Four Ways to Transform a Downturn into an Upswing

By Jan Ferri-Reed

When times get tough, as they are right now, it’s critical for leaders to provide employees with direction that is both focused and positive. Outside of the office, you and your staff may be under pressure from the effects of the market changes. Negativity can be contagious and worry can cause people to lose sight of their goals. Success often takes a back seat to survival when morale begins to sag.

Managing in tough times is a unique challenge, but a leader’s role is to dispel negativity and inspire followers to look at the positives.

The Duty to Provide Language Translation

By Kevin Perez

EDITOR’S NOTE: The following article addresses language interpretation only. It does not address the Americans with Disabilities Act (ADA), a federal law that regulates how you treat patients and employees who have disabilities. Rules include access of guide/assistance dogs and sign language translation. Contact the American Dental Association at (800) 621-8099 or the Department of Justice at (202) 514-0301 for compliance requirements.

Every year, more and more dentists are learning the hard way that federal law requires them to provide language interpretation and translation services to patients who do not speak English or who have limited English proficiency (collectively, “LEP”). Often, the realization that such an obligation exists first occurs when the Department of Justice of the Department of Health and Human Services puts the practice on notice that it plans to conduct an investigation. In order to clear up any confusion, this article gives an overview of the source and scope of the duty to provide interpretation and translation services, followed by a discussion of the costs of noncompliance and some risk management strategies.

It is important to note that all healthcare practices, regardless of size, which accept payments from Medicaid, Child Health Plan Plus (CHP+), the Colorado Indigent Health Program (CHP) and/or any other fully or partially federally funded entitlement programs have a duty to comply with Title VI of the Civil Rights Act of 1964. Title VI and its implementing regulations make it clear that dentists who receive these federal funds are required to take reasonable steps to ensure meaningful access to their services by LEP patients. These steps can include providing adequate information to LEP patients, ensuring that LEP patients can understand the services and choices available and ensuring effective communication between the provider and LEP patients.

Interpretation and translation services range from the informal use of bilingual employees to the use of telephone or in-person professional interpretation or translation services. In order to determine what level of interpretation and translation service is required to rethink our vision, so that our team can even emerge from the “crisis” changed for the better in a profound way.

Creativity blossoms under pressure: The history of innovation is filled with stories of solutions that arose out of conflict and economic necessity: synthetic rubber, canned meats, penicillin and much more. As a leader, your job is to challenge your team members to take a fresh look at your office processes, so they can find better ways of doing things. When the climate becomes challenging, you have to motivate employees to challenge assumptions and expectations.

Continued on page 18

Everyone comes into this world with an innate and unique potential for success and fulfillment. Some people realize their dreams and live a life of contentment. But sadly, many others do not. Illness, poverty, family demands and a lack of education can turn hope into despair. Without medical relief, the most promising lives into an ongoing struggle. International Medical Relief (IMR) promotes the well-being of underdeveloped communities through a comprehensive continuum of services provided on medical mission trips. IMR trips contribute to the world’s communities by improving the overall health, wellness and medical relief of the people. On these trips medical mission teams provide diagnosis and treatment, partnerships with local medical relief designers, conduct community medical and wellness training and foster principles of medical relief prevention. Read all about our editor’s recent trip to Ethiopia on page 2.
International Medical Relief in Ethiopia

by Dr. Matt Dunn, Editor

Looking out the airplane window, on about the twelfth hour of a fourteen hour flight to Ethiopia, the hazy streak of water I’d been watching suddenly divided in the Sahara dust. The map suggested we were flying over Khartoum, where the White Nile and the Blue Nile become simply the Nile, en route to Cairo. As the plane followed the White branch southeast towards Ethiopia, it began to sink in that our team of twenty-plus healthcare volunteers was getting pretty far from home.

With two dentists, two plastic surgeons, one obstetrician and an assortment of nurses and students, the International Medical Relief team arrived in Addis Ababa. Then we flew to Mekele, our destination of Mekelle, a remote city in Northern Ethiopia not far from the Red Sea.

Walking into the Mekelle Hospital the next day, we saw the several hundred prospective patients on hand to welcome the Americans. Word had gotten out, with demand for healthcare apparently quite profound in one of the poorest regions of the eighth poorest nation on earth.

I was informed that 305 individuals had gathered around the dental clinic, marking a spectacle of fist-clenching chaos. The dental team lugged its bags and suitcases through the crowd and into the clinic, laid out instruments, set up a sterilization area and started the screening process.

Along with Dr. Don Vollmer of Castle Rock, and Keren Ezion, a pre-dental student from New York, we took down each name and set up basic treatment plans and arranged general appointment times for the week ahead. We were joined by two capable Ethiopian dental technicians and eight nurses who rotated into the clinic.

Over the next five days we worked our way through the list of patients. One after another, with subsequent patients thronging the doorway. The most necessary procedure was often the extraction. Some patients required scaling and debridement — with periodontal disease almost universal in the area — and some inquired about fillings. On the occasional tooth which afforded reasonable access to a spoon excavator, we carefully placed Geristore dual-cure restorations and hoped for the best.

The dental chair was a creaky 1973 Dental-Ease model which could be moved up and down if you held the wires just right around the plug-in. A bent-arm lamp was used to help with lighting, though my battery-pack loupelight attachment proved indispensable.

It was a definite jolt to the standard dental routine to find myself working in a small room, with a dozen sitters around the chair chattering in Tigrinya, with doves more clamoring outside waiting to get in. Working during the August monsoon season, a string of afternoon rain storms battered the tin roof of the clinic, offering the sensation of being drenched to the sound of machine-gun fire overhead.

The electricity often went out during these storms, leaving the clinic room dark save for a beam of LED light between my forehead and the tooth I happened to be working on. As the days went by, focused and intense, I realize I had stopped noticing when the power had gone off — just kept on working away.

Though many of the Ethiopian patients were living with staggering levels of suffering, in terms of their dental and overall health, I was amazed by their optimism and good cheer. Quick to smile, quick to laugh, you wouldn’t imagine that Ethiopians have endured the history of famine, war and dictatorship that they have.

I’m not exactly sure what to make of that, nor am I sure how best to respond to such scenes of hope and heartbreak, courage and happiness against the odds. But I do hope to find time to work again in Ethiopia someday, and am thankful for the chance to have spent some days in the Mekelle Hospital last August.

Special Thanks to Ben Carroll at Sullivan-Schein for donating some of the supplied used in the dental clinic. Also, special thanks to Shoshana Vollmer-King of International Medical Relief. Also, thanks go to Keran Ezion for contributing to this article.

Upcoming Opportunities

Sign-up for our Patient Record Shredding Extravaganza and destroy confidential documents with peace of mind and in accordance with State Board regs, for an additional fee of $60 per doctor. Visit our website mddsdentist.com/members/BetterShredder.asp or call (303) 488-9700, ext. 3270 to sign-up TODAY! Visit the Better Shredder at the Rocky Mountain Dental Convention — Booth #500!

Underscore the importance of oral health through community volunteerism

MDDS and CDA would like to make you aware of two excellent opportunities that exist in helping us raise dentistry’s profile as caring community partners in overall health. Please consider volunteering up to one day of your time to help us impact more lives than ever in 2009.

Give Kids A Smile Day (GKAS): A national oral health outreach program that results in treatment for hundreds of thousands of children. GKAS is a nationwide day of free dental treatment and education for underserved children. Help make a difference on Friday, February 6, 2009. Participants will be awarded CE credits for involvement.

9Health Fair: Promoting preventive health maintenance and providing accessible health screening services. The goal of the 9Health Fair is to be a leader in preventive health information and to bring attention to crucial health issues affecting the public. Dentistry must be represented at Colorado’s largest non-profit, volunteer-driven health fair program in order to advance oral health awareness and influence health outcomes. Please commit to one, half-day during April 12-20, 2009 from 6:30 a.m. to noon. Call (303) 488-9700, ext. 3270 to request volunteer information.

©2008 Metropolitan Denver Dental Society

Reflections
The MOLARS
Although Mother Nature didn’t deliver ideal golfing weather, local dentists and friends of the dental community didn’t let a little rain dampen their competitive spirit during the 2008 MOLARS Dental Golf Championship. Over 130 golfers participated in the 3rd annual tournament, hosted by member endodontist and bighearted Smile Again Program™ volunteer, Dr. Scott Whitney. The event, held on September 12 at The Ridge at Castle Pines North, served as an excellent networking opportunity for a good cause.

The tournament raised $5,000 for the Metro Denver Dental Foundation’s Smile Again Program™! “We are extremely proud of our relationship with the Foundation,” said Dr. Whitney. “Not only do Smile Again patients benefit from pain reduction and improved oral health, I have personally witnessed the growth in confidence and self-esteem that inspires these women to move beyond the absurd and enjoy a higher quality of life.”

Dr. Whitney once again delivered a first-class event. All golfers were treated to impressive gift bags, great hole-in-one contests — like a shot at $100,000 — and a fabulous post-game reception with delicious food and deluxe prizes. Call (303) 397-7668 to reserve your spot at the next MOLARS Dental Golf Championship, scheduled for September 2009.

Special thanks to Dr. Whitney and the staff of Park Ridge Endodontics and Southlands Endodontics, all golfers and the following sponsoring organizations for their commitment to this tournament:

Advantage Golf
Amica
Anthem
Assurant
Berkley Risk Services of Colorado
CareCredit
Delta Dental of Colorado
Dentemax
Dentsply Tulsa Dental Specialties
Foothills Commercial Builders, Inc.
Guardian
Henry Schein Dental
High Plains Computer Services, LLC
Keystone Dental
Meisinger
Merrill Lynch
Park Ridge Endodontics
Patterson Dental
Perry & Young
Southlands Endodontics
SybronEndo
SW Insurance Corp.
Utxs Enterprises
WAMU

2009 MDDS Board of Directors Nominations are Now Open

NOMINATIONS CLOSE MARCH 13, 2009

MDDS volunteer leaders are the embodiment of the organization’s intellectual diversity and continually shape the dental profession in the metro Denver area. An inclusive Board inspires innovation, creative thinking and problem solving. We are seeking dedicated individuals to participate in setting policy and direction for the organization and in representing the needs of our membership. Those who have served on our Board found the experience to be rewarding, challenging and enjoyable.

As a member of MDDS, you may be eligible to run for one of the following elected positions in 2009:

- MDDS Treasurer
- MDDS Board of Directors (2 positions open)
- CDA Trustee

Nominations close March 13, 2009. For more information regarding the basic functions and eligibility for each position or to announce your candidacy, contact one of the following:

- Dr. Michael Varley, Leadership Development Chairman (303) 470-0500
- Dr. Diane Fulks, MDDS Secretary (303) 738-4900
- Ms. Carrie McRoon, Member Services Director (303) 488-9700 ext. 3272

If you are not available to serve as a Board member currently, but wish to build a stronger leadership role within the organization, MDDS encourages you to join a committee or become a CDA or ADA delegate.
Ask the Expert: Practice Management Series

Editor’s Note: We asked three local practice management/transition consultants to discuss opportunities, challenges and future predications for metro area dentists in our “Ask the Expert” practice management series. Please submit your questions for consideration in the March/April 2009 issue. Ask the Experts column to pr@mddsdentist.com or call (303) 496-9700, ext. 3279.

What does the future hold for practicing dentists?

Kizer: It is difficult to look at the future when we are watching and hearing about an unprecedented economic situation. However, if we look at the situation without emotion, we know that the economy will improve and we will weather this storm. The future will continue to provide opportunity for dentists. Two things that dentists can do to strengthen their position in this difficult economy are to reduce debt to provide better cash flow and to continue marketing plans. Your patients need to remember that you are there to take care of them and their families. Marketing and patient education have always been two of the differences during the past recessions between practices that survive and continue to grow and those that do not. We need to be aware of the changes that will affect these aspects of our practices as we proceed through their hesitancy. Be aware that the practice of the future will reflect changing demographics and trends. The dentist that has vision, the leadership training to present that vision to his team, plus the relationship skills needed to keep their business one of value to the patients, will be able to weather the current financial situation and achieve continued success.

Kirsch: Due to the current economic crisis, I believe the short-term future for dental practice success will depend upon the dentist’s ability to control and reduce their overhead, avoid taking on additional debt and continue to focus on treatment quality instead of quantity. Many dentists accept several reduced fee plans and are successful because they know the “numbers” of the practice and make adjustments as needed. More often than not however, a dentist will accept reduced fee plans and is unaware of the impact on overhead and profitability. They are busy, but not profitable. Even in tough economic times, many practices continue to thrive and prosper because the dentist and team are proactive versus reactive and make the necessary changes. The future is optimistic for dentists who know the “numbers,” control their overhead and are able to retain patients through customer service and relationship building skills.

Spear: One word, “flexibility.” The days of doing business as usual have past. What we have known to be standards or absolutes have changed dramatically. Nowhere is that more evident than in practice sales. From a sales position, the partial seller carry principle has been reintroduced into the lending language. From a purchase standpoint, the new buyer may have to pass up all the bells and whistles and make do with what the current practice provides for a few years. Associates will need to understand the limitations of private practice and take more responsibility for their personal productivity. I believe the dentist as a small business owner will need to learn again how to do more with less. There are two ways to have money; one, earn more, two, spend less. The flexible thinker will find ways to accept the philosophy of accepting or not accepting reduced fee dental insurance programs in their practices. Many dentists accept several reduced fee plans and are successful because they know the “numbers” of the practice and make adjustments as needed. More often than not however, a dentist will accept reduced fee plans and is unaware of the impact on overhead and profitability. They are busy, but not profitable. Even in tough economic times, many practices continue to thrive and prosper because the dentist and team are proactive versus reactive and make the necessary changes. The future is optimistic for dentists who know the “numbers,” control their overhead and are able to retain patients through customer service and relationship building skills.

Register by April 3, 2009 to be an MDDS Delegate!

MDDS needs delegates and alternate delegates for the CDA House of Delegates meeting on Friday, June 12, 2009 in Valencia, CA. Active or retired members in good standing for at least three (3) consecutive years as an MDDS member are eligible to serve. MDDS maintains a vital voice on the CDA House floor, serving as CDA’s largest component and representing over 1,500 dentists in the metro Denver area. Delegates are needed to represent MDDS in addressing important issues currently affecting dentists in Colorado and in shaping the future of dentistry. You can make a difference on the national level, as well. If you have served on the state level as a delegate for three years or more, you may be eligible to become an ADA delegate or alternate delegate for the 2010 Annual Session in Orlando, FL. ADA delegate nominations are due by February 2009. To become an ADA delegate, call the ADA at (303) 740-6700.

If you would like to be an MDDS delegate or alternate delegate, please contact (303) 488-9700, ext. 3272 or members@mddsdentist.com.

Let Your Voice Be Heard! Register by April 3, 2009 to be an MDDS Delegate!

Lynda Kizer is president of Lynda Kizer & Associates, Inc. She may be reached at (303) 794-6642 or lyndakizer@worldnet.att.net. Amy Kirsch is the founder and president of Amy Kirsch & Associates. She may be reached at (303) 794-0056 or amykirsch@kirschandassociates.com. Susan A. Spear is founder and owner of SAS Transitions. She can be reached at (303) 973-2147 or susan@sastransitions.com.

What does the future hold for practicing dentists?

Kizer: It is difficult to look at the future when we are watching and hearing about an unprecedented economic situation. However, if we look at the situation without emotion, we know that the economy will improve and we will weather this storm. The future will continue to provide opportunity for dentists. Two things that dentists can do to strengthen their position in this difficult economy are to reduce debt to provide better cash flow and to continue marketing plans. Your patients need to remember that you are there to take care of them and their families. Marketing and patient education have always been two of the differences during the past recessions between practices that survive and continue to grow and those that do not. We need to be aware of the changes that will affect these aspects of our practices as we proceed through their hesitancy. Be aware that the practice of the future will reflect changing demographics and trends. The dentist that has vision, the leadership training to present that vision to his team, plus the relationship skills needed to keep their business one of value to the patients, will be able to weather the current financial situation and achieve continued success.

Kirsch: Due to the current economic crisis, I believe the short-term future for dental practice success will depend upon the dentist’s ability to control and reduce their overhead, avoid taking on additional debt and continue to focus on treatment quality instead of quantity. Many dentists accept several reduced fee plans and are successful because they know the “numbers” of the practice and make adjustments as needed. More often than not however, a dentist will accept reduced fee plans and is unaware of the impact on overhead and profitability. They are busy, but not profitable. Even in tough economic times, many practices continue to thrive and prosper because the dentist and team are proactive versus reactive and make the necessary changes. The future is optimistic for dentists who know the “numbers,” control their overhead and are able to retain patients through customer service and relationship building skills.

Spear: One word, “flexibility.” The days of doing business as usual have past. What we have known to be standards or absolutes have changed dramatically. Nowhere is that more evident than in practice sales. From a sales position, the partial seller carry principle has been reintroduced into the lending language. From a purchase standpoint, the new buyer may have to pass up all the bells and whistles and make do with what the current practice provides for a few years. Associates will need to understand the limitations of private practice and take more responsibility for their personal productivity. I believe the dentist as a small business owner will need to learn again how to do more with less. There are two ways to have money; one, earn more, two, spend less. The flexible thinker will find ways to accept the philosophy of accepting or not accepting reduced fee dental insurance programs in their practices. Many dentists accept several reduced fee plans and are successful because they know the “numbers” of the practice and make adjustments as needed. More often than not however, a dentist will accept reduced fee plans and is unaware of the impact on overhead and profitability. They are busy, but not profitable. Even in tough economic times, many practices continue to thrive and prosper because the dentist and team are proactive versus reactive and make the necessary changes. The future is optimistic for dentists who know the “numbers,” control their overhead and are able to retain patients through customer service and relationship building skills.

Register by April 3, 2009 to be an MDDS Delegate!

Lynda Kizer is president of Lynda Kizer & Associates, Inc. She may be reached at (303) 794-6642 or lyndakizer@worldnet.att.net. Amy Kirsch is the founder and president of Amy Kirsch & Associates. She may be reached at (303) 794-0056 or amykirsch@kirschandassociates.com. Susan A. Spear is founder and owner of SAS Transitions. She can be reached at (303) 973-2147 or susan@sastransitions.com.
Your patient has terrible pain, and implores you to pull the tooth. But there is no decay. You ask what the pain feels like, and here is the clue. “It is like bottled lightning. I get these terrible electric shocks through my jaw.” From that description, different from the throbbing of infection, or the burning of nerve damage, you know this person has trigeminal neuralgia. Trigeminal neuralgia is characterized by lancinating, electric shocks, in the lower or upper jaw, or forehead. It is also called “tic douloureux” because of the painful grimaces. People cannot talk, brush their teeth or eat. Some consider suicide.

The typical age is 60. Incidence is 4 per 100,000, a rate of 180 Coloradoans each year. The trigeminal nerve is the 5th cranial nerve leaving the brainstem traveling to Meckel’s cave becoming 3 branches (trigeminal or triplet) to bring sensation from the forehead, and upper and lower jaw. Arterial pulsations damage the nerve. Gabapentin and gabapentin anti-seizure medications reduce the excitability of neurons and stop the pain. Side-effects are confusion, lethargy and dizziness. When the pain persists and side-effects are severe, then surgery is considered.

Younger patients can safely undergo microvascular decompression (MVD) creating a window in the skull to place insulation between artery and nerve. The 85% pain relief is usually permanent. There are operative risks of general anesthesia, bleeding, meningitis and cranial nerve damage. Percutaneous radiofrequency or balloon needle placement through the skull is performed less because of frequent permanent facial numbness and early pain return.

Gamma Knife radiosurgery is outpatient major neurosurgery without general anesthesia or incision. Gamma Knife is a high precision radiosurgery device that uses cobalt derived gamma rays to treat intracranial problems including trigeminal neuralgia, metastatic brain tumors, benign tumors like acoustic neuroma and meningioma, and arteriovenous malformations. A metal frame is attached to the skull, so local anesthetic injections numb the scalp. The frame allows MRI and CT imaging, targeting and radiation delivery all in one session. The 4 mm radiation sphere is precisely focused and gently alters the nerve usually giving permanent relief. During the painless radiation treatment, the patient can listen to music or take a nap. The whole procedure is complete in 4 hours. Gamma Knife gives an 85% good result (50% complete pain relief off all medication, 30% pain reduced by more than half on some medications, 20% not helped). Pain relief is typically within one month. Risks are 15% chance of developing facial numbness and 1 in 1,000 chance of radiation induced cancer. Gamma Knife is a standard treatment covered by all insurances, including Medicare. Since 1991, more than 15,000 people with trigeminal neuralgia have been treated with the Gamma Knife.

If your patient has severe face pain with electric shooting quality, then think of trigeminal neuralgia. When medications do not stop the pain or cause lethargy, then Gamma Knife is a very effective, safe treatment, with MVD open-neurosurgery useful for younger patients.

Marcus Keep MD, FRCS, FACS is Medical Director of the Swedish Gamma Knife Center and neurosurgeon at Swedish Neurosurgical Associates. Dr. Keep is board-certified in neurosurgery in both the United States and Canada. He graduated from Dartmouth College and the Medical University of South Carolina. Dr. Keep received his neurosurgical training at the Montreal Neurological Institute, McGill University. He had research fellowships at the Salpêtrière in Paris, France and Lund University, Sweden. Marcus received his certificate in Gamma Knife training from the Karolinska Hospital in Stockholm, Sweden. Dr. Keep was Director of Research and Functional Radiosurgery at the Gamma Knife Center of the Pacific in Honolulu, Hawaii where he was also clinical assistant professor at the University of Hawaii. Dr. Keep was assistant professor of neurosurgery at the University of New Mexico in Albuquerque prior to joining Swedish Medical Center. He is CEO of Mura BioLAB, a small pharmaceutical company developing cyclosporin neuroprotection treating amyotrophic lateral sclerosis (ALS) and nerve agent exposure.
The Duty to Provide Language Translation

Continued from page 1

reasonable, federal guidance provides a flexible four part analysis. The analysis looks at: (1) the number and proportion of LEP patients from each language group likely to be served; (2) the frequency with which LEP patients are actually served; (3) the nature and importance of the services to be provided; and (4) the practice’s resources.

The point of the test is to determine whether a sizable enough population of patients is affected and, if so, to determine how important the service is for the patient’s health. The more urgent and important the service, the more likely that costly and broad interpretation and translation services will be required. For example, informed consent for a particular healthcare treatment may be required.

The failure of a practice to take reasonable steps to provide LEP patients with a meaningful opportunity to take part in their healthcare can result in the restriction of the practice from receiving federal funds, as well as private suits by the aggrieved LEP individuals. These suits may result in a practice from receiving federal funds, as well as private suits by the aggrieved LEP individual. In these private suits, the LEP individual can obtain an order requiring the practice from receiving federal funds, as well as private suits by the aggrieved LEP individual.

For information on translation services in your office, visit the American Association of Translators Directory at atenet.org/onlinedirectories/.

Kevin Perez is an employment attorney and litigator. As chair of the Kennedy Childs & Fogg, P.C. employment industry group, Kevin helps his clients address the full range of employment matters, from the development of employee policies and compliance with state and federal labor statutes to the defense of employment-related cases. Kevin can be reached at kperez@kcfpc.com and (720) 946-4773.

mddsdentist.com

December 2008/January 2009

How Seasonal Changes Can Affect the Fit of Restorations

By Dave Andrus, CDT

Editor’s Note: On Thursday, February 26, 2009, MDDS and Mr. Andrus will present an evening course examining real world situations and evidence-based solutions for improving your relationship with your favorite dental lab and reducing rework. Visit mddsdentist.com or call (303) 488-9700 for details and registration.

Communication between you and your laboratory technician is vital in correcting the tricky issue of properly fitting restorations. If you have recently been receiving crowns that are too tight or too loose it might be a result of our changing weather.

Technicians understand the process of adjusting the fit of crowns with the investment liquid to water ratio. For example, less liquid and more water in the dilution will create less expansion and vice versa. A lesser known contributing factor that will seemingly erroneously adjust the fit of cast restorations with no adjustment to the water liquid dilution is the two season changes that occur in the fall and spring of each year where outside temperatures turn cold or hot.

Temperature variances of the investment liquids, investment powders, mixing bowls and mixing bowl spatulas all play a significant roll in the fit expansion of any restoration fabricated utilizing investment. As the seasonal temperatures change, human behavior will change to adapt to the climatic temperature. For example, instead of rinsing the investment mixing bowls and spatulas in cold water, they may be rinsed in warm or even hot water. The single unconscious act of rinsing the mixing bowl in warm or hot water rather than cold water can result in as much as a forty or fifty degree temperature difference. If no attention is given to regulating temperature variances, technicians will have a difficult time getting consistent fitting crowns.

Following are suggestions to discuss with your lab to help keep temperature influences as consistent as possible and the fit of your restorations consistent:

- Store everything used in the investing procedure (water, investment liquid, investment powders, mixing bowls, etc.) in a temperature controlled cabinet.
- Store enough consumable supplies for two or three days in the temperature controlled cabinet.
- Restock the consumable supplies after all the investing is done to let the temperature of the refilled consumables equalize over night.
- Develop a standard procedure of cleaning the mixing equipment with temperature controlled water so the mixing bowl and spatula temperatures will remain consistent with consecutive mixings.
- Be sure things like climate control vents, outside walls or windows do not heat or cool the supply of materials or equipment cabinet.

Dove Andrus, CDT has owned Diamond Dental Studio in the Denver area since 1987. He may be reached at (303) 822-6646.
Calendar of Events

JANUARY 2009
January 3
University of Colorado Denver School of Dental Medicine
Use of Ultrasonics vs. Hand Instruments: When & Why
Presented by: Ms. Donna Stash
Anschutz Medical Campus
Aurora, Colorado
(800) 736-1911 or CU4CDE.com

January 15–17
Metro Denver Dental Society
Rocky Mountain Dental Convention
The Colorado Convention Center
Denver, Colorado
(303) 488-9700 or rmdconline.com

February 3
Metro Denver Dental Society & University of Colorado Denver School of Dental Medicine
Basic Radiation Training for Unlicensed Dental Personnel
Presented by: Dr. Brad Potter
8:00 a.m. – 11:30 a.m.
MDDS Headquarters
Denver, Colorado
(303) 488-9700 or mddsdentist.com

February 26
Metro Denver Dental Society
Dental HouseCalls: The Case for Mobile Dentistry
Presented by: Dave Andrus
6:00 p.m. – 9:00 p.m.
MDDS Headquarters
Denver, Colorado
(303) 488-9700 or mddsdentist.com

FEBRUARY 2009
February 3
Metro Denver Dental Society
Business of Dentistry 201: Session 1
6:00 p.m. – 9:00 p.m.
Denver, Colorado
(303) 488-9700 or mddsdentist.com

February 7
University of Colorado Denver School of Dental Medicine
Pharmacology Update
Presented by: Dr. Thomas French
Anschutz Medical Campus
Aurora, Colorado
(800) 736-1911 or CU4CDE.com

February 13
Metro Denver Dental Society & University of Colorado Denver School of Dental Medicine
Basic Radiation Training for Unlicensed Dental Personnel
Presented by: Dr. Brad Potter
8:00 a.m. – 11:30 a.m.
MDDS Headquarters
Denver, Colorado
(303) 488-9700 or mddsdentist.com

February 18
University of Colorado Denver School of Dental Medicine
Biophosphonates — Where Are We at Now?
Presented by: Dr. Michael Savage
Anschutz Medical Campus
Aurora, Colorado
(800) 736-1911 or CU4CDE.com

February 21
Metro Denver Dental Society
CPR & AED Training, a Two-year Certification
Presented by: Jeff Speer
6:00 p.m. – 9:00 p.m.
MDDS Headquarters
Denver, Colorado
(303) 488-9700 or mddsdentist.com

February 23
Colorado Prosthodontic Society
Practice Growth and Implant Dentistry — Are Implants Changing the Way You Practice?
Presented by: Drs. Curtis Jansen & Lee Walker
9:00 a.m. – 4:00 p.m.
Crown Plaza DIA (Formerly Holiday Inn DIA Convention and Conference Center)
(303) 296-3851 or coloradoproassoc.com

February 26
Metro Denver Dental Society
Crown and Bridge: The New Dental HouseCalls
Presented by: Jeff Speer
6:00 p.m. – 9:30 p.m.
MDDS Headquarters
Denver, Colorado
(303) 488-9700 or mddsdentist.com

Visit mddsdentist.com to view a complete listing of dental CE and events.

Visit mddsdentist.com to learn more about the Metro Denver Dental Society and its upcoming events.

METROPOLITAN DENVER DENTAL SOCIETY
TRANSMISSING DENTIST EXCHANGE
MARCH 5, 2009
Do you wish to buy a practice, become a partner or pursue a associateship?
Are you looking for a change?
Your transition solution awaits you...
Register for this exclusive opportunity to conduct personal one-on-one networking exchanges between member dentists and graduating students or new dentists from the region who are seeking potential associateships, partnerships or purchasing/selling practices.

Presented by the Metro Denver Dental Society
DATE: March 5, 2009
TIME: 5:30 p.m. - 8:30 p.m.
LOCATION: 3690 S. Yosemite St, Ste 200, Denver, CO 80237

CONTACT MDDS FOR MORE INFO OR TO REGISTER
(303) 488-9700 OR WWW.MDDSDENTIST.COM

Delta Dental Donates New Wheels
The Colorado Foundation of Dentistry for the Handicapped’s Dental HouseCalls program is back on the road again thanks to the generosity of Delta Dental Plan of Colorado. The program brings dental care to nursing home residents and homebound individuals — people who have no other way to receive care. Their 10+ year-old van recently broke down and repairs were estimated to be very expensive. Delta’s donation of the new van will ensure that Dental HouseCalls operates for many years to come.

HouseCalls is looking for dentists interested in working with the program for a day, a week or a month for a stipend. To learn more contact Signe Linart at (303) 534-5360.

Four Ways to Transform a Downturn into an Upswing
Continued from page 1

Bad news requires good communication: If the practice is going through a tough time, leaders can’t afford to bury their heads in the sand and hope the worst will pass. Your employees almost always know more than you think about economic conditions, budgets, cash reserves, etc. Your continued silence will only serve to reinforce any fears your people are feeling. You may not be at liberty to share every organizational detail, but holding frequent open communication and frank discussions about current conditions goes a long way towards maintaining their sense of trust and confidence. Open communication tends to build a spirit of teamwork, as employees begin to think about “our challenge,” instead of “your problem.”

Leadership flourishes during tough times: A crisis can either destroy a leader’s reputation or it can make a leader’s reputation. President Lincoln comes to mind as a man with minimal experience who took the reins of leadership during one of America’s greatest threats and literally saved the union. Tough times give you a chance to grow and prove yourself. Employees look to their leaders to provide a sense of calm, confidence and clarity of direction.

Reprinted with permission. All contents copyright 2008 by KEYGroup.
New Horizons
Dental Laboratory
since 1983

Presents

Implant Supported/Assisted Attached Removables

A comprehensive review of restorative procedures, systems and components for Complete Dentures and all Implant Supported Removables including CAD/CAM Milled Titanium Bars for Attached Over-Dentures and Screw Retained Hybrids.

Dr. Richard Williamson, D.D.S., M.S., F.A.C.P.
The Team Approach to Esthetic, Functionally Stable Complete Dentures and Implant Prosthesis.

The Methodological Sequence of Prosthetics and Centrifugal/CAD/CAM Milling: Necessary to Achieve Success with Direct Attached Over-Dentures and CAD/CAM Milled Titanium Bars for Attached Over-Dentures and Screw Retained Hybrids.

Friday, January 9, 2009 · 8am to 5pm
Fall River Ballroom · The Ritz-Carlton Downtown, 18th & Curtis · Denver, Colorado

8:00 a.m. Check-in
8:30 a.m. - 4 p.m. Seminar
4:00 - 5:00 pm Meet and greet, beverage hour

$295 per person. Lunch and valet parking included.
Attendance limited to 60.
Approved for AGD CE credits

TO REGISTER: call 303-469-3362 or register online at www.DenturesonImplants.com or email denturedog@gmail.com

Discussion Topics
- Examination and Treatment Planning
- Classification of Prosthesis
- Criteria for Restorative System Selection/Case Design
- Surgical Guides – Conventional and Radiographic
- Team Communications – Surgery/Restorative/Lab
- Clinical Procedures -Impression to Delivery - including:
  - Impressioning Techniques
  - Verification of Soft Tissue/Analog Model
  - Diagnostic Set-ups for VDO/Esthetics check
  - Post Delivery Management
- Overview of Laboratory Procedures including:
  - requirements with regard to information, impressions, bite registrations, etc.
  - Occlusal Schemes -including Lingualized Occlusion to maximize function and stability and minimize lateral forces.
- A Review of the latest and best Components including:
  - Denture Teeth/Attachments/Acrylics (injection processing)

Considerations for establishing Patient Fees
Lab Fee Structures

New Topics! New Speakers! New Sponsors!
2009 will be another exciting year...

2008 was a great success! We held 6 sessions with topics ranging from "Integrating Dental Implant Restorations into Your Everyday Practice: Parameters for Success" to "Treatment of Complications and Prosthetic Challenges in Implant Dentistry". We had a total of over 510 attendees. Every session was filled to capacity.

We are working really hard to make 2009 even better
Come join us for a series of lectures with real world experiences that work with actual clinical scenarios applicable to the majority of dental implant systems. The study club is prosthetically driven and is designed to empower general dentists and their offices to build implant practices.

D.I.S.C. has several short, comprehensive evening sessions that will be offered throughout the year. AGD credits are available. The fee to the participating dentists is waived due to corporate sponsorship.

Space is limited. So, reserve your space early. 2009 sessions will be posted early December of 2008. Visit and bookmark the D.I.S.C. site for additional information on the 2009 sessions.

www.aldoleopardi.com/DISC.html

D.I.S.C. is a study club developed by a professional for professionals.

For more information call 720.488.7677.