

# MOUTHPIECE

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- Creating Culture in Today's Dental Office's Part IV  
and much more...



**San Mateo County**  
DENTAL SOCIETY

# Member Events Calendar

See Education / Events > Calendar of Events at [www.smcds.com](http://www.smcds.com) for details and registration.

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

F E B R U A R Y						
DATE	DAY	TYPE	TOPIC	SPEAKER/CONTACT	LOCATION	TIME
7	Tu	RCE	Responsibilities and Requirements for Prescribing Controlled Substances (Schedule II Opioid Drugs)	Reb Close, MD & Casey Grover, MD	Webinar	6:00-8:00 P
15	W	G	SMCDS Executive Board Meeting	President: Pinal M. Viraparia, DDS	N/A, Virtual	6:30-8:00 P
15	W	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
21	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P
23	Th	NDS	New Dentists Pop-Up Mingle & Networking @ New England Lobster <i>Event sponsored by C-Dental &amp; Yaeger Dental</i>	Mike Aicardi 650.637.1121	Burlingame	7:00-9:00 P
27	M	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6:00-7:30 P
M A R C H						
14	Tu	G	SMCDS Leadership Meeting	President: Pinal M. Viraparia, DDS	SMCDS	6:30-8:00 P
15	Tu	RCE	BLS CPR Renewal Course	Richard A. Fagin, DDS	SMCDS	6:00-7:30 P
22	W	CO	College of San Mateo Spring Health Fair	Mike Aicardi 650.637.1121	CSM	10-2 P
24	F	RCE	OSHA-Bloodborne Pathogens & Hazard Comms	Leslie Canham, CDA, RDA	Webinar	8:15-10:15 A
24	F	RCE	Infection Control & CA Dental Practice Act	Leslie Canham, CDA, RDA	Webinar	10:30-3:00 P
27	M	RCE	BLS CPR Renewal Course	Stephen R. John, DDS	SMCDS	6:00-7:30 P
30	Th	SCCE	SMCDS Study Club Topic: <b>TBA</b> <i>Sponsored by Yaeger Dental</i>	Kenneth Moore, DDS	SMCDS	7:00-9:00 P
A P R I L						
4	Tu	SCCE	Bay Area Aesthetic Masters Study Club	Ken Hovden, DDS / baaestheticmasters.com	SMCDS	6:30-8:30 P
11	Tu	G	SMCDS Executive Board Meeting	President: Pinal M. Viraparia, DDS	N/A, Virtual	6:30-8:00 P
15	Sa	FMB	Shredathon: Document Shredding, eWaste, & Lead Foil	Jim Aicardi 650.637.1121	Sequoia HD Redwood City	9-12 P
20	Th	CE1	SMCDS General Membership Meeting Topic: <b>Caries Management by Risk Assessment for the Geriatric Population</b>	Timothy Verceles, DDS, MAGD	<b>Pinstripes San Mateo</b>	6:00-9:00 P
25	Tu	RCE	BLS CPR Renewal Course	Stephen R. John, 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



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## MOUTHPIECE

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## President's Message

Pinal Viraparia, DDS

Happy New Year, Everyone!

Last holiday season felt like we finally left COVID-related quarantine and isolation behind and enjoyed the holidays with family and friends like in the old times. I certainly enjoyed the time off with family and friends.

As I write this welcome letter, it feels surreal being the SMCDS president. I am used to being in a team and working with a group. Under the excellent guidance of our past presidents and SMCDS staff, I am confident and ready to represent and work for our members of the tripartite. Attending the CDA House of Delegates in November 2022 also inspired me to be a part of organized dentistry and work towards advocating the need of dentists.

Let's recap what happened in 2022. It was a successful and busy year at SMCDS. It started with a move into our new office in San Carlos, which now has space to host meetings. We also hosted our first in-person General Membership (GM) meeting in May 2022. The dental society kicked off a program with the Health Plan of San Mateo to provide urgent treatment to low-income residents in our county. SMCDS partnered with Canada College on the Dental Rover program to address the shortage of dental office staff.

2023 will be another action-packed year, and I have a few goals I plan to work on. We will work towards revitalizing the GM meetings, where participation has decreased over the past few years. We will explore different formats and find a new location for the GM meetings to address the changing preferences for continuing education and low attendance. We will also add an online CE platform as an additional membership benefit called Viva Learning. We will continue to seek feedback on these changes and fine-tune our CE offerings to meet the needs of SMCDS members. I plan to propose at least one meaningful resolution addressing our members' demands and needs to submit to the CDA House of Delegates in November 2023. I am also excited to witness SMCDS member, Dr. Carliza Marcos accept her 2024 CDA presidency during the House of Delegates. SMCDS will be well represented!

I look forward to serving our members' needs and meeting many of you at events throughout the year!

# Covering the Implant Prosthesis Screw Access Hole: A Biological Approach to Material Selection and Technique

Todd R. Schoenbaum, DDS<sup>1\*</sup>  
Chandur Wadhvani, BDS, MSD<sup>2,3</sup>  
Richard G. Stevenson, DDS<sup>1</sup>

## INTRODUCTION

With implant treatment in the esthetic zone, it is a constant endeavor to maintain and increase the volume of peri-implant tissues. Many recent developments in implant and abutment design have this as the primary goal. Thus we have seen the evolution and creation of “platform switch” abutments, narrowed abutment diameters, and conical implant connections—all in an effort to maximize the volume of the peri-implant bone and soft tissues. The conical connection in particular was developed with the aim of maximizing the integrity of the abutment-implant connection and thus reducing movement, decreasing peri-implant bone stress, and minimizing leakage of the contents inside the abutment into the delicate zone where bone, connective tissue, implant, and abutment all merge (Figure 1).<sup>1,2</sup> This concept is sound and it does appear to reduce leakage into the peri-implant tissues,<sup>3-5</sup> but it does not eliminate leakage. This is a problem that worsens over time with repeated loading.<sup>6,7</sup> The “platform switch” design has mostly (but not entirely),<sup>8</sup> proven to better maintain bone levels than abutments that flare directly from the head of the implant.<sup>9-12</sup> Multiple finite element analyses have shown that the conical connection may serve to significantly reduce the stresses on the peri-implant crestal bone.<sup>13</sup> It appears that the mechanical integrity of the conical connection provides a biologic benefit even outside the implant itself.<sup>14</sup>

The reason for the success seen with platform switch implants appears to be twofold: First, the nonintegrating abutment components are more narrow and thus further away from the bone allowing more space for the necessary biologic width.<sup>15</sup> When nonintegrating components encroach upon this space, the bone remodels laterally and apically to create the necessary biologic space. Secondly, the platform switch design moves the implant-abutment junction (IAJ) away from the bone, and thus moves the inflammatory cell infiltrate coming from inside the implant / abutment and exiting at the IAJ further away from the crestal bone.<sup>16</sup> Much histological study has been made into the biologic environment adjacent to the IAJ, and it has been well established that bone is maintained at

a more coronal position when leakage is minimized by use of conical connections, and when the leakage that does occur is moved further away from the bone by use of platform switch abutments. Recent short-term data suggest that the conical connection and minimizing leakage at the IAJ is the more important factor in limiting bone loss.<sup>17</sup> Based on these concepts, it is evident that the contents *inside* the implant/abutment directly, and negatively, affect the peri-implant bone position. Leakage from the IAJ cannot be eliminated,<sup>7,18</sup> but efforts should be made by the clinician to minimize it.

It is clear that the contents of the implant/abutment negatively affect the peri-implant bone, and that they will leak from the IAJ.<sup>4</sup> Thus, what is put *into* the abutment to cover the screw can have a significant effect. According to a 2008 survey,<sup>19</sup> 59% of prosthodontic residency directors and 77% of restorative department chairpersons in the United States use cotton pellets to cover the screw access opening under the definitive restoration. The use of cotton is an adaptation of the method used to temporarily fill the access for endodontically treated teeth, though it appears to be falling out of vogue for this purpose as well. It should be noted that cotton was never intended for use under a definitive restoration.

The problem with the use of cotton is that the internal aspect of most implants and implant abutments are hollow, whereas the connection at the IAJ between them is prone to leakage. This creates a 35°C,<sup>20</sup> mostly oxygen-free, hollow tube filled with saliva, oral flora, and nutrients—an environment ripe for the proliferation of anaerobic bacteria.<sup>21</sup> As the patient functions on the implant, the IAJ continues to flex and wear, pumping saliva, nutrients and oral flora into the implant chamber from the peri-implant area (not the screw access hole). As the anaerobic bacteria proliferate and the IAJ continues to flex and leak, the anaerobic byproducts are pumped out of the implant at the IAJ and directly into the peri-implant tissues.<sup>3,22,23</sup>

Covering the screw with cotton, in particular, appears to be problematic because it is an open, organic, scaffold-like structure (Figure 2). These properties provide pathogenic oral flora an ideal substrate upon which to flourish and which likely increases the volume and potency of the inflammatory cell infiltrate. Additionally, cotton has been shown to allow the most leakage into the implant, when compared in vitro to gutta-percha,<sup>24</sup> silicone plugs, and polyvinyl siloxane (PVS) impression materials.<sup>25</sup> The seal created by polytetrafluoroethylene (PTFE) tape has been shown to be effective in sealing endodontically treated teeth<sup>26</sup> and in implant abutments when compared with cotton.<sup>27</sup> Ultimately, it appears that the

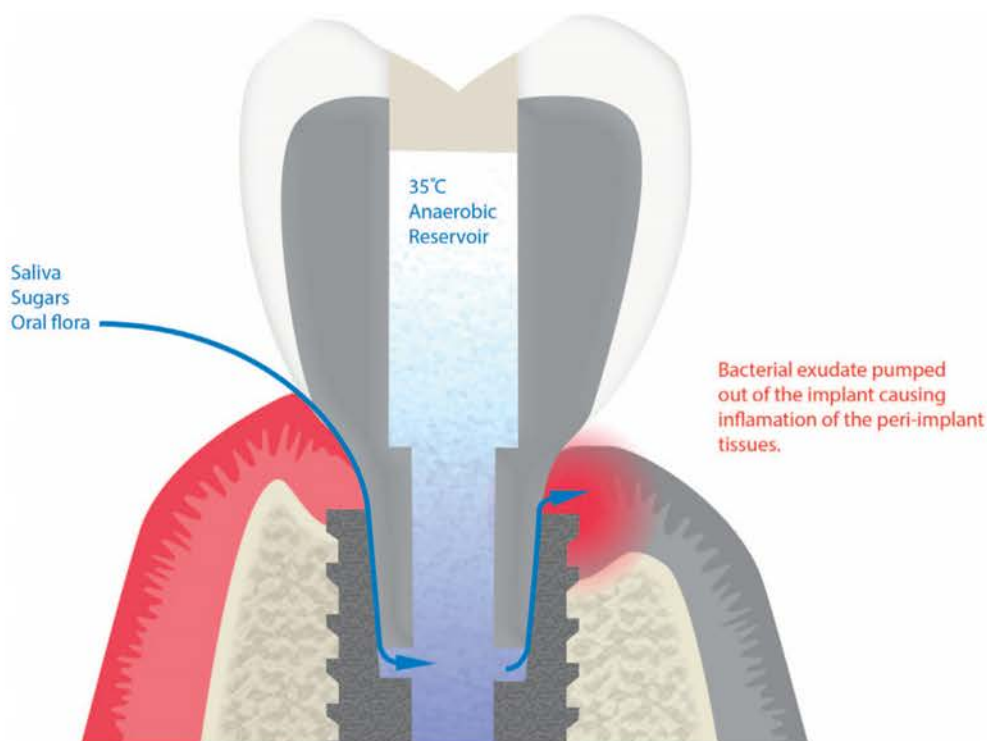
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**FIGURE 1.** The implant abutment junction leaks with repeated use, which pumps oral flora and nutrients into the internal aspects of the implant and the abutment. Traditionally, cotton has been used to cover the abutment screw and has provided an environment where anaerobic bacteria propagate and are ultimately pumped into the fragile peri-implant tissues.

quantity and the specific species of bacteria in and around the implant is affected by the filling materials.<sup>4,20</sup> The volume and microbial density of this internal leakage will likely prove to have a negative effect on the long-term stability of the peri-implant bone and soft tissue, though further in vivo investigation is needed.

The use of cotton pellets to directly cover implant screws likely continues because it is familiar, easy, and inexpensive. However, viable alternatives exist that meet the requirements of being easily retrievable, pliable, and microbiologically inert: in particular PTFE tape<sup>28</sup> and PVS impression materials. Additionally, these materials have the potential to reduce the volume and density of the internal leakage phenomenon. Although some may note that gutta-percha meets the aforementioned requirements, the authors have found it challenging to remove after years in service, which may then require the use of a handpiece and potentially damage the abutment screw. Furthermore, the PVS and PTFE techniques minimize potential leakage by fully occupying the space of the screw access chamber and creating a better long-term seal.

**Technique**

PTFE technique for screw-retained restorations:

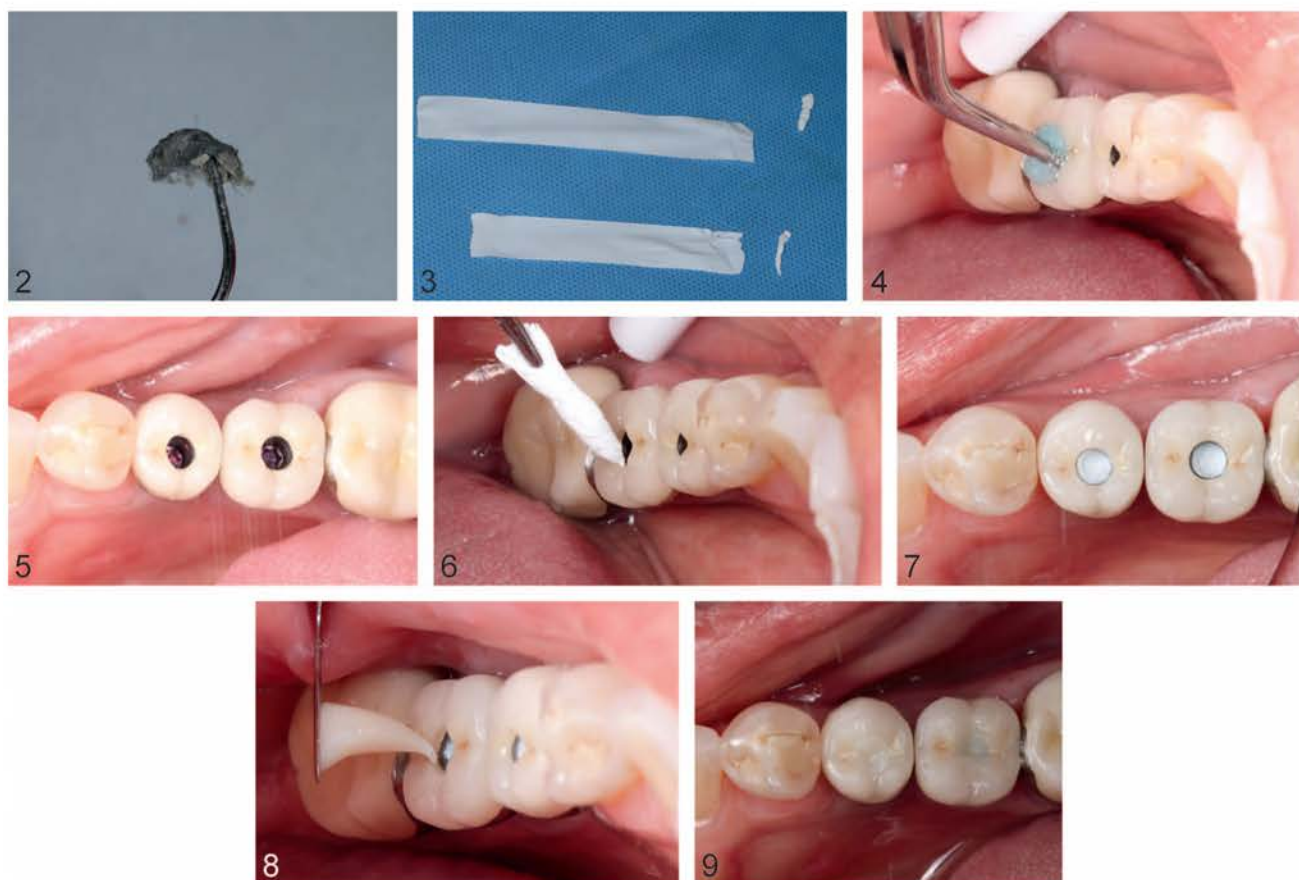
1. Prior to the appointment, individually autoclave 20–40 mm strips of commercial-grade PTFE tape (Figure 3).

2. Torque the abutment to manufacturer’s specifications and verify with vertical bitewing radiograph.
3. Clean the screw access with pellets soaked in 2% chlorhexidine (Figure 4).
4. Wipe down the screw access with isopropyl alcohol.
5. Dry the screw access (Figure 5).
6. Roll the PTFE tape into a cylinder shape and deliver into the screw access (Figure 6).
7. Condense the PTFE tape into the screw leaving 2–3 mm above (Figure 7).
8. Etch the occlusal ceramic with the appropriate hydrofluoric acid (2%–10%). Alternatively, this can be done prior to placement.
9. Silanate the occlusal ceramic.
10. Apply an appropriate composite bonding agent to the ceramic, inside the screw access, and over the PTFE plug. PFM crowns may benefit aesthetically by applying an opaquing resin to the walls of the screw channel.
11. Fill the remaining with an opaque composite, shape and polymerize (Figures 8, 9).

As an alternative to steps 10 and 11, Wadhvani et al<sup>29</sup> have developed a novel ceramic plug that is more durable and aesthetic than composite (Figures 10, 11).

PVS technique for cement-retained restorations:

1. Torque the abutment to manufacture specifications and verify with radiograph.



**FIGURES 2–9.** **FIGURE 2.** Clinical sample of cotton screw cover placed under gutta-percha after 4 years in function. Patient reported foul odor and taste under function. **FIGURE 3.** Commercial-grade polytetrafluoroethylene (PTFE) tape is precut and autoclaved prior to use. **FIGURE 4.** Two percent chlorhexidine is used to clean the internal aspects of the channel prior to placing the screw cover. **FIGURE 5.** The channel is wiped with isopropyl alcohol and dried. **FIGURE 6.** The PTFE tape is rolled into a cigar shape, delivered into the screw access channel and condensed. **FIGURE 7.** Sufficient PTFE tape is used to fill the screw access to 2 mm from the occlusal surface. Ideally, this will serve to block the graying effect of the metal channel. **FIGURE 8.** Light cured composite resin is applied following hydrofluoric acid etching and silanation of the ceramic ring. **FIGURE 9.** The completed composite cover is finished and polished.

2. Clean the screw access with pellets soaked in 2% chlorhexidine.
3. Wipe down the screw access with isopropyl alcohol.
4. Dry the screw access.
5. Use a narrow diameter syringe tips to inject and backfill the screw access with the PVS material (Figure 12).
6. Wipe off excess material prior to polymerization (Figure 13).
7. Cement the prosthesis ensuring the abutment margins are no deeper than 1 mm<sup>30,31</sup> and that the minimum amount of cement is utilized.<sup>32,33</sup>

In the case of necessary retrieval, the PVS plug is simply removed with an explorer (Figure 14).

#### SUMMARY

The PTFE or PVS screw access cover techniques provide simple alternatives to the traditional use of cotton pellets, and will minimize the colonization and proliferation of oral flora inside the implant system. These materials are likely to minimize the occurrence of patient-reported halitosis and cacogeusia (foul

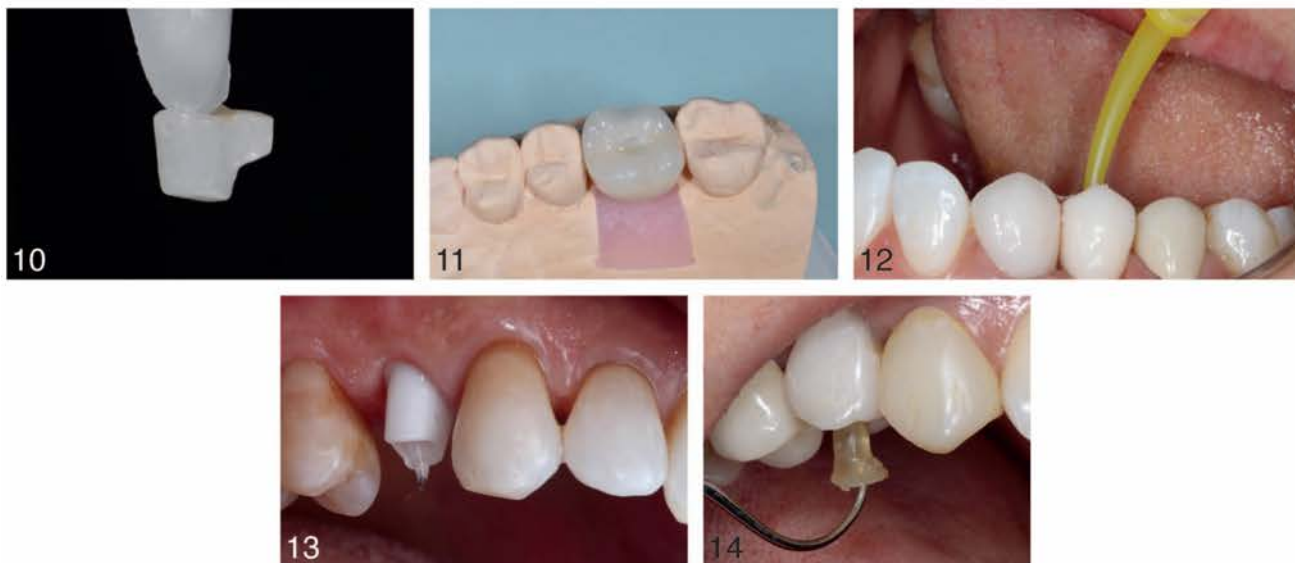
taste) following implant treatment. It is likely that by minimizing the intra-implant bacterial load, inflammation and peri-implant bone loss will be decreased.

#### Potential disadvantages

Further study (in vitro and in vivo) is needed to quantify the ability of the various materials for preventing leakage, for minimizing the proliferation of the oral flora in the internal aspects of the implant/abutment, and for long-term durability/breakdown tests. Follow-up studies are needed to quantify the effect of the various screw cover materials on the microbial profile inside the implant system and the ultimate effect of this leakage on the long-term stability of the peri-implant tissues.

#### ABBREVIATIONS

IAJ: implant-abutment junction  
 PTFE: polytetrafluoroethylene  
 PVS: polyvinyl siloxane



**FIGURES 10–14.** **FIGURE 10.** The ceramic plug is pressed concurrently with the crown. It has an opaque apical layer added to prevent show through from the screw access channel as well as an antirotation portion to enable improved seating. **FIGURE 11.** The plug is shown seated in the crown. It will be adhesively bonded, after application of ceramic etch and silane; then composite resin is used. **FIGURE 12.** A clear polyvinyl siloxane (PVS) material is syringed with a narrow diameter tip into the abutment, directly onto the head of the screw. **FIGURE 13.** Excess clear PVS will be wiped away and the plug allowed to polymerize. **FIGURE 14.** Should retrieval become necessary, the PVS plug is simple to remove with an explorer.

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Richard G. Stevenson, DDS



# HR Essentials: Keep Your Dental Practice Compliant in 2023

Whether you are looking to purchase a dental practice, open a new establishment, or accept an existing position within an established practice, it is essential to first consider the details of day-to-day management. The unfortunate truth is that dental work may often be seen as litigious material, and, in order to protect yourself from legal action, it's advisable to incorporate the following into your practice.

## Have the Right HR Software

Lawsuits are a common problem that many dentists face, ranging from wage and hour violations to discrimination allegations. It is imperative for any dental practice owner to remain compliant with all payroll regulations, as non-compliance can lead to costly legal action and damage a dentist's reputation in the community. Additionally, it must be ensured that workers feel safe within the workplace; otherwise, they may decide to file a lawsuit due to sexual or other types of harassment.

Dentists may face claims of discrimination, ranging from racial or sexual to those based on sexual orientation. With various forms of bias present in society today, it is important for dental professionals to remain vigilant against any potential injustices that may come up in their practice.

If you're running a practice, it is essential to be aware of potential wage and hour litigation. There are various claims that could arise, such as:

- As a business owner, it's your responsibility to make sure that you are paying each employee their due wages. These figures can differ from state to state, and even city to city, depending on the cost of living in those areas. To resolve related accusations, invest in an HR software that can provide you with factual proof that all employees were fairly compensated.
- Making sure your employees receive the right amount of overtime or holiday wages can be a complicated process, as their hourly pay rate may differ depending on how many hours they've worked in any given week.
- It's vital to correctly identify staff members as employees or independent contractors. To ensure nothing slips through the cracks and everything runs smoothly, embrace an HR software program!
- Documenting your employees' breaks for every shift can help prove your compliance. Should any issues arise later on, you'll have copies of the paperwork to guarantee accuracy when addressing conflicts.
- To guarantee that you are following all relevant regulations and compensating your staff accurately, it is essential to invest in [Human Resources software](#). This program will

monitor payroll data and payments made so that you can rest assured each employee receives what they earned for those extra shifts!

While having a written record of everything is great, it's worthless if you can't locate it.

When starting, buying, or combining a dental practice, protecting your business is of the utmost importance. To be sure that you are adequately protected and have reliable tools to manage your resources, it's essential that you utilize an efficient human resource program.

## Onboard New Team Members Properly

Investing in a thorough [onboarding](#) process is essential to ensure that new team members have a smooth transition and sets them up for success. It's easy to forget this crucial step after investing time and money into recruiting the ideal candidates, yet failing to do so will reflect poorly on your employer brand, work quality, employee engagement, and practice reputation. To give all your employees an amazing experience that will benefit their future and that of your organization, consider adopting these practices as part of your onboarding process today!

Guarantee a successful start for your new employees by providing them with concise and instructive onboarding material. This will keep issues from arising due to confusion or lack of information that could have been addressed beforehand, as well as make sure they are comfortable with the HR department and/or software so their introduction to the company culture is effortless.

## Have a Termination Process

Dismissing an employee can be quite an unpleasant task. When that individual is expecting a baby, elderly, or injured, termination becomes significantly more hazardous. Healthcare professionals and their teams commonly form close-knit units. Having to [fire](#) someone from the practice creates tension in the work atmosphere and alters daily operations for everyone involved, negatively impacting those around them.

Even though parting ways may be inevitable, we want to make sure you are always prepared. The best defense is a good offense: create an effective employee manual that clearly outlines policies and procedures from the get-go! Our partners at HR for Health provide software solutions that easily generate [up-to-date handbooks](#), ensuring compliance with all applicable laws.

When issues arise with an employee, take thorough and precise notes to record the problems. Clearly specify any policies or regulations that are being violated so there's no confusion. Ensure all supervisors treat everyone equally, and inform personnel that prejudice will not be acceptable in your company. The risks are immense. If a terminated employee perceives themselves as the victim of injustice, they can submit an official claim or sue for wrongful termination, which will cost you financially and emotionally while draining your time. Moreover, such dissatisfaction could spread among other personnel, leading to potential damage to your reputation in the locality.

## **An Updated Employee Handbook is Critical**

Having an [employee manual](#) or handbook is essential for any dental practice proprietor. It outlines what policies are in place, as well as provides details about benefits and processes. By having this foundational set of rules, everyone involved will clearly understand expectations of the employer-employee relationship.

Establishing and delivering a comprehensive employee manual offers invaluable insight to all of your staff. With consistent information and format, everyone can access the same resources when questions about policies arise. This streamlined approach gives employees an instant source for answers that ensures success in their role within the organization.

As a dental practice owner, ensuring that your new employees receive legally-required information is critical. You will guarantee they are fully aware of important policies, such as those addressing harassment and discrimination, long before issues arise. Unfortunately, these types of claims are still incredibly common across the country, but having strong policies in place will protect you against them becoming an issue for your business.

## **Pay Your Employees (Seriously!)**

Employers who unintentionally break [wage-and-hour rules](#) make a few common mistakes that can have costly consequences. For example, not paying the required overtime when employees should be classified as "non-exempt," and falling behind on changes in minimum wages laws, are two of the most frequent offenses. With an ever-shifting labor regulations landscape, it is critical to stay up to date with all applicable standards!

If you erroneously classify an employee as an independent contractor, and subsequently lose a misclassification lawsuit, not only are you responsible for paying back wages owed to the worker, but also any unpaid payroll taxes due to the IRS. Additionally, it may invite further

government intervention in your business operations including more frequent audits down the line.

Falling short on providing necessary work and rest breaks is detrimental. To avoid costly mistakes, it is important to have effective procedures in place.

California law mandates (keeping exceptions in mind) that you pay your employees:

- Time-and-a-half for every hour they work over the 8 hours of a single day, up to 12.
- Double time once those extra 4 hours is exceeded.
- Time and a half after 40 working hours have been completed during one week has elapsed. For the 7th consecutive day of said week, you must compensate with time and a half on the first eight hours and double time thereafter.
- According to federal legislation, you must compensate your employees for any hours worked over 40 in a week with time-and-a-half pay. However, if your business is located in California, you are subject to additional regulations that are much more rigorous than the Federal labor laws.

## What Happens If I Get Sued?

If you are ever sued by an employee or ex-employee for any variety of claims - including discrimination, wrongful termination, sexual harassment, and wage/hour violations - it is highly recommended that you seek counsel from a knowledgeable litigation attorney. It would be unwise to try and handle the case on your own, even if you feel certain that the allegations against you lack merit.

## Dental & Medical Counsel Has Your Back

To help avoid expensive legal disputes, we can craft procedures and systems that reduce the likelihood of being sued. Such measures include creating employee manuals outlining applicable federal, state, and local employment laws; requiring employees to sign off on understanding these regulations; and routinely updating the manual with new developments in the law. When properly implemented, these steps will provide proof you are adhering to all relevant requirements - thus minimizing your chances of getting sued by an employee.

At [Dental & Medical Counsel, PC](#), we understand dentists have trouble navigating the legal process. We believe every dentist deserves the best advice and service so doctors can do what they do best: treat their patients. We make dentists' lives easier by providing expert guidance, so they can focus on their personal and professional aspirations. [Contact us](#) today to schedule a complimentary consultation with the nation's leading dental attorney, Ali Oromchian.



## CDA House of Delegates 2022

Sara Andrews, DDS, MS

As the saying goes: “If you’re not at the table, you’re on the menu”. On November 18-19, over 200 California dentists took a seat at the table by attending the CDA House of Delegates (HOD) meeting in Sacramento. Every year, the San Mateo County Dental Society (SMCDS) sends five delegates to the HOD. The 2022 delegates were Jamie Lau, Oanh Le, Pinal Viraparia, Nes Morales, and I. Our SMCDS Executive Director, Nakia Brandt also attended and made sure we had everything needed to conduct HOD business.



The annual HOD meeting is the policy-setting body of the CDA, and as such, the very members of the organization steer the direction in which CDA will move in the upcoming year. The impressive part of this process is that, any individual dentist in California may propose an idea to the HOD in the form of a resolution. The resolution should pass by a majority vote and it will become policy for the CDA. I personally realized the caliber of the member-driven nature of the CDA once I attended my first HOD meeting in 2017.

At the 2022 meeting, I had the pleasure of serving as a member of the Reference Committee (RC) for the first time. The RC consists of five delegates who review submitted resolutions prior to the HOD meeting, and upon deliberation recommend a vote of yes or no to the HOD. Serving on the RC was a uniquely educational experience; we dove deep into each resolution, and deliberated in the interest of all California dentists while setting aside our personal biases.



The meeting took place in-person after a two-year hiatus where the meetings were virtual. The new condensed meeting schedule allowed for us to stay at the Hyatt hotel for only one night as opposed to the two-night stay in the past. The SMCDS delegates joined in with Mid-Peninsula Dental Society for a day of caucus on Friday. The purpose of caucus is to discuss the resolutions, and come up with a cohesive voice for our two dental

societies. The caucus discussions with our Mid-Peninsula Dental Society colleagues was perhaps the most rewarding and educational part of the process.

Following a long day of first day deliberations, the delegates blew off some steam at the President's Party on Friday night. The party, like always, did not disappoint. Celebrating the theme of diversity, the attendees enjoyed a variety of different cuisines, and multi-cultural performances such as a Chinese lion dance, and Hawaiian hula dancers. We welcomed our incoming CDA president, Dr. John Blake.

The house meeting was nothing short of exciting. The intensity of the room filled with a couple of hundred dentists, each holding a voting machine, and individuals lining up at the pro, and con microphones to voice their opinions was quite palpable. The speaker of the house, Dr. Debra Finney, once again did an exemplary job. Her execution of the parliamentary procedures, while maintaining a calm, professional, and friendly demeanor made the process seamless. There were ten resolutions at the house on varying topics such as promoting diversity and inclusion in dentistry, CDA's role in addressing dental hygienist shortage, and continuing to inquire transparency from third party payers. The first eight resolutions passed almost unanimously, while the final two resolutions on topics of sleep apnea, and new and emerging treatment modalities in the dentistry stirred up much debate.

The CDA House of Delegates meeting once again offered an exhilarating glimpse into the world of organized dentistry, and the function of CDA in serving the needs of each member dentist, and our profession. If you haven't yet, I highly recommend that you attend the HOD, and experience it for yourself. You will not be disappointed!





## Leadership Corner

Cathy Tao, DDS, MS

It is my pleasure to share my experience as part of the San Mateo County Dental Society Council and I hope that you will join us in the future!

During the winter of 2019, my husband and I welcomed our bundle of joy, Fiona, to the world. I meticulously prepared for the nursery, reviewed all of the baby checklists, and attended weekend newborn crash courses, but nothing had prepared me for the surreal experience of having a newborn at our house. Within three months of Fiona's birth, I dived into another project: opening my own orthodontic office in downtown San Mateo. The office space was formerly an OB-GYN office for 30 years and became available after the physician retired. I distinctly remember visiting the space with Fiona in a baby carrier while the space was an empty shell after the demolition; we took a picture of her in an infant carrier in the middle of the empty space to commemorate the start of an exciting journey.

Three years later, Fiona has become an active toddler. During this period, I would occasionally bring her to my office after daycare while I finished paperwork. To keep my three-year-old toddler entertained, I showed her the magic button: the automatic recline return on the dental chair. She cannot take her foot off the pedals for 15 minutes. Needless to say, it did not take long for me to realize that I better finish my paperwork quickly before Fiona breaks the chair.

Reflecting on the last three years, it has been challenging and fulfilling on both a professional and personal level. The ups and downs of navigating dental office construction during the pandemic, the difficulties of finding and retaining staff for my growing office, and the endless challenges of a small business owner wearing too many hats have led to numerous sleepless nights. At the same time, I am grateful for the continual support from colleagues at the San Mateo County Dental Society (SMCDS) and the wealth of resources shared by SMCDS. When my mentor and professor from UCSF School of Dentistry, Dr. Oanh Le, invited me to join the Leadership Council of the SMCDS in 2021, it seemed to be the natural next step. The opportunity allowed me to join the hardworking team that has a focused vision of creating a professional community to support SMCDS members. I would like to share some of my most memorable moments as a Leadership Council member. Perhaps these behind-the-scenes insights may convince some of you to consider becoming involved and become part of the Leadership Council as well!



Although my primary role at SMCDS is the co-editor for the publication Mouthpiece, each Leadership Council member participates in regular meetings to plan various continued education courses, social mixer events, and community outreach programs. Once per year, we also carve out a half day for the Leadership Council retreat, during which we take a step back from event planning to evaluate our missions and goals for the year using a top-down approach. The meeting covers topics such as membership advocacy, mentorship programs at local dental schools and for both new and seasoned members, collaboration with local dental societies, crafting an integrative plan to update members on legislative actions, and collaboration with local health organizations to improve public oral health. The range of topics demonstrates the multifaceted roles of SMCDS in creating a community forum in which members can grow and collaborate in advocacy for the value of organized dentistry via public outreach through local dental schools and in supporting programs that improve oral health. My participation in the Leadership Council has enabled me to witness firsthand how a local dental society can influence younger generations of new dentists, seasoned dentists, and the general public.

Beyond our hard work, we also have fun! The members of the Leadership Council gathered at the end of the year at a nice restaurant before everyone departed for the holidays. Over dinner, we caught up on each other's lives, I also learned about fencing, fly fishing, travel tips to Europe, and numerous other topics. To celebrate the holiday spirit, we also took part in a game of white elephant with plenty of steals to conclude the fun night.

Ultimately, my participation on the SMCDS Leadership Council has been an important aspect of my professional life during the last two years. The friendships that I have made through these memorable moments are ones that I will treasure for many years to come. Although it can feel somewhat isolating as a solo practice owner and overwhelming being a mom to a three-year-old toddler, the support and resources that I have received from colleagues at SMCDS have made it easier. I am very happy to give back by being part of the Leadership Council and helping implement the meetings and events that are essential to our members. Moreover, I have been thrilled to see our collective voice and influence as a local chapter of the dental society and how it has helped shape the ever-changing landscape of our profession.

I am excited to share my experiences, and I certainly hope that you will be intrigued enough to reach out to us!





## Volunteer Trip to Spiti Valley, Himachal Pradesh, India

Mina Desai, DDS

I retired last year after 28 years of private practice in San Carlos. Now, I would like to start my journey of helping people who can't afford and don't have access to oral healthcare.



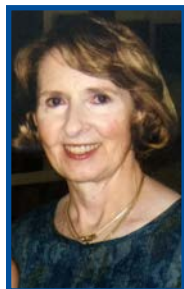
Himalayan Health Exchange, led by Ravi Singh, hosts a three week trip to set up mobile medical-dental camps. What a great way to help underserved rural area communities in small villages!

2022 was my second trip with the organization and I was able to do more than just extractions. I saw kids with severe decay and loss of their teeth at an early age. It was heartbreaking to see them in pain with no dental care close by. I fundraised to purchase a portable dental unit and dental chair. With additional funding, we managed to perform restorations and SDF treatment. We were able to give them some relief. We also managed to set up a dental clinic in a boarding school with 800-1000 kids near Dharamsala, India

I hope more dentists can find a little time to help underserved communities all around the world. It was so rewarding seeing smiles on the kid's faces after treatment. If you are interested, please call me at 650.766.0762



# In Memoriam



**Holly Hermansen**, wife of SMCDs member Don Hermansen, died on September 25, 2022, following a long struggle with ovarian cancer. Holly was born HOLLACE ANNE HARPER in San Francisco and grew up there. She earned her BS degree in dental hygiene from the UCSF School of Dentistry in 1971. She cared for her dental hygiene patients, mostly in her husband's practice, almost continuously until she became ill in 2017. Holly was devoted to her family and to her patients, many of whom became her friends. Holly is survived by her husband Don, her children, Julie Holland, Andy Hermansen, David Hermansen, and Wendy Hermansen, and six grandchildren.

## 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.  
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# Member Specialist Spotlight



## Pedodontists

SMCDs has **26** member pedodontists spread throughout San Mateo County

### Urmi Amin, DDS

10 El Camino Real Ste 102  
San Carlos, CA 94070-2451  
(650) 596-8045

### Kristine C. Chong, DDS

255 N. San Mateo Dr. # 3  
San Mateo, CA 94401-2671  
(650) 212-3500

### Juei Y. Kao, DMD

7455 Mission St Ste K  
Daly City, CA 94014-2977  
(650) 755-0277

### Anne R. Lee, DDS

1475 Huntington Ave Ste 150  
South San Francisco, CA 94080-5975  
(650) 873-5212

### Christine Liaw, DDS

1733 Woodside Rd Ste 280  
Redwood City, CA 94061-3464  
(650) 366-5437

### Katalina Ramirez, DDS, MS

358 Marine Pkwy Ste 300A  
Redwood City, CA 94065-5228  
(650) 592-2100

### Joann J. Toy, DMD

901 Campus Dr Ste 212  
Daly City, CA 94015-4930  
(650) 757-9490

### Laleh Vakili, DMD

1700 S El Camino #110  
San Mateo, CA 94402-3046  
(650) 372-9292

### Naomi Zaul, DDS

1720 El Camino Real Ste 101  
Burlingame, CA 94010-3211  
(650) 239-9384

### Joyce H. Bright, DDS

540 Ralston Ave Ste A  
Belmont, CA 94002  
(650) 610-1233

### Tyler W. Davis, DMD

247 N San Mateo Dr  
San Mateo, CA 94401-2608  
(650) 375-8300

### Karen L. Kishiyama, DDS

1700 S El Camino Real Ste 110  
San Mateo, CA 94402-3046  
(650) 372-9292

### Brian D. Lee, DDS, MSD

1291 E Hillisdale Blvd Ste 100  
Foster City, CA 94404-1293  
(650) 574-4447

### Lerida F. Lipumano-Picazo, DDS

210 San Mateo Rd Ste 104  
Half Moon Bay, CA 94019-7172  
(650) 727-3480

### Cicely B. Smith, DDS

1720 El Camino Real Ste 101  
Burlingame, CA 94010-3211  
(650) 239-9384

### Kenny Tse, Jr., DDS

1215 Mission Rd  
South San Francisco, CA 94080-1397  
(650) 871-5437

### Christian P. Yee, DDS

1291 E Hillisdale Blvd Ste 100  
Foster City, CA 94404-1293  
(650) 574-4447

### Purvi K. Zavery, DDS, MS

1390 El Camino Real Ste 150  
San Carlos, CA 94070-5156  
(650) 394-4200

### Nicolas L. Bronzini, DDS

101 Taylor Blvd  
Millbrae, CA 94030  
(650) 697-0981

### Niki Fallah, DDS

120 S El Camino Real Ste 1  
Millbrae, CA 94030-3133  
(650) 689-5355

### Terrence Y. Lau, DDS

121 N San Mateo Dr  
San Mateo, CA 94401-2708  
(650) 342-1512

### Jonathon Lee, DDS

1291 E Hillisdale Blvd Ste 100  
Foster City, CA 94404-1293  
(650) 574-4447

### Hung D. Pham, DDS, MS

1001 San Bruno Ave W  
San Bruno, CA 94066-3318  
(650) 989-9299

### Charles M. Spitz, DDS

247 N San Mateo Dr  
San Mateo, CA 94401-2608  
(650) 375-8300

### Sepideh Vafi, DDS

731 Oceana Blvd.  
Pacifica, CA 94044-2272  
(650) 989-9299

### Jack C. Yeung, DDS

2946 Broadway # A  
Redwood City, CA 94062-1510  
(650) 569-1680

# 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...



## **Miguel A. DeLeon, DMD**

General Practice  
324 N. San Mateo Dr., Ste. 3  
San Mateo, CA 94401-2999  
LECOM, FL - DMD - 2020

### **What brought you to San Mateo County?**

I took over a dental practice in San Mateo in 2021.

### **What is your favorite part of working in dentistry?**

My favorite part of working in dentistry is building relationships with my patients and taking care of their needs. I also love all of the tech I get to use in dentistry!

### **What do you like to do in your spare time?**

Videography, music production, cooking, playing games, travel.

## Retirements



**Donald B. Beck, DDS**—San Mateo Prosthodontist and SMCDs member of 47 years has retired.

## New Member Celebration

*Welcome!*

Join us in celebrating **8** new members from September 2022 to January 2023, contributing to the voice that is SMCDs - **665** strong...

**Yeonjae K. Braun, DDS**  
Midwestern - 2019 - GP

**Baldwin J. Hoo, DDS**  
UOP - 1986 - GP

**Nathan K. Yang, DDS**  
UOP - 2016 - GP

**Peter P. Chiu, DDS**  
UCLA - 1981 - GP



**Sandrine Lam, DDS**  
UCLA - 2019 - GP, UCSF - 2022 - Prosthodontist

**Basma Zaky, DDS**  
UCSF - 2016 - GP

**Dina M. Hammouda, BDS**  
Intl. - 2011 - GP, Univ. WA - 2015 - Oral Medicine


**Harry P. Tseng, DDS**  
USC - 2021 - GP

# SMCDS Business Member Wall of Fame



**C-Dental X-Ray Inc.**  
[cdental.com](http://cdental.com)  
 Julia Peck  
 Operations Manager  
 650.207.0478  
[japeck@cdental.com](mailto:japeck@cdental.com)

2015-2023




**Yaeger Dental Supply**  
[yaegerdental.com](http://yaegerdental.com)  
 Tim Yaeger, Jr.  
 President  
 650.888.1402  
[yaegerdental@gmail.com](mailto:yaegerdental@gmail.com)

2015-2023

**Dental & Medical Counsel, PC**  
[dmcounsel.com](http://dmcounsel.com)  
 Ali Oromchian, Esq.  
 925.999.8200  
[ao@dmcounsel.com](mailto:ao@dmcounsel.com)

2016-2023







**BANK OF AMERICA**  
[bankofamerica.com](http://bankofamerica.com)

2020-2023



**CJ Williams**  
 Vice President  
 Healthcare Financing  
 206.549.8369  
[calvin.williams@bofa.com](mailto:calvin.williams@bofa.com)

**Forrest Wiederman**  
 Vice President  
 Dental Financing  
 925.278.3343  
[Forrest.wiederman@bofa.com](mailto:Forrest.wiederman@bofa.com)

**Nobel Biocare**  
[nobelbiocare.com](http://nobelbiocare.com)  
 Matthew Ochs  
 Territory Manager  
 650.418.4736  
[matthew.ochs@envistaco.com](mailto:matthew.ochs@envistaco.com)

2022-2023

**Roam Commercial Realty**  
[roamcommercialrealty.com](http://roamcommercialrealty.com)  
 Foad Ahmadi  
 650.483.0993  
[foad@roamcommercialrealty.com](mailto:foad@roamcommercialrealty.com)

2020-2023




**Next Level Consultants**  
[nxlevelconsultants.com](http://nxlevelconsultants.com)  
 Debra Llama  
 925.457.5594  
[debra@nxlevelconsultants.com](mailto:debra@nxlevelconsultants.com)

2023




**Swiss Monkey**  
[swissmonkey.io](http://swissmonkey.io)  
 Christine Sison  
 CEO  
 916.500.4125  
[christine@swissmonkey.io](mailto:christine@swissmonkey.io)

2016-2017, 2021-2023



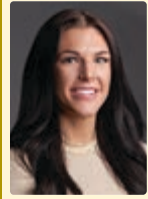


**Long Term Care Resources Pacific**  
[mikewonginsurance.com](http://mikewonginsurance.com)  
 Michael D. Wong, CLTC, DDS  
 650.468.2555  
[mwong@ltdcpacific.com](mailto:mwong@ltdcpacific.com)

2021-2023




**Rectangle Health**  
[rectanglehealth.com](http://rectanglehealth.com)  
 Joel Shuster  
 Partner Development Manager  
 561.341.9690  
[jshuster@rectanglehealth.com](mailto:jshuster@rectanglehealth.com)

2020-2023

**PCIHIPAA**  
[pcihipaa.com](http://pcihipaa.com)  
 Madison Evers  
 Compliance Advisor  
 424.353.5303  
[madisone@pcihipaa.com](mailto:madisone@pcihipaa.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.

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programs this past quarter.





## An Ownership New Year's Resolution

By Michael Dinsio, MBA

As a buyers' representative and practice consultant, I talk to hundreds of doctors a year. Many themes emerge from these conversations, but the one that pains me the most is hearing how dentists delay considering practice ownership early in their career. Many desire ownership and watch as friends become owners with a thought of *maybe someday*. But, for themselves, they hope and wait till the "perfect" situation presents itself, if it ever does. As we roll into the new year, my hope is that more doctors get off the bench and into the game. The time for ownership is right now. Here is why.

### **#1 MONEY is still Easy**

As once a dental specific banker, I can tell you getting a bank loan could never be easier. Although rates have increased over the past six to twelve months, they are still considered to be low. Even with inflation on the rise, the cost of money is cheap for buyers. What does this mean? Lower payments equal more cash flow. Even with practices being priced higher than historical averages, lower payments offset the cost to make the purchase affordable. Lower payments can afford buyers to invest in new equipment, stronger marketing, and even consulting services (wink wink) to set them up for success. These types of investments help buyers and new owners gain the confidence they need to run successful businesses!

### **#2 TIME is valuable**

It's not a secret that small investments over the long term will yield more than large investments over the short term. In short, time is on your side. Working as an associate definitely has some benefits. The dental corporations make sure of that. With that said, the ownership opportunity dentists have in front of them is difficult to quantify. Just like a mutual fund or a piece of property, dental offices have real value. When my clients choose ownership, they are not only benefiting paycheck to paycheck, but they are also building real value in an asset to sell in the future.

I recently had coffee with a dentist and an old friend. In 2012, when I first met her, she was considering buying an office. I remember the first practice she looked at: it was in a desirable location, the equipment was in good shape, the lease was not too expensive and the financials were average. Despite my recommendation to buy, she ultimately passed on the opportunity. Today, over 10 years later, she bought a different practice. Sadly, the first practice would have been paid off in full and cash flowing even stronger. That is over 10 years of income down the



drain and all her practice debt paid off! Her biggest regret was that she did not pull the trigger sooner. Nonetheless she is an owner now and will benefit for years to come!

### **#3 The Market is still OK**

For over a decade, industry experts have predicted a slowdown of practice sales. Fortunately for the 25,000+ graduating dentists every year, this has not been the case. I predict that in 2023 more dentists will put their practices up for sale than ever before. Here's why.

In 2023, the average age of the baby boomer generation will hit over 65 and they will become eligible for Normal Retirement Age (NRA) benefits. As their retirement benefits start to roll in, many will consider selling their successful practices.

Secondly, the dental industry is safer than most might think. When I was a dental lender more than a decade ago we were coming off of a pretty bad recession. What I learned in that time was that the dental industry is almost recession proof. People still need cleanings, their teeth still broke and decay will always hurt! If we as a dental community learned anything from the pandemic, it would be that patients will still go to their dentist even in the worst times economically. With record high national unemployment rates, many of our clients had their best years. It is smart to be concerned about a possible recession, however patients still needed their providers and practices still made their loan payments.

As a New Year's Resolution, resolve to take your career into your own hands. The average associate struggles to make ends meet, juggling two to three associate positions. For all that hard work, their income ranges anywhere from \$120,000 to \$150,000 per year and they have less than \$25,000 dollars in savings. Yes, becoming an owner is daunting, but the statistics speak for themselves. Default rates remain lower than ever in this industry. The money is right, the market is good, and time is ticking.

Make the decision in 2023 and invest in yourself!

Michael Dinsio, MBA  
Founder of Next Level Consultants  
Host of the Dental Unscripted Podcast  
[michael@nxlevelconsultants.com](mailto:michael@nxlevelconsultants.com)  
720.309.9551





## Creating Culture In Today's Dental Offices Part IV

By Michael Njo, DDS

Happy New Year! Thank you for the privilege to contribute to our newsletter. In the past 3 articles we covered the following topics: Part 1 Leadership, Part 2 Gratitude, Part 3 Team, and Part 4 we will discuss Attitude and Mindset. When I think of attitude and mindset, I reflect on my time serving on the Board of Bellarmine College Prep where both of my sons attended. It was there I learned more about the Jesuits. I particularly appreciated the manner in which Jesuits prayed: **Gratitude:** *Recall anything from the day for which you are especially grateful and give thanks.* **Review:** *Recall the events of the day, from start to finish, noticing where you felt God's presence, and where you accepted or turned away from any invitations to grow in love.* **Sorrow:** *Recall any actions for which you are sorry.* **Forgiveness:** *Ask for God's forgiveness. Decide whether you want to reconcile with anyone you have hurt.* **Grace:** *Ask God for the grace you need for the next day and an ability to see God's presence more clearly.* No matter what your faith is, the above are wonderful steps to follow on a daily basis. These action items will allow one to really appreciate what is truly important. Most practitioners will spend over three decades of their life devoted to the practice of dentistry. What do you want to be remembered for as a practitioner, leader, employer? Sometimes in our busy and chaotic lives we often forget to smell the roses. Are you taking time to smell the roses? If you are, good for you! So how are you dealing with the latest challenges? How are you handling your workforce/team, how are you handling/controlling your overhead, and how are you handling the insurance climate? These are just a few initiatives I am working with my clients on. However, coaching attitude and mindsets, is difficult. You need a person that has a positive attitude, in it to win it attitude, and a spirit of perseverance. It is often times tough to maintain that attitude. What helps are the team, coaches, family, and people around you. in other words: your culture, your environment. It is not if something will happen to affect you and your business it is when. Have you conditioned yourself to handle and navigate when these challenges/opportunities present themselves? With every crisis comes opportunities. Do you believe that? What do you do to nourish and maintain your attitude and mindsets. When you are at your worst that is when you will be judged. Have you noticed how you are when your whole schedule falls apart compared to the day when you have had an extremely productive day. Your behavior and attitude should be no different. Therefore, there is something to give thanks for even if you are in dire straits, even if your schedule falls apart. Look for the opportunities. As an industry we have been on a roller coaster since 2020 and we should all be thankful for organized dentistry as we ban together to address our next challenges. So, these 4 parts: Leadership, Gratitude, Team, and

Mindset/Attitude can make up an amazing culture in your dental office for your patients, your team, and yourself. However, this must be a daily purpose and commitment. I wish you all a wonderful 2023. Be safe, well, and happy.

Thanks to those of you who asked questions, Thanks for those of you who enjoyed the article. As always, for those would like to discuss this topic or any related topics. I would be happy to schedule a call. Please email me at [dentalstrategies@gmail.com](mailto:dentalstrategies@gmail.com)



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- Job Resources (for dentists & staff) ■ Practice Management & Regulatory Compliance
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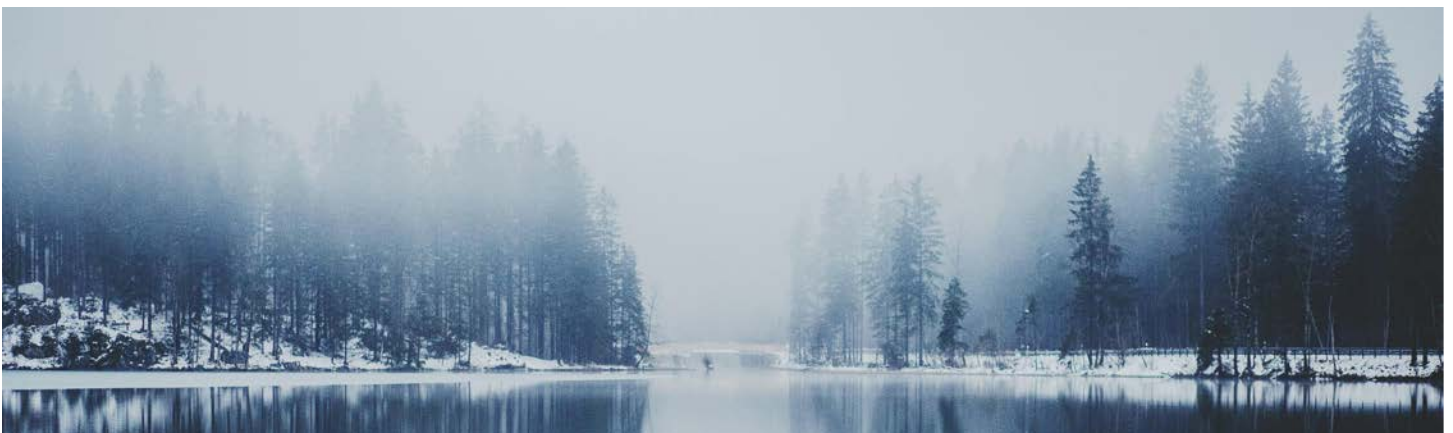
- retirees ■ post-graduate students ■ dental school faculty members
- federal employees: active military duty/work full-time at a VA clinic
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■ **If you're not sure about why** you should renew and need reassurance of member benefits and the **power of organized dentistry**, please e-mail [mike@smcnds.com](mailto:mike@smcnds.com).

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Dental Practice Sales and Appraisals

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### SAN MATEO

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### SAN MATEO

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Tu 2/7

Required CE

**Responsibilities and Requirements for Prescribing Controlled Substances (Schedule II Opioid Drugs)**

6-8pm

LIVE Webinar

2 CE (Core)



Reb Close, MD  
& Casey Grover, MD

**Objectives**

- Explore pain management drug options for acute pain control
- List how to register for, and utilize, CURES (Controlled Substance Utilization and Review and Evaluation System)
- Discuss red flag indicators of prescriptions issued for reasons other than a legitimate medical purpose
- How to manage acute and chronic pain in the dental setting.
- The risks and identification of opioid use disorder.
- The practices and legal requirements for opioid prescribing and dispensing.

Th 2/23

FREE Member Benefit

New Dentists Pop-up Mingle & Networking @ New England Lobster

7-9pm

sponsored by



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\* New Dentists = graduated from dental school within the last ten years

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Fr 3/24  
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.

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