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  networking events for female dentists to connect with their peers
- **Sunset Review**
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From the President-Elect

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

Proud

You 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, or at 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 the community all the things we do. In fact, we have 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 practice, professional growth, and patient care. Dentistry, like all healthcare, is a profession in flux. The delivery 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 we are serving. As long as we keep this in the forefront, the integrity of the profession will be preserved and our communities will be best served.

I am proud to be a member of the CDA and organized dentistry as a whole. I cannot imagine practicing dentistry without the help, support and guidance provided by organized dentistry. We may not win every battle, but we will fight to the end. And…we are the only one fighting for our profession.

Be CDA proud! Tell your patients, tell your colleagues, tell anyone who will listen what it means to be a member of the CDA.
Philanthropy
It just might be dentistry’s dirty little secret

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

Merram-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 to be in this business. It’s in our nature to give; it’s just part of our makeup – why we chose to be in this business. It’s in our nature to give. It could be services, money, time, equipment or supplies. For what? It could be services, money, time, equipment or supplies. 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 with what you, your family, your team enjoy. Where? Select where you would like to make a difference. Is it local or global? In your office or out? CO-MOM, 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 a 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 someone in need. About the time it takes for the glow of giving to leave, the reimbursement check for your services arrives. That check now becomes the $20 that you would have found in an old pair of jeans, money you weren’t expecting. Use it to treat yourself to something nice, invest in something new for your office, save it for a rainy day or maybe fund your dream vacation that you have been planning.

This concept may not work for most and that’s ok; it never hurts to 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, when, or why, let’s just keep the momentum going. Just do it!

The CDMA Mission:
The Colorado Dental Manager’s Association is dedicated to dental office managers by providing an environment for education, networking, support and mentorship in a “workshop” environment for implementing new ideas and skills. The CDMA’s objectives — to help office managers prepare for and welcome the challenges of managing and building a productive dental practice in today’s demanding market.

To learn more about the CDMA please contact: Leigh Olsen at 720-233-0574, Leigh@novaconultingllc.com or www.mycdma.org.

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.

Have you ever felt like you were stuck on an island?...then the Colorado Dental Manager’s Association may be just what you’ve been looking for!

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For more information on Colorado’s Association for Dental Office Managers, visit www.mycdma.org.

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Journal of the Colorado Dental Association
Winter 2014
Sunset Review of the Dental Practice Law

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 advocacy groups, dental assistant groups, dental laboratories, liability insurers, dental benefit 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 the 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 profession’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 recommendations 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; and for 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.

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- Repealing the jurisprudence examination requirement, since 98% of applicants pass on the first attempt; and
- Allowing the State Board to accept new types of non-live patient examinations and methods to evaluate clinical competency, such as the policy exam and PCG IV (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 can be appointed to assure that the State Board is able to fulfill its responsibilities without interruption; and
- 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://gop/ RuckW upheld.

Remaining CDA Priorities

As previously discussed, DORA’s Sunset Review report did not...
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:

• Requiring the State Board to publish a series of technical changes in its 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 technologies 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 extend 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 Act, 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 there 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 funding 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 Act.

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 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.

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Maria, a Greeley resident, came to COMOM due to pain and an ab- used tooth. She soon came to learn that her remaining top teeth needed to be extracted. With that un- fortunate news, however, also came good news – due to the shape of her arch and surrounding tissues, 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 Satur- day at 2 p.m., her sister was getting mar- ried. Prior to COMOM, Maria had de- cided 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 (CO- MOM) 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 Ranges, including Weld County, fell victim to heavy rains and extensive flooding. COMOM brought an army of volunteers, including 203 dentists, to deliver much needed dental services to victims of heavy rains and extensive flooding. COMOM brought a mobile dental clinic to enter the clinic building.

“I met two different patients who lost their homes and all of their possessions in the recent devastat- ing floods,” recalled one COMOM volunteer. “They had become home- less overnight and were struggling with every aspect of life. For those who had lost everything, getting help, especially much needed dental atten- tion, was something that meant so very much to them.”

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

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Amy R. Copeland, D.D.S. & Gregory Copeland, D.D.S. have acquired the practice of Alvin N. Perlov, D.D.S.

Centennial, Colorado

AFTCO is pleased to have represented all parties in this transition.
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 reimbursement, 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 socioeconomic 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 at the bottom of the 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.

**Fact:** 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 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.
Employment Law

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 care for herself, 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 discussion 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 employer under the influence of marijuana can pose a danger to patients and coworkers. Fortunately, even though marijuana is now legal 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. Although the drug was consumed during off-duty hours, 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@HolmesLaw.com.
I magine 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: 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. Ads on Facebook, Twitter and other social media are valuable for dental care marketing. Dentists are often surprised that e-mail newsletters are a profitable marketing medium. To remind patients about your services, distribute an E-newsletter regularly with helpful tips, promotions, coupons or seasonal reminders. Facebook, Twitter and other social media are valuable for customer service, prospecting and public relations. Facebook is a direct line to patients and their friends. Ads on Facebook can economically boost your visibility and connections. With social media, it’s much easier to consult a cell phone or computer that immediately makes suggestions.

When you advertise, do you ask 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 because it’s undervalued or unknown. It’s similar to being absent from printed directories a decade ago.

This isn’t necessarily fun or easy done, but it’s important. Check your listing score on www.Listed.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 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 b-weekly blog posts often suffice for practices in smaller cities or less competitive markets, while dentists in more competitive markets should post as often as 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 passe. Keywords and descriptions, however, contribute to rankings and search results, and help Google categorize your Website correctly.

Dentists are often surprised that e-mail newsletters are a profitable marketing medium. To remind patients about your services, distribute an E-newsletter regularly with helpful tips, promotions, coupons or seasonal reminders.

Facebook, Twitter and other social media are valuable for customer service, prospecting and public relations. Facebook is a direct line to patients and their friends. Ads on Facebook can economically boost your visibility and connections. Twitter connects you with patients, dentists and other professionals. You can add followers and lift search rankings by sharing interesting articles, images and advice.

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 or her blog at EffectiveMarketingStrategies.com.

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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 or her blog at EffectiveMarketingStrategies.com.

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**Minnesota Dental Association** - April 24-26, 2014, Saint Paul, MN, 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
- **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

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CAD/CAM and pressed ceramics crown & bridgework are specialties here at Gnathodontics. We also offer professional in-lab custom shade services for your most demanding esthetic cases! Be sure to ask John Bozis or Kevin Kelly for more info on our Lava, E.MAX, Layered Veneers or porcelain to metal crown & bridgework.

Gnathodontics is the Colorado leader in cast partial denture frameworks and flexible metal-free partial dentures. Both are fabricated in house for the most precise fits and quickest turnaround times.

Since 1988, we have been the Colorado go-to source for restoring implant cases, both fixed and removable. Call Eugene Marak or Steve Mott for assistance with case planning or for a cost estimate on your next implant case.

We pickup and deliver twice daily in the Denver Metro area and once a day along the front range from Ft. Collins to Pueblo. Not local? Call us today for your free UPS shipping labels and shipping materials. We pay for UPS 2nd day shipping TO AND FROM your office!