



TENNESSEE

SEPTEMBER 2020 VOLUME 48 NUMBER 5

DENTAL

ASSOCIATION NEWS

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TDA HEALTH PLAN
ANNOUNCES
MAJOR IMPROVEMENTS

see page 18

CHEMICAL
DEPENDENCY
AND PRESCRIPTION
WRITING IN 2020:
CRISIS CHANGING

see page 8



: WELLNESS

FEATURED
FURRY
FRIENDS

see page 34

///// Bimonthly news and information for TDA members

MESSAGE FROM THE INTERIM EXECUTIVE DIRECTOR

On being invited to play tennis at the Old Natchez Country Club in Nashville, I was asked by my opponent whom I had just met, what is the purpose of the TDA. He just learned that I was serving as the TDA Interim Executive Director, and he further commented, "are you the reason my dental bills are so costly?" He did not realize how this made me play even harder. At our regular TDA staff meeting the next morning, I then threw this same question out to the TDA staff.

The staff commented that the purpose of the TDA involved:

- **Advocacy** – both at the State and Federal level
- **Member services, support and benefits** – such as group health insurance, savings on dental and office supplies, discounts on products and services, reduced rate practice finance loans and a total of 34 endorsed companies for member discounts
- **Communication** – a resource of timely information from both the ADA and the TDA, providing updates on current issues facing our profession; assisting our members to provide quality treatment for their patients by being a resource of any needed help and information; providing access to practice management coding and restrictions on-line; providing current news and action alerts
- **Continuing Education** – providing CE opportunities, tracking and reporting to the Board of Dentistry for necessary requirements

- **Peer review and patient conflict resolution** – when needed
- **Public Health Support** – providing a source of information for the public and a source of information promoting our profession to the public; providing the "Find-a-Dentist" portal for potential patients
- **Networking** – TDA Annual Meeting, exhibits and networking opportunities (during non-COVID-19 times)
- **Graduate Assistance** – working with recent graduates to help them manage their student loan refinancing as well initially starting up a practice; providing a means for recent graduates to network with new and younger dentists

There are even more reasons with specific details outlining the benefits of TDA membership that are not listed above.

However, I like what our Communication Manager added to the discussion.

"Our mission statement reads The TDA encourages the improvement of the health of the public, promotes the art and science of dentistry and represents the interests of members of the dental profession and the public which it serves."

I narrowed it down to: **Encourage. Promote. Represent.** I think of this as our tagline and the following as an expanded version of this.



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Executive Editor: Dr. DeWayne McCamish
Managing Editor: Lourdes Arevalo
Editor: Amy Williams

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“Everything we do is to advocate for oral health in the state of Tennessee: we believe in the importance of dental health and organized dentistry. The way we advocate for oral health is by encouraging the improvement of the health of the public, promoting the art and science of dentistry and representing the interests of members of the dental community and the public which we serve. We are the Tennessee Dental Association.”

I have been a member of the TDA for 50 years, and I dare anyone to say it better than she has done above. The bottom line is that the TDA is your voice and the only voice that truly represents each of you (and me as your colleague).

We learn in life there are givers and takers. We can also call them winners and losers.

Some are willing to just let others do for them while they still receive some of the benefit. These are the losers. They will never receive the full benefit because that only comes from being involved and giving back. If this were the majority, we would have no voice. There is no doubt that we are stronger together, and we must stay united even more so now with the uncertainties of the COVID-19 pandemic and the world in a total lack of unity.

We have a staff at the TDA that is focused and works daily for our TDA members to provide all the above listed reasons to be a TDA member.

The TDA was recently recognized by the ADA for being #2 in the nation for new member growth. We currently have 67.8% of the market share of actively practicing dentists. Our Membership Manager, Brittany

Hall, should receive a lot of credit for this accomplishment; However, it is also a team effort from our Office Manager, Amy Williams, our receptionist/administrative assistant, Lisa Rife, and our Communications Manager, Lourdes Arevalo.

I encourage each of you to reach out to the 987 colleagues that are not members and encourage them to be part of your local district, the TDA and the ADA.

We are stronger together, even though we are apart.

Sincerely,



Dr. DeWayne McCamish
TDA Interim Executive Director



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MESSAGE FROM *the president*

Little did any of us know in January that 2020 would challenge us to elevate our standards. In the months that followed dentistry began facing this new world thrown upon us. One where social distancing went from being a buzzword to our way of life. The landscape of dentistry changed rather quickly before our eyes and together we found ourselves navigating the challenges before us while facing opposition in our duty to provide care as essential health care workers.

“ In these turbulent times the TDA remained constant in our lives as did our commitment to our patients and our community.

In the spirit of togetherness, we faced the uncertainty of COVID-19 head on. Dentists are resilient. We're adaptable, we're positive, we're caring, and we can be successful in uncertain times.

For our current members and prospective members, I want to assure you that my intention, and that of the Board of Trustees, is to stay focused on remaining a vital benefit to our members. We encourage you to visit ADA.org/virus on a regular basis, review the

As TDA members and dental providers we must do our part in remaining up to date on the latest guidance so we can continue providing great care of our patients.

I encourage members to stay involved – and please encourage others to be involved. As TDA's President, I would like to help our younger colleagues as they enter into the professional world. As never before, they need guidance and help navigating this new normal and that's where our association can help. Over my career, the TDA has provided me the support and education to grow and progress as a dental professional and I am extremely grateful. The members of the TDA Board of Trustees, past and present, and so many active members continue to fulfill our mission of promoting excellence in the dental profession.

If you too recognize the value of TDA membership, share your stories with others and encourage them. Did you make a connection that changed your professional career? Did you learn something at an Annual Session at just the right moment? Did you chat with a colleague at a social event or local component meeting and come away with a new idea for your practice? Did you gain leadership experience on a committee or spearhead an event? Send us an email and let us know. We want to hear your story – how membership in the TDA has encouraged you.

Despite our hurdles with COVID-19, I have confidence that we can make our profession even stronger. As we lead the TDA through the year, I hope for our continued growth and connection with our members located throughout Tennessee in our nine local components.

It is my desire that in 2020 we “aspire to inspire” members of our profession and dental students, inviting them to get involved with the TDA and see us as part of their future.

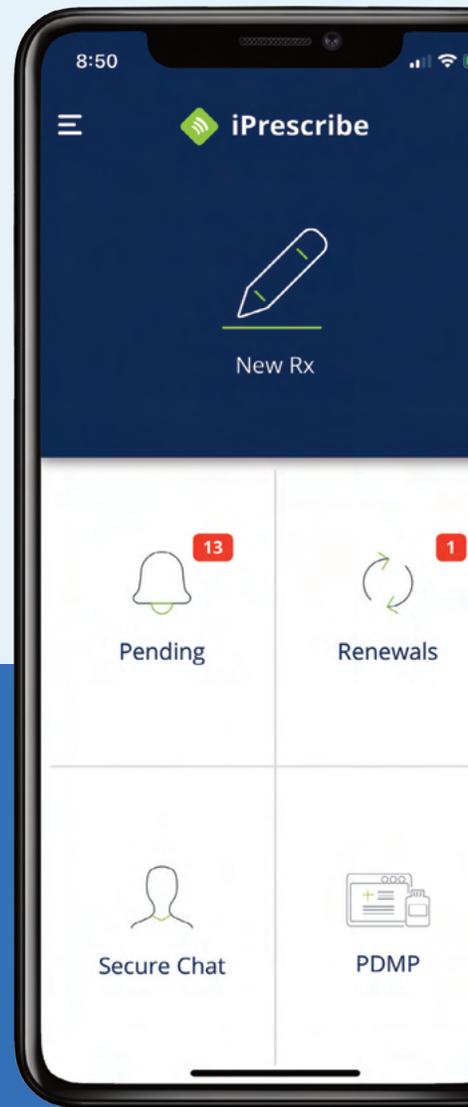
I look forward to working by your side and leading our organization forward to bright new days. It is an honor and privilege to serve as your President.





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BOARD OF TRUSTEES:

AUGUST MEETING RECAP

The TDA Board of Trustees met via Zoom Video Conferencing on Monday evening, August 10th. Because of the need for virtual meetings during the COVID-19 pandemic, TDA President Dr. Jeannie Beauchamp has scheduled more frequent meetings of the Board during her presidential year in hopes of shortening the length of time necessary at each meeting to conduct the TDA's business. Items addressed during the meeting were:

Membership: Dr. DeWayne McCamish, Interim Executive Director, stated that TDA is #2 in the nation for member growth as of July 31, 2020.

Legislative Update from Mr. Mark Greene: Mr. Mark Greene, new TDA contract lobbyist, reported that a special session of the legislature was called on August 10th and limited to the COVID-19 liability bill, telehealth legislation, and bills regarding protests and vandalism around the state Capitol. Mr. Greene clarified that the January 1, 2021 deadline to begin eprescribing controlled substances exempts dentists who prescribe less than fifty Schedule II prescriptions per year.

Tenn-D-PAC: President Beauchamp reported that the Tenn-D-PAC Board issued contributions totaling \$27,000 to thirty-six primary campaign races. Thirty-four of the candidates receiving contributions were successful in their races. Also, Dr. Beauchamp has assigned Dr. Bill Powell and Dr. Chip Clayton to review the Tenn-D-Pac Bylaws for possible updates.

Financial: Dr. Jay Davis, Treasurer, presented the TDA financial statement as of June 30, 2020. The fiscal year end June 30, 2020 audit is in progress with Patterson, Hardee and Ballentine CPAs.

Executive Director Update:

- **Executive Director Search:** Dr. McCamish reported that the Executive Director Search Committee will interview candidates for the Executive Director position and recommend candidates for final interview and selection by the Board. A motion was made to reduce the number of TDA Board members conducting the final interview to the Executive Committee rather than the entire Board. The motion failed.
- **Building and Property:** The City of Franklin approved changes made to the retention pond. Estimates are being received to repair the building roof which was damaged in a recent storm.
- **Virtual CE:** The TDA has partnered with the Arizona Dental Association to provide eighteen hours of virtual CE. TDA will share proceeds from registration with the AzDA.
- **Virtual Chemical Dependency CE Webinar:** The TDA will host a one-hour Chemical Dependency and Rx Writing webinar provided by Dr. Stephen Loyd.
- **CARES Provider Relief Fund:** Dr. McCamish applied for the TDA Relief Fund to be reimbursed for the masks purchased for the TDA members.

Bylaws Review: To follow-up on a referral back to the Board from the 2020 House of Delegates, President Beauchamp assigned the Constitution & Bylaws Committee with the task to research adding a section to the Bylaws regarding removal of an officer or trustee for cause.

Annual Session 2021: President Beauchamp said that the Annual Session Committee Leadership Team met recently to discuss possible scenarios for the 2021 Annual Session. The team is positive about exploring different options and the discussion is on-going.

President-elect: Dr. Susan Orwick-Barnes, President-elect, said that she will consider the Renaissance Nashville Hotel for the 2022 Annual Session venue, especially if it provides favorable re-negotiation options for the 2021 meeting. President-elect Orwick-Barnes has attended a series of virtual meetings for state presidents-elect, which have been informative and enjoyable.

Endorsement: The Board voted to endorse DrFirst and that company's mobile application for electronic prescribing, iPrescribe.

Editor Search Committee: Dr. McCamish said that the Editor Search Committee (of the TDA Journal) met recently and recommends pursuing an editor to revive the Journal as it had been and pursue re-accreditation by MedLine and PubMed. The Board will ask the Committee to consider other options.

ADA Sixth District Trustee Report: Dr. Roy Thompson, ADA Sixth District Trustee and TDA Past President, told the Board that he begins speaking virtually to different ADA districts in his campaign for ADA President-elect. Also, the ADA is working diligently on their budget due to significant losses during the pandemic.

ADA Council on Dental Benefit Programs Report: Dr. Hope Watson, Vice Chair of the ADA Council on Dental Benefit Programs and TDA Second District Trustee, reported that the ADA announced endorsement of Bento, a software technology company that seeks to modernize dental benefits administration.

Tennessee Wellness Foundation Report: Dr. Angie Burns, Liaison to the Tennessee Wellness Foundation, reported that Dr. David Sain, Director, typically makes presentations to over 2,000 dental professionals each year; they will offer Dr. Sain's Chemical Dependency CE presentation on their website; their grant was approved by the state of Tennessee for another year; their annual retreat is scheduled for October 23-24; and their number of participants in the program is larger than ever.

The next regularly scheduled Board meeting is scheduled on October 12th.



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Chemical dependency

AND PRESCRIPTION WRITING IN 2020: CRISIS CHANGING

Anthony S. Carroccia, DDS



EDUCATION CREDIT

This article is available to dentists, dental hygienists and dental assistants licensed or registered in Tennessee. With a passing grade, individuals will earn one (1) hour of chemical dependency continuing education credit.

To obtain credit, read the article, answer the questions that follow and return the completed exam page with the appropriate fee to: TDA, 660 Bakers Bridge Ave., Suite 300, Franklin, TN 37067 or fax to 615-628-0214 or take the exam online, pay with a credit card (MasterCard or Visa) and print your CE

certificate. Visit the TDA's website at www.tndentalassociation.com

If you answer eight (8) questions correctly, you will earn one (1) hour of continuing education credit.

If you have any questions, call the TDA at 615-628-0208.

ADA Principles, Code of Professional Conduct & Advisory Opinions state under 2.D. Personal Impairment that "It is unethical for a dentist to

practice while abusing controlled substances, alcohol or other chemical agents which impair the ability to practice. All dentists have an ethical obligation to urge chemically impaired colleagues to seek treatment. Dentists with first-hand knowledge that a colleague is practicing dentistry when so impaired have an ethical responsibility to report such evidence to the professional assistance committee of a dental society." If you know of a colleague (dentist, dental hygienist or dental assistant) who is impaired, contact the Tennessee Wellness Foundation at 615-628-3200.

“THE CONSTANT COMMERCIALS FOR MEDICATIONS AND OVER-EXPOSURE TO THE LIVES OF CELEBRITIES ARE FACTORS IN THE LIVES OF EVERYDAY AMERICANS.”

Enough now

The United States of America is considered one of the world’s greatest nations, if not the greatest. But it has a drug problem. It is a problem, much like COVID-19, that other nations do not seem to share to such extent. Thornhill suggested that other nations did not develop dependence due to advertising and entertainment regulations. (1) The constant commercials for medications and over-exposure to the lives of celebrities are factors in the lives of everyday Americans.

From 2006-2012, there were 76 billion opioid pills in manufactured in those seven years. (2) That is 10.8 billion pills a year. Or 904 million pills a month. Or 29.7 million pills a day. Or 1.23 million pills an hour. Or 20,656 pills every minute. Or 344 pills a second that come into the population through pharmacies. The nation’s population was 312,780,968 in 2012 (3) or there were enough pills for every man, woman and child to have almost 35 pills. As health care professionals, it is well known not everyone has or needs 35 opioid pills a year. However, opioids are rarely alone anymore.

The number one reason this is so newsworthy is the price tag. It is almost always about the economy. The expenses involved in substance abuse disorder (SUD) are staggering. The Society of Actuaries has estimated that from 2015-2018 the cost is \$631 billion. (4) Health care and the loss of productivity round out the top three. Criminal justice and family/education assistance also place significant financial burdens contributing towards the enormous expense.

Under health care is morbidity and mortality, which require more discussion. Overdose deaths exceeded motor vehicle accidents and gunshot wounds back in 2009. Moreover, the sum of both motor vehicle accidents and gunshot wounds combined is still lower than the deaths from overdoses alone. (5)

Dr. James Campbell argued that pain should become the fifth vital sign in 1995 for Joint Commission on Accreditation of Health Care Organizations’ patient satisfaction surveys as pain control became a focus of accreditation. (6) The American Medical Association dropped this idea as of 2016. (7) Since then, it no longer bears relevance on quality control, just social media, much to the chagrin of many practitioners. However, the damage has been done as persons have killed and/or been killed in pursuit of drugs.

Gupta showed that nearly one third of all dental prescriptions were for nonsurgical dentistry. This included operative dentistry and orthodontics.

(8) Alghofaily stated that 43% of endodontists felt pressured to prescribe opioids. (9) Again, the role of prescribers cannot be ignored as each battles the pressures of the position.

Chandrashekar illustrated that nurse practitioners prescribed, for dental diagnoses, at 3x the rate that dentists did. This means that statistics on pain medication received for dental needs could be skewed since not all perceived dental needs were and are being handled by dentists on this particular matter. Moreover, it was shown that females were more likely to get prescriptions than men. Hispanics were the race least likely to get a prescription for pain medication. (10) Clearly, on this topic, uniformity does not mean equality.

Priest published that there was a 27% increase in opioid prescriptions before weekends and holidays. But there was a greater incidence of surgical procedures on a Friday or before a holiday than on Mondays-Thursdays. (11) Many patients elect to have such procedures with the weekend to recover further and not use as many sick or vacation days. This study likely did not shock any dental specialist.





Hydrocodone is king

Morphine is the parent drug to which all other opioids are compared. Morphine milligram equivalents (MME) is an opioid conversion chart or calculator used to convert the strengths of various opioids to one standard value. That standard value is the potency of morphine which is equivalent to hydrocodone. Oxycodone is about 1.5 times stronger than morphine. Heroin is about 2-5 times as strong. Fentanyl averages about 75 times the strength of morphine. (12)



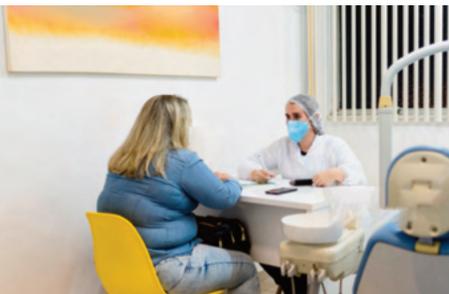
Pain control is fundamental for compassionate care and a successful practice. Moore cited that hydrocodone APAP (n-acetyl-p-aminophenol) is the most popular prescription written post-operatively for extractions since 1978. (13) However, non-steroidal anti-inflammatory drugs (NSAIDs) have greater efficacy when treating acute infection, inflammation or trauma.

Opioids bind to receptors in the brain and obtund pain and slow breathing. Opioid receptors have four classes: Mu 1, Mu 2, Kappa and Delta. All four allow for analgesia, but only the Mu 2 and Delta are involved with dependence. This means that the Mu 1 and Kappa receptors have lower abuse potential than the others. It would be advantageous to develop a receptor site specific analgesic that would only target the receptors that are not associated with dependence.

In May 2016, a Democratic Senator from Illinois, Dick Durban, wrote a letter to the American Dental Association (ADA) as well as several other professional organizations which had been perceived to have prescribed excessive opioids. He cited that, "the United States is by far the largest consumer of these drugs – accounting for almost 100 percent of the world total consumption of hydrocodone and 81 percent of oxycodone." (14) These are incredible but regrettably true statistics. The ADA President at that time, Dr. Carol Gomez Summerhays, responded the very next day. She corrected his errors and defended dentistry. In 1998, dentistry was the top prescriber of immediate release opioids in the United States. ADA policies were drafted in 2005. By 2010, dentistry had slid to third. In 2012, dentistry had dropped to be the fifth largest group of opioid prescribing specialties. (15)

More...

This addiction crisis has expanded. It has evolved into requiring "more" as many abusers will seek to combine drugs or engage in polydrug usage. This alone makes it all together more challenging and more terrifying. It is no longer just about opioids.



It is evolved into opioids and something(s) else. In August 2016, opioid awareness widened to include the crossovers with benzodiazepines. Zac Hemmila, a college football player in Arizona, died at 22 that same month from an overdose of oxycodone and alprazolam further demonstrating a need for change. By the end of the month, an official black box warning was affixed to products that contained those substances. This black box warning affected nearly 400 products. National overdose deaths involving benzodiazepines rose from 1,135 in 1999 to more than 11,537 in 2017. (16) Respiratory depression is a dangerous problem in mixing these two drug classes as the benzodiazepines act on the GABA-A receptors.

The “Holy Trinity” of drugs is an opioid, a benzodiazepine and a muscle relaxant. It is said to produce a euphoria similar to heroin. Tennessee Code Annotated (T.C.A.) 63-1-402 states that prescription writing/chemical dependency courses should discuss the muscle relaxer carisoprodol (Soma) as well as barbiturates. (17) Carisoprodol potentiates opioids and is dangerous with alcohol as well. The reversal agent is buprenorphine. Barbiturates are central nervous system depressants that were essentially replaced by benzodiazepines but still have use today for treating epilepsy, migraines and in anesthesia. Barbiturates act by affecting the chloride pore on GABA-A receptors. As with carisoprodol, buprenorphine is also the reversal agent for barbiturates.

It does not stop there with benzodiazepines or benzodiazepines and carisoprodol. Again, the newest crisis could be labelled “opioids and ____.” A recent Centers for Disease Control and Prevention (CDC) report showed that methamphetamine had risen from 8th to 4th in four years as of 2017 as a possible companion abused drug to opioids. The drugs that were more deadly in conjunction were fentanyl, heroin, and cocaine. (18) It is easy to see that (synthetic) opioids are still clearly the main cause of overdose deaths. However, when opioid deaths decline, typically fentanyl and heroin deaths increase. So do blood borne diseases, like hepatitis C, from intravenous needle sharing to use some of those drugs.

Those that suffer from SUD know well the concept of “more.” Motley Crue’s Nikki Sixx, a former heroin user in recovery, said addicts are always thinking about themselves and doing it more. (20) He was referring not only to the narcissism but also as a craving for more in general. That “more” concept precipitates both desires and crises. There are more psychological issues: More guilt. More isolation. More preoccupation. More agitation. More euphoria. More drowsiness. There are more physiological issues: More pain reported. More pain threshold. More substance taken. More substance needed. More nausea. More pupillary constriction. Unfortunately, there is more of other things: More money spent on substances. More money borrowed. More stealing. More selling. More doctors involved. More pharmacies visited. More refills. More broken promises. There is just more of everything, possibly without a healthy and happy ending.

Fentanyl

Fentanyl (Subsys, Sublimaze, Duragesic, Abstral, etc.) is a synthetic opioid that is available by prescription and is also illegally manufactured. Most illicit fentanyl is from China where it has been illegal since April 2019. (21) By prescription, it is available by pill, patch or lollipop. It is dangerous to law enforcement and first responders as it can be absorbed through the skin. Jones wrote that overdose deaths involving synthetic opioids like illicit fentanyl have surpassed deaths involving prescription opioids. He also stated fentanyl is being combined with cocaine, methamphetamines and other drugs sold on the street. (22) In fact, it has reached a point where drug dealers are using urinary pH test strips to check their products to keep their repeat customers. (23) In 2016, the CDC named fentanyl the top drug in overdose fatalities at 29%, up from 4% in 2011. (24)

What’s new?

Drugs evolve. Their uses can change. Their abuse can change as well. There are newer drugs that clinicians should be aware of. One such drug is sufentanil or Dsuvia which was developed for the military. (25) It is 500x stronger than morphine. The FBI warns and predicts it could surpass fentanyl rates for abuse and mortality.

Another new kid on the block is isotonitazene, a synthetic opiate derived from etonitazene. (26) This drug is called “Iso” on the street and has been implicated in deaths in California, Illinois, Indiana, Minnesota and Wisconsin. It is 100x as potent as morphine and comes from China. It does not show up on typical toxicology screens. The parent drug, etonitazene, is known as “Chinese dwarf” and is 60x as potent as morphine. Both of these drugs have been found to be mixed with cocaine, heroin or fentanyl, thus further potentiating their lethality.

In 2016 President Obama passed Comprehensive Addiction and Recovery Act (CARA) with bipartisan support. CARA made naloxone more available to law enforcement and first responders. It improved drug monitoring programs. Incarcerated persons were sought for treatment in lieu of punishment. Interestingly, it prohibited the Department of Education from asking about convictions involving drugs on federal student aid forms. (27) In 2018 President Trump passed Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT) with bipartisan majorities. Some key points from SUPPORT were: improved Medicaid provisions, broadened telehealth and electronic prescription programs. It is safe to assume that every President will have bipartisanship on their signature opioid laws from here on out.

“LITIGATION AGAINST DRUG COMPANIES IS PLENTIFUL”



Litigation against drug companies is plentiful. Advertising to sue the big companies is discernible on the internet, magazines, television, radio and even billboards. Forty-nine states are currently suing Purdue Pharma LP, makers of OxyContin, for \$2.2 trillion for their role in the opioid epidemic. (28) Oklahoma settled for \$270 million in March 2019 before Purdue Pharma LP and the Sackler family filed for bankruptcy later in the year.

Naloxone is saving lives as an opioid antagonist. This is not news however, that the prescription rates are rising is newsworthy. From 2017 to 2018 prescriptions for naloxone have doubled at retail pharmacies. It rose from 271,000 to 557,000 in one year. This suggests a trend that those writing prescriptions for an opioid are also writing one for this reversal agent, just in case. It is unknown if this trend solely reflects some states having such laws or if this is simply doctors following the Department of Health and Human Services suggestion of co-prescribing though it seems there is a correlation. (29)

Electronic prescribing is coming to the state. Unless a doctor prescribes less than fifty Schedule II drugs a year, all will need to do this. The pharmacists are already prepared for the suspense date of January 1, 2021 for this to begin. Keep in mind these are the same pharmacists that began to partially fill prescriptions on January 1, 2020 which led to lots of confusion. That confusion was only exacerbated by the corporate pharmacies forcing their employees to demand ICD-10 codes on all scripts regardless if it was under the limit set by the 2018 Tennessee Together opioid law which was in opposition to the law itself. Dentists should be ready and preferably not delay until the last moment for e-prescribing as several programs are out there.

What about Tennessee?

Does what happen nationally reflect Tennessee? Are these statistics consistent for this state? In 2017, a rate of 2.5 souls were lost per day as 1,268 people died from opioid overdoses. (30) The Tennessee's Annual Overdose Report 2020 has many interesting facts about what is the state of affairs in this fair state on these matters. In 2019 there were 5,368,852 opioid prescriptions for pain written. This number represents a 37.3% decrease from 2015. Benzodiazepines are on a steady decline over the same time. There were 1,818 total overdose deaths in 2019. The deaths rose regardless of sex or age. Prescription opioid deaths continue to decline since peaking in 2016.

Stimulant overdose deaths sharply rose from 2014-2018. Polydrug opioid deaths rose from 49.7% in 2014 to 53.6% in 2018 confirming that the crisis is now a polydrug issue. Overdose deaths involving heroin rose 18% between 2017 and 2018 while the overdose deaths involving fentanyl rose 48% over the same time period. Cocaine use gently dropped as methamphetamine and other stimulants use rose sharply from 2017 to 2018 harkening back to the national statistics. Nonfatal overdoses are often underreported due to fear of law enforcement engagement. The number of drug related discharges for all outpatient visits and inpatient stays in Tennessee in 2018 was 23,565. (31) There were seven encounters of isotonitazene in first half of 2020. (26)

From 2011 to 2018, in Tennessee, potential doctor-pharmacy shoppers dropped 85% by doctors using the Controlled Substances Monitoring Database, CSMD. (32) The Annual Overdose Report cited an underreporting in Memphis/Shelby County. Overdose deaths exceed that of COVID-19 deaths in that county this year. (33)

What should dentists do?

Encourage over the counter pain relievers.

Encourage the use of NSAIDs, if allowable per the health history. Elzaki said there are good studies that support the use of NSAIDs one hour before and after endodontic procedures. (34) Moore believes that dentists should suggest use of NSAIDs as well as a first line treatment modality. (13) He felt opioids should be restricted for severe pain producing procedures.

Perhaps the most popular NSAID is ibuprofen. The daily maximum of ibuprofen is 3200 mg. Doses of 200-400 mg will give analgesia where the therapeutic range of 600-800 mg will have anti-inflammatory effects. It is so often suggested to alternate ibuprofen with acetaminophen that GlaxoSmithKline released Advil Dual Action in 2020 which contains 250 mg ibuprofen and 125 mg acetaminophen. (35)

Acetaminophen or APAP is not a true NSAID, though it is often thought to be one. It is an analgesic and antipyretic, thus combating two of the five classic hallmarks of inflammation: pain and heat.

In 2013, APAP was reduced in combinations with narcotics from 500 mg to 325 mg to help reduce liver damage. The daily maximum is 3000 mg. (36) It is important not to have an "over the counter overconfidence" as there are over 25,000 annual emergency room visits for acute liver failure from acetaminophen. (37) One such fatal case was that of a 19 year old Oklahoma college student named Madalyn Byrne who was taking 4500 mg of Tylenol for weeks because of a toothache.

Use the Controlled Substance Monitoring Database.

Dr. David Sain of the Tennessee Dental Wellness Foundation stated that checking the CSMD before prescribing a narcotic is considered the standard of care.

(38) Another benefit of checking the database is to monitor what is being filled. Each doctor typically has certain templates that s/he favors.

Checking one's profile may reveal atypical activity which could begin in the office by a staff member.

Interestingly, it was hailed to be a dentists' victory to not have to check the database before prescribing under the TN Together law. Typical post-extraction prescriptions would be exempt to include ICD-10 codes due to the three days rule and 180 MME prescribed or less. This position may have been short sighted over the long run. If dentistry is truly committed to making a difference and leading, dentists must accept that each should check the database before prescribing opioids and do so every single time. The Tennessee Dental Association has on their website a list of the ICD-10 codes that could be used in dentistry. (39)

Write for less opioids.

Bateman said that 42% of patients do not fill their prescriptions within a week. (40) Only 20% of patients need that level of pain management so the other 80% have a script they do not need. (13) These are even more astounding facts when one considers that over 100 million pills go unused each year. (41) The 2018 TN Together opioid law limits the MME for a typical dental script and helps dentists to write for less if the dentist wishes to bypass a CSMD search and an ICD-10 code. Use the lowest effective dose. Three days or less will often be sufficient. (42) Strongly consider whether or not a refill is truly needed when pressed for such a request. Reflect on reducing the number of pills/tablets initially prescribed. Maughan recommends discarding the excess as nearly half the prescribed amounts went unused. (41) Do not write for opioids when a patient is taking methadone or a combination of buprenorphine/naloxone (Suboxone, Zubsolv, Bunavail, etc.).

Counsel the patients (and families).

Female patients in their child-bearing years should be counselled. Caregivers of minors should be counselled. Leftovers should be properly addressed and not shared. Patients with SUD should be screened, have a brief intervention and referred. Common criteria are: craving, compulsion, loss of control and use in spite of negative consequences.

Women who are of the age to conceive and bear children should be counselled about opioids. It does not matter if she is taking birth control medications, is not in a relationship, etc. Dentists must treat all with universal precautions. Olivia Wann, JD suggests the prescribing dentist should counsel the female patient on opioid use during pregnancy, effective birth control as well as

discussing where to get free or reduced cost birth control. (43)

Vanderbilt University Medical Center and the TN Department of Health stated that in Tennessee, the rate of children born with hepatitis C was 10.1: 1000, about three times higher than the national average. (44) Children born with Neonatal Abstinence Syndrome (NAS) have to struggle not only for life but also with withdrawal.

A baby with NAS is born almost every nineteen minutes. Nine million children live with at least one parent with SUD. All of these children who are exposed to behaviors or sensitized from birth are 3-4 times more at risk for SUD when they are adults.

Discard the leftovers. Kennedy-Hendricks cited that 60.6% of patients receiving opioids kept leftovers. Many of those shared their medicine with family or friends. (45) Maughan stated that there was 22% increase in disposal when the topic was discussed. (41) This is exceptionally helpful to keep these medications out of the hands of children and/or teens. Drop boxes are available in nearly all pharmacies. The Drug Enforcement Agency, DEA, sponsors an annual Take-Back Day. Tennessee is suggesting: "Count It, Lock It and Drop It" where responsible adults should keep a count of the medication, keep it secured like a weapon and then discard it when it is no longer needed for the purpose it was prescribed. Home disposal should have the product opened, mixed with undesirable items like kitty litter or coffee grounds then tossed into the trash and not flushed or run down the sink. (46)

Educate yourself and others.

In 2014, the T. C. A. 63-1-402 made it law that prescribers who have a DEA license should be required to take a minimum of two hours on chemical dependency and prescription writing. This is the minimum. No one wants to be a minimal dental professional. Everyone should strive to push themselves further and exceed the mandate's requirement because the topic itself is quite fluidly changing and vast. There is an abundance of knowledge out there that is available for no or low cost. A great place to start is Tennessee's naloxone training information that can not only inform you but also allow you to earn a certificate of completion. (47) If a dentist has a sedation permit, consider it a must. One never knows what other drugs a patient may not have divulged before being seen by dental professionals.

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Chemical Dependency and Prescription Writing in 2020: Crisis Changing

This article is available to dentists, dental hygienists and dental assistants licensed or registered in Tennessee. With a passing grade, individuals will earn one (1) hour of chemical dependency and prescription writing continuing education credit. This exam is now available online. Visit tndentalassociation.com

1. From 2006-2012, how many opioid pills were manufactured a year?
 - A. 76,000,000,000
 - B. 10,800,000,000
 - C. 904,000,000
 - D. 20,656
2. Nurse practitioners prescribed ____ time(s) the rate of dentists for dental problems.
 - A. 1
 - B. 3
 - C. 5
 - D. 10
3. Hydrocodone has a MME value of ____ as compared to morphine?
 - A. 1
 - B. 1.5
 - C. 2-5
 - D. 75
4. Which two opioid receptors are involved with dependence?
 - A. Mu 1, Delta
 - B. Mu 1, Kappa
 - C. Mu 2, Delta
 - D. Mu 2, Kappa
5. Which drug can save lives as an opioid antagonist?
 - A. Bemegridide
 - B. Fentanyl
 - C. Flumazenil
 - D. Naloxone
6. How many people in Tennessee died in 2019 from overdoses?
 - A. 1,268
 - B. 1,776
 - C. 1,818
 - D. 1,972
7. Which of the following is NOT an NSAID?
 - A. Acetaminophen
 - B. Aspirin
 - C. Ibuprofen
 - D. Naproxen
8. Doctor/ pharmacy shopping dropped ____% from 2011-2018 from the using the CSMD.
 - A. 25
 - B. 32
 - C. 47
 - D. 85
9. Babies who suffer withdrawal after being born to a mother with SUD have ____?
 - A. Neonatal Abstinence Syndrome
 - B. Neonatal Withdrawal Syndrome
 - C. Early Childhood Abstinence Syndrome
 - D. Early Childhood Withdrawal Syndrome
10. What is the name of Tennessee's drug disposal program?
 - A. Count It, Drop It.
 - B. Count It, Lock It, Drop It.
 - C. Drop It, Lock It, Count It.
 - D. Pop It, Lock It.

1. Circle the correct answer on the exam and complete the form below;
2. Mail, along with your check or credit card payment, to: Tennessee Dental Association, 660 Bakers Bridge Ave., Suite 300, Franklin, TN 37067 or fax to (615) 628-0214.

Date: _____ (Credit is granted, upon successful completion of the exam, in the year materials are read and the exam submitted.)

TDA Member Dentist: \$25.00 Hygienist: \$25.00 Registered Assistant: \$25.00 Non-Member Dentist: \$55.00

Name: _____

If dentist, ADA ID Number: _____ District: _____

Address: _____

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Enclosed is my fee of \$ _____ payable to TDA, via check # _____ -or- Process: Mastercard Visa

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You will be notified by mail of your result and credit award. That certificate should be retained in your continuing education file. For TDA member dentists, ACE program credits will automatically be recorded.

welcome

MEMBERS!

THE TENNESSEE DENTAL ASSOCIATION
WELCOMES THE FOLLOWING DENTISTS
AS OUR NEW AND REINSTATING MEMBERS.

We are excited that you have chosen to make the ADA, the TDA and your local components part of your journey. By being part of the ADA community, you've made the choice to power the dental profession to achieve optimal health for all.

We're working to bring you useful resources that can help you balance your patients, your practice and your life. From the latest clinical guidelines to financial management tools like insurance and retirement plans, you'll find what you need to keep your work and life on track for the future you've envisioned.

Your membership allows us to continue providing value for our members and advocating for the profession to achieve optimal oral health for all.

If there is anything we can do to enhance your membership experience, call us at 615.628.0208 or email tda@tenndental.org.

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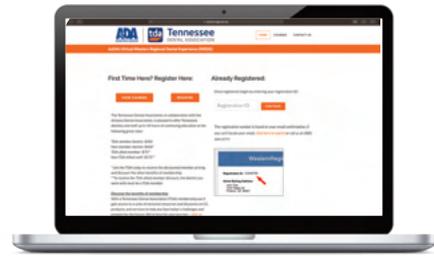
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ONLINE CE OFFERINGS



Chemical Dependency + Prescription Writing Webinar Scheduled for Sept. 15

In addition to the Chemical Dependency and Rx Writing article in this issue of TDA News, the TDA will also offer an online webinar on this topic Sept. 15, 2020. In this 1 hour CE course Dr. Stephen Loyd will cover the neurobiology of addiction, the role of trauma in development of addiction, strategies for screening patients, and the proper prescribing principles.

Speaker: Dr. Stephen Loyd

Topic: "Chemical Dependency & Rx Writing"

When: Tuesday, Sept. 15, 2020 at 6 p.m.

Where: Zoom Webinar | Register here

Cost: \$25 TDA Members • \$55 Non-members

TDA + AzDA Partnership Offers Members Online CE Opportunity

The TDA has partnered with the Arizona Dental Association (AzDA) to offer TDA members and their staff up to 18 hours of Continuing Education from Aug. 1 through Oct. 31. The self-guided format allows you to earn CE credit in the office, at home or on the go.

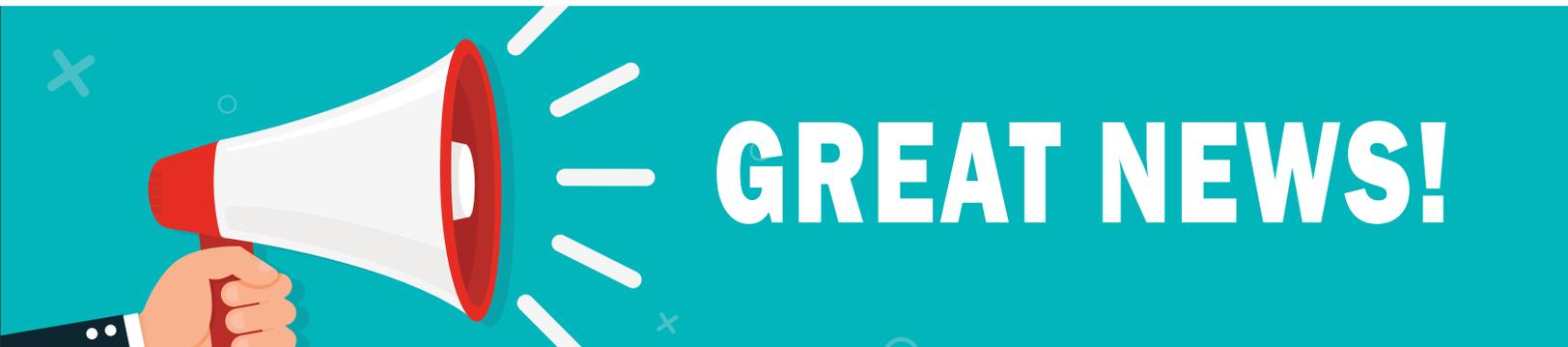
Course topics include:

- How to evaluate, diagnose, and treat the most common TMJ problems
- Minimally invasive dentistry to maximize aesthetic and functional outcomes
- Anterior Composite Artistry
- The art of communication and influence

COURSE COST (FLAT-RATE FEE FOR UP TO 18 HOURS)

- TDA member dentist: \$200 | TDA allied member: \$75

Visit westernregional.org/TDA to learn more and register.



We're pleased to announce that the **TD Consortium Benefits Trust Health Plan (TDCBT)** has selected Aetna as its new plan administrator. This exciting change results in a greatly expanded and improved health plan for you, your employees and your family. New plans start October 1st, so call 800.347.1109 or visit TDAHealthPlan.com to schedule a phone appointment and receive a quote soon.

- Traditional PPO Program with In & Out-of-Network Benefits
- Aetna One Advocate Concierge Style Customer Service
- Robust Network of Providers and Facilities
- 10 Health Benefit Plan Options
- 3 Prescription Plan Options
- Telemedicine Program
- Stay Healthy Programs
- 24-Hour Nurse Line
- Member Mobile Experience

800.347.1109 • TDAHealthPlan.com • TDA@assoc-admin.com

TDA HEALTH PLAN ANNOUNCES MAJOR IMPROVEMENTS

You asked. We listened.

In 2016, the Tennessee Dental Association started discussions on forming a TDA Member Health Plan through a self-funded trust (TD Consortium Benefits Trust or TDCBT). This trust, commonly referred to as a Multiple Employee Welfare Arrangement or MEWA, was formed and approved in December, 2016 and began offering coverage to members on October 1, 2017.

This plan pools TDA members together to give small TDA member employers the opportunity to take advantage of benefits normally reserved for only large employers.

We are excited to announce that the TDCBT Health Plan will now be administered by Aetna.



THIS IS EXCITING NEWS. SINCE THE INCEPTION OF THIS PLAN, WE HAVE HEARD FROM MEMBERS THAT THEY WOULD LIKE A NATIONALLY KNOWN NETWORK AND ADMINISTRATOR. THIS BRINGS THE MEMBERSHIP THAT AND MORE.”

Jeff Smith, Treasurer
The TDA Insurance Agency



The TDCBT will be expanding to 10 Health Benefit Plan options, along with 3 Prescription Drug Plan options. It will provide a more traditional PPO program with in and out-of-network benefits. Aetna is a nationally recognized provider and has a strong network of providers in Tennessee. They also bring the Aetna One Advocate Concierge service to assist members.

The new plan becomes available October 1, 2020 and current members of the TDCBT plan will be rolling to the new plan January 1, 2021.

Please call today at **800-347-1109** or visit <http://tdahealthplan.com/employers> to schedule a phone call with one of our representatives from The TDA insurance Agency. They will be able to provide more information regarding the plan benefits, as well as work with you and your employees to provide a quote to compare to your current plan. We have seen as much as 30% lower costs. One Southeast Tennessee dentist commented that this health plan has saved him his dues for many years to come.

ADA FDC

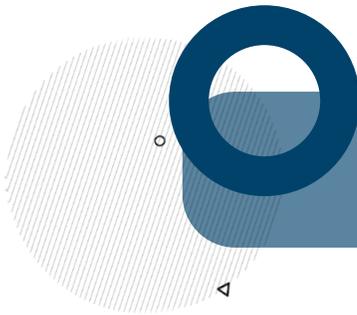
Virtual Connect Conference

Oct. 15 - 17 *Online registration Now Open*

The ADA FDC Virtual Connect Conference is scheduled for Oct. 15 – 17. ADA/TDA member dentists can register for the live and on-demand experience at ADA.org/Meeting.

In addition to continuing education courses, this virtual conference will feature a variety of interactive experiences such as community-building events, wellness sessions and activities, live workshops and a virtual exhibit hall.

Registration is free for the opening session Oct. 15 and the virtual Exhibit Hall. All-access passes include all events, networking and CE courses except for live workshops, which participants have the option to add.



For the latest updates on the ADA FDC Virtual Connect Conference, visit ADA.org/meeting 

Numbers *to know*

American Dental Association
(800) 621-8099 or (312) 440-2500

Tennessee Board of Dentistry
(615) 532-5073

Tennessee Department of Health
(615) 741-301

Tennessee Dental Association
(615) 628-0208 | Fax: (615) 628-0214
tda@tendental.org

>Staffed Component Societies

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Executive Secretary: Brooke Bailey
(423) 552-0222
firstdistrictdental@gmail.com

Second District Dental Society
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(865) 919-6464
2nddistrictdental@bellsouth.net

Chattanooga Area Dental Society
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Nashville Dental Society
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(615) 628-3300

Eighth District Dental Society
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ruby@clarksvillepediatricdentistry.com

Memphis Dental Society
Executive Director: Delaney Williams
(901) 682-4928
dwilliams@memphisdentalsociety.org





Are You Receiving emails from the TDA?

Member Email Address Update

If you have unsubscribed to TDA emails in the past you may be missing important information from the TDA and the ADA. During the COVID-19 pandemic, the TDA has issued numerous alerts to keep members informed of the latest updates.

If you have not been receiving emails from the TDA, please make sure to check your spam or junk mail folder and mark tda@tenndental.org as a safe sender. To be included in the mailing list or to update your email address **please email us at tda@tenndental.org.**



In Memoriam

The TDA honors the memory and passing of the following members:

Dr. Albert Burson

1933-2020

Dr. Burson passed away on Monday, June 1, 2020. He was a member the American Dental Association, Tennessee Dental Association, and the Seventh District Dental Society.

Dr. David E. Barto

1943-2020

Dr. Barto Sr. passed away on Tuesday, June 30, 2020. He was a member the American Dental Association, Tennessee Dental Association, and the Chattanooga Area Dental Society.

Dr. James H. Brown

1924-2020

Dr. Brown passed away on Tuesday, July 7, 2020. He was a member the American Dental Association, Tennessee Dental Association, and the Nashville Dental Society.

Dr. Ralph Knowles

1927-2020

Dr. Knowles passed away on Saturday, July 18, 2020. He was a member the American Dental Association, Tennessee Dental Association, and the Memphis Dental Society.

Dr. Gerald Harris

1947-2020

Dr. Harris passed away on Wednesday, Aug. 12, 2020. He was a member the American Dental Association, Tennessee Dental Association, and the Second District Dental Society.

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Thank you

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THE TENNESSEE DENTAL
ASSOCIATION FOUNDATION

Through the generosity of the individuals and organizations below, a total of \$37,036.00 has been raised for the Foundation during its fund drive. Through the TDAF/Noel Fund for Student Research, the TDAF continues to be a supporter of dental student research. **With your support, the TDAF can grow for the future of dentistry!**

July 1, 2019 – June 30, 2020

\$ 1,000 - up

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Dr. Warren Stinson
Dr. Curry Sullivan
Dr. Edward Vaughan
Fourth District Dental Society

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Dr. Matthew Nichols
Dr. Ralph Noblin
Dr. Derek Osborne
Dr. David Otis
Dr. William Parris
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Dr. Beth Randall
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Dr. Kathy Sanders
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Dr. John Sterrett
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Dr. Tommy Whited
Dr. David Wickness

less than \$ 100

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Dr. Christopher Anderson
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Dr. Jim Baddour
Dr. David Barnes
Dr. Laurel Bateman
Dr. Edsel Bates
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Dr. Heath Blockley
Dr. Joshua Blockley
Dr. A Blourchian
Dr. Louis Bonvissuto
Dr. Jason Botts
Dr. Greg Boucek
Dr. Ryan Bowles
Dr. Jonathan Bradshaw
Dr. James Bragg
Dr. Joseph Britton
Dr. Joe Brogdon
Dr. C Brooks
Dr. Timothy Brown
Dr. J Allen Burleson
Dr. James Burton
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Dr. Mirna Caldwell
Dr. Angela Cameron
Dr. Robert Carney
Dr. Robert Carney
Dr. Philip Carson
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Dr. Jeffrey Clark
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Dr. Robert Rainey Jr.
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Dr. Kevin Reed
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Dr. John Stritikus
Dr. Megan Taylor
Dr. Jennifer Cornell
Dr. Roger Craddock
Dr. Mary Crawford
Dr. Alan Crisman
Dr. John Crockett
Dr. J Crowder
Dr. Mark Crumpton
Dr. Donnie Dean
Dr. Matthew DeFelice
Dr. Gregory Denton
Dr. Brian Devine
Dr. Martin Donaldson
Dr. Cliff Duke
Dr. Elizabeth Evans
Dr. Douglas Farrar
Dr. Nicholas Ferguson
Dr. Robert Fields
Dr. Andrew Flipse
Dr. Lynn Floyd
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Dr. Joseph Gaither
Dr. Ted Gaw
Dr. Paul Gilliam
Dr. Kim Glick
Dr. Charles Greenblatt
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Dr. Frederick Guthrie
Dr. F Rick Guthrie
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Dr. Donald Harrell
Dr. James Hawkins
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Dr. P Henley
Dr. Marsha Hickey
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Dr. Charles Hodges
Dr. Christina Honey
Dr. Kenneth Hopkins
Dr. Bradley Johnson
Dr. Amber Johnson

Dr. Michael Johnson
Dr. Donald Jones
Dr. Deborah Jones
Dr. Derek Jones
Dr. Rasone Jones
Dr. Nadim Jubran
Dr. Gregory Kemp
Dr. David Kemp
Dr. John Kinard
Dr. David Kizer
Dr. Tommy Koen
Dr. Mary Koen
Dr. Rajan Kshatri
Dr. Edward Lane
Dr. Muriel Law
Dr. William Lee
Dr. Shawn Lehman-Grimes
Dr. William Leniham
Dr. Bertram Lenoir
Dr. Ronald Lewis
Dr. William Lloyd
Dr. Jonathan Long
Dr. Riley Lunn
Dr. Harry Mack
Dr. Jack Mallette
Dr. Charlie Manning
Dr. Lindsay Manning
Dr. Mark Mappes
Dr. John Martin
Dr. Harvey Matheny
Dr. James McCallen
Dr. Carson Taylor
Dr. Mark Thomasson
Dr. Andrew Thomasson
Dr. Ann Trivette
Dr. William Turner
Dr. James Vaught
Dr. Stanley Waddell
Dr. Cathryn Wall
Dr. William Wall
Dr. Leslie Wallace
Dr. James Walmsley
Dr. Hope Watson
Dr. Dennis Watts
Dr. Sol Weiss
Dr. Scott Werner
Dr. Stanley Werner
Dr. Bradley White
Dr. John Williams
Dr. J Wills
Dr. Charles Witkowski
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Dr. Larry Woods
Dr. Steven Zambrano
Second District Dental Society



TN LAW WILL REQUIRE ELECTRONIC PRESCRIPTIONS FOR CONTROLLED SUBSTANCES IN 2021

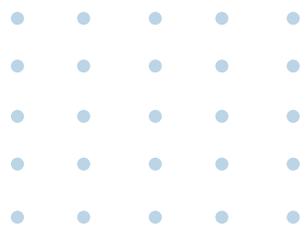
STATE AND FEDERAL LAWS MANDATE THE USE OF ELECTRONIC PRESCRIPTIONS FOR CONTROLLED SUBSTANCES BEGINNING ON JANUARY 1, 2021.

This law applies not only to Schedule IIs but also includes any prescription for a Schedule III, IV, or V.

Several exemptions exist including but not limited to prescriptions:

- Issued where electronic prescribing is not available due to technological or electrical failure;
- Issued by a prescriber to be dispensed by a pharmacy located outside the state
- Issued by a prescriber who issues fifty or fewer prescriptions for Schedule II controlled substances per year (not all prescriptions for all schedules)

The TDA has endorsed DrFirst iPrescribe as an e-prescription provider for TDA members. See page 5 for more information.



8

ADA Best Management Practices for Amalgam Waste Every Dental Practice Should Know



ADA
Member
AdvantageSM

Best Management Practice for Amalgam Waste

DO

- Do** use precapsulated alloys and stock a variety of capsule sizes
- Do** recycle used disposable amalgam capsules
- Do** salvage, store and recycle non-contact amalgam (scrap amalgam)
- Do** salvage (contact) amalgam pieces from restorations after removal and recycle the amalgam waste
- Do** use chair-side traps, vacuum pump filters and amalgam separators to retain amalgam and recycle their contents.
- Do** recycle teeth that contain amalgam restorations. (Note: Ask your recycler whether or not extracted teeth with amalgam restorations require disinfection)
- Do** manage amalgam waste through recycling as much as possible
- Do** use line cleaners that minimize dissolution of amalgam

DON'T

- Don't** use bulk mercury
- Don't** put used disposable amalgam capsules in biohazard containers, infectious waste containers (red bags) or regular garbage
- Don't** put non-contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
- Don't** put contact amalgam waste in biohazard containers, infectious waste containers (red bags) or regular garbage
- Don't** rinse devices containing amalgam over drains or sinks
- Don't** dispose of extracted teeth that contain amalgam restorations in biohazard containers, infectious waste containers (red bags), sharps containers or regular garbage
- Don't** flush amalgam waste down the drain or toilet
- Don't** use bleach or chlorine-containing cleaners to flush wastewater lines



For additional resources for amalgam waste BMPs, go to www.ada.org and type "Amalgam Waste BMPs" in the search box.



HEALTH CARE EMPOWERMENT ACT

New Law Allows Direct Care Agreements between Dentists and Patients

Under the Affordable Care Act, medical insurance plans must have loss ratios (expenses for paid medical services as a percentage of total premium dollars) of 85 percent for large carriers and 80 percent for small plans. Dental insurance is different in that it actually pays out a much smaller percentage of premium dollars despite the costs being much more predictable and limited. In fact, Dentistry Today reports that the American Dental Association openly states to the public, "Dental benefit plans are not really insurance plans in the traditional sense, but are designed to provide you with assistance in paying for your dental care."*

The Health Care Empowerment Act, passed by the Tennessee General Assembly effective July 1, 2020, provides Dentists with an opportunity to enter into direct payment agreements with patients to provide an affordable alternative to dental insurance and yet not be in conflict with nor subject to insurance regulations.

Direct medial care agreement means a written contractual

agreement between a provider and an individual patient or the patient's legal representative in which:

- A dentist agrees to provide services to the patient for an agreed fee over time;
- The dentist WILL NOT bill third parties on a fee-for-service basis;
- Any per-visit charges will be less than the monthly equivalent of the periodic fee; and
- The duration of the agreement is specific and payment is not more than 12 months in advance.

While the above requirements are not all-inclusive, the law provides great flexibility in tailoring plans to meet individual circumstances within a basic framework. A separate document containing the text of Public Chapter 739 is attached to this communication.

*Michael W. Davis, "Dental Loss Ratios and Questionable Bedfellows in the Insurance Industry", October 26, 2018 Today's Dental News, Dentistry Today.

Legislature Acts to Protect Businesses, Healthcare Providers from COVID-19 Liability

TDA-BACKED MEASURE EXPECTED TO LIMIT FRIVOLOUS LAWSUITS.

The General Assembly enacted the Tennessee COVID-19 Recovery Act which will protect businesses, including dental practices, from lawsuits caused by or resulting from the actual, alleged, or possible exposure to or contraction of the coronavirus. The TDA worked with business and other health care provider groups in support of this very important legislation for our members. In any claim alleging loss, damage, injury,

or death arising from COVID-19, the claimant must file a verified complaint pleading specific acts from which it could be reasonably concluded the alleged was caused by the defendant's gross negligence or willful misconduct. Such will be extraordinarily difficult to prove. In addition, the plaintiff also must file a certificate of good faith stating that they have obtained a signed statement from an expert witness in support of their suit. Claims will be held to the "clear and convincing" standard of evidence.

A provision making the law retroactive to the first reported COVID-19 cases in Tennessee caused this bill to fall apart during the final hours of the June legislative session. A compromise of sorts was reached mid-August which allowed all claims filed (or for which legal notice was provided) before August 3, 2020 to stand. This retroactivity provision is constitutionally suspect and will likely result in a court challenge though the act includes a severability clause which is intended to allow the remainder of the bill to stand should the effective date be rejected by the courts.

This measure is effective upon becoming law and was signed by Governor Lee August 17.

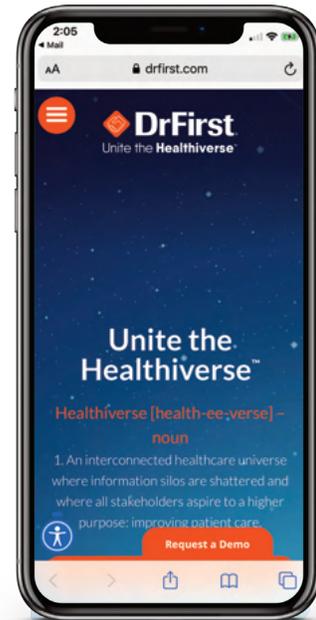


“ A provision making the law retroactive to the first reported COVID-19 cases in Tennessee caused this bill to fall apart during the final hours of the June legislative session.



Now Endorses DrFirst for E-prescribing: One-year free access to iPrescribe

Ahead of the electronic prescriptions for controlled substances requirement taking effect in 2021, the TDA has partnered with DrFirst – the nation's leading provider of e-prescribing and medication management solutions. DrFirst will offer TDA members free one-year access to iPrescribe (\$10/month thereafter). iPrescribe is a mobile app that allows providers to prescribe legend drugs and controlled substances while complying with state prescription drug monitoring program (PDMP) requirements.



Transworld Systems (TSI) Offers TDA Members Discounted Debt Collections Services

Transworld Systems (TSI) Offers TDA Members Discounted Debt Collections Services. The TDA has partnered with TSI to bring members automated solutions to help improve cash flow and reduce slow pay patient concerns. As an endorsed member service, TSI will provide past due patient payments and debt collection services on patient accounts at a discounted rate.

As the nation's largest full-serve agency with local representatives, TSI offers each member personalized service and care. If your practice is behind on follow-up of past due accounts or unpaid statements, TSI can make a difference.

For more information on the suite of solutions available to improve payments from past due patient accounts for your practice, please contact Michael Glass at (877) 377-5378 or visit gotsi.com/michaelglass.

GE Appliances Opens New Store Access to TDA Members, Staff, Friends and Families



The TDA announces that GE Appliances (GEA) will now offer substantial savings on major appliances such as dishwashers, washers, dryers and refrigerators to members for their homes and offices.

Exclusive access will also provide members with special promotional offers, financing options and a staff, friends and family referral program for new appliance purchases.

Dr. DeWayne McCamish believes the partnership with GE Appliances will be well received by dentists, their staff, friends and families. "For their practices or homes, GE Appliances provides the top brands that dentists are looking for. We understand that our members need quality appliances to keep both their homes and practices running smoothly – and this program will help."

As the leader in connected appliances driven by the unique Smart HQ Home app, dentists will find daily tasks easier with new voice activation and remote start features. Additionally, extensive options for sanitization cycles in both dishwashers and laundry units will give ADA members further peace of mind by killing 99.9% of bacteria causing germs on dishes and clothing to keep their families and staff safe.

"We know that new recommendations in response to the COVID-19 pandemic encourage dentists to use a commercial service or have laundering capability in the dental office for scrubs and lab coats. We're happy to offer a discounted solution to dentists looking to add or update a washer/dryer," said Dr. McCamish.

From induction cooktops and revolutionary front load laundry pairs, to speed cook ovens and refrigerators that make coffee, GE Appliances has electrified and modernized life for more than 125 years with a legacy of invention. GEA invests in the experience that homeowners have with the products that keep consumers' homes running smoothly.

"We are happy to be able to provide TDA members with this unique cost-savings access to our wide range of appliance offerings. Whether members are shopping for top-of-the-line upgrades for their home with our luxury line of Monogram appliances or compact appliances, the GE Appliances Store provides a breadth of appliance offerings in every category we manufacture while offering a discounted price," said Martha Davis, director of digital commerce at GE Appliances.

Members will have access to the family of GEA brands including Profile™, Cafe™, GE®, Monogram®, Haier and Hotpoint® appliances. Members can refer their staff, family and friends to the site once they have created an account with their unique authorization code.

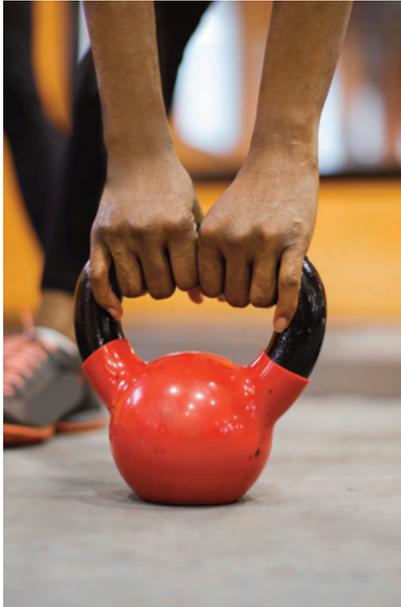
To get started, dentists will need to verify their status as an active ADA/TDA member to view the exclusive appliance discounts and begin shopping. Visit ADA.org/GE or call 1.800.ADA.2308 and have your membership number ready to get the ADA Authorization Code.

Once you have your Authorization Code, simply create an account at www.myapstore.com/GEStore/Appliances/Registration and begin shopping.



Maintain Your Muscle

STRENGTH TRAINING AT ANY AGE



Y

ou've likely heard that exercise can help you live a longer, healthier life. When you hear the word 'exercise,' you might think of going for a run or hopping on a bicycle. Or maybe playing soccer with your kids or basketball with your friends after work. But these activities don't include all the types of movements that are important for your health.

The examples above are endurance exercise. Also called cardiovascular exercise, activities like these increase your breathing and heart rate. They can keep your heart and lungs in good shape and help prevent many chronic diseases. But exercises to maintain flexibility, balance, and strength are also important.

Stretching gives you more freedom of movement and makes daily activities more comfortable. Balance practice helps prevent falls, which become a concern as you get older.

Strength training, also called resistance training or weight training, is particularly important. It brings many benefits. First, it makes your muscles stronger. That can help you

keep up the activities you enjoy—at any stage of your life. It's not about getting big muscles, explains Dr. Wendy Kohrt, an aging expert at the University of Colorado. In fact, most people who do strength training don't see much of a change in muscle size.

But at all stages of life, she says, "maintaining muscle mass and muscle function is really important for quality of life."

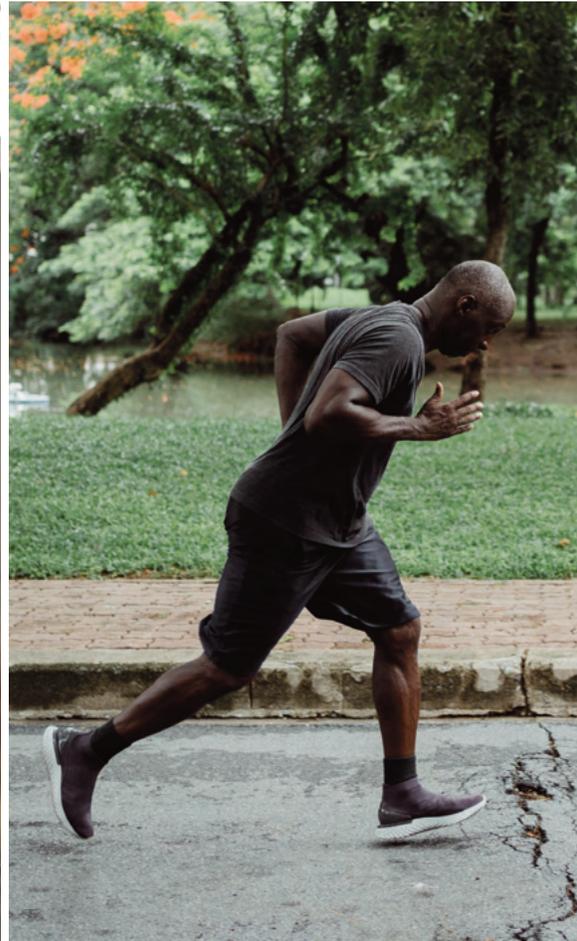
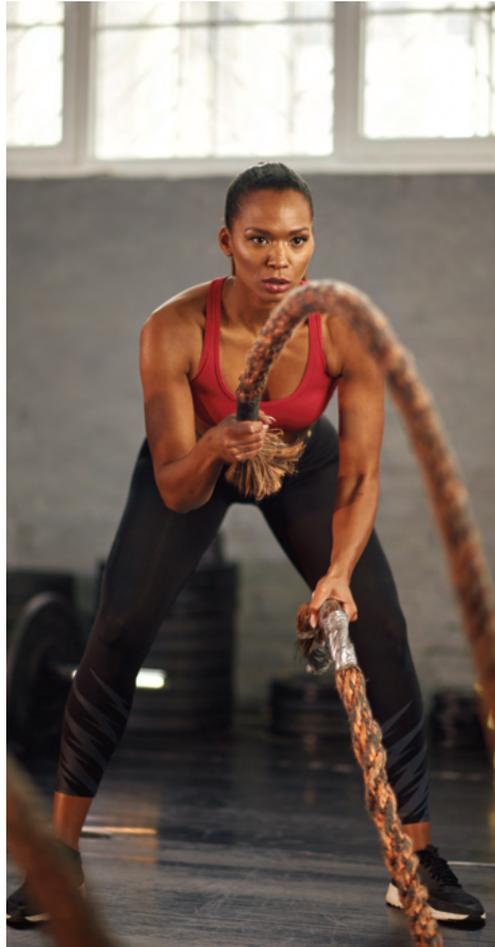
BUILDING UP BENEFITS

Building muscle can do more than make you stronger. Some types of strength training keep your bones healthy, too. Strength training can also improve the way your body processes food to help prevent diabetes and related diseases.

"And like endurance activity, regular strength training is associated with lower risk of cardiovascular disease and other chronic diseases," says Dr. Joseph Ciccolo, an exercise researcher at Columbia University.

But the main benefit of strength training, as the name suggests, is that it makes your muscle cells stronger. "That benefit is unique to strength training," says Dr. Roger Fielding, who studies the benefits of exercise at Tufts University.

“And like endurance activity, regular strength training is associated with lower risk of cardiovascular disease and other chronic diseases.”



Experts recommend that children and teens do muscle-strengthening activities at least three days a week. For adults, they encourage strength training for the major muscle groups on two or more days a week.

The benefits of strength training increase as you get older, says Fielding. Maintaining strength is essential for healthy aging.

“Loss of muscle with aging can limit people’s ability to function in their home environment and live independently,” Kohrt says. “Just being able to get up out of a chair or go up and down stairs requires a fair amount of muscle strength.”

In a recent study, Fielding and other researchers tested a three-month weight-lifting program in older adults who already had difficulty walking. At the end of the study, participants who lifted weights improved at tasks like repeatedly bending their knees. Such movements are essential for activities of daily living. In contrast, study participants who only stretched at home did not see similar improvements in strength.

“As we age, I think it’s even more important to consider incorporating some strength training into our physical activity routines,” says Fielding. “We can either slow down the progression of age-related muscle loss or prevent it.”

MIND AND BODY

Research is starting to show that strength training isn't just good for physical health—it can be good for mental health. Ciccolo is studying the effects of strength training on anxiety, depression, and related conditions. His team recently found that strength training could reduce some symptoms of post-traumatic stress disorder (PTSD) in both women and men. Endurance exercise may also help people with these problems, says Ciccolo. But some people might be more interested in strength training than aerobic activity. "We want to get people to engage in activities that they find enjoyable," he says.

How strength training may benefit mental health is still under study. It might help lower certain hormones in the body associated with stress and depression, Ciccolo explains. In addition, helping people get stronger may boost self-esteem and their sense of control over their lives. "You can feel that you're being successful and accomplishing something," he says.

Ciccolo is currently running a study to see if strength training can help relieve symptoms of depression in African American men.

"There's huge stigma among black men with respect to counseling for mental illness," he says. "We're hoping this could be a nontraditional way to get at depression."

GETTING STARTED

If you want to get started with strengthening exercises, what should you do? Strength training may seem intimidating if

you've never tried it.

"People naturally learn to walk as part of growing up. But you don't necessarily learn how to lift weights," Ciccolo says.

If it's feasible for you, booking a few sessions with a personal trainer is a good way to get started, says Kohrt. "That can get you introduced to the types of exercises you could do," she explains.

There are also many low- or no-cost classes available. Look for them at local gyms, recreation centers, senior centers, and community centers.

Like with any new activity, to make strength training stick, "you have to find something that you really like to do," says Fielding. "Some people will want to exercise in a group, in a community setting. Others will be happy doing all their exercises in their home, by themselves."

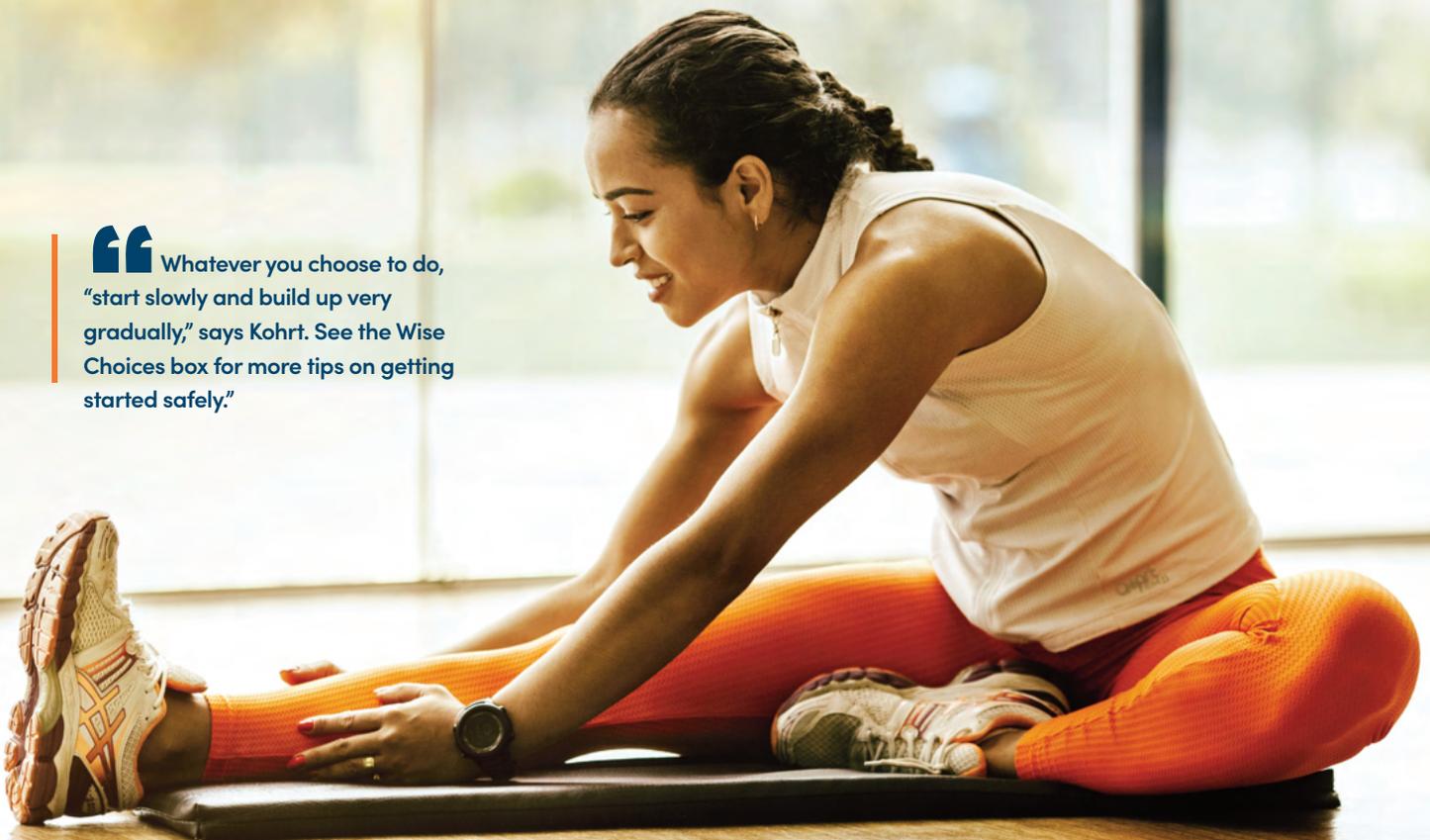
If you've never lifted weights before, talk with your health care provider before you start any home-based strength training routine.

Whatever you choose to do, "start slowly and build up very gradually," says Kohrt. See the Wise Choices box for more tips on getting started safely.

Source: NIH News in Health. For the latest news from the National Institutes of Health, part of the U.S. Department of Health and Human Services, visit [news.nih.gov](https://www.news.nih.gov)



Whatever you choose to do, "start slowly and build up very gradually," says Kohrt. See the Wise Choices box for more tips on getting started safely."





Get the latest news on COVID-19

as well as answers to your
questions concerning your practice,
your staff and your patients.

[ADA.ORG/VIRUS](https://ada.org/virus)

ADA®



SEND US PHOTOS OF YOUR BELOVED PETS

Please email all photos to tda@tenndental.org. Be sure to tell us the name of your pet, and brief description.



DR. STEVE BLEDSOE,
MEMPHIS DENTAL SOCIETY
APOLLO: LABRADOODLE

"My Granddog in my entrance Hall while his parents are in Florida"



DIANE LANDERS,
SECOND DISTRICT DENTAL SOCIETY
EXECUTIVE DIRECTOR
FT. ZANE

"This is Zane enjoying the lake with his shark life jacket on."

THANK YOU!

Thank you for your submissions in response to the "Power of Pets" article featured in the July/August Issue.





**You learned from the best in your field.
Trust us to be the best in ours.**



**Purchasing or buying into a
dental practice is a significant
financial investment.
We're here to help guide you
through the unknowns.**



**Trent Watrous, CPA, CFE, CVA
CPA to the Dental Industry
615.312.9022 • twatrous@swcpas.com
 [@thedentalcpa](https://www.instagram.com/thedentalcpa)**



MEET YOUR NEWEST EMPLOYEE ...

YOUR TELEPHONE'S HOLD BUTTON

From our partners at InTouch Practice Communications

Is your front desk staff frazzled from answering the endlessly ringing phones, checking temperatures at the door, enforcing compliance with mask protocols, as well as performing their regular duties? Enter MOH, or telephone message on-hold, which can help make their job easier. With the current pandemic, reliance on telecommunications has deepened, making your telephone message on-hold program more important than ever before. A relevant message on-hold program can communicate essential information about your COVID protocols, changes to your hours, and so much more, supporting your front desk staff with these duties.

The Benefits of a Well-Crafted Message On-Hold Program

- Provides relevant information about your COVID protocols including your facemask policy, waiting room closure, social distancing, and more
- Gives callers a sense of your dental practice, how you value their health, and why you're the best choice for their dental care
- Educates your callers about the importance of your services for their health
- Increases revenue by promoting you as a trusted business who provides unique services to the community
- Gives your front desk staff more time to perform other essential duties like sanitizing your office and exam rooms, checking patients' temperatures at the door, and so much more

Learn more about the importance of a message on-hold program, plus get tips on how to keep yours relevant and engaging at intouchdental.com/blog.

If you want to learn more about on-hold, perhaps try searching about it online, or you can also follow InTouch on social media at Facebook.com/intouchdental for tips on optimizing your on-hold program, the latest news in the world of on-hold advertising, and so much more.

“I THINK THAT OUR DENTISTS WILL FIND THAT INTOUCH PRACTICE COMMUNICATIONS IS, SIMPLY PUT, THE BEST IN ITS CLASS.”

- DEBORAH DOHERTY, DIRECTOR, ADA MEMBER ADVANTAGE

Choosing the Right Telephone Message On-Hold Vendor

Research trusted partners of the ADA.

If you're ready to implement a telephone message on-hold program and aren't sure where to start, check out InTouch Practice Communications. They have been vetted and endorsed by ADA Member Advantage for the past 9 years. Not only that, but if you visit the ADA Members page of their website (intouchdental.com/ada-members) you'll find they offer a \$300 discount to Tennessee ADA members.

Read testimonials and reviews.

Read up on any reviews on Google you can find from your peers to see who they trust or see if the vendor's own website happens to have a page where clients can leave honest reviews. One example of a reviews page is this one from InTouch: intouchdental.com/reviews. You can read firsthand why many ADA practices already trust them, plus get a good feel for what they are like to work with and the integrity of their people.

Request a free custom demo.

Any reputable telephone message on-hold provider will feature samples of their work online, but the most confident - and competent - ones go a step further by providing you with custom samples for your practice. The custom demo process InTouch employs allows interested practices to quickly request a demo right from their homepage (intouchdental.com). The entire process from requesting your custom sample and listening to it, to connecting with the message on-hold team will give you the best sense of their quality of work and personality.

Look at their experience.

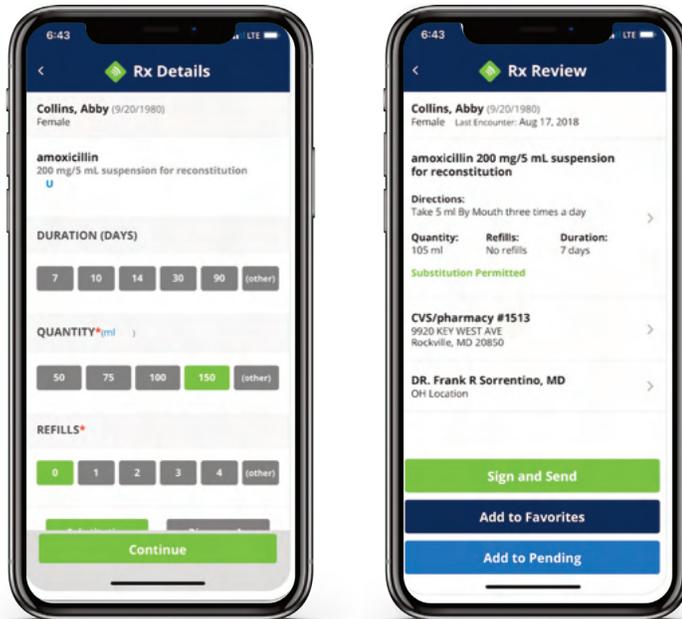
Not all vendors have 25+ years of experience developing programs for the dental industry like InTouch Practice Communications. When evaluating your options, check to see how many successful programs they've produced over the years, and if they have experience producing programs for your particular specialty. Not sure what a good on-hold message sounds like? Listen to a wide variety of quality samples at intouchdental.com/audio-samples.

Custom On-Hold Messaging for ADA Members

For nearly 30 years, InTouch has been developing effective, customized message on-hold programs for dentists all over the country to help educate their patients and grow their practices. Get a free preview of what InTouch can do for your practice by requesting a free custom demo on their site at intouchdental.com/ada-members. Don't forget to ask about the \$300 discount on message on-hold programs offered to Tennessee ADA Members.

Have questions? InTouch is located in Northwest Indiana, and they are open Monday-Friday, 8am-5pm. You can call 877-493-9003 to speak with a representative during their regular business hours or if you'd prefer, there is a live chat feature on intouchdental.com you can use to speak directly to a team member.





Top Six Reasons for Tennessee's Dentists to **E - P R E S C R I B E**

Charles C. Chen, DDS, Chief Dental Officer, DrFirst

E-prescribing has long been recognized for its role in increasing patient safety and healthcare efficiency. And while its use has increased significantly over the years, it still hasn't reached universal adoption, especially among dentists. There is no shortage of articles discussing why healthcare providers are slow to adopt new technologies. Yet now, with Tennessee requiring electronic prescribing for controlled substances starting January 1, 2021, many dentists here will be joining the ranks of e-prescribers. And while change can feel overwhelming, once you are more familiar with it, a well-designed solution will actually make the entire prescribing process easier and help protect your patients from prescription drug errors.

While it's becoming the law in Tennessee to use e-prescribe for controlled substances, there are many benefits to using it right now. Here are six reasons why dentists should e-prescribe and what they should consider when choosing a solution:

- 1. It's safer for patients.** E-prescribing eliminates issues with prescription legibility and decreases medication errors and adverse drug events. Automatic alerts can warn prescribers of potential drug interactions and allergies, providing a critical safety layer.
- 2. It helps prevent drug abuse.** The U.S. is in the grips of an opioid crisis, and healthcare professionals, including dentists, must do what he or she can to protect patients. Dentists prescribe 10% of the opioids in the U.S., so it's critical that we embrace efforts to prevent abuse and addiction. I am proud to share that DrFirst was instrumental in developing EPCS technology, working with the Massachusetts Department of Health under a waiver from the U.S. Drug Enforcement Administration (DEA), to introduce the first-ever controlled substance e-prescribing solution in the country in 2010. With the opioid epidemic officially declared a public health emergency in 2017, EPCS has proved to be a vital tool to help prevent prescription fraud that can contribute to the opioid epidemic.



“NOW THAT E-PRESCRIBING WILL BE REQUIRED IN TENNESSEE FOR CONTROLLED SUBSTANCES, DENTISTS HAVE A NEW OPPORTUNITY TO MORE FULLY APPRECIATE ITS ADDITIONAL BENEFITS.”

3. Pharmacies need it. When prescriptions arrive at the pharmacy by phone, fax, or carried by the patient, it increases the risk of errors from unclear handwriting or keyboard errors. And when social distancing recommendations are in place, such as with the COVID-19 pandemic, pharmacy staff and patients are protected when patients don't need to come onsite to present a paper prescription. In addition to the safety benefits, today's pharmacies are designed for e-prescribing, and anything else needlessly disrupts their workflow, increasing costs as well as the risk of errors.

4. Patients appreciate it. In addition to protecting patients from unnecessary in-person trips to the pharmacy, e-prescribing also means that patients in pain can get their medications sooner.

5. It can be easy to get started. Choose a system that is simple to implement and intuitive to use. Some systems allow prescribers to register within minutes, while others can take days. Be aware, however, that to prescribe controlled substances, the Drug Enforcement Administration requires additional identity verification steps due to the sensitive nature of these medications.

6. Mobile options mean you can prescribe from anywhere. Patients recovering from dental procedures or waiting for treatment may need you to write a prescription when you are not in the office, especially when social distancing recommendations are in place. E-prescribing mobile apps can help you meet those needs when they arise, wherever you are. Look for an app with built-in safety features, such as drug interactions and allergy alerts, the ability to pre-populate with your patients' demographics and medication histories, and other benefits commonly found in desktop versions.

Now that e-prescribing will be required in Tennessee for controlled substances, dentists have a new opportunity to more fully appreciate its additional benefits for office efficiency and patient safety, which help the dental profession, patients, and pharmacies alike.

Charles Chen, DDS, is a periodontist practicing in Maryland. He also serves as Chief Dental Officer for DrFirst, the Maryland-based health technology pioneer that developed the award-winning iPrescribe mobile app.





Big Decisions Demand Family Input:

YOUR GUIDE

TO STARTING THE CONVERSATION

by Dr. Suzanne Ebert, ADA Advisor

Now is a great time to have some important conversations with your family about how your career affects your collective future. Most of you have never been allowed this kind of focused time to evaluate your true priorities as a family.

After all, your career is just one element of family harmony. Your partner's career is another. If you have children, their needs require consideration as well. Keeping everyone happy means balancing both careers with your family's needs and preferred lifestyle.

How is your current work-life balance? Are you satisfied with how you currently prioritize your time? Is your family content? Even if everyone is currently happy, what if your perfect opportunity arises three states away? Would your partner be willing to relocate – or might they do so resentfully?

That's why it is so important to have the conversations now, before you are faced with tough decisions. Take some time to discuss your goals and dreams with your family – and set priorities together. Revisit these conversations periodically so you stay in sync. After all, your priorities and ideal work-life balance will change with time. What seems vital in your 20s might seem trivial in your 40s.



“ If you have been with your partner for a while, they can be an excellent sounding board as you evaluate potential paths and opportunities.

Even if you have no plans to make an immediate change, there are key things you should discuss with your family at each phase of your career. Use the following as a guide for your conversations. Be open and honest and you may be surprised at where you land!

EARLY CAREER: START STRONG

You will make many decisions in the first decade of your career – and so will your partner. You are both “trying on” jobs and workstyles to see what feels right. Even if you take a job that does not work out, it can help you learn what type of job is right for you.

If you have been with your partner for a while, they can be an excellent sounding board as you evaluate potential paths and opportunities. They may offer insight into what makes you tick – insight that can help you stride confidently into a job or turn down one that is not a great fit. For example, if you are considering purchasing a large, bustling practice, your partner may remind you that you seem to prefer focused one-on-one patient interactions and you come home drained on extra-busy days.

Your partner can offer insight into what makes you tick.

The early-career phase is filled with uncertainty – and that is ok! Embrace the uncertainty and use this time to expand your options to include things you may have

never considered. If you have always been curious about living in a small town, for example, now is the time to try it. Making smart decisions, like renting rather than buying, can help you keep your options open.

MAKE SURE TO DISCUSS:

Your career: Do you eventually want to buy a practice, or would you prefer to be an associate? What kind of hours would you prefer to work? Would you be willing to work nights or weekends – and would your partner be on board?

Your partner’s career: Do they want to pursue additional education? Do they need to be in a particular region to find work? How much travel might their job require? What kind of hours does their job demand? If you purchase a practice, are they interested in working with you? In what role?

Family: Do you want to start a family, and if so, when? Do you want or need to be near parents or other family members with health concerns?

Finances: What are your financial priorities: paying down student debt, buying a practice, paying for your children’s education, traveling? A financial advisor can guide the conversation and help build a plan that gets you there.

Priorities: What is most important right now? How might that change in a few years?

MID-CAREER: MAXIMIZING YOUR TIME

By mid-career, you may be well established with a healthy patient load and a comfortable income. Your partner may be an integral part of your practice, a stay-at-home parent, or have their own career completely separate from yours.

Your family is probably pretty established in their own routines. If your partner works outside the practice, their career may now include greater responsibility that brings more stress. Your kids may be active in school, sports, and other activities.

You have had many years to refine your idea of the perfect practice, so changes at this point can be very rewarding if they help you achieve that ideal. However, those same changes can upset the family dynamic, so it is important to talk them through together.

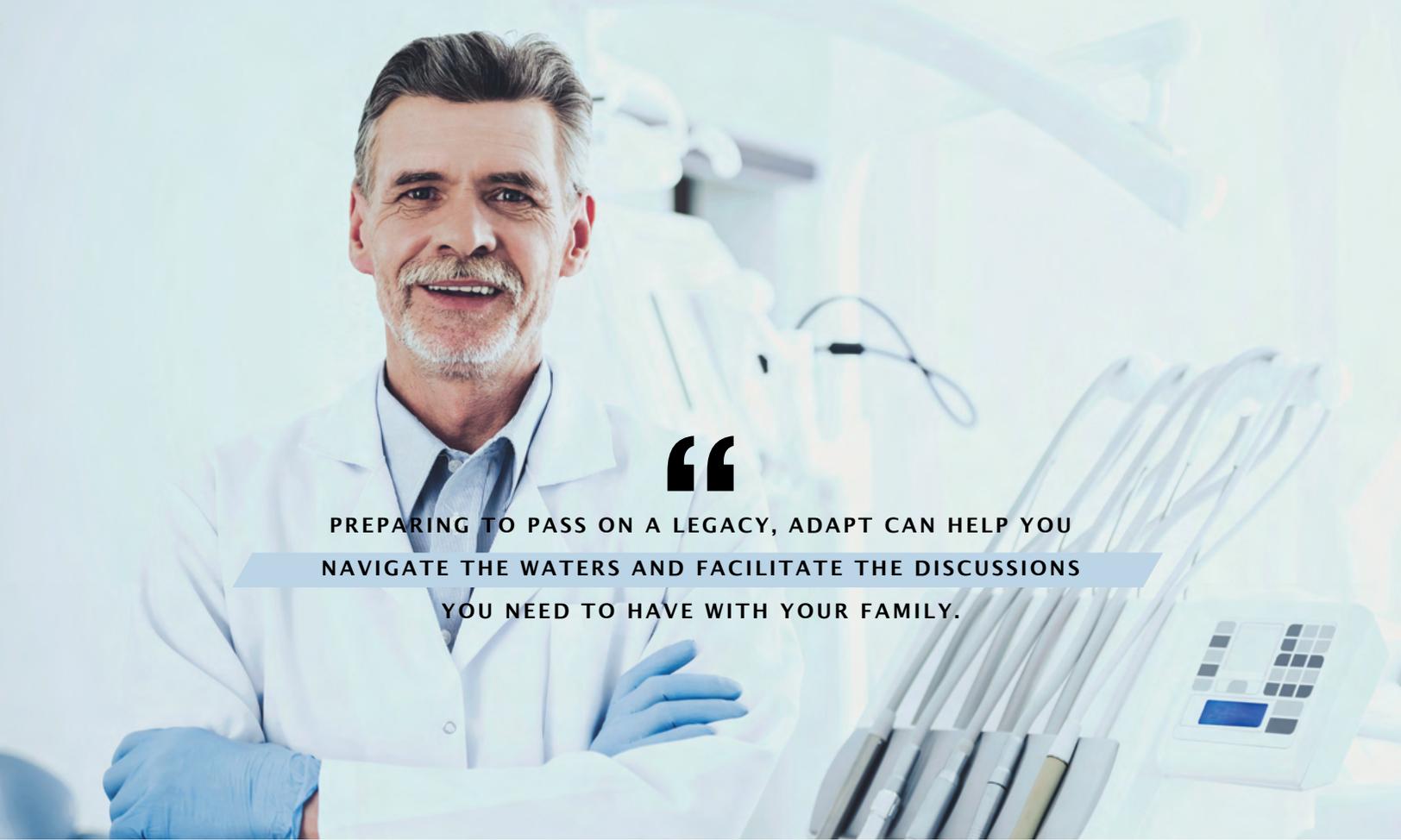
MAKE SURE TO DISCUSS:

Your career: Are you happy with your current situation? Are you finally confident enough in your finances to buy a practice? If you already own, is it time to expand the practice and hire an associate? Do you want to start volunteering or mentoring?

Your partner: How satisfied is your partner? If they work in the practice, do they like the work or do they want to take on new responsibilities – or offload some tasks and spend more time with the family? If they work elsewhere, are they pursuing a big promotion or a change of their own? If you are both considering changes, should you “take turns” to ease the transition – and if so, who gets to go first?

Family: How are your children? Do you want to be home with them more and attend all their soccer games? How long until they leave for college? Are your elderly parents facing health challenges?

Finances: Are you paying off debt? Do you want to pay for your children’s education? Are you saving enough for the retirement of your dreams? Again, a financial advisor can help you plan for the future.



**PREPARING TO PASS ON A LEGACY, ADAPT CAN HELP YOU
NAVIGATE THE WATERS AND FACILITATE THE DISCUSSIONS
YOU NEED TO HAVE WITH YOUR FAMILY.**

LATE-CAREER: MOVING ON

Congratulations on achieving financial security! Now what?

You can end a career in many ways. If you are an associate, you can turn in your notice and throw your retirement party. Things get a bit more complicated if you must navigate a practice sale, too.

If you own a practice, you must decide whether you want to spend the next few years building up your practice OR slowing down. What is most important right now: time with your family or maximizing the value of your practice? (Learn how to think through this decision.) Many dentists choose to reduce their hours, only to discover that doing so has cut the practice's value. One option is to pursue an associate-to-owner transition in which you hire an associate who agrees to buy the practice after a set period (say, two or three years).

As the associate gains speed and confidence, you can cut back your hours while the practice stays busy.

What's most important: free time or maximizing the value of your practice?

Your retirement will greatly affect how you – and your partner – spend your days. It is time to get in sync on when to retire and build consensus on how you choose to spend your time.

MAKE SURE TO DISCUSS:

Your retirement: When do you want to retire? Do you want to gradually ease away from work? And when you are retired, how do you want to spend your time: traveling, volunteering, mentoring younger dentists? Do you want to work part time while addressing access to care issues?

Your partner's retirement: What is their timing? Do they need to wait for a certain age or milestone? How do they want to spend their time in retirement? Have you talked about pursuing shared interests?

Family: Do you want to spend more time with your children and/or grandchildren? If you are considering relocating, where do you want to live? Would you split time between two residences?

Finances: How will you access health insurance during retirement? Will you need to adjust your lifestyle to ensure your long-term financial stability? As always, consult your financial advisor!

Priorities: What is most important right now? How might that change in a few years? Be sure to have a frank discussion regarding your health and your partner's health.

ADAPT WILL HELP YOU THROUGH YOUR CAREER TRANSITION

Whether you are a newly graduated dentist or preparing to pass on a legacy, ADAPT can help you navigate the waters and facilitate the discussions you need to have with your family. We understand the challenges at each step of the journey and are there to find the right solutions for your unique situation.

This article originally appeared May 11, 2020 in the ADAPT blog. ADA Practice Transitions (ADAPT) matches you with the right dentist or practice; whether you are looking to sell your practice, hire an associate, buy a dental practice or find a job. Visit ADAPracticeTransitions.com.



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NEW DENTIST CORNER

Burnout: Finding your "why" to avoid the burn

You've been practicing as an associate dentist for a couple of years, and you feel pretty confident in your skills. No longer is seeing patients and carrying out complex procedures terrifying, and your imposter syndrome is mostly in check. You should feel like you're at the top of your game, but perhaps you're gradually feeling like you're stuck in a rut.

If this describes you, you could be experiencing burnout or losing the joy you previously felt in dentistry. It is time for you to find your WHY.

FIND YOUR WHY

What brought you to dentistry? Was it having a network of supportive colleagues? Was it an opportunity to excel in a field and share your knowledge? Do you have an insatiable love for information and technology? Or maybe the community you get to serve?

These are important questions to ask your inner self, a simply way to remind yourself on what brought you to this profession. What do you love about everyday practice? Do you love building and leading your team? Do you love the numbers and intricacies of building solid systems? Do you love technology and efficiency?

GROW OUTSIDE THE OFFICE

You've now done some soul searching and figured out what motivated you to apply to dental school. Let's figure out how you can grow in those areas.

Make colleagues, not competitors

If you enjoy working with colleagues, consider becoming involved with the local dental society or advocating for the profession by joining the state dental board. Having a bigger network not only leads to better professional opportunities, but also creates a platform on which you can discuss interdisciplinary cases and enhance your expertise.

Influence minds

If you enjoy sharing your knowledge, you can consider teaching opportunities not only at a dental school, but also in hygiene or

assisting programs. A study club can be a prime opportunity to share your passions with fellow dentists or folks in other fields. You can also partner with local schools to bring brushing alive in their classrooms. Even early on in your career, there are plenty of ways you can be a mentor to someone else.

Never stop learning

If your passion is diving deep into improving your skills, start looking around. Have you found a local study club? Start talking about what interests you and what you're looking for; you'll soon realize that there are more mentoring groups, study clubs, and high-quality continuing education all over the U.S. and the world than you imagine. Use this opportunity to grow not only in your technique, but also your perspective of your industry.

Help your community

Most of us were drawn to dentistry because of our love of helping others. If this still inspires you, consider pursuing volunteer opportunities or positions that allow you to help people who don't have access to dental care. Ask your colleagues and local society about low-cost or no-cost clinics to which you can contribute your time and skills, or community health centers where you can make this passion your profession.

GROW INSIDE THE OFFICE

If you love what you do but are finding the daily work of dentistry to be a drag, consider focusing your attention within the walls of your office. Start measuring your stats like an athlete—are you as efficient as possible? What's the health of your clinical systems? How about your front office systems? What can you do to build a better team? Even an associate can play a more active role in the day-to-day operation of the practice.

The office itself is a place where self-education can shine. Have you tapped into the wealth of dental podcasts or business development books available in only a few clicks? You don't need to be an owner to benefit from such materials; regardless of your position, you can inspire your patients to obtain the best care possible for their dental health.



“ If you love what you do but are finding the daily work of dentistry to be a drag, consider focusing your attention within the walls of your office. Start measuring your stats like an athlete — are you as efficient as possible?

GROW IN THE PROFESSION

Even if you've broadened your network, ignited a love for teaching, and built a great team, there's a chance you're just in the wrong job. Maybe time has gone by and you've grown out of your position. Burnout is often the result of a motivated person stuck in a job that doesn't allow them to flourish. Perhaps a change of scenery and a position that allows you to manage the staff more directly would suit you, or perhaps you are more comfortable with less staff headache and more freedom to incorporate the latest and greatest tools and techniques in your practice.

Or maybe it's the job. Period. Many of us went into dentistry to become owners. While owning isn't for everyone, if you're feeling the effects of burnout, connect with a couple of folks who recently opened their own offices. Maybe you'll discover that it's the right direction for you. If it is, start learning and doing the legwork to position yourself financially and emotionally, so that you are ready to take the next step towards running a practice of your own.

Or maybe it's working in practice, either yours or someone else's. It's not uncommon to miss the camaraderie you felt when you were a student. Perhaps it's time to look into a

career in academia. If your passion is serving the underserved, consider a career with a community health center.

FIND YOUR WHY, AND YOU'LL FIND THE FUN

Burnout is the feeling you get when you're tired; time drags on as you slowly lose your motivation. As the saying goes, "Time flies when you're having fun." When we play, we don't want it to end. Once you find your Why, build your career around it, and hopefully you'll be able to find the FUN at work again.

Dr. Sheila Soroushian is a New Dentist Now guest blogger. She grew up in Orange County, California, and graduated from Tufts University School of Dental Medicine in 2011 before attending the orthodontic residency at Howard University. Sheila is an orthodontist serving greater Colorado Springs, Colorado and is active with the New Dentist Committee at the Colorado Dental Association. When she's not working, she enjoys rock climbing, hiking, camping, and skiing in the beautiful Colorado mountains.

This article originally appeared Aug. 14, 2020 in the ADA New Dentist Now blog, newdentistblog.ada.org

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Memphis, TN: 4 ops, professional building, desirable area. Rev. \$800,000/yr. For details contact HS PPT Consultant Dr. Suzie Stolarz, 615-418-3113, Suzie.Stolarz@henryschein.com. #TN166

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New to the market is an exciting practice for sale in Nashville, TN. Located in an office building with over 1,500 square feet to work with- the area is incredibly pedestrian friendly as well. The current doctor has practiced in the community for over a decade and is therefore ready to retire. They would prefer to sell to an individual and are open to staying on to ensure a smooth transition.

For an overview of this incredible Nashville practice, read below:

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To learn more and review the prospectus of this happening practice, contact Professional Transition Strategies. Email Kaile Vierstra: kaile@professionaltransition.com or give us a call: 719.694.8320. We look forward to hearing from you!

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TDA reserves the right to reject any advertising. Call the TDA Executive Office at 615-0628-0208 or email tda@tenndental.org if you have any questions.

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Bank of America Practice Solutions:
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BMO Harris Bank: Practice financing and commercial real estate loans. 1-833-276-6017 or bmoharris.com/dentists

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ClaimX: Electronic Claim Processing - 866-886-5113 Opt 1 (Promo Code KCI0208) or www.claimxedi.com

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The Digital Dental Record: Paperless solutions for a dental office and online data backup. 1-800-243-4675 or www.dentalrecord.com

DrFirst: iPrescribe mobile electronic prescribing application and service. 866-263-6511 or <https://drfirst.com/products/iprescribe/>

D-MMEX: Easy Refine Scrap Metal Recovery Program 1-800-741-3174 or www.easyrefine.com

eScapes Dental TV: Private television channel provides therapeutic relaxation television programming designed to relax patients and viewers. 734-682-3409 or www.eScapesDentalTV.com/tn

GE Appliances: Savings of up to 25% off MSRP on select GE appliances. 1-800-ADA-2308 ADA.org/GE

InTouch Practice Communications: Message on Hold. 1-877-493-9003 or www.InTouchDental.com

Kevin Christian, LLC: Registered, Approved X-Ray Machine Inspector. 615-268-4345 or visit www.kevinchristianllc.com

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