

# Journal

OF THE COLORADO DENTAL ASSOCIATION

## COLORADO REVISED STATUTES

Title 12  
Professions and Occupations

Article 85  
Dentists and Dental Hygienists

Effective July 1, 2010

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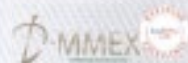
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COLORADO DENTAL ASSOCIATION

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# CDA Proud

By Brett Kessler, D.D.S., CDA President-Elect



**Y**ou may have seen that the Colorado Dental Association has started a public relations campaign to promote who we are and what we do. If you haven't seen it, it is a 30-second commercial that aired both on television and radio stations across the state this past November and December. It is available for viewing on the CDA Website, [cdaonline.org](http://cdaonline.org), or at [vimeo.com/78542617](http://vimeo.com/78542617).

The commercial illustrates that as a CDA member, we are held to the highest standard of ethics and care, we take continuing education and our values meet the needs of the communities that we each serve. At the end, we encourage the patient to ask if his/her dentist is a CDA member.

## Why the PR campaign?

For as long as I have been a member of organized dentistry, I have felt that we are the best-kept secret both to our members and to the patients we serve. We are at a critical juncture. There are many entities that are marketing their positions in the dental world. As a result, dentistry is quickly becoming a commodity and the general public doesn't really know who to listen to with regard to oral health.

*Obviously, it should be us!*

Starting this month, we will be updating the Colorado Dental Practice

Act through the process of sunset review, a formal review of the laws that govern dentistry that occurs every 10 years. In the past, we have had problems with other entities having a louder voice than ours. Why was this? Because we have been afraid to toot our own horn.

This PR campaign is the beginning of a new era in which we are positioning ourselves, once again where we belong, as the dental experts.

For years, we have not done much to tell the community all the things we do. In fact, we have not done much to tell our members what we have been doing. We dentists don't like to talk about ourselves. Through our non-action, other (louder) entities have taken over the public's perception while we have been quiet.

Our leadership has a goal – and actually it's not just a goal, but a big hairy audacious goal (for those fans of Jim Collins' book *Good to Great*, you may recognize this as the BHAG). We want our members to be proud of their membership. SO proud that they can't imagine being a dentist and not being a member of the CDA.

Everything we do and everything that we have done in the past as an organization has had this in mind. We have not been good at telling anyone about it.

**We are not going to be quiet anymore.**

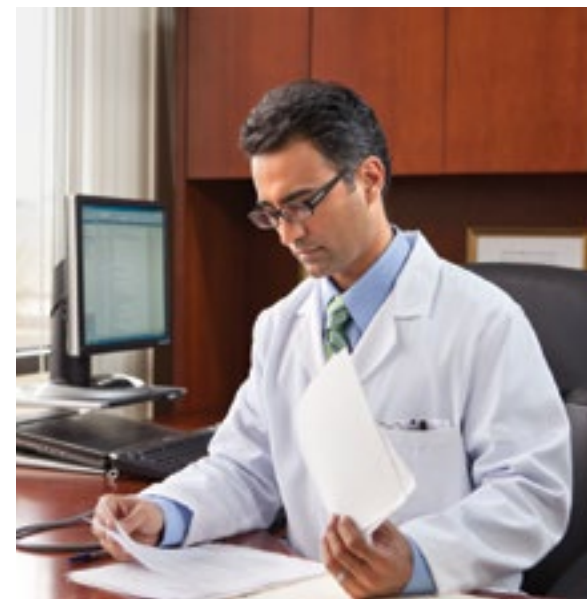


This is who we are and this is what we stand for – in essence, our core values: *Effective Leadership, Open Communication, Ethical Behavior, Moral Courage, Strong Advocacy, Fellowship, and Teamwork.*

Our Mission: *To provide the Colorado Dental Association membership and the public with superior service and to demonstrate effective leadership in advocacy, education, communication, and quality products and services that enhance member practices, professional growth, and patient care.*

Dentistry, like all healthcare, is a profession in flux. The delivery models are changing. The business models are changing. Access-to-care models are changing and expanding in Colorado. We must evolve as an organization to accommodate these changes. However, we will not change who we are and what we stand for philosophically – thus providing the best options of care for our patients and the communities that we serve.

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# Philanthropy

## It just might be dentistry's dirty little secret

By Michael Diorio, D.D.S., CDA Editor



**M**erriam-Webster defines philanthropy as the practice of giving money and time to help make life better for

other people. That's a good definition, but I like the following definition even better. According to *Wikipedia*, philanthropy etymologically means "love of humanity" in the sense of caring for, nourishing, developing and enhancing "what it is to be human" on both the benefactor and beneficiaries parts.

In general, healthcare providers by nature are giving people; it's just part of our makeup – why we chose what we do. The dirty little secret of dentistry is how much we give back, most often quietly without any public fanfare. In a statement article from the American Dental Association (ADA) in April 2012, titled "Breaking Down Barriers to Oral Health for All Americans: Role of Finance," the ADA estimates that dentists in private practice provided \$2.16 **billion** in free or discounted care in 2007 alone. Maybe it's time to start leaking the secret of how awesome we are.

Giving spontaneously, the "random act of kindness," is probably the most rewarding style of giving, for

the giver as well as the recipient. The warm fuzzy feeling that accompanies charitable acts in this manner is second to none. Planned or pre-meditated giving is equally important and also rewarding. We have entered into another new year. Often, this time of the year is full of goals, both personal and professional, and our plans on how to achieve them. What about a giving plan for the upcoming year? We plan vacations, why not a plan for how we want to keep our dirty little secret going. Maybe we need a Website to help us out: [www.givingplan.dentistsareawesome.com](http://www.givingplan.dentistsareawesome.com) (Who. What. Where. When. Why.) Let me break it down.

**Who:** Decide who you want to help. Maybe it's kids, adults, seniors, a specific disability or disease process. Start within your comfort zone.

**What:** Choose what you want to give. It could be services, money, time, equipment or supplies.

**Where:** Select where you would like to make a difference. Is it local or global? In your office or out? COMOM, Give Kids A Smile, Dental Lifeline Network, Kids In Need of Dentistry, a neighborhood health center or Head Start are just a few of the hundreds of options. Let's even include the CDA's Take 5 initiative.

**When:** Pick a time that works best for you. Maybe it is during a historically slower time of the year. Possibly on an off day every quarter. Find out when COMOM is and block out that weekend.

**Why:** This is personal and only matters to the giver. It's ok to keep this a secret.

I mentioned the Take 5 initiative in "where" we can give. Let's look at that a little closer. We could debate for hours, and without any resolve, about whether being a Medicaid provider is a form of charitable giving or just a business plan. Maybe it's a little of both. Currently, and for a variety of reasons, very few dentists are Medicaid providers. One of the arguments for not participating in the past has been the low reimbursement rate. When we look at participating purely from a financial standpoint, our mindset changes. Now let's look at it from a charitable giving perspective. When we give, we are not looking for anything in return – we just give, simply to give. What if we could give, and get something back?


Consider this. Start with the mindset that you are providing care to a population that really needs help. Embrace that warm fuzzy feeling of helping out someone in need. About the time it takes for the glow of giving to leave, the reimbursement

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Since its inception three years ago, the Colorado Dental Manager's Association has been privileged to have the following speakers address and lead "Round Table" discussions for many of Colorado's finest Office Managers and Practice Administrators.

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This concept may not work for most and that's ok; it never hurts think outside the box though. Sometimes a change in perspective can bring great results. I'm proud to be a member of such a giving, caring profession. I hope that we always keep our giving nature in our dental DNA.

Spontaneous or planned, giving benefits everyone involved. It makes no difference who, what, where, when or why, let's just keep the momentum going. Just do it! 📱

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# Sunset Review of the Dental Practice Law

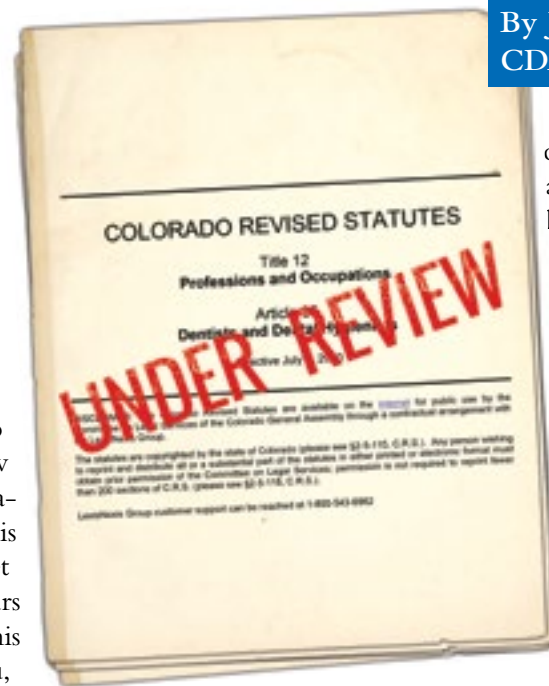
## This Affects You

By Jennifer Goodrum,  
CDA Director of Government Relations

Starting in January 2014, the laws that govern the practice of dentistry, known as the Colorado Dental Practice Law, will undergo a complete review by the state legislature. This process is known as a Sunset Review and occurs every 10 years. This review affects you, as a dentist, as it can dramatically impact state board composition, scope of practice allowances, practice ownership requirements, educational requirements and more. **As a Colorado dentist, these next few months are critical, as the changes that are made can impact your practice for years to come.**

### Sunset Review: The Preparation

The CDA started preparing for the 2014 Sunset Review back in July 2011. It appointed 15 dentists to serve on a Sunset Review Committee charged with conducting a line-by-line analysis of the Colorado Dental Practice Law, as well as seeking input from dentists around the state. Based on its review, the CDA Sunset Review Committee brought 15 resolutions to the 2012 House of Delegates for approval to pursue during the Sunset Review process. All but one was adopted by the House



of Delegates and two resolutions were added by the CDA's governing body. Following the 2012 House, input was solicited from educational institutions, dental hygiene groups, den-

tal assisting groups, dental laboratories, liability insurers, dental benefits managers, large group dental practices, public health entities, regulatory agencies, dental specialty associations and others. Based on these discussions, the CDA Sunset Review Committee proposed two additional resolutions to CDA's 2013 House of Delegates – both of which passed. These approved resolutions serve as the CDA's directive for Sunset Review.

In a parallel process, the Colorado Department of Regulatory Agencies (DORA) conducted its own line-by-line review of the dental laws, as well as sought input from the State Board, individual members of the regulated professions and stakeholder organizations. DORA is the entity responsible for writing a detailed report and publishing initial recommendations on what should be changed in a pro-

fession's practice law during Sunset Review. DORA is the same agency that oversees the Colorado State Board, but a completely separate office in DORA conducts the Sunset Review.

The CDA met with DORA in April 2013 to present its initial recommendations on changes to the Dental Practice Law and again in July 2013 following the 2013 House of Delegates. Using that feedback and feedback from stakeholder meetings, DORA published a report of recommendations for Sunset Review – this report is presented to the state legislature and is the template for the Dental Sunset Review Bill.

While largely receptive to the CDA's input in meetings, DORA's report ultimately reflected few of the priorities outlined by the CDA House of Delegates. This is not wholly unusual, as DORA does not typically endorse or include all recommendations from a regulated profession. Fortunately, DORA's Sunset Review Bill must go through the complete legislative process in 2014, which will provide additional opportunity for amendments to address recommendations from the dental profession that were not included in the initial DORA report and bill.

### Sunset Review: Next Steps

It's important to keep in mind that during the Sunset Review of the Dental Practice Law, all dental laws will be open for review. This means that aside from DORA's recommen-

dations and the CDA's priorities, any stakeholder can approach a legislator to amend the bill. The legislative process is open to many interests – both groups that share CDA interests and those that do not. Many amendments to DORA's initial bill are expected. The CDA will remain vigilant in advocating for the best interests of the dental profession and the patients we serve, in addition to protecting the profession against any detrimental efforts.

To this end, the CDA is already meeting with legislators to discuss the dental profession's priorities and concerns. Regular updates on the Sunset Review bill's progress will be provided to CDA members. Political involvement by CDA members is critical throughout this process.

### DORA Recommendations for the Dental Practice Sunset Review

DORA's report contained 18 recommendations, largely administrative in nature. DORA's recommendations focus primarily on streamlining administration of the State Board.

DORA's recommendations included a group of changes related to the licensure and examination process. Highlights from these recommendations include:

- Repealing the State Board rules limiting the number of times a dentist can take a clinical examination, as DORA believes this should be deferred to the exam agencies;
- Repealing the jurisprudence examination requirement, since 98% of applicants pass on the first attempt (licensees are still required to know and comply with dental laws);
- Allowing the State Board to accept new types of non-live patient examinations and methods to evaluate clinical competency, such as the portfolio exam and PGY1 (existing examinations methods are maintained); and

- Repealing the requirement that accredited dental hygiene programs be two years in length to mirror current CODA accreditation standards and give programs the flexibility to offer accelerated curriculum equal to two academic years of full-time instruction.

DORA's recommendations included another group of changes related to disciplinary procedures. Of interest from these recommendations is a proposal to give the State Board fining authority to align dentistry with other Colorado healthcare boards. Given that State Board fining authority was a concern to the CDA House of Delegates, the CDA will be monitoring this DORA recommendation closely. In all recent healthcare practice act sunset reviews, DORA has been successful in attaining fining authority. Given that political reality, the CDA Sunset Review Committee is studying how other Colorado healthcare professions have successfully limited fining models to protect their professions.

DORA's recommendations also included a group of changes designed to align the State Board with other healthcare boards. Highlights from these administrative consistency recommendations include:

- Repealing a provision disqualifying people with past felony convictions or State Board discipline from serving on the State Board to give the governor maximum flexibility in State Board appointments;
- Clarifying that State Board members may continue to serve until a replacement is appointed to assure that the State Board is able to fulfill its responsibilities without interruption;
- Adding a cross reference to an existing Colorado law that allows entities called provider networks to operate dental practices; and

- Allowing dentists or dental hygienists to form confidential agreements with the State Board to manage any physical or mental disabilities that could affect patient care rather than going through the traditional punitive or disciplinary methods.

It's interesting to note that DORA's recommendation to address physical or mental disabilities closely mirrors a recommendation made by the CDA House to require confidential peer assistance evaluations for all drug/alcohol related arrests. However, DORA's recommendation specifically excludes cases of drug/alcohol abuse. There is some concern that this exclusion, and keeping agreements related to drug/alcohol abuse punitive, could prevent some practitioners from seeking early help or intervention for drug/alcohol abuse. As the public is better served when impaired practitioners receive help before an incident related to abuse occurs, the CDA will likely pursue inclusion of drug/alcohol abuse into DORA's recommendation about confidential agreements.

Finally, DORA's recommendations included a group of technical changes intended to be non-substantive. These technical changes seek to improve the clarity and readability of the practice law and update the laws to reflect current terminology. A technical recommendation also authorizes the State Board to continue operating for another nine years until 2023. There is some discussion of extending the next Sunset Review date until 2024, consistent with the standard 10-year timeline for DORA sunset reviews.

DORA's full report can be accessed online at <http://goo.gl/RwMxCe>.

### Remaining CDA Priorities

As previously discussed, DORA's Sunset Review report did not

SUNSET continues on page 12



include all stakeholder recommendations, including some of those proposed by the CDA House of Delegates. After review, the CDA has identified three priority recommendations to pursue through the legislative process to ensure a high standard of care and patient safety for Coloradans: improving regulations around anesthesia, requiring continuing education for dental professionals and additional technical changes to update the dental laws to reflect current best practices. The CDA will seek to address these items through legislative amendments.

Specifically, the following CDA recommendations designed to improve patient safety related to anesthesia will be grouped together to pursue as an amendment to DORA's bill:

- Establishing a separate permit category for pediatric anesthesia providers to protect children and ensure their safety by ensuring that those providing care are adequately trained;
- Clarifying that a dentist or other qualified anesthesia provider must be physically present in the operating room during administration of moderate sedation and deep sedation/general anesthesia;
- Requiring the State Board to publish a list of pre-approved anesthesia training courses so dentists can avoid investing time and money in courses that will not be accepted;
- Clarifying training requirements to ensure the dentist applying for a permit is the sole provider during all required anesthesia training cases; and
- Adding re-inspection and continuing education requirements for moderate sedation and deep sedation/general anesthesia permit renewals.

The CDA also intends to pursue a requirement for ongoing continuing education (CE) for dental providers. CE helps to ensure dentists stay up to speed on the latest technology and standards of care, and helps ensure the best outcomes for their patients. Colorado is the only state in the nation that does not currently have mandatory CE requirements for dentists. While a CDA task force is studying the possibility of the continuing competency model at the direction of the CDA House of Delegates, there is no existing continuing competency model for general dentists and a new program will take time to create. In the meantime, the CDA feels that it is vital that dentists in Colorado at least meet minimum standards for CE. The CDA has proposed that dentists receive at least 30 hours of CE per dental license renewal cycle (two years), or 15 hours of continuing education each year. Sixteen of the 30 required hours must be focused on enhancing clinical skills. These CE requirements are consistent with existing requirements for CDA members. Additional continuing education would be required for anesthesia providers (17 hours across the five-year anesthesia permit renewal cycle).

Finally, the CDA intends to group several non-controversial changes into a series of technical changes. While DORA included some technical changes in its recommendations, the CDA would like to see at least the following additional items included:

- Updates to outdated language like the term "gingival curettage" and exam administration provisions;
- E-prescribing for laboratory orders;
- Regulation of lasers; and
- Conflict of interest requirements for State Board members.

Double jeopardy between CDA Peer Review and the State Board

disciplinary process is one additional outstanding item that the CDA will pursue modifying through a formal administrative agreement with the State Board. Should an administrative agreement not be feasible, this item may be pursued legislatively.

#### Other Stakeholder Pursuits

While many oral health stakeholders are still shaping their Sunset Review agendas, the CDA is currently aware of the following interests among stakeholder organizations:

- Some dental assistants have expressed interest in pursuing credentialing through DORA and the State Board. Historically, DORA is extremely reluctant to increase its scope and regulate additional professionals unless direct public harm is shown. This may be a difficult pursuit, as there are very few known cases of direct patient harm by dental assistants. Even in cases of public harm, dentists are ultimately responsible for the care provided by their dental assistants so DORA will argue that there is existing public recourse in these cases.
- The Colorado Dental Laboratory Association has also expressed interest in pursuing credentialing through DORA and the State Board. For the reasons mentioned above, DORA will be reluctant to license dental laboratories. Dental laboratories have also expressed interest in pursuing a provision to require point of origin labeling for materials used in dental devices.
- The Colorado Dental Hygienists' Association has expressed interest in attaining limited prescribing authority for dental hygienists. The desired formulary would include fluorides and non-systemic antimicrobial agents.
- While at this time no organization has stepped forward to lead an effort to add a new type of "mid-level" provider to the Dental Practice

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Law, discussions continue on this topic. DORA did not make a recommendation for or against mid-level dental providers in its Sunset Review report, however, through conversations has indicated that it found that there was currently no political will for this addition during stakeholder discussions. While DORA has indicated that it will testify to this finding if asked, their position does not preclude other interest groups from pursuing the addition of a dental mid-level provider through the Sunset Review Bill. Both the Pew and Kellogg foundations have recently been active in Colorado, holding several stakeholder conferences and meetings. It remains to be seen whether efforts to authorize mid-level providers through the Sunset Review Bill will be undertaken in relation to the Dental Practice Sunset Review.

#### How You Can Help

Dentists' involvement in the political process is vital in a year like this. We need your help in educating the legislature about topics that affect the dental profession.

Please consider joining the team of dentists who serve as key contacts or "Action Team Leaders" for their state legislators. For more information on the Action Team Leader program, please contact CDA Director of Government Relations Jennifer Goodrum at [jennifer@cdaonline.org](mailto:jennifer@cdaonline.org) or 303-996-2847.

#### Questions or Feedback

If you have input on the Sunset Review process or feedback on CDA priorities, please contact Dr. Ken Peters, CDA immediate past president and chair of the Sunset Review Committee, at 303-791-2570.

#### REGISTER TODAY! Dentists at the Capitol Lobby Day

**Friday, Feb. 21, 2014 from 8:00 a.m.-Noon**  
Location: Colorado State Capitol Building  
(200 E. Colfax Ave., Denver, CO 80203)

Dentists participating in Lobby Day will receive a brief orientation and update on the Sunset Review process and will be guided through meetings with state legislators at the Capitol. No experience is needed. RSVP to Akila Martin at [akila@cdaonline.org](mailto:akila@cdaonline.org) or 303-740-6900.



# COMOM Brings Rays of Hope

**Save the Date:**  
2014 COMOM  
is Oct. 3-4 in  
Henderson,  
Colo!

By Pam Dinkfelt, Ph.D., COMOM Director



Maria, a Greeley resident, came to COMOM due to pain and an abscessed tooth. She soon came to learn that her remaining top teeth needed to be extracted. With that unfortunate news, however, also came good news – due to the shape of her arch and surrounding tissue, she was a candidate for a full upper denture. An im-

pression was taken on Friday and Maria returned to COMOM on Saturday morning to receive it. That same Saturday at 2 p.m., her sister was getting married. Prior to COMOM, Maria had declined to be in the wedding party because she was embarrassed of her teeth and didn't want to be in pictures. When she arrived at the clinic on Saturday, her hair was done and she was "wedding ready," but she had kept her new teeth a secret from her family. She hadn't had teeth for five years and was ecstatic to have the option of smiling again. By 12:30 p.m., she had her new smile and hurried off to surprise her family and celebrate her sister at the wedding.

The seventh annual Colorado Mission of Mercy (COMOM) was held in Greeley, Colo. on Oct. 4-5, 2013. Maria wasn't the only patient impacted by COMOM. In the weeks just prior to the dental clinic, Colorado's Front Range, including Weld County, fell victim to heavy rains and extensive flooding. COMOM brought an army of volunteers, including 203 dentists, to deliver much needed care for residents of Greeley and the surrounding communities.

Despite continued pouring rain, cold temperatures, and a multitude road closures, more than 1,200 pa-

2013 COMOM Volunteers★	
Dentists	203
Dental Assistants	201
Dental Hygienists	102
Dental Lab Technicians	27
Front Office Staff	53
Dental Students	51
Predental Students	22
Dental Assistant Students	46
Dental Hygienist Students	44
Health Professionals	105
Community Volunteers	284
TOTAL	1,138

★For a complete listing of COMOM volunteers, go to [COMOM.org](http://COMOM.org).

tients traveled to COMOM to receive oral healthcare services. The Event Center at the Island Grove Regional Park was transformed into a 125-chair dental clinic.

Dr. Joel Feinberg was the site chair for the dental clinic. Given the inclement weather, he identified an adjacent building to protect patients from the cold and rain as they waited to enter the clinic building.

"I met two different patients who lost their homes and all of their possessions in the recent devastating floods," recalled one COMOM volunteer. "They had become homeless overnight and were struggling with every aspect of life. For those who had lost everything, getting help, especially much needed dental attention, was something that meant so very much to them."

With Dr. Feinberg's leadership, dental professionals from across the state volunteered at COMOM.

Dentists, dental hygienists, assistants, lab technicians, and a myriad of lay volunteers and other health professionals worked in tandem with community groups and agencies to better the health of individuals who came to the clinic. In particular, the United Way of Weld County, Catholic Charities of Northern Colorado, and the Weld County Department of Public Health and Environment (DPHE) were integral to the success of the dental clinic.

"I was amazed how often the patients thanked me for being there that day!" said another COMOM volunteer. "Here they were scared and worried, and in need of help (of-

- Procedures Performed at the 2013 COMOM
- 806 preventive (prophylaxis, fluoride treatments, sealants)
  - 1,324 restorative (fillings, crowns)
  - 103 endodontic (root canals)
  - 148 periodontic (debridements)
  - 192 prosthodontic (interim partial dentures, interim dentures)
  - 1,135 surgical (extractions)

ten not sought after for many years) and they were thinking of me." The age span of patients was from one to 91 years. Patients received cleanings, fillings, root canals and

extractions. Of special note, dental volunteers prepared 123 interim partial dentures, 37 interim complete dentures and 58 porcelain crowns. Overall, patients underwent nearly 6,000 procedures amounting to \$1M in donated care. In addition, with the support of Walgreens and the Weld County DPHE, COMOM patients were able to receive influenza vaccines, and the combined tetanus, diphtheria, and pertussis (Tdap) vaccines, free of charge. Thank you to the 1,100+ volunteers – and other individuals and entities – that provided support to the 2013 COMOM.

## Thank You COMOM Donors!

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# Medicaid: Myth vs. Fact

By Jeff Kahl, D.D.S.

An unprecedented wave of new patients will be seeking care from Colorado's dentists next year when a new Medicaid dental benefit for adults takes effect. The policy, signed into law last spring by Gov. John Hickenlooper, will let well over 300,000 Medicaid-eligible adults across the state qualify for dental coverage for the first time ever under the program. For many of them, it will also represent the first time in a long time that they have been able to see a dentist at all.

For the past few months, the CDA has been promoting its program, Take 5. Take 5 asks dentists to treat at least five Medicaid patients or families each year, especially in rural and other underserved areas. That said, the program is mindful of the common perceptions that exist about Medicaid coverage and Medicaid-eligible patients. These perceptions may cause apprehension among some dentists, particularly those without recent Medicaid experience.

There are many myths about Medicaid in Colorado. The following section seeks to dispel these misconceptions or, at least, to put them in perspective.

Here are some of the most common questions raised by dentists:

**Myth: Medicaid is slow and unreliable in reimbursing dentists.**

**Fact:** Medicaid is one of the most efficient and reliable payers. While most dental insurers typically take 30 days to reimburse dentists for care, Medicaid turns around billing in as little as a week in many cases (if you bill before Friday, they pay by the next Friday). One exception to this is at the end of the fiscal year when payment may be delayed by a few weeks. Issues experienced with reimbursement are often due to coding errors.

**Myth: Medicaid has a low reimbursement rate for dental services.**

**Fact:** There is no question that reimbursement under Medicaid in Colorado has been historically low. Colorado's Medicaid compensation rate (which is state and federally funded) is roughly in the middle of the pack among the states. While there is certainly room for growth, reimbursement rates rose 4% last year and we hope to see them increase again during the 2014 legislative session. When evaluating reimburse-

ment, Medicaid providers should evaluate production per patient per hour, rather than per procedure for a more accurate understanding of these rates.

**Myth: Dealing with the Medicaid population is frustrating. They show up late for appointments and fail to give notice for cancellations.**

**Fact:** There is no discernible difference between the Medicaid population and any other socio-economic echelon. Patients with Medicaid are most often working and trying to make life happen just like the rest of us. Medicaid patients should be treated no differently than non-Medicaid patients. Any patients who are chronically late and don't give appropriate notice for cancellations should be dismissed from a practice. This policy should be explained up front to all patients, regardless of their insurance status. It's also important to always see patients on time – you can't expect them to show up on time if the dentist/practice is chronically running late. There is a misconception that Medicaid providers are not allowed to dismiss patients – this is not true.

**Myth: Completing the application and enrolling as a Medicaid provider is onerous.**

**Fact:** Under the current Medicaid program, there is paperwork and the application process takes some time. That said, becoming a Medicaid provider is comparable to that of a private dental plan (and by way of comparison, far less complicated than the protracted process to become credentialed at hospitals). The CDA is working with the state's Medicaid department to find ways to make enrollment in Medicaid much less difficult on providers. The state is also seeking a third-party vendor to administer both the new adult benefit and the existing children's benefit. Ultimately, this should provide dentists a much simpler way to navigate enrollment and billing.

At this time, while the details of the new vendor relationship and enrollment process is being finalized, the CDA is not yet asking dentists to enroll with Medicaid. The CDA will notify dentists who are signed up for the Take 5 program as soon as Medicaid has finalized the enrollment process. Any dentist who wishes to enroll now using Medicaid's present enrollment system can visit the [Cavity Free at 3 tools](http://cdaonline.org/Take5) at the bottom of the [cdaonline.org/Take5](http://cdaonline.org/Take5) Webpage.

**Myth: Becoming a Medicaid provider will result in a practice being inundated by a Medicaid caseload.**

**Fact:** When you enroll as a Medicaid provider, it's the same as with any other form of compensated care. In Colorado, a dental practice is always free to cap the size of its Medicaid caseload at a level that is viable for its business plan. This is what the Take 5 initiative is all about. Dentists can also choose whether they are publicly listed in Medicaid provider databases so that patients can contact their offices directly for appointments, or whether they participate in Medicaid

on the basis of referrals from other practitioners and are not publicly listed in provider directories.


**Myth: Becoming a Medicaid provider will invite the government inside my practice.**

**Fact:** The state Medicaid office is seeking an Administrative Service Organization (ASO) to administer the Medicaid program rather than the state in the future (as a point of comparison, the CHP+ program is administered by an ASO now). Having a third-party vendor oversee Medicaid will make billing nearly identical to that of many private insurance plans, and create distance between a dental practice and the government.

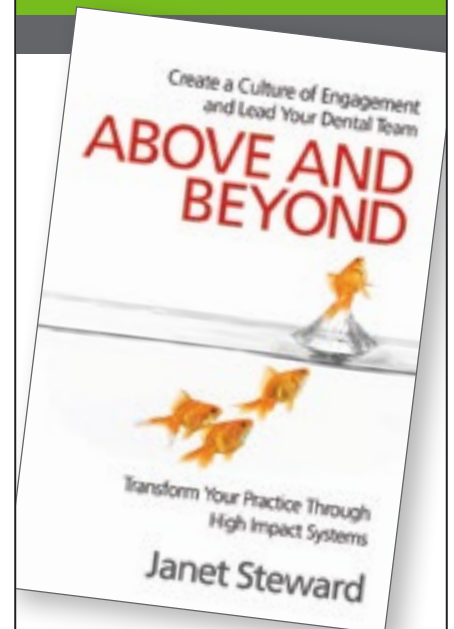
**Myth: I'll get audited by Medicaid and have to deal with that hassle if I participate as a provider.**

**Fact:** The CDA has worked to educate Medicaid on the impact of overaggressive audits on providers' willingness to participate. Medicaid is acutely aware of these impacts and is being as cautious as possible moving forward. The CDA has also worked on several recent bills to better define the state audit process and to protect well-intentioned dental practices from overaggressive audits. Dental and medical practices in Colorado are now being classified into low, medium and high risk categories for fraud. Audit protocols are in place for each group. Almost all private dental practices will be classified as low (or medium) risk practices and at very low risk of audit.

**One more fact about Medicaid:**

If every Colorado dentist accepted a modest number of Medicaid patients, it could make a profound difference in the oral health of some of Colorado's most vulnerable populations. These are the patients who need us the most. 

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# Tips for Dentist Employers When Dealing with Substance Abuse in Your Dental Practice

By Judith Holmes, J.D.

Substance abuse in the workplace is a growing problem for employers and can lead to lower productivity, higher absenteeism, and an increased risk of workplace accidents and injuries. Substance abuse issues can present a difficult challenge to a dental practice and unfortunately failure to address abuse-related problems appropriately can lead to significant liability. The following is a brief discussion of problems commonly faced by dental practices.

## What should we do if an employee comes to work impaired?

Mary, your dental assistant, arrives at work 30 minutes late and your irritated patient has been kept waiting. You observe that Mary's eyelids are droopy, she has slurred speech, and her responses to your questions are not appropriate. You think she might be under the influence of drugs, but you aren't sure. What should you do?

The most important goal is to prevent your patients from being put at risk. If the employee's conduct makes you concerned that patient care will be compromised or that she cannot perform her job duties competently, you should intervene. Although it is difficult, you are better off rescheduling a patient than disregarding your instincts and risking the consequences of allowing an impaired worker to remain on the job.

If you have a comprehensive substance abuse policy, your job is easier.

You will be able to send Mary for drug and alcohol testing, and proceed as your policy dictates. If you have a zero-tolerance drug policy and Mary's test results come back positive for alcohol or illegal drug use, she can be terminated.

If your dental practice does not have a comprehensive substance abuse policy, requiring a drug test is risky. However, you should still be proactive. Be careful about what you say to others in the office. At this stage, you should have a private, non-confrontational discussion with Mary. Focus on your factual observations of her workplace behavior and not on your unconfirmed assumptions as to why she is acting inappropriately.

When you discuss Mary's behavior with her, allow her to respond to your concerns and get her input. Some symptoms that can be interpreted as substance abuse may actually be signs of disability, such as a stroke or M.S. Her behavior may even be caused by legal medications prescribed by her physician.

After your discussion with Mary, carefully document your behavioral observations, your questions, and Mary's responses. If you smell alcohol on her breath, be sure to document that observation. Keep in mind that alcoholism is a disability, but you are not required to allow an employee to be under the influence of alcohol during business hours.

Regardless of the reason Mary gives you for her behavior, if you

have made the determination that she is not capable of performing her job, you should send her home. It is important that Mary not drive herself home, so offer to pay for a cab, or have her call a friend or family member to take her home. You can meet with her later to determine your course of action. The disciplinary response you decide to take will depend on the employee and the specific circumstances. Documentation of your actions and the reasons for your actions is essential.

If you determine that a disability may be involved, federal and state disability laws require you to have a dialog with Mary to discuss whether a "reasonable accommodation" is necessary in order for her to perform her job duties. For example, if Mary admits she has alcohol abuse issues, a leave of absence to attend an alcohol treatment program may be considered a reasonable accommodation. Situations involving disability issues can be complicated, so you should consider having a consultation with your employment counsel.

## Now that marijuana use is legal, do we have to allow employees to use it?

The use of marijuana for medical or recreational purposes poses a risk to employers, especially those in the medical and dental fields. An employee under the influence of marijuana can pose a danger to patients and coworkers. Fortunately, even though marijuana is now legal

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in Colorado, you as an employer can protect your practice by adopting a comprehensive zero-tolerance substance abuse policy.

In 2000, an amendment to the Colorado constitution decriminalized marijuana use for medical purposes. However, that does not mean an employer must allow an employee to use marijuana simply because it was prescribed for medical use. That same constitutional amendment included a statement that nothing in the amendment "requires an employer to accommodate the medical use of marijuana in the workplace." In short, although you are not required to allow marijuana use, you must take proactive steps to prevent its use in your dental practice.

## What if an employee uses marijuana during off-duty hours and then comes to work under the influence of the drug?

Colorado has a statute prohibiting employers from discharging an employee who engages "in any lawful activity off the premises of the employer during nonworking hours." However, employers may still place drug-use restrictions on their employees, even if the drugs are consumed during nonworking hours. Recent Colorado case law has recognized that, although marijuana use is legal under state law, it is still unlawful under federal law. Therefore, if you have a well-written, zero-tolerance substance abuse policy, you may terminate an employee who has tested positive for marijuana use even though the drug was consumed during off-duty hours.

## How can we protect our practice against problems arising from substance abuse?

Do you have a zero-tolerance policy? Is it updated to include marijuana issues? Does your policy

identify who may be tested, when, under what circumstances, and the consequences of testing positive for alcohol or illegal drugs? Does it deal with use of behavioral effects of prescription drug use? Do you have a policy that takes into account disability discrimination laws? Does your policy conform to all federal, state and local laws? Boulder, for instance, places more restrictions on the use of drug testing by employers.

If your practice does not have a set of policies to deal with issues relating to substance abuse, make a New Year's resolution to be proactive and protect your practice before you are faced with a difficult situation.

This article is for informational purposes and does not constitute legal advice.

Judith H. Holmes, J.D., is a practicing attorney with law firm of Judith Holmes & Associates, LLC. Contact her at 303-781-6858 or [Judy@JHolmesLaw.com](mailto:Judy@JHolmesLaw.com).



# Time to Brush Up on Your Online Marketing



By Mary Brophy

Imagine a patient seeking quality dental care. Most want a nearby dentist with a solid reputation and many patients with positive experiences. How do they find a good dentist? Fewer people today open a telephone book or ask friends because it's much easier to consult a cell phone or computer that immediately makes suggestions.

Whether your dental office is in a big or small city, your online marketing efforts should use similar techniques. Target your local audience and be aware of the strategies your competitors employ. Practices in large or competitive cities need a wider variety of marketing techniques and must publish more content, as compared to small or less competitive markets.

Potential patients often start with a search engine like Google or find reviews on Yelp or Angie's List. They might check Facebook to consult with friends, or search on Twitter using #dentist. Some even respond to ads on their phones. Their searches occur at their convenience, whether it be on the lightrail, the couch or in bed. What does this say about where and how your practice needs to be visible? Are you prepared?

## Where do you start?

When you advertise, do you ask the prospect to do something such as call your office? Do you prompt

them to do what you want on your Website, blog, ad, social media page or local profile? This is your "call to action" – a clear request to take the desired action. There are many types of requests that will initiate relationships such as offering a "how to" or newsletter in exchange for their e-mail address or encouraging a response to your social media post. Make it unbelievably easy and attractive for a patient to contact you.

## Common Website mistakes

Is your phone number prominently displayed on your Website, without the need to scroll, squint or read? If a quick skim of more than three seconds is required then the call is often forever lost.

Your home page should state your business name, city and state. Your full contact information should be available on your home and contact pages, including full address, phone number and an embedded Google map. When visiting your Website by phone, there should be easy access to a map and directions to your office.

## The most undervalued online marketing

How can your dental practice begin ranking in Google's search results? Claim your online listings and profiles. Many dentists neglect this effort either because it's undervalued or unknown. It's similar to being absent from printed directories a decade ago.

This isn't necessarily fun or easily done, but it's important. Check your listing score on [www.GetListed.org](http://www.GetListed.org). Creating an account may take up to 48 hours. Next, boost your score by claiming and correcting the suggested listings.

If your office is located in a big city or competitive area, you'll likely need to claim even more listings (citations). How many you need depends on the competition. You usually need to add citations for your locale (newspapers and associations), industry and general directories such as review, social media and mobile Websites.

## Building authority, relevance and familiarity

Publishing a blog shows that you care about communicating with patients and keeping current with the healthcare industry. Answer your patients' common questions and offer tips that are interesting and useful. Use a conversational tone in words understood by those outside the industry.

Publishing fresh, useful and unique blog posts builds authority. Google visits these blogs, increasing rankings and visitors. The value of a quality blog has increased recently due to changes Google made in its search ranking algorithm. Weekly or bi-weekly blog posts often suffice for practices in smaller cities or less com-

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petitive markets, while dentists in more competitive markets should post at least weekly.

## Pandering to Google, e-mail newsletters and social media

You can improve your search rankings by using relevant dental search terms. Some people believe that pandering to Google is passé. Keywords and descriptions, however, contribute to rankings and search results, and help Google categorize your Website correctly.

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Mary W. Brophy is a principal consultant at Web Ranking Sherpa, an online marketing company located in Fort Collins, Colo. Contact her at 970-372-2230, or visit [WebRankingSherpa.com](http://WebRankingSherpa.com) or her blog at [EffectiveMarketingStrategies.com](http://EffectiveMarketingStrategies.com).

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**Associates:** Part-time and full-time dentist associates needed in Colorado Springs, Colo. Evening and weekend shifts available. Must be comfortable and proficient with molar endo. and oral surgery. Implants a huge plus. Generous 1099 commission, friendly/competent staff and all-digital office. For immediate consideration, please e-mail your CV to [springsdentistopening@gmail.com](mailto:springsdentistopening@gmail.com).

**Associate:** The Springs Modern Dentistry in Colorado Springs, Colo. has an exciting full-time associate opportunity to join their team! The dentists in this beautiful practice treat a PPO/FFS (no Medicaid) patient base with a variety of dental needs. This state-of-the-art office is fully equipped with Cerec Omnicam, intra oral cameras, soft tissue lasers, and digital charts/x-rays. Great work environment with an emphasis on quality versus quantity while building long-term patient relationships. Lucrative compensation package with partnership potential, full benefits, malpractice insurance, CE, and lab fees covered. Monday-Friday hours and great lifestyle balance. To learn more, please e-mail [cookt@pacden.com](mailto:cookt@pacden.com).

**Associates:** Pacific Dental Services and its supported owner dentists have exciting associateship opportunities in Boulder, Denver metro, Highlands Ranch, Loveland and Colorado Springs, Colo. Practices are uniquely named (i.e.

Cherry Creek Modern Dentistry) and owned by general dentists who make all clinical decisions in a traditional, private-practice setting while PDS provides the business support services. Associates see 12 to 13 patients a day in a PPO/FFS setting (no Medicaid). Practices are state-of-the-art, fully digital, and equipped with Cerec CAD/CAM 4.0, lasers, and intraoral cameras. Focus on quality, long-lasting dentistry with a career path to ownership and emphasis on continued learning. Exciting comp. package with full benefits, CE, malpractice insurance and partnership/ownership opportunities. To learn more, please visit [www.jobs.pacificdentalservices.com](http://www.jobs.pacificdentalservices.com) or e-mail [cookt@pacden.com](mailto:cookt@pacden.com) for more information.

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**Associate Transitioning to Partner:** Northern Colorado Springs, Colo. Looking for a dynamic, outgoing, energetic dentist with private practice experience of 10 years or more. Associateship transitioning to partner. Must be able to produce \$80,000 to \$100,000 per month. Needs to be able to place implants, perform oral surgery and IV sedation. Fortune Management technology a plus. Our practice is a high-end \$3M+ practice on the north end of Colorado Springs, Colo. This is an incredible immediate opportunity. E-mail CV to [dentalgroup2012@gmail.com](mailto:dentalgroup2012@gmail.com).

**Associate:** Pueblo, Colo. Full- or part-time associate with option to purchase at later date. Contact Kyle Francis, Professional Transition Strategies, at 719-459-1021.

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**Dentist:** Full-time for this busy Loveland, Colo. Bright Now! dental affiliated office. Requires one year experience, must be skilled with molar endo treatment, dentures, partials and surgical extractions. These offices have fantastic potential to do a substantial amount of production with a large patient base. Help us with our mission to promote "Smiles for Everyone." Please visit our Website at [www.jobs.smilebrands.com/Colorado](http://www.jobs.smilebrands.com/Colorado) or e-mail your resume to [sherrie.dean@smilebrands.com](mailto:sherrie.dean@smilebrands.com). A comprehensive benefits package is offered to full-time employees, which includes medical,

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**Dentists:** Dental One Partners is opening new offices in Colorado. Each practice is unique in that it has an individual name like Preston Hollow Dental Care or Waterside Dental Care. Our patient base consists of approximately 70% PPO and 30% fee-for-service. We do not do HMO or Medicaid. Our facilities are warm and inviting with state-of-the-art equipment. The practices have intraoral cameras and digital radiography. We offer competitive compensation packages with benefits. We also offer equity buy-in opportunities. To learn more about working with one of Dental One Partners practices, please contact Andrew Risolvato at 972-755-0838 or [andrew.risolvato@dentalonepartners.com](mailto:andrew.risolvato@dentalonepartners.com).

**Periodontist:** Associate needed for one-to-two days per week to partner with a second periodontist in Colorado Springs. Current periodontist is booked out three months and averaging \$5,000/day. Flexible on scheduling. Please call A.J. at 412-337-5254 or [aj.peak@gmail.com](mailto:aj.peak@gmail.com).

**Endodontist:** Associate needed for part-time or full-time to handle the referral volume from multiple group practices within the Colorado Springs, Colo. region. Ownership opportunities exist. Pay is very competitive and flexible

schedule is available. Please call A.J. at 412-337-5254 or [aj.peak@gmail.com](mailto:aj.peak@gmail.com).

**Dentist:** Colorado Springs, Colo. Seeking a full-time dentist with one+ years of experience to join state-of-the-art general and specialty practice. Large existing patient base, averaging 150+ new patients per month. Competitive pay, benefits and equity buy-in opportunities. A.J. Peak, 412-337-5254, [aj.peak@gmail.com](mailto:aj.peak@gmail.com).

**Dentist:** Full-/part-time dental position for GP or pediatric dentist at an award-winning private pediatric dental office. A caring person who has a commitment to excellence is needed. Practice located in Oklahoma City. Please send CV to [childrensdentalposition@yahoo.com](mailto:childrensdentalposition@yahoo.com), attn: Joel.

#### HYGIENISTS/ASSISTANTS

**Assistant:** Our ideal candidate will have some experience but also be able to learn our doctor's way of treating patients. We need a team player but also someone who is a strong individual who understands the difference between feedback and personal criticism. Someone who looks outside the box for new ideas but doesn't forget the basic details of the position. Our dental assistants are the core of our practice; without them, we wouldn't have had the growth we have had over the past few years. We have a very high standard for our team; we all work very hard; we are all 100% committed to our dental practice. So if you are looking for a career, not an "8-5 job," we would love to meet you. Please e-mail a cover letter indicating why you believe you would be an ideal candidate for our dental assistant position along with your resume, professional references and salary requirements to [info@belmarparkdental.com](mailto:info@belmarparkdental.com).

**Hygienist:** Hygienist needed for growing non-profit dental clinic in Steamboat Springs, Colo. Please contact [mucd@optimum.net](mailto:mucd@optimum.net).

**EDDA:** Looking for an experienced EDDA to join busy SE Denver, Colo. practice. Full-time with great pay and benefits. Please call Dr. Pfalzgraf at 303-757-8446 to schedule a working interview.

#### PRACTICES FOR SALE

**Practice:** Pinetop, Ariz. Near ski area, production \$450,000, office is 2,000 sq. ft., six ops., electronic x-rays, \$125,000. Call 928-205-8357 or e-mail [mountaindental1@hotmail.com](mailto:mountaindental1@hotmail.com).

**Ortho. Practice:** Arvada, Colo. (CO 1301) Five chair-open bay plus two chairs, 2,069 sq. ft., rent \$3,868/mo., office manager, receptionist, two assistants, dr. retiring. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Parker, Colo. (CO 1226) Price \$65,000, gross \$148,000, one op. + one not equipped, 750 sq. ft. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Aurora, Colo. (CO 1349) Annual revenues \$650,000, five ops. + one hgy., 3,096 sq. ft., Mon.-Thurs. 8:00 a.m. to 5:00 p.m., dr. specializing. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Northeastern plains, Colo. (CO 1327) Annual revenues \$599,000, three ops., Mon.-Thurs., 8:30 a.m. to 5 p.m., Fri. 8 a.m. to noon (no pts.), dr. retiring. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Endo. Practice:** Greater Denver metro. (CO1239) ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Suburbs south of Denver. (CO1346) Four ops., annual revenues of \$719,000, 1,800 sq. ft., four days/week, dr. relocating. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Central Mountains. (CO 1331) Annual revenues \$481,000, three ops., four days/week, great ski town location, dr. retiring. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Aurora, Colo. (CO 1333). Annual revenue \$878,000, six ops., five days/week, two drs., one will work back until 8-15-14. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** South central mountains. (CO 1326). Price \$27,000. Annual revenues \$83,000, one op., two days/week. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Northwest, Colo. (CO 1321). Annual revenue \$688,000, four ops., four days/week, 1,500 sq. ft. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

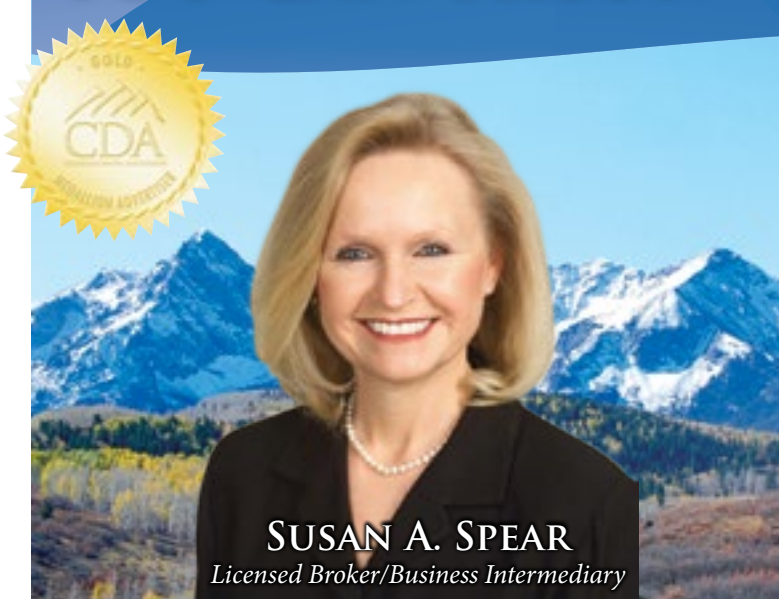
**Practice:** Fort Collins, Colo. area (CO 1220). Annual revenue \$1.15M, 2,100 sq. ft., four ops., Mon., Tues., Wed. from 8:00 a.m. to 5:00 p.m., Thurs. 8:00 a.m. to 7:00 p.m., Fri. from 8:00 a.m. to 2:00 p.m. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Arvada, Colo. (CO 1123). Annual revenue \$135,000, three ops. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Southcentral Colo. (CO 0935). Annual revenue \$480,000, three ops. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Mountains in west Colo. (CO 1334). Annual revenue \$1.5M, 2,500 sq. ft., five ops. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

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**Practice:** Northern Wyo. (WY 1236). Annual revenue \$800,000, five ops. Dr. retiring. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**OMS Practice:** Western Kan. (KS 1216). Annual revenue \$1.5M, 2,000 sq. ft. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

**Practice:** Denver western suburbs. (CO1224). Annual revenue \$323,000, three ops., four days/week. ADS Precise Consultants, 888-909-2545, [www.adsprecise.com](http://www.adsprecise.com).

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**Transition Services:** For more information on how to sell your practice or bring in an associate, or for information on buying a practice or associating before a buy-in or buy-out, please contact Larry Chatterley and Susannah Hazelrigg with CTC Associates at 303-795-8800 or visit our Website for practice transition information and current practice opportunities at [www.ctc-associates.com](http://www.ctc-associates.com).

**Practices:** Practice listings along the Front Range in Denver, Arvada, Broomfield, Lakewood, Aurora, Littleton, Castle Rock, Colorado Springs, north Adams County, Fort Collins, and other areas of the state. We also have opportunities in New Mexico, Utah, Idaho, Alaska and Hawaii. For more information on current practice opportunities, please visit our Website at [www.ctc-associates.com](http://www.ctc-associates.com) or call Larry Chatterley and Susannah Hazelrigg with CTC Associates at 303-795-8800.

**Ortho. Practice:** New, beautiful, high-tech, spacious orthodontic practice for sale in Colorado Springs, Colo. This practice offers five operators, private consultation room, large imaging room, digital imaging and paperless charts with plenty of room to expand. Contact Marie Chatterley with CTC Associates at 303-249-0611 or [marie@ctc-associates.com](mailto:marie@ctc-associates.com).

**Thinking of Transitioning?** Jerry Weston will meet with you personally to discuss the transition of your dental practice. We will explore your options considering preparation, valuation, representation and timing of the sale at no cost to you. Call Jerry Weston, 303-526-0448, Professional Marketing and Appraisal. For a full prospectus and photos of our listings, please visit [www.dental-trans.com](http://www.dental-trans.com).

**Practice:** New! Steamboat Springs, Colo. Ski to work! Four beautiful ops. Collecting \$550,000 with great potential! \$200,000 in profit! Call Jerry and Tyler Weston at 303-526-0448, [pma0448@yahoo.com](mailto:pma0448@yahoo.com).

**Practice:** New! Lafayette, Colo. Great town, great practice in a stellar location. Collecting \$600,000! Call Jerry and Tyler Weston at 303-526-0448, [pma0448@yahoo.com](mailto:pma0448@yahoo.com).

**Practice:** New! Lakewood, Colo. Beautiful four op. practice next to St. Anthony Hospital and Federal Center. Collecting \$550,000. Call Jerry and Tyler Weston at 303-526-0448, [pma0448@yahoo.com](mailto:pma0448@yahoo.com).

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**Practice:** Woodland Park, Colo. Motivated seller. Will sell practice and building together at a deep discount! Four ops., collecting \$340,000 on three days. Great potential. Call Jerry and Tyler Weston, 303-526-0448, [pma0448@yahoo.com](mailto:pma0448@yahoo.com).

**Practice:** Front Range, Colo. OMS practice in excellent location for referrals. Practice currently sees patients three days per week. Excellent opportunity near fabulous recreational country. Contact Henry Hemmen at 800-745-1438 or [hank@hemmenasso.com](mailto:hank@hemmenasso.com).

**Practice:** The mountains are calling! Mountain practice ready for immediate sale. Transition options available. Great opportunity in established resort community. Walk to the slopes over lunch. Dentist is specializing and needing to sell ASAP. E-mail for more information at [mountaintoundds@gmail.com](mailto:mountaintoundds@gmail.com).

**Practices:** Listing late fall 2013! West Denver metro, mountain practices, south Denver and specialty practices. Go to [www.sastransitions.com](http://www.sastransitions.com) for new listings! Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers.

CLASSIFIEDS *continues on page 32*



**Robert B. Deloian, D.D.S.**  
303-814-9541

**Ty Pechek, D.D.S.**  
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**Practice:** Denver, Colo. High growth area! Collecting \$300,000+ 28 hours/week (could be condensed). Great satellite. Low overhead! Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers, [www.sastransitions.com](http://www.sastransitions.com).

**Practice:** Southwestern Colo. endodontic practice. Great income and growth! Take the market share! Reputation equates to revenues! Referrals, referrals, referrals! Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers, [www.sastransitions.com](http://www.sastransitions.com).

**Practice:** Mountain town Colo. High-end digital office with pano! GP or perio. Specialist opportunity. Motivated seller. Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers, [www.sastransitions.com](http://www.sastransitions.com).

**Practice:** Northeastern Colo. Buy or associate-to-own! Own right out of dental school! Low rent and great cash flow! Income from day one! Great family lifestyle! Owner is retiring. Contact Susan, 303-973-2147 or [susan@sastransitions.com](mailto:susan@sastransitions.com), SAS Dental Practice Brokers, [www.sastransitions.com](http://www.sastransitions.com).

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licensed broker. SAS Transitions, Inc./SAS Dental Practice Brokers, 303-973-2147, [susan@sastransitions.com](mailto:susan@sastransitions.com).

**Practice:** Ouray, Colo. Beautiful mountain town. Very aesthetic office. Three ops., Adtec equipment, computer network with digital x-rays, pano. Contact [stesch@gojade.org](mailto:stesch@gojade.org), 719-588-9096.

**Practice:** South Denver area. (CO100) General dentistry practice with cosmetic emphasis for sale in the south Denver area. Timing is great for this transition. The growth in this area has been continually strong and the new development of business, retail and residential housing increases the practice potential. Great range of demographics. Only worked one and a half days/week and producing over \$200,000. Five full ops. ready to be used and priced to sell. Great dr. owner ready to help in the transition and make this a huge success for the right buyer. One year remaining on lease allowing for new owner to maximize numerous options in moving forward. Contact Craig Gibowicz with Henry Schein Professional Practice Transitions at 303-550-0842 or [Craig.Gibowicz@henryschein.com](mailto:Craig.Gibowicz@henryschein.com).

**Practice:** Western slope/mountains, Colo. (CO101) Great established practice, beautiful Colo. mountain town, three ops., digital sensors and Practice Works software. Owner retiring and staying in town so transition help available. Strong cash flow. Opp. to buy building or lease. Revenue \$641,000. Contact: [Craig.Gibowicz@henryschein.com](mailto:Craig.Gibowicz@henryschein.com) or 303-550-0842.

**Practice:** Boulder/Broomfield, Colo. Excellent satellite or start-up practice. 300 active patients with 25 new patients per month. Producing \$145,000/year on one day a week. Great potential for growth. Contact Robert B. Deloian, D.D.S., Professional Transition Strategies, 303-814-9541.

**Practice:** Southeast Denver. Producing \$450,000, 2,850 active patients, not doing endo, perio, ortho. or implants. Great room for growth. Also great location to merge another

existing practice. Owner motivated. Call Dr. Robert B. Deloian, Professional Transition Strategies, at 303-814-9541.

**Practice:** Southeast Colorado general dentistry. Very busy recently renovated practice with great potential for growth. Current production \$1M plus per year. Excellent opportunity. Contact Kyle Francis, Professional Transition Strategies, 719-459-1021.

**Practice:** Silverthorne, Colo. Beautiful mountain town with skiing, biking, hiking, fishing. Gross average \$350,000 per year working four days per week. Low overhead. Great opportunity. Contact [tkhill772@gmail.com](mailto:tkhill772@gmail.com).

**Practice:** Denver, Colo. (15104) Reduced price \$165,000. Huge potential, great for GP or periodontist. Great high-volume/high-exposure area, only worked part-time so upside of growth is tremendous. Contact Craig Gibowicz at Henry Schein Professional Practice Transitions at 303-550-0842.

**Selling Your Dental Practice or Looking to Purchase a Practice?** Henry Schein Professional Practice Transitions can help with the process from appraisal to closing. Please contact licensed practice broker Craig Gibowicz at 303-550-0842 or [Craig.Gibowicz@henryschein.com](mailto:Craig.Gibowicz@henryschein.com) for more info.

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**Space Sharing:** Space sharing opportunity in newer high-tech office near Quincy and Parker overlooking Cher-

ry Creek reservoir. Open to arrangements with specialist or GP. Digital x-rays. Five ops. Phone 303-693-7330.

**Space Sharing:** Space share in GP office in Aurora, Colo. Six treatment rooms, fully-equipped with latest ergonomic concept, administration support, fully digital office, pleasant professional location. Call 303-369-1069.

**Office Space:** North Colorado Springs, Colo. 2,284 sq. ft., four windowed ops., north academy signage, consult room, dr. office, mgr. office, staff break room, separate patient/staff lavatories and entrance. Sterile prep room, plaster room, handicap access, next to Red Lobster, no NNN, available immediately. Dr. Nicholas Sol, 719-635-7700, [drsol@thewalkingclinic.com](mailto:drsol@thewalkingclinic.com), [ProfessionalOfficeProperties.com](http://ProfessionalOfficeProperties.com).

**Office Space:** Orthodontic office for sale in Denver metro area. Currently a satellite office one day per week. Upscale neighborhood, near schools, private parking, great growth potential. Reply in complete confidence to [createsmiles14@yahoo.com](mailto:createsmiles14@yahoo.com).

**Office Space:** Prime Boulder, Colo. location. Best first floor suite. Four operatories, lab, x-ray, reception, admin. and well-known dental building. 1,653 sq. ft. Call Janine 303-931-2020 or [janine@pgcolorado.com](mailto:janine@pgcolorado.com).

**Office Space:** Lafayette, Colo. Beautiful turn-key, 1,498 sq. ft. dental suite in "class A" building next to Community Medical Center on South Boulder Road. Plenty of parking and excellent lease terms. Ready to move in! 994 sq. ft. suite also available. Call David, 303-838-0683.

**Office Space:** For lease, 1,200 sq. ft. in Ft Collins, Colo. Three ops., lab, private office, reception, shared lobby, and excellent parking. Available May 1, 2013. Call Jodi at 970-223-7567 or e-mail [drake2627@drakepark.net](mailto:drake2627@drakepark.net).

**Office Space:** Dental space available from 1,000 to 8,800 sq. ft. Office spaces both build-to-suite and move-in ready. Locations available: Centennial, Arvada, Westminster (144th and I-25 adjacent to new Centura hospital), Castle Rock, Colo. and more. Call NavPoint Real Estate Group for information at 720-420-7530.

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**For Sale:** Pharyngometer and rhinometer, two Embletta home sleep units, \$500 accessories. Retail from SGS is \$26,000, selling for \$14,000, OBO. Contact [doctroop1@msn.com](mailto:doctroop1@msn.com).

**For Sale:** Used equipment for sale, two dental EZ "J" chairs, Adtec 1005 priority chair with post mount light and IC 4400 unit attached, two P&C Spirit units, two P&C ceiling mounted lights, heliodent x-ray unit, and PC-1000 PANO (film based). Please e-mail [blfdds@yahoo.com](mailto:blfdds@yahoo.com) for more information.

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**Precious Metals Refining:** Are your patients asking for their dental scrap? Garfield Refining offers a patient scrap program. We supply instructions and mailing kits for your patients, they send their scrap to Garfield, we refine and pay top dollar, and you receive a 10% referral fee. To enroll, please contact your local representative, Kirstin Smith, at 303-905-9447 or [ksmith@garfieldrefining.com](mailto:ksmith@garfieldrefining.com).

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**Looking To Hire a Trained Dental Assistant?** We have dental assistants graduating every three months in the Denver, Broomfield, Fort Collins and Grand Junction areas. To hire or to host a 32-hour externship, please call the Colorado School of Dental Assisting at 800-383-3408. [www.schoolofdentalassisting.com](http://www.schoolofdentalassisting.com).

**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.

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Annual Sessions listed below...

## 2014 ANNUAL SESSIONS

**Colorado Dental Association** - June 5-7, 2013, Vail, CO, [www.cdaonline.org](http://www.cdaonline.org)

**Featured CE:** Dr. Robert Corr, MS: *Endodontics with a 3-D Mindset*, Dr. Matthew Gaworski: *Orthodontics Using Digital Impression Technology*, Dr. Frank Seaman: *Anterior Repositioning in Sleep Apnea*

**Minnesota Dental Association** - April 24-26, 2014, Saint Paul, MN, [star.mndental.org](http://star.mndental.org)

**Featured CE:** Dr. Gordon Christensen: *The Christensen Bottom Line-2014*, Dr. Jeff Brucia: *Direct Aesthetic Anterior Restorations* and Dr. Michael Glick: *The Oral Systemic Connection*

**Oklahoma Dental Association** - April 24-26, 2014, Oklahoma City, OK, [www.okda.org](http://www.okda.org)

**Featured CE:** Dr. Alex Fleury, MS: *New Dimensions in Endodontics*, Dr. David Hornbrook, FAACD, FACE: *The Future of Dentistry, Optimizing Success Through Materials Choice and Proper Diagnosis and Planning*

**ODA Live CE:** Dr. J. Sid Nicholson: *Functional, Esthetic Removable Prosthetics in Three Appointments* and Dr. Paul Mullasseril: *The Use of Scanners for Denture Construction*

**South Dakota Dental Association** - May 15-17, 2014, Sioux Falls, SD, [www.sddental.org](http://www.sddental.org)

**Featured CE:** Mr. Phil Olson, CDMP: *Integrity Begins With Me and Understanding Personal Strengths*, Ms. Kim Laudenslager: *Bloodborne Pathogens Updating and Managing Exposures in the Dental Office*, Dr. Thomas Pitts: *Esthetics and Function as it Relates to Multidisciplinary/Rehabilitative Dentistry*, Dr. Michael Rohrer: *Cold Sores, Canker Sores and Other Sores, Radiolucent/Radiopaque Lesions, Lumps and Bumps, Pigmented Lesions and Oral Cancer*, Dr. Donald Lewis: *Employee Embezzlement and Fraud: Protection, Detection and Prosecution*, Dr. Tieraona Low Dog: *The Nutrition Prescription and Life in the Balance: Strategies for Optimal Health*, Ms. Karen Pesce: *Are You Mouthwise?* and Dr. Robert Faiella: *Perio and Implants*

**Texas Dental Association** - May 1-4, 2014, San Antonio, TX, [www.texasmeeting.com](http://www.texasmeeting.com)

**Featured CE:** The Texas Dental Association hosts 100 speakers, and over 200 lectures and workshops at their annual conference. For a complete list of CE, please visit [www.texasmeeting.com](http://www.texasmeeting.com).

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