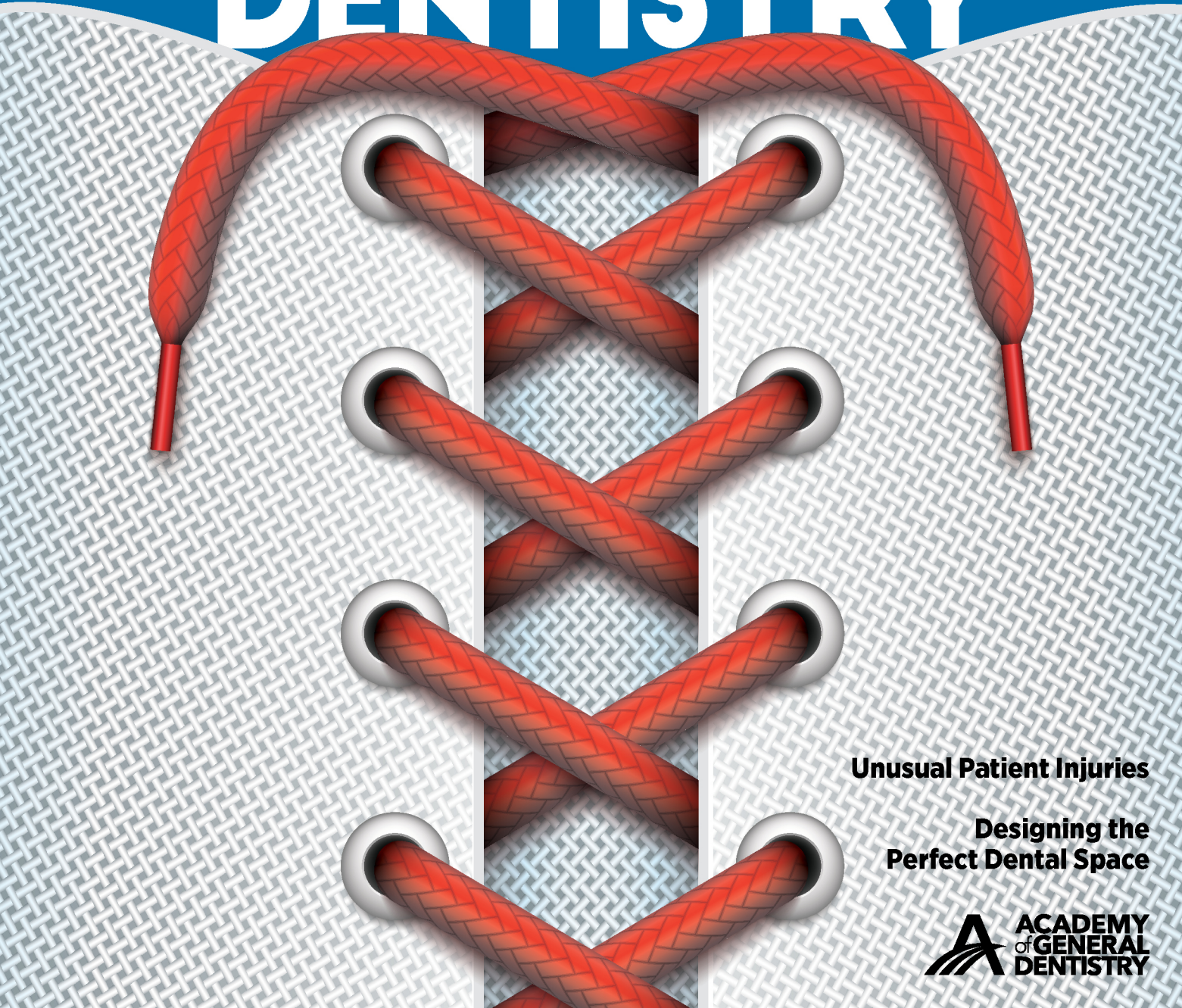
NEWS FOR THE GENERAL DENTIST

AGD Impact

JUNE 2019
VOL. 47, NO. 6

SPORTS DENTISTRY



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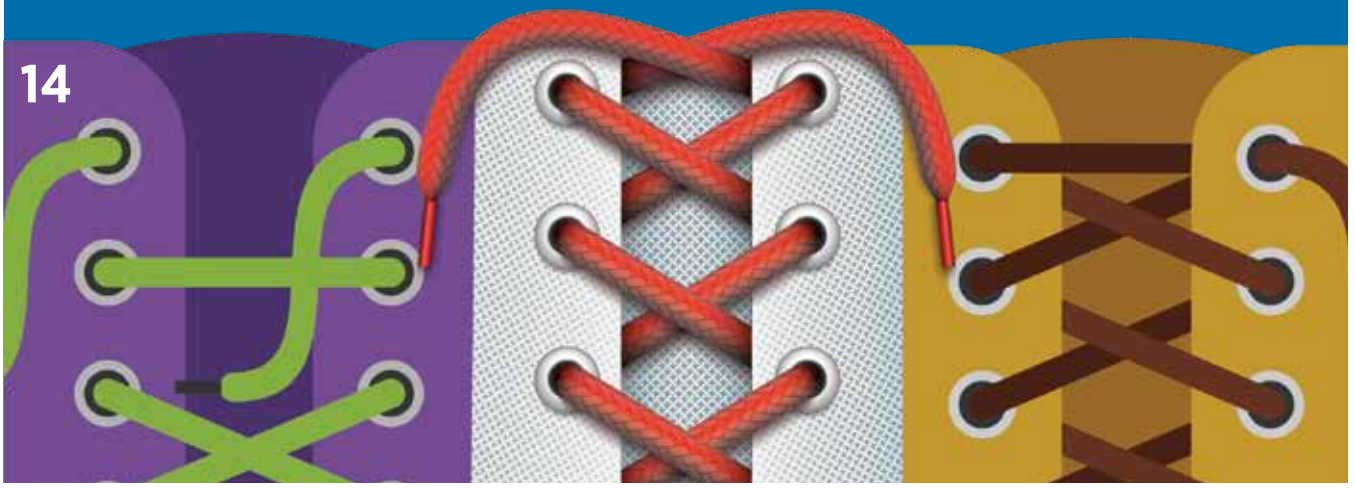
June 2019

SPORTS DENTISTRY

Prevention is the Name of the Game

By Michal Christine Escobar

Although many orofacial and dental injuries can be easily prevented or minimized with properly fitted mouthguards, many athletes remain unnecessarily at risk for oral injury. Both professional sports dentists and those involved with school sports have the ability to educate athletes and prevent some of these injuries.



Editor's Note

Score a Win by Creating Mouthguards for Young Athletes

When my son was in high school, the father of one of his classmates called to ask me what type of mouthguard he should buy for his son on the wrestling team. He had watched a student on an opposing team get his front tooth knocked out at a recent match, and he and many other of the school's parents were understandably concerned.

So when the athletic trainer from my son's high school asked me if I'd be interested in fabricating mouthguards for the school's football, hockey, wrestling and basketball teams, I knew I had found a minor calling.

Most of us would agree that donating some of our services is a rewarding part of our profession. It can make a real difference to the people we help, enhance our relationships with those who live in our community and provide lifelong, feel-good memories. And, in the case of creating mouthguards, it can prevent our young athletes from experiencing some devastating injuries.

A full 72 percent of dental injuries among high school athletes happen to players not wearing mouthguards, concluded the National High School Sports-Related Injury Surveillance Study, conducted from 2008 to 2014.

This study and others found the mouthguard to be the most effective way of preventing dental injuries in high school sports. Statistics indicate that a custom-fabricated mouthguard, especially the pressure-laminated variety, affords the most protection.

Several states have tried to mandate mouthguard use in high school sports with some success. The National Federation of State High School Associations currently recommends that mouthguards be mandated for high school football, lacrosse, ice hockey and field hockey players, plus wrestlers who wear orthodontic appliances.

I have taken this advice to heart and have been creating mouthguards for my son's school's sports teams for the past 10 years.

When we first started making mouthguards, the process was cumbersome. My dental team and I would go to the school, line up the players and make an alginate impression for each of them. We would then return to the office to make dozens of models from which we later created the vacuum-formed mouthguards.

Eventually, we made arrangements with a dental lab that provided premeasured vinyl polysiloxane material and various sizes of impression trays, making the first process more efficient. The lab also took over the creation of the pressure-laminated guards, using two to three layers of EVA material, chemically fused.

Each mouthguard was then personalized with the athlete's name and the team logo.

I have never once regretted giving up some of my time to help our high school athletic teams, and I bet you wouldn't either. If you're interested in helping your community's young athletes, get in contact with the athletic trainers at your local schools. You could volunteer your time to teach school athletes and parents about the importance of wearing custom-made, pressure-laminated mouthguards. And you could go further by helping make them for the players.

In addition to feeling good about helping to keep those young players safe, I even admit to privately taking a little credit for a win now and then. After all, a properly outfitted and protected athlete is a more confident player — and confidence plays a large part in playing your best game.

Timothy F. Kosinski, DDS, MAGD
Associate Editor

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Make AGD2019 Your Own

By Neil J. Gajjar, DDS, MAGD, Connie L. White, DDS, FAGD, and Bruce L. Cassis, DMD, MAGD

With AGD2019 just around the corner, we are looking forward to seeing thousands of AGD members in Connecticut. Whether you're a student interested in learning more about AGD or a late-career dentist looking to invest in the newest techniques, you're sure to leave the meeting armed with tools to further your career.

The most wonderful aspect of the meeting is the sheer number of quality educational offerings. Attendees have nearly 200 courses to choose from, which ensures that every dentist has the ability to create a customized education plan and make AGD2019 unique to them. As longtime AGD members, we've seen how these meetings only continue to get better every year. We'd like to share why we think AGD2019 will be the organization's best meeting to date and the reasons we're particularly excited to be spending time at Mohegan Sun.

President Neil J. Gajjar, DDS, MAGD

As 2019 president, overseeing this year's meeting has been one of the most prestigious honors of my career. The culmination of an AGD scientific session is the Convocation Ceremony. What a thrill it is to witness the next generation of AGD leadership achieve Fellowship and Mastership status. Those of you who earned these awards do our profession proud and stand as dentists committed to excellence. Assisting with the ceremony gives me faith that the future of dentistry is bright, and I can't wait to shake each of your hands as you cross the stage.

That's not to say that AGD2019 is all learning and no fun. The President's Reception will take place Thursday evening in the Earth Expo Center, and it's a great opportunity to relax and celebrate the end of the first day of the meeting. I look forward to meeting as many AGD members as possible and hearing their hopes for both the association and the profession. And then, later that evening, I look forward to seeing how many members can juggle, sing and perform magic tricks at the AGD Talent Show.

AGD2019 will truly be an experience like none other. I'm looking forward to seeing you there.

President-elect Connie L. White, DDS, FAGD

Being in the middle of thousands of dentists who share my love of learning couldn't make me happier. As an educator, I'm a firm believer in learning by doing, and the multitude of environments at AGD2019 that facilitate both traditional lecture-type learning and hands-on demonstrations are remarkable.

Past scientific sessions have featured courses that integrate learning in situ by performing dental work on pig heads, and this year is no different. Participants will be able to experience laser excisional biopsies and suturing techniques in a realistic environment.

AGD2019, however, goes beyond previous meetings by offering a live operatory. This full-scale mockup of a dental office allows presenters to teach in an environment as close to the real world as possible. Real clinicians will be able to work on real patients in real time. Next to performing a procedure yourself, it doesn't get any more lifelike than that. I encourage all attendees to visit the registration section of *agd2019.org* and see if there are still openings for live operatory courses.

Vice President Bruce L. Cassis, DMD, MAGD

As a fellow educator, I echo the sentiments of President-elect White — there is simply no better place to experience such a breadth of educational opportunities as AGD2019. From pain management to endodontic excellence to sleep dentistry, this roster of courses can educate you in the exact areas you need to better your practice.

As President Gajjar mentioned, the meeting is about more than learning, too. Since the vast majority of attendees will be taking advantage of Mohegan Sun's accommodations, thousands of your fellow dentists will be under one roof for several days. The number of networking opportunities is tremendous. Friday's Student and New Dentist Reception will give our newest members the ability to connect with peers and ask questions of dentists who have been in practice for a while. Attendees who want to experience some New England charm can bring their families — or some newfound friends — on one of our tours to such locations as the Essex Steam Train, Mystic Seaport or New York City.

On behalf of the AGD Executive Committee, I would like to wish all AGD2019 attendees safe travels and a wonderful meeting. For more information on any of the topics we've mentioned, or if you'd like to join us, visit *agd2019.org*. See you in Connecticut!

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E-12411-0219

Meetings

Leadership Development Symposium Inspires Current and Future Leaders

Over 100 AGD leaders representing over 30 constituencies attended the 1 1/2-day 2019 AGD Leadership Development Symposium, April 12–13 in Chicago. Hosted by the AGD regional directors, the meeting's theme was "Leading from the Inside Out," and its goal was to motivate, engage and equip current and future leaders.

AGD President Neil J. Gajjar, DDS, MAGD, opened the symposium Friday morning.

"The next day and a half will be filled with learning, brainstorming and networking," said Gajjar. "I didn't start my career to become a leader of an organization like the AGD. But the reason I ended up here is that I was inspired by the people I met along the way and the opportunities to support our profession and each other. I'm thankful we can bring together people from around the country and around the world to discuss how we can be stronger leaders."

Gajjar touched on many challenges today's dentists are currently facing or will face in the near future — from working with AI and big data to dental service organizations and the changing landscape of the profession. He stressed how AGD's unique resources can prepare members to lead through these changes.

"The AGD leader is a unique individual who has a passion for learning," said Gajjar. "I now turn to you and ask: What do you need from the AGD?"

Gajjar's talk was followed by keynote speaker AGD Past President Bruce Burton, DMD, MAGD, ABGD. Burton discussed

many key attributes that leaders need to be effective. He stressed that trust is the most important quality between leaders and their teams and that leaders must maintain positivity and be aware of successful communication strategies.

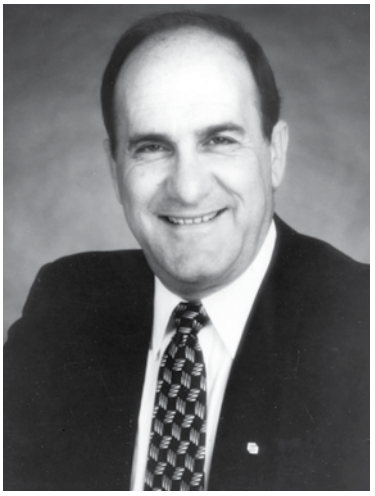
"Hopefully it motivates you to think about what kind of leaders you want to be," said Burton.

The remainder of the conference consisted of three concurrent tracks presented by various AGD leaders. These tracks covered topics ranging from advocacy to continuing education to working with AGD on both the local and national levels. The conference concluded with AGD Past President Bruce DeGinder, DDS, MAGD, giving a talk, "Work, Play and Learn," and President-elect Connie White, DDS, FAGD, delivering closing remarks.

In Memoriam

Ludwig Leibsohn, DDS, FAGD

AGD Past President Ludwig Leibsohn, DDS, FAGD, of Boca Raton, Florida, died February 26, 2019, at the age of 79. He held a variety of positions within the dental community beginning in the early 1970s. Leibsohn served as chair of the membership, public and professional relations, and publications committees for the New York State AGD, as well as area vice president and editor. He earned his FAGD in 1979 and served as AGD president from 1991 to 1992.



Leibsohn is also a fellow of the Academy of Dentistry International, International College of Dentists, American College of Dentists and the Pierre Fauchard Academy.

He is survived by his wife, Arline, and other family members.

Inside *General Dentistry*

Look for the following article in the May/June 2019 issue of AGD's peer-reviewed journal, *General Dentistry.*

"Buccal injection of articaine to anesthetize the palatal mucosa"
Buccal and palatal injections of anesthetic agents are required before maxillary tooth extractions, but palatal injections are painful. After sectioning and measuring cadaveric hemimaxillae, Abu Sharkh et al concluded that the uniformly thin, cancellous maxillary bone, when coupled with the diffusion properties of articaine, allows buccal infiltration to produce palatal anesthesia, eliminating the need for a palatal injection.

To view past issues, visit *agd.org/generaldentistry.*

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2019 - 2020 Course Dates & Locations

Toronto, ON
Session 1 ..... September 20 & 21, 2019
Session 2 ..... November 8 & 9, 2019
Session 3 ..... January 10 & 11, 2020
Session 4 ..... March 6 & 7, 2020

Chicago, IL
Session 1 ..... September 13 & 14, 2019
Session 2 ..... November 15 & 16, 2019
Session 3 ..... January 17 & 18, 2020
Session 4 ..... March 13 & 14, 2020

Calgary, AB
Session 1 ..... September 13 & 14, 2019
Session 2 ..... November 22 & 23, 2019
Session 3 ..... January 24 & 25, 2020
Session 4 ..... March 13 & 14, 2020

Houston, TX
Session 1 ..... October 4 & 5, 2019
Session 2 ..... December 6 & 7, 2019
Session 3 ..... February 7 & 8, 2020
Session 4 ..... April 3 & 4, 2020

Phoenix, AZ
Session 1 ..... October 18 & 19, 2019
Session 2 ..... December 13 & 14, 2019
Session 3 ..... February 14 & 15, 2020
Session 4 ..... April 17 & 18, 2020

Detroit, MI
Session 1 ..... October 18 & 19, 2019
Session 2 ..... December 13 & 14, 2019
Session 3 ..... February 21 & 22, 2020
Session 4 ..... April 17 & 18, 2020

Miami, FL
Session 1 ..... Jan. 31 & Feb. 1, 2020
Session 2 ..... February 28 & 29, 2020
Session 3 ..... March 27 & 28, 2020
Session 4 ..... April 24 & 25, 2020

Dates and hotels are subject to change • CE credits 56 hours lecture, 82 hours participation (upon completion of all tests and lab exercises)

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2. Straight Wire Mechanics, Class II Treatment, Twin Block™, Rick-A-Nator™, Bracketing, Banding of Molars, Archwires
3. TMJ in Orthodontics, Sagittal & Tandem Appliance, Class III, Utility Arches, Splint Therapy, Joint Vibration Analysis, Carriere Motion Appliance, Myobrace
4. MARA™ Appliance, Open Bite Cases, Impacted Cuspids, Clear Braces, Case Finishing, Retention, Snoring & Sleep Apnea, Air Rotor Stripping & Invisalign (Clear Aligners)

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AGD Fact Sheets

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AGD fact sheets provide your patients with information they need to maintain their oral health. Fact sheets on more than 25 oral health topics are available for downloading online and can be customized to include your name and practice contact information. Download the fact sheet "Preventing Tooth Trauma" at *agd.org/factsheets.*

ACADEMY of GENERAL DENTISTRY | DENTAL EMERGENCIES

PREVENTING TOOTH TRAUMA

Dental emergencies can happen at any time. Oral injuries can be painful and should be treated by your dentist as soon as possible.

What are dental emergencies?

What should I do if my tooth is knocked out?

What should I do if my tooth is pushed out of position?

How should I handle a chipped or fractured tooth?

What should I do if the tissue in my mouth is injured?

How can mouthguards protect my mouth?

What other types of protection do I need?

Fellowship Exam

Study Guide and Supplement Available

Are you planning on taking the Fellowship Exam at AGD2019? AGD currently offers two products to help you prepare. The 2019 Study Guide comes in both print and digital versions and contains 100 questions to help you prepare for the exam.

New this year is the 2008–2015 Study Guide Supplement. Similar in format to the annual study guide, this supplement contains over 450 questions, answers, critiques and references compiled from past study guides to help you prepare for the exam. Members who attend a national review course will receive a $100 discount on the supplement by submitting proof of attendance.

If you are interested in purchasing these items, visit *members.agd.org/store.*

Partnerships

AGD Announces Partnership with Dental Lifeline Network

Through its new partnership with national nonprofit Dental Lifeline Network (DLN), AGD is offering donated satellite office space at its Chicago headquarters. Via its flagship program, Donated Dental Services (DDS), DLN has provided dental services and oral health literacy since 1974 to individuals lacking fiscal resources.

AGD encourages members to volunteer services to DLN and to refer DLN resources to their disabled or low-income patients. For more information, visit *dentallifeline.org.*

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Mary Joyce Gomez Gives Patients Hope

For Mary Joyce Gomez, DDS, director of the St. Bernard Hospital Dental Center on Chicago's South Side, a usual day could involve writing grants for the clinic's upcoming projects, preparing data and completing reports, giving presentations to donors, or performing adult and pediatric dental care in the hospital's clinic or operating room. A passionate advocate for the communities she provides care for, Gomez's mission is to bring both basic services and hope to vulnerable populations in Chicago.

Gomez prioritizes empathy and access while providing good technical care. She's never more serious than when talking about her patients, but, during treatment, she often expresses her warm, exuberant personality — singing with her patients and donning a tiara when she's treating children. "I'm no special person," she maintains. "I'm just here to help."

Since joining St. Bernard in 2017, Gomez has expanded the client population, moving from strictly pediatric care to treating seniors, special needs patients and low-income adults. Believing the clinic should make services more accessible and convenient for patients, Gomez and her staff abolished the clinic's late policy. After discovering that parent work conflicts and issues with transportation were barriers to pediatric patient attendance, the clinic began offering services in schools and out of a van.

Gomez embraces a holistic approach to patient care. "We dentists do some of everything," she says. "We are a patient's therapist and psychologist. We are the artists, the engineers. We provide education. It's not only the teeth — we are looking after the whole person."

Gomez grew up in Manila in the Philippines, the daughter of a dentist father and an academic mother. At an early age, she was comfortable in the dental environment — her father's office was attached to the family home. However, when her father predicted she would follow in his footsteps, she adamantly disagreed. "I hated the smell of the dental office," she remembers.

She felt drawn to the ministry but, when her father became ill in her late teens, began to appreciate the community aspect of her father's work. She recalls many of his patients visiting him in the hospital to wish him well. "It was like he was a celebrity or something," she says. "He helped so many people; he touched their lives."

After her father's death, Gomez's mother — whom Gomez describes as "the visionary in the family; whatever she says always happens" — encouraged her to pursue a health-related career. She earned her Doctor of Dental Surgery and practiced in the Philippines for eight years, working in hospital and pediatric dentistry. Her mother then encouraged her to join her brother in the United States.

Her journey to becoming a fully licensed dentist in the United States was long and difficult. The day before she was scheduled to take the National Board Dental Examination (NBDE) Part I to start her pursuit of a U.S. dental license, she lost her mother. After passing the NBDE Part II and planning to take the bench test in California, new licensure requirements were established, requiring Gomez to complete and finance two additional years of dental school in the United States.

Working as an orthodontic assistant in Maryland, Gomez spent nine years obtaining her green card and applying for dental school. She had just started her second semester at the University of Illinois at Chicago when she was diagnosed with breast cancer and had to stop for a year to get treatment.

Undaunted, she persisted in fulfilling her ambitions, returning to school after her cancer was in remission. "When I came back, the students were like, 'Who's that? She might be our new professor.' Because I was so old and bald!" she laughs.

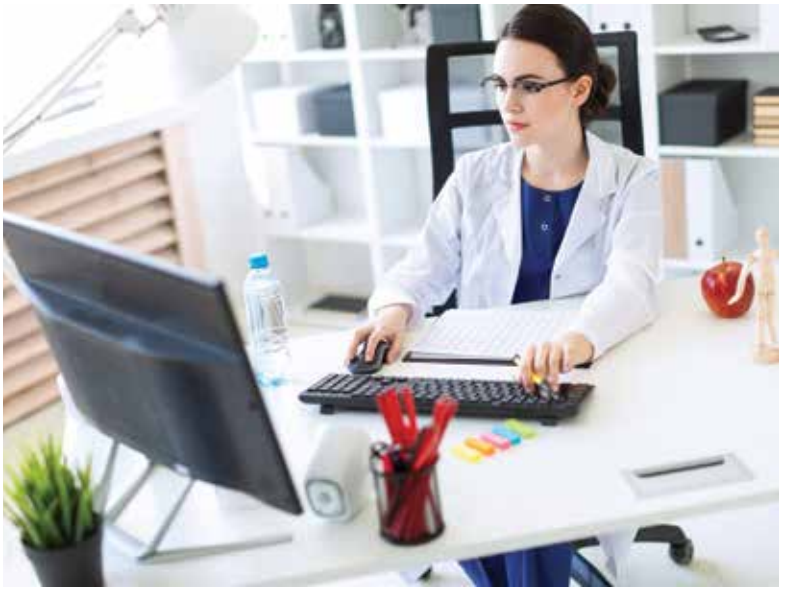
Gomez says her struggles taught her a vocabulary for encouraging resilience in others and the value of giving people a chance. She understands the complicated interpersonal needs of her patients because she's been in their position. "I have been on the other side of the chair; I've been a patient, too," she says. "Patients may be concerned or worried or hopeless, and we can be a beacon of hope for them."

Outside of work, Gomez enjoys watching suspenseful movies and spending time with her husband. She spends a lot of time thinking about the future of the clinic, making plans for a sedation clinic for special needs patients and hoping to create a residency program in the future. She considers her work in the community to be like a ministry. "I feel that this is what I was created for," says Gomez. "This is my purpose."

"Patients may be concerned or worried or hopeless, and we can be a beacon of hope for them"

Receiving Medical Reimbursement for Dental Trauma is No Accident

By Charles Blair, DDS



I have observed that dental practices rarely submit claims to medical payers. However, dental teams do see patients in need of dental treatment due to an accidental injury. When such patients request that a claim be submitted to their medical plan, the plan usually provides reimbursement.

In fact, many procedures required after an accident are considered medical in nature and should first be filed with the patient's medical plan. Rather than waiting for a patient request, dentists can be proactive and learn how to file medical claims for dental procedures.

Dental Trauma Policies and Commercial Payers

Most private payers provide benefits for dental trauma. Managed care plans may allow reimbursement at in-network levels for emergency services, decreasing the patient's out-of-pocket expenses. Prior authorization is not typically required for initial treatment of dental trauma. However, most plans require that the provider contact them within a specified time period — typically 72 hours. Some payers may deny or reduce benefits if this notification is not received.

Other types of payers providing benefits for dental trauma include:

- School insurance.
- Aflac Inc. accident insurance.
- Liability plans, such as auto, workers' compensation, home or commercial insurance.

Requirements and coverage vary by plan. Prior to initiating treatment, contact the payer to verify benefits.

Definition of Dental Trauma

When considering reimbursement, payers use specific definitions of what constitutes dental trauma. While the verbiage may vary by policy, virtually all medical policies include a clause stating that necessary dental procedures as a result of accidental external traumatic injury to a natural, sound tooth will be covered. A sound tooth is defined by medical policies as one free of decay or periodontal disease and functional at the time of injury.

Most policies also state that cracked or broken teeth injured by chewing or biting are not considered trauma related. Keep this in mind when choosing a diagnosis code. Policies on prosthodontic replacement, including crowns, bridges and dentures, vary by plan.

Medical Reimbursement for Dental Trauma

To receive appropriate reimbursement for dental trauma, proper reporting is essential. Chart notes and radiographic images help establish medical necessity, so keep excellent records.

Be sure to select the proper claim form — CMS 1500 (02-12) — and complete it carefully. Specific fields on the medical claim form are used to indicate whether the services rendered are related to an accident. When these fields are complete, the payer knows that the procedures are not routine dental services but are due to a trauma.

Diagnosis Codes

When completing a dental trauma claim, assigning the correct diagnosis is critical to ensure prompt adjudication and timely reimbursement. The current code is ICD-10-CM. Only diagnosis codes supported by clinical documentation may be submitted.

Documentation

Accurate diagnosis coding begins with accurate and complete documentation. Proper documentation includes detailed information from the patient, chart notes, radiographic images and photographic images, when available. When determining what is required, remember the acronym SOAP:

- **Subjective.** What the patient or guardian tells you. Ask how and when the accident happened. Determine the patient's chief complaint.
- **Objective.** The findings upon oral examination and review of radiographic images.
- **Assessment.** A summary of the patient's statement and clinical findings. The assessment is important in supporting the diagnosis reported to the payer.
- **Plan.** The treatment plan.

Evaluations and Radiology

Reporting an oral evaluation to a dental payer is straightforward. There are only a handful of Current Dental Terminology (CDT) evaluation codes, the descriptions are simple, and the codes apply to new and established patients alike. For example, a patient presenting for an evaluation following an accident would likely be reported with CDT code D0140 — limited oral evaluation, problem-focused.

When reporting the same limited, problem-focused evaluation with medical codes (Current Procedural Terminology, or CPT), first determine whether the patient is new or established. The American Medical Association defines a new patient as "one who has not received any professional services from the physician/qualified healthcare professional or another physician/qualified healthcare professional of the exact same specialty and subspecialty who belongs to the same group practice within the past three years."

Conversely, an established patient has received services within the past three years.

Identifying whether a patient is new or established is simple for most dental practices. However, large or multispecialty groups should pay close attention to whether the patient has been treated before. Reporting a new patient code when the patient is established could lead to a rejection.

As part of the diagnostic process following an accident, radiologic examinations are typically eligible for reimbursement by the patient's medical plan. CDT codes, rather than CPT codes, may be reported when allowed by the medical plan.

Keeping these tips in mind will allow you to successfully file dental trauma reports with a patient's medical plan and receive full and timely reimbursement. ✦

Charles Blair, DDS, CEO of Dr. Charles Blair and Associates Inc., is the publisher of several coding publications as well as the founder of Practice Booster, which optimizes insurance administration and aids in maximizing reimbursement. To comment on this article, email *impact@agd.org*.

Want to Learn More?
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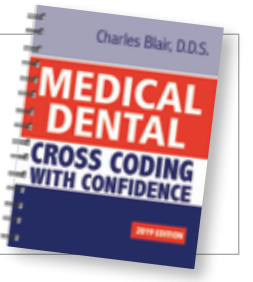


Unusual Patient Injuries

By Richard C. Engar, DDS, FAGD

Injuries can occur anywhere and to anyone in a dental office. Although I usually cover issues related to dental procedural mishaps that result in malpractice claims, in this column I am chronicling two legal situations that did not directly stem from dental procedures. These claims highlight the importance of maintaining safe working conditions to help ensure that patients and staff members can move about the office without incident.

Case 1: A Hygienist Trips Up

A 63-year-old female patient with a pre-existing temporomandibular joint (TMJ) condition presented for a checkup and cleaning. Her health history was reviewed, and office staff prepared to take bitewing X-rays.

While taking the X-rays, the hygienist inadvertently tripped over the cord connecting the X-ray sensor to the unit, causing the patient's face to be jerked toward the X-ray tube head. The force of the collision was sufficient to cause further TMJ injury, and the patient required medical evaluation resulting in physical therapy and other treatment.

Although it could be argued that the incident was purely an accident with no negligence or wrongdoing on the part of the hygienist or her employer, the patient obtained the services of a lawyer who sent the dentist a notice of intent threatening suit. The notice claimed that the office failed to maintain a safe environment and that the incident caused the patient consistent TMJ pain without relief.

The dentist reported the incident to his malpractice insurance carrier. Because the incident was an equipment-related accident, the company instructed him to call his business owners policy (BOP) carrier to report the claim. The BOP carrier subsequently denied coverage, claiming that the event took place during an active treatment procedure — X-rays — and was not the result of an equipment malfunction. Since the hygienist was an employee covered under the owner's malpractice insurance policy, the malpractice insurance carrier ultimately took responsibility for handling the claim.

A settlement amount was agreed upon by the patient's lawyer and the insurance carrier. Terms of the settlement stipulated that, in exchange for the patient signing a release-of-all-claims form covering the dental practice, owner and hygienist, payment would be made to the patient and her lawyer. The release and settlement resolved the matter.

Case 2: A Slippery Situation

An elderly woman fell while attempting to get in the dental chair. She insisted she was all right and wanted to proceed with treatment, then said that her shoulder was sore and requested help walking out of the office. To prevent further problems, office staff called for an ambulance to take her to the hospital for an exam. An office employee called her two days later to see how she was doing, and the person who answered the phone — not the patient — said she was all right. Days later, the patient returned for further treatment and mentioned that she possibly had dislocated her left shoulder, but the opinion was inconclusive. Further follow-up efforts were made, but the office learned that the patient moved out of state.

One year later, the dentist received from a lawyer on behalf of the patient a notice of intent that contained several incorrect allegations. The claim stated that the patient had previously suffered a left-sided stroke and had been taken to the office in a wheelchair. It further claimed that the patient's granddaughter had offered to help transfer the patient from the wheelchair to the dental chair but had been told by a dental assistant that it would not be necessary. The notice alleged that the same dental assistant had negligently and carelessly allowed the patient to fall. Injuries claimed included fractures of a lower vertebra, ribs and the left clavicle, plus a left shoulder separation. The dentist's malpractice insurance carrier instructed him to contact his BOP carrier to handle the claim.

BOP lawyers sent two letters to the patient's lawyer requesting copies of medical records and other information pertaining to the patient's allegations. The letters went unanswered. Nevertheless, the patient's lawyer filed a summons and complaint in court, and the BOP carrier answered the complaint.

In the meantime, the dentist retired and suffered a stroke, which made it difficult for him to speak. His BOP insurer was still in the process of defending the claim, which had now dragged on for more than five years. During that time, the BOP insurer was in conflict with the malpractice carrier over the division of settlement payments.

The BOP carrier eventually settled the claim with the patient's lawyer for an amount the malpractice carrier considered excessive and claimed to have expended more than $40,000 in legal fees. The BOP carrier demanded that the malpractice carrier reimburse it for both the settlement paid and the legal fees. Ultimately, however, the claim was dismissed, and the malpractice carrier was required to cover neither the costs nor the settlement made by the BOP carrier. Fortunately, the dentist was protected throughout the duration of the case.

Points to Ponder

1. In the first case, a poor ergonomic layout was responsible for the problem. In that office, hygienists basically had to jump over the sensor cord to push the X-ray button. Because patients may be uncomfortable, the natural tendency for people taking X-rays is to hurry. These combined factors created an accident waiting to happen — which it did.
2. In this case, the National Practitioner Data Bank report was filed in the name of the hygienist because the dentist was not involved. Cases against hygienists are rare, but they can occur, and reporting requirements must be properly met.
3. The second case was a fairly common slip-and-fall claim. Despite continual debate between the two insurance companies, the malpractice insurance carrier constantly reassured the dentist that he would be properly protected.

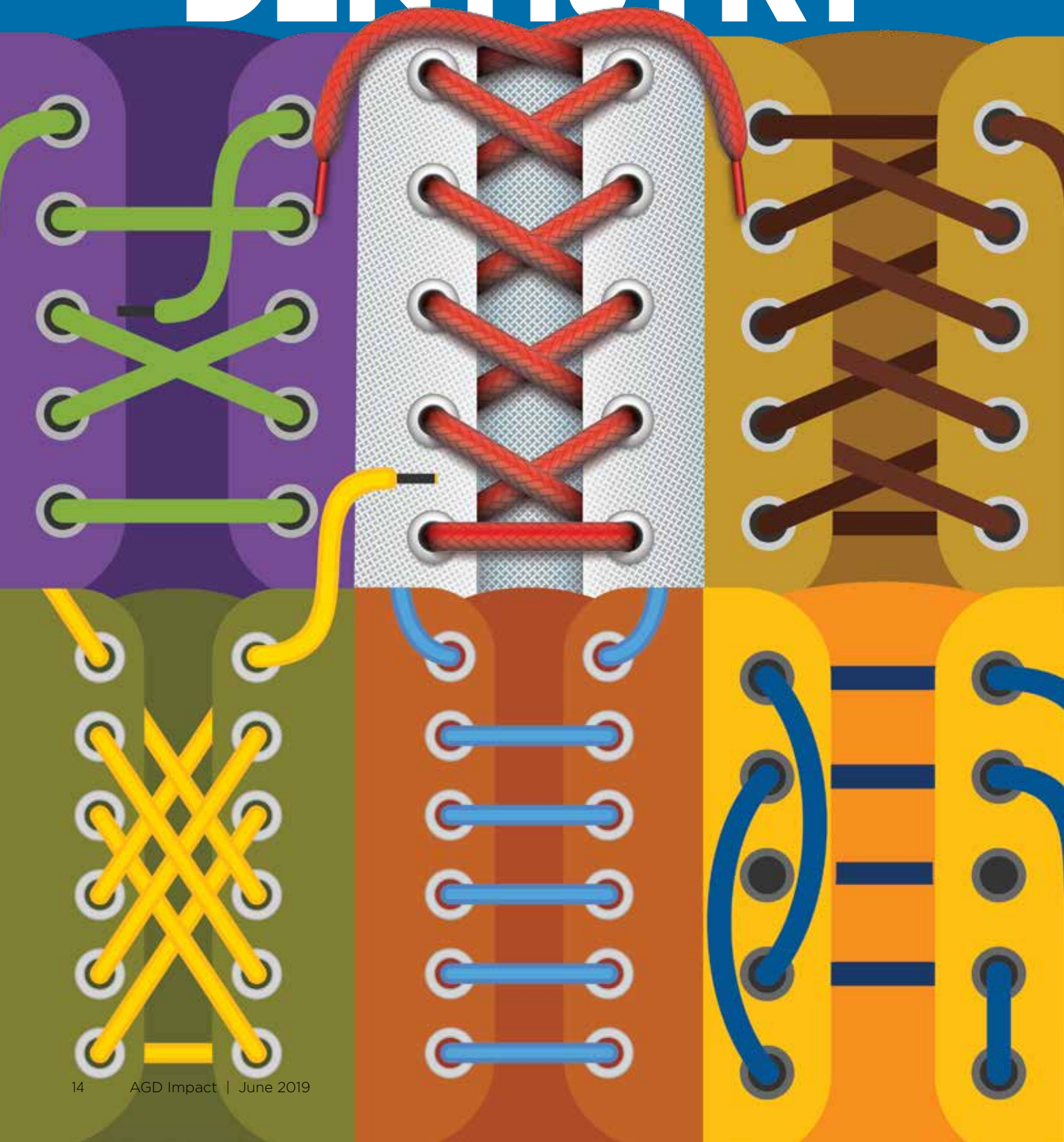
Prudent Precautions

Dentists should examine their offices carefully to look for worn carpeting, exposed cords and any other potential dangers. A clean layout without tripping hazards is necessary for all work areas.

Dentists should also take the time to choose the best insurers for their needs and ensure that both their BOP and malpractice insurance policies have limits high enough to cover any claims. ✦

Richard C. Engar, DDS, FAGD, is CEO of Professional Insurance Exchange Mutual Inc., a Utah-based professional liability insurance carrier created by Utah dentists in 1978. He currently maintains a faculty position with the University of Utah School of Dentistry. To comment on this article, email *impact@agd.org*.

SPORTS DENTISTRY



Prevention is the Name of the Game

By Michal Christine Escobar

Protecting athletes can be a win-win for players and their dentists

The saying "An ounce of prevention is worth a pound of cure" resonates deeply in the field of sports dentistry. Although many orofacial and dental injuries can be easily prevented or minimized with properly fitted mouthguards, many athletes remain unnecessarily at risk for oral injury. Both professional sports dentists and those involved with school sports have the ability to educate athletes and prevent some of these injuries.

Examining Sports-Related Dental Injuries

Fractures, avulsions and subluxation are the most common dental injuries in sports. According to Joseph Greenberg, DMD, FAGD, former team dentist for the Philadelphia 76ers, teeth are more likely to be chipped or broken in a sports injury than completely avulsed. However, he says, avulsion does occur. When it does, the tooth must be re-implanted quickly, requiring the athlete and team dentist to take immediate action.

If the tooth spends 20 minutes or more drying outside of the mouth, successful replantation becomes less likely; 60 minutes or more of drying time makes replantation highly unlikely. If a team dentist is not available onsite, the athlete should store the tooth in a moist environment, such as under the tongue or in milk, saliva, water or a saline solution, and see a dentist immediately.[1]

Some dentists stabilize the re-implanted tooth by bonding it to the surrounding teeth. However, Greenberg doesn't always find it necessary. Some dentists also put the athlete on antibiotics to assist in healing, although the research is unclear as to whether this is beneficial.[1]

When luxation occurs, Greenberg recommends that dentists consider the position of the tooth. If it is a small alteration, the tooth will generally return to the proper position on its own. However, he says it may be necessary for dentists to gently push the tooth back into place.

Both the dentist and the athlete must remain vigilant after addressing an avulsion or luxation. Nerve damage, usually presenting as a darkened tooth, can take up to a year — or longer — to become apparent. Infection can also develop. Both complications can be seen on an X-ray, making it important to take X-rays throughout the healing process.

Dentists should also monitor the healing process to see if the tooth becomes ankylosed, or fused to the bone. This condition can be problematic for the athlete later in life. As humans age, teeth change position. An ankylosed tooth, however, will not change and can end up looking shorter than the surrounding teeth.

Unlike an avulsed tooth, fractured teeth do not require immediate repair to maintain their vitality. However, if the pulp is exposed, the tooth should be treated within 24 hours, says Rick Knowlton, DMD, MAGD, FASD, one of the lead dental consultants for the United States Olympic Committee. Knowlton has fabricated mouthguards for Olympic boxing, karate, wrestling and field hockey teams.

Dentists should perform a sensitivity test, then take periapical X-rays and a panorex or CT to determine if there are also fractures of the root or supporting bone. In addition, it is important to conduct a thorough oral exam to look for any lacerations or materials that may have entered the mouth during the injury.

If enough of the tooth remains, a fractured tooth can be repaired with composite. However, the restored tooth will likely need repairs or replacement at a later date, and a root canal may also eventually be needed.

"It is critical to regularly evaluate the injured teeth to reduce the likelihood of necrosis of the teeth or resorption of the teeth or roots due to the injury," Knowlton said.

Defense is Key

Since the vast majority of dental injuries occur in athletes who are not wearing mouthguards, the need for protection seems clear. Experts agree that the type and quality of a mouthguard can greatly affect the amount of protection it affords.

A custom-fabricated, pressure-laminated mouthguard provides the best protection. "It's really the best of the best," said Knowlton. "Our Olympic athletes and professional sports players have their mouthguards made with a pressure lamination machine."

"Unfortunately, 90–95% of mouthguards in use are store bought," said Knowlton. While some dentists feel that wearing over-the-counter mouthguards is better than nothing, Knowlton strongly disagrees, believing they give athletes a false sense of protection. "They've been found to provide very little protection," he explained.

Over-the-counter mouthguards are typically available in two formats: stock or ready-to-wear, and boil-and-bite.

Stock mouthguards can be worn right out of the package, but they don't fit well, are generally bulky and can make breathing difficult.

Boil-and-bite mouthguards are meant to offer athletes a more custom fit. Athletes add the plastic mouthguard to hot water, which warms up the plastic, then bite into the mouthguard for 15 to 20 seconds to form it to their mouth and teeth.

Boil-and-bite mouthguards still don't really fit and do not offer quality protection, Knowlton says. "Athletes spend most of their time chewing the mouthguard, trying to keep it in place. Half the time, they end up biting right through it," he said. "Once that happens, they have no protection whatsoever."

Nontrauma Threats

While the most common cause of injury to athletes' teeth is contact sports, lesser known challenges can also be a problem. Knowlton says repeated consumption of acidic and sugary sports drinks can cause damage. When the acidity in the mouth drops to a pH of 5.5 or lower, demineralization of the teeth begins to occur, and cavities begin to form.

Normally, saliva will neutralize the acidity and return it to a healthy pH level within 20 minutes. However, athletes who are dehydrated from working out may not create enough saliva for 30–40 minutes after consuming the drink. Additionally, many sports drinks are high in sugar, which plaque bacteria love to feed on, increasing the risk of tooth decay.

Due to repeated contact with chlorinated water, swimmers are also at risk for increased tooth decay. While most pools are supposed to have a pH level between 7.2 and 7.8, some have pH values under 3, Knowlton says.

To combat the acidic environment, an athlete can chew gum. Gum speeds up the remineralization process by increasing and thickening the saliva. Rinsing with water after swimming or consuming a sports drink can also help restore the pH level of the mouth, as can drinking or eating dairy products.

Poor Oral Health Can Affect Elite Performance

Poor oral health is frequently found in Olympic athletes from all areas of the world.

The *British Journal of Sports Medicine* published a study on the oral health of Olympic athletes participating in 25 sports in the 2012 London games. The study found that, of 278 athletes from Africa, the Americas and Europe, 55% had evidence of dental caries, 45% had tooth erosion, 15% had periodontitis and 76% had gingivitis.

One reason for these statistics is that Olympic athletes prioritize training and let other things go. "Most Olympic athletes train at least six days a week, and, if they're not training, they're sleeping," said Rick Knowlton, DMD, MAGD, FASD. "Making the podium at the Olympics can be the difference of 1/1,000th of a second. Because training schedules often prevent them from holding a job, these athletes often have little money and no insurance. They don't go to the dentist unless they're in pain."

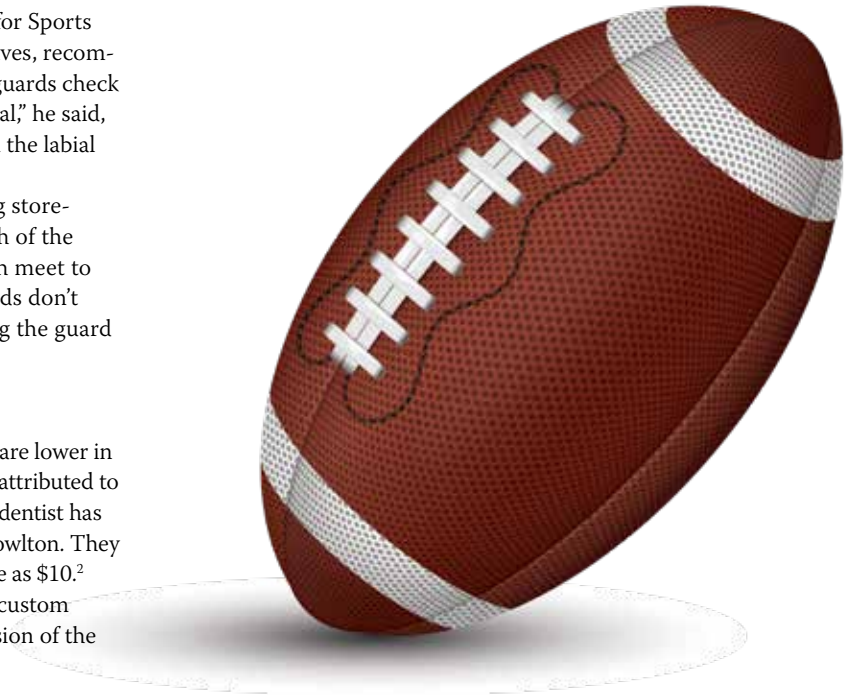
The oral-systemic connection — the idea that one's overall health is directly related to the health of one's mouth — is well-documented. Poor oral health may have an impact on an athlete's training and performance.

"Even tiny health issues can make the difference between Olympic gold and disappointment," Knowlton said. An oral infection, such as gingivitis, can keep a body from being in peak physical condition because the body's resources are directed toward fighting the infection.

Source: Needleman, Ian, et al. "Oral Health and Impact on Performance of Athletes Participating in the London 2012 Olympic Games: A Cross-Sectional Study." British Journal of Sports Medicine*, vol. 47, no. 16, Nov. 2013, pp. 1054-1058.*

Edward Bick, DDS, current president of the Academy for Sports Dentistry and team dentist for the Minnesota Timberwolves, recommends that athletes purchasing over-the-counter mouthguards check to see how thick they are. "A 3-millimeter thickness is ideal," he said, "both on the biting surface and over the anterior teeth on the labial side of the guard."

Additionally, he recommends that athletes purchasing store-bought mouthguards pay specific attention to how much of the guard extends above the point where the gums and teeth meet to ensure protection of the bone. Store-bought mouthguards don't conform well to the anatomy of the mouth, often making the guard uncomfortable.



Step Up to the Plate

Most players use store-bought mouthguards because they are lower in cost. Most costs associated with custom mouthguards are attributed to lab charges — they can cost up to $100. "But almost every dentist has the ability to make a quality custom mouthguard," said Knowlton. They can then create them at a lower cost, sometimes for as little as $10.[2]

Dentists can use a vacuum forming machine to create custom mouthguards, Greenberg says. A dentist takes an impression of the

Dental First Aid: Tips to Share with Young Athletes, Parents and Coaches

When a dental injury occurs on the playing field, the first to come to aid are often coaches, teammates and parents — usually without medical knowledge or training. Knowing how to respond to these emergencies can mean the difference between saving a tooth and losing it for life. Share this list, derived from one created by the Academy for Sports Dentistry, with those connected to school or community sports.

Avulsion (Knocked-Out Tooth)

There is a 30-minute window of opportunity to re-implant a tooth in its socket, so get to a dentist immediately. The chance of successful re-implantation is reduced significantly after half an hour. In the meantime:

- Do not attempt to sterilize or brush the tooth, and do not handle it by the root. If there is debris on the tooth, gently rinse it with water.
- If the athlete is alert, re-implant the tooth. Then stabilize it and control bleeding by biting down on a towel or handkerchief.
- If unable to re-implant the tooth, transport it in saline, milk or saline-soaked gauze. If the athlete is alert, the tooth may be placed under the tongue.

Tooth Fracture (Broken or Cracked Tooth)

- If the tooth is broken in half, find and save the broken piece. Transport it to the dentist using the same techniques used for an avulsion.
- Bite down on a towel or handkerchief to stabilize the tooth and control bleeding.
- If extreme pain is present, prevent the injured tooth from coming in contact with air, liquid or other teeth.

Luxation (Tooth Attached but Out of Place)

See a dentist as soon as possible. There are three types of luxation, and each requires a slightly different technique:

- **Extruded Tooth** — an upper tooth that hangs down or a lower tooth that extends up from the gums.
  - Use your finger to firmly reposition the tooth in its socket.
  - Bite down gently on a handkerchief or towel to stabilize the tooth.
  - See a dentist immediately.
- **Lateral Displacement** — a tooth that is pushed back or pulled forward.
  - Use your finger to reposition the tooth in its socket; if it is painful, skip this step.
  - Bite down gently on a handkerchief or towel to stabilize the tooth.
  - See a dentist immediately.
- **Intruded Tooth** — a tooth that has been pushed up or down into the gums. It will look short.
  - Do NOT attempt to reposition the tooth.
  - Do nothing to treat the injury yourself.
  - Get to a dentist immediately.

Source: "Emergency Treatment of Athletic Dental Injuries," Academy for Sports Dentistry

athlete's teeth and pours it in stone. Then the stone is put on a platform, and a vacuum machine with a wafer of flexible material — known as EVA, or ethylene vinyl acetate — is suctioned onto the model. Finally, the mouthguard is trimmed and polished.

According to Knowlton, about 80–90% of dental practices own this machine. At $300 to $400, it is relatively inexpensive.

Even though a pressure lamination machine is the best way to make custom mouthguards, the equipment costs quite a bit more than a vacuum forming machine — between $2,500 and $4,500, says Bick.

A pressure lamination machine uses approximately eight atmospheres of pressure to push down on the EVA, ensuring it fits into all the undercuts of the teeth, Knowlton says. This machine gives the mouthguard a uniform thickness, plus the dentist can add layers of EVA as needed, based on the athlete and sport involved. While it is recommended that athletes breathe through their nose when exercising, the dentist can make guards with holes or perforations, allowing mouth-breathing athletes to breathe through them. The mouthguard can even be personalized with logos, designs and the athlete's name.

"It's fun putting the custom guard in an athlete's mouth for the first time and watching them compare it to what they're used to — or seeing if they can even take it out," said Knowlton.

Dentists willing to invest in either the vacuum forming or pressure lamination machines can eliminate the lab fabrication charges for their patients. Dentists can even donate their time to create the mouthguards, making them a much more reasonable option for athletes.

Offering to make mouthguards for school and community sports teams is a great way for dentists to become more civically involved, especially if the guards are offered at a reduced price point that makes them more accessible. "Providing mouthguards to young athletes is a wonderful community service," Greenberg said. "It really contributes to the health and welfare of those children."

It is also an effective way to become better known in the community. The client base for mouthguards is relatively large, especially among high school athletes. In the United States, the National Federation of State High School Associations recommends that mouthguards be mandatory for high school athletes in ice hockey, field hockey, lacrosse and football.[2]

Knowlton agrees with that recommendation. "It's so much better if we can prevent an injury rather than having to treat it after the fact," he explained. "Have conversations about dental injury prevention often with parents and athletes. Ask them if they've heard of custom mouthguards and if they know what a difference they can make."

Then ask yourself what kind of difference you want to make in your community. ✦

Enter the Playing Field

Dentists interested in sports dentistry may want to look into becoming a certified team dentist. In addition to being a licensed dentist in good standing and a member of the Academy for Sports Dentistry (ASD), a dentist must also complete the ASD Team Dentist course at least once every five years and complete at least 15 credit hours of sports-dentistry-related continuing education every three years.

The academy requires this education to ensure that certified team dentists are qualified to teach healthcare professionals, certified athletic trainers, coaches, athletes and parents about the best way to prevent and treat sports-related dental injuries. This training includes oral-facial first aid; emergency treatment of dental luxations, avulsions and tooth fractures; identifying maxillary and mandibular bone fractures; treating TMJ injuries and dislocations; and even handling medical complications of head trauma.

Certified team dentists also must be able to both fabricate and deliver properly fitted mouthguards. In addition, they must be familiar with current laws surrounding illicit performance-enhancing drugs and other contraband substances in professional sports. The ASD offers a comprehensive list of qualifications.

ASD President Edward Bick, DDS, highly recommends that dentists look into ASD membership and certification, noting that everything he has learned from the academy has helped him tremendously with his general practice.

Source: "Position Statements," Academy for Sports Dentistry

Michal Christine Escobar is a Chicago-based freelance writer. To comment on this article, email *impact@agd.org*.

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DESIGNING THE PERFECT DENTAL SPACE

By Dan Kolen

All dental offices consist of three zones — public, private and treatment. Each zone contains several components. The reception area is part of the public zone, the staff areas and break rooms are in the private zone, and the operatory and sterilization center are part of the treatment zone. The way these three zones and their components are positioned plays a major role in the way patients view the practice.

"You want to keep your reception areas and public zones separate from your private zones and treatment zones. So when you're standing at the front desk, you're not able to overhear conversations happening in the operatory and vice versa. This principle is not just about good design; it's also an important HIPAA consideration," said Stephanie Morgan, director of interior design and purchasing at EnviroMed Design Group.

Whether you are remodeling your practice or building one from the ground up, it is essential to pay careful attention to the details of each area. Not only can a well-designed office affect patients' perceptions of the practice, but it also can help reduce dental fears and anxiety.

Is It Time to Build or Remodel Your Office?

Whether you're starting a new practice or outgrowing your existing space, consider enlisting the help of a designer, suggests Christine Meaney, senior product manager at Pelton & Crane, a dental

Design considerations include the way your patients view your practice and how you are using your space to attract new clients to your practice.

supply company that also offers office design services.

"New offices are being run more like businesses, from an internal marketing perspective," said Marc Stollings, territory sales manager at Pelton & Crane. Design considerations include the way your patients view your practice and how you are using your space to attract new clients to your practice.

Melissa Sprau, design manager at Benco Dental, says increasing efficiency is also important. "Sometimes dentists don't realize how inefficient they are because they've adapted the way they work to their spatial limitations."

Show Your Patients a Warm Welcome

After the building's exterior, the reception area is the patient's first impression of the office. Experts from EnviroMed recommend a clean space with soothing media and comfortable chairs, making patients feel as if they are visiting someone's home.

Sprau recommends a light, bright, uncluttered space with signature scents, fresh flower arrangements, infused water and perhaps even a fireplace.

Jennifer Rhode has served as manager of the Henry Schein Integrated Office Design Studio for 13 years and as a designer for 20 years. "When designing a reception area, we want it to feel like a living room or a spa. It should be warm and inviting, contemporary and clean," she said.

"When I started doing this, the first thing you saw past the receptionist was rows and rows of files," Rhode continued. "Now, when you walk into a reception area, you'll often see a logo or focal wall behind the receptionist, and the treatment areas are out of sight. It helps alleviate patient stress."

Dental anxiety is a major factor for many patients. It affects 80% of Americans, with 5–14% experiencing intense anxiety during dental appointments.[1]

A study published in *Clinical, Cosmetic and Investigational Dentistry* suggests that dental fear leads to a cycle of delayed visits, which creates dental problems. These problems lead to reactive symptom-driven treatment, which causes more dental fear.

The study found that dental office ambience can play a significant role in alleviating dental fear and anxiety.[2]

Sprau suggests spending some time sitting in your existing reception space. "Observe what your patients observe," she recommends. Ask yourself if the room conveys the impression you want to impart.

Give Your Staff a Break

Anxiety is not confined to patients. According to an article in the *Journal of Leadership & Organizational Studies*, "emotional exhaustion and job burnout are common problems associated with [healthcare professionals], and emotional detachment, increasing caseloads of patients, close interaction with patients, and emotional strain are prominent sources of emotional exhaustion."[3]

An article in *Healthcare Design Magazine* states, "When staff members do not have the opportunity to decompress in a safe, appropriate and comforting environment, they carry their emotional and physical burdens with them throughout and beyond their shift."[4]

A well-designed break room that provides an environment conducive to rejuvenation and respite can lead to a healthier, more productive staff. Employee feedback can help you customize your break room and design a space that encourages your employees to interact and relax on their breaks.

Consider Accessibility and Efficiency in the Operatory

When Scott Reagles, office design manager at Patterson Companies, starts to design an operatory, his first question centers around the practice's process and workflow.

"We need to allocate and adjust the room size for the way the dentist works," said Reagles. "I can lay out what I think is the perfect room, but if the doctor doesn't

Examples of reception areas designed by the Henry Schein Integrated Design Studio.

practice that type of dentistry, it's not good for the doctor, and it's not good for the patient. I ask what works for you and how do you like to work. We want to ergonomically design the building in a way that allows the dentist to successfully practice."

Equipment accessibility, comfort for the dentist and assistant, and a well-sized room that's between 400 and 450 square feet are important, according to Sprau.

"Natural light and views to the outdoors are important considerations as well — they can actually reduce patient anxiety and the perception of pain," she said. "If you don't have access to these in your operatories, incorporate a design feature on the wall that faces the toe of the chair. Wall coverings, murals, textured wall panels, accent paints and artwork work well."

Rear delivery, where all equipment is located behind the patient, has become increasingly popular, according to Rhode. Because the equipment is not in view of the patient, it helps alleviate patient anxiety.

With open-concept design elements, which allow for freer flow in the office, Reagles said noise and privacy are a prime concern. He generally uses a modified open concept, if he uses one at all. The design is usually used for orthodontists or pediatric dentists where noise is less of a concern. Generally, the modified open concept includes some barriers, using art, cabinetry and glass, to let in natural light but block out sound.

With frequent new developments, technology is a continuous consideration. "When considering technology, be mindful of how easily it can be changed out," Sprau said. She recommends pre-manufactured cabinets made of flexible componentry. "If technology changes, accommodating it is as easy as swapping out a single cabinetry component. Take cable management into consideration as well. Nothing takes the sophistication out of advanced technology like an unsightly tangle of wires."

Embrace Transparency in the Sterilization Center

Movement between the operatory and the sterilization center should be efficient for all providers. Locating the sterilization center in the center of the operatories allows stress-free access for everyone, according to EnviroMed designers.

Pelton & Crane recommends that the sterilization center serve as a centerpiece to the practice. Rhode recommends using a glass enclosure so patients can view the sterilization process.

"The statement we're trying to make is that the practice is safe and secure, helping the patient feel comfortable with the proper sterilization process in place," Meaney added.

EnviroMed urges dental practices to give new patients a tour of the office. Sterilization is a big concern for patients, and a properly designed sterilization center — along with a thoughtfully conceived office — should be a place to help allay patient fear. ✦

Dan Kolen is a freelance writer and media producer based in Chicago. To comment on this article, email *impact@agd.org*.

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Integrate Your Office Communications

Weave Patient Communications System
Weave
getweave.com

Are you looking for an all-in-one patient communications portal? Weave is a powerful client relations management software and phone system that can help improve scheduling, customer response, online reputation, team workflow, and revenue generation and tracking.

The platform offers a plethora of features. The Weave digital phone system allows you to port up to 10 lines and gives you unlimited calling, long distance and rollover/hunt lines. In addition, the phone system will sync with most practice management software. When patients call, information such as their family file, previous appointments, next appointment and any balance due pops up on your computer. This feature is called the SmartPOP. The call tracking system shows how many calls you've missed and their originating phone numbers. You can even view what phone stations are used most.

The phone system allows you to upload a hold message — either music or a message for marketing your services. My office loves the call reports it generates. They show your practice's activity metrics, such as popular call times and how many calls are picked up versus missed.

Weave also has the ability to send out customizable appointment reminders. You can choose when they go out — one week before, one day before or the day of. These messages can be sent via email, text or both, but patients and practices have found the two-way texting feature to be faster and more fun.

Appointment confirmations are also tied into the system, and the Weave smart technology will recognize affirmative responses and put the confirmation in your practice management software automatically. Patients who respond that they cannot make their appointment will automatically trigger the system to set up an alert in the Weave desktop app and notify your team that action is required.

As a follow-up, the Weave Review feature can automatically send your patients a text invitation to leave the office an online review. The app will also allow you to manually send an invite to leave a review while your patient is still in the office. You can choose which online platforms and in which order reviews appear. Patients can alternately choose to leave private feedback.

The final main feature is team chat. HIPAA-compliant in-office team chats provide a nice flow for instant messages so the team can communicate within the office without interrupting patient-contact time. It also cuts down on the amount of time needed to ask a quick question. Notifications from the chat app appear both as a pop-up message and an audible notification. Chats can also be initiated as private or group conversations.

Weave truly provides a seamless platform to help maximize your practice efficiency and customer service.

A Temporary Cement That's Here to Stay

Cling2™ Resin Optimized Temporary Cement
Clinician's Choice
clinicianschoice.com

Cling2™ temporary cement from Clinician's Choice is perfect for just about every crown and bridge situation. You can have the peace of mind of knowing your temporaries will stay on as long as you need. Cling2 combines some qualities of tried-and-true cements, such as zinc oxide and resin-based permanent cements, but without some of their disadvantages.

For instance, Cling2 uses a zinc oxide/organic-acid base that does not contain eugenol. The zinc oxide will help protect the tooth from sensitivity, yet the absence of eugenol will not impact the effectiveness of the setting of resin-based permanent luting materials. Because it is optimized with polycarboxylate resin, Cling2 offers the adhesive property of stiffer resin-based cements but will not cause the leakage or sensitivity characteristic of some purely resin-based temporary cements. The polycarboxylate resin also helps achieve an excellent marginal seal.

Cling2 is bacteriostatic, which provides better gingival health the day of your permanent crown insert. I can personally attest to this — whenever I remove my temporaries, I find that the gingival tissue is never inflamed and has minimal, if any, bleeding.

The cement is easily delivered in an automix syringe, has a 90-second working time and has a two- to three-minute set in the mouth. Cleanup is easy, and the cement will stay in the temporary instead of on the prep. Any cement left on the prep will flake off easily.

Cling2 is my go-to temporary cement. It allows me to remove temporary restorations at their scheduled time and not a day sooner.

Matt Giulianelli, DMD, FAGD, is a Fellow of the International Congress of Oral Implantologists and has served as a peer reviewer for *General Dentistry*. He and his wife have a private practice in South Burlington, Vermont. Giulianelli has confirmed to AGD that he has not received any remuneration from the manufacturer(s) of the product(s) reviewed or their affiliates for the past three years. All reviews are the opinions of the author and are not shared or endorsed by *AGD Impact* or AGD. To comment on this article, email *impact@agd.org*.

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