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RIDA

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DENTAL ASSOCIATION

RESOURCES TO
RECRUIT YOUR
DENTAL TEAM

STRATEGIC
PLANNING FOR
THE FUTURE

BUSINESS SIDE OF
DENTISTRY PART 2



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WHAT TO DO WHEN YOUR 'GIVE A DAMN' IS BUSTED

Christy B. Durant, Esq., RIDA Executive Director

by: Natalie Whitaker, DDS, MS - Dental Economics October 1, 2020

I recently came across the article below and thought there couldn't possibly be better timing. As I write this, we are now 18 months into the COVID-19 pandemic. We all feel it. We feel the staffing shortages. We feel the fatigue. We feel the fear. We feel an even greater pull between home and work responsibilities. We're exhausted.

We've talked a lot about how to take care of ourselves, our staff, and our families during these past 18 months, but I don't think we can talk about it enough. Read below for a few reminders and hopefully some new tips - as individuals, we can only shoulder so much.

-Christy

I don't know about you, but COVID-19 has led me to a full-on personal reevaluation. As a 42-year-old practice owner, I'm in the thick of the hustle of practice building, retirement planning, kid raising, and household maintaining. There's that pesky shoulder pain that won't go away. There's the bottle of wine that I used to open on Fridays that is now opened on Wednesday. And there are those times when I just start a procedure and a hygienist says, "I'm ready for a check." (Even though I love them dearly, I want to flip them off.) All of this led to Jo Dee Messina's song "My give a damn's busted" playing 24/7 in my head.¹ It also led to compassion fatigue, dread, and general loathing of work and how my life was unfolding.



Living and working this way beat me down.

Family trouble and wanting to cry or fly into a rage almost every day had me looking for any other career. Knowing something had to give, I poured myself into self-help books, programs, watched YouTube videos, hired my own coach, and essentially learned as much as I could so I wouldn't have to endure this for 20 more years. Here are five gems that came out of that time of reevaluation.

Self-care is key

You've heard the announcement on airplanes that in the event of cabin depressurization, you should put your oxygen mask on first. You can't help anyone if you are passed out from lack of oxygen. The same rule applies to life. Exhausted, perpetually irritated, sick, depressed, and anxious is no way to exist. It makes no sense working yourself to death to prove how wonderful, successful, and helpful you are to others. You cannot be the best version of yourself—the most productive, loving, kind, creative, problem-solving version—if your cup is empty. When you are rested and full, the energy you bring to the table is 10 times more productive and enjoyable than when you are coasting on fumes. Here are some specific ways to show yourself love.

- **Don't treat your mouth like a garbage can**—Garbage in = garbage out. Eat mindfully. Drink mindfully. You deserve to feel good, and that starts with proper nutrition. With the rise of this pandemic, we've discovered that no one can save us from it—not the government, not forced shutdowns, not social distancing, not increased PPE, not any of it. You as a human have an obligation to yourself to take back your power and make yourself as healthy as possible so that, in the event this or any other illness knocks on your door, you are as prepared as possible to combat it yourself.
- **Move more**—Our careers are taxing to our bodies. Find a program, hire a personal trainer, or just take a walk. It doesn't have to be marathon training. Ten minutes a day of something will keep your metabolism moving and your body and mind more limber.
- **Drink more water**—It seems most Americans experience a chronic low level of dehydration. Most daytime fatigue, headaches, and hangovers are because of dehydration. Thirst is disguised as hunger. Drinking more water to satiate that hunger signal can help you lose weight, too.
- **Invest in yourself**—Invest in education, sleep, and overall time for yourself. Give yourself time to reflect, meditate, do an art project, or take a cooking class. Instead of push, push, push...grind, grind, grind, take a moment. Explore what that means for you. Don't feel guilty because it's not "productive."

You always have a choice

You are one choice away from a totally different life. At the age of 33, with two small kids and in the process of buying my practice, I had a major health crisis. My path could have been to stay on medication the rest of my life, quit my job, feel sorry for myself, and just give up. I could choose to be a victim, or I could choose to make this thing work for me. I chose the latter. I went back to school, got a master's degree in nutrition, and learned everything I could about healing myself and living a purposeful life. Sure, it was scary, and I could have literally died, but without that challenge, I never would have learned the lesson. You can use your hardships to find a better way, or you can use them to live a frustrated, victimized life. Happiness is an inside job and the result of choices you always have. You can choose to let circumstances run all over you, or you can decide to take back your power and live the life you love. It's that easy. Just decide and move in that direction.

Boundaries—get some

I never had boundaries. I derived my self-worth from helping people and being a people pleaser. That led to unbelievable resentment that showed up everywhere. Operating from this victim standpoint, I'd ask myself, "Why do they always call me? Can't someone else volunteer?" Because of the fear of disappointing anyone, I would overcommit. "No" was not in my vocabulary. We train people how to treat us, and I was always an easy "yes." Yes to anything and everything anyone needed and wanted. I would say all kinds of nice things to their faces and then resent the heck out of them behind their backs. It felt so two-faced. I couldn't reconcile the part of me that wanted to help with the part that wanted to tell people to back off.

By choosing not to communicate what would and wouldn't work for me, I became the creator of my issues. Boundaries are hard to create and implement at first. You will get pushback. But people will adapt. You will be able to give them better care, give your family better attention, and you will feel better, not used, when you have defined boundaries.

Don't live an 'if-then' life

Living an "if-then" life is a surefire way to take a ride on the burnout train. If I can make a million a year, then I can have freedom from work. If I can get my kids to make good grades, then I'll be a good parent. If I lose 20 lbs, then I can have my dream body. This is the way many of us talk to ourselves—call it the "if-then" story.

The "then" part of the story rarely ends with "then she lived happily ever after." It's a constant hustle for more of what you think you want. You are constantly chasing the feelings you want to feel and think those feelings will come with the attainment of something. We can never seem to get enough of the things we never really needed in the first place. The attainment of the goal isn't where the ultimate power comes from; it's in the journey where the fulfillment lies. What you learn along the way is the treasure you take with you. By not being reliant on success coming from a certain outcome, you are open to so many more interpretations of success.

You are enough

Growing up, I wanted everyone to like me. Whatever I thought I had to do to excel, I did it. All that people pleasing came down to a fundamental belief that I wasn't enough. Do you ever feel not enough? Not smart enough, not thin enough, not extroverted enough, not as far along in your career as you should be, not (fill in the blank) enough? Here's the truth. You are always enough. You came into this world perfect and enough. Things started going in a different direction when you thought you had to be a certain way in order to be what those around you wanted. I created an identity for myself based on what others associated with me, and it was causing me to run myself into the ground, physically and mentally.

Take an honest look at your life. You are an amazing person just the way you are. Quit trying to live out impossible expectations. Don't let your joy be squashed because you don't think you are enough. Realize it is a journey and appreciate where you are in your journey. You are the linchpin, the cornerstone, the centerpiece of your own life. When you work on yourself—your personal growth, becoming your best version—everything in your life gets better: your business, your relationships, and your ability to do hard things, be courageous, and shine your light. You are the only one who has your light; it would be a shame to deny the world that light because you are afraid to shine it...afraid of failure...afraid of not doing, being, or having enough. Don't hide behind a busy workaholic nature. Do the work on yourself. The fears don't melt away, but instead of being cages and roadblocks, they become springboards to propel you forward. ■

Reference

'My Give A Damn's Busted. Curb Records. Delicious Surprise. Studio album by Jo Dee Messina. Track 6. 2005.



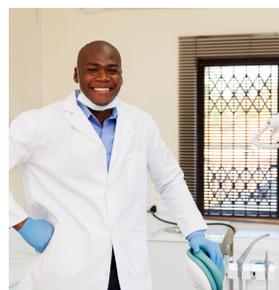
Natalie Whitaker, DDS, MS, graduated from UNC-Chapel Hill School of Dentistry and is in private practice in Morganton, North Carolina. Having successfully navigated burnout, she knows what you're going through. If you'd like to explore more of how she can serve you to live your best life, you can reach her at natalie@leanintoyouredge.com

NIH/NIDCR RELEASES ORAL HEALTH IN AMERICA: ADVANCES AND CHALLENGES

Despite important advances in the understanding and treatment of oral diseases and conditions, many people in the U.S. still have chronic oral health problems and lack of access to care, according to a report by the National Institutes of Health (NIH). Oral Health in America: Advances and Challenges, is a follow-up to the seminal 2000 Oral Health in America: A Report of the Surgeon General.

The new report, which is intended to provide a road map on how to improve the nation's oral health, draws primarily on information from public research and evidence-based practices and was compiled and reviewed by NIH's National Institute of Dental and Craniofacial Research (NIDCR) and a large, diverse, multi-disciplinary team of more than 400 experts.

To view or download the report, please visit nidcr.nih.gov/oralhealthinamerica



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STRATEGIC PLANNING FOR THE FUTURE

John Kiang, DMD - RIDA President 2021-2022

Recently, RIDA embarked on updating and implementing new goals to its strategic plan. What does that mean? How will that impact RIDA members? A strategic plan is an organization's strategy or direction that enables it to allocate resources to pursue its goals or vision. With the valuable input and data from ADA representatives, RIDA was able to evaluate the membership's future and past goals in order to determine how those align with current and future trends in the industry. This enabled us to develop a framework of goals, objectives, and strategies to guide us into the future.

Data from the ADA's Health Policy Institute offered a glimpse of the impact COVID-19 had on dental practices. The good news is patient volume has reached 90% of pre-COVID-19 levels as of September 2021. The bad news is a proportion of the dental workforce left and has yet to return in strong numbers. Dentists have increased recruitment efforts for all aspects of the dental team. Four in 10 dentists are actively seeking dental assistants, and roughly one-third are actively seeking to hire dental hygienists. As you are already aware, locally, it has been exceedingly difficult to fill vacant positions. In the short term, RIDA has been working with our partners at CCRI and RIDOH to increase community outreach opportunities for the recruitment of local high school students interested in the oral health professions.

Our state is having difficulty recruiting new dentists. A significant proportion of RI dentists fall into two age demographics. According to ADA data, about 24% of RI dentists are in the age-group 50 to 59 and roughly 25% of dentists are in the age-group 60-69. The RI dentist to population ratio is decreasing and that gap will continue to grow as our older dentist population continues to retire without backfill. Currently, active dentists per 100k population for 2020 was 50.85, down from 53.87 in 2019. Nationally, those numbers are 61.04 and 60.68 respectively. If this trend continues, Rhode Island will soon be facing an oral health labor shortage not only among staff, but of dentists.

In order to attract dentists to the state, we need to talk about the elephant in the room—reimbursement rates. Our current dismal rates have not enticed new dentists to the state. With rising inflation, the current reimbursement rates do not keep up with increased staff wage demands or meet criteria to attract new dentists to RI. It is imperative that we seek an increase in reimbursement through additional lobbying, or we will not be able to meet the appropriate standard of care our patients deserve.

Recruitment will be necessary to maintain RIDA membership, and more importantly, its direct impact on the oral health of Rhode Island citizens. Engagement with regional dental schools will be a top priority for recruitment of new dentists. The top feeder schools sending dentists to RI are, Tufts (27.9%), Boston University (14%), UNE (13.1%) and UConn (4.9%). Increasing our presence at these schools will be important.



New data suggests that there's a changing landscape among applicants. Currently, more than half of the country's dental students are female and almost 48% are racially/ethnically diverse.

This new cohort of dentists lag in ADA membership when compared to historical trends. The lack of enthusiasm for organized dentistry among new dentists has the potential to cripple the tripartite. If the ADA's total market share were to fall below 50%, it would compromise its economic stability, and thus losing its position as the predominant voice of public oral health care. To maintain stability and ensure future growth, we need to adapt to these new trends by offering programs that address issues related diversity and inclusion.

Locally, we need to continue to engage new dentists through the New Dentist Committee. Its charge is to address the needs of young dentists and act to advocate on their behalf at the state and component levels. I ask that senior RIDA members reach out to young dentists in their community and mentor them. As dentists, we are often guilty of staying within our silo and not engaging the dental community around us. Reach out to the new dentist at the community health center, or the new doctor at the larger DSO. Our greatest asset is our members.

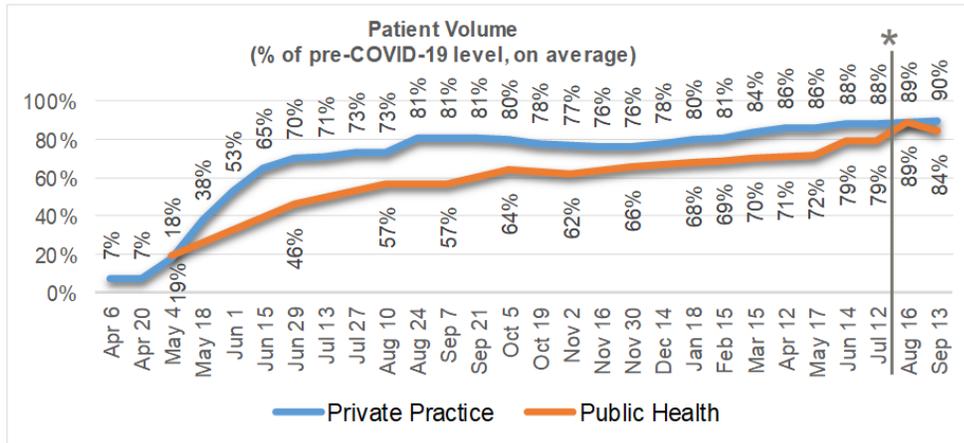
While there are hurdles on the horizon, I am encouraged by the thoughtful RIDA leadership. We have accomplished a great deal, and I am hopeful that our passion for dentistry will help us tackle these challenges, so we continue providing to improve oral health throughout Rhode Island. ■

A GLIMPSE AT THE IMPACT OF COVID-19 ON DENTAL PRACTICES

Information taken from HPI - Health Policy Institute, American Dental Association

Patient Volume Recovery

How does this week compare to what is typical in your practice, in terms of... *



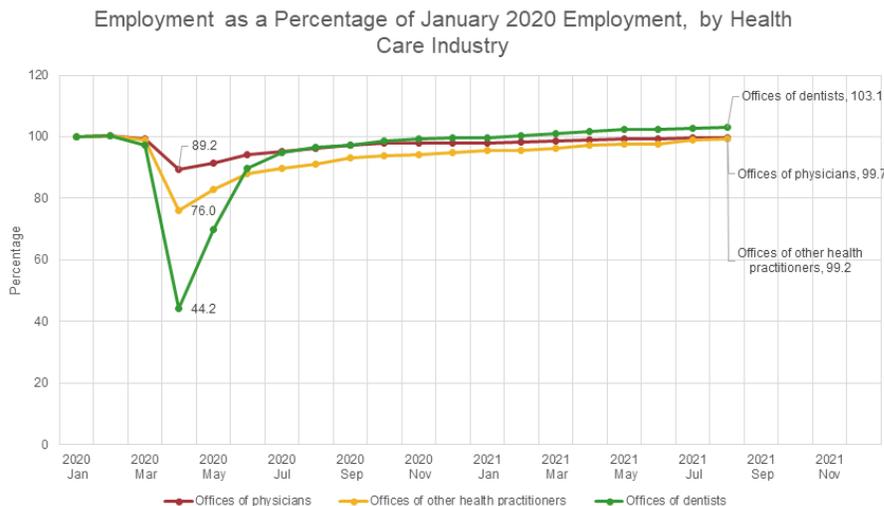
Patient volume reached 90% of pre-COVID-19 levels the week of September 13th, its highest since polling began.

*Note that HPI changed its response options, allowing dentists to report greater patient volumes compared to pre-pandemic levels. This did not have a big impact on results.

HPI Health Policy Institute
ADA American Dental Association*

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Employment in Dental Practices



According to the Bureau of Labor Statistics (BLS), employment in dental offices has exceeded pre-pandemic levels.

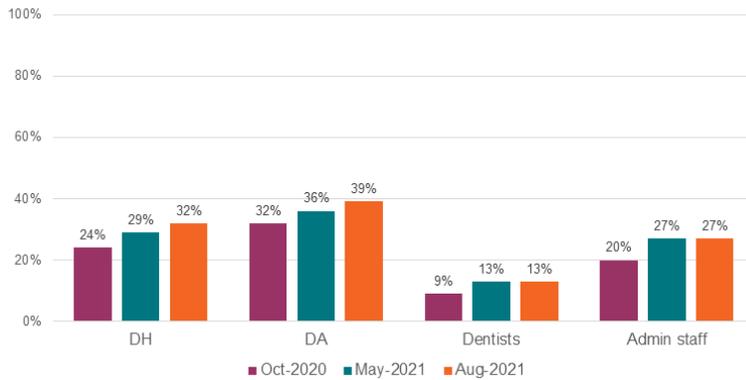
Note: BLS data include dentists and any other staff in dental offices.

HPI Health Policy Institute
ADA American Dental Association*

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Staff Recruitment

[Owner dentists only] Have you recently or are you currently recruiting any of the following positions in your dental practice?

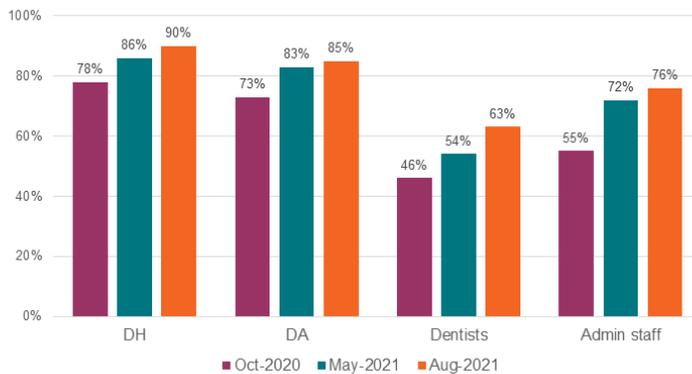


Owner dentists have increased recruitment efforts for all dental team members.

As of August 2021, about four in 10 have recently or are currently seeking dental assistants, and roughly one-third have recently or are currently hiring dental hygienists.

Major Challenges Filling Positions

[If recruiting] Compared to before the COVID-19 pandemic, how challenging has it been to recruit the position(s) below? (Percentages indicating “extremely” or “very” challenging.)



Dentists are facing major challenges in recruiting dental team members.

To measure the effects of COVID-19 on the U.S. dental economy, the ADA Health Policy Institute has initiated a regular poll of dentists on economic conditions during the pandemic. The poll quantifies how COVID-19 has shaped dentists' delivery of care, financial sustainability, and overall attitude toward their profession.

For more information and a complete report, please visit:

<https://www.ada.org/resources/research/health-policy-institute/impact-of-covid-19>

GKAS TO ALL DENTAL HEALTH PROFESSIONALS: BE PART OF THE MOVEMENT

by Kimber Solana, first printed in ADA News September 30, 2021

The ADA is inviting all dental professionals, including dental associations and dental schools, to sign up, beginning Oct. 1, to participate in its Give Kids A Smile program and join its efforts in improving the oral health of millions of children in the U.S.

More than 6 million children have already been served. With the program's 20th anniversary in 2022, the message to all is clear: be part of the movement.

"GKAS opens the door to a dental home by offering free access to the most vulnerable among us: the children," said Cavan Brunsten, D.M.D., GKAS chair of the New Jersey Dental Association. "The dental profession is based on giving and serving those in need, and the NJDA GKAS effort does just that by helping to engage the entire dental community, within our state, to work together for the common good. Every child deserves a healthy smile, and GKAS delivers."

Program coordinators can visit ADA.org/GKAS to



ADA American Dental Association®

register events for 2022 and to access resources. Available resources include the GKAS data collection system, program planning guides, sample forms, letters and other helpful materials to help organize a GKAS event.

The Give Kids A Smile program first began in St. Louis in 2002 before launching nationally in 2003. It is the ADA's signature access to oral health care program for underserved children, with thousands of dentists and volunteers giving their time annually to provide free oral health education, screenings and treatment in their communities.

"Give Kids A Smile is a wonderful program for dental *continued on page 10*

Oral healthcare professionals may refer patients ages 13-17 who smoke or vape nicotine.

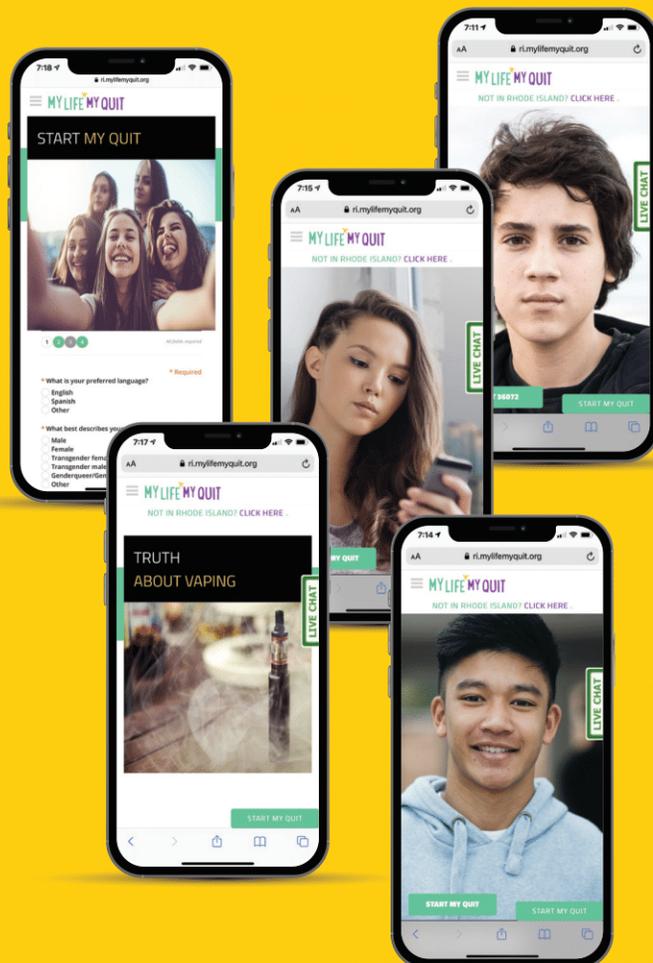
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Teens may also text "START MY QUIT" to 36072.



My Life My Quit promotional images and cessation services are provided by National Jewish Health, with support from the Rhode Island Department of Health





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"CONQUERING THE INSANITY: TIPS FOR LIFE'S INEVITABLE CURVEBALLS" &

"THE REALITY OF ADDICTION: ITS CAUSE AND EFFECTS"

WITH STEVEN HAASE, DDS

Dentists must deal with incredible daily challenges in both their personal and professional worlds. Dr. Haase shares his inspiring story of overcoming life's obstacles and his road to recovery as he offers techniques for coping with that "ledge of insanity" that dentists tend to visit throughout their careers. Also covered are newfound practice "jewels" and a dynamic cosmetic presentation offering incredible clinical tips and ideas to take back to the office.

Addiction has been viewed as a shameful, weak character flaw, though in reality it is a disease and disability. Dr. Haase candidly shares his personal, first-hand experience with drug abuse and recovery and the many aspects of chemical dependency which can exist within the confines of a dental practice including patients, team, and doctors. Dr. Haase will offer a frank discussion outlining his journey through the reality of addiction as a dentist. Topics include the addiction process, various drugs from prescription to manufactured street drugs and their effects, the signs and symptoms of addiction, treatment options and ways to curtail incidents associated with addiction.

Did you know? Nearly 70% of smokers want to Quit.¹

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Visit: www.QuitworksRI.org

¹ www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm



continued from page 8

schools [because] it allows us to give back to our community with a special focus on kids and their families,” said Carol Anne Murdoch-Kinch, D.D.S., Ph.D., Indiana University School of Dentistry dean.

“Through the program, we are able to provide a good ‘first dental experience’ for many of these children, and connect with their families,” Dr. Murdoch-Kinch added.

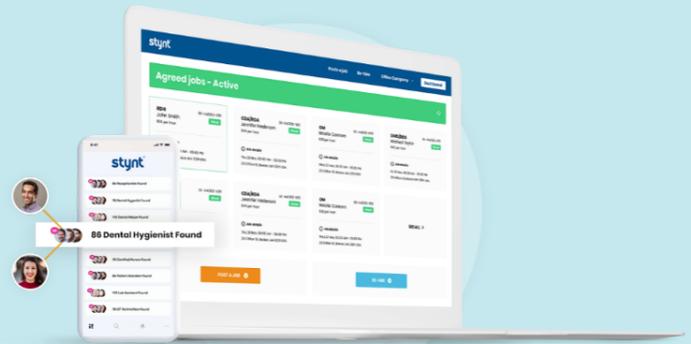
“It provides our students the opportunity to learn the true meaning of professional service to the community and something they can continue throughout their careers,” she said. “It is also a lot of fun for everyone.”

In 2021, despite the continuing COVID-19 pandemic, about 8,000 dentists and 15,700 volunteers provided more than \$15.5 million in oral health services to nearly 300,000 children. GKAS would not be possible without the continued generosity and support from national sponsors Henry Schein, Inc. and Colgate. The ADA Foundation is also a generous supporter of this national effort.

Although GKAS will be celebrated nationally in February during National Children’s Dental Health Month, many events and activities will take place throughout the year.

For more information and to sign up to be part of the movement, visit ADA.org/GKAS. ■

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MAKING THE CASE FOR TOBACCO CESSATION INTERVENTIONS IN DENTAL SETTINGS USING QUITWORKS-RI

by Samuel Zwetchkenbaum, DDS, MPH; Julia Doherty, MPH, MSW; Morgan Orr, MPH

Background

Tobacco use remains the leading preventable cause of death and disease in the United States. Approximately 480,000 deaths each year are attributed to smoking and other tobacco use nationally, with 1,800 in Rhode Island. Smoking kills more people than alcohol, car accidents, illegal drugs, murders, and suicides combined, and contributes to 28.3% of cancer-related deaths in Rhode Island.^{1,2}

Tobacco use is not only a leading risk factor for chronic conditions such as Chronic Obstructive Pulmonary Disease (COPD), asthma, diabetes, heart disease, and stroke, but also impacts periodontal health and increases risk of oral and oropharyngeal cancers.

According to the Centers for Disease Control and

Prevention (CDC), 50% of periodontal disease is attributable to smoking.¹ Early clinicians recognized this but may have attributed it to the increased stain creating tooth roughness to trap bacterial plaque and develop calculus.² Later researchers found three key principles regarding tobacco and nicotine consumption and periodontal disease development and response to treatment: bacterial type and colonization pattern is different; the immune response to periodontal pathogens is weakened; and wound healing is impaired.³ Smokers who were found to have higher levels of bacteria were more likely to contribute to periodontal disease including *Parvimonas*, *Campylobacter*, *Treponema*, *Bacteroides*, and *Fusobacterium*, while never-smokers demonstrated higher levels of *Streptococcus*, *Veillonella*, and *Neisseria*.⁴ Regarding the immune response, while more neutrophils are

found in the periodontium of smokers, they do not reach the bacteria to perform activities such as phagocytosis to control disease.⁵ Lastly, successful resolution of periodontal therapy relies on connective tissue repair, including attachment of periodontal ligament to cementum. Researchers found that fibroblasts treated with nicotine attached to roots in a disturbed fashion, which is likely to impair wound healing.⁶

Periodontal disease is highly prevalent, and while data are not currently collected by states, data from the National Health and Nutrition Examination Survey 2009/2010 and 2011/2012 cycles indicated that approximately 65% of Rhode Islanders over the age of 65 have periodontal disease, with between 9.5% and 10.8% having severe periodontal disease.⁷ Further support for increased oral health risks to cigarette smokers is exhibited by self-reported 2020 Behavioral Risk Factor Surveillance System (BRFSS) data. Overall, nearly 62% of Rhode Island cigarette smokers report having any teeth removed because of tooth decay or periodontal disease, compared to 36% of individuals who have never smoked cigarettes ($p<.0001$). Current smokers consistently have significantly more teeth removed compared to non-smokers (Table 1).

Table 1

Number of Teeth Removed	Current Cigarette Smoking		No Current Cigarette Smoking	
	%	95% CI	%	95% CI
None	38.1	32.4-43.8	63.6	61.6-65.6
1-5	38.6	32.6-44.6	26.4	24.6-28.2
6-31	15.1	11.4-18.7	6.5	5.5-7.5
All (32)	8.2	5.4-11.0	3.5	2.8-4.3

**all values are significant at $p<.0001$*

The relationship between removal of teeth among current cigarette smokers is moderated by age, with a positive relationship between age and removal of teeth. This relationship and marked disparities of dental outcomes among cigarette smokers illustrates a need for early adulthood tobacco control interventions especially in the dental setting. Despite this significant relationship, fewer current smokers (56%) report seeking dental care in the past year compared to non-smokers (76%); yet with more than half of smokers reporting a dental visit, this creates an opportunity to have a critical interaction.⁸

Despite the trend of cigarette smoking decreasing since 2011, emerging tobacco products such as Electronic Nicotine Delivery Systems (ENDS), also called e-cigarettes or vapes, have challenged this trend especially among youth. Nearly 50% of all Rhode Island high school students report ever having used an ENDS product, and almost one-third are considered current users, meaning students had used an ENDS product at least once in the thirty days prior to the survey.⁹

Most ENDS products contain nicotine, the highly

addictive drug found in regular cigarettes and other tobacco products. A 2018 report from the National Academy of Sciences, Engineering, and Medicine concluded that there was moderate evidence that e-cigarette use increases the frequency and intensity of cigarette smoking in the future.^{10,11} These products specifically have been a priority of the Volpe Research Center of the American Dental Association. A first step has been to develop an equivalence, given that dosing varies considerably and having a standard for research is important. A study using data from the National Health and Nutrition Study found the odds of a current ENDS user having untreated dental caries were two times the odds of those who did not.¹² The authors attributed these increased odds of dental caries to chemicals and compounds found in the aerosols emitted by ENDS products. These aerosols were found to contain acetic acid, lactic acid, and propionaldehyde, which can contribute to demineralization. Similarly, sugars used in some flavorings may play a role in increasing the odds of dental caries. Furthermore, these aerosols have contributed to greater adhesion of Strep mutans to teeth and xerostomia.¹²

With such a significant relationship between oral diseases and tobacco use, one would expect that dentistry tobacco cessation interventions would be performed in dental offices, yet data show that smokers are far less likely to receive tobacco cessation counseling when visiting a dentist than a physician.¹³ Dentists may not do so for a number of reasons, ranging from doubt about skills and effectiveness to lack of time, educational materials, and remuneration (Figure 1).¹⁴

Figure 1

Reasons given by dentists for not providing tobacco cessation¹⁴

- Doubt about skills and knowledge
- Lack of confidence in their ability to help
- Doubting effectiveness in giving advice
- Anticipated negative response from patients
- Uncertainty about their role in smoking cessation
- Lack of educational material
- Lack of time
- Lack of remuneration

Not unlike other healthcare practices, dental practices may also experience significant competing priorities that are further compounded by limited time to spend with patients. However, the implementation of health systems change strategies such as screening patients for tobacco use and referring them to cessation services—such as the free Rhode Island Nicotine Helpline (state quitline)—offers opportunities to mitigate tobacco use and potentially reduce adverse dental outcomes later in life.

Evidence-Based Cessation Services

The good news is that most adults who smoke report wanting to quit, and more than half report making a quit attempt in the past year. Still, fewer than 10% succeed. This low success rate is due, in part, to fewer than one-third of adults who smoke utilizing an evidence-based practice such as counseling or medications when trying to quit smoking.¹⁵

One efficient and effective way to increase successful quit attempts among tobacco users is to promote the use of quitlines. Research has determined that utilizing a quitline increased the odds of a six-month abstinence period by approximately 60%.¹⁶ Quitlines are a recommended intervention by the CDC and are included in public health clinical practice guidelines. Quitlines offer a public health approach to cessation, by providing direct recovery services and by promoting evidence-based cessation in the general population. While quitlines across the United States offer a range of services, all are free, confidential, and provide counseling from a trained professional (Figure 2).

The Rhode Island Department of Health (RIDOH) Tobacco Control Program supports the Rhode Island Nicotine Helpline (1-800-QUIT-NOW) through state and federal funding. National Jewish Health, the largest nonprofit provider of telephonic tobacco cessation services, operates the program. The state quitline aims to assist people who use commercial tobacco products to quit, with the ultimate objectives of increasing quit attempts population-wide while decreasing the disparities in successful quit attempts among population groups.

All Rhode Island residents age 13 and older are eligible for a minimum of five free telephonic counseling sessions, regardless of insurance, income, or ability to pay. Medically eligible residents age 18 and older can receive up to six weeks of nicotine replacement therapy products, such as gum, patches, or lozenges. Rhode Islanders seeking support can receive coaching over multiple quit attempts each year. The quitline is open 24 hours a day Monday through Sunday, and offers live translations in more than 200 languages. Telephone coaching covers numerous topics, including strategies to increase the motivation to quit, setting a quit date, and managing triggers.

Participants engaged in telephone coaching also have access to text-based tools, email, and online programs to further support their quit attempt. Participants can opt-in to receive motivational texts and emailed messages. An interactive web portal is also available to all Rhode Islanders thinking about quitting tobacco. Enrolled participants can view information about quitting, engage with interactive calculators, design a quit plan, build a community with others trying to quit tobacco use, and track their nicotine replacement therapy shipments. Access to

Research has determined that utilizing a quitline increased the odds of a six-month abstinence period by approximately 60%.¹⁶

online support is available at any time. Participants can enroll directly by calling 1-800-QUIT-NOW, visiting the webpage, or through a referral by a healthcare provider.

The Rhode Island Nicotine Helpline offers specialized programs for priority populations, with eligibility for these programs determined upon intake by quitline staff. Currently, these specialty

programs include a pregnancy and post-partum protocol, a youth protocol, and a behavioral health protocol. The programs offer tailored support to address the unique factors each population may face when quitting tobacco and may include incentives for participation. The youth protocol, called My Life, My Quit™ supports

youth participants in quitting tobacco, in particular e-cigarettes and vaping products with nicotine. Youth seeking assistance can enroll online on a youth-tailored website (MyLifeMyQuit.com), or by calling or texting a toll-free number. Youth participants are eligible to engage in coaching by phone, online chat, or live text coaching. Most youth participants enroll in the web or text-based programs only.

Figure 2

What is the Rhode Island Nicotine Helpline? 1-800-QUIT-NOW (1-800-784-8669)

- Free to all regardless of insurance (ages 13+)
- Easily accessed by phone and online
- Safe, effective, and evidence-based
- Services include counseling and FDA-approved Nicotine Replacement Therapy (NRT)* mailed direct to homes (*for medically eligible patients age 18+, while supplies last)
- Low barrier: Accessible day and night
- Confidential and HIPAA compliant
- Culturally competent
- Available in 200+ languages
- Specialized programs for priority populations
- Staffed by trained and certified Tobacco Treatment Specialists (TTS) professionals

The Rhode Island Nicotine Helpline (1-800-QUIT-NOW) provides tobacco cessation services that are open to all Rhode Islanders who want to quit, while especially engaging populations who have been affected by tobacco and nicotine use health disparities. Some of Rhode Island's most significant health disparities are observed among populations with behavioral health conditions. More than 31% of individuals who report having frequent mental distress (14 or more days in the past month where their mental health was not good) currently smoke, followed by 27% of adults who are heavy drinkers (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week). Other high-prevalence smoking disparities are

reported among low-socioeconomic status populations, including those with Medicaid as their primary insurance (27%), less than a high school education (23%), and low income (<\$25,000/year) individuals (23%).⁸

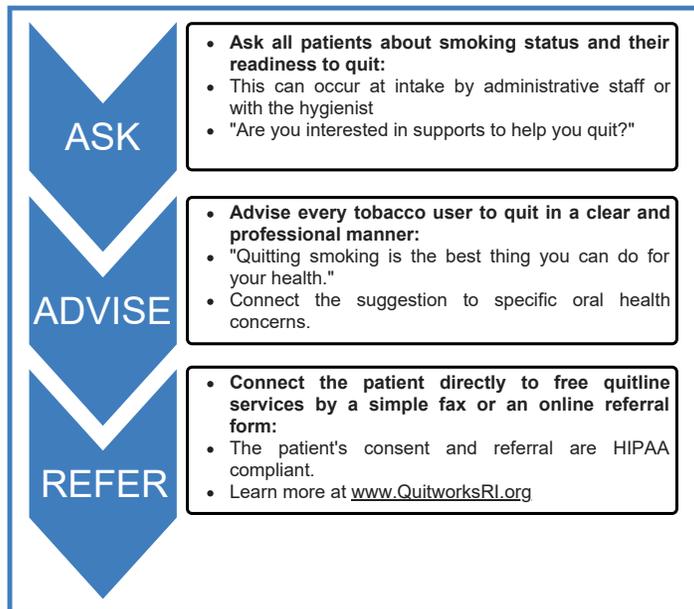
In 2020, 20% of Rhode Island quitline participants successfully stopped using commercial tobacco. Participants who completed three or more coaching calls had an improved quit rate of 25%. Individuals with no insurance reported the highest quit rate at 40%. The higher quit rate for uninsured individuals in Rhode Island is consistent with a multi-year trend and represents a unique success for the program. Once connected to the quitline, the quit rate for both self-referred participants and provider-referred participants is 20%; and 88% percent of participants expressed satisfaction with the overall program.¹⁷ Often times, taking the step to enroll in the program can be the first barrier for people who want to quit. However, provider referrals help encourage patients to consider a quit attempt by raising awareness about the quitline’s free and evidence-based services.

Integrating Cessation Services in Dental Settings

According to the 2020 Surgeon General Report, even brief advice to quit from a medical professional improves cessation rates and is highly cost-effective. However, four out of nine adults who smoke do not receive advice to quit during a visit with a healthcare professional each year. These brief interventions require three minutes or less. One brief intervention suitable for oral health providers is the Ask, Advise, Refer Model--also known as AAR (Figure 3). This model involves asking all patients about tobacco use, advising them to quit, and offering to refer them directly to cessation services such as the quitline. Linking patients directly

“According to the 2020 Surgeon General Report, even brief advice to quit from a medical professional improves cessation rates and is highly cost-effective. However, four out of nine adults who smoke do not receive advice to quit during a visit with a healthcare professional each year.”

Figure 3



to a quitline through a referral, rather than sharing a referral card or a verbal recommendation, has been shown to reduce client barriers to accessing cessation supports and increase engagement with the quitline.¹⁸

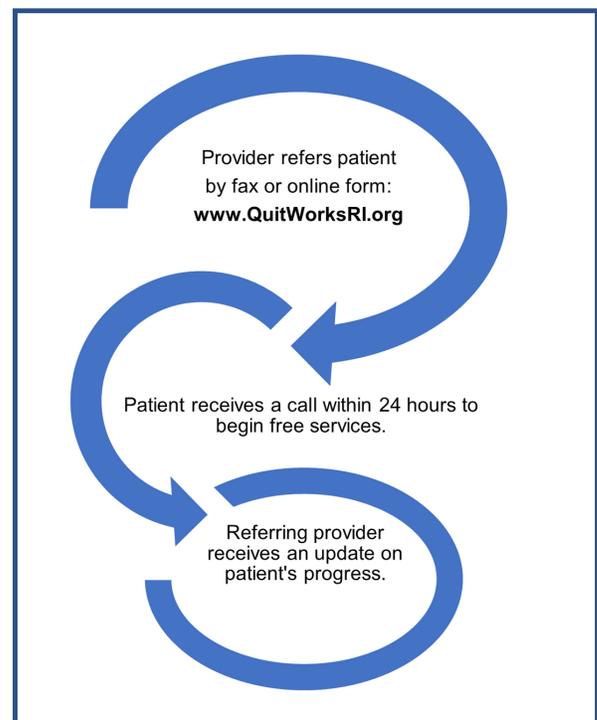
Recognizing both the impact of tobacco use on oral and general health, and the many demands on providers’ time, the Rhode Island Tobacco Control Program supports QuitWorks-RI as an evidence-based resource to help providers address tobacco use in their patient population. QuitWorks-RI allows for a simple patient referral process that links patients who want to quit smoking, vaping, or other tobacco use to the full range of the quitline tobacco treatment services. QuitWorks-RI also promotes bi-directional feedback through patient status reports shared with referring providers.

Through QuitWorks-RI, RIDOH’s Tobacco Control Program staff can offer dental practices support in various forms. For example, they can provide promotional materials and patient handouts, tailored presentations about the importance of cessation to your field, brief intervention trainings for clinical or

administrative staff, and customized technical assistance to facilitate workflow implementation at your facility. Through a simple and fast online or fax referral form, direct referrals to the state quitline can be easily

integrated into a dental clinic’s workflow.

Figure 4



Conclusion

It is well documented that tobacco use can cause a myriad of oral health problems such as oral cancer and periodontal disease.¹⁹ A patient's oral and general health can benefit significantly from quitting smoking. All healthcare professionals, including general dentists, orthodontists, other specialists, and dental hygienists play an important role in supporting tobacco cessation and nicotine addiction treatment. Effective tobacco recovery treatment takes time and skills that may either not be available to dental offices or not feasible to manage without reimbursement. When dental practitioners provide brief tobacco interventions, such as "AAR", they can be an effective part of helping their patients to quit using tobacco.^{20, 21} Oral health providers should consider integrating the evidence-based services provided free-of-charge by QuitWorks-RI as an efficient approach to addressing tobacco use, which offers documented success in assisting Rhode Islanders to quit tobacco use.

Authors

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A Call to Action: Connect Patients to Free Tobacco Cessation Support

- Visit www.QuitWorksRI.org
- ✓ Learn how to make fast and easy patient referrals to free tobacco cessation services.
- ✓ Get free resources for providers.
 - Identify an oral health tobacco cessation champion in your practice to raise awareness and support change efforts.
 - Contact the Rhode Island Department of Health Tobacco Control Program Nicotine Treatment Coordinator for QuitWorks-RI promotional materials and implementation support:
Julia.Doherty@health.ri.gov

Correspondence:

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Dental Director
Oral Health Program
Rhode Island Department of Health
samuel.zwetchkenbaum@health.ri.gov

DLN REACHES \$500 MILLION IN DONATED DENTAL TREATMENT

Originally published in the Dental Lifeline Network Blog

For 35 years DLN has partnered with volunteer dentists and laboratories across the country to connect people with special needs to comprehensive dentistry. We're thrilled to announce that we've reached a significant milestone: \$500 Million in donated dental treatment.

That's half a billion dollars that helped 165,000 individuals gain access to crucial dental care!

Thank you to all of our volunteers, partners, and sponsors for helping us reach this milestone. We couldn't have done it without you.

Check out all of the numbers that all add up to change lives!

- 35 Years
- 165,000 Patients Served
- With the support of:
 - 39,000 Dentists
 - 6,500 Dental Laboratories
- 15,400 Partners, Donors, and Supporters



Here are a few ways you can join in the celebration...

- Be sure to visit our \$500M celebration website for more details and data <https://dentallifeline.org/500m/>
- Go to: <https://dentallifeline.org/500m/500mpromotionaltookit/> to download social images and sample posts, infographics and more.
- Follow Dental Lifeline Network's social media channels and follow #500M to join us in celebrating this incredible milestone.

Thanks to your support, individuals with disabilities, the elderly, and people who are considered medically fragile have access to life-changing dental care. DLN volunteers ease pain, provide comfort, increase confidence, and bring out smiles.



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- The volunteer dentist's staff schedules appointments and advises the Program Coordinator when a specialist or laboratory is needed. The Coordinator arranges for any specialist or lab services.
- Patients must arrive on time for appointments at the dentist's office or risk being disqualified from the program.
- When treatment is completed, the dentist reports the procedures performed and their value based on customary fees. No additional paperwork is required of the dentist or his or her staff. Some dentists continue seeing DDS patients at a discount or continue donating routine services, but that arrangement is between the volunteer and the patient and is entirely optional.



VISIT: [HTTPS://DENTALLIFELINE.ORG/OUR-VOLUNTEERS/VOLUNTEER-NOW/](https://dentallifeline.org/our-volunteers/volunteer-now/)

NEW ADA CE ONLINE COURSES FOCUS ON CONTINUING EDUCATION FOR DENTAL TEAMS

Originally published in ADA News December 13, 2021

ADA CE Online is offering dental team members 20 new continuing education courses focused on clinical care and practice management, ADA News reported. The courses are for hygienists, dental assistants, front office staff, lab technicians and others, including recently hired new team members. Certified dental assistant and Academy of Chairsiding Assistant President Shannon Pace Brinker is the presenter for seven courses and is developing four additional courses with the ADA. "We need really good, solid education," Ms. Brinker said. "This takes the pressure off the [dentists]."

Courses include:

- **The Dental Hygiene Detective: What your patient's mouth is telling you.**
- **Digital Photography: Point Shoot, SLR and Smartphones.**
- **Rubber Dam Isolation.**
- **Front Admin: You Can Effectively Lead, Strengthen and Unite your Team.**
- **System Implementation is the Key to Practice Growth**
- **Help! My Filling Fell Out. To Bond or Not to Bond.**
- **What the Dental Laboratory Needs to Know.**

Read the full story on ADA News at ada.org/publications/ada-news and discover more CE to enrich the team at ADACEOnline.org.



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The value of a company made "by dentists, for dentists" is that we know what is truly important for our careers. EDIC provides CEs required by my state, concise guideline sheets for anything from premedication protocol to the newest recommendations on pain treatments, and informed consents and letters for patient communication. EDIC made excellent service, the right insurance options, and high-touch communication affordable for me when I was a new graduate. There is no question too small and no lack of urgency on their part. EDIC will always be part of my team."

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ADA ASKS SENATE TO PASS PREVENT HPV CANCERS ACT

Originally published in ADA News December 14, 2021

Washington — The ADA is asking the Senate to pass the PREVENT HPV Cancers Act, which encourages the use of the Human papillomavirus vaccine to reduce the risk of HPV-related cancers.

HR 1550 previously passed the House of Representatives on Nov. 30.

In a Dec. 10 letter to Senate leaders, ADA President Cesar R. Sabates, D.D.S., and Executive Director Raymond A. Cohlma, D.D.S. noted that HPV is now associated with 19,000 cases of head and neck cancers each year in the United States, according to the Centers for Disease Control and Prevention. The ADA hopes the bill will increase awareness of HPV and educate the public on the need for HPV immunization. The Organized Dentistry Coalition also supports the bill.

"The ADA is proud to support HR 1550 and would welcome the opportunity to work with the Secretary of Health and Health Human Services on the public service awareness campaign that would be authorized under the bill," Drs. Sabates and Cohlma wrote. "We urge you to bring the PREVENT HPV Cancers Act up for a vote."

Follow all the ADA's advocacy efforts at [ADA.org/advocacy](https://ada.org/advocacy).

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Advocacy: Add your voice and take action

As America's leading oral health advocate, the ADA works tirelessly to influence public policies affecting the practice of dentistry and the oral health of the American public.

In Washington, D.C., the ADA lobbies Congress and the Administration, fighting for things that matter to dentists and the patients they serve. The ADA also provides technical support to help state dental societies advance their respective policy agendas.

Add your voice to the more than 163,000 ADA dentist members who make it possible for dentistry to be heard.

Get Involved

Lawmakers are going to make decisions that affect your patients and your practice. It's a certainty. And you have a choice: You can sit on the sidelines or you can help shape the outcome.

From following the latest political news to maintaining a political presence in your congressional district, the ADA offers resources to help dentists make a difference. By being active in ADA's grassroots program, you and your family will have a direct role in achieving optimal oral health for all.

Why should I be involved in the political process?

Congress is going to make decisions that affect your patients and your practice. It's a certainty. You have a choice: You can sit on the sidelines or you can get involved and help shape the outcome. By being active in ADPAC's grassroots program, you and your family will have a direct role in the fight for oral health.

What is an Action Team and how can I join?

An Action Team is a group of ADA member dentists that maintain a political presence in their Congressional district. Action team members respond to ADA action alerts, meet with their congressional representatives, attend political events, receive grassroots training and advocate on behalf of their patients, profession and practice.

Visit ada.org/en/advocacy/get-involved to learn more about the ADA's Action Team Leader Network.

Where can I learn more about political advocacy and grassroots involvement?

If you would like to know more about the political process and how you can get involved, please visit [ADA.org/ADPAC](https://ada.org/ADPAC) or contact our Grassroots Education and Advocacy Manager at:

American Dental Political Action Committee

202.898.2424

Email: adpac@ada.org

BUSINESS SIDE OF DENTISTRY: *Location, location...demographics*

Editor's note: This is the second article in a series exploring the business aspects of the dental profession, from starting a practice and marketing to hiring staff and finances, based on Dr. Sampada Deshpande's experiences. Originally printed in the ADA New Dentist Blog on February 8, 2021

Are you in a city that everyone tells you is saturated?

Can a whole city really be saturated with dentists?

Finding the answer is a little more complicated than dividing the number of people with the number of dentists.

Introducing an important tool that every entrepreneur should unlock as early as possible: demographics. If you learn how to use demographics to its best advantage, you will know better than to say that your city is saturated for dentists.

Why demographics?

Studying the demographic data of the city or township you'd like to practice in gives you information about the median income, number of people, number of dentists and dental offices, and economic activity in any given zip code. It can help guide you towards the neighborhoods to focus on in your search for a practice acquisition. It will also tell you which areas you want to absolutely avoid.

Think of how far your current dentist is. Would you go through 30 minutes of traffic to get to them? Or cross a freeway? Would you prefer being able to walk or bike to your dentist? All of this really depends on who you are and where in the U.S. you live.

I live in the beautiful city of Seattle. My husband and I chose our current dentist after we found out he was only a bike ride away. During the pandemic, my techie spouse began working from home. His downtown dentist was no longer convenient for him to get to, so we looked for another dentist and found a friend from my Study Club who practices by the lake. We now enjoy getting to our hygiene appointment after a refreshing bike ride!

Location is very important. Understanding the area, its local businesses, culture and people is crucial, and this data becomes easily available to you with a well-done demographic study. This study can also help you direct your marketing and hiring later.

Pros

- Demographic data will help you finalize which neighborhoods to focus on in a startup and acquisition.
- If you are able to locate an office with a dentist-to-population ratio of at least 1:3000 (this ratio will change significantly based on which part of the U.S. you are in), you will likely have fewer issues with new patient flow.
- Even if you choose to ultimately be in a location with a challenging ratio, having the data can tell you how and where to increase your marketing, understand the other offices working in the area, and give you more resources to become successful. For example, demographic studies also tell you how many languages are spoken in the area. Keeping in mind cultural sensitivities, hiring a diverse, multi-lingual and caring team, could ensure you have better success in the neighborhood.

How do I start this study? There are usually two options:

- Pay a company like Dentagraphics or Doctor Demographics to do it for you. Easier, however, expensive.
- Do it yourself; There are a variety of resources including zipwho, Google Maps, missouri.edu. Time consuming and may not lend very accurate results.

continued on page 19

continued from page 18

FYI: I did a combination of both of the above. If you are serious about understanding the neighborhood you want to be in and want to make the decision of practice ownership as predictable as possible, I'd recommend the same to you.

All of this is great, but what can I do as an associate right now?

Based on the intersection of the areas where the demographics favor you, try to find an associateship that is far, far away! So, you do not run into that painful non-compete clause down the road.

Many associateships will often require you to sign a non-compete that restricts where you can practice by a few miles (the highest I've heard from colleagues is 8 miles) around that practice. Usually, it restricts you from taking away any patients or staff for a few years out. This is something to think about if you were to become an associate in your hometown and also dream of owning a practice in your hometown. No can do. Getting out of such a non-compete requires lawyers and a hefty payment that takes away from your savings for a practice loan. Try to stay away from this problem as much as possible.

PRO TIP: I practiced as an associate 45 mins away from Seattle, for nearly two years, to avoid this problem. I had the opportunity to listen to a lot of business podcasts and audiobooks, as a result. All that time spent ultimately helped me start the New Dentist Business Club. I'd say it was a success J.

Best of luck! Next month, we discuss how to look for a practice in the area- on and off market, and how to get ready for practice ownership!

Editor's note: Get location-based demographic information using the interactive data-mapping tool, Practice Location Map for Dentists. Find data on the distribution of active dentists, population median income, as well as the number of federally qualified health centers with dental services in each state.

Dr. Sampada Deshpande is a general dentist based in Seattle. A foreign trained dentist from India, Sampada earned her DDS from the University of Washington in 2018, where she is also a current LEND trainee. Outside of clinical dentistry, she enjoys teaching at the New Dentist Business Club, biking with her husband, and reading books on Finance & Management. You can reach her directly at @dr.deshpande on Instagram or visit her website www.sampadadeshpandedds.com for more information.

ADPAC

American Dental Political Action Committee

ADA American Dental Association®

Through the financial contributions of member dentists, ADPAC supports congressional candidates who understand the importance of dentistry and its contribution to overall health. Regardless of party affiliation, ADPAC supports candidates who will advocate for dentists and patients. We also work with dentists who seek public office at local, state and national levels.

What is ADPAC?

ADPAC, the American Dental Political Action Committee, is the bipartisan voice of thousands of dentists who care deeply about their patients and their profession. We educate dentists about the importance of political action and help elect congressional candidates who support dentistry. By supporting ADPAC, you keep the profession of dentistry strong and its principles uncompromised.

Why do we have a PAC?

Congress introduces more than 3,000 bills each year that can affect our patients, our practice, our profession and the public. ADPAC combines the resources of dentists across the country to make a substantial impact on public policy.

Who can participate in ADPAC?

Members of the ADA and its affiliates who are U.S. citizens or permanent Green Card holders residing in the U.S. can participate in ADPAC. U.S. dental students are also eligible to take part.

What candidates does ADPAC support?

Our support is non-partisan. We base financial decisions on the positions and voting records of candidates, with an eye to issues that matter to dentists, patients and the public.

How can I get in touch with my local ADPAC board member?

Rhode Island's ADPAC board member is Dr. Steven Brown. Dr. Brown represents the entire First District including RI, Connecticut, Massachusetts, New Hampshire, Vermont, and Maine. You can contact Dr. Brown at jawbreaker65@cox.net

To donate and become a member for just \$100 visit:

ada.org/advocacy/advocacy-about-adpac

PROMOTING CAREERS AS A DENTAL TEAM PROFESSIONAL - RESOURCES TO RECRUIT YOUR DENTAL TEAM

Recruiting dental team members—such as dental assistants, dental hygienists, dental office managers and dental laboratory technicians—was a challenge for practice owners before the COVID-19 pandemic and it continues to be a challenge for owners today.

Recent surveys by the American Dental Association (ADA) reveal that workforce issues were a pain point experienced by dentists in many states. In an October 2020 ADA Health Policy Institute (HPI) poll, of all the dentists that reported they were looking for staff, half indicated it was extremely difficult.

A perceived lack of awareness of the many dental profession career options as well as the impression that the dental assisting field offered limited opportunities for career growth are among the contributing factors to this reported challenge.

The ADA has heard from our members about this challenge. In an effort to raise awareness of the various allied dental-related employment opportunities, the ADA has created two different recruitment flyers.

- Dental assistants and dental hygienists
- Dental assistants, dental hygienists, dental office managers and dental laboratory technicians

The two flyers aim to recruit qualified people into dental team careers and may be used in several ways. Practice owners can post these flyers in their dental offices, use them if invited to present at a local career day or offer them for distribution at job fairs or other community events.

For samples, see below. ADA members can download the Member Exclusive flyers and add customized practice information, here:

<https://www.ada.org/resources/practice/practice-management/choosing-a-career-in-the-allied-dental-professions>

Choosing a Career in the Dental Profession

Service to Others • Professional Growth Potential • Variety and Responsibility

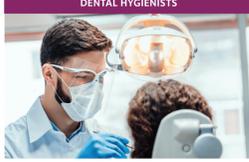
DENTAL ASSISTANTS	DENTAL HYGIENISTS	DENTAL OFFICE MANAGERS	DENTAL LABORATORY TECHNICIANS
 <p>Dental assistants are valued team members who help provide patient care and keep dental practices running efficiently.</p>	 <p>Dental hygienists work with the dentist to meet patients' oral health needs.</p>	 <p>Dental office managers, or practice administrators, manage many of the duties that help make a dental practice a successful business.</p>	 <p>Dental laboratory technicians work in partnership with the dentist to meet patients' oral health needs.</p>
<p>Duties</p> <ul style="list-style-type: none"> • Assisting the dentist during procedures • Taking X-rays and/or impressions of patients' teeth • Sterilizing equipment and instruments • Teaching patients to brush and floss correctly • Scheduling appointments, maintaining inventories and ordering supplies <p>Work Settings</p> <ul style="list-style-type: none"> • Dental practices • Public health settings and military facilities • Dental schools and other educational programs • Dental manufacturers or service providers <p>Search "dental assistant" at ADA.org/CODA for more information.</p>	<p>Duties</p> <ul style="list-style-type: none"> • Screening patients, reviewing health histories, performing oral cancer screenings • Cleaning teeth • Applying sealants and fluoride to protect tooth surfaces • Educating patients about proper oral hygiene and how their diets affect their oral health • Charting treatment performed on each patient <p>Work Settings</p> <ul style="list-style-type: none"> • Dental practices • Public health settings and military facilities • Dental schools and other educational programs • Dental manufacturers or service providers <p>Search "dental hygienist" at ADA.org/CODA for more information.</p>	<p>Duties</p> <ul style="list-style-type: none"> • Managing the practice's daily operations, including marketing and communications • Interviewing, coaching and supervising staff • Making sure the practice complies with federal, state and local regulations • Managing patient financial accounts <p>Work Settings</p> <ul style="list-style-type: none"> • Dental practices • Dental manufacturers or service providers <p>Search "dental office manager" for more information.</p>	<p>Duties</p> <ul style="list-style-type: none"> • Partnering with dentists to improve patient's health and appearance • Combining artistry with technology to create customized replacements for patients' teeth <p>Work Settings</p> <ul style="list-style-type: none"> • Privately- or commercially-owned dental laboratories • Dental offices, dental schools, hospitals, military facilities • Dental manufacturers or suppliers <p>Search "dental lab technician" at ADA.org/CODA for more information.</p>

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ADA

Choosing a Career in the Dental Profession

Service to Others • Professional Growth Potential • Variety and Responsibility

DENTAL ASSISTANTS	DENTAL HYGIENISTS
 <p>Dental assistants are valued team members who help provide patient care and keep dental practices running efficiently.</p>	 <p>Dental hygienists work with the dentist to meet patients' oral health needs.</p>
<p>Duties</p> <ul style="list-style-type: none"> • Assisting the dentist during procedures • Taking X-rays and/or impressions of patients' teeth • Sterilizing equipment and instruments • Teaching patients to brush and floss correctly • Scheduling appointments, maintaining inventories and ordering supplies <p>Work Settings</p> <ul style="list-style-type: none"> • Dental practices • Public health settings and military facilities • Dental schools and other educational programs • Dental manufacturers or service providers <p>Search "dental assistant" at ADA.org/CODA for more information.</p>	<p>Duties</p> <ul style="list-style-type: none"> • Screening patients, reviewing health histories, performing oral cancer screenings • Cleaning teeth • Applying sealants and fluoride to protect tooth surfaces • Educating patients about proper oral hygiene and how their diets affect their oral health • Charting treatment performed on each patient <p>Work Settings</p> <ul style="list-style-type: none"> • Dental practices • Public health settings and military facilities • Dental schools and other educational programs • Dental manufacturers or service providers <p>Search "dental hygienist" at ADA.org/CODA for more information.</p>

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ADA

W E L C O M E NEW MEMBERS

David Persky, DMD

Boston University, 2020
 Tufts School of Dental Medicine, 2021
 Employed: 362 Ives St., Providence

Thomas Contreras, DDS

University of Washington, 2016
 Employed: 4995 South County Trail, Charlestown, RI

Brandon Hazelton, DMD

University of New England, 2021

Justin Marino, DMD

Tufts University School of Dental Medicine, 2020
 Employed: 6 Blackstone Valley Place Suite 306A Lincoln, RI

Hristina Popov, DMD

Boston University, 2021
 Employed: 52 Hamlet Ave, Woonsocket, RI

Andrew Roland, DMD

Oregon Health Science University, 2014
 Employed: 88 Beach St., Westerly, RI

Joseph Zarrella, DMD

Nova Southeastern University, 2020
 Idaho State University College of Health Professions, 2021
 Employed: 189 Waterman St., Providence, RI

Thomas Zelinski, DDS

Marquette University Dental School, 2015
 Employed: 1090 Cranston St., Cranston, RI

IN MEMORIUM

Dr. James Rozes, DMD
 Dr. Jeffrey Rizzoto
 Dr. Arthur Hotchkiss
 Patricia Palleschi
 Dr. Arthur Mansolillo

CLASSIFIEDS

\$5,000 SIGN-ON BONUS!!! Student Loan Repayment Program!!! Relocation Bonus!!!

Full Time Dentist Job Opportunity:Mid America Health (MAH) is currently seeking a Full Time Dentist (40 hours/week) to work at the Department of Corrections in Cranston, RI! This position is Monday - Friday. This opportunity would be a great fit for a Dentist seeking a position in a non-private practice setting, for new grads, or retired Dentists not quite ready to retire. This position is a "general dentistry" opportunity primarily providing screenings, exams, extractions, and fillings. We do not provide ortho, endo, crown & bridge, or complex oral surgery at these facilities. We offer competitive wages, great hours (NO late nights or weekends!), and low stress positions. Our Full Time positions also offer full benefits including

Medical, Dental, and Vision insurance, 401k, generous paid time off, paid holidays, flex spending, and a health savings account.

Mid America Health strives to provide an excellent work/life balance. Our positions allow you to leave work at work and the terrific hours allow you to finish your work day and get to the personal things you need to take care of. This position is also an excellent way to "give back" by treating a typically underserved population. You will work with a truly grateful patient base that are extremely appreciative of the work you do. This will be one of the most rewarding jobs you've ever had and will give you a true sense of value and importance!

Full Time Dentist Job Duties:

Procedures include preventive, restorative, extraction, and prosthodontic care. No ortho, endo, or crown & bridge required.

Full Time Dentist Job Qualifications:

This position requires that you have a Current Rhode Island Dental License, Active DEA, and Current CPR for Healthcare Providers.

Visit www.mahweb.com/careers to apply. Call Greg at 888-309-8239 with question.

Turn-Key dental office and patient practice located at 197 Route 32 in Uncasville, Connecticut. Convenient access to I395 and I95. Two story building with practice on the main floor with the upper floor apartment for revenue opportunity or home office. The main floor has three patient stations, waiting lounge and modern office. Off street paved parking. \$475K.

Contact Bill Turner at billturner@bhhsNE.com





RHODE ISLAND DENTAL ASSOCIATION

875 Centerville Rd.

Bldg. 4, Suite 12

Warwick, RI 02886

ADDRESS SERVICE REQUESTED



Rhode Island Medical Society

Dear Dentists,

We just want to take a second to remind you that if you need help during these trying times, the Physician Health Program (RIPHP) is available to you. If you feel like the stress is overwhelming, you are experiencing professional burn out, noticing an increase in substance use in order to cope and/or other mental health issues, such as anxiety or depression, you are not alone. Many healthcare professionals are struggling right now!

We invite you to look at our website: www.rimedicalsociety.org/physician-health-program.html for more information or feel free to shoot us an e mail:

Jason Conforti, the Physician Health Committee's representing dentist, jdconfor@gmail.com

Or Kathleen Boyd, RIPHP Director

Kboyd@rimed.org

*You've got a confidential place to turn to
if you need assistance.*

