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OF THE COLORADO DENTAL ASSOCIATION

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Winter 2008



About Our Cover:

Faces of Colorado Mission of Mercy volunteers. For a full report of COMOM 2007, please see page 18.

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In the fall of 2007, Foothills Commercial Builders, Inc. hosted a **golf tournament to benefit Colorado dental charities**. This first annual golf tournament was met with much success. Proceeds from this tournament were given to the CDA Charitable and Educational Fund, the CDA's 501(c)3 entity that supports Colorado dental charity efforts, and KIND. Foothills Commercial Builders presented the CDA with a generous check of \$7,500 to help non-profit dental organizations in the state. **Please save the date for this year's tournament at Arrowhead Golf Course: Aug. 1, 2008.**

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Finding Balance

By Joseph Tomlinson, D.M.D.



Dr. Joseph Tomlinson is a General Practitioner in Fort Collins, Colo.

As much as I love the thrill of whitewater rafting – the invigorating feeling of cold water splashing on my face, over my head, down my back and over my body, and the challenge of dealing with the pounding and splashing from so many waves coming at me from all directions – I know it will soon end.

Before long I will be in calmer water again where I can catch my breath and gather my thoughts. There are times when life feels a little like whitewater rafting – at least the part about pounding waves coming from different directions. Usually these are waves of unexpected surprises from new responsibilities that we have taken on with good intentions, or waves of problems from several sources that we failed to anticipate. When each of these “waves” hits, it demands our immediate and full attention to resolve. Sometimes several of these pop up at once, making us feel overwhelmed as to

what takes priority, if setting priorities is even possible. This sort of describes the first half of my past year since becoming the editor of the *CDA Journal*. I suspect it also describes periods of time for most readers of this column. I don’t have any suggestions or insights to keep this from happening, only observations and anecdotes that might be of interest.

The other day, my good friend Dr. John Hanck and I were having a conversation about a possible source of new funding for the Colorado Mission of Mercy (COMOM). I asked him how things were going and he didn’t hesitate to share that he is so busy with work and volunteer commitments, he hardly has time for fun anymore, not even a simple hike, which is one of his favorite activities. I shared with him that I was feeling the same way. Had we taken time to discuss it a bit more we might have given each other a boost of encouragement. Instead, we kept our conversation brief as we both had other pressing matters to attend to and not much time to talk.

In the fall of 2006, I thought my life was in pretty good balance. So much so, that I had more than enough time for extra socializing with family and friends, and

time to be more physically active to improve fitness. In addition, I found time to practice the piano, to help my wife, Dot, more around the house, and to do a little extra reading. The time for reading was allowing me to make a little headway on some of the piles of dental journals, only partially read, that have accumulated in my office and home over the years.

Dot was retired from teaching/library work and had extra time on her hands, as well. I remarked to her that with both of us having extra free time, this would be a great time to have grand-children in our lives. However, since we didn’t have any grandchildren, and didn’t anticipate having any soon, we started thinking of other ways to make more fulfilling use of our spare time.

I thought about volunteering with an organization that provides mentors for children in struggling families but I wasn’t sure how that would go, or if I would be any good at it. Instead, we decided to attend some high school football games. We wouldn’t have any direct or ongoing commitment to specific children, but we could at least watch some of our friend’s kids who were on the team or in the band. That was fine for a few games but it wasn’t quite the same as watching our own children (or wished-for grandchildren) participating in their favorite sports and other activities, or in helping children who truly need guidance.

About the same time, I became aware of a need for someone new to take on the responsibilities as editor for the *CDA Journal*. I offered to take this on. Once I was accepted for this position I went right to work, finding it stimulating and fulfilling.



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Not long after my duties began as CDA editor, I was contacted by Donna Ross, an employee of the dental clinic section of the Health District of Northern Larimer County. She informed me about their urgent and desperate need to fill two vacant dentist positions, at least temporarily for about six weeks until a recently hired replacement could arrive to begin work. I was familiar with the Health District and some of its people. Six weeks didn't sound like it would be a problem at all, especially if they would allow me to devote no more than two afternoons a week – so I offered to help.

About two weeks into this commitment I learned that the dentist they hired had called to say she changed her mind and would not be coming to work at the clinic after all. By then I had come to know everyone in the clinic and appreciated how nice they all were and how much they showed their appreciation for my help. With such special treatment it didn't take much for the clinic director, Ernest Cienfuego-Baca, along with Drs. Katherine

Radtke, Fatima Kazi and Brad Eckhardt, to convince me to extend my time there awhile longer. The clinic director asked if I could work full time for awhile, maybe six months or longer. This was like an invigorating “splash,” but I had to decline the offer due to my regular dental practice commitments and my dental claims review work, which had recently increased significantly due to a temporary leave by one of our dentist reviewers.

Even without my helping at the clinic, the demands on my time were becoming a bit of a strain, however, I felt there was such an important need at the clinic that I offered to continue two half-days for another month or two, or until they could find someone to work with them more permanently. They finally found a dentist to join them full-time near the end of May. With Dr. Radtke returning from maternity leave in July, they didn't need me after the end of June. We've kept our options open, however, in case they are again short a dentist and need my help, which I would be happy to oblige, time permitting.

In contrast to my own response to a series of unexpected “waves,” our elected CDA officers are very adept at handling unusually busy and demanding schedules, and difficult challenges. Each and every one of them seems to thrive on meetings and busyness as part of a life that is much more full and busy than mine. For example, our immediate past-president and 14th District ADPAC chairman, Dr. Rhett Murray, and our president, Dr. Jeanne Salcetti, each attend untold numbers of meetings as part of their responsibilities. Our president-elect, Dr. Jeff Hurst, seems always willing to step forward to represent us as our media spokesperson, often at a moment's notice, when special issues facing the profession arise. These three people regularly cancel a days worth of patients from their schedules to attend one event or meeting after another on behalf of our association.

BALANCE continued on page 8

BALANCE *continued from page 7*

Not to be outdone, Vice-President Dr. David Lurye and Speaker-of-the-House and Past President Dr. Kevin Sessa, somehow manage, in addition to everything else they do for the association, to find time to teach part-time at the CU School of Dental Medicine. Dr. Sessa also screens applicants and conducts interviews for admission to the dental school. Then there is Treasurer Dr. Pasco Scarpella, who spends many hours a week at the CDA office signing checks and putting together financial information about the association, not to mention being active in a singing group he participates in. Last, but not least, is our Secretary Dr. Tom Pixley, who also serves, along with Dr. Hanck, as co-chairman of next year's COMOM event in Larimer County, July 17-20, 2008.

Space does not permit going into detail about what all these CDA officers are able to fit into their busy lives. Suffice it to say, however, they are doing an awesome job of representing all of us on a daily and weekly basis to make sure the CDA functions successfully.

The happiest part of my balancing act is family. In March of this year, our daughter, Patty, announced that she was pregnant and the new baby was due in early October. Little baby Matthew was born right on schedule and I've been thrilled to take time away from other pressing matters to spend it with him, Patty and her husband, Dennis, in California, especially since our other daughter, Kathy, could spend some time with us, as well. We no longer have to wonder how to fill those empty moments of time – that are now a distant memory.

Considering all of the other big "waves" coming at me in the past year I wondered how taking time to be with family would affect getting everything done that needed my attention. Thanks to computers and the Internet, I have been able to carry on quite a bit of work, especially editing for the CDA newsletter from California. More importantly, it didn't take me long to realize that something more positive could come out of this. I have found that the time spent on the plane going to California and returning, as well as the time spent in the airport before each flight, to be *calming*. It has served as the "calm water" I was looking for in the year of living as if I were "whitewater rafting." That calm time has allowed me to gather my thoughts and start planning ahead for next year, including generating new ideas for the *Journal*. In hindsight, all the unexpected "waves" and "splashes" have made it a pretty *invigorating* year. ■



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Oral Cancer Screening: A High-Tech Approach to Saving Lives

By Shauna Gilmore, D.D.S.

Oral cancer strikes roughly three times as many victims as cervical cancer. One North American dies of oral cancer every hour of every day.

When I graduated from dental school, the main group of individuals having a higher likelihood of oral cancer was older males who used tobacco and heavy amounts of alcohol. Today, an increasing number of oral cancer victims are younger females. In fact, an article in the May 10, 2007 *New England Journal of Medicine* concluded that "oropharyngeal was significantly associated with oral HPV Type 16 (HPV-16) infection." In effect, this means that anyone who is sexually active is potentially at risk for developing oral cancer through exposure to the human papilloma virus.

There was another fact about oral cancer that I just could not ignore: roughly two-thirds of the time oral cancer is detected, it is in the late stages of the disease. What makes this especially tragic is that the five-year survival rate when detected in late stages is only 22%; however, when detected at early stages, this survival rate can leap to 80% or higher. Not only is there a screaming need for earlier detection of oral cancer, but no place is better-suited to fill this need than the dental office. Dentists and hygienists know more about – and spend more time examining – the oral cavity than any other health care providers.

I decided that I had a responsibility to my patients to step up and augment the conventional incandescent light (white light) exam that we had been giving all of

our patients as part of our semi-annual hygiene exams. In 2005, the only technology I was aware of was the Visilite which involved a chemiluminescent disposable stick and an acetic acid rinse. This was an improvement over merely doing a "white light" exam, but I had numerous patient complaints about the taste of the vinegar-based rinse.

At the August 2006 Academy of General Dentistry Annual Meeting in Denver, I saw a presentation on the VELscope Oral Cancer Screening System. I was impressed by this technology, but it had not received Federal Drug Administration (FDA) approval yet, so I put it on my "technologies to watch list" because it was easier to use than my former method and the tissue fluorescence visualization technology did not require the use of any rinses.

The VELscope system's handpiece emits a safe blue light that excites natural fluorescence in the oral mucosa – both in the epithelium and underlying connective tissue. While this fluorescence response is highly sensitive to dysplasia and oral cancer, it is equally sensitive to other disease processes going on inside the tissue. When I look through the handpiece, such changes make themselves apparent by causing alterations in the fluorescence pattern; abnormal tissue typically appears as a dark area that stands in contrast to the typical pattern of the fluorescence produced by the healthy tissue.

In April of 2007, the VELscope system was granted two expanded indications for use by the FDA on the basis of several published studies. The first clearance indicates that the VELscope system can be used to help identify precancerous and

cancerous tissue that may not be apparent to the naked eye. The second clearance indicates that the VELscope system can be used by surgeons to help determine the appropriate surgical margin when surgery is warranted. This clearance was prompted by one study showing that in roughly half of the cases examined, surgery failed to remove 100% of the cancerous or precancerous tissue even when the surgeon's margin was 10 mm outside the clinically apparent margin for the most part. No other adjunctive device has received these two indications for use.

Since the VELscope had FDA approval, I needed to decide if the technology was right for my practice. It can be a real guessing game trying to differentiate between those technologies that will end up on your shelf collecting dust, and those that will end up transforming your practice in ways you never imagined. While I consider myself a fairly tech-savvy clinician, I certainly don't have any magic formula for evaluating new technologies. However, I have had good luck ensuring that any technologies I adopt meet most or all of the following five criteria:

1. Will it enable me to improve the care I provide my patients?
2. Will I be able to conveniently incorporate it into my practice?
3. Will it be well-accepted by my patients?
4. Will it be affordable for my patients?
5. Will it be financially attractive for my practice?

It is not often that a new technology clearly meets all five of these criteria, but the VELscope Oral Cancer Screening System did. Its underlying technology

platform was developed with over \$50 million in research, most of it funded by the National Institutes of Health. The majority of the supporting research was conducted by the British Columbia Cancer Agency (BCCA). The BCCA is generally credited with demonstrating the effectiveness of the Pap smear for general screening programs; these programs are widely considered to have been responsible for a 70% reduction in the incidence of cervical cancer over the past several decades.

I have had my VELscope system for five months as of this writing, and I have been quite pleased. Both my hygienist and I were able to get up-and-running in relatively short order. In fact, my hygienist handles the VELscope system screenings with about 90 percent of our patients. Typically, she will call me in if she sees something that concerns her.

When this happens, I will usually question the patient to see if there is a logical reason for whatever abnormality we might be observing. For example, I might ask the patient if he or she might have recently burned the suspect area with a hot beverage, or if he or she chews the inside of the cheek. In some cases, the cause of the problem might be visually apparent to me, such as improperly-fitting dentures or braces. If my visual observation and questioning do not enable me to confidently rule out a more significant problem, I will typically ask the patient to return for further observation in two weeks. If the situation has not improved, I will usually conduct a brush biopsy or refer the patient to an oral surgeon.

To date I have conducted brush biopsies with four patients. In two patients, the diagnosis was "abnormal" tissue, which means it is not necessarily cancerous or precancerous. With the other two, however, the diagnosis came back as precancerous. Both of these patients were tobacco users, and both have stopped using tobacco as a result of this experience

In our practice we recommend that all adult patients receive a comprehensive oral cancer examination including VELscope system screening twice a year as part of their regular hygiene exams. We charge \$48 per year for the adjunctive screening with the VELscope system. Fortunately, approximately 65% of our patients agree to the screening. I suspect that this percentage will continue to increase over time, especially as more and more insurance companies agree to reimburse for this expense. (The VELscope system screening is covered under CDT reimbursement code D0431.) Our patients find the VELscope screening to be very convenient and comfortable. It is completely non-invasive and adds only two-to-three minutes to the overall exam.

My main motivation in purchasing the VELscope system was that I felt it was the right thing to do for my patients. However, it has turned out to generate a very healthy return on my investment. The list price is just under \$5,000, and the cost of disposables – a cap that goes on the end of the handpiece and a plastic sheath that goes over the handpiece – is about \$2.60 per patient. In our practice, we do about 30 hygiene exams per four-day week, or 1,440 per year (assuming 48 working weeks). As I mentioned earlier, approximately 65% (or roughly 468) of these exams incorporate the VELscope screening.

When I decided to purchase the VELscope system in July 2007, I felt that it would meet all five of my criteria for new technologies, and in fact it has: enabled me to improve the care I provide my patients; been almost seamless to incorporate into my practice; been highly convenient for my patients; and, finally, been affordable and reasonable to most of my patients.

In our practice, the VELscope system is most certainly not sitting on a shelf collecting dust. More importantly, my patients, four of them in particular, are very happy about that fact. ■

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Countdown to February!

National Children's Dental Health Month

With February just around the corner, the Colorado Dental Association is busy preparing for National Children's Dental Health Month. As in past years, two events focused on the oral health of Colorado kids dominate February: Give Kids a Smile Day and the Healthy Smiles Coloring Contest.

Give Kids a Smile Day: Friday, Feb. 1, 2008

The CDA welcomes a new opportunity and honor this year, as we host the national press event for Give Kids a Smile Day! American Dental Association officers, executive director and staff members will be traveling to Denver to be a part of Colorado's day for children. This is the first time the national press event has been hosted west of the Mississippi. The CDA will host this event at the CU School of Dentistry on Friday, Feb. 1.

Thank you to the dental offices and individuals who have registered to participate in Give Kids a Smile Day, a national access-to-care day for children. Dentists across Colorado, and the nation, will be providing free treatment to children, and visiting schools and community centers to teach children about the importance of good oral health. For the second year, continuing education (CE) credit will be available to dentists participating in Give Kids a Smile events. CE forms will be sent to participating offices in the coming weeks.

If you have registered for Give Kids a Smile Day, you should have received a confirmation e-mail or fax in December from the CDA regarding your participation. If you did not receive this information or if you have any additional questions, please call the CDA at 303/740-6900 or 800/343-3010.

Give Kids a Smile Day is on Friday, Feb. 1. Statewide activities for this year's event will range from puppet shows in schools to full orthodontic treatment at no charge. We applaud you in advance for your generosity and dedication to this program. Typically, Give Kids a Smile Day events fall into one of three categories: private treatment, offsite treatment and educational/school presentations. Please note the important information below.

- **Private Treatment:** Thank you for volunteering to treat children in your private dental office. Your office is either recruiting patients for the day OR has contacted the CDA to help with patient recruitment (if you are unsure of your patient source, please contact Molly Pereira at the CDA). If you requested patients through the CDA, local school nurses or nearby health centers will be providing you with patients to schedule. Events of this nature tend to have an increased number of no-show patients due to transportation and other issues on the actual day. To maximize your valuable time on Feb. 1, please consider double booking a few extra patients. Additional information to help prevent "no

shows" and tips on scheduling can be found at www.cdaonline.org/give-smile.htm.

- **Offsite Treatment:** Thank you for volunteering to treat patients in a nearby clinic, non-profit health center or the CU School of Dentistry. The facility will have patients and a schedule waiting for you on Feb. 1. You will be receiving more information by mid-January regarding hours of operation and directions to the facility. Please contact the CDA if you have any questions regarding your Give Kids a Smile arrangements.

- **Educational/School Presentations:** Thank you for volunteering to provide much needed education in schools, community centers, etc. If you requested additional activity sheets, lesson plans or materials, they will be mailed to you by mid-January. If you would like to do a presentation but need a school to go to, please contact the CDA for a list of interested classrooms.

As you prepare for your Give Kids a Smile event, less than a month away, please know the CDA is here to help make your day a success. If you have any questions or need additional assistance, please call the CDA at 303/740-6900 or 800/343-3010.

Thank you for being a part of a national event that truly will give kids a smile!

Healthy Smiles Coloring Contest


Each February, the CDA conducts outreach programs in Colorado schools,

encouraging and promoting oral health education. The annual Healthy Smiles Coloring Contest is available to elementary school students, kindergarten through sixth grade. The CDA strongly encourages teachers and school nurses to not only participate in the program, but to also incorporate a lesson on oral health, nutrition and/or hygiene. Lesson plans and additional activity sheets are available to schools at the teacher's request.

On the following pages you'll find this year's contest picture. Please photocopy both sides of the 2008 coloring sheet and give copies of the sheet to your patients to color in your waiting room or at home. They must fill out the appropriate information on the back of the coloring sheet. The picture can be colored with crayons, markers, paint, pencils, etc. Contestants must color their own entry without assistance from others.


This year's grand prize winner will receive \$100 cash for his/her school to be used at the school's discretion, a gift card to Barnes and Noble, art supplies, and his/her winning coloring sheet featured in the *Journal of the Colorado Dental Association*. Winners will also be selected from each component society area across the state, and awarded art supplies and other prizes. Each winner's classroom will receive toothbrushes and toothpaste.

The deadline to submit entries to the CDA is Feb. 29, 2008. Entries can be mailed to: Healthy Smiles Contest, 3690 S. Yosemite St., #100, Denver, CO 80237. Please call 303/740-6900 or 800/343-3010 for more information. Thank you for your participation! ■



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By Mimi N. Hackley, M.P.H., C.F.P.®

We have all heard about the dangers of identity theft. Clever thieves steal personal information from trash, conduct phishing expeditions on the internet or even make phone calls pretending to be from government agencies. Victims of these scams encounter many difficulties during the ensuing two or more years in clearing their credit reports and getting their lives back in order.

There is a new opportunity to safeguard your credit and enjoy peace of mind again. Effective Nov. 1, 2007 each credit reporting agency will allow you to place a SECURITY FREEZE on your credit. In the past, this was available only in certain states or if you had already been a victim of identity theft.

This is how it works. You contact each agency and request the freeze. When it is in place, no new application for credit will be approved without your express authorization. This means that even if someone does succeed in stealing your information, they cannot fraudulently open new accounts in your name.

NO CHANGE will occur to any existing credit. If you have a mortgage, car loan or credit card, they will continue as before. Unfortunately, this means that a thief could access existing accounts. A good defense is to review all open accounts and close those you no longer need.

Contact:

Experian 888/397-3742 or
[Experian.com/consumer/
security_freeze.html](http://Experian.com/consumer/security_freeze.html)

TransUnion 800/862-7106 or
TransUnion.com, click "Personal," then
"Fraud and Identity Theft," then
"Preventing"

Equifax 800/711-5341 or Equifax.com,
click "Free Report, Dispute and Fraud
Protection," then "Protect Your Credit,
Explore How"

You can THAW your credit at any time by providing the credit agencies with your password and pin. If you need financing for a car, house, college funding or other future expense, you can remove the freeze permanently or for a specified period of time. A separate letter to each agency is often required, with a cost of about \$10. To apply for new credit you will also need your password and pin, so make sure to remember these so as not to delay your application. Anyone worried about identity theft and rarely in need of new credit should consider a freeze.

Parents of small children should also take note. Once your child has a social security number, it can be stolen. There are many examples of college-bound youngsters finding out that their identity was stolen many years ago.

Other vulnerable times are during a divorce or following a death. It is good practice to check your credit report from each agency once per year, preferably four months apart.

Secure your credit today! ■

Mimi N. Hackley, M.P.H., C.F.P.®, is director of financial planning at Sharkey, Howes & Javer, Inc., a Denver based fee-only, financial planning and investment management firm, and a supporter of the Colorado Dental Association. Visit www.SHWJ.com or call 303/639-5100.

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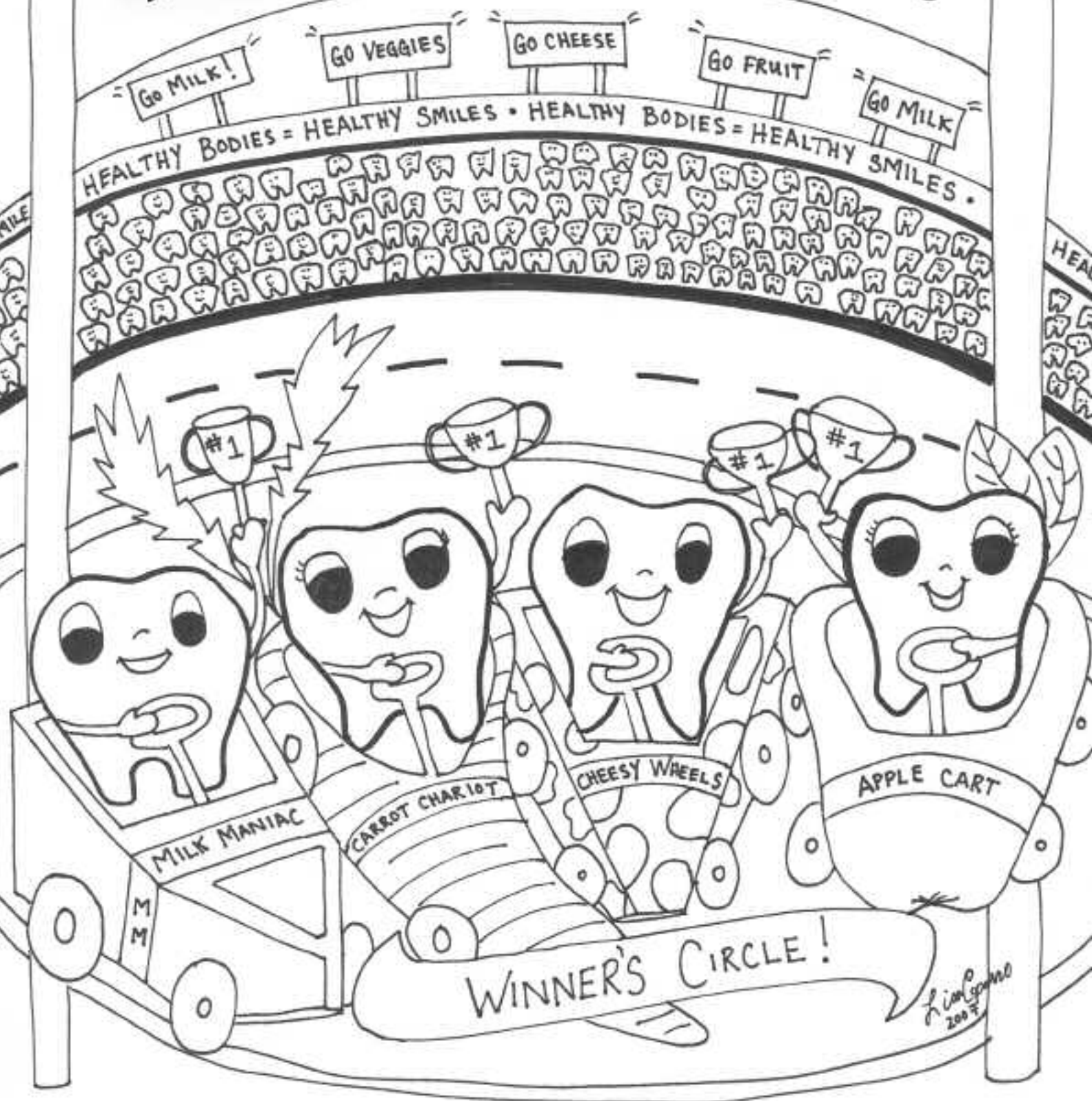
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Healthy Smiles Coloring Contest 2008



2008 Healthy Smiles Coloring Contest Registration

First Name _____

Last Name _____

Address _____

City, State, Zip _____

Phone Number _____

School _____

Teacher's Name _____

Grade _____

Age _____

Coloring Contest Rules

Eligibility:

Children in kindergarten through sixth grade are eligible to participate.

Guidelines:

1. Contestants must color their own entry, without the assistance from others.
2. The picture can be colored with crayons, markers, paint, pencils, etc.
3. Entries must be submitted by February 29, 2008.
4. No purchase is necessary in order to enter.

Prizes:

The grand prize winner will receive \$100 for his/her school, a gift card to Barnes and Noble, art supplies and his/her winning sheet featured in the Journal of the Colorado Dental Association. Up to 11 additional winners will be selected and awarded art supplies, posters and toothbrushes for their entire classes.

How to Enter:

Mail the completed coloring sheet to:
Healthy Smiles Contest
3690 S. Yosemite St., Suite 100
Denver, CO 80237

Don't forget to include your name, address, phone number and grade in the section above.

Artwork becomes the property of the Healthy Smiles Coloring Contest and will not be returned unless previous arrangements have been made.



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COMOM Success in San Luis Valley

CDA's Inaugural Mission Changes Lives

By Molly Pereira, CDA Associate Executive Director

The phrase, "all I want for Christmas is my two front teeth" came with a dose of reality last October. In fact, Christmas, in this sense, came early for many who traveled to Alamosa for dental treatment through the Colorado Mission of Mercy (COMOM), Oct. 19-20, 2007. Volunteer dental professionals generously donated their time, talents and resources to provide prophies, extractions, restorations, root canals and, yes, even acrylic partial dentures to those who wanted "front teeth."

This event was the CDA's inaugural COMOM, which was not only met with great success and appreciation, but changed lives for anyone in attendance. COMOM is a large-scale portable dental clinic that will travel to different regions of Colorado annually providing dentistry at no charge to those individuals without insurance or the means to afford dental care. The Alamosa program took place in the field house and gymnasium of Adams State College.

"We had an army of volunteers and in a matter of hours, the two gyms in the field house were transformed from boy's basketball practice to a fully operating dental triage area and 100-chair dental clinic," said Dr. John Hanck. "I know I'm not alone in feeling such a sense of pride and community when I watch such an extraordinary process take place."

738 total volunteers came together to make COMOM possible. We appreciate the efforts of these 98 dentists, 48 dental hygienists, 76 dental assistants, 16 lab



The early morning line of patients waiting for COMOM clinic doors to open.

"I appreciate everything very much. The whole world should do this. There are no words to express my appreciation."

-2007 COMOM patient, Alamosa, CO

technicians, three medical doctors, 10 nurses, 33 students and 454 community volunteers.

Working together, these volunteers helped and treated 1,301 patients, providing at least \$628,768 in donated dental care.

"Working alongside my colleagues – for free – was the purest form of giving I have ever experienced," said one COMOM dentist volunteer. "This reaffirmed my belief that this is the most caring profession in the world."

The incredible need for COMOM was obvious as patients waited in 13 degree



CDA Lobbyist Charlie Hebeler, Colorado State Senator Gail Schwartz (District 5) and CDA Executive Director Gary Cummins at COMOM.



A little guy checks out his teeth with his disposable mirror while waiting for treatment.

weather for COMOM doors to open. Many of these patients started lining up the night before the event. Once doors opened, patients were registered, medically screened and dentally triaged. They then waited for their turn to be treated in the oral surgery, restorative, endodontic or pediatric areas of the clinic. Some also visited the hygiene area for cleanings and/or the dental lab section for denture adjustments or partial denture construction. Nearly 100 chairs were in use at any given time throughout the COMOM two-day clinic. Once patients were finished with treatment, they went



Dr. Carol Morrow anesthetizes a patient at the "numbing station" before treatment.



Dr. Cyrus Fanning (center) and his assistant Heather (right) pose with their beaming patient after treatment.



Boy Scouts doing their part to volunteer at COMOM.

through an exit interview process and received follow-up care instructions.

Dentists, dental hygienists and other volunteers traveled to Alamosa from all four corners of Colorado and from neighboring states. A team from Connecticut also came out to observe Colorado's event in preparation for their first MOM event in April 2008.

"Learn one, do one, teach one – this is the mantra of MOM events," said COMOM Task Force Chair Dr. Steve Schiffer. "COMOM was incredibly

Please Register Today!

COMOM 2008 will take place at The Ranch (the Larimer County Fairgrounds and Event Complex), July 17-20, 2008, in Loveland, Colo. This is a wonderful opportunity to help those who need it most while volunteering alongside your colleagues. Register online at www.cdaonline.org/COMOM.htm. Call the CDA with any additional questions you may have, 303/740-6900 or 800/343-3010.

fortunate to have the support and on site help and experience from the Kansas Mission of Mercy, Nebraska Mission of Mercy and Texas Mission of Mercy teams. These caring individuals took time from their practices and busy lives to travel to Colorado to help us set-up and run our first COMOM. They were truly invaluable to our event. In addition, our appreciation goes to all Colorado volunteers, and especially the local community, service clubs and churches in the San Luis Valley. Our deepest thanks to each of these COMOM heroes."

COMOM has been influential to several organizations; in fact, the Colorado Northwestern Community College Dental Hygiene School in Rangely, Colo. made COMOM a part of their curriculum. These organizations—educational, religious, service oriented, social, entrepreneurial and corporate—generously supported the Alamosa event. A very special thank you to the following groups and individuals who helped fund COMOM, fed volunteers, donated supplies and services, and provided special assistance to make COMOM a reality:

Adams State College
Adams State College Community Partnerships
Aerodental, Inc.
Alamosa Chamber of Commerce
Alamosa General Rental
Alamosa Optimist Club
Alamosa Pharmacy
Alamosa Police Department
Alamosa Rotary Club

Alamosa Seventh Day Adventist Church
Alamosa Sheriff's Department
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Alta Fuels
American College of Dentists
Amish Community
Dr. Daniel Avant
Dr. Scott Bares
Dr. Nelly Barreto
Melvin Beede
Myra Bender
Dr. Robert Benke
Boy Scout Troop #307
Burkhart
David Chavez
Dr. Nick Chiovitti
City Market
CLFS Equities/Lustig Family Foundation
Coca-Cola
Colorado Northwestern Community College Dental Hygiene School
Colorado Springs Dental Society
Dr. Robert Colt
Community Banks of Colorado
Community College of Denver Dental Hygiene Program
Copic Financial Services
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K & R Rentals
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Dr. John Kearney
KENY-TV
KGIW
Dr. Yvette Killingsworth
Kiwanis of Alamosa
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KSLV
KSPK
Dr. Dwaine Kurtz
Dr. Karl Lackler
Larimer County Tobacco Prevention

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Magnolia Federation Women's Club
Margaret Maier
Mariachi Band
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Metro Denver Dental Society Staff
Midi Age Productions
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Pueblo Rotary 43 Foundation
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Rely Aid, Jamestown Health & Medical
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Rio Grande Savings & Loan
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Dr. Edward Rosenfeld
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William Devine CDT
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Carol Dingeldey



Dr. Richard Smith, of Texas, makes treatment plans for a family in the triage area at COMOM.

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Carol Gallegos AAS
Kelly Gallegos
Raeann Gallegos
Alta Garcia



COMOM continued on page 22

COMOM *continued from page 21*

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 Michele Mascarenas
 Jessica Matta
 Bobbi Maul
 Dr. Linda Mawhorter
 Gabriella Mayer
 Joshua Mayer
 Molli McBride
 Rebecca McCarroll
 Becky McCormick
 Cami McCullough
 Cathy McCurdy
 Donna, RN McDonnall
 Tara McGovern RDH
 Susan McIntosh RDH
 Pat McIntyre
 Rose McKee
 Ann McKenn
 Audrey Mead
 Angela Medina
 Danielle Medina
 Michelle Medina
 Molly Meehan RDH
 Gerrie Messer
 Diane Meyer RN
 Jay Meyer
 Robert Meyer DMD
 Leola Miller
 Erin Minks
 Paul Mizoue DDS
 Chuck Mogs
 Rose Mogs
 Cathy Montera RN
 Heather Montoya
 Inez Montoya
 Nicole Montoya
 Jeanette Morales
 Mary Morin
 Tom Morin
 Terri Morreale RDH
 Amanda Morris
 Bob Morrow DMD
 Carol Morrow DDS
 Steve Muller
 Vicky Muller
 Taelor Mullins
 Lillie Munoz
 Pattie Murphy
 Rhett Murray DDS
 Margaret Musgnung RDH
 Donna Musso RDH
 Kelli Naibauer
 Talitha Najera
 Pauline Naran
 Nicole Neilsen
 Jackie Ness
 Cindy Newberry
 Christine Newton





Dr. Tom Pixley treating a patient.

Lucia Nicolas
Jeanne Nicoulin
David Nock DDS
Rose O'Connel
Florence O'Day RN
Richard O'Day DDS
Jan Oen
Geronino Olivas
Lucie Olivas
Yvonne Olme
Vickie Olson RDH
James Orban DDS
Maureen Orr
Linda Ortiz
Kris Ota
Florence Pacheco
Cindy Packard AAS
Joelynn Padilla
Janelle Passalacqua
Lori Passarelli AAS
Paul Patterson
Betty Patton
Tyler Paulson
Delzia Pavlovsky
Tim Pellandini
Lupe Pena EDDA
Josie Perea
Molly Pereira
Karen Perko
Ken Peters DDS
Jerry Peterson DDS
Rachel Peterson
Donna Petross
Louise Petross
Penny Petty
Becky Pinkerton
Julia Pitman AAS
Tom Pixley DDS
Toni Pizza

Michael Plous DDS
Beverly Pollart RDH
Charlie Possee
Pamela Potvin RDH
Kate Powers
Judy Prester
Angela Provstgaard
Darcy Purcell
Meagan Purcell
Michael Purcell DDS
Dana Quiller DDS
Bernadine Quintana
Carla Quintana
Kevin Quintana
Laurie Quintana RDH
Robert Quintana
Doreen Qunitana
Robert Qunitana
Bethany Rael
Jannelle Raley
Michael Rasmussen
Ramona Raya
Melissa Reffel
Deana Reifschneider
Rita Reyes
Jim Reylea
Hope Rheingans
Jordan Richards
Gladys Richardson MD
Monica Richie
Shannon Ritchie
Trina Rivera
Vivian Rivera
Melissa Roberts
Andrew Robertson
Gail Robinson
Jay Robinson
Kelli Robinson
Susan Robinson

Jay Robson
Leticia Rodriguez
Lupe Rodriguez CDA
Maribell Rodriquez
Elizabeth Romero
Tammy Romero
Janet Romo
Stephanie Root
Brandon Rosenhoover
Marc Rosenthal DDS
Nancy Rosenthal DDS, MS
Rich Ross
April Rounds
Annette Roybal
Joel Roybal
Gloria Rubendall
Yolanda Rubio
Jack Rudder
Aida Sahud
Albert Salazar
Naomi Salazar
Terri Salazar
Bob Salcetti
Jeanne Salcetti DDS, MS
Robert Salcetti
Alice Sanchez
Lita Denise Sanchez
Teresa Sanchez
Sateba Sandoval
Sandra Santa Cruz
Hazel Santistevan
Linda Savage
Michael Savage DDS
Karen Scarpella
Pasco Scarpella DDS
Kathryn Scheidt RN
Michael Scheidt DDS
Kyle Schell
Jayne Schiffer
Kurt Schiffer
Steve Schiffer DDS
Dylan Schlaufman
Roselie Schlaufman
Vi Schlegel
Brenda Schnaderbeck
JoyceIn Schoech RDH
L. Thomas Schoech DDS
Julie Schrader
Robert Schreibman DMD
RJ Schultz DDS
Danielle Schwartzenberger DDS
Keir Scott
Frank Seaman DDS
Jane Seaman RDH
Amy Jo Sevenski
Jim Shaddock DDS
Danielle Shayne
Lauren Sheldrake
Peggy Shughart

Cheryl Shults
Jessi Sisneros
Brent Sites DDS
Jason Smith
Richard Smith DDS
Ken Snider
Joseph Solano
Christine Solazzo
Anna Solis
Ezequiel Solis
Talitha Solis
Ranee Sours
Rebecca Sours
Dustin Southway
Michelle Sowards
Diane Spira
Ernest Spira DDS
Jeff Stasch DDS
James States DDS
Mary States
Jeff Stearns DMD, MD
Pamela Steinert
Daniel Stellabotte
Lorraine Stenger
Lori Stoeber-Forth PhD
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Katie Strobeck
Sherman Strobeck
Alison Stuemky
Laura Stuemky
John Sucharski
Michael Sucharski
Maura Sullivan
Sandie Sullivan
Larry Sveum
Myrna Swift
Candance Sykes
Denise Tatum
Andrea Taylor DDS
Spenser Teel
Donna Templeton
Lisa Thomas RDH
Cynthia Thompson
Don Thompson
Eileen Tilton
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Antonette Trujillo
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Grace Trujillo
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Michael Unser DDS
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Lee Roy Villapando
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Tom Wade
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Raymond Ware
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Allan Welch
June Welch
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Gwen Wells
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Rebekah White
Amity Wickman
Chelle Wiescamp
Cody Wiescamp
Sandy Wiess RN
Dave Wilberger
Keith Wilken DMD
Don Wilkinson
Heather Williams
Susan Willis
Mark Wilson
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Susan Wolcott DDS
Stephanie Wolfolk
Julie Wood
Debbie Woodward RDH
Hilda Workman
Kellie Wright
Jin Yao
Marianna Young
Gloria Yund
Ronald Zastrow DDS
Mary Ziance
Bruce Zimmerman DDS

Bridging the Generation Gap

By Janet and Larry Steward

In today's multi-generational workplace, it's often obvious there are sometimes great differences between what makes you tick as the practice owner and what motivates or inspires other team members. Rather than bemoan the work ethic or attitudes of a younger or older team member, you're more apt to enjoy better results if you understand how generational experiences shape individual strengths and create perceived weaknesses.

While individuals within any group vary widely, there are four broad generational groups that are often found in dental practices: (1) Traditionalists, (2) Baby Boomers, (3) Generation "Xers," and (4) Millennials. While these four groups seem homogenous, they do not all share the same core values.

Traditionalists – Born before 1946

This group is shrinking in the workplace as many have retired or are on their way to retirement. They know how to live within a limited budget and, as a result, tend to be financially conservative. They value sacrifice and commitment. They are fiercely loyal to their jobs and expect to work in one job for many years. Family has often had to take a back seat to work. They define themselves by their career.

The strategy:

- Recognize and respect their experience and draw from this valuable commodity.
- Offer them job security.
- Appreciate their dedication.
- Honor and respect the chain of command.
- Value their experience.
- Give them their own workspace.

Baby boomers – Born 1946 to 1964

Well known for being extremely hard working, this generation all but invented the 60 hour work week. This group is also loyal and many of them have a single job throughout their working career. Because of their great numbers, baby boomers have been forced to compete for jobs. They believe that they can get ahead through loyalty and hard work. This generation lives to work and feels personally identified by their career achievements. They are highly competitive, anti-authority and thrive on challenging the status quo.

The strategy:

- Show respect.
- Communicate face-to-face whenever possible; they love to have meetings.
- Being autonomous and self-directed, both you and they benefit from being actively involved in the process.
- Give them your full attention.
- Draw on their wealth of work, life experience and knowledge.
- Communicate the goals clearly.
- Show them respect by allowing them to express their opinions freely; be open to the fact that you may learn something new.

Generation Xers – Born 1965 to 1980

These are the first latchkey kids; because their parents were working all the time, thus forcing them to be highly resourceful. They are easily bored and tend to change careers frequently. They have seen their parents get laid off despite being loyal to their jobs so they are skeptics and don't believe in corporate loyalty. While they may not be loyal to the corporation in the way their parents were, they are often intensely loyal to their boss. They thrive on challenge and will change jobs in order to get it. While they are hard working, unlike their parents, work is not the most important

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thing in the world to them. There's a whole other life out there at the end of the workday and they intend to take full advantage of it.

The strategy:

- Lighten up and have fun.
- Communicate by e-mail instead of phone whenever possible.
- Respect that they value a more balanced life and they have plenty to do after the end of the work day.
- Consistently keep them challenged and give frequent, informative feedback.
- Craving autonomy, they feel stifled when micromanaged.

Millennials – Born 1981 to 1999

While many in this generation are still in school, they are now beginning to enter the workforce. This group is community centered, having been exposed to group school activities and other group activities

from a young age. They love working with their friends and being organized into teams. They are used to being shuttled between soccer, ballet, and whatever-else practice that their lives are busy, busy, busy. They are high achievers, well-educated, open-minded, optimistic and sociable. Technology is so much a part of their lives that they are connected 24/7. They often know much more about technology than older generations, so be prepared to learn from them. They thrive on structure and leadership. They are high-energy, high self-esteem with a can-do attitude.

The strategy:

- Give frequent, immediate feedback.
- Give them challenges and reward them with increased responsibility.
- Involve them in the decision-making process; they love working in groups.
- Ask them for their opinions.

It's important to recognize, respect and appreciate generational differences, and then embrace those differences. Your success as a manager and leader depends on your ability to manage across the generation gap, which means finding ways to interact and motivate each group to take full advantage of their personal and generational strengths. ■

*Janet and Lawrence Steward are speakers, consultants and authors. Their book, *What Do Dentists Really Want?* is available through www.Amazon.com or www.the-ManagedentPros.Com. Janet Steward, president of Quantum Leap Dental Consulting, can be reached at 970/207-0776.*

Do you have a practice management column you'd like answered in this quarterly column? Submit your questions to molly@cdaonline.org or 3690 S. Yosemite St., #100, Denver, CO 80237.

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Practices: 1. Aurora, Colo. Great location, three ops. collecting \$400,000 with \$200,000+ profit. 2. Centennial, Colo. Four ops. of new equipment, collecting \$35,000 per month, owner financing. 3. Louisville, Colo. Booming area, great location, three ops., doctor retiring. For information on these and other listings, call 800/632-7155, Professional Marketing and Appraisal.

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Office Space: Dental building for sale or lease. Free-standing dental and office building located near downtown Littleton is available for sale or lease. Property has on-site parking and large monument sign. For information contact Colliers Bennett & Kahnweiler, 4643 S. Ulster St., Suite 1000, Denver, CO, Robert Pipkin, 303/745-5800.

Office Space: Parker, Colo. Parker and Douglas counties have impressive demographics. Move your practice to the new Victorian Peaks building, now under construction. Now leasing! New construction class "A" space. Up to 5,000 sq. ft. available for immediate leasing in Old Town Parker in Victorian Park. Great location. Call 303/307-6683 or jim@victorian-peaks.com. For more information, see www.victorianpeaks.com.

Office Space: Loveland, Colo. A unique opportunity to build your practice in a beautiful state-of-the-art facility. Loveland's proposed Mountain View Dental Arts and Professional Center. A high visibility location with outstanding demographics next to the 1144 student Mountain View High School. Enjoy a realistic path to the savings and wealth building benefits of owning your own beautiful, efficient facility. For complete details, contact Kirby Phillips, Medical Facility Partners, LLC, 720/308-6430.

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- > Implement an effective recall & retention program.
- > Seek to exceed your patients' expectations.
- > Ask your current patients for referrals & reward them for each one.
- > Differentiate your practice & advertise the unique things you have to offer.
- > Market your practice both internally and externally.

For more ideas on how to increase your patient flow, e-mail or call us for a complimentary copy of the booklet, "*350 Ways to Market Your Dental Practice*."

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Office Space: Two dental/medical spaces available in Louisville, Colo.: 335 S. Boulder Rd. Orthodontic practice infrastructure in 2,400 sq. ft. medical office suite available for lease now at \$14.95-\$16.95/sq. ft. NNN. Landlord may consider smaller configuration. 317 S. Boulder Rd. 1,288 sq. ft. office space w/ several potential dental applications avail immediately at \$12.00-\$13.00/sq. ft. NNN. Contact Dan Estey or Chris Boston 303-442-1040; danestey@gibbonswhite.com or cboston@gibbonswhite.com.

Office Space: Aurora, Colo. Professional dental office space consisting of 1,234 sq. ft. is available for lease. It is currently partitioned, plumbed and wired for three dental operatories. The dental suite is in excellent condition, and in a wonderful location and beautiful building. Great visibility and easy access near a residential area. Ideal location for a general dentist, orthodontist, pedodontist, prosthodontist, periodontist or endodontist. Call Dr. James Trompeter at 303/688-3838.

Office Space: Loveland, Colo. New construction class "A" space. Up to 8,500 sq. ft. available for immediate build-out. Great location and tenant finish allowance. Call 970/663-1000.

Office Space: Build/Relocate/Remodel: Call us or visit www.fcbsdenver.com for free office locator assistance. Foothills Commercial Builders, the future is now! 303/755-5711 x306.

Office Space: Offered for lease or lease/purchase. Up to 4,800 sq. ft. ready to build-out in brand new building with dramatic views of the Front Range. Access growing patient populations in northeastern Colorado Springs and expand your practice from this ideal location

adjacent to Endodontic Specialists. Competitive lease rates with generous tenant finish allowance or lease-purchase as condo. Call Jane Peck at 719/599-3210 or Tom Binnings at 719/471-0000.

Office Space: Fountain, Colo. Close to Colorado Springs. One of the fastest growing areas in Colorado. 25-year dental office location, available in January. Dr. Stephen Seiler, 719/576-4247.

Office Spaces: Plug and Play #1: Finished dental suite, south DTC. Three-to-five ops., two offices, lab, reception, admin. #2: Finished dental or oral surgery space, County Line Road and south Holly Street. Four ops., office, reception, two restrooms, recovery room, two labs. Great location, excellent value. Contact Bob, 303/713-1588.

Office Space: First floor office with five operatory suites located in central Greeley. All plumbing, nitrous lines, computer lines and cabinetry are in place, along with sterilization room and lab space. Call 970/356-5151.

Office Space: Operatories to rent. One to two fully equipped operatories in lovely tech center office. Call Dr. Kevin Evans, 303/796-8668.

Office Space: Leasing new space? Your new landlord is represented by a commercial realtor, attorney and other expert resources. Who is representing your best interests in the transaction? Tenant representation - we represent YOUR best interests: site identification and demographics analysis; lease valuation and analysis; lease negotiations; and experienced dental services (space planning, information technology, space design and construction support). We will locate the

optimum practice growth potential site for you, represent your best interests in the leasing process and assist in overall facility development. Kirby Phillips Remax Professionals, Inc. - Commercial, 303/985-4555.

Office Space: Lakewood, Colo. Dental office space for lease at 2290 Kipling St. Building has eight other dental practices. 1,000 sq. ft., three ops. plus office, lab and x-ray. Owner will assist with cost of tenant finish. Call Jack Maxfield, 303/919-0813.

SERVICES/ANNOUNCEMENTS/MISC.

For Sale: ACME Visable four ft. diameter circular file with five tiers. Stores hundreds of files. Best offer. Contact Dawn, 303/730-7002.

For Sale: All new: two Midwest Tradition L fiber optic handpieces, Star Titan scaler, Impregum Penta Soft, Nupro prophyl paste, Midwest rt. angle, Midwest replacement turbines, and more. Cheap! Call 303/862-7679.

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CLASSIFIEDS continued on page 30

CLASSIFIEDS *continued from page 29*

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Service: Concerned Colorado Dentists (CCD) is a subcommittee of the Colorado Dental Association. We are in existence to help colleagues, staff and/or families who think they may have a problem with substance abuse. If you think you or someone you know may have a problem, please call Dr. Michael Ford at 303/810-4475 (day or night). All inquiries are kept confidential.

Accounting: Tax planning, financial statements and analysis, return preparation, business valuations, bookkeeping, payroll. Are you looking for a responsive, proactive accountant? Free initial consultation. Bailey Saetveit Co.PC, contact: Scott Jensen, C.P.A., J.D., M.B.A. 303/799-4100, sjensen@baileysaetveit.com.

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Attorneys: Representing dentists/dental practices: Practice start-ups, purchase/sale of practices, associate agreements, employment law, and contracts. Hourly and flat fee billing arrangements. Responsive. Please contact Ryan Howell at 303/957-3795 or ryan@hedberghowell.com. This is an advertisement.

Mission Trip to Nicaragua: Dentist needed for medical mission trip to Somota, Nicaragua to accompany an RN and optometrist. The group will be departing July 18 and returning on the 28th. The clinics will be held in three remote villages in the Somota area and at the hotel in Somoto. We will focus on oral/dental exams for adults and children, provide extractions, and fluoride treatments to children. Contact Carmen Covington, R.N., 970/531-2857.



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