EFFICIENCY

IN GROUP PRACTICE

Best Practices for Nitrous Oxide/ Oxygen Sedation

By incorporating Accutron Nitrous Oxide/Oxygen Sedation, you can breathe easy and relax.

See page 16.

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As Patient Anxiety Rises, **Nitrous Oxide/Oxygen Sedation Can Help**

As dental professionals continue to adapt to the challenges of COVID-19, some are reevaluating the use of conscious sedation techniques like nitrous oxide/oxygen sedation.

However, age-old anxieties about the dental visit are not going away any time soon. In fact, they are likely exacerbated by the ongoing pandemic. So, with a thorough understanding of the ADA's updated protocols, conscious sedation can continue to be an integral part of your practice; one that is arguably more important than ever.

See page 16.

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Developing a PPO Participation Strategy

Why being contracted directly in-network for every plan no longer works.

By Nick Partridge, founder and president of Five Lakes Dental Practice Solutions

As the dental industry returns to form, many dental group practices and dental service organizations (DSOs) are rebuilding their teams. If our clients are any indication, it seems that most groups are using this opportunity to build leaner, more focused organizations.



In doing so, strategic consideration should be paid to the role and cost associated with your PPO participation strategy. Let me explain...

While groups pursue different market niches and strategies, many embrace the strategy of participating in-network with nearly every PPO available in their respective market(s). To achieve broad participation, many groups contract directly with each payer or network. Payers often prefer direct contracts, and at first glance these contracts facilitate the groups' mission to be easily accessible and cost effective for patients. Being in-network

across the board makes it easier to get patients to convert, to accept treatment, to stay in recall and even refer friends and family. The recently released Dental Benefits 2020 survey from Guardian supports this line of thinking. The survey results showed 85% of patients visited an in-network dentist and nearly 50% chose their dentist as a result of a referral from friends and family.

From the payer side, these insights clearly highlight the importance of network size to manage claims costs effectively. Outside of getting providers to contract directly, network leasing has evolved as

one of the most prevalent examples of the tactics networks use to increase network size. Today, more than 73% of the largest dental networks have four or more network partners. The obvious outcome of network leasing is a bigger network brought about by adding providers who have contracts with other payers. However, one of the other less obvious and much less discussed consequences for providers is that networks can and have adjusted reimbursement rates down to the contracted rates for these partner networks. Thus, credentialing with direct contracts across the board can not only cost more to execute and manage, but may contribute to reduced reimbursements.

For example, a provider contracted with both Insurance Company A and Insurance Company B can be paid according to the Insurance Company A fee schedule despite having a direct contract and fee schedule with Insurance Company B. Insurance Company B will process claims based on the lowest fee schedule as the two have a network sharing agreement. This can be done at the code level or claim level, which makes it even more confusing.

The lowest common denominator

Thus, when you participate in everything, you leave yourself open to being paid on the lowest common



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denominator amongst overlapping partnerships. To illustrate this point, a search on the provider directory for a general dentist in Schaumburg, Illinois, for Insurance Company A returns hundreds of results. The webpage indicates that results are prioritized to show offices with greater potential cost savings. As a result, all the providers affected are revealed first. Eighteen of the first 20 contracted providers were paying from the lower fee schedule due to the network sharing relationship.

The same search in Irving, Texas, yields similar but slightly better results. Ten of the first 20 providers returned in the search are being paid according to Insurance Company A's fee schedule. How many providers nationally are being paid from a lower fee schedule instead of their actual contracted rates?

Combining the searches, 70% of the contracted providers were paying off the lower fee schedule. The results show most dentists and dental groups aren't doing anything about it.

This is the problem festering in revenue cycle teams across the group practice/DSO landscape. Claims are reviewed to ensure proper payment to the way the claim was adjudicated, not to the proper fee schedule.

Complicating the matter further, there were several occasions where providers at the same facility were contracted differently. This means either the group is cross-credentialing and there was no real impact to the practice, or claims are being paid differently in the same office depending on which provider a patient sees. Surely, that is not creating the desired patient experience.

The obvious outcome of network leasing is a bigger network brought about by adding providers who have contracts with other payers.

The answer is not to necessarily drop either insurance company. Instead, develop and execute a PPO participation strategy to better manage how claims are paid and do so with greater efficiency.

Case study

When engaged by a group practice with nine locations, we were able to reduce PPO participation by 31%. There are many ancillary benefits to these efforts. First, we were able to protect against payers adopting the lowest common denominator approach. Secondly, we were able to keep the practice in-network and on the provider directories to extend the strategy of broad PPO participation. In fact, we were able to consolidate payers and move these four plans to higher reimbursing fee schedules which resulted in over \$577,000 of annual incremental revenue. Third, we were able to meaningfully reduce credentialing workload. For each new provider, our efforts resulted in having to complete four fewer applications with four fewer fee schedules to manage at the practice level and nearly 120 fewer re-credentialing requests in a threeyear cycle. With only modest doctor turnover, shrinking participation for this group reduces credentialing costs by over \$8,000 per year.

Credentialing in every PPO network is no longer a viable credentialing plan. In today's dental marketplace, the amount of overlap created as a result of network sharing requires a well-developed PPO participation strategy.

About the Author

Nick Partridge is the founder and president of Five Lakes Dental Practices Solutions, a consulting and technology firm helping dental practices develop, implement and manage a PPO participation strategy to attract and retain patients. Five Lakes has helped over 2,200 practices nationwide. The company is a four-time Inc. 5000 honoree as one of the fastest growing private companies in the United States.

For more than 10 years, Partridge has been an industry leader in understanding and analyzing the impact of dental insurance networks on the financial health of a dental practice. He has been featured as a guest speaker and guest columnist for many events and publications on the topic of dental insurance and dental benefits.



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Dental Growth Model

How to take your dental group organization from fragile to unshakeable.



By Jake Puhl, partner and CEO of The Dentist Entrepreneur Organization

We've worked with hundreds, if not thousands, of dentists and den-

tist entrepreneurs who are looking to scale and grow. Whether it was adding a second, fifth and even tenth location, or solidifying the first location to build on, what we saw across these organizations as they started to grow and leaders put pressure on their organizations to push forward were some inevitable issues. For dentist entrepreneurs they can feel like a dark tunnel.

First, you're going to run into your own leadership ceiling, or as John Maxwell says, a lack of executive capabilities. You will run into issues with hiring and training your team. There will be issues with associates as an inevitable byproduct of scaling. You're going to find issues with creating leaders inside your organization. Other issues include

systems, infrastructure, centralization, finances, and keeping track of where the money is going. What kind of accounting do you want to set up? Do you want to use accrual accounting, standard accounting, or cash basis?

These are all inevitable issues that you will run into. At the DEO, we've taken these issues and developed a framework to help you figure out where to spend your time. We help identify where your biggest issues are, where you need to level up inside your organization, or how to make it to that next level. This is what we do inside the DEO – provide you with the training, education, and peer-to-peer networking that you need to get through that dark tunnel.

The following is what we call the dental organization growth model. It's a trademarked framework that we've developed after talking to many scaling dentist entrepreneurs and looking at what's working and what's not working in the industry.

We discovered that the best groups start with one thing – vision. Now, this is not just your vision of your business, although that is usually what most people talk about. This is the potential future vision for yourself, as well as your business. Where do you want to go personally? What is this business doing for you? Where do you see the business going? What is the vision of the actual business? That's what you've got to figure out first. Start with your vision.

Levers

Once your vision is set, there are three kinds of levers you can pull when you're looking to fulfill that future vision and scale your dental organization.

No. 1: Yourself

You can up-level and grow yourself in some kind of way. Typically, dentist entrepreneurs embarking on this journey are experiencing a lot of anxiety. With the proper training, the proper environment, and the proper education, you can go from anxiety to confidence.

No. 2: Team

The next lever you can pull when it comes to achieving your future vision for yourself is your team. This is a huge one. It may involve getting out of the chair and becoming more of a CEO. You're trying to take your team from chaos to momentum. This is going to happen over and over again. You're going to oscillate between these states – chaos to momentum. The more you can keep yourself in momentum, the more

your organization is going to thrive. Sometimes you're going to wake up in the morning and it's going to feel chaotic, but your job is to get it down and build that momentum.

No. 3: Business

Finally, there's the business side of the lever that you can pull. That's the nuts and bolts of your business. You're trying to create a business that goes from feeling fragile to unshakeable.

A lot of people have discovered in this turbulent time that their business was fragile. Dentistry as a whole is usually a solid industry. But we've discovered vulnerabilities in some people's businesses. With the DEOs, we've led a lot of people to analyze their business model and figure out ways to make things more unshakeable.

The following are the things that you will need in order to successfully pull those levers:

You

- > Consistent Clarity. Regardless of the circumstances, do you have the clarity to go from anxious to confident?
- > Executive Capabilities. There



are certain capabilities that no one is born with, but must be developed. You must learn to become an executive. As you grow and scale, you will start to have higher level people around you, but you've got to have a certain level for yourself.

your organization so everyone knows where you're going, why you're going there, what their expectations are, what the outcomes are, and what you're looking for?

Leader Growth. This is a big one. You need to develop

Cash Management. Where is your money going? When is it going out? When is it coming in? Keeping track of those everyday dollars in this turbulent time has become even more important.

What happens if you do these things? If you're able to up-level yourself and your team, you're going to find that you have more time on your hands. If you're able to up-level yourself and your business, you're going to find the business is probably more profitable. Now, your team might be going crazy, and everyone might be running around like their hair is on fire, but the business will likely see more profit.

Then, if you're able to build an amazing team and momentum, and you have a business that's unshakeable, you're going to be able to impact a lot of people. You might feel anxious all the time and not very competent, but you will be impacting people.

The middle is where we are leading entrepreneurs. The middle is the sweet spot.

If you're interested in figuring out ways to go from anxious to confident and feel more momentum in your business, schedule a call with our team. We'll help you figure out where your biggest weak points are to improve upon, and where the biggest opportunities are as well. We want to get you on the path to grow like you want to.

For more information on how the DEO can help you, go to: deodentalgroup.com/interest.



Peer Connection. It can be a lonely road as an entrepreneur who is growing and has big aspirations and dreams. And that peer connection is absolutely crucial.

Team

- > **Talent Management.** This is the hiring, training, letting go of and constantly managing the talent in the organization.
- > **Alignment Systems.** How are you building alignment inside

leaders. As your organization grows, eventually it stops becoming about you and it starts becoming more about the people around you.

Business

- >**Top Line Growth.** There's a saying that top line revenue covers all sins.
- Operational Systems. Systems will set you free. Systems are huge inside a growing and scaling business.

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- George Freedman, DDS

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Timber Dental

How discarding more traditional models for growth and rethinking their approach to the business side of dentistry has led to success for one dental group practice in the Pacific Northwest.



Timber Dental was founded in

Northeast Portland in 2014 by the husband and wife team of Dr. Matt Kathan and Dr. Molly Kathan.

Now, the practice has 8 dentists and around 50 employees across its four Portland-area locations. Despite the hardships created earlier in the year, Dr. Matt Kathan says that each location is thriving again, with patient volumes close to what they were pre-COVID-19.

In order to grow from the original, single location into the prominent group practice that it is now,

Dr. Kathan says he and his team had to discard more traditional models for growth and rethink their approach to the business side of dentistry.

Location, location

Dr. Kathan and the leadership of Timber Dental say that they try to think of their business as being "retail." This has meant going after a narrowly defined target population and investing a lot of resources into getting and maintaining visibility with that population.

The practice offers general dentistry to all patients, but the practice has rejected the mindset of trying to be all things to all people. The leadership team worked to create a "patient avatar" and focus its efforts on trying to cater to and draw in that population. For Timber Dental, that target population is millennials, with most of the practice's patients being in the 30-45 age range.

Timber Dental's focus on approaching dentistry as a retail business can be seen simply by looking at the practice's four locations around Portland.



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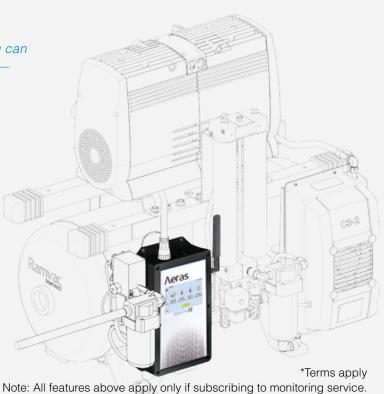
WARRANTY: We believe in the durability of our smart system so much that we're increasing the industry's longest warranty period to 8 years. Your investment delivers peace of mind now and well into the future.*



EMERGENCY ALERTS: When something starts going wrong, the sensors will know, and you get alerted before it becomes a serious problem.







All of the locations are within 2 miles of another Timber Dental office. All locations are on street corners and highly visible. The downtown location even has a 30-ft marquee sign to draw even attention to the practice.

In addition to making sure their practices are highly visible, Timber Dental has made it a priority to consider several types of demographics when opening new locations in order to best capture its chosen market. Part of that strategy has included opening each new location in a "dental desert" – areas where there are a lack of dental health professionals relative to the area's total population.



Timber Dental's strategy of prioritizing both the practice's physical visibility and its online marketing efforts have paid off. Dr. Kathan says that – prior to the COVID-19 pandemic – each location was seeing 100-

200 new patients each month. He also says that a large percentage of those patients tend to be people who are new to the Portland area.

Standardizing for success

Many group practices, Dr. Kathan says, are structured such that a given dentist has a stake in the location at which they practice. This style of buy-in naturally causes people to prioritize the success of their

particular location instead of working to benefit the organization as a whole.

Dr. Kathan says he believes that a part of his organization's success comes from moving away from that model.

The practice has adopted a "One Timber" philosophy, which ties the dentist's buy-in to the success of the organization as a whole, and not to a physical location.

This means that all Timber locations operate in the same way and support each other. This standardization has made it easier to shift around personnel when the need arises. And perhaps more importantly, it has allowed the practice to streamline and standardize processes and resources across all of its locations, saving time and money while improving patient care quality.

Editor's note: To watch the full DEO Case Study featuring Jacob Puhl and Dr. Matt Kathan, visit: www.youtube.com/watch?v=EkxH6Mm92Q0&feature=youtu.be

Aligned Integration

Along with Timber Dental, Dr. Kathan has another business, Aligned Integration (www.alignedintegrations.com), that "came about by accident" in May when Timber went back to work after the COVID-19 shutdown.

Dr. Kathan's dental group needed to provide aerosol reduction devices to increase the team's, and patient's, safety. "We went to buy adapters for the Dry Shield system and Isolite, and they were backordered for months from China," he said.

Aligned Integrations is the collaboration of two Portland-based professionals: Dentist, Dr. Matt Kathan (owner of Timber Dental) and Professional Engineer, Jason Kennedy (KIC Engineering). Having used the Dry Shield system in his practices for the past 7 years, Dr. Kathan realized the crisis of COVID 19 created an immediate need for affordable access to tools to protect dentists and hygienists from harmful aerosols.

"We went to work to find out how we could make a cost effective and improved version for our group here in Portland, Oregon. We then discovered that other groups needed these and kept making them." Dr. Kathan said they are in the process of adding more dental aerosol reducing products to their line.

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Tarek Aly: Great changes, great opportunity

With the right mindset, and skillsets, dental group practices can create a high quality of service for their clients amid a challenging environment.

The initial career path for Tarek Aly wasn't negotiable. His parents wanted him to become a doctor just like them and his brother, so that's what he did. And while he enjoyed practicing dentistry, Aly had a stronger leaning.

"I've always had business in the back of my mind," he said.

Through dentistry, Aly has been able to fuse the two into a successful career both as a periodontist, and now as the chief operating officer at OrthoDent, a dental support organization built for dentists, by dentists.

In the following interview, Efficiency in Group Practice discussed a wide array of topics with Aly, including the challenge of balancing clinical expertise with developing business skills, how COVID-19 has affected dental group practices, and what adjustments he believes group practices need to make in order to maintain success in the future.

Efficiency in Group Practice: You practiced dentistry and periodontal surgery, and then got into management and marketing. Can you talk about what interested you with the business side of dentistry?

Tarek Aly: I've wanted to be a businessman since I was young. But being from a family of doctors, and also being Egyptian – if you know anything about Egyptian parents, you don't negotiate with them they wanted me to become a doctor just like them and my brother. I was intrigued by medicine in general, but my passion has always been business. So, I did join dentistry for my parents, and I ended up falling in love with it. However, I didn't see it as my dream career.

I've always had business in the back of my mind. After my periodontal residency, I went on to receive an MBA, a marketing diploma, CVA, and many other business certificates. I loved that marriage between the clinical and the business aspect of dentistry.

As a dentist, by the time we graduate from dental school, we have a decent amount of clinical skills, but very little amount, if zero, of business skills. This includes accounting, finance, marketing, procurement, business analytics, compliance, strategic development, etc. So, we either learn these skills on the job as we go - which takes years - or we go get formal business education, which I chose to do. If you're going to start a business, which is basically your clinical

practice, you must master these skills, on top of soft skills that we have to master, like communication skills, persuasion skills, conflict management skills, etc.

EGP: As you were practicing clinically, you were also building expertise with the business side of a clinic. What were the challenges that came up that you saw that you and your colleagues would face?

have the dentist's mind, and you have the business mind. And that is definitely hard. In the beginning you are handling everything. You're doing all these things. But as you grow, you have the ability to break down some of these functions and give them to a specialist, who has the formal education, knowledge and the experience to tackle one piece at a time. It is definitely challenging, but, as you scale, it becomes easier.

and psychographic analysis. Including your competition analysis, consumer behavior analysis, and product analysis. What services are you providing? What's your USP, your Unique Selling Proposition analysis? What is special about my service, or product, or what I'm delivering? What is my competitive advantage, so to speak?

Then we have the advertising part of marketing. What is the message that I'm trying to convey to the public? What is the vehicle that I'm

In the beginning you are handling everything. You're doing all these things. But as you grow, you have the ability to break down some of these functions and give them to a specialist, who has the formal education, knowledge and the experience to tackle one piece at a time. It is definitely challenging, but, as you scale, it becomes easier.

Tarek Aly: When you are practicing dentistry, you are completely focused on the tactical aspects of dentistry. You are providing the ultimate quality of clinical care for your patients. However, you don't dedicate enough time and attention to the business aspect, which is also serving patients, by making sure that you provide top quality of care, you have less waiting time, you're efficient and effective, you have happy, satisfied team members, and returning patients with a positive impact. That in itself is difficult because you are functioning with two minds. You

EGP: What about marketing? That seems like a different gear than other business functions such as management or accounting. What intrigued you about marketing?

Tarek Aly: Marketing is in all aspects of our lives. It's communication skills. It's how we present ourselves. How we present our practices. How we train our teams. Our message. Our quality control. Marketing is everything.

Before you start a practice, whether to build one, or buy one, you must do market analysis. This includes geographic, demographic,



New Recommendations for

Nitrous Oxide/Oxygen Sedation Best Practices



The American Dental Association's (ADA) Return to Work Interim Guidance Toolkit recommends "use [a] disposable nasal hood: tubing should either be disposable or if reusable, sterilized according to the manufacturer's recommendations."

Ensure you are taking the right steps for your practice and start with selecting the appropriate nasal mask.

Single-use Nasal Masks:

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Which nasal mask is right for your practice?

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- Individually wrapped for greater infection protection
- Lower cost than competing low profile nasal masks
- Available in three sizes

Not made with natural rubber latex.



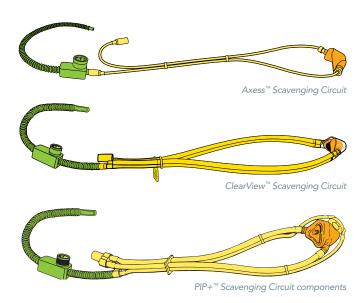
New Recommendations for Nitrous Oxide/Oxygen Sedation Best Practices

Sterilizing and Reprocessing Scavenging Circuits

While nasal masks should not be reused, the ADA's guidance allows for reusable scavenging circuits if they are sterilized following manufacturers' instructions for use for reprocessing. It is important to understand what parts of your scavenging circuits can be sterilized and what parts need to be disinfected or barrier protected.

Guide for Accutron Scavenging Circuit Components

- Spiral Tubing/Vacuum Gauges Barrier protect or disinfect
- **Smooth tubing** Sterilize after every patient
- Nasal masks Dispose after every patient



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going to use for this message? Am I going to use billboards, radio, TV, social media, or Search Engine Optimization? Who is the sender? Who am I and what am I trying to achieve here? What is my unique selling proposition? And who is the receiver, the target audience? How do I learn more about the receiver, the consumer behavior, what drives them to do the things they do? And how do I provide the best quality of care that they deserve, and I care about?

EGP: Can you talk about the origins of OrthoDent; how it started, your involvement, why you saw there was a need in the marketplace for it?

Tarek Aly: We were started in 2012 by Dr. Kyle Raymond, our partner, who was the founder and he saw a need in underserved communities in Texas, which is a big state. So, he assembled a team, and I was one of the team members. We partnered and decided to focus our

attention on providing quality care in an affordable fashion of pediatric dentistry and orthodontics to the underserved communities. The partners are Dr. Kyle Raymond, Dr. Nieku Manshadi, Dr. Dustin Roden-Johnson, and me. We provide mainly pediatric dentistry and orthodontics.

EGP: What are some of the keys to the business model?

Tarek Aly: Number one is providing the best pediatric dentistry and



orthodontics care under one roof, which keeps high efficiency and effectiveness. We also support dentists and specialists by providing them with the resources they need in order to provide the excellent quality of care the patients deserve. It's the pediatric dentistry and orthodontic model, coupled by the services support including marketing, IT, business intelligence, analytics, procurement, compliance, strategic development, revenue cycle management, accounting/finance,

their sense of identity within their community?

Tarek Aly: OrthoDent mainly supports the back-end services, the services that patients can't see, so the clinicians can maintain their own individuality, identity, and maintain their own brands. Every location has its local feel and a local name. The team members are local. The dentist mainly is, in most cases, local or lives in the area. And it does not lose that local feel. At the same time, they are supported by the

our business, or the dental industry in general. We've definitely incurred some suffering from the mandatory closure and the extra precautions we now have to implement. However, this motivated us to build better systems and operations to fit the new model, and work as effectively and efficiently so that we can deliver that quality of care, but also meet that operational capacity.

As you know, COVID has taught

As you know, COVID has taught us, on the personal and the professional level, that you can sustain a high quality of service, or high quality of life, with much less than what we had before. This has translated into our business as well. We're now lean, we have better systems and processes, we're faster now, and the team members are more aligned. When there's a pandemic or a major impact to communities, people tend to come together and have the common goal of "Let's defeat this. We're in this together."

KPIs and business analytics are definitely passions of mine. They're like the X-rays you need to see before you treat the tooth. You must look inside your businesses like you look at the X-rays pre-treatment. How can you drive a car without looking at your gauges? How can you fly a plane without looking at your gauges? Yet, most dentists run their dental practices without looking at the gauges, which absolutely needs to change in the industry.

and so forth. This enables the dentist to completely focus on the quality of care while the business part is taken care of, in an environment where it is friendly, encompassing, and high quality.

EGP: A worry that some independent clinicians have in joining a DSO is losing a sense of identity. How is OrthoDent able to help those practices maintain back-end services, so they maintain this microculture within the culture.

EGP: This year has obviously been a disruptor in a lot of ways. How have you observed COVID-19 affecting dental practices?

Tarek Aly: COVID has greatly impacted the industry in general. There have been pros and cons with COVID. I feel that there are more pros than cons, in some aspects of

EGP: What was demand like for reopening?

Tarek Aly: It was great. It was more than what we expected, which proves, time and time again, that dentistry is an essential service. You can't really just shut down dentistry with few implications. There are a ton of cases that otherwise would go to the hospital and have a negative impact on the hospital capacity. As a result we have received, after the lockdown, a massive influx of patients wanting to come in.

EGP: What are Key Performance Indicators (KPIs) for dental group practices like now? Have they changed amid the pandemic?

Tarek Aly: The KPIs we track are different now. The ranges we consider normal are different. Some leading and lagging indicators are different. It has been an adjustment.

The reason we track KPIs is to monitor the health of the business, or specific processes. And since the processes have changed, and some outcomes have changed, we had to maneuver and be more sensitive to some KPIs we didn't track. And some of the KPIs we did track, didn't get as much attention as before.

EGP: What's an example or two of an essential KPI in our new environment?

Tarek Aly: KPIs, like patient waiting time, used to not be on the top list because we just never had an issue with patients waiting. Our systems were so efficient. But now since you have a limited number of patients, you must be very sensitive to patient waiting time.

Staff efficiency metrics have been developed to monitor efficiency.

Compliance and safety metrics have a much higher place in the top 10 now. Apart from making sure that the team is safe, and the patients are safe, which have always been a top priority, we need to be in compliance with all regulatory bodies in the industry.

EGP: Long-term, what are some other ways that you see dental group practices changing?

Tarek Aly: I see that dental groups will be running leaner and will be focusing on learning and development. I see dental groups having tighter systems and processes and see them working together collaboratively. I have seen an increase in camaraderie happen because of COVID. A lot of us got together. Big or small, east, west, central, south, we all got together. There was this sense of "Hey, we're in this battle together." I see more handholding with dental groups in the future.



EGP: What about the DSO model within the dental industry? Do you think COVID has been an accelerator of that trend?

Tarek Aly: Dentists now realize that you really do have to work together and hold hands. Specialization is

everything. If you have a need for a dermatologist, you'll go to a dermatologist, because this particular person is very specialized. And that's what they have done for years of their life, only dermatology. It's the same concept with almost all business aspects. There are marketing specialists that do only marketing. The same with accounting professionals, and other departments. Dentists that are business owners and clinical operators

About Tarek Aly, BDS, MBA – Co-founder, Chief Operating Officer, OrthoDent

Tarek Aly practiced Dentistry and Periodontal surgery for years while simultaneously working in Management and Marketing. He graduated from the Faculty of Dentistry, Alexandria University in Egypt. He has a graduate



certificate in Periodontics & Oral Medicine from the same University and a Diploma in Sales & Marketing from the American University in Cairo. He has an MBA from Stephen F. Austin State University in Texas. Tarek has a CVA certification from the National Association of Certified Valuation Analysts and is also a Business Broker working on his CBI Certification.

His expertise includes M&As, Business Valuation, Business Operations, Dental Organizations Management, and Dental Support Organizations platform development and management.

He has written three publications and is currently working on a book addressing Management of the Dental Practice and DSOs. He is currently the Chief Operations Officer/Co-founder of OrthoDent Management LLC. Tarek is also a public speaker and competes in Toastmasters International.

at the same time, may now have more inclination to collaborate with other business specialists and professionals. In a post-COVID world, they will be thinking "I can hold hands with professionals that can take me to the next level." I see a lot of that happening in the near future.

EGP: You have a real passion for providing education and insights for the industry to improve business functions within a dental group practice. What are some things that you're doing now, in our changing environment, to maintain that platform?

Tarek Aly: Right now, we are working on a few great projects, and we're creating some courses to help with these projects.

KPIs and business analytics are definitely passions of mine. They're like the X-rays you need to see before you treat the tooth. You must look inside your businesses like you look at the X-rays pre-treatment. How can you drive a car without looking at your gauges? How can you fly a plane without looking at your gauges? Yet, most dentists run their dental practices without looking at the gauges, which absolutely needs to change in the industry. I'm also trying to spread awareness of checklists and creating proper systems and processes within the industry. I'm a big fan of letting the process lead you to the outcome you deserve, minimizing the chances of human error.

So with COVID, we're now focusing on more online training, learning and development, performance tracking, online checklists, automation, etc. I feel that the dental industry is further behind, in some of these aspects, than other industries including medical, pharmacy, IT, construction, aviation, and others.

There's a reason for being behind. Remember that revenue covers all sins. Because dental practices have been very profitable in the past there has not been a big need to enhance one's systems and processes. And the average dentist didn't see a big need to go that extra mile. But now I think the trend is going to be different. Now there are more constraints, including operational capacity constraints, financial constraints, lending constraints, and more. This will stimulate the industry to run leaner, have better quality of care and focus on the patients, and elevate the industry. So, yes, I see great changes on the horizon.

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5 nitrous oxide/oxygen sedation tips for your practice

Improving patient experience

Looking to increase patient acceptance and improve workflow efficiency? With age-old anxieties around the dental visit combined with the fear surrounding the COVID-19 pandemic, patients may be more concerned about their dental visit than usual, making nitrous oxide/oxygen sedation even more important than ever before. Also, keep in mind that conscious sedation is not just for pediatric patients as many adults can benefit from the added relaxation, as well.



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The American Dental Association (ADA) recommends* single-use nasal masks ONLY. The Accutron portfolio includes several single-use options that enhance the experience for both patients and staff. ClearView™ Nasal Masks and Axess™ Nasal Masks feature a translucent outer shell for visual monitoring of the patient's breathing, while also offering a tighter facial seal. Their low profile expands the clinical field of view, making it easier to perform treatments, and the appealing scents and colors help engage patients and increase relaxation.





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Accutron Nitrous Oxide/Oxygen Sedation products are designed with features to help prevent crosscontamination, from the flowmeters to the scavenging circuits and nasal masks.

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The ADA also recommends* that all components that can be sterilized, should be after each patient. The vacuum gauge and spiral tubing on Accutron Scavenging Circuits are easy to disinfect and/or barrier protect. The tubing that attaches to the nasal mask is easy to remove and sterilize. To make compliance even easier, the sterilizable circuits can now be purchased separately so you can keep additional circuits on hand for reprocessing and maintain patient flow.



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There are several other ways to make your Accutron equipment work for your practice. For example, an Accutron RFS™ Chairmount Kit is the perfect accessory to any dental chair. Clear your workplace of clutter and prevent snaking for a sleeker and more stylish treatment room. Or, if you prefer your flowmeter mounted to your cabinetry, try the remote control to allow for quick adjustments to the gas flow without moving away from the treatment area. And for masks, we offer capnography adaptors so you can easily monitor patients' CO₂ levels.



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*For Nitrous Oxide/Oxygen Delivery Systems in particular, the American Dental Association (ADA)'s "Return to Work Interim Guidance ToolKit" states: "Use disposable nasal hoods; tubing should either be disposable or if reusable, sterilized according to the manufacturer's recommendations.

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OSAP Announces New Board of Directors



The Organization for Safety, Asepsis and Prevention (OSAP) has announced the members of the 2020-2021 OSAP Association Board of Directors.

"As we begin our new fiscal year in the middle of a pandemic, we are fortunate to have Doug Risk, DDS, ABGD as our new Board Chair for the 2020-2021 year. His dental infection prevention expertise and passion for the dental industry is just what we need as OSAP continues to be the go-to leader in dental infection prevention and safety", shared OSAP's Executive Director, Michelle Lee, CPC. "The depth of our Board is remarkable. I have the utmost confidence that our newest board members will also be strong contributors as we continually meet the ongoing challenges in these uncharted waters."

Dr. Doug Risk served in the US Air Force and attended the Advanced Education in General Dentistry Residency at Lackland Air Force Base. Dr. Risk has experience in clinical practice, command and headquarters assignments, and deployments. His career culminated as the Director of the Dental Evaluation and Consultation Service. Since retiring in 2017, he has provided consultation services to private practices, manufacturers, and the Department of

Defense. He is currently in clinical practice in Southern Maryland and serves as Compliance Director for 6 practice locations.

Eve Cuny, MS was elected as Vice-Chair and Chair-Elect for the Association. Cuny moves into this role after serving as Secretary and a Director. Cuny is the Director of Environmental Health and Safety and Associate Professor of Diagnostic Sciences at Pacific Dugoni School of Dentistry. Cuny is a member of

the National Occupational Research Agenda Council. She has lectured nationally and internationally, published extensively on the subject of infection control and patient safety and has worked globally with government agencies, universities, and nonprofit organizations to develop best practices in infection prevention and safety.

David Kierce, Global Platform Leader for Dentsply-Sirona's Infection Prevention Product Line, serves a consecutive term as Treasurer. Kierce has been on the Dentsply-Sirona team for more than 25 years. He started with Dentsply Ceramco in June 1993 as a Territory Sales Representative. From there, his career has grown to include leadership roles in special markets, merchandising, and marketing.

LCDR Matthew R. Ellis, MPH, CIC, REHS was elected Secretary. LCDR Ellis serves as the U.S./DHHS-Indian Health Service (IHS) Infection Prevention and Control Program Manager, assigned to the IHS HQs Office of Quality. LCDR Ellis is co-Lead and an architect of the regional healthcare accreditation readiness team and served collaterally as the Public Health Emergency Management Coordinator. He is a United States Army infantry veteran and has completed healthcare infection control and safety position tenures with a private healthcare consulting firm, University of Kentucky Medical Center, and the Veteran's Healthcare Administration.

Newly elected board members include Steve Geiermann, DDS, Julie Lynch, MS, BSN, RN, and Raleigh Wright, DDS.

Dr. Steve Geiermann, a retired Captain in the U.S. Public Health Service, serves as the Senior Manager addressing access, community oral health infrastructure, and capacity within the American Dental Association (ADA). He served as a dental director in the Indian Health Service and Federally Qualified Health Centers as well as being an HRSA regional dental consultant and project officer within the National Health Service Corps and the HIV/ AIDS Bureau. He served on the Board of Directors of the National Network for Oral Health Access (NNOHA) and was an expert advisor for Safety Net Solutions seeking to improve the financial stability and productivity of health centers. He currently serves on the advisory committee for the Oral Health Progress and Equity Network (OPEN) and the board of the American Institute of Dental Public Health (AIDPH).

Julie Lynch is the Director of Clinical Development for American Dental Partners, Inc. Her focus is on supporting all American Dental Partners affiliated dental group partnerships in the growth of quality management and improvement endeavors such as Accreditation Association for Ambulatory Health Care (AAAHC), professional development, provider credentialing verification, and regulatory matters. Lynch came to oral health care passionate about patient and team member safety after serving more than 20 years in a large healthcare system in both direct patient care and leadership roles. She received her Bachelor of Science Carolina School of Dentistry graduate, Dr. Wright has spent his entire tenure with Lane. Dr. Wright feels strongly about supporting outreach dental organizations, has volunteered for multiple Mission of Mercy dental clinics and dental buses, and currently serves on the Board of Directors for Wake Smiles Community Dental Outreach. He was recently elected to the NC Board of Dental Examiners, is currently an Examiner with CITA

"The depth of our Board is remarkable. I have the utmost confidence that our newest board members will also be strong contributors as we continually meet the ongoing challenges in these uncharted waters."

- Michelle Lee, CPC, OSAP's Executive Director

in Nursing from Concordia University Wisconsin and her Master of Science in Healthcare Administration from the University of St. Francis in Joliet, Illinois.

Dr. Raleigh Wright is currently the Chief Clinical Officer for Lane & Associates Family Dentistry, the largest group practice in North Carolina. A 1994 University of North

- Council of Interstate Testing Agencies, and attends many Continuing Education events to maintain a comprehensive knowledge of current trends and technology in dentistry.

Other Association Directors include Marguerite Walsh, Immediate Past Chairperson, Aaron Pfarrer, Theresa Mayfield, DMD, and Jessica Wilson, MPH.

About OSAP

The Organization for Safety, Asepsis and Prevention (OSAP) is a growing community of Individual dental clinicians, group practices, educators, researchers, consultants, trainers, compliance directors, policymakers, and industry representatives who advocate for safe and infection-free delivery of oral healthcare.

OSAP focuses on strategies to improve compliance with safe practices and on building a strong network of recognized infection control experts. OSAP offers an extensive online collection of resources, publications, FAQs, checklists, and toolkits that help dental professionals deliver the safest dental visit possible for their patients. Plus, online and live courses help advance the level of knowledge and skill for every member of the dental team. For additional information, visit www.osap.org.



By Katherine Schrubbe, RDH, BS, M.Ed, PhD

Dr. Katherine Schrubbe, RDH, BS, M.Ed, PhD, is an independent compliance consultant with expertise in OSHA, dental infection control, quality assurance and risk management. She is an invited speaker for continuing education and training programs for local and national dental organizations, schools of dentistry and private dental groups. She has held positions in corporate as well as academic dentistry and continues to contribute to the scientific literature. Dr. Schrubbe can be reached at kathy@schrubbecompliance.com.

Universal Source Control

What does it mean for dentistry?

When was the last time you learned a new word, term, or phrase? As adults,

dental clinicians, and science-based individuals, there is likely a set of favorite verbiage you use in daily conversation with family or friends, and another set you use in the clinical dental setting with colleagues, team members, and patients. It has been a long time since there was a new term introduced to dentistry, but with the onset of SARS-CoV-2 and COVID-19 disease, Universal Source Control is a need-to-know essential medical term and its implementation is critical to mitigate the spread of SARS-CoV-2 in dental settings and as a global pandemic.

What it isn't...

Although some may assume so, universal source control is not synonymous with universal precautions. On Dec. 6, 1991, the Occupational Safety and Health Administration (OSHA) promulgated the Bloodborne Pathogens (BBP) standard; designed to protect workers from the risk of exposure to bloodborne pathogens, such as the Human Immunodeficiency Virus (HIV) and the Hepatitis B Virus (HBV).1 The BBP standard introduced the term universal precautions, which is an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.2 Justification for this concept is based on the inability to easily identify patients who may be infected with HIV, HBV or Hepatitis C (HCV)³; but this is not what universal source control is all about.

In 1996, the Centers for Disease Control and Prevention (CDC) introduced the term Standard Precautions by blending major features of universal precautions and body substance isolation practices to be used with all patients at all times; this included three transmission-based precaution categories: airborne, droplet, and contact.4 Standard precautions apply not just to contact with blood but also to 1) all body fluids, secretions, and excretions (except sweat) regardless if they contain blood, 2) nonintact skin and 3) mucous membranes3; but this is not what universal source control is all about either.

Universal source control

What does this new term have to do with the current SARS-CoV-2 pandemic? The most up-to-date Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic was on Aug. 28, 2020 and lists universal source control as a key concept.⁵ Universal source control refers to use of cloth face coverings or face masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.5,6

CDC Dental Guidance

As a key concept for DHCP during this COVID-19 pandemic, the CDC states that DHCP should wear a face mask or cloth face covering at all times while they are in the dental setting, including in breakrooms or other spaces where they might encounter co-workers. This is a change for all DHCP who are used to donning PPE primarily for patient care, however the CDC provides distinct directives for this new practice in dental settings:5

> When available, surgical masks are preferred over cloth face coverings for DHCP; surgical masks offer both source control and protection for the wearer

Studies show that masks help reduce the spray of droplets when worn over the nose and mouth. Together with social distancing, masks are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings.

As an integral part of the healthcare team, dental health care personnel (DHCP) have been wearing face masks and other appropriate personal protective equipment (PPE) for many years, and especially since the BBP standard.² In training and education program, DHCP are taught to practice under the premise that any patient in the chair is potentially infectious - it is one of the practices they do best - wear PPE appropriately and consistently. So, what is different now?

- against exposure to splashes and sprays of infectious material from others,
- Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required, as cloth face coverings are not PPE,
- Respirators with an exhalation valve are not currently recommended for source control, as they allow unfiltered exhaled breath to escape. If only a respirator with an exhalation valve

is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit,

- Some DHCP whose job duties do not require PPE (such as clerical personnel) may continue to wear their cloth face covering for source control while in the dental setting,
- > Other DHCP (such as dentists, dental hygienists, dental assistants) may wear their cloth face covering when they are not engaged in direct patient care activities, and then switch to a respirator or a surgical mask when PPE is required,
- > DHCP should remove their respirator or surgical mask, perform hand hygiene, and put on

their cloth face covering when leaving the facility at the end of their shift.⁵

Included in this new practice of universal source control is the dental patient, who will now need to be informed and educated on the rationale for wearing a face coverings or mask to and from their appointment. The CDC along with the American Dental Association (ADA) outlines the new protocol for patients stating patients and visitors should ideally, wear their own cloth facemask covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a facemask covering, they should be offered a facemask or cloth face covering, as supplies allow.5

> Patients may remove their cloth facemask covering when

- in their rooms or patient care area but should put it back on when leaving at the end of the dental treatment,
- Facemasks and cloth face coverings should not be placed on young children under age ², anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.^{5,7}

Anecdotally, there are stories and social media posts of patients, as well as DHCP who do not feel that following the protocol of universal source control is important, however, at this time, the CDC, ADA and other safety organizations such as the National Institute for Occupational Safety and Health (NIOSH) have set this guidance as a best practice to minimize the spread of the SARS-CoV-2 respiratory virus.^{5,7,8}

Respiratory protection vs. source control

As stated, for a DHCP, donning a surgical facemask (or respirator) for the purpose of respiratory protection during patient care is second nature, but this is different than source control. Respiratory protection protects the wearer and refers to respirators, which are protective devices that cover a person's nose and mouth or the entire face or head to help reduce the wearer's exposure from breathing in air that contains contaminants, such as small respiratory droplets from a person who has COVID-19. This type of protection can include filtering facepiece respirators (FFRs), like N95 respirators.8





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Source control protects others and refers to the use of masks to cover a person's mouth and nose and to help reduce the spread of large droplets to others when the person talks, sneezes, or coughs which can help reduce the spread of SARS-CoV-2 by someone who is infected but does not know it.⁸ For DHCP, this means a face covering even when they are not involved in any patient care activities.

According to NIOSH, the purpose of wearing masks is to help reduce the spread of COVID-19 by reducing the spread of the virus through respiratory droplets from asymptomatic individuals and is recommended as a barrier to help prevent large respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice.8 Studies show that masks help reduce the spray of droplets when worn over the nose and mouth.^{9,10} Together with social distancing, masks are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings.8

Why is universal source control important in the dental setting?

Providing safe dental care and maintaining team health and safety is an ongoing challenge each day in the dental setting, but nothing compared to carrying out these daily activities during a pandemic. DHCP and patients must learn and implement new protocols and need time to adjust, but there is not always time as infections of SARS-CoV- 2 continue to rise. 11 What happens if a member

When available, surgical masks are preferred over cloth face coverings for DHCP; surgical masks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.



of the dental team is exposed to a patient, visitor or another DHCP who reports that they are now positive for COVID-19? The CDC Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 updated on June 18, 2020 provides a table with answers and demonstrates the importance of compliance to universal source control. As seen in the table, if DHCP are exposed and were not wearing any type of face covering, they are considered high risk and would be required to stay home from work, quarantine for 14 days and monitor themselves for symptoms. 12,13

The CDC guidance also clarifies that an exposure of 15 minutes

or more is considered prolonged, and states that any duration should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure; also as far as the definition of close contact, it is defined as being within 6 feet of a person with COVID-19 or having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.¹²

Summary/Conclusion

The importance of universal source control is quite clear in the dental healthcare setting to mitigate the spread of the SARS-CoV-2 virus. This is the new safety and infection prevention term for dentistry! Share this new term and its meaning with colleagues, team members and patients and practice what you preach, not only in the dental workplace setting but in public venues as well. The best way to prevent COVID-19 illness is to avoid being exposed to this virus. In addition to wearing a mask and practicing universal source control, the CDC recommends everyday preventive actions, including staying home if you have been exposed or are sick, staying at least 6 feet apart from others, and hand hygiene in order to help prevent the spread of respiratory diseases.8

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19	 HCP not wearing a respirator or facemask HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹ 	 Exclude from work for 14 days after last exposure Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP other than those with exposure risk described above	> N/A	 No work restrictions Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift. Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

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Utilizing the iTero Element intraoral scanner across the entire practice

James Wayne Leonard, DMD, has been using an intraoral scanner for

more than 20 years and today, considers it the go-to tool in his technology-driven practice. "We are known for our technology—our practice is a lean, mean technology machine!" he says. As for intraoral scanners, "They are not just about making crowns or providing Invisalign® treatment. My iTero® Element scanner is a very versatile, full-practice tool. In fact, it is the most advanced technology we have in the office."

Dr. Leonard has been practicing dentistry for 23 years, first in private practice, and for the last 6 years at two Heartland Dental locations, Smiles on Beach Boulevard and Sawgrass Complete Dentistry, in Jacksonville, Florida. He also serves as a Heartland Regional Doctor Mentor of Operations.

Dr. Leonard has had an iTero Element intraoral scanner for four years and relies on it for patient education, tracking and updating patient records over time, and for creating digital impressions for restorative and implant cases. He considers the iTero scanner to be critical for gathering data for treatments, including smile makeovers, orthodontics, implant-supported and traditional crowns and bridges, removable dentures, and implant-retained partial and full dentures. He notes the dental assistant and hygienist lead the charge in utilizing the full mouth scan to promote patient education. The hygienist always take a scan before they start a cleaning.

Dr. Leonard considers the role that iTero visualization technology



plays in patient education to be extremely beneficial to helping patients understand their oral health, from periodontal tissue status to bone loss and the condition of their dentition. "We take a look at the scan together," he says. "It is a more effective and faster way to educate patients than trying to explain things with just words." Dr. Leonard notes that it is no longer necessary to take intraoral photographs for patient education when he can use an iTero scan to then show patients the size of an amalgam, a broken

tooth, or cracks around a filling magnified on a screen.

He also uses iTero scans in conjunction with Digital Smile Design to plan smile makeovers together with patients, and uses the TimeLapse feature to demonstrate how their teeth have moved over time. "If they say, 'This one tooth hasn't moved,' I can use TimeLapse to show them a snapshot of small changes that have occurred to date which they might not have noticed otherwise, such as tooth wear or gingival recession. They trust it and love it and it gives them greater confidence in their treatment plan," he explains. Dr. Leonard uses this feature to help patients understand the value and success of any type of dental or orthodontic treatment. "This is not a reactive tool, it's a proactive toolwe're not just showing patients what we can do, we're showing them what's there. It keeps the doctor/ patient relationship healthy."

According to Dr. Leonard, restorative case acceptance has gone up considerably because patients are fascinated with the iTero technology and its visual educational aspect during their appointments. And the Invisalign Outcome Simulator on the iTero Element scanner helped Dr. Leonard's Invisalign cases double within the first 6 months, with revenue increasing from \$1.4 million per year to \$2.5 million¹. He attributes these areas of growth to his

ability to show patients simulations of proposed treatment outcomes, which empowers them to better understand the treatment they are receiving. "It doesn't mean they will always accept treatment immediately," Dr. Leonard notes. "But when we provide the [Occlusogram] image showing bite problems, wear, or broken-down teeth, the patient has a chance to own his or her problems. This technology helps them trust the treatment plan."

Patients are not only impressed, but also appreciate the time-saving accuracy of digital scanning, as do the dentists and dental labs using the technology. Digital scanning takes less time than making a PVS impression and results in 10x fewer rejections when submitted for Invisalign aligner production². Also, through the direct connection between doctors and labs, communication with dental labs and consultations with specialists has never been easier.

In addition, crowns are usually returned from the lab within 4 or 5 days, so patients are in temporaries for a shorter amount of time. And with his practice's 99.5% successful seat rate, crowns and other restorations fit much better without alteration.

"This all makes for a great work life," Dr. Leonard says. "I have more confidence. I walk into the operatory knowing that things are going to work out well. I have more time to talk with patients about what they really want for their potential future smile. I can talk to them more as a

person while the technology helps them understand what's going on as a patient."

Dr. Leonard also notes that in his experience, patient appointments can be substantially shorter with digital scanning and describes some of the other advantages: "Any discrepancies can be addressed while the patient is still in the chair and there will never be any distortion of the scan, either at the dental lab or in the patient record. Scans are uploaded to the dental lab in the time it takes me to walk out of the operatory. Plus, cases can be tracked at MyiTero.com by both dentists and laboratories, so everyone always knows where in the process the case is." He estimates that he saves \$7 on impression material, \$20 on materials for each crown,

plus his lab gives him a \$20 discount for using digital scanning. "So, I'm saving \$50 a crown [over traditional workflows], with case acceptance up 10%," he explains.

For Dr. Leonard and his team. the iTero scanner has become an integral and indispensable part of patient assessment and treatment. If clinicians are considering adding the intuitive, open-system iTero scanner to their practice, Dr. Leonard advises that "You have to go for it in full force. It takes courage! Don't try to grow into it or you will always be bogged down. Just dive in and start doing it. Help is only a phone call away-it comes with a tremendous support system. Every single day I think I could have shown patients more or done even more with the scanner!"

	d's experience with ntraoral scanner	A second
99.5%	successful seat rate for crowns	
30	minute shorter appointment time	54
~\$50	savings on each crown	
•	increase in restorative case acceptance	
		Y

¹ An independent evaluation among all iTero Element orthodontic users indicates sustained average/additional Invisalign case increase of 22.67% through 12 months and 27.88% through 24 months. * Study sponsored by Align Technology Retrospective data evaluation and quantitative analysis completed by Dr. MacKay University of Memohis 495 Orthodoptic practices worldwide. Accepted for publication in the Journal of Clinical Deptistry

² Rejection calculated based on cumulative submissions of PVS and iTero scans from January 2017 to June 2018. Data on file at Align Technology, as of July 2018.



Post-Pandemic Equipment Planning

Teledentistry, patient communication software may be at top of the list

Even as patients returned to dental practices this past summer for

routine checkups, uncertainties surrounding the coronavirus pandemic led some dental service organizations to prioritize their spending. "While spending on equipment may slow down in the short term, we may actually see increased spending on teledentistry and patient communication software – two areas designed to help drive patient engagement and appointment scheduling," says Dr. Eric Tobler, National Director of Clinical Affairs, Mortenson Dental Partners.

"More so than technology, dental practices [currently] need reliable access to basic personal protective equipment, surface disinfectant and other sterilization equipment," Tobler continues. "Prioritizing access to these basic and essential supplies for healthcare workers should be a significant national focus." Indeed, infection prevention has always been a priority for dental professionals, he adds. Since the onset of the coronavirus pandemic, however, there has been heightened awareness among patients. "Our clinical staff now uses additional PPE during their engagement with patients, adding a higher

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level of protection," he points out. "Additionally, we are using high-volume evacuators, which reduce the amount of aerosols released during procedures." In addition, some DSOs, such as Mortenson, have considered adding air filtration systems.

Communication a constant

In recent years, many dental practices have learned to stay connected with their patients through their websites and social media. This year, patient communication has become more important ever, notes

for dental care, they were especially interested in what those safety measures were, and how dental service organizations were responding to the pandemic. "We developed a page on each of our brand websites to remind patients that we've always followed standard safety protocols recommended by the ADA and state dental board, and listed the extra precautions we added as a result of COVID-19," Tobler explains (See sidebar). Mortenson's COVID-19 precautions include taking patients' temperatures, asking pre-screening

"As we reopened, regular communication was paramount to emphasize that we were available for routine care again, and that team and patient safety was our highest priority."

Tobler. "Since the beginning of the pandemic, communication with our patients has been a critical element for success," he says. "During the restricted period last March and April, it was important to communicate that we were still open for essential care services to keep local hospital beds free for coronavirus patients. As we reopened, regular communication was paramount to emphasize that we were available for routine care again, and that team and patient safety was our highest priority."

While team and patient safety has always been a priority for dental practices, as patients began returning questions, implementing more frequent sterilization practices, limiting visitors and asking patients to wait in their cars until an operatory is available.

"In some regions, we incorporated videos from our doctors to showcase these safety measures," he adds. "We communicated these messages in a variety of ways, such as social media, email and blog posts, always linking to our safety information page. Using primarily digital methods has been an efficient and cost-effective way to highlight these changes during such an unprecedented time."

All things considered

With the onset of coronavirus, there was much discussion regarding what constitutes emergency and essential dental care, notes Tobler. The positions of the American Dental Association, the Centers for Disease Control and Prevention, the Occupational Safety and Health Administration and other organizations have varied and evolved over time, he points out. "As a company, Mortenson has worked diligently to comply with regulations and proactively seek out the best scientifically credible information available to lead our decision making.

"During the highest level of restrictions in March and April, emergency dental care included situations where the patient was in pain or experiencing infection, severe decay and swelling, as well as patients who otherwise felt they needed to be seen urgently to decrease overflow to local emergency rooms," he continues. "Since restrictions have been lifted, our volume of patient care has returned to normal, with routine care being delivered as usual, with some adaptation.

"While there undoubtedly will be some patients who postpone their treatment, our experience has been that the pent-up demand of patients returning to their dentist occurred this past summer," he says. "I believe the population understands the importance of regular and thorough dental care and that many health conditions can be prevented with good oral hygiene. Overall, we have seen a very strong desire for patients to resume taking care of their oral health."

MORTENSON DENTAL:

How We're Keeping Patients and Teams Safe

Following recommendations from state dental boards and the ADA, we have resumed all dental care services in our practices.

Practices in all of our regions have always followed standard safety protocols issued by the state dental board and American Dental Association to help protect our patients and team members from communicable diseases like the coronavirus. We have also implemented the following additional measures and screening procedures to ensure their health and safety:

Personal Protective Equipment

- > All clinical team members wear
 - > N95, KN95 or Level 3 surgical masks with face shields
 - > Eyewear with side shields
 - > Gown or lab jacket
- > All non-clinical team members wear reusable or surgical masks.
- > All patients are given protective eyewear.

Social Distancing and Screening

- > Patients are asked to wait in their car as opposed to entering the welcome area.
- > Visitors are limited to patients and, if necessary, one parent, guardian or translator.
- > The following health and safety screening is conducted prior to every patient appointment:
 - > Have you been sick in the past 3 weeks?
 - > Have you had close contact with an individual diagnosed with COVID-19 or experiencing symptoms?
- > Frequent temperature checks are conducted:
 - > All patients' temperatures are taken upon arrival.

- > All team members' temperatures are taken daily.
- > Sick team members remain at home.
- > Team members maintain a 6-foot distance from each other.

Sterilization and Disinfection

- > All team members wash hands frequently.
- > Food items, magazines, books, toys and other clutter have been removed from common and clinical areas.
- > Countertops, door knobs, tables, chairs and other common surfaces are wiped down often.



Source: https://mortensondentalpartners.com/covid19safety/

Facing Down Fear

How to quiet fear and step into the boldest version of you: By Lisa Earle McLeod

In the last several months, many have faced (and continue to face) an unprecedented level of 'unknown.' Ambiguity can give rise to our deepest insecurities, and left unchecked, has the potential to fill us with fear.

Being afraid is natural. But when you let fear take over, the world misses out on the bravest and brightest version of you. And that's no good for anyone. Here are three tips to help you quell the fear and step into bold action:

No. 1: Disrupt negative thought cycles in their tracks

If you're about to give a big presentation, pitch an idea, or do something courageous, the onslaught of "what ifs" will have no problem keeping you awake at night. Sure, we have to assess potential risk. The challenge is, we tend to default to the negative "what ifs" when it comes to being vulnerable and putting ourselves out there. The potential of shame is more initially jarring than the upside.

If you find yourself starting to think "what if it goes terribly and they hate it," interrupt that thought cycle, and challenge your brain to think "what if it goes awesome and everyone loves it?" Pointing your brain towards the payoff (instead of



the risk) helps you be more confident and courageous before bold action.

No. 2: Understand your body

When you're afraid, your amygdala (aka lizard brain) goes into overdrive protection mode. You become hyper alert, your heart rate rises, your pupils dilate, and unfortunately, your critical thinking goes out the window. While your lizard brain does have your best interest of survival at heart, it's not always the most holistic, strategic counsel. The lizard brain has a hard time determining a threat to your life and a threat to your ego.

When you understand why your body is reacting to fear the way it is,

it's easier to become objective in the face of it. When you recognize an oncoming wave of fear, ask yourself, is this my lizard brain thinking?

Take a step back, inhale a big deep breath, and remove yourself from that fight or flight brain space by breathing, moving your body, and practicing mindfulness.

No. 3: Don't take yourself too seriously

Try to remember a time when you said or did something embar-rassing. Is your skin crawling now? Ok, now, try to remember a time when someone else said or did something embarrassing...harder to recall? You likely can't think of times that people misspoke during a meeting, made a crucial typo, or even spilled their coffee.

High performers are their own toughest critics. When you start to feel anxious, remind yourself, you're likely the only one looking at your words and actions through the microscope of judgement. People make mistakes, most other people don't remember or even notice those mistakes, and life moves on.

Stepping into the murky waters of growth and vulnerability can be scary. It's also incredibly courageous.

Lisa Earle McLeod is a leading authority on sales leadership and the author of four provocative books including the bestseller, "Selling with Noble Purpose." Companies like Apple, Kimberly-Clark and Pfizer hire her to help them create passionate, purpose-driven sales organization. Her NSP is to help leaders drive revenue and do work that makes them proud.

ADA to WHO: Dentistry is Essential

In August, the American Dental Association (ADA) released a statement saying it respectfully yet strongly disagrees with the World Health Organization's (WHO) recommendation to delay "routine" dental care in certain situations due to COVID-19.

"Oral health is integral to overall health. Dentistry is essential health care," stated ADA President Chad P. Gehani, DDS. "Dentistry is essential health care because of its role in evaluating, diagnosing, preventing or treating oral diseases, which can affect systemic health."

Dr. Gehani added that in March, when COVID-19 cases began to rise in the U.S., the ADA called for dentists to postpone all but urgent and emergency care in order to understand the disease, consider its effect on dental patients, dental professionals and the greater community.

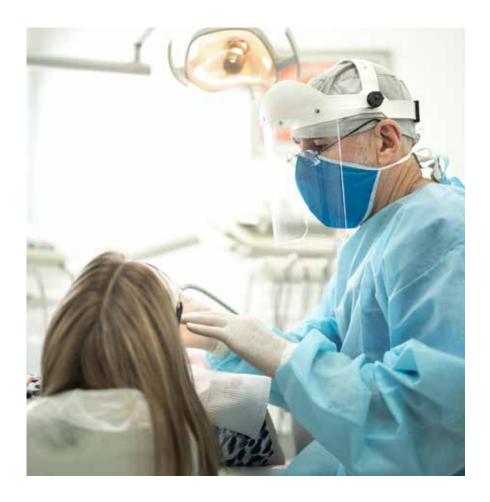
Both the ADA and the U.S. Centers for Disease Control and Prevention (CDC) then issued interim guidance for dental professionals related to COVID-19. The ADA's guidance calls for the highest level of PPE available - masks, goggles and face shields. The ADA's interim guidance also calls for the use of rubber dams and high velocity suction whenever possible and hand scaling when cleaning teeth rather than using ultrasonic scaling to minimize aerosols.

Dr. Gehani concluded, "Millions of patients have safely visited their dentists in the past few months for the full range of dental services. With appropriate PPE, dental care should continue to be delivered

during global pandemics or other disaster situations."

State dental associations also backed ADA in the disagreement with WHO's classification of dental care as non-essential during a pandemic. The Georgia Dental Association and the Minnesota Dental Association, among others have

come out in support of the ADA's recommendation not to delay oral care." Delaying dental care may put your oral and overall health at risk," states GDA President Annette Rainge, DMD. "If oral disease is allowed to progress, small problems can escalate to larger problems requiring more extensive treatment. In addition, signs of other diseases and medical conditions, for example oral cancer and diabetes, can appear in the mouth. Regular dental visits can help detect problems early."





Health news and notes

A golfer's guide to low back pain

Golf is often thought of as a low-impact sport, but it can be associated with several musculoskeletal injuries due to its repetitive nature, according to U.S. News and World Report. One of the most common complaints reported by golfers is low back pain, with reported rates varying from 26% to 52%. Low back pain is also a major health issue among adults in the general population. Given the high prevalence and high cost of low back pain care, it's worthwhile to consider how to prevent golf-associated low back pain.

While the golf swing seems like a relatively easy motion, it is actually an extremely complex series of motions that involve most of the muscles and joints in the body. As with all things, the golf swing's frequent repetition – compounded over years of playing the sport – places significant stress on those muscles, joints, and tendons. Over time, this may result in injury.

Understanding the mechanics of the golf swing, along with education and training, can help prevent golf injuries. It's important to use proper posture and proper sequencing, and not to over-swing. Swinging too hard may increase the stress placed on the spine and surrounding structures...

Read the full article at:

https://health.usnews.com/health-care/for-better/articles/a-golfers-guide-to-low-back-pain.

How to safely sanitize every type of face mask

Face masks reduce the spread of COVID-19 because they provide a barrier that catches the virus-containing respiratory droplets that are released when people cough, sneeze, or talk.

Being a barrier between the virus and the wearer means that the mask becomes contaminated instead. While the greatest danger is from inhaling virus-filled respiratory droplets from those around us, if a person touches a contaminated mask and then touches their mouth or nose, they might also contract an infection.

Like all medical devices and equipment, face masks need to be properly cared for in order to be safe and effective. But not all face masks are the same; different kinds of masks need to be sanitized in different ways depending on the type of material they're made out of.

It's important to apply the correct method to each type of material, or else you could wind up making the mask harder to breathe through and less effective!

Fortunately, Healthline has created an easy-to-follow list of the common types of face masks, how to safely disinfect them for reuse during the pandemic, and how to handle medical-grade masks that can't easily be cleaned properly outside of a medical setting.

Check out the list at:

www.healthline.com/health-news/how-to-safely-sanitize-every-type-of-face-mask#Proper-care-of-cloth-face-masks.

Make these simple travel snacks to eat like a health pro on the road

Whether you're planning to take a short, safe vacation; just "going for a drive" (who doesn't need a brief change of scenery?); or on the road for a meeting, you should try to avoid fast food and C-store fare. A post from U.S. News and World Report has a few simple recipes for easy-to-make and

easy-to-eat snacks to take along with you the next time you hit the road. The quick recipes include:

- > Vegetable rice paper rolls.
- Yogurt parfait with wild blueberries.
- No-bake energy bites.
- >Fruit with squeezable nut butter.
- > Popcorn.
- >Prepackaged portions of mixed nuts, jerky and dried fruits.

Read the full post at:

https://health.usnews.com/healthnews/blogs/eat-run/articles/ healthy-travel-snacks-for-carand-road-trips.



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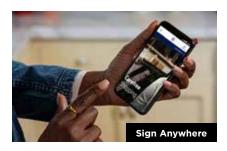
ProEdgeDental.com/Flo 888.843.3343

†Molinari, Dewhirst "Treating & Monitoring Dental Water" Compendium of Continuing Education in Dentistry.

Automotive-related news

Car-buying tools

Buying a vehicle has long required in-person communication, often followed by a request to fill out a customer survey a few miles long. Over the past few months, Volkswagen has tackled both of those challenges amid a pandemic with two new tools. Volkswagen of America and VW Credit have worked with CDK Global, Inc. to launch Sign Anywhere, a digital signature tool that's among the first of its kind in the U.S. auto industry, according to the auto manufacturer, allowing vehicle buyers to finish their financial paperwork with a participating dealer without having to visit the dealership.



The other step is a new system of customer surveys that ditches a long list of multiple-choice questions for a few open-ended questions that gives customers the power to give detailed feedback and post their review to VW.com and the dealer's website.

The Sign Anywhere tool developed by CDK Global allows customers to remotely and securely digitally sign financial documents with their own computer or mobile device. While digital signatures are common in many industries, many laws and state regulations governing financial documents in vehicle buying have usually required in-person or "wet" signatures.

Volkswagen began planning to roll out this tool two years ago, but the COVID-19 pandemic sped up the deployment, and more than 400 Volkswagen dealers now have access in states where laws allow it.

"Customers are asking for flexibility and looking for peace of mind especially during this time, and Sign Anywhere helps provide that." said Anthony Bandmann, President and CEO of VW Credit, Inc. "Planning to implement this technology began two years ago but since this pandemic took hold, we've accelerated our plan to make this a permanent tool for our dealers."

Mazda, Toyota partner in U.S. manufacturing technologies

Mazda Toyota Manufacturing, (MTM), a new joint-venture between Mazda Motor Corporation and Toyota Motor Corporation, recently announced an additional \$830 million invest-



Mazda Toyota Manufacturing, (MTM) Alabama manufacturing plant.

ment to incorporate more cuttingedge manufacturing technologies to its production lines and provide enhanced training to its workforce of up to 4,000 employees.

Total funding contributed to the development of the state-of-the-art facility is now \$2.311 billion, up from the \$1.6 billion originally announced in 2018. The investment reaffirms Mazda and Toyota's commitment to produce the highest-quality products at the facility, according to a release. It also accommodates production line enhancements made to improve manufacturing processes supporting the Mazda vehicle and design changes to the yet to be announced Toyota SUV that will both be produced at the plant. The new facility will have the capacity to produce up to 150,000 units of a future Mazda crossover vehicle and up to 150,000 units of the Toyota SUV each year. MTM continues to

target up to 4,000 new jobs and has hired approximately 600 employees to date, with plans to resume accepting applications for production positions later in 2020.

"Toyota's presence in Alabama continues to build excitement about future opportunities that lie ahead, both for our economy and for the residents of our great state," Alabama Governor Kay Ivey said. "Mazda and Toyota's increased commitment to the development of this manufacturing plant reiterates their belief in the future of manufacturing in America and the potential for the state of Alabama to be an economic leader in the wake of unprecedented economic change."

"Mazda Toyota Manufacturing is proud to call Alabama home. Through strong support from our state and local partners, we have been able to further incorporate cutting-edge manufacturing technologies, provide

world-class training for team members and develop the highest quality production processes," Mark Brazeal, VP of Administration at MTM said. "As we prepare for the start of production next year, we look forward to developing our future workforce and serving as a hometown company for many years to come."

Hyundai launches new Elantra N Line sedan

Hyundai Motor Company announced the launch of the new Elantra N Line in August. The new model is designed and engineered to deliver more enhanced driving fun to the bold new Elantra that launched in April. The N Line model, characterized by N specific design and performance-enhancing elements, offers an attractive entry point to the Hyundai's high-performance N Brand lineup and will expand Elantra's appeal to a broader range of customers.

Elantra N Line delivers a spirited driving experience, powered by a 1.6-liter GDI turbocharged engine with six-speed manual or seven-speed Double Clutch Transmission (DCT) that produces up to 201 horsepower and 195 lb-ft torque. Hyundai engineers implemented several mechanical improvements to Elantra's suspension to increase stiffness for a gripping performance, aided by 18-inch alloy wheels, multilink independent rear suspension and larger front brake rotors.

Driver-oriented features, such as paddle shifters and Drive Mode Selector system, enable a racing-inspired experience behind the wheel. Interior design elements, including a leather-wrapped perforated N steering wheel with metallic spokes, N sport seats with leather bolsters, gearshift with metal accents and leather inserts, and alloy pedals, complement Elantra's sporty exterior styling.



Technology news



We're all Zoomed!

America experienced a collective cry of sorts when Zoom reported widespread outages Monday, August 24. Classrooms and boardrooms that had come to rely on the videoconferencing platform were panicking as the company worked to address the issue. But it was a reminder of the perils created by a reliance on technology to facilitate conversations that used to be face to face only months before.

iMac gets an upgrade

Apple recently announced a major update to its 27-inch iMac. It now features faster Intel processors up to 10 cores, double the memory capacity, next-generation AMD graphics, superfast SSDs across the line with four times the storage capacity, a new nano-texture glass option for an even more stunning Retina 5K display, a 1080p FaceTime HD camera, higher fidelity speakers, and studio-quality mics. Whether composing a

new song with hundreds of tracks, compiling thousands of lines of code, or processing large photos with machine learning, the 27-inch iMac, with the latest 6- and 8-core 10th-generation Intel processors, has pro-level performance for a wide range of needs. For pros who need to push iMac even further, the 27-inch iMac has a 10-core processor option for the first time, with Turbo Boost speeds reaching 5.0GHz for up to 65 percent faster CPU performance.

And when working with memory-intensive applications, iMac features double the memory capacity for up to 128GB.

For customers using their iMac more than ever to connect with friends, family, and colleagues, the FaceTime HD camera now features 1080p resolution, while the Image Signal Processor in the T2 Security Chip brings tone mapping, exposure control, and face detection for a much higher quality camera experience. To complement the improved camera, the T2 Security Chip also works with the speakers to enable variable EO for better balance, higher fidelity, and deeper bass. In addition, a new studio-quality microphone array enables users to capture high-quality audio for improved FaceTime calls, podcast recordings, Voice Memos, and more, right on their iMac. Prices start at \$1,799 (US)

Digital shopping gets a boost

As the COVID-19 pandemic reshaped our world, more consumers have begun shopping online in greater numbers and frequency, according to Tech Crunch. According to new data from IBM's U.S. Retail Index, the pandemic has accelerated the shift away from physical stores to digital shopping by roughly 5 years. Department stores, as a result, are seeing significant declines. In the first quarter of 2020, department store sales and those from other "non-essential" retailers declined by 25%. This grew to a 75% decline in the second quarter. The report indicates that department stores are expected to decline by over 60% for the full year. Meanwhile,

e-commerce is projected to grow by nearly 20% in 2020.

BlackBerry hardware making a comeback

OnwardMobility announced agreements with BlackBerry Limited and FIH Mobile Limited, a subsidiary of Foxconn Technology Group, to deliver a new BlackBerry® 5G smartphone, powered by Android™, with a physical keyboard, in the first half of 2021 in North America and Europe. "BlackBerry is thrilled OnwardMobility will deliver a BlackBerry 5G smartphone device with physical keyboard, leveraging our high standards of trust and security synonymous with our brand. We are excited that customers will experience the enterprise and government level security and mobile productivity the new BlackBerry 5G smartphone will offer," said John Chen, Executive Chairman and CEO, BlackBerry. Under the terms of the agreement, BlackBerry grants OnwardMobility the right to develop, engineer, and bring to market a BlackBerry 5G mobile device. Working closely with BlackBerry and FIH Mobile, OnwardMobility will ensure the world-class design and manufacturing of these devices.

Say'Hi' to Polaroid's new pocket-sized printer



Polaroid has launched a new pocket-sized printer for printing snaps taken with your phone, according to Tech Radar. The Polaroid Hi-Print produces 2.1 x 3.4-inch prints (credit card-sized), with sticky backs for attaching your shots to a variety of surfaces, such as notebooks, lockers and scrapbooks. The Hi-Print is the first instant digital product to be announced since Polaroid's rebranding exercise back in March. It ditched the 'Originals' from its name in order to appeal to those familiar with the brand's extensive heritage. Retail price is \$99.

Product Spotlights

Flow Dental introduces Safe-T-First face shields

Flow Dental has introduced Safe-T-First face shields. The company says the Safe-T-First face shields are made from "quality sourced materials and meet the highest standards for safety, clarity, and reliability."



The shields are scratch resistant, anti-fog, and include a front and back peel-off layer of safety film to insure the shield provides the user with the clearest possible viewing area, according to the company. Additionally, the latex-free forehead cushion band allows users "to wear the face shield comfortably for hours." Flow Dental says it Safe-T-First face shields are economically priced and come 24 to a case. Learn more atwww.flowdental.com, call 800-356-9729, or contact your local medical products distributor

DCI Edge, NSK partner to launch new integration solution

DCI Edge, a dental equipment and dental furniture manufacturer, and NSK, an electric handpiece manufacturer, introduced a seamlessly integrated electric motor system to be built into all DCI Edge delivery systems. The co-engineered system fully integrates the NLZ E Electric Motor and its licensed differentiators, including WaveOne® technology.

The integrated motor has a custom interface to guide clinicians as they work, placing all the control at their fingertips. Its ergonomic design and intuitive operation help minimize unnecessary movement, keeping treatment as streamlined as possible for greater efficiency and a better treatment experience overall.

The motor systems unique touchpad interface is engineered for complete integration with the NSK NLZ E Electric Motor that performs at a speed of 100-40,000 min-1 and a max torque of 4.2 Ncm. For enhanced safety, NSK's proprietary Contra-Check Function is built-in



to detect abnormalities caused by deterioration of the electric attachment and insufficient maintenance before use.

To eliminate integration anxiety for the clinician, all integration options, including the new touchpad and electric motor, will be installed at the DCI factory in Newberg, OR. The system is designed to integrate across the entire DCI Edge Delivery Unit line and can be retrofitted to existing Series 5 Delivery Units.

The factory-installed options for instrumentation include essential diagnostic and clinical devices, such as the ACTEON® SOPRO intraoral camera family, piezoelectric scalers, curing lights and the Dentsply Sirona Cavitron® System. Efficient endodontic treatment capabilities for both rotary and reciprocating files, including WaveOne® technology, are also part of the integration experience.

VOCO launches new minimally abrasive prophy paste

VOCO (Indian Land, SC) has introduced CleanJoy, a fluoride and xylitol-containing, minimally abrasive prophy paste. CleanJoy's Fine Dual Filler (FDF) Technology allows for gentle but effective stain removal. All grits are within ADA-recommended RDA values, preserving tooth structure and making cleaning and polishing as minimally invasive as possible. CleanJoy is paraben, gluten and nut-free, reducing allergy

risks. The optimized filler particles lead to a smoother patient experience without the sandy feeling found in traditional pastes, as well as optimized splatter-control for the clinician, the company says.

CleanJoy has a stable, homogenous consistency and it will not clump or dry out. CleanJoy comes



in SingleDose cups packaged in an easy-dispenser box. It is available in three flavors: sweet caramel, fresh mint, and fruity cherry flavors. It is also available in three minimally abrasive grits: fine, medium and course, which are conveniently color-coded for quick and easy identification.

USOSM continues Southeast expansion

U.S. Oral Surgery Management (USOSM) - a specialty management services company headquartered in Irving, Texas, that exclusively serves premier oral and maxillofacial surgeons – recently announced a new partnership with Oral Surgery Associates & Dental Implant Centers, an OMS practice with 10 locations in the Atlanta, Georgia, area.

"Last year, we announced our first partnership in the Southeast and our intention to continue cultivating relationships in this important part of the country. Since then, we have formed several partnerships in the Atlanta area, and we plan to continue that momentum in Atlanta and throughout the Southeast," said Richard Hall, USOSM president and CEO. "Like our other partners, Oral Surgery Associates & Dental Implant Centers is exceptional. They are one of the largest and most respected OMS practices in the southeast. The doctors and their staff have built a reputation for excellence and quality patient care, and we're honored to partner with them."

Oral Surgery Associates & Dental Implant Centers is a nine-surgeon practice with 10 locations, serving Atlanta and the surrounding areas. Offices include Athens, Atlanta/ Buckhead, Conyers, Covington, Decatur, Dunwoody, Monroe, Northlake/ Tucker, Roswell and Snellville.

"We've always focused on providing high quality patient care and making sure everyone leaves our office with a smile. These things are a big part of who we are and have helped shape us into a great practice, but we were ready to take things to the next level, and that's why we chose to partner with USOSM," said Dr. Gordon Brady, DMD, a partner of and oral surgeon with Oral Surgery Associates & Dental Implant Centers. "We were impressed with the high quality of oral surgeons who were already in the group and when we talked to them about the experience, their responses were uniform - they all said USOSM does what it says it's going to do, and that it's a solid group that listens, responds and pays attention to detail. We're compatible, committed and all-in."

Headquartered in Irving, Texas, USOSM has partner practices spanning six states: Texas, Colorado, Georgia, Tennessee, Minnesota and Alabama. A shared services organization, USOSM collaborates with premier oral and maxillofacial surgeons to offer a partnership solution for continued and accelerated practice success. USOSM provides operational, marketing and administrative support services, reinvests resources, and applies best practices to improve clinical and financial performance and produce steadier, more profitable growth for all.

Dental News

Cantel Medical names Peter Clifford as President and COO

Cantel Medical Corp. (Little Falls, NJ) announced that Peter Clifford, currently EVP and COO, was promoted to president and COO. Clifford's primary responsibilities will include continued oversight of Cantel's overall business operations, close partnership with divisional and regional leaders to drive commercial results and the implementation and success of Cantel2.0. Clifford previously served as Cantel's EVP and COO, and prior to that over 4 years as EVP and CFO. Prior to joining Cantel, he served as VP of Operations, Finance, and Information Technology of IDEX Corporation, and held various senior financial positions for General Electric. Clifford will continue to report to George Fotiades, CEO, and be based in Little Falls.

Smile Brands receives multiple of Comparably's Best of 2020 Awards

Smile Brands Inc. announced that the company and its CEO Steven Bilt were recognized for leadership across multiple categories in Comparably's Best of 2020 awards. The organization was honored as a place where leaders inspire, encourage, and support diverse voices and contributions. Bilt was highly ranked in the list of Top Large Company CEOs for Diversity and Women and the organization was honored for professional development and leadership. To determine the list, Comparably analyzed anonymous survey feedback from employees working across 60,000 U.S. companies large and small. The ranking is based solely on sentiment ratings given by these employees, from how they rate their CEOs to other workplace culture factors that inspire trust in their employers.

Delta Dental foundation awards \$40K in grants to Del. Nonprofits

The Delta Dental Community Care Foundation has given grants totaling \$40,000 to three organizations in Delaware to provide relief amid the COVID-19 pandemic. Delta Dental says that the unrestricted grants were "intended to help the foundation's nonprofit partners continue to provide vital services to the most vulnerable members of their communities." Organizations that received funding include: Hope Medical Clinic in Dover, La Red Health Center in Georgetown, and Ministry of Caring in Wilmington. The grants in Delaware are only a fraction of the Delta Dental Community Care Foundation response. In total, the Foundation has given roughly \$11 million to more than 250 organizations across 15 states and Washington, D.C. and plans to make an additional several million in funding available in the coming months to respond to emerging needs as the pandemic continues.

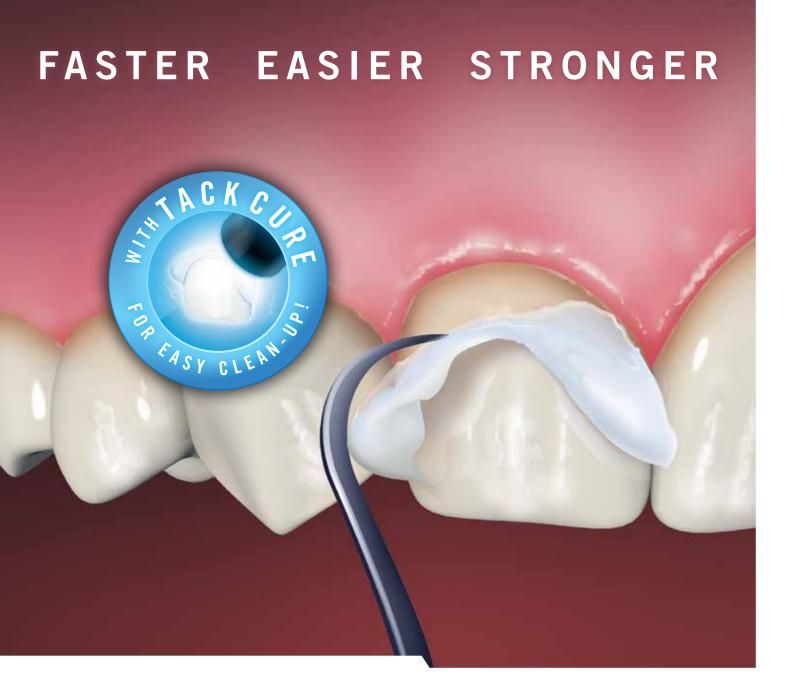


Removing mercury from the dental practice (and the environment) is a good thing - and we're way ahead of the game. When it comes to Amalgam Separation, no one knows more than Solmetex. Twenty-five years ago, our experience in water science led us to create a system that easily and affordably removes amalgam waste from dental practices. Our signature product, the Hg5, is the industry standard and has won more awards than all competitors combined. As a 'total solution provider,' Solmetex takes care of waste handling and recycling so you don't have to.

Good for you and good for the environment.

Solmetex – clearly the leader in amalgam separation





PASTE TO PASTE AUTOMIX RMGI CEMENT WITH REAL ADVANTAGES

- Twice the bond strength to dentin than other leading brands
- 50–60% higher bond strength to lithium disilicate than other leading brands.
- Quick and easy clean-up of excess material with optional tack cure
- · Low film thickness for a precise marginal fit
- Self-adhesive: secure and quick bonding without primer or conditioner

Meron Plus QM

Resin Modified Glass Ionomer Cement



