liability, tax obligations, and the ability to raise additional funds. Consult with a lawyer or business consultant to determine the best structure for your situation.

4. Consult with an accountant

An accountant can help you understand the financial metrics that matter for your business, your tax obligations, and strategies to manage your practice's finances effectively. An accountant can help you find ways to save money on your taxes while also ensuring you use the resources of your practice to raise more capital.

5. Obtain necessary insurance coverage, such as malpractice insurance and business liability insurance Insurance is crucial to protect you and your practice from potential liabilities. At a minimum, you'll need malpractice insurance, general liability insurance, and property insurance. Reach out to an insurance professional who can help you figure out which insurance policies are best for your business.

Location and Facilities

The physical location of your dental practice plays a significant role in attracting and retaining patients. Carefully consider your practice's location, layout, and equipment.

1. Find a suitable location for your dental practice

Your practice should be conveniently located for your target patient base. Consider factors such as ease of access, available parking, visibility from the road, and proximity to other healthcare facilities. You should also decide if you want to purchase or lease property.

2. Design the layout of the practice

The layout of your practice can significantly impact patient satisfaction and staff efficiency. Ensure you have adequate space for waiting areas, treatment rooms, and equipment while considering patient privacy and comfort.

3. Purchase or lease dental equipment and supplies

Invest in high-quality, reliable dental equipment. While this can be a significant upfront cost, it can save you money and stress in the long run. You need to purchase equipment that has been proven to be safe and effective. It should also help you improve your efficiency and see more patients on a daily basis.

Legal and Regulatory Compliance

Compliance with legal and healthcare regulations is critical to avoid fines, lawsuits, and damage to your reputation.

1. Comply with healthcare regulations

Understand and adhere to all relevant healthcare regulations, including patient privacy laws and safety protocols. You must make sure you protect all confidential patient information to not only ensure the confidence of your patients but also avoid potential regulatory fines and sanctions.

2. Familiarize yourself with employment laws

Knowing employment laws can help you avoid legal issues as you hire and manage your staff. An attorney can provide valuable advice and ensure that you're compliant with all regulations. That way, you provide your employees with the protection they deserve while also protecting your practice as it gets started.

3. Staffing and Human Resources

Your team will play a significant role in the success of your practice. It's crucial to hire the right people and provide them with the necessary training and support.

4. Determine the number and type of dental professionals you'll need

Consider the size of your practice, the services you offer, and your expected patient volume to determine your staffing needs. Additionally, take into account your operating hours and whether you plan to offer emergency services, as this may necessitate additional staff or flexible shifts. Ensuring the right mix of professionals not only enhances your practice's service delivery but also helps prevent overworking your team, thus reducing staff turnover.

5. Create an employee handbook

A comprehensive employee handbook will help set expectations for your staff and provide guidelines for common scenarios in the workplace. It also serves as a reference point for both employees and management, fostering transparency and trust within the organization. Moreover, a well-structured handbook can mitigate potential legal disputes and misunderstandings, as it clearly stipulates company policies and procedures.

6. Provide staff training and continuing education opportunities

Regular training ensures that your team stays updated on the latest practices in dental care and customer service. It also provides an opportunity to improve team cohesion and operational efficiency. Moreover, continuing education can increase job satisfaction and retention rates, as it allows your employees to progress in their careers and feel more valued within the practice.

Patient Care and Services

Your patients are the heart of your practice, and providing them with excellent care is essential.

1. Develop a comprehensive range of dental services you will offer

Offering a range of services can help you attract and retain patients. Make sure to consider your market research and the skills of your team when deciding on these. Moreover, diversifying your services may reduce the need for patient referrals, keeping your patients within your practice. This could include offering both general and specialty services, like orthodontics or periodontics, depending on your expertise and resources.

2. Implement patient scheduling and appointment systems

Efficient scheduling systems minimize patient wait times and ensure that your team can handle the workload. Consider investing in dental practice management software to streamline these tasks. This kind of software can also provide additional benefits, such as automated reminders for patients, reducing the likelihood of missed appointments. Additionally, an efficient scheduling system also ensures that you adequately utilize your resources, maximizing your potential revenue.

3. Establish protocols for patient intake and treatment

Having clear protocols helps ensure consistent, high-quality patient care. Make sure to document these protocols and train your staff on them. This approach can lead to better patient outcomes and satisfaction, increasing the likelihood of referrals and positive reviews. Further, these protocols should be flexible enough to be adapted to the unique needs of individual patients, but structured enough to ensure a standardized and high level of care.

Call Dental and Medical Counsel for Help With Your Dental Practice Startup

Starting a new dental practice can be a challenging yet rewarding process, and you don't have to navigate this journey alone. The Dental and Medical Counsel team is here to assist you with expert advice and support, helping you avoid common mistakes and set a solid foundation for success. Our experienced team can provide guidance in all areas of starting a dental practice, from initial planning and financial structuring to regulatory compliance, staffing, and patient care.

Don't hesitate to contact us to learn more about how Dental and Medical Counsel can help you start your dental practice. We look forward to partnering with you on this exciting journey.

Frequently Asked Questions

Q: Why is it important to have a dental practice lawyer when starting a new dental practice? A: A dental practice lawyer can provide legal expertise and guidance throughout the startup process, helping you navigate complex healthcare regulations, establish a legal structure, and protect your practice from potential liabilities.

Q: What specific legal areas can a dental practice lawyer assist with?

A: A dental practice lawyer can assist with various legal aspects, including healthcare regulations, employment laws, contract review and negotiation, lease agreements, insurance coverage, and protecting patient privacy.

Q: How can a dental practice lawyer help with compliance?

A: A dental practice lawyer can ensure that you comply with all relevant healthcare regulations, such as patient privacy laws and safety protocols. They can help you establish protocols, policies, and procedures that meet legal requirements and minimize the risk of fines or lawsuits.

Q: When should I consult with a dental practice lawyer?

A: It is recommended to consult with a dental practice lawyer early in the planning stages of your practice. They can provide guidance on legal and regulatory requirements, help you structure your business, and review important documents to ensure compliance and protection.

Q: What are the benefits of having a comprehensive business plan?

A: A comprehensive business plan serves as a blueprint for your dental practice, outlining your goals, target market, marketing strategies, projected revenues, and expenses. A dental practice lawyer can review and provide input on your business plan, ensuring it is well-structured and addresses legal considerations.

Q: How can an accountant assist in starting a dental practice?

A: An accountant can help you understand the financial aspects of your practice, including startup costs,



tax obligations, and financial management strategies. They can advise on ways to save money on taxes and ensure your practice's financial health.

Q: Why is location important for a dental practice?

A: The location of your dental practice can significantly impact its success. A dental practice lawyer can provide guidance on choosing a suitable location, considering factors such as accessibility, parking, visibility, and proximity to other healthcare facilities.

Q: What legal considerations should I be aware of when hiring and managing staff? A: Employment laws play a crucial role in hiring and managing staff. A dental practice lawyer can help you understand and comply with employment laws, ensuring that you protect your employees and your practice from potential legal issues.

Q: How can Dental and Medical Counsel assist with starting a dental practice? A: Dental and Medical Counsel provides expert advice and support for various aspects of starting a dental practice. Their experienced team can guide you through planning, financial structuring, legal compliance, staffing, and patient care, helping you set a solid foundation for success.

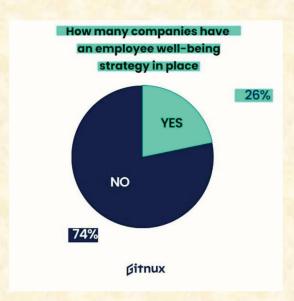




Navigating Burnout: An Article for Dental Professionals

By Michael Dinsio, MBA

In today's fast-paced and demanding work environment, dental professionals often find themselves susceptible to burnout. As a dental consultant and leadership coach, I see this happening every single day. The accumulation of responsibilities when running a business can take a toll on your well-being and job satisfaction. There are high expectations to clinically produce, and pressure to keep pace with the ever-evolving challenges in the dental industry. All of this makes your job extremely stressful.

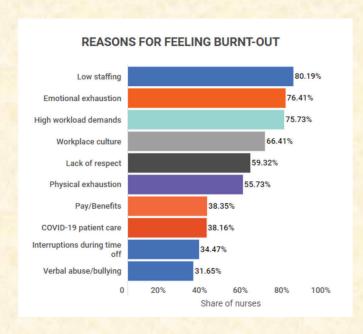


However, by recognizing that there are signs of burnout and beginning to implement strategies to adapt, cope, and move forward; dentists and practice owners can manage their hardships, regain a sense of fulfillment and balance in their professional lives and personal lives.

Before we dig into how to go about creating a healthier and more productive work-life balance, here are some general burnout statistics I would like to share.

In a Deloitte survey, 56% of workers say that their managers did not encourage conversations addressing burnout.

- 77% say they have experienced employee burnout at their current job, with more than half citing more than one occurrence.
- In another survey done by Adam Grucela, a published writer on the topic shared; Millennials are the most burned-out generation, with 59% experiencing some symptoms of burnout.



Money Doesn't **Cure Burnout:**

There is only a 6% difference in burnout rates between employees earning \$100,000 and \$30,000. In contrast, leadership assistance can lower burnout by over 30% Now that we have established that burnout is a real thing, recognizing and adapting is the key to moving forward.

First Step:

The first step in addressing burnout is to acknowledge its

presence and understand its impact on mental, emotional, and physical well-being. Dentists need to look out for signs in themselves as well as their employees. Things to look out for include:

- Chronic fatigue
- **Decreased motivation**
- Cynicism
- Reduced productivity

Once burnout is recognized, it is crucial to have a conversation with someone about it and put a plan of action in place to correct the problems causing burnout.

Work-life Balance:

The relentless pace of the modern work environment can contribute to burnout. To manage this hardship, there are strategies that can help you maintain a healthy work-life balance. This includes:

- Setting realistic expectations
- Delegating tasks
- Establishing clear boundaries between work and personal life

Once you are able to recognize and discuss what is causing you to burn out, begin to prioritize self-care activities such as:

- Taking regular breaks
- Practicing mindfulness
- Fostering supportive relationships

These things can help mitigate the negative impact of keeping pace with professional demands.

Corporate Culture:

One thing I have always found strange about the dental industry is, practice owners do not do enough with their teams to foster better relationships. As a consultant, I am currently working with over 70 dentists and their businesses. I have personally witnessed how polarizing doctors can be when managing teams. Some do pretty much nothing to foster those relationships with their team yet expect amazing camaraderie with stellar employee engagement.

Others go toward the other extreme sparing no expense in taking care of their team members. Naturally, the ones that overdo employee involvement tend to get taken advantage of. On the other hand, those who do nothing are constantly upset with team members for not having an ownership or personal accountability mentality. Can we please figure out how to meet in the middle?

It is very important to incorporate team-building activities and to create loyalty which helps reduce burnout for all parties involved. A great article published by Gusto gives us a list of fun and original activities for 2023 to foster a more enjoyable team environment. It's definitely worth sharing and passing along.

How to Personally Cope:

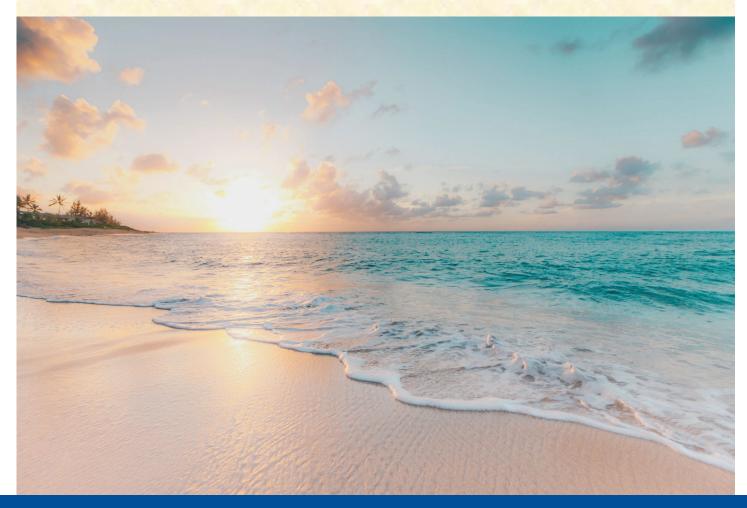
Coping with burnout requires a holistic approach that addresses both the professional and personal aspects. Mid-career professionals can adopt various strategies to manage stress and promote well-being. Regular exercise, mindfulness practices, and actively engaging in hobbies or activities that bring joy and relaxation can help alleviate burnout symptoms. Seeking support from friends, family, or professional networks. Considering therapy or personal coaching can provide valuable guidance and perspective during challenging times.

Moving Forward and Seeking Growth:

Burnout often arises from a sense of stagnation or lack of fulfillment in one's career. To move forward, dental professionals should evaluate their personal and professional goals and aspirations. This may involve seeking new challenges, acquiring new skills and qualifications, or exploring alternative paths. Engaging in continuous learning and professional development can reignite passion (or hiring a consultant ha!) and open doors to new opportunities, promoting personal and career growth. Not to mention there is also a social aspect to attending live educational events. Dental societies and associations host live in-person events that offer approved CE to doctors throughout out the year. These CE events are great ways to socialize and learn about new industry trends and skills.

Many docs often see ownership as an opportunity to continue developing and challenging themselves professionally. However, it is important to recognize that ownership entails a variety of unique challenges that require a lot of preparation. Not everyone is suited to own a practice. Nevertheless, over the past decade, I have personally guided numerous doctors through this process to help them advance their professional career goals.

Burnout can hinder growth and also tear people and relationships apart. As a professional business coach and also coming from the corporate world, I have both witnessed and experienced burnout myself. I also see how dentists in private practice are pushed to produce without much personal fulfillment, emotionally and monetarily. I have witnessed firsthand how doctors become dental practice owners but can't quite figure out how to create the best systems, all the while fostering a collaborative and healthy work environment. With all of that said, there is a solution to burnout with the right tools and information. Hopefully this article has helped you gain some insight on how to move forward and get past your roadblocks.



Oral Squamous Cell Carcinoma Mimicking Peri-Implantitis

Nita Chainani-Wu,* Crystal Chang,†‡ Chelsia Sim,§ Timothy C. Wu,*II Darren Cox,¶ Davud Sirjani,‡# and Sol Silverman Jr.**





Introduction: Peri-implantitis is inflammation and alveolar bone loss around a dental implant. Published case reports have described squamous cell carcinoma (SCC) development around dental implants.

Case Presentation: A 60-year-old female presented with two small fistulas on the alveolar ridge of missing tooth #18. The mucosa around the fistulas appeared normal otherwise, with no hyperplasia, erythema, or keratotic changes. The patient had a 14-year history of recurrent erythroleukoplakia (with microscopic dysplasia) on the left tongue that had been managed by surgical removal (scalpel and carbon dioxide laser), biopsies, and close follow-up. She had no other medical conditions. She reported that she had an implant placed to replace tooth #18 4 years ago that had been removed without flap reflection, curettage, or biopsy 1 year previously as a result of peri-implantitis. Periapical radiographs showed that the peri-implant radiolucency in the region of tooth #18 was unchanged in dimensions from the time of implant removal 1 year ago. Curettage and biopsy of the area were performed and showed the presence of a well-differentiated SCC.

Conclusions: This is a case of peri-implant SCC development in a patient at high risk for oral SCC. The carcinoma was present within the alveolar defect in the area of a failed implant that had been removed 1 year previously. The overlying surface mucosa did not show the clinical changes typically seen in carcinoma. This case and others demonstrate the importance of periodic oral and radiographic examination after implant placement. Although rare, neoplasia must be considered in the evaluation of peri-implant pathology. Clin Adv Periodontics 2016;6:83-88.

Key Words: Carcinoma, squamous cell; dental implants; mouth neoplasms; peri-implantitis.

- * Private practice (Oral Medicine), Mountain View, CA.
- General practice (residency), Veterans Administration Palo Alto, Palo Alto, CA.
- Stanford University School of Medicine, Palo Alto, CA.
- National Dental Center, Singapore.
- Private practice (Periodontics), Mountain View, CA.
- University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA.
- Otolaryngology-Head and Neck Surgical Oncology, Veterans Admin-
- ** University of California at San Francisco, School of Dentistry, San Francisco, CA.

Submitted June 23, 2015; accepted for publication September 1, 2015

doi: 10.1902/cap.2015.150041

Background

Peri-implantitis is inflammation and alveolar bone loss around a dental implant.1 It is a relatively common occurrence, estimated to occur in $\approx 20\%$ of implants over the life of the implant.2

Much rarer is the occurrence of malignancies around dental implants.³ Published case reports have described primary squamous cell carcinomas (SCCs), recurrent SCCs, and metastatic cancers in the vicinity of dental implants.3-8

The mechanism underlying the rare occurrence of primary SCCs around dental implants is not well understood. Various mechanisms have been postulated, including release of inflammatory cytokines around failing implants that increase the risk of carcinogenesis and metallic ion release after implant placement.4

Most reported cases have occurred in patients with other known risk factors for development of oral SCC (OSCC), such as a history of tobacco use, alcohol intake, or a premalignant oral condition. Of these, most presented with surface mucosal alterations at the site of the SCC, including erythema, ulcerations, or granular hyperplastic changes. 1,8-12

The present report describes a case of SCC in a periimplant location with an unusual presentation.

Clinical Presentation, Management, and **Outcomes**

In 2013, a 60-year-old female presented for a routine followup appointment at the Oral Medicine Clinic at the University of California at San Francisco, San Francisco, California (UCSF), with two small fistulas on the alveolar ridge of missing tooth #18.

The patient reported no known medical problems, no medication use, and allergies to lidocaine, penicillin, and soy. She had no history of tobacco or alcohol use. The patient provided written or oral informed consent for all treatments described below.

The patient had a 14-year history of recurrent erythroleukoplakia (with microscopic dysplasia) on the left lateral tongue that had been managed by surgical removal (scalpel and carbon dioxide [CO₂] laser), biopsies, and close followup (Fig. 1). The initial diagnosis of leukoplakia was made in 1998, and a biopsy done at that time showed severe dysplasia. She was then followed closely by inspection, palpation, and toluidine blue staining and photo documentation. Biopsies were done when the clinical appearance changed to a more suspicious form, including the appearance of speckled areas or toluidine blue positivity. Biopsies between 1998 and 2007 showed histopathologic changes ranging from hyperkeratosis without dysplasia to severe dysplasia. CO2 laser excision/ vaporization procedures were done when clinical and histopathologic examination showed high-risk changes (e.g., speckled changes, presence of dysplasia). A total of 14 CO₂ laser procedures were done during the first 9 years of follow-up. Any areas that were treated by CO2 laser were followed to confirm complete mucosal healing without residual ulceration both short term in the postoperative period and during longer-term follow-up.

By 2007, the clinical appearance of the left lateral tongue had changed to a higher-risk erythroleukoplakia, and incisional biopsy showed carcinoma in situ. This was treated with a wide excision by her ear, nose, and throat surgeon with complete initial healing; however, 7 months postoperatively, leukoplakia developed at the margins of the partial glossectomy scar.

The patient reported that, in 2009, dental implants were placed by her periodontist to replace the mandibular left first and second molars. The implant in the second molar region was removed 3 years later in 2012 (Fig. 2) because of suspected peri-implantitis and implant failure. No curettage or biopsy was done at this time.

By April 2013, two fistulas, the first 3×6 mm and the second 2 mm in diameter on the left alveolar ridge in the second molar region, had developed. This area had never



FIGURE 1 December 2006. Erythema and white changes of the left lateral tongue, with microscopic dysplasia.





FIGURE 2a April 2012. Periapical radiograph at the time of implant removal. 2b May 2012. Clinical examination done at UCSF ≈ 8 weeks after implant removal showing the presence of erythema and white changes on the tongue and floor of the mouth. However, the lingual, facial, and alveolar ridge mucosa in the region of tooth #18 was intact and within normal limits.





FIGURE 3 April 2013. 3a Clinical examination showing the presence of a fistula on the alveolar ridge in the region of tooth #18. The tissue within the opening showed toluidine blue uptake. 3b Periapical radiograph showing that the radiolucency in the region of tooth #18, which was present at the time of implant removal 1 year earlier, had persisted.

been involved previously with erythroleukoplakia and had never been treated previously by CO2 laser.

The overlying mucosa at this site was smooth and within normal limits in appearance. Through this fistula, whitish material was visible that felt firm on probing. This was toluidine blue positive, whereas the overlying mucosa did not retain the toluidine blue. Current and past periapical radiographs were obtained from her periodontist, demonstrating no changes in the radiolucency present 1 year previously when the implant was removed (Fig. 3).

The patient was referred to a private practice (TCW) for a biopsy of the soft tissue within the bony defect in the alveolar bone in the mandibular left second molar region in June 2013, which showed invasive well-differentiated SCC with vascular invasion (Fig. 4). Perineural invasion was not identified. Magnetic resonance imaging documented lack of marrow involvement, and, in July 2013, a wide local excision of the left retromolar trigone and marginal mandibulectomy was done by an ear, nose, and throat surgeon (DS). Histopathology revealed well-differentiated SCC without bone invasion.

In October 2013, biopsy of a small area of leukoplakia on the left dorsum revealed well-differentiated invasive SCC. A wide excision of this area was completed, and all margins were found to be clear. As of early 2015, the patient remained free of recurrence. However, she continues to be at high risk for oral carcinoma development, and close followup is currently ongoing.

Discussion

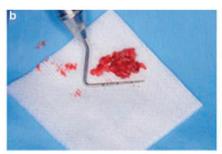
This case describes development of an OSCC with an unusual presentation in a high-risk patient. It was present within the alveolar defect in the area of a failed implant that had been removed 1 year earlier, and the overlying mucosa did not demonstrate the usual clinical signs of carcinoma, such as erythema, keratosis, or hyperplasia.

Dental implants play an important role in dental rehabilitation of patients with missing dentition, particularly those with a history of OSCC. They enable patients to regain lost function and esthetics, thereby maintaining physical health with adequate nutrition and psychologic health by repair of deformities.

The growing number of case reports of SCC in the vicinity of dental implants indicate that SCC should be considered in the differential diagnosis of peri-implant pathology. 1,3,6,7,9,11-13

Periodic radiographs can help in identifying persistent or growing radiographic defects that may be indicative of the need for additional evaluation, including a biopsy. This is important because the overlying mucosa may appear healthy during the early stages.





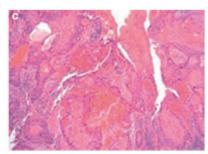


FIGURE 4 June 2013. 4a Curettage and biopsy of the bony lesion in the region of tooth #18. 4b Firm tissue that separated easily from the bone was removed. 4c Histopathologic examination revealed surface mucosa partially lined by dysplastic stratified squamous epithelium overlying islands and cords of invasive malignant epithelium, some of which shows prominent keratinization, and associated with a brisk lymphocytic infiltrate (hematoxylin and eosin; original magnification ×40).

CASE REPORT

This case and others 1,3,6,8-10,12,13 indicate that it is important for periodic oral and radiographic examinations to be performed after implant placement. Although extremely

rare, neoplasia must be considered in the evaluation of peri-implant pathology. This is particularly important in patients with known risk factors for development of OSCC.

Summary

Why is this case new information?

The clinical presentation of the SCC was unusual attributable to both its peri-implant location and the fact that the overlying mucosa did not show the usual changes seen in SCCs.

What are the keys to successful management of this case?

- A high level of clinical suspicion for carcinoma attributable to the patient's high-risk status led to biopsy and early diagnosis of the SCC.
- The patient had never been a smoker and did not drink alcohol; therefore, the only relevant lifestyle change for prevention that she adopted after the diagnosis of the SCC, was a dietary change to a whole foods, plant-based diet.

What are the primary limitations to success in this case?

The patient continues to be at high risk for a second primary carcinoma and is being followed closely.

Acknowledgment

The authors report no conflicts of interest related to this case report.

CORRESPONDENCE:

Dr. Nita Chainani-Wu, 100 W. El Camino Real, Suite 76, Mountain View, CA 94040. E-mail: nitacwu@gmail.com.

CASE REPORT

References

- Jané-Salas E, López-López J, Roselló-Llabrés X, Rodríguez-Argueta OF, Chimenos-Küstner E. Relationship between oral cancer and implants: Clinical cases and systematic literature review. Med Oral Patol Oral Cir Bucal 2012;17:e23-e28.
- Derks J, Tomasi C. Peri-implant health and disease. A systematic review of current epidemiology. J Clin Periodontol 2015;42(Suppl. 16):S158-S171.
- 3. De Ceulaer J, Magremanne M, van Veen A, Scheerlinck J. Squamous cell carcinoma recurrence around dental implants. J Oral Maxillofac Surg 2010;68:2507-2512.
- Bhatavadekar NB. Squamous cell carcinoma in association with dental implants: An assessment of previously hypothesized carcinogenic mechanisms and a case report. J Oral Implantol 2012;38:792-798.
- Dib LL, Soares AL, Sandoval RL, Nannmark U. Breast metastasis around dental implants: A case report. Clin Implant Dent Relat Res 2007;9: 112-115
- Eguia del Valle A, Martínez-Conde Llamosas R, López Vicente J, Uribarri Etxebarria A, Aguirre Urizar JM. Primary oral squamous cell carcinoma arising around dental osseointegrated implants mimicking peri-implantitis. Med Oral Patol Oral Cir Bucal 2008;13:E489-E491.

- Meijer GJ, Dieleman FJ, Bergé SJ, Merkx MA. Removal of an oral squamous cell carcinoma including parts of osseointegrated implants in the marginal mandibulectomy. A case report. Oral Maxillofac Surg 2010; 14:253-256.
- Pfammatter C, Lindenmüller IH, Lugli A, Filippi A, Kühl S. Metastases and primary tumors around dental implants: A literature review and case report of peri-implant pulmonary metastasis. Quintessence Int 2012;43:563-570.
- Javed F, Al-Askar M, Qayyum F, Wang HL, Al-Hezaimi K. Oral squamous cell carcinoma arising around osseointegrated dental implants. *Implant Dent* 2012;21:280-286.
- Kwok J, Eyeson J, Thompson I, McGurk M. Dental implants and squamous cell carcinoma in the at risk patient — Report of three cases. Br Dent J 2008;205:543-545.
- Marini E, Spink MJ, Messina AM. Peri-implant primary squamous cell carcinoma: A case report with 5 years' follow-up. J Oral Maxillofac Surg 2013;71:322-326.
- Moergel M, Karbach J, Kunkel M, Wagner W. Oral squamous cell carcinoma in the vicinity of dental implants. Clin Oral Investig 2014;18: 277-284.
- Gulati A, Puthussery FJ, Downie IP, Flood TR. Squamous cell carcinoma presenting as peri-implantitis: A case report. Ann R Coll Surg Engl 2009;91:W8-W10.

indicates key references.

Originally published in Clinical Advances in Periodontics 2016 Rebublished with persmission from Nita Chainani- Wu, DMD, MPH, MS, PhD



Board of Component Representatives Meeting Summary May 5, 2023

<u>Fonteva Report</u>: Included in the meeting materials was a written report regarding the status of the Fonteva implementation project, including information about the Northern California Dental Society pilot, component onboarding schedule, user acceptance testing, user training and user agreements. Board of Component Representatives (BCR) members discussed their component's participation in the demonstrations being provided, some of the new functionality in Fonteva and their component's review of the Fonteva user agreements. Staff reminded BCR that the demos being offered are a first step, and that there will be numerous training opportunities for components and staff during implementation.

Chair Report: The chair welcomed two new BCR members, Dr. Shakalpi Pendurkar, Santa Clara County Dental Society and Dr. James Stephens, Mid-Peninsula Dental Society; provided an overview about the new meeting format developed in response to BCR feedback that aligns agenda items to the BCR goals and allows for more discussion time for areas of importance to components; shared the 2024 BCR meeting dates; reported on a component resource library being curated by staff; shared information about a potential grant funding opportunity for CDA and the components to partner in offering dental assisting training; sought feedback and received approval from the BCR to share meeting agendas with component executive directors prior to meetings; and reported on the March and April board of directors' meetings. BCR members were encouraged to speak with their component executive directors and boards about what resources would be beneficial to have in the component resource library, and to ask their executive directors to share their feedback with staff. BCR members were also asked to encourage their component executive directors to reach out to staff if they would like more information about the dental assisting training funding opportunity.

BCR Goals & Responsibilities: In consideration of the BCR's purpose and primary duties as stipulated within in Resolution 1-2021-H (Board Composition), and various topics of interest as expressed by the BCR throughout the first year, the BCR reviewed the below table and discussed whether it accurately describes the BCR's areas of responsibility and interests. There was agreement amongst the BCR that this table accurately reflects the BCR's areas of responsibility and interests, and delineates which topics are outside the scope of BCR or being addressed in another CDA board or committee.

Member Recruitment & Retention	Recruitment and retention of component volunteer leaders	
	-Emphasis on early career dentists	
	Member recruitment and retention	
	-Emphasis on dental students, early career dentists,	
	dentists working in a corporate setting and	
	foreign graduates	
	Develop relationships with DSO's and DSO employee	
	dentists	
Component Leadership Development &	Leadership development for component volunteer leaders	
Operations	Non-dues revenue	
	Dental society operations support (ex: HR compliance)	
	Patient complaints	
	Component ethics issues	
	Concerns about component bylaws changes as a result	
	of BCR	



Communications & Information Sharing	Information sharing with the Board of Directors
	Improve communication between CDA, components and
	members
	Shared knowledge amongst component dental societies
Other CDA board/council/committee	Office staffing shortage
	Third party payer issues
	Regulatory matters
	Cost of dental school
	Improvement of TDIC insurance
	Education campaign about value of seeing CDA dentist
Out of Scope	CDA provide practice management consultant

During the discussion a motion was made to create a subcommittee to review what resources are available at components and CDA with the goal of developing and complementing a component operations manual. This motion passed unanimously. A second motion was made to establish a subcommittee to develop BCR rules of operation. This motion passed unanimously.

<u>BCR Vice Chair Nomination</u>: BCR selected Dr. Jennifer Gee Schoon-Tong to serve as the Board of Component Representatives vice chair for term May 5, 2023 – December 31, 2023.

Component Boundary Review: At the February 2023 meeting, the BCR was provided with information about a process that was adopted by the house in 2009, which directed that an all component_boundary review -be conducted every ten years, beginning in 2013. In 2013, an all-component boundary review was completed, and therefore the next review is set to take place in 2023.

The BCR was advised that based on feedback garnered from a component executive director focus group and an all-component survey, there was no interest in conducting an all-component boundary review project in 2023. The BCR was asked to discuss with their components whether completing an all-component boundary review every ten years is needed or desired, or if requesting component boundary reviews as needed would be sufficient.

At the May meeting, the BCR was asked to share the input received from their components and the feedback affirmed that there is no interest in conducting regular reviews. Therefore, the process established by the taskforce in 2009, outlining the boundary review and dispute resolution processes, will be updated to reflect the current organizational and governance structure, and an action item accompanied by the new process will be brought to BCR in August. Should BCR approve elimination of the ten-year boundary review requirement, the recommendation would be set forth for further consideration by the board of directors and house of delegates.

<u>Pledge of Allegiance at the House of Delegates:</u> Over the last several years, various ceremonial aspects were removed from the house proceedings based on continuous feedback from house attendees that the meeting should be focused on the business of the association. In 2022, the board updated the general operating principles to reflect these changes, one of which was the elimination of the pledge of allegiance. At the request of members of the Monterey Bay Dental Society, BCR discussed whether the pledge should be reinstated. After deliberation, BCR voted on a recommendation urging the board of directors to reinstate the pledge of allegiance as part of the house proceedings.



California Dental Association

1201 K Street, 14th Floor, Sacramento, CA 95814 800.232.7645 cda.org

BCR Review of Component Resolutions: BCR members from the San Fernando Valley Dental Society and San Mateo County Dental Society shared their experience utilizing the new process that was established as a result of 3-2022-H, BCR Governance Timeline and Transparency, to submit concepts for component house resolutions to the BCR to elicit a broad perspective and feedback to shape the final recommendation and enhance the effectiveness of house discussions. BCR members were reminded of the deadlines to submit concepts and draft resolutions to the BCR for review at the August and October meetings. BCR members were asked to meet with their components about their intent to propose resolutions to the house and encourage utilization of the process to submit resolutions to the BCR.

Early Career Dentist Engagement: The BCR was provided a pre-recorded presentation by CDA's Director of Early Career Engagement, Katie Fornelli, about CDA's early career dentist and student engagement initiatives. The presentation included information about CDA's efforts to engage with dental students and early career dentists, early career dentist retention, member engagement philosophy and impact, and how CDA and components can work together to recruit and retain this membership segment. The presentation was intended to provide the BCR with an understanding of the importance CDA has placed on early career dentists, and to provide a sense of the various engagement activities that CDA and components participate in to demonstrate the value of membership.

The BCR participated in small group discussion sharing their ideas about what benefits components are best positioned to offer to early career dentist members, what benefits CDA is best positioned to offer, what it looks like if CDA and components are doing this well, and what is the best way for CDA and components to engage on this issue. The BCR was asked to engage with their components on this topic and to encourage their executive directors to reach out to Katie Fornelli to discuss opportunities for collaboration.

<u>President/President Elect Meeting:</u> The BCR member for the Sacramento District Dental Society initiated a discussion with the BCR to gauge interest in convening an annual meeting of component presidents and presidents-elect. After deliberation, there was interest and support amongst the BCR, and staff was directed to gather information about the logistical requirements and expenses associated with this type of meeting, and the BCR was asked to discuss this with their component boards in order to make an informed decision about making a recommendation to the board at the August meeting.

CDA Board of Director Component Visits: The BCR discussed an opportunity to collaborate with the board of directors during the annual component visits. Several BCR members expressed that they feel it is very important for BCR members to participate on their component board. The BCR was supportive of participating in the annual component visits. BCR members were asked to talk to their component executive directors about the date the CDA board member is visiting their component, connect with the board member prior to the meeting, become familiar with the 2023 talking points, and await an email from CDA staff to coordinate their availability.

Member Specialist Spotlight



Endodontists

SMCDS has **18** member endododontists spread throughout San Mateo County

Rowshan Ahani, DDS, MS

333 Gellert Blvd Ste 242 Daly City, CA 94015-2660 (650) 757-3636

Mat A. Barkhordar, DDS

562 Ralston Ave Belmont, CA 94002-2832 (650) 654-1854

Fred R. Cho, DDS

235 N San Mateo Dr Ste 400 San Mateo, CA 94401-2672 (650) 340-0225

Maria B. Manaloto, DDS, MS

2400 Westborough Blvd Ste 210 South San Francisco, CA 94080-5413 (650) 873-1391

Victoria E. Moore, DDS

235 N San Mateo Dr Ste 400 San Mateo, CA 94401-2672 (650) 340-0225

Sajini Sasthri-Rajaputrage, DDS

1140 2nd St Ste B Brentwood, CA 94513-2223 (925) 240-8111

Gregory K. An, DDS, MPH

1690 Woodside Rd Ste 209 Redwood City, CA 94061-3402 (650) 369-2555

Nicole S. Barkhordar, DDS

562 Ralston Ave Belmont, CA 94002-2832 (650) 654-1854

Jennifer M. Fong, DDS

333 Gellert Blvd Ste 242 Daly City, CA 94015-2660 (650) 757-3636

Marshall J. Michaelian, DMD

341 Gellert Blvd Ste C Daly City, CA 94015-2616 (650) 994-2710

Victor A. Peritore, DDS

1178 Brittan Ave San Carlos, CA 94070-3929 (650) 671-2220

Jessy I. Tseng, DDS

235 N San Mateo Dr Ste 400 San Mateo, CA 94401-2672 (650) 340-0225

Lynne A. Baldassari-Cruz, DDS

1028 Laurel St San Carlos, CA 94070-3919 (650) 595-3722

Peipei Chang, DDS

11 Birch St Ste 108 Redwood City, CA 94062-1481 (650) 568-9889

Nancy Huynh, DDS

358 Marine Pkwy Ste 400 Redwood City, CA 94065-5212 (650) 592-6066

David D. Moore, Jr., DDS

235 N San Mateo Dr Ste 400 San Mateo, CA 94401-2672 (650) 340-0225

Anna M. Ratiner, DMD, MMSc

1028 Laurel St San Carlos, CA 94070-3919 (650) 595-3722

Jean A. Yang, DMD, MMSc

1690 Woodside Rd Ste 209 Redwood City, CA 94061-3402 (650) 369-2555



Retirements



Richard A. Fitzloff, DDS – San Mateo Prosthodontist and SMCDS member of 43 years has retired and sold his practice to SMCDS member dentist **Alison Fishman**.



New Member Celebration

Join us in celebrating **17** new members from May 2023 to August 2023,

contributing to the voice that is SMCDS - **658** strong...

Carolyn L. Brown, DDS Howard Univ. - 1975 - GP

Alice Chi, DDS UCSF - 2021 - GP

Ekta Gupta, DDS UCSF - 2023 - GP

Hanbit Joung, DDS Univ. of MN - 2021 - GP

Minerva Loi, DDS UCSF - 2017 - GP, UCSF - 2023 - O&MS

Jennifer Y. Tam-Johnston, DDS NY Coll. of Dent. - 2007 - GP Nicholas Carino, DDS UOP - 2023 - GP

Justin Y. Ching, DDS UOP - 2004 - GP

George Ibrahim, DDS UOP - 2023 - GP

Kristin Kilarski, DDS UCSF - 2023 - GP

Calvin J. Maxwell, DDS UOP - 2023 - GP

Jia Tian, DMD Univ. of PA - 2017 - GP Christina Chen, DDS UCSF - 2017 - GP

Emily Chung, DMD Roseman Univ. - 2023 - GP

Lisa Jang, DDS NY Coll. of Dent. - 2023 - GP

Anh S. La, DDS UOP - 2019 - GP

Soo Jin Park, DDS Univ. of UT - 2022 - GP



SMCDS Business Member Wall of Fame



2015-2023

PHOTOGRAPHIC DENTAL DME N. PECK, D.L www.cdental.com

C-Dental X-Ray Inc. cdental.com Julia Peck **Operations Manager** 650.207.0478 japeck@cdetnal.com



2015-2023

AEGER

Yaeger Dental Supply FNTAL yaegerdental.com Tim Yaeger, Ir. President 650.888.1402 vaegerdental@gmail.com



2016-2023



Dental & Medical Counsel, PC dmcounsel.com Ali Oromchian, Esq 925.999.8200 ao@dmcounsel.com





Patterson Dental pattersondental.com Jason Binsol 619.399.6367 <u>Jason.Binsol@pattersondental.com</u>

2023

Nobel

Nobel Biocare nobelbiocare.com Matthew Ochs **Territory Manager** 650.418.4736 matthew.ochs@envistaco.com



BANK OF AMERICA bankofamerica.com

2020-2023



2022-2023



NEXT LEVEL Next Level Consultants nxlevelconsultants.com Debra Llama 925.457.5594

debra@nxlevelconsultants.com

CJ Williams Vice President Healthcare Financing 206.549.8369

Forrest Wiederman Vice President **Dental Financing** 925.278.3343 calvin.williams@bofa.com Forrest.wiederman@bofa.com

Roam





Long Term Care Resources Pacific

mikewonginsurance.com Michael D. Wong, CLTC, DDS 650.468.2555 mwong@ltcrpacific.com

2020-2023



Commercial Realty roamcommercialrealty.com Foad Ahmadi

christine@swissmonkev.io

foad@roamcommercialrealtv.com

650.483.0993





Swiss Monkey

Swiss Monkey swissmonkey.io Christine Sison CEO 916.500.4125

2016-2017, 2021-2023



Rectangle

Rectangle Health rectanglehealth.com Madison Evers Compliance Advisor 424.353.5303 mevers@rectanglehealth.com



2021-2023

SMCDS Business Members acknowledged on this Wall of Fame contribute in meaningful ways* through out each year of their membership to our society's fiscal health, industry intelligence, and community presence. *Event sponsorships, educational seminars / workshops, table clinics with timely dental industry / small business information, special product offers /pricing discounts, products and services relevant to your professional success.

Thank You

to 24 Advertisers

Business Members

Exhibitors Sponsors Study Clubs

who have generously supported our continuing education, professional success, practice management, workshop/clinical programs this past quarter.

















































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



"Debugging the Myths of Practice **Transitions/Selling Your Practice" Navigating Dental Transitions:** The Importance of Advisors to Ensure a Seamless Process

By Michael Njo, DDS

Transitioning a dental practice can be a complex and daunting process. It is one of the most significant career moves a dentist will make. However, with the right advisors/team and a well-structured plan, a smooth transition can be achieved. This article will outline the key advisors needed for a dental transition, potential pitfalls to be aware of, and the method employed by the Dental Strategies team, which focuses on a thorough assessment, a customized roadmap, and ongoing guidance to ensure a seamless transition. The goal is to provide a personalized process for the dentist, their patients, dental team, and family.

I. The Advisors Needed for Your Dental Transition

- A. Dental Practice Transitions Consultant. A dental practice transitions consultant plays a crucial role in facilitating the transition process. With their expertise and experience, they evaluate the practice's value, effectively market it, and connect dentists with potential buyers or sellers. Their extensive knowledge of the dental industry and their network of contacts make them invaluable in finding the right match for the practice. They serve as the quarterback of the transition team.
- B. Accountant and Financial Advisor. Engaging the services of a qualified accountant and financial advisor is essential during a dental transition. They assess the practice's financial aspects, analyze tax implications, evaluate profitability, and provide guidance on structuring the deal to maximize financial goals. They also assist in determining the appropriate handling of practice proceeds, ensuring compliance with tax regulations, and minimizing potential tax implications.
- C. Legal Counsel. A Dental transition involves intricate legal procedures, contracts, and negotiations. Hiring a dental-specific attorney can protect the dentist's interests, ensure compliance with regulatory requirements, and provide guidance on legal matters throughout the transition process. It is vital to follow the guidelines set forth by the state dental board to maintain professional and legal compliance during the transition.

II. Potential Pitfalls to Avoid

- **A. Lack of Proper Assessment.** Failing to conduct a comprehensive assessment of the dental practice can lead to inaccurate valuations, unrealistic expectations, and potential litigation. A thorough evaluation should include a financial analysis, patient demographics, operational efficiencies, and practice reputation (goodwill) to determine the practice's true value and growth potential. Detailed practice management reports, profit and loss statements, and tax returns must support these metrics. A poorly prepared packet that over or undervalues the practice or is incomplete, will lower the chances of a successful transition.
- **B.** Inadequate Planning and Execution. Insufficient planning and a lack of a well-defined roadmap can result in a chaotic transition. Without a clear plan in place, important aspects such as patient retention, staff management, and maintaining continuity of care may suffer. Dentists must have a clear understanding of their transition goals and develop a strategic plan to ensure a successful and organized transition process.
- **C. Failure to Communicate with Stakeholders.** Effective communication is vital during a dental transition. Failing to inform and involve key stakeholders, including patients, staff, and suppliers, can lead to uncertainty, mistrust, and potential disruptions to the practice's operations. Timing is critical in when and how to deliver such information. Dentists must carefully plan and execute a communication strategy that addresses the concerns of all stakeholders and ensures a smooth transition.

III. The Dental Strategies Method

- A Seamless Transition with Ongoing Guidance. Dental Strategies team understands the intricacies of dental transitions and provides clients with a smooth, seamless, and well-supported experience for clients. Dental Strategies method follows a structured approach.
- **A. Thorough Assessment.** Dental Strategies conducts a comprehensive evaluation of the dental practice, considering financials, operational processes/systems, patient base, goodwill, practice management reports, and growth potential. This thorough assessment serves as the foundation for the transition process, providing vital information that informs the dentist's option and creates a customized "Treatment Plan" with several transition alternatives.
- **B. Customized Roadmap.** Based on the assessment, Dental Strategies develops a tailored roadmap that outlines the necessary steps for a successful transition. This roadmap takes into account the dentist's specific goals, timeline, and individual needs, ensuring a personalized approach that aligns with their objectives.
- **C. Ongoing Guidance.** Recognizing the overwhelming nature of transitions, Dental Strategies experienced advisors work closely with dentists throughout the process, providing ongoing guidance

and support at every stage. Regular communication helps address concerns and ensures that dentists make informed decisions that are in line with their objectives and best interests.

D. Protection from Unforeseen Problems. Leveraging their expertise, Dental Strategies anticipates and mitigates potential issues that may arise during the transition. By proactively identifying and addressing challenges, they strive to protect their client's interests and ensure a smooth transition with minimal disruptions.

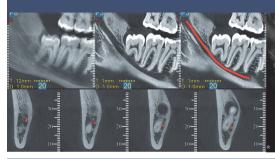
E. Holding Your Hand Throughout. Dental Strategies understands the emotional and demanding nature of the transition process. Their dedicated team is committed to supporting dentists, providing reassurance, answering questions, and facilitating a seamless transition that prioritizes patient satisfaction, team satisfaction, personal satisfaction, and peace of mind. Recognizing that knowledge gaps can exist, they aim to educate and guide dentists through the entire process.

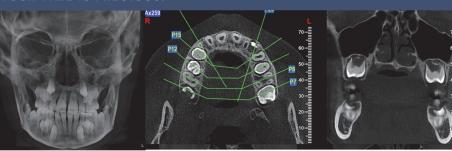
Please note that the above overview provides only a glimpse into the benefits of having an organized team and plan.

To request additional information, email dentalstrategies@gmail.com



YOUR TIME IS PRECIOUS.





MAXIMIZE YOUR SCHEDULE

Outsource Your Imaging to the Experts

We referred a patient to C-Dental for a Focused CBCT of #10. The scan was very useful and showed multiple sacs involved in the dens. Please note the clarity of the scans. Utilizing an imaging center produces a superior image versus in-house CBCT machines and additional radiation is considered only when absolutely

-The Endodontic Center of Pleasanton | Referring Since 2014

We take pride in providing dentists a cost effective outsourcing solution for high-quality diagnostic imaging.

> 2D Digital X-Rays 3D CBCT Imaging **3D Intraoral Scans 3D Viewer Softwares Restorative Solutions Radiology Reports Implant Case Planning Assistance Paperless Cloud Storage Solutions**



SAN FRANCISCO | SF WEST PORTAL | SAN MATEO | SAN RAFAEL | MOUNTAIN VIEW | MENLO PARK | SAN JOSE | PLEASANTON | WALNUT CREEK

SUPPORT FOR YOUR SUCCESS AT EVERY STEP

Backed by more than 140 years of experience partnering with dental practices, we are ready to step into the future with you. Working with us has never been more easy or convenient, and our business solutions have never been more comprehensive. Every step of the way, you'll know what we mean by Trusted Expertise, Unrivaled Support.

WE ARE PATTERSON.

Contact customer service at (925) 603-6350 for true local service.







pattersondental.com



We can help you avoid legal pitfalls, so you can focus on dentistry.





Practice Purchases



Practice Startups



Employment Law Defense



Lease Reviews & Negotiations



Partnership Agreements



Employment Contracts



www.dmcounsel.com



Being a service leader in the Bay Area since 1977, we strive to provide you with excellent equipment selection and the best technicians you can find for support. Offering competitive prices and a task-oriented team is always a daily improvement goal for us here at Yeager Dental, which always means that our customers' well-being is constantly being watched over. We offer the personal care not always found in the big corporations of our field, but here we believe in being "Not the biggest, just the best."

So, why choose Yaeger Dental?

- We offer a full one year parts and labor warranty (compare to competitors' 90-day warranty policy).
- · We also offer free installation in most cases. On top of that, we can offer you free removal of your old equipment, with the purchase of new equipment from us, at no extra charge.
- Our prices are a mong some of the most competitive in the industry. Our knowledgeable and thoroughly trained technicians carry many common, and uncommon, parts in the service vehicles, usually meaning we can get your equipment up and running in a single visit. In the off chance that our techs don't have the parts you need, they can order them for you in a timely manner.
- We carry a multitude of different designer friendly and stylish equipment lines, which means we can tailor a new unique look for your office renovation or remodel.
- Our first and foremost goal is to make our customers happy! Even in the current digital age, we understand that word-of- mouth recommendations are our most important and effective endorsements so we strive to make sure we don't let our clients down.

Yaeger Dental Supply

517 Marine View, Suite J • Belmont, CA 94002 Tel: 650.593.5100 • Fax: 650.593.1331 yaegerdental@gmail.com • www.yaegerdental.com

Just because you pay less, doesn't mean you have to sacrifice good service. See what Yaeger Dental can do for you!





















DEBRA LLAMACOACH | CONSULTANT

Connect with Debra! (925) 457-5594 debra@nxlevelconsultants.com





must be able to verify membership





Download FREE e-book

How you can start with the All-on-4° treatment concept



bit.ly.AO4-ebook

Honoring 25 years and **250,000+** patients* successfully treated

Continuing to build on our success with innovations like Xeal™ and TiUltra™ surfaces

nobelbiocare.com/all-on-4

*Nobel Biocare (Data on file)

MKT-5285 Rev 00 (01/23 (GMT 82982)) © Nobel Biocare USA, LLC, 2023. All rights reserved. Disclaimer: Nobel Biocare, the Nobel Biocare logotype and all other trademarks are, if nothing else is stated or is evident from the context in a certain case, trademarks of Nobel Biocare. Please refer to nobelbiocare.com/trademarks for more information. Product images are not necessarily to scale. All product images are for illustration purposes only and may not be an exact representation of the product. Please contact the local Nobel Biocare sales office for current product assortment and availability. Caution: Federal (United States) law or the law in your jurisdiction may restrict this device to sale by or on the order of a dentist or physician. See Instructions For Use for full prescribing information, including indications, contraindications, warnings and precautions.



The original fixed full-arch prosthesis on four implants – now with Xeal™/TiUltra™ surfaces

Swiss Monkey

Need extra hands around the office?

Tap into talent for just the right amount of hours you need!

Virtual Front Desk Support

- √ No employment costs
- √ No long term contracts
- √ Ability to personalize your training
- ✓ Dental-specific management support



Connect with dental professionals to help with:

- Phone Support
- Recruitment
- Insurance Verification
- Billing/Posting
- Hygiene Recare
- Special Projects
- Credentialing
- Build Your Own!

Contact us to learn more today!

- (916) 500-4125
- contact@swissmonkey.io
- www.swissmonkey.io



"We have become a practice of excellence because of the work of our amazing partners at Swiss Monkey." -Private Practice, Rocklin, CA

STOP OVERPAYING FOR YOUR LEASE



Your lease is one of your highest expenses, start taking it seriously.

Before you speak with your landlord contact us today for a

FREE LEASE EVALUATION.

OAM



Foad Ahmadi (650) 483-0993 foad@roamcommercialrealty.com RoamCommercialRealty.com CalBRE #01469176

Sedation and Anesthesia for the Dental Office MICHAEL LAM, M.D.

Board Certified Physician Anesthesiologist

MAXIMIZE SAFETY FOR YOUR PATIENTS.

Anesthesia with a secure airway is safer for dental procedures than any level of sedation delivered with an "open" or "shared" airway. I always secure and protect the patient's airway.

INCREASE PATIENT COMFORT AND CONVENIENCE

Your patients can expect to feel and know nothing of the dental treatment while recovering within minutes. Patients can "go to sleep" in seconds without needles.

OPTIMIZE OPERATING CONDITIONS.

Your patients will be completely still. You can operate without interruption and focus entirely on dental

treatment. The only limitation is how long you want to operate.



Phone/fax 1.888.308.1138 drlam@drmichaellam.com www.drmichaellam.com



NORTHERN CALIFORNIA PRACTICE SALES

Dental Practice Sales and Appraisals

SAN MATEO

Downtown

Located within walking distance and easy freeway access from 3rd Avenue and Highway 101, this family dental practice has been providing the highest quality dentistry to a discerning and well-heeled clientele for more than 90 years—over 30 in the present location. Collections have averaged \$700,000 in this five- operatory facility on a three-day work week. In addition, the staff could not be more loyal and valuable to the next generation dentist moving forward.

SOUTH SAN FRANCISCO

Poised for next generation growth

Beautifully equipped and modern three-operatory office in large medical/dental building has collections averaging \$650,000 on a four-day work week. The owner consistently takes home in excess of \$250,000 while referring most specialty procedures to local specialists. This practice is poised for growth for the next generation practitioner. The long-standing staff looks forward to working with the buyer for a smooth transition.



For more information,

please send a cover letter and CV to Molinelli@aol.com or call or text 650-302-7467.

See all of our listings at www.northerncaliforniapracticesales.com/listings

P.O. Box 29343 · San Francisco, CA 94129-0343 · Tel 650-302-7467 · Email: molinelli@aol.com



LET US HELP YOU WITH

LONG TERM CARE INSURANCE PLANNING



Currently providing Bay Area Dentists with quality temporary and permanent

- Dental Assistants
- Dental Hygienists
- Receptionists
- Dentists

(415) 781-2909 www.sfdentalpower.com Dental Power

450 Sutter St., Suite 2010 San Francisco, CA 94108

WHO WE ARE?

Long-Term Care Resources (LTCR) is a national insurance agency dedicated to long-term care insurance for alumni and professional associations. We are one of the leading, independent long-term care insurance distributors in the country. Since our founding in 1997, we have helped over half a million association members with their long-term care planning needs.

WHAT WE DO?

We get to know our client's situation and present the best long term care insurance solutions respecting their time while maximizing their dollars. Because we have many years of expertise and several carriers to choose from, we specialize in those individuals

- · Who prefer to use 401k/retirement money to fund a long term care policy.
- · With a history of health issues and concerns.
- · Who are advanced age.

If you have questions about long term care insurance or need help understanding your own policy, we can help you

SOME OF OUR ASSOCIATION MEMBERSHIPS



EMAIL OR CALL US FOR MORE INFO



mwong@ltcrpacific.com



(650) 468-2555



www.ltcrpacific.com www.mikewonginsurance.com



25 BONUS

SMCDS General Membership Meeting September 14, 2023

To receive this offer:

- · Drop off your dental scrap at the Garfield Booth
- · Contact Audrey Fisher to schedule a pick-up!



AFisher@garfieldrefining.com 925-490-2340

(Precious metal scrap value must exceed \$250. Cannot be combined with any other offers. Limit 1 per customer. Offer expires 10/14/23.)



7 Benefits of Mobile E-Prescribing With iPrescribe

- Mobile E-Prescribing of Controlled Substances
- **Quick and Easy Access** to Your State's Prescription **Drug Monitoring Program**
- Real-Time, Accurate View of Prescription Costs



- Amoxicillan 500mg tabs Directions: Take 1 tab by mouth 3 times a day until finished Quantity: Refills:
- Medication History on Demand
- Intuitive, Award-Winning **User Interface Across** All Platforms
 - **Advanced Encryption** for Strong Security
- Rapid Enrollment, Setup, and Support

Practice Management **Bridge**

Run your healthcare practice with confidence.



Payments

Increase patient payments, improve office workflows, and grow financial savings.



Financing

Offer flexible options allowing patients to pay their balance over time.



Compliance

Navigate the complexities of HIPAA, OSHA, and PCI compliance with ease.



Patient Engagement

Keep your schedule full, patients notified, and the practice running smoothly.





Rectangle Health is pleased to partner with San Mateo County Dental Society. Contact us today to discover how our solutions can transform the day to day at your dental practice.

Madison Evers | Practice Solutions Consultant, Rectangle Health
424-353-5303 | mevers@rectanglehealth.com



Become a volunteer dentist

Help your community smile!

Dental professionals like you can make a difference by volunteering just four hours a month or one to two days per week. Last year, our dental team provided 3,440 procedures and \$905,931 worth of care to our neighbors in need.

To learn more about how you can uplift low-income and uninsured members of our community, contact Jenny Saba, Associate Director of Volunteers & Engagement at jsaba@samaritanhousesanmateo.org or call 650-523-0819.

CLASSIFIEDS

Thinking of retiring or slowing down? Want to practice but not manage? Local dentist seeking a practice to buy in San Mateo, 2 mile radius from downtown. Not corp dentistry. Please call 415.269.6254

Seeking a Retiring Dentist Practice to Buy in Redwood City, 2 mile radius from Whipple and El Camino. If you are thinking of retiring in the near future, please call 650.454.0023







SAVE time! - Register & Pay Online

www.smcds.com on Education/Events

Th 9/14

General Membership Meeting

Current Management of Oral Cavity Precancerous Conditions and Squamous Cell Carcinoma Surgery

5:30-9pm

Hiller Aviation Museum San Carlos

Three-course Dinner

3 CE (Core)

Chi Tonglien Viet, DDS, MD, PhD, FACS Nita Chainani-Wu,

DMD, MPH, MS, PhD

dinner. Learning Objectives

- 1. Name the risk factors associated with OSCC.
- 2. Describe the clinical management modalities for Oral Cavity Precancerous conditions and OSCC.

Event includes: social hour to meet and network with fellow dentists & exhibitors, hors d'oeuvres, and

3. Describe the biopsy methods available to dental practitioners for a suspicious oral lesion.

Thank you to our generous speaker sponsor!



Fr 9/29

Required CE

OSHA-Bloodborne Pathogens • CA Dent Pract Act & Infect Ctrl

LIVE Webinars

8:15a-10:15a OSHA-BBP

2 CE (Core)

10:30-3:00p CDPA & IC

2 CE (Core)

For staff too!



Leslie Canham, CDA, RDA

Course Description

The Dental Board of California requires all licensed dental professionals (DDS, DMD, RDA, RDH, etc.) to take approved CE courses in Infection Control and California Dental Practice Act every two years for license renewal. Cal-OSHA requires employers to provide training in Bloodborne Pathogens, Hazard Communication, General Safety, and Emergency Response to occupationally exposed employees upon hire and at least annually thereafter (refer to your Exposure Control Plan to identify occupationally exposed employees). These three courses are packed with practical information in an enjoyable atmosphere. Bring the whole office for a productive day of learning and fun.

Sa 10/21

Professional Success

Associate to CEO: **How Macro Trends Have Changed** Dental Practice Acquisitions in 2023

9-12pm





VP. Dental Financina



Forrest Wiederman VP. Dental Financina



Ali Oromchian JD, LL.M



Foad Ahmadi Broker



Course Description

Join our must-attend event for dentists in 2023! Discover updated strategies and expert insights to navigate real estate challenges, surging interest rates, and new laws affecting your practice purchase or startup plans.

Whether you're an experienced practitioner looking to acquire a practice or a new dentist considering a startup, this event is tailored to meet all your needs.