MONTEREY BAY

SMILELINE

THE NEWSLETTER OF THE MONTEREY BAY DENTAL SOCIETY

WINTER 2024

SLEEP DENTISTRY

"Man is a genius when he is dreaming."

— Akira Kurosawa

SmileLine

The Newsletter
of The
Monterey Bay Dental Society

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8 Harris Court, #A2, Monterey, CA 93940 (831)
658-0168
www.mbdsdentist.com

Editor
Dr. Carl Sackett, DDS

Advertising and
Continuing Education Content
Debi Diaz, Executive Director
Monterey Bay Dental Society

Design and Production
Heidi Heath Garwood
www.heathdesign.com

Cover
Heidi Heath Garwood

Parting Shot photo
Dr. Carl Sackett, DDS

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Dr. Carl Sackett, DDS, Editor

Happy New Year from the Monterey Bay Dental Society! The Board of Directors would like to extend warmest wishes to all the members of our local component, and hope that 2024 has started off well.

Amidst the hustle and bustle of the most recent holiday season, we hope that you were able to find some time for rest and relaxation as well. Speaking of which, the theme for this issue is a fascinating topic that is quickly becoming an emerging field: **Sleep Dentistry**.

It has long been known that quality sleep is essential for humans to survive, and thrive. Research has shown that better sleep leads to improved decision-making, increased productivity, enhanced immunity, and positive mental health benefits. We have all experienced the occasional sleep-deprived day at the dental office, and it can be doubly exhausting and draining. Indeed, it's easily understood why phrases such as ***sleep hygiene*** have become ubiquitous in the larger landscape.

Being that dental professionals work extensively in the head and neck region, it makes sense that we would have a unique perspective into the various airway issues that impact our patients. Diagnosis of Obstructive Sleep Apnea has been on the rise, and dentists can be vital team members in helping to manage this chronic respiratory condition.

And huge Thank You goes out to two of our own member dentists, **Drs. Mark Reber and Adriana LaLinde,** who have graciously penned articles for us regarding Sleep Dentistry. And, another Thank You to **Diane Diniz, BSDH, RDH**, who has contributed an article on MyoFunctional Therapy for the membership as well. We hope you are able to gain some valuable insights into this niche of dentistry, and perhaps implement some of their lessons into your own practice. It certainly goes without saying that, in an age of seemingly endless distractions, obtaining adequate sleep is of paramount importance!

The MBDS enters this year with continued enthusiasm and energy, and is eager to host a variety of educational and social events. We remain blessed with dedicated and diligent leadership, including our Executive Director, Debi Diaz, and invite you to come join us at one of our upcoming meetings this year.

I, personally, would like to wish each and every one of you a prosperous and healthy year ahead. Thank you as always for the opportunity to communicate with all of you through this publication.

In gratitude

Charles ("Carl") Sackett, DDS
MBDS SmileLine Editor

"Was I snoring again?"

Incoming President's Letter Winter 2024

Sarah C. Frahm, DDS
President

Looking ahead to 2024

Happy New Year! I hope 2024 proves to be a happy and healthy year for you. I am proud to be your Monterey Bay Dental Society President this year. It is a great organization powered by diligent and dedicated members. In my ten years practicing on the Peninsula, I have found our organization to be a kind and collaborative group. I am honored to be at the helm.

The Monterey Bay Dental Society has some exciting events coming up this year. We have collaborated with the Pacific Coast Society for Prosthodontics to host their annual conference in Monterey June 19-22, 2024. There is an impressive line-up of speakers and events- stay tuned! The MBDS will also be sponsoring the first Bay Area Dental Expo at the Santa Clara Conference Center on September 27 & 28, 2024. In addition, we have a great schedule of CE courses including a four-part series on treatment planning and restoring implants sponsored by Nobel BioCare. We will also have informative courses to meet our licensure requirements including opioid prescribing, employment law, sexual harassment prevention, and infection control.

The MBDS has other great member benefits. The newly renovated office continues to host CPR courses. The facility is also available to hold study clubs and office training. In addition, I would like to invite you to our two general membership dinners (no fee for members) coming up on April 11, 2024 at Bayonet Black Horse Golf Club and August 22, 2024 at Seascape Golf Club. Please take advantage of these terrific member benefits.

Again, I am thrilled to be working with you this year. Please reach out with any questions, concerns, or ideas. We are constantly striving to provide value for our members.

I will close with the sentiment that I shared at the Installation of Officers Dinner in November 2023—

> "What you do makes a difference, and you have to decide what kind of difference you want to make."
>
> — Dr. Jane Goodall

I look forward to making a positive difference with you this coming year!

Yours in health,

Sarah C. Frahm DDS

Outgoing 2023 Board of Directors

President	Devin Bernhardt, DDS
President-Elect	Sarah Frahm, DDS
Vice President	Christopher Mule, DDS
Secretary	Matthew Wetzel, DDS
Treasurer	Richard Kent, DDS
CDA Board Component Representative	Lindley Zerbe, DDS
Immediate Past President	Matthew Ronconi, DDS
County Directors	Touraj (TJ) Khalizadeh, DMD, MD, Adriana LaLinde, DDS, Joshua Sanchez, DDS and Harry (Marty) Shively, DDS
Publications	Carl Sackett, DDS
Legislative Chair	Daniel Pierre, DDS
Dental Health Committee	Lloyd Nattkemper, DDS
Community & Public Relations	Eric Brown, DDS
Ethics Committee	David Shin, DDS
New Dentist Committee	Garrett Criswell, DDS
Membership Committee	Christopher Mule, DDS
Continuing Education Committee	Sarah Frahm, DDS

Welcome to our Incoming 2024 MBDS Board of Directors

President	Sarah Frahm, DDS
President-elect	Christopher Mule, DDS
Vice-President	Lindley Zerbe, DDS
Secretary-Treasurer	Matthew Wetzel, DDS
CDA Board Component Representative	Lindley Zerbe, DDS
Immediate Past President	Devin Bernhardt, DDS
County Directors	Touraj (TJ) Khalizadeh, DMD, MD, Adriana Lalinde, DDS, Mark Reber, DDS, Matthew Ronconi, DDS and Joshua Sanchez, DDS.
Publications	Carl Sackett, DDS
Legislative Chair	Daniel Pierre, DDS & Nannette Benedict, DDS
Dental Health Committee	Lloyd Nattkemper, DDS
Community & Public Relations	Eric Brown, DDS
Ethics Committee	David Shin, DDS
New Dentist Committee	Garrett Criswell, DDS
Membership Committee	Lindley Zerbe, DDS
Continuing Education Committee	Christopher Mule, DDS

Welcome To Our New Members for 2024

Felton
Takeshi Ichikawa, DDS

Marina
Jason Kwok, DDS

Pacific Grove
Barinder Singh, DDS
Allison Bonsall, DDS
Kritika Carrazana, DDS
Vicente Carrazana, DDS
Young Hyun Choi, DDS

Royal Oaks
Jonathan Vincent, DDS

Salinas
Alicia Hazdovac, DDS
Paviterjot Sandhu, DDS
Ali Alhomaidi, DDS

Sand City
Shruthi Srinivasan, DDS

Santa Cruz
Matthew Malvase, DDS

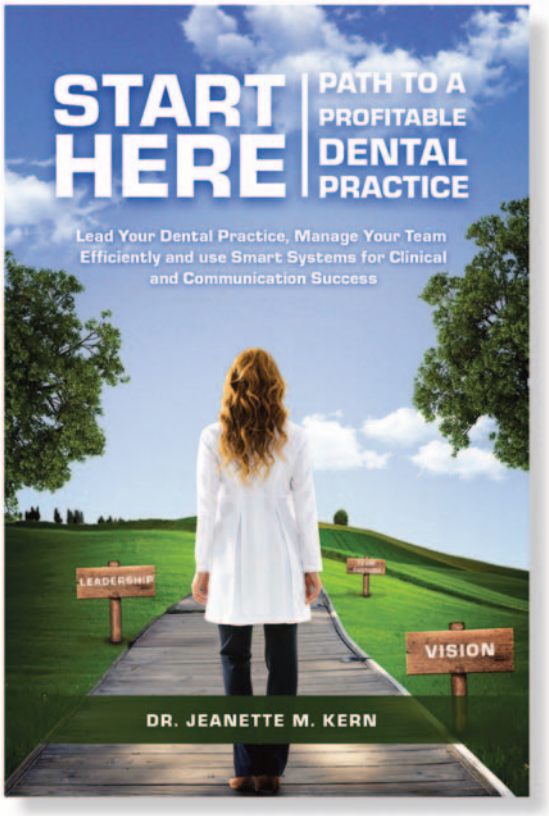
Scotts Valley
Jade Chang, DDS

Seaside
Marlene Gadano, DDS
Michelle Maciel, DDS

We encourage old members to reach out and welcome our new members if they have not done so already. We are excited and happy to have them join us! For information about contacting our new members visit the member only section of the website for the full member directory that includes addresses and phone numbers.

"This book has everything a dental practice owner needs.
The ideas, principles, and practical application in this book have brought me from an associate dentist to owner of 2 successful practices in less than a few years. Navigating the life of owning a practice, and being an excellent clinician can be daunting at best. But Dr. Kern breaks it down so that creating the vision and plan for your own practice is not only do-able but exciting. I highly recommend this book to ANYONE who is either opening their practice or struggling with where their own practice is going currently."

- from an Amazon 5-star review



Learn proven secrets for dental practice success from the trailblazing female dentist who built a multimillion-dollar practice after age 40.

In this book, Dr. Jeanette Kern shares systems for leadership, change navigation, efficient team management, elevating clinical skills, and delivering 5-star service to every patient in your dental practice.

About the author:
Dr. Jeanette Kern knows how to make money in dentistry. This dental star purchased her first practice for under $100K and sold for $1M+, all while leading a team of dynamic, caring professionals, and delivering 5-star dental care to her patients. She'll teach you how to avoid the pitfalls of dental practice ownership and how to win financially without overworking.

An Amazon #1 Hot New Release in the Dental Office Practice category

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224 pages

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Launch date:
Octber 2020

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Available on Amazon.com
and other worldwide Amazon sites.

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Kindle ASIN:
B08HHPSCQS

-

Paperback ASIN:
B08L49NGSS
ISBN: 979-8683479367

-

To contact Dr. Jeanette Kern:
pdajkdds@gmail.com
www.profitabledentalacademy.com
www.drkerndds.com

Upcoming 2024 Continuing Education Schedule

Monterey Bay Dental Society Events for 2024

Visit mbdsdentist.com for more details.

Thursday, January 18, 2024

Restorative Concepts in Implant Dentistry: Be Predictable, Simple and Efficient

Ann Wei, DDS

At the dental society office
2.5 C.E. Units (Core)
6–8:30 p.m.
$149 CDA members and staff
$298 Non-members

Includes dinner
Sponsor: Nobel Biocare USA

Wednesday, February 7, 2024

Opioid Drugs Prescribing Schedule — Responsibilities and Requirements

Casey Grover, MD, and Reb Close, MD

Live webinar
2 C.E. Units (Core)*
6–8 p.m.
$49 CDA members and staff
$79 Non-members

**IMPORTANT: This course satisfies the 2 C.E. unit requirement (for dentists) made effective by the Dental Board of California for license renewal effective January 1, 2023.*

Friday, February 16, 2024

Insurance Coding and Billing

Cindy Hartwell, CEO and Founder of Premier Dental Consulting

At the dental society office
2 C.E. Units (20%)
10 a.m.– 12 p.m.
$49 CDA members and staff
$79 Non-members

Wednesday, February 21, 2024

California Employment Law Update & Cyber Security Best Practices

Julia Goldman, Esq.

Live webinar
2 C.E. Units (Core)
6–8 p.m.
$49 CDA members
$79 Non-members

Open to dentists only
Hosted by Harbor Dental Society

Thursday, March 21, 2024

Digital Restorative Workflow for Modern Implant Dentistry

Ann Wei, DDS

At the dental society office
2.5 C.E. Units (Core)
6–8:30 p.m.
$149 CDA members and staff
$298 Non-members

Includes dinner
Sponsor: Nobel Biocare USA

Wednesday, March 27, 2024

Sexual Harassment Prevention Training

Julia Goldman, Esq.

Live webinar
1 C.E. Unit (Core)
$25 Employees: 4–5 p.m.
2 C.E. Units (Core)
$49 Employers/Managers: 4–6 p.m.

California law requires employers with 5 employees or more to receive prevention training on sexual harassment and abusive conduct in the workplace.
***BONUS** – Employer/manager will receive written policies on the new laws following attendance.*

Thursday, April 11, 2024

General Membership Dinner Meeting — Unlocking the Secrets to Exponential Growth: Strategies for Growing Your Dental Practice in 2024 and Beyond

Bernie Stoltz, CEO of Fortune Management

Bayonet Black Horse Golf Club
2 C.E. Units
6–9 p.m.
Members: No fee
Guests and retired members: $65

Includes dinner

Visit mbdsdentist.com
to register.

Upcoming 2024 Continuing Education Schedule (Continued)

Monterey Bay Dental Society Events for 2024

Visit mbdsdentist.com for more details.

Friday, April 26, 2024

California Dental Practice Act (Satisfies DBC Renewal Mandate)
Infection Control, OSHA and Oral Pathology (Satisfies DBC Licensure Renewal Mandate)

Julia Goldman, Esq. & Nancy Dewhirst, RDH, BS)


Monterey Marriott
7 C.E. Units (Core)
8 a.m.–5 p.m.
$145 CDA members
$75 Staff
$290 Non-members

Includes lunch

Thursday, May 16, 2024

To Keep or Not to Keep a Tooth, That Is the Question!

Ann Wei, DDS

At the dental society office
2.5 C.E. Units (Core)
6-8:30 p.m.
$149 CDA members and staff
$298 Non-members

Includes dinner
Sponsor: Nobel Biocare USA

Wednesday, June 19, through Saturday, June 22, 2024

Pacific Coast Society for Prosthodontics 89th Annual Conference

Co-Sponsored by the Monterey Bay Dental Society
Monterey Conference Center
Event details coming soon.

Thursday, June 27, 2024

Implants in Growing Patients – Rethinking the Old Issue of Implant Prosthesis Infraocclusion (Submergence and Ankylosis)

Ann Wei, DDS

At the dental society office
2.5 C.E. Units (Core)
6-8:30 p.m.
$149 CDA members and staff
$298 Non-members

Includes dinner
Sponsor: Nobel Biocare USA

Thursday, August 22, 2024

General Membership Dinner Meeting — Winning the War for Talent: Attracting, Hiring and Retaining Great Team Members in the Current Workforce

Mark Webb and Marla Tillery


Seascape Golf Clubhouse
2 C.E. Units
6–9 p.m.
Members: No fee
Guests and retired members: $65

Includes dinner

Wednesday, September 4, 2024

Opioid Drugs Prescribing Schedule — Responsibilities and Requirements

Casey Grover, MD and Reb Close, MD


Live Webinar
2 C.E. Units*
6–8 p.m.
$49 CDA members and staff
$79 Non-members

**IMPORTANT: This course satisfies the 2 C.E. unit requirement (for dentists) made effective by the Dental Board of California for license renewal effective January 1, 2023.*

Friday, September 27, and Saturday, September 28, 2024

Bay Area Dental Expo

Santa Clara Conference Center
Event details coming soon.

Friday, October 25, 2024

Installation of Officers Dinner

Corral de Tierra Country Club
6:30–11 p.m.
Members: No fee
Guests and retired members: $75

Visit mbdsdentist.com
to register.

The 2023 House of Delegates

Dr. Lindley Zerbe

The over 200 representatives from dental societies throughout California gathered in Sacramento to set policy and plans for the coming year and on ongoing projects.

The Monterey Bay Dental Society sent 5 delegates, including Dr. Matthew Ronconi, Dr. Chris Mule, Dr. Devin Burnhardt, Dr. Sarah Frahm and Dr. Lindley Zerbe, who also chaired a reference committee.

The meeting began with an interesting and informative presentation by the CDA Executive Director Peter DuBois and provided an overview of 2023-2024 initiatives and milestones. These included membership achievements, dental benefit challenges and plan reform efforts, CDA vs. Delta Dental litigation update, state budget wins and a 2024 ballot measure to secure funding for a Medi-Cal and dental student loan repayment program.

There were eighteen total resolutions that the house voted on which included issues related to Sleep Apnea, Dental Plan Payments, the CDA strategic plan, HPV vaccination by dentists and others.

Several examples of resolutions that saw more debate and interest follows:

A revised Component Boundary Review process was adopted which eliminated the 10-year periodic component boundary review requirement and further established that CDA conduct component boundary reviews upon request by any component.

One contentious issue that saw much debate was the proposal to defund and thereby dissolve peer review and judicial council. In the end, it was the houses will that the board of directors be urged to continue the suspension of funding for Peer Review and the Judicial Council until at least the 2024 House of Delegates, and however, it was directed that the appropriate CDA entity evaluate options to reinstate a peer review program and Judicial Council, and that a report and final recommendation be provided to the 2024 House of Delegates.

A resolution was proposed to reestablish the CDA Leadership Institute. It was adopted by the house and it resolved that the CDA Board of Directors be urged to establish, fund and oversee the "CDA Leadership Institute" as a pilot, providing leadership development opportunities for CDA members who have demonstrated strong organizational leadership interests and potential at the local, CDA and/or ADA levels, with the first program to be implemented by 2025.

It was proposed that the CDA Leadership Institute be inclusive of one in-person galvanizing event that following each event, components match prospective leaders with an experienced, geographically similar leader to serve as a mentor with respect to leadership development, roles and responsibilities.

The House of Delegates was yet again a spirited event that brought much discussion, deliberation and in the end, consensus on a multitude of important issues.

Installation of Officers Meeting

After many years at other local venues, the MBDS was excited to return to the Monterey Bay Aquarium for this year's *Installation of Officers Meeting*. Holding 1.2 million gallons of water, dinner was served in front of the Open Sea Exhibit—Our members were able to enjoy eating seafood, while watching the seafood.

The Outgoing Board of Directors was recognized and thanked for their efforts throughout the year, and the Incoming BOD was introduced. Also, the award for **MBDS Dentist of the Year was presented to Marty Shivley, DDS**. A longtime member of the MBDS, Dr. Shivley has volunteered his time to the Board for many years, including serving on Peer Review. Owning a practice in Aptos, Marty is an absolute joy to have on the BOD, and his insights and contributions have proved invaluable to our component.

One of the favorite highlights of the evening was special acknowledgment of our Executive Director, Debi Diaz. For the first time in Installation history, Artificial Intelligence was utilized to generate a Dedication for Debi—

Enjoy this poem about Debi, created by ChatGPT:

Debi, the cornerstone of our dental society's reign
Executive director, in every challenge, she's our gain
A solo act, but with a heart so vast
She holds our dreams, from the first to the last

CE events and meetings, she deftly commands
With dedication and skill, she shapes our plans
For countless years, she's been by our side
A faithful ally on this memorable ride

We're fortunate to have her, our secret treasure
Debi, you bring joy beyond measure
In the world of dentistry, you're our guiding star
Monterey Bay Dental Society's true avatar.

We look forward to another Installation this year, to be held at **Corral De Tierra Country Club, on Friday, October 25th.** Hope to see you there!

Saving Lives in the Dental Office—Dentists to the Rescue!

Mark Reber, DDS, MS

Have you ever saved a life?

My wife—fortunately—just happened to walk into my oldest daughter's house as our infant granddaughter stopped breathing as part of a febrile seizure. My daughter screamed, "She's not breathing!" and my wife jumped into action and started to perform infant CPR until the ambulance arrived. That tiny, helpless infant is now a happy, bouncy first-grader with a bright future ahead.

Several decades ago, my father and brother-in-law performed trade-off CPR on a five-person family visiting from Southeast Asia who were pulled up onto a Carmel beach and were not breathing. Unfortunately, this episode had a much sadder ending. When speaking to my father and brother-in-law at the time, I was struck by the "if only" sadness as they recounted the story.

"*If only more people on the beach knew CPR, we wouldn't have had to keep going back and forth, back and forth, ignoring one person to help another.*" "*If only the ambulances had gotten there sooner.*" *If only...if only...if only...*

I have had my own life-and-death "***if only***" experience. I remember it well. By 2003, I had been treating Obstructive Sleep Apnea (OSA) patients for a few years. A new dental patient came into my office and looked like a walking, talking advertisement for sleep apnea. He was significantly overweight, his huge, scalloped tongue and very long soft palate gave rise to a tiny airway, he had high blood pressure, and the list goes on.

During our exam, I mentioned to Jason[1] that he was definitely "at risk" for sleep apnea. I explained he had many of the signs and, based on his history, explained he had many of the OSA symptoms. I explained some of the dangers and talked to him about a referral to a physician for an overnight sleep test. Jason had never heard of sleep apnea and didn't seem too concerned; "*Hmmmm...I'll think about it,*" was his reply.

He scheduled his restorative treatment appointment, and I assumed we would discuss it again. Jason missed his next appointment. I decided to contact him myself rather than have the front desk staff contact him. I clearly remember sitting in our patient consultation room and calling his home phone number. A woman answered the phone, and I asked to speak to Jason. The woman identified herself as Jason's mom. Her voice cracked slightly as she explained that Jason wasn't "***available to speak***" as he had passed away a few weeks ago in the middle of the night. Jason was 24 years old.

I have now had 20 years to reflect on my short visit with Jason. While I realize that his death was not my fault per se, I continue to ask myself if there is something I could have done to help him better understand my concerns and the grim reality he was facing.

"*What if I had presented things a little differently? What if I had been able to show him my videos? What if I had demonstrated my "Transfer of Knowledge" to him on his*

Mark Reber DDS, MS

Mark Reber DDS, MS is a private practice dentist in the Monterey Bay area, and has been a member of the Dental Society for 36 years. He lectures on the dental treatment of sleep apnea, and can be reached by email at CuttingEdgeDDS@gmail.com.

first visit? What if only I had said this or showed him that?"

If only...if only...

How to "pull back the curtain" on a colossal problem...

There are approximately 330 million Americans in the country. Though numbers vary depending on who you ask, it is estimated that 30 million[2] to 39 million[3] of them suffer from sleep apnea. That means that roughly 1 in 10 Americans suffers from sleep apnea! And the really bad news is that about 80% of these patients are undiagnosed and have no idea they even have sleep apnea.

That means that YOU probably have 1 to 3 patients with sleep apnea sitting in your waiting room every day, blissfully unaware of the danger they face every night as they lie down to sleep. And if you are willing to step up, YOU will likely be the first person to bring it to their attention—probably NOT their physician.

So, how do you find these patients? A few questions on your medical history will help you unmask them before you even meet them. Your medical history should include questions such as:

- **Has your bed partner ever said that you snore[4]?**
- **Has your bed partner ever said you pause breathing while sleeping?**
- **Do you wake up feeling tired and unrefreshed?**
- **Do you have significant daytime sleepiness?**
- **Do you have to wake up to use the restroom once or twice each night?**
- **Do you ever wake up gasping in the middle of the night?**
- **Have you ever worn (or been told you should wear) a CPAP device?**

I like to group these questions together in a "***sleep apnea section***" of the dental history. A "***Yes***" response to one or more will usually result in exploring things a bit further. Two easy written tests (less than 3 minutes each) will quickly show whether or not a person is at high risk for sleep apnea[5]. One easy sleep apnea "***cheat***" is to take your patient's blood pressure.

If they snore loudly AND have high blood pressure, they have already "***flunked***" the Berlin Sleep Study, which means they are at high risk for obstructive sleep apnea. Sleep apnea is so commonly related to high blood pressure that a person who snores loudly and has high blood pressure is ASSUMED to have OSA until proven otherwise by an overnight sleep test (also known as a polysomnogram).

Tongue size vs. Mouth size

This is where the rubber meets the road for dentists concerned about their OVERALL patients' health. We are staring in mouths all day. How can we not notice if they have a common and obvious breathing obstruction present? And if we notice it, should we not bring it to their attention? What is this common and obvious breathing obstruction, you ask? Let's see if the figure below makes it a bit more obvious:

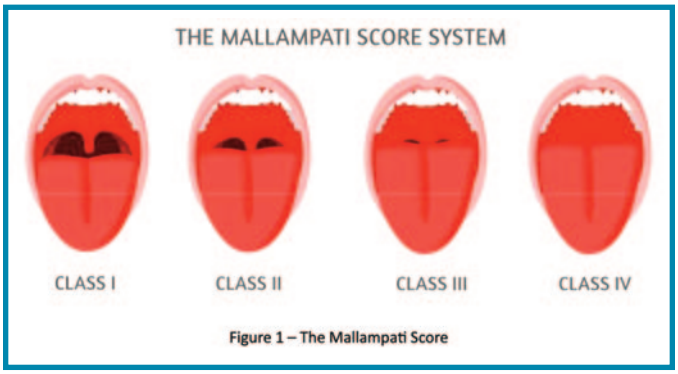


Figure 1 – The Mallampati Score

For many people, the tongue itself is a considerable obstruction to breathing. The Mallampati Score allows us to grade the tongue size relative to the mouth and the rest of the oropharyngeal opening. To evaluate the Mallampati Score, have your patient sit upright and stick their tongue out as far as possible. With a Mallampati 1 patient, you can see the back of the pharynx, soft palate, and entire uvula.

A Mallampati 2 patient has most of the uvula showing, though you can't see the tip. The Mallampati 3 patient has only the base of the uvula showing. A Mallampati 4 patient has no uvula showing at all. How does this relate to OSA? The LIKELIHOOD of OSA doubles as you progress up the scale. A Mallampati 2 patient has twice the likelihood of OSA as a Mallampati 1 patient.

[1] Not his real name.
[2] American Medical Association, 2022
[3] National Council on Aging, 2023

A Mallampati 3 patient has twice the likelihood of OSA as a Mallampati 2 patient. We do the math and find that a Mallampati 4 patient has EIGHT TIMES the possibility of having OSA compared to a Mallampati 1 patient (1 x 2 x 2 x 2).

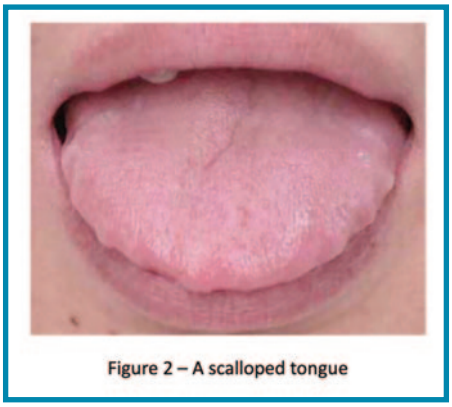


Figure 2 – A scalloped tongue

The tongue also holds other clues to breathing difficulties. A scalloped tongue, as seen in the figure below, has those scallops for a reason. Just like parking a very large car in a very small garage will likely result in damage to the car, a very large tongue has some tell-tale signs of "***damage***," too. The large tongue is usually being unconsciously forced forward into the mouth and out of the airway so the patient can breathe. As the tongue is forced forward into the teeth over the years, it eventually changes its morphology to represent these conflicting pressures. As the patient relaxes their musculature during sleep, the mandible drops back, bringing the tongue backward with it.

A large tongue then obstructs the airway to one degree or another. The larger the tongue, the more the obstruction. We have known for a while that losing weight can help reduce the severity of sleep apnea. A few years ago, we figured out why. As the patient loses weight, the tongue "***loses weight***" and gets smaller too[6]. I suspect other issues also come into play here, such as decreasing neck size, but we will leave that to the researchers for now.

[4] As you know, snoring does not mean someone has OSA, but it is a strong predictor. We know that 94% of people with OSA snore.

[5] For a copy of The Berlin Sleep Study Questionairre and the STOP-BANG Questionairre, along with instructions on how to score them, please visit the Member Section of the MBDS website. Debi Diaz has uploaded them there for your convenience.

The cost of undiagnosed OSA

In dollars and cents, the U.S. cost of undiagnosed OSA has been estimated by one study to be $149.6 billion. This includes automobile accidents, workplace accidents, lost productivity, co-morbid diseases, and so forth. Indeed, the other "***non-dollar***" cost of human lives is much higher.

The death of my patient Jason was unusual. Usually, sleep apneics do not die from a sudden death in the middle of the night at an early age. His early death was the "***slap in the face***" that woke me up to the idea of how many OTHER patients die that I never even considered because they die early but not THAT early. Ready for a surprise? Take a look at how OSA impacts life expectancy:

United States life expectancy 2021:

Male.....73 years
Untreated male
sleep apnea sufferer.....60 years

Female.....79 years
Untreated female
sleep apnea sufferer.....66 years

Wow. Did that catch your attention? Depending on the studies you read, most official sources estimate that a person who has untreated sleep apnea will die between 12-15 years earlier than they would if they did NOT have the disease. For males, that drops the life expectancy from 73 to around age 60, give or take.

The reason it is hard to predict precisely how much sleep apnea shortens life expectancy is that people rarely die from sleep apnea per se. Instead, they die of the things that are easier to determine during an autopsy. In Jason's case, his autopsy showed he died of a heart attack. Of course he did. If you stop breathing long enough, you have a heart attack and die.

Almost no one (Carrie Fischer is a rare exception) is determined to have died "***due to sleep apnea.***" Instead, coroners note the death is caused by the body system that was shut down when the body stopped breathing, most often the heart.

[6] Wang, SH et al. "***Effect of weight loss on upper airway anatomy and the apnea-hypopnea index. The importance of tongue fat.***" American Journal of Respiratory and Critical Care Medicine. Dec 2019.

Rarely does the pathologist loop things back and determine that the heart stopped beating because of apnea. In much the same way, they don't loop back a heart attack and say it occurred because excessive eating caused obesity, causing the heart attack.

Obese people don't die from obesity. They usually die from heart attacks. So do sleep apneics. My patient Jason and other untreated male sleep apneics do not usually live long enough to see their first Social Security checks arrive.

Sleep apnea has also been shown to cause or negatively contribute to 7 of the 8 leading causes of death in 2021. Some of these issues, like cancer, accidents, Alzheimer's disease, and diabetes, show us that the oxygen starvation of sleep apnea can negatively impact the quality of life a person has, as well as the length of life they experience.

Rank: Leading Causes of Death in the U.S. in 2021	Cause of death	Know to be related to or complicated by OSA?
#1	Heart disease, heart attack	Yes
#2	Cancer	Yes
#3	COVID 19	No
#4	Accidents	Yes
#5	Stroke	Yes
#6	Lower respiratory disease	Yes
#7	Alzheimer's disease	Yes
#8	Diabetes	Yes

Figure 3 – Obstructive sleep apnea is related to 7 of the 8 leading causes of death in

But I don't know how to treat sleep apnea!

And that's OK! You don't have to treat sleep apnea any more than you need to treat that root canal on tooth #15 or remove those four impacted wisdom teeth! But I strongly feel that in 2024, we all have the moral obligation to recognize the easily discernable signs and symptoms of sleep apnea in those millions upon millions of undiagnosed sleep apnea patients who wander in and out of our dental offices every day and then screen and refer when necessary.

Unfortunately, this ball will likely remain in our court for the foreseeable future. WE are the ones who need to find and help these patients. Once you suspect a patient is at risk, you can refer them to a treating dentist or a physician who can take over from there. I would recommend referring them to a dentist trained in ***dental sleep medicine***.

The dentist will likely work with a physician to ascertain the sleep apnea. The good news is the dentist will also present the options of an oral appliance as well as a CPAP to treat the problem.

On the other hand, if you refer the patient to a physician first, the choice of an oral appliance is never presented and so is never considered by the patient.

This is unfortunate because patient compliance is nearly 90% for sleep appliances and averages around 40% for CPAP. Those 60% of patients who fail to comply with CPAP will suffer from a shortened life span just as if they were never diagnosed in the first place.

A successful treatment therapy with a 90% compliance rate will save more lives on a percentage basis than a successful therapy with only a 40% compliance rate.

Sharing your concerns...

After you find patients at risk for OSA based on their reported symptoms and your oral inspection, how do you share your concerns with them? One of the things I do first is help them clearly understand the problem by sharing TWO different YouTube videos.

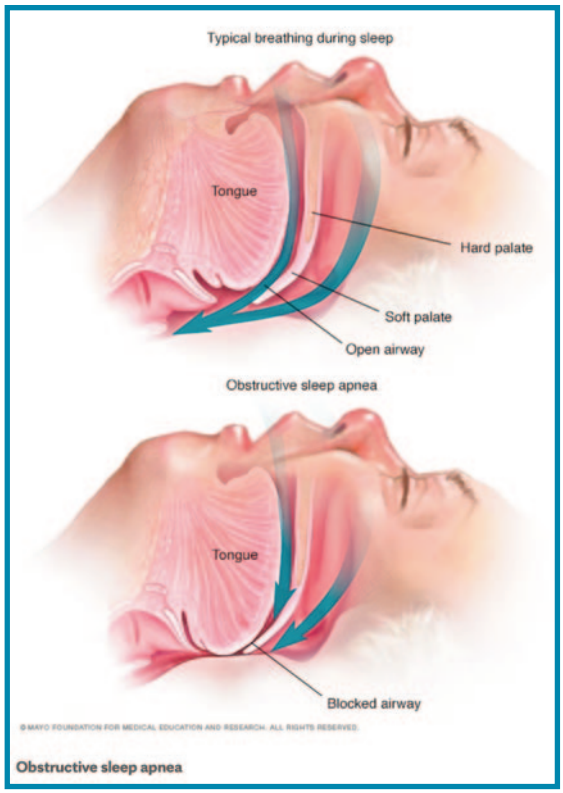
The first one—on YouTube, search for "***Sleep apnea, Jackie's story***"—is produced by Harvard Medical School and is an excellent 5-minute patient introduction to sleep apnea and its dangers.

The second video—search for "***sleep apnea, Nick proof***"—shows OSA in action. I turn up the volume on this one so they can see Nick as he breathes (i.e., snores). I only show a minute or two of this video so they can clearly visualize the oxygen starvation Nick is experiencing. The ONLY time Nick breathes is when he is snoring.

I narrate as they watch the video: As Nick's tongue drops back and "***corks***" his airway, he TRIES to breathe but can't. He wakes up slightly, moves his body, and makes a couple of snores. Nick falls back into deeper sleep for a few seconds, and you can see his chest rise and fall as he unsuccessfully struggles to breathe, similar to a fish out of water.

His brain again realizes he can't breathe, forcing him to wake just a little to re-adjust his body posture and clear his airway. He takes a few resounding snores and then falls back asleep for a few seconds. Rinse and repeat all over again. All. Night. Long.

This is why people with OSA are so tired. They can never get into the deeper levels of REM sleep they need to rest their mind



and body. They are drowsy all day. Additionally, their body is starved for oxygen for 6, 7, or 8 hours daily. During this time, their body is forced into a low-oxygen environment. Many body processes go from aerobic to anaerobic function, speeding them down the highway toward diabetes and many other problems.

Every time I play these videos for a patient, I think about my patient Jason and wish he would have had the opportunity to see them.

We need to find and rescue these patients!

Ignoring this problem while we stare into our patients' airways every day and say nothing, while signs and symptoms are screaming back at us, is much like a fireman outside a burning building sitting down on the curb and eating a sandwich while people scream for help behind him. ***"I'll just let the other guys do it." —"I'm sure they'll be fine." —"I already have too much on my plate." —"I can't help everyone."*** —Pick your excuse.

In 2010, the average U.S. medical school class spent a total of four hours of didactic training in sleep medicine training during their entire four years of study. Wow. I spent as much time before lunch on my first day of sleep training as the average physician spent in their entire medical education.

Unless a person comes in to see their physician and complains that their spouse tells them they stop breathing in their sleep, the medical community does little to screen for or help these patients. THAT is why so many of these patients are undiagnosed.

Unless the physician is a sleep specialist or pulmonologist, there is little interest in helping to pull back the covers and find these undiagnosed patients. We need to understand that, at least for now, we are these patients' primary hope.

We are looking in their airways all day long. Let us all be more mindful of the dangers and the lifetime costs of failing to discover and educate these patients. You can learn to treat them if you are open to taking a multi-day training course.

Oral appliances are very well-received and well-tolerated by most of these patients. These patients almost always return and rave about how much better they are sleeping and how well-rested they feel now.

On the other hand, if you don't want to treat these patients, that is fine, too. I'm sure you screen all your new patients for oral cancer. Obstructive sleep apnea is a much more common and more deadly problem in terms of the number of lives impacted. It is critical to screen for that as well.

Look at their tongue size and assess their Mallampati score. Look at their symptoms in your medical history. As you discover patients at risk, refer them for further evaluation just like any other dental patient with a condition that needs treatment from someone with more experience. Decide who you would like to refer them to; call that dentist and ask for their referral slips.

Let's step up and help prevent the grief their families will suffer as they mourn the premature loss of their loved ones... our patients. "***If only someone would have noticed their signs and symptoms and addressed the problem.***"

If only...

Struggling With Dental Billing? — Ways To Reduce The Stress.

By Cindy Hartwell

Dental plan billing and posting can be tricky due to the many complexities involved. Common causes of confusion include lack of standardized coverage, difficulties related to fee schedules and plan participation caused by leasing dental networks, and variations in plan designs such as PPO, HMO, EPO, and different types of commercial, state, and federal-sponsored policies. Moreover, there are limitations, exclusions, and alternative benefits, and there is no standardized Explanation of Benefits (EOB) or Notice of Payment (NOP).

When training dental teams, I focus on the old saying: "***An ounce of prevention is worth a pound of cure.***"

When I train teams on dental office billing, we start by ensuring we work in advance of the clinical Team, gathering patient plan information before the appointment. The best practice is to work 5-6 days before the appointment.

This way, we can determine if the patient's plan is still active and obtain more detailed policy information, reducing misquotes and same-day misunderstandings that can cost the practice production.

I train teams to use dental plan portals containing information about eligibility, benefits, treatment history, frequencies, remaining maximums, deductibles, exclusions, limitations, and fee schedules. Some dental plan portals even have real-time pre-estimate features to give us more details about a patient's benefits and limitations.

Due to staff shortages, using AI to retrieve eligibility and benefit information is another solution that some of my clients have found to be an efficient way to retrieve patient plan information. I find that when a Team is proactive and works efficiently, they can minimize misquotes and patient dissatisfaction. In most cases, if we put good data in, we will get good data out.

After submitting the claim to the dental plan, they will process it and send an Explanation of Benefits (EOB) or Notice of Payment (NOP), which includes the details of the claim submission and processing. I teach Teams how to analyze these post-claim documents to find answers about payments and denials.

If the claim was paid or processed in a manner that does not appear correct, I train teams to reach out to the plan once; if the issue is not resolved during that phone call, the office should submit an appeal to the plan asking for re-processing or the reasoning for the processing.

When a team member has good training, a well-written appeal should take a team member at most 5 minutes to prepare and send to the plan.

Life is short, so we train Teams to work smarter, not harder. If you and your Team have any questions about billing, please contact me via phone or email to schedule a 15-minute complimentary consultation. During the consultation, be prepared to share the pain point, and I will offer possible solutions to address the issue.

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Easy to Implement Tools	Happier Team	More Fulfilling Life

Importance of Screening for Airway & Referring to Myofunctional Therapist

In recent years, there has been a growing awareness of the crucial role that airway health plays in overall wellbeing. As dental professionals, we have a unique opportunity to positively impact the lives of our patients by not only focusing on their dental health but also recognizing the vital connection between the airway and various oral health issues.

It's estimated that nearly 22 million Americans suffer from sleep apnea, a potentially serious sleep disorder that disrupts breathing during the night. The airway plays a significant role in this condition, making it essential for dentists to be vigilant in screening patients for any signs of airway abnormalities. By identifying these issues early on, we can help patients receive proper treatment promptly, improving their quality of life and overall health.

This is where referring to a myofunctional therapist becomes invaluable. Myofunctional therapy is a specialized field that focuses on improving tongue posture, swallowing patterns, and oral function, ultimately enhancing the airway's health. Myofunctional therapists work closely with dentists, providing comprehensive assessment and treatment programs for patients with airway-related issues.

By collaborating with a myofunctional therapist, dentists can offer their patients a holistic approach to care, addressing not only dental concerns but also underlying airway problems. This collaborative model ensures that patients receive tailored treatment plans that encompass both oral health and airway function, allowing for more effective and long-lasting results.

The benefits of this integrated approach are extensive and far-reaching. By optimizing the airway through myofunctional therapy, patients may experience improved sleep quality, reduced snoring, enhanced breathing, and improved overall oral and facial development. Furthermore, addressing these airway issues can also have a positive impact on patients' overall health, as untreated sleep-disordered breathing has been linked to cardiovascular problems, cognitive issues, and other systemic conditions.

As dental professionals, it is our duty to recognize the critical role of airway health and be proactive in screening our patients for any signs of airway abnormalities. By referring them to myofunctional therapists, we empower our patients to take charge of their overall health and offer them an integrated approach to comprehensive care.

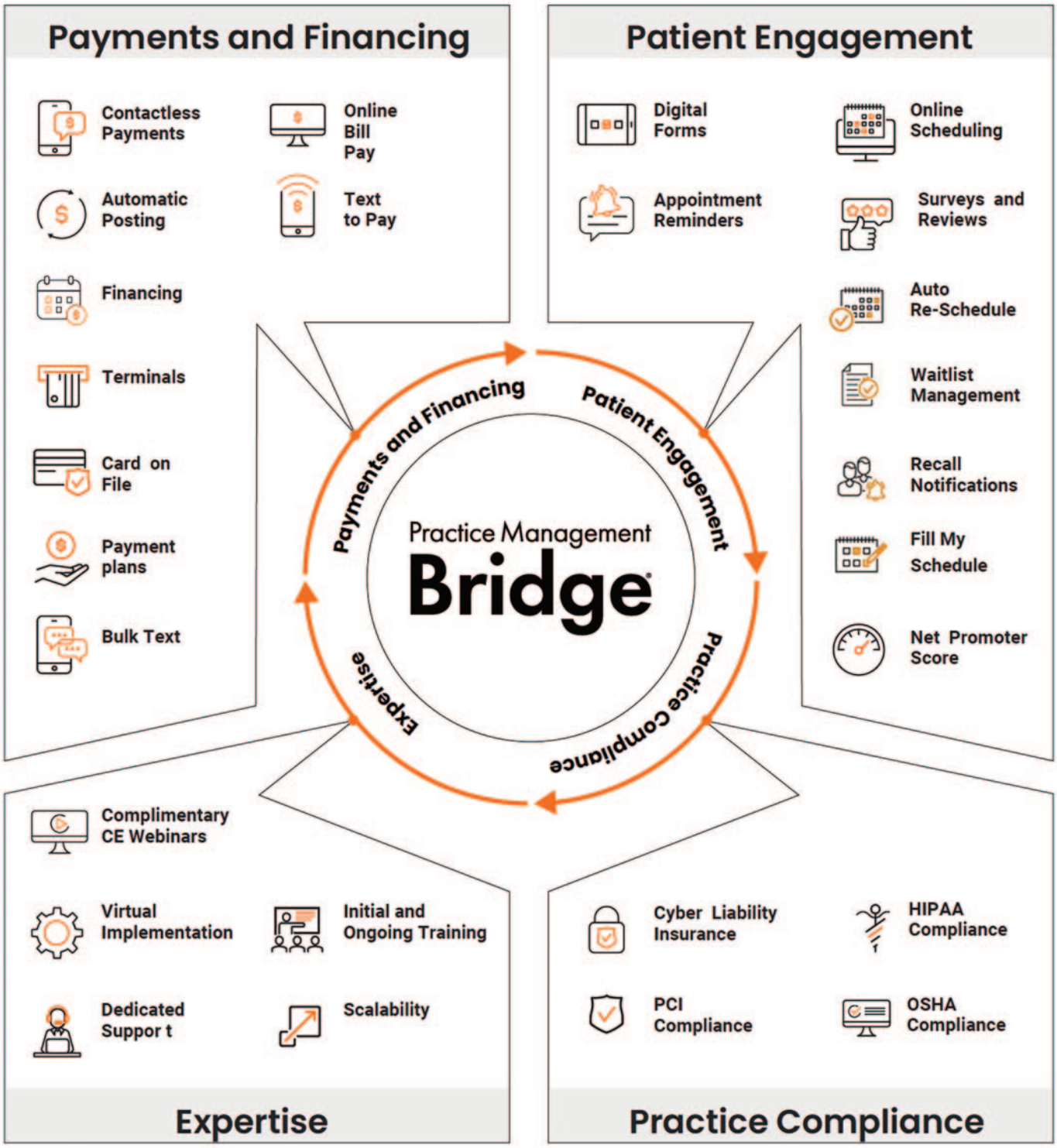
Remember, when it comes to airway health, collaboration is key. Together, we can make a positive difference in the lives of our patients and help them breathe easier, sleep better, and enjoy a healthier smile. Contact me for a Lunch & Learn to provide your office with the necessary information regarding myofunctional therapy.

Diane Diniz, RDH BS
Orofacial Myofunctional Therapist OMT

Diane worked as a Registered Dental Hygienist (RDH) for over 20 years. Graduated University of California at San Francisco in 1997 with a Bachelor of Science degree in Dental Hygiene.

As a dental hygienist and mom, she saw firsthand the negative effects that poor tongue posture and improper lip seal have on the mouth and the body as a whole. Now a certified Orofacial Myofunctional Therapist. Her goals are to help patients with mouth breathing habits and other Orofacial Myofunctional disorders (OMD) through a series of therapeutic exercises.

Run your healthcare practice with confidence.



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Obstructive Sleep Apnea and Dentistry

By Adriana Lalinde DDS

Statistics show that 50-70 million individuals in the US have chronic sleep problems affecting health and or daytime function. It is found that 20% of all serious motor vehicle crashes are associated with driver sleepiness.

Sleep breathing disorders (SBDs) are a group of medical conditions affecting more than 15% of the global population. Although there are many different types of SBDs, upper airway resistance syndrome (UARS) and obstructive sleep apnea (OSA) may be of particular interest to us dentists.

OSA is characterized by repetitive partial or complete obstructions in the upper airway, usually along the pharyngeal segment, while maintaining the thoracic effort of breathing and with associated oxygen desaturations.

For both UARS and OSA the neuro arousal and intermittent oxygen desaturations have a cascading effect on health and function, with well- established correlations with other chronic conditions including diabetes, hypertension, myocardial infarction, cerebrovascular infarction, dementia, Alzheimer disease, mood disorders, and daytime sleepiness.

For both UARS and OSA, diagnosis is confirmed with a home sleep apnea test (HSAT) or an in clinic Polysomnography test (PSG). Although OSA is defined by an apnea-hypopnea index greater than 5, UARS is traditionally diagnosed when a HSAT or PSG is negative for OSA but with respiratory disturbance and the patient is experiencing symptoms of daytime sleepiness and/or fatigue. Both UARS and OSA have the same treatment options; continuous positive airway pressure (CPAP), oral appliance therapy (OAT), surgery, weight loss, behavioral management, and adjunctive therapies such as orofacial myofunctional therapy (OMT).

Snoring is a sign of UARS, it is more than just a sound that occurs during sleep. It is a medical disease that should be diagnosed and treated. Snoring has been associated with sleep deprivation, daytime drowsiness, irritability, lack of focus and decreased libido. Loud snoring has been associated with increased risk of heart attacks and strokes due to snoring heavy vibration producing stenosis of neck arteries.

Identification of severity of Sleep Apnea is done by the **AHI (apnea hypopnea index)**

This index refers to how many episodes of low oxygen desaturation the patient has during one hour of sleep. Categories are : 0-5 is considered normal, 5-15 mild, 15-30 moderate, 30 and above is severe.

The only patients with serious cardiac risk are in the severe category. First line of treatment for these patients is CPAP (continuous positive air pressure).

As Healthcare providers our **goal** is to increase public awareness of these facts. We can achieve this by screening our patients for possible sleep disorders.

We can begin with our **Health history forms** including questions such as:

- Presence of snoring. Have you been diagnosed with sleep apnea and are you under treatment?
- STOP-BANG questionnaire
- Epworth Sleepiness Score
- History of hypertension, arrhythmia, A Fib, stroke, diabetes, congestive heart failure, insomnia should also be considered or included.

Next, Our Clinical exam would include Mallampati class exam, Tonsils size, palate veil collapsibility, size of uvula, tongue size, relationship of maxilla and mandible, missing bicuspids.

For those of you that see children, it is important to look for development of maxilla and mandible and be proactive with orthopedic treatment to avoid the characteristic class II patient that will most likely be a candidate to suffer from snoring and sleep apnea as an adult.

Collectively using the information gathered we can assess if our patient could be suffering from snoring or sleep apnea and consequently we should refer our patient to his Primary Care Physician or to a Sleep specialty Physician.

The AASM (American Academy of Sleep Medicine) and the AADSM (American Academy of Dental Sleep apnea) have created a protocol to treat our OSA patients.

This protocol states that the patient must first be diagnosed by a Medical doctor (MD) , and referred to the dentist if indication for treatment is a mandibular advancement device (MAD), for OSA treatment or snoring.

Obstructive Sleep Apnea and Dentistry (Continued)

Once treatment with MAD is presumed successful under the dentist care, the patient is then referred back to the MD who will determine the efficacy of the treatment. This is most likely through a sleep study with the MAD.

Although not as efficacious as CPAP, Oral appliances are indicated for use in patients with mild to moderate OSA, who prefer a MAD to CPAP, who do not respond to CPAP, are not appropriate candidates for CPAP, or who fail treatment attempts with CPAP and or treatment with behavioral measures such as weight loss or sleep position change.

The only patients with serious cardiac risk are in the severe category. First line of treatment for these patients is CPAP (continuous positive air pressure).

Treatment of severe patients could be possible with a combination of CPAP and MAD. This is accomplished by allowing a reduction of the CPAP air pressure, so that the patient tolerate the CPAP better.

It has also been noted that some patients with insomnia could be treated and will resolve it by resolving OSA.

Considering treatment efficacy as the therapeutic effect, effectiveness is how well the treatment works and compliance as the degree to which patients follows the medical advice given.

The degree of effectiveness of MAD is increased due to better compliance since it is shown the patient will wear an oral device more hours with more comfort.

As we treat patients for OSA we are looking into reducing their initial AHI by at least a 50%.

If you are considering treating patients with snoring or OSA, it is impartible to become qualified in reading the sleep studies. Part of our treatment will be based on the information that is gathered from the studies.

It is also important to have the physician's progress clinical notes, which will also provide detailed description of the patient symptoms.

We may also treat patients that have several underlying diseases that will need consideration during our approach to OAT (oral appliance therapy)

Dr. Adriana Lalinde, DDS
AADSM Diplomate

Dr. Adriana LaLinde is in private practice in Pacific Grove, CA, and has 40 years of clinical experience. She was trained at UCLA Sleep Disorders residency program in 2014.

She proudly holds a Diplomate Certificate from the American Academy of Dental Sleep Medicine, to treat various sleep issues, including snoring and sleep apnea.

Obstructive Sleep Apnea and Dentistry (Continued)

Full rounded treatment may also include a physical therapist and a psychologist as part of the treating team.

Contraindications to Oral Appliance Therapy (OAT) include patients with active periodontal disease, non treated or acute TMD, reduced number of teeth and reduced interincisal opening.

Lastly, I want to review **side effects** with the use of Oral Appliance Therapy.

On the short term, side effects could be joint and muscle aches, more salivation or dry mouth and / or Irritation of soft tissue due to MAD hardware.

Patients with TMD will need exercises and or physical therapy before the start of treatment with MAD.
On the long term, the side effects we can observe are some possible bite changes mostly due to muscles not repositioning the condyle back to its proper position.

The recommendation to minimizing the risk of bite changes, is to maintain a daily routine of wearing a morning repositioner.

My purpose for this paper is to create awareness for this disease. We have the capability to screen for snoring and sleep apnea. All of us have about 15% of our patients that are unaware they could be suffering from this discouraging disease, with most not knowing the consequences.

You can find very useful information at **www.aadsm.org**
I hope this is an eye opening introduction to Sleep Dentistry.

Sincerely,
Adriana Lalinde DDS
AADSM Diplomate

MBDS Educator Group "For the Love of Dentistry"

Debbie Reynon, CDA RDA BS

It is remarkable how quickly time flies by when you are in retirement mode. As I reflect on the accomplishments of my fellow educators who will also be joining me in retirement this coming June 2024, it is with sincerest gratitude of all the support we have received from our dental communities over the years.

Debbie Reynon, CDA RDA BS

Karolina Grasnuck, RDA, CDA, CPFDA, CDIPC

Our first educator of recognition is Karolina Grasnuck, RDA, CDA, CPFDA, CDIPC AS, who has been an instructor at Monterey Peninsula College RDA Dental Assisting Program for the past sixteen years. She has been in the dental field since 1980 and has worked in dental education for 26 years along with her clinical experience in dental offices. Her dental education experience includes Eden Area ROP (6 yrs.) and San Joaquin College (4 yrs.). While at MPC, Karolina started the Pit and Fissure Sealant certification course due to program requirements of the Dental Board of CA. She also assisted in the re-accreditation of the program in 2020. In her dedication to dentistry, she was one of a few hundred CDA educators that completed the CDIPC exam to become certified in dental infection control and passed in 2021. As she approaches retirement in June 2024, she looks forward to spending time with her grandchildren, camping across America, and going to Walt Disney World.

Leslie Ochinang, RDA BS

Our second educator of recognition is Leslie Ochinang, RDA BS who has been an instructor with the Mission Trails ROP Dental Careers program for high school students as well as the adult program for the past 21 years. She has been very involved with mentoring of new teachers, Skills USA advisor throughout her career, "teacher of the year" nominee twice, served on the safety committee, as well as SUHSD/ROP Advisory member for two years. Her program was highlighted for its Professional Interview Workshop Module whereby teachers visited her classroom in a learning walk through.

Leslie has stated that she is very grateful to the dental community for their support. The internship program is very strong and has had a hire rate of 95% of graduates each year. As she approaches retirement it is with mixed feelings about leaving her school district who has been very supportive and has always ensured that they have state of the art equipment in her classroom. She is excited to begin a new life in Tennessee and hopes to continue her passion in dental assisting education.

In addition to our upcoming retirees, we also want to highlight accomplishments of our other dental assisting programs. Debbie Martinez, RDA Dental Assisting instructor for the Santa Cruz County Office of Education has recently received approval from the Dental Board of CA in Coronal Polishing certification. Their program is currently applying for a grant for "apprenticeship" for their dental assisting students as well as new equipment for their classroom. An apprenticeship is a pilot program whereby the dental assisting program will be partnering with a local clinic and private offices where students will be able to earn while they learn. They hope to offer this program next year as well as Coronal Polishing to the dental community.

Yolanda Hernandez, RDA BS
Dental Assisting instructor of the Soledad ROP Dental Assisting Program recognizes her former dental assisting graduate, **Julianna Lorente, RDH was valedictorian of Cabrillo College Dental Hygiene Program this year!** It is always exciting to hear about the successes of all our dental assisting graduates.

Veronica Morales, RDA
Dental Assisting instructor of the Soledad ROP Dental Assisting Program for the adult program has a student on the waiting list for the Cabrillo College Dental Hygiene Program. We have all been very fortunate to have dental graduates who have continued in their dental education in dental hygiene as well as dentistry.

Finally, in honorarium to former educators who helped forge the dental assisting programs in Monterey County, I want to recognize **Dorothy Cox RDA BS** and **Pat Lewis RDA BS** of the **Monterey Peninsula College RDA Dental Assisting Program** as well as **Sheila Cooper, RDA** of the **Mission Trails ROP Dental Careers Program**.

Without these instructors directing the course of our dental assisting education, we would not be where we are today as dental assisting educators.

Thank you **Debi Diaz, Executive Director** and **Dr. Bridgete Clark** in establishing the **MBDS Educators group!** It has been a pleasure serving on this board of dental educators as we continue to serve our dental community! Happy retirement to our upcoming educator retirees!

Debbie Reynon, CDA RDA BS

Speed-Networking: Dentist Edition

On Thursday, September 21st, the MBDS hosted its first-ever **Speed-Networking: Dentist Edition**, at the Monterey Marriott Hotel. Overlooking the Pacific Ocean, members and sponsors gathered in the beautiful Ferrantes BayView Room.

Despite some pesky competition from a TNF 49ers Game, our event was well-attended, and all participants enjoyed themselves very much. Special thanks goes to Anna Tadevosyan, **BMO - Formerly Bank of the West**, who co-sponsored the event, along with additional funding from **TDIC & CDA**.

The MBDS would also like to thank our Industry Experts who joined as well, including: Ali Oromchian, **Dental & Medical Counsel**, Amin Amrkhizi, **Supply Doc**, Jill Hasselman, **HR For Health**, Mike Smith & Foad Ahmadi, **ROAM Realty**, Scott Taylor, **Integrity Practice Sales**, and Garrett Slate, **Wonderist**.

What a fun way to get to know our local vendors and professionals! The MBDS hopes to invite you to another fun social hour in 2024.

> "I love sleep. My life has the tendency to fall apart when I'm awake, you know?"
>
> — Ernest Hemingway

Speed-Networking: Dentist Edition (Continued)

Speed-Networking: Dentist Edition (Continued)

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Anna Tadevosyan
Practice Solutions Area Director- VP
Phone: 559-321-3234
Email: anna.tadevosyan@bmo.com

Thank You From Cabrillo College Dental Hygiene Program Director

Heather Lawler RDH, MSDH
Cabrillo College Dental Hygiene Program Director

On behalf of the Cabrillo College Dental Hygiene Program, I extend our warmest thanks for your generous contributions over the past year. We received donation checks from the Big Sur Marathon organized by Lindley Zerbe, DDS and the Shred Event hosted by the Monterey Bay Dental Society.

Your continued support is invaluable to our program, benefiting both faculty, staff, and students. Your contributions have enabled us to acquire much-needed equipment and materials that are not covered by the College.

In celebration, the dental hygiene Class of 2025 has completed their first semester. This fall, we welcomed guest speakers from University of the Pacific, Colgate, Crest, Waterpik, and Tepe, covering oral pathology and oral health education. The first-year students will commence patient care in February, with rotations at Dientes and Salud para la Gente in April. The Class of 2026 will have their clinical compliance orientation in March, and the Cabrillo College dental hygiene faculty eagerly anticipate having two cohorts again.

As a reminder, the fees at the Cabrillo College Dental Hygiene Clinic are ideal for patients without insurance who cannot afford private office care. In the Aptos Dental Hygiene Clinic, 4 quads of scaling and root planing cost $100, bitewing x-rays are $35, and panoramic images are $30. For those seeking a low-cost option with the time for multiple appointments, please refer them to the Cabrillo College Dental Hygiene Clinic. You can find our fee schedule on the Cabrillo College website for the Dental Hygiene Clinic.

Your referrals are greatly appreciated, as our students consistently need patients to fill their clinical and radiology schedules.

Thank you once again for your ongoing support.

Heather Lawler RDH, MSDH
Cabrillo College Dental Hygiene Program Director

> “Foolishness sleeps soundly, while knowledge turns with each thinking hour, longing for the dawn of answers.”
>
> — Anthony Liccione

Fundamental Practice Sale Elements for the Prudent Buyer and Seller

By Ronald P. Goldman
The Goldman Law Firm

Practice transactions are an exciting milestone for both the buyer and seller. Generally structured as an asset sale, the buyer is gearing up to become an employer / business owner and the seller is preparing to pass his/her handpiece to the buyer to carry on with servicing the patient base. Ultimately, the buyer and seller are seeking to achieve the same objective: a successful transaction with terms that are fair and mutually agreeable to both parties. Understanding the key components of a practice sale from the buyer and seller's perspective creates the blueprint to a mutually-agreeable transfer. Typically, from the point in time that an offer is accepted, a practice sale can close in as little as 30 to 45 days.

Preliminary Considerations

Sellers: Planning shall ideally begin 12-36 months prior to placing your practice for sale. When basic housekeeping and early navigation of possible marketability problems are addressed proactively, it may drastically increase the value of your practice. For example, is your practice a fee-for-service (FFS), or in-network with insurance companies, or a mix of both? If your patient base consists primarily of Delta Dental (DD) Premier patients, a buyer faces lower reimbursement rates by up to 30% if he or she joins DD as a PPO member; if the buyer chooses to go out of network, then patients will face significant changes regarding payment for services. Consulting with your attorney and accountant early is essential to understand the implications on the practice's valuation and suitable alternatives.

Does your practice have associates or space-sharing practitioners? If so, there should be a comprehensive written agreement, outlining the parties' respective rights and legal obligations so that the buyer can "step into your shoes" when assuming the reigns of your practice. This provides assurance to a prospective buyer that the third-party practitioner will not create problems after the closing occurs such as contesting who owns what dental equipment or who owns telephone numbers or fictious names.

Is there is equipment, hardware updating? For example, a practice that utilizes paper charts should determine the cost of conversion to EMR and the estimated increase in value it will bring to the practice. Hiring a practice consultant can assist with these considerations.

If your practice premises is leased, how many years are left on the current term? Are there options to extend? Gather your lease and any amendments well ahead of time in order to help you and your attorney determine whether any lease modifications should be made before the practice is listed. Alternatively, if you own the building in which the practice is housed, you need to determine if you lease or sell the real property to a buyer; if you plan to lease it, decide on the terms based on the going market values before you place the practice on the market for sale.

Will you list your practice with a broker, market it on your own or do you already have a buyer in mind?

As a final recommendation, assemble and organize financial, operational and clinical documents; this enhances the value of your practice and greatly assists all parties involved in the transfer. For example, clean up your accounts receivable well ahead of placing the practice up for sale. The same applies to credits owed to patients; refund patient credits or have patients apply their credits to dentistry that is completed prior to the closing date so that it does not become an immediate reconciliation problem at the time you sell your practice.

Buyers: There are California-based lenders, insurance brokers, consultants, attorneys and accountants, all whom specialize and focus on general and specialty dentistry business operations. Assemble your professional team for the purchase of a dental practice early. Determine the geographic areas you find acceptable to purchase a practice and reach out to practice brokers with listings in that area.

Buyers can apply for preliminary approval with lenders to pre-qualify for practices within a specified purchase price and if your finances are not as strong as the lender may require, work with the lender and/or your accountant to determine how you can strengthen your financial position. This may result in more favorable terms when it comes time to secure a practice loan.

When you find a practice that interests you, you will generally receive a financial packet comprised of the Seller's tax returns and related financial statements for a three-year time period. Your accountant should be able to review this information to provide you with a summary of whether the practice would provide you with sufficient net income after overhead and loans and whether

the asking price is within industry norms. Often, a dental accountant can also identify any irregularities in income and expenses of a dental practice that may raise a red flag for further inquiry. This same financial package will be provided to your lender who will also perform their own financial review of the practice.

If there are multiple interested buyers, you may be asked to submit a letter of introduction to the seller. As such, consider pre-drafting the letter. This provides you with time to incorporate the unique perspective, education and training, or other details that differentiate you from the crowd to demonstrate why you would be the Seller's best choice to assume his/her patient base.

Step 1: Letter of Intent

The Letter of Intent (also referred to as Offer or Memorandum of Understanding), (collectively "LOI"), is generally a two-to-four-page document that outlines the basic terms of the transaction.

The LOI should clearly identify the purchase price, method and terms of payment and closing date. The LOI also typically contains terms that address seller's accounts receivable, covenant not to compete (CNTC), whether a deposit is being paid and the conditioned under which a deposit will be returned if the transaction does not close.

Sellers: Consult with legal counsel to determine if there are elements of the transaction that would be beneficial to address early. For instance, if a dentist has multiple office locations within a 25 mile radius of the practice which is for sale, then the CNTC needs to have a carve out for the practices within the covenant area. Or if the Seller plans to teach at a dental school or hygiene program, those professional engagements need to be identified and allowed within the CNTC. Lastly, if the sale is conditioned upon the Seller remaining in the practice for a period of time after the Closing Date as an associate, then those terms need to be specified in the LOI.

Buyers: The LOI should be NON-BINDING and any pre-closing deposit should be fully refundable if the transaction fails to close. If the transaction utilizes an escrow company, the parties should equally split the escrow fees. Consider what type of entity will you utilize for the acquisition such as a sole proprietorship, professional corporation or partnership (a LLC or LLP cannot own a dental practice in California) Also, pay close attention to the contingences to ensure that you have the right to terminate the transaction without fault if (1) the assets do not transfer free and clear of liens and encumbrances on the closing date, (2) you cannot obtain funding in an amount of the purchase price plus working capital, (3) you are unable to negotiate a fair lease with the landlord or in the case of a real property purchase, the transactions will not close concurrently, (4) the parties cannot agree on the terms of the Asset Purchase Agreement; or, (5) you are not satisfied with your due diligence review of the practice. The Buyer should beware of an LOI which states it is binding; that type of LOI typically pre-negotiates all of the key terms of the deal in a way far more favorable to a Seller which can severely limit the buyer's ability negotiate more favorable terms once legal counsel becomes involved.

Step 2: Negotiation of the Asset Purchase Agreement and Ancillary Documents

The Asset Purchase Agreement, (APA), contains the pertinent terms of the transaction and typically spans around 20-40 pages. The APA identifies the tangible assets (equipment, furniture, hardware, software, etc.) and intangible assets (goodwill, website, phone number, email and social media accounts), that are being sold to the buyer. The APA along with a premise lease and any associate agreement (if you are hiring the seller or any existing associates in the practice post closing) are negotiated and finalized during this time. Once these agreements are finalized and signed, the transaction is one significant step closer to closing.

Sellers: You should read and understand the complete APA, and consult with legal counsel for explanation or clarification of its terms. For example, the APA should specify how your accounts receivable, (A/R), will be collected either by the buyer or seller after the Closing Date. Sometimes the A/R are sold at a discounted price, or it remain the seller's separate property to be collected outside of the practice. If you retain ownership of the A/R, the APA should very clearly specify the post-closing tracking, collection and pay out of the A/R to you. If it is not adequately drafted, the A/R is one provision which commonly results in post-closing disputes.

The APA should be tailored to reflect your practice's unique business operations. Do you offer discounts to non-insurance patients or offer a special payment plan based on financial need? Do you utilize third-party social media managers, claim submission and billers, collection companies or appointment reminder companies? Do you offer oral guarantees on implant or restorative patients? These are all important facts that need to be disclosed to the buyer.

Prior to the closing date, a letter of announcement (LOA) should be drafted and approved by you and the buyer. It informs active patients of record (seen within 3 years from closing) that you are retiring, leaving the practice or changing your status in the practice. The letter shall introduce the buyer and the letter encourages your patients (or referral sources for specialist) to utilize the buyer after closing. The LOA is a vital document which protects the seller against claims of abandonment and is an important marketing tool for the buyer.

You will work with your attorney, accountant, practice broker, consultant and the buyer to finalize the Asset Purchase Agreement.

Buyers: You should read every word and fully understand the APA. You cannot blame your lawyer or accountant for adverse language in the APA if you fail to read it in its entirety. In addition, you shall conduct a due diligence review of the practice financials (production, collections, expenses, staff salaries, aging of accounts receivable) and the clinical side by review of the patient charts, business operations and tangible assets, (e.g., furniture and equipment). If you find anything out of the ordinary, you need to pursue it since dental deals move pretty quickly! Generally, the tangible assets transfer in 'as is' condition on the closing date, therefore, you must ensure that the equipment, premises and records are in a condition that is acceptable to you before the closing occurs. For example, if you determine from a chart audit that the seller never collects patient co-payments and you intend to diligently collect them from patients when due, there is a good chance that many patients will get upset which may result in patient attrition or low reviews on rating websites; this type of finding would be important to discuss with your advisors. Any issues that you

discover should be shared with your attorney, accountant and/or consultant to resolve prior to the closing date.

After the APA and related transaction agreements are signed by buyer and seller, you should meet the office staff; generally, this occurs close-in-time to the closing. You will purchase the software licenses to the dental software and transfer the electronic dental record (EDR) data upon closing. Be sure to comply with EDR off-site backup obligations! You will also need to have the following insurances in place: malpractice, workers compensation, premises (fire and liability), life and disability insurance and employment liability.

If escrow is utilized, you will receive a settlement statement that outlines the distribution of payment.

Step 3: The Closing

After the transactional documents are finalized, the closing occurs. Closing is when the purchase funds are distributed to the seller, the seller's broker and to lien holders in order to provide buyer with clear title to the practice.

Sellers: You will sign a bill of sale that conveys the practice assets to the buyer. You will work with your accountant and attorney to determine when is an appropriate time to close down your dental practice entity, terminate insurance policies or obtain tail coverage and otherwise wind down operations. The letters of announcement shall be mailed as soon after the closing as possible. After the loose ends are all tied, it is margarita time!

Buyers: On the closing date, you get the keys to the dental practice and the imaginary yellow ribbon is cut – your dental practice future literally lies in your hands.! Of you first official duties as a boss, you will hire staff members, (generally buyers offer employment to the seller's former staff in order to assist in the transfer of goodwill), establish your own vender accounts and carry on with the practice of dentistry.

In conclusion, the transition is an exciting and sometimes challenging process for the seller and buyer. Early and strategic planning coupled with retaining a qualified professional team to assist you with the process will increase the likelihood of a successful transition.

Healing California

Watsonville - Pajaro Valley Unified School District

Watsonville High School
250 East Beach St
Watsonville, CA 95076

Saturday, February 24, 2024
9:00 AM - 5:00 PM

Morning and Afternoon Shifts Available

DENTAL VOLUNTEERS NEEDED

Now more than ever, our most vulnerable populations in and around the Watsonville area need your help!

Dental Specialties needed

- General Dentists
- Oral Surgeons
- Dental Hygienists
- Dental Assistants
- Dental Students
- Dental Sterilization
- Dental X-ray Technicians
- General Support

We will be offering free exams, x-rays, cleanings, fillings, and extractions. All equipment, supplies, and personal protective equipment will be provided, including N95 masks.

SIGN UP TO VOLUNTEER HERE

www.healingca.org

volunteers@healingca.org

(310) 846-0903

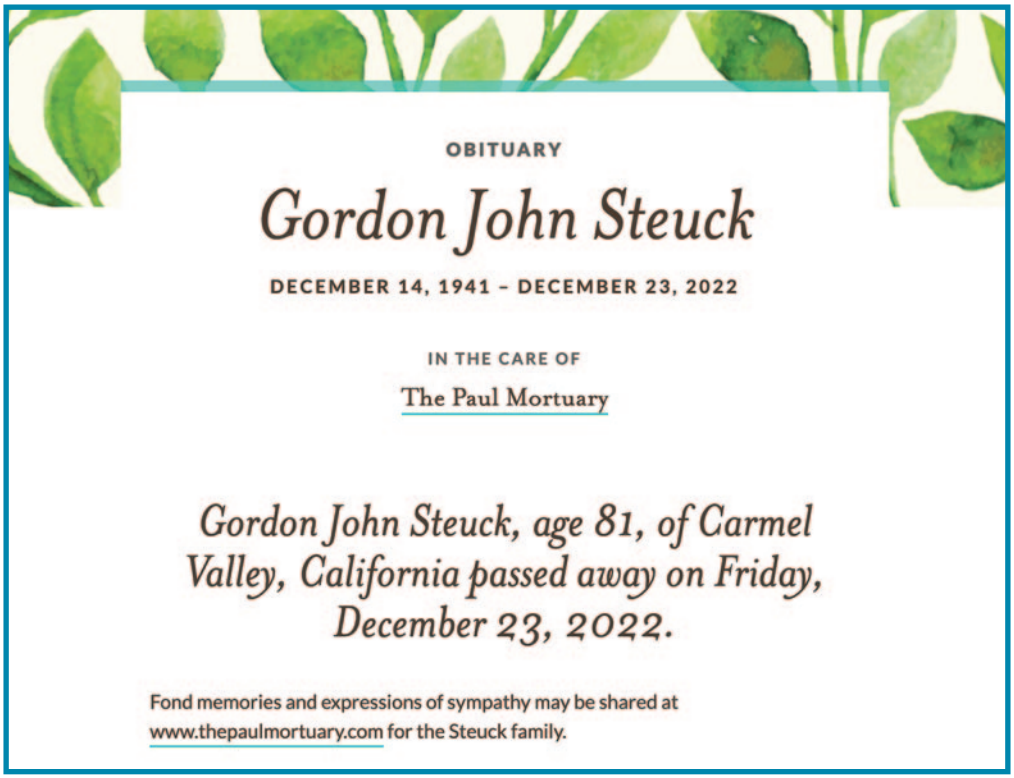
Healingca.org | info@healingca.org | (310)893-5718 Healingcalifornia Healingcalifornia

Robert "Bob" Michael Mraule, DDS

Robert "Bob" Michael Mraule passed away surrounded by his family on April 28th, 2023 following a short but fierce battle with cancer at the age of 73 years. Bob was a dedicated father and grandfather, caring husband, masterful surgeon, gifted athlete, a curious intellectual, diligent analytic, and DIY enthusiast. He was known for continually putting the needs of others ahead of his own, and for being the hardest working man that most of us will ever know.

Bob lived life to its fullest and valued his relationships with his family and friends above everything. He loved traveling and visited the several corners of the globe more than a few times and made lifelong friends on many continents. Those close to him remember his love of corny jokes or silly pranks, often resulting in uncontrollable laughter. Bob loved being a dad and was extremely proud of his sons. He was looking forward to passing on his knowledge, life-learned l essons and humor to his grandchildren. Bob had a strong faith in God and believed that he would see his father, grandparents, cousin, great aunt and all of the people he loved who passed before their time.

Bob is mourned and will be missed by his family: mother Yvonne; wife Denise; son Matthew; son Mark, daughter-in-law Emily, and grandchildren Louise and Oliver; brother Richard and sister-in-law Carol; sister-in-law Charla Randall; Sandra Mraule (former wife and mother of Bob's sons); maternal uncle Harold and aunt Lola Pischke; Denise's son and daughter Brian and Meghan Murphy; several cousins, nieces and nephews; and numerous close confidants and friends.



OBITUARY

Gordon John Steuck

DECEMBER 14, 1941 – DECEMBER 23, 2022

IN THE CARE OF

The Paul Mortuary

Gordon John Steuck, age 81, of Carmel Valley, California passed away on Friday, December 23, 2022.

Fond memories and expressions of sympathy may be shared at www.thepaulmortuary.com for the Steuck family.

Parting Shot

PHOTO: Dr. Carl Sackett

Even on a windy day, the view from the top of Garrapata is unwaveringly breathtaking and majestic. If you are ever in need of some peace, and the beauty of Mother Nature, this hike will always deliver as promised—Big Sur will forever be one of the favorite highlights of our California Coastline.

> *"Eat healthily, sleep well, breathe deeply, move harmoniously."*
>
> — Jean-Pierre Barral