TENNESSEE
SEPTEMBER/OCTOBER 2021 VOLUME 27, ISSUE 5

TENNESSEE DENTAL ASSOCIATION NEWS

TNDENTALASSOCIATION.COM

: CONTINUING EDUCATION

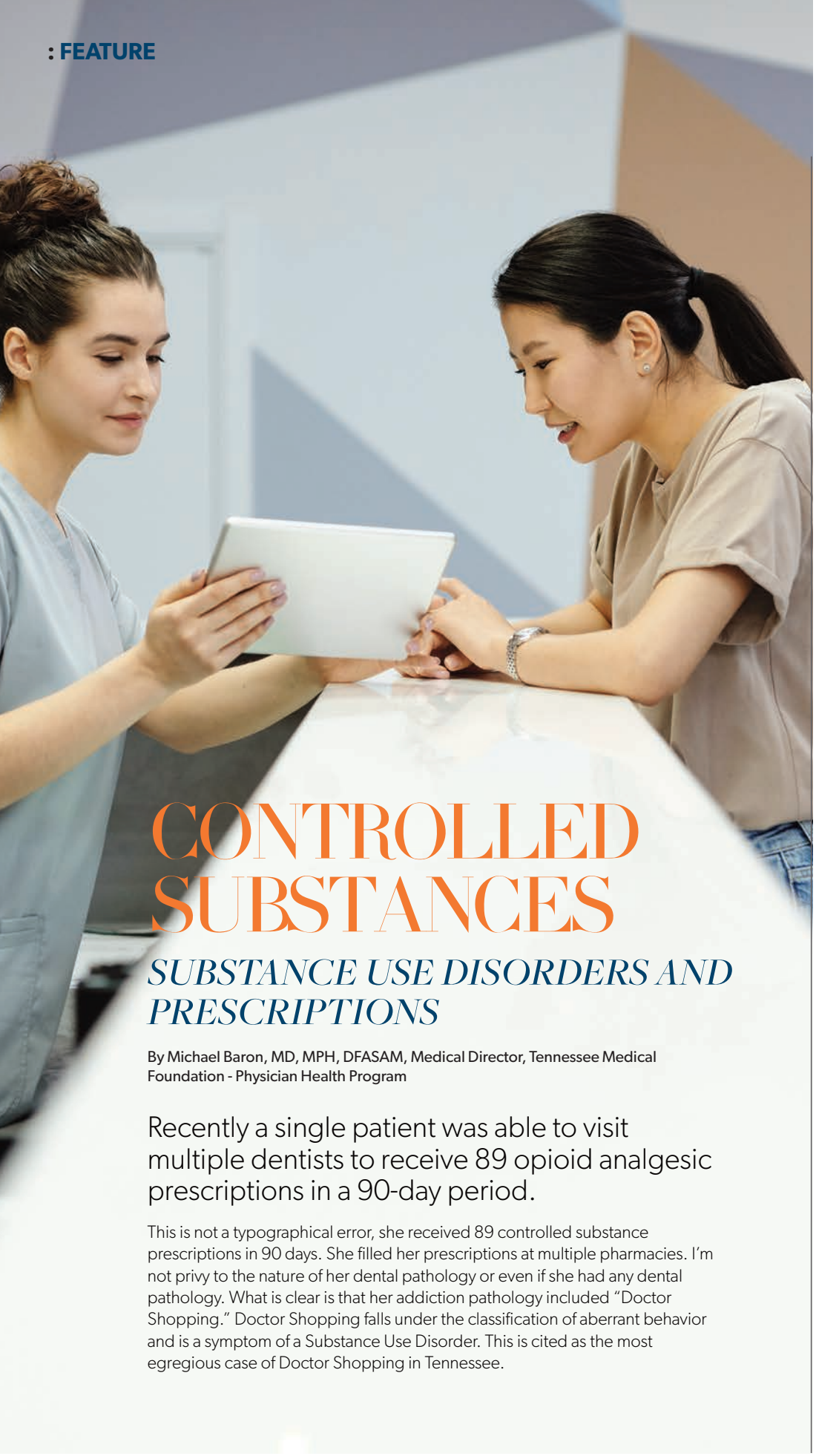
CONTROLLED SUBSTANCE USE DISORDERS AND PRESCRIPTIONS SUBSTANCES

see page 2

+ 2021 TDA CONNECT CE AVALIABLE ON DEMAND

see page 14

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



CONTROLLED SUBSTANCES

SUBSTANCE USE DISORDERS AND PRESCRIPTIONS

By Michael Baron, MD, MPH, DFASAM, Medical Director, Tennessee Medical Foundation - Physician Health Program

Recently a single patient was able to visit multiple dentists to receive 89 opioid analgesic prescriptions in a 90-day period.

This is not a typographical error, she received 89 controlled substance prescriptions in 90 days. She filled her prescriptions at multiple pharmacies. I'm not privy to the nature of her dental pathology or even if she had any dental pathology. What is clear is that her addiction pathology included "Doctor Shopping." Doctor Shopping falls under the classification of aberrant behavior and is a symptom of a Substance Use Disorder. This is cited as the most egregious case of Doctor Shopping in Tennessee.

JULY 2021 VOLUME 27, ISSUE 4
Executive Editor: Andrea Hayes, CAE
Managing Editor: Lourdes Arevalo
Editor: Amy Williams

The Tennessee Dental Association News (USPS 013358) is published bimonthly: January, March, May, July, September and November, by the Tennessee Dental Association, 660 Bakers Bridge Avenue, Suite 300, Franklin, TN 37067-6461. The subscription price is $6.00 annually.

TENNESSEE DENTAL ASSOCIATION NEWS

INSTAGRAM
TNDentalAssn

LINKEDIN
TNDentalAssn

FACEBOOK
TennesseeDentalAssociation

TWITTER
TNDentalAssn

"Doctor Shopping is the practice of visiting multiple doctors for the purpose of obtaining controlled substances."

Doctor Shopping

Doctor Shopping is the practice of visiting multiple doctors for the purpose of obtaining controlled substances. Often, the controlled substances obtained by Doctor Shoppers are used to satisfy their own addiction; sometimes they are sold or diverted in exchange for other substances the person prefers to use which is called a "drug of choice." In this case, while she filled 89 prescriptions, she didn't visit 89 different dentists. Many dentists were duped more than once. Unfortunately, not one dentist caught on or made a complaint or report. Had any of them checked the CSMD they would have seen multiple prescriptions by multiple providers.

Dentists, similar to their medical doctor colleagues, are poorly trained to recognize, detect or diagnose addiction. Addiction is a chronic, relapsing disorder characterized by compulsive drug use and drug-seeking despite adverse consequences. Addiction is a brain disease that affects 10 to 15 percent of the population. It involves reversible changes to brain circuits that regulate the reward process. These brain changes may take months to even years to normalize after a person has stopped taking mood-altering drugs. Addiction, like other chronic diseases, responds to chronic disease management, but the disease needs to be recognized and diagnosed to be treated.

The Reward Circuit

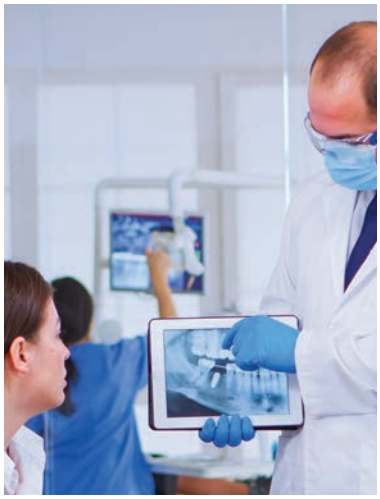
The part of the brain that houses addiction is called the reward circuit. The reward circuit is made up of the nucleus accumbens together with the ventral pallidum and ventral tegmental area. The reward circuit is connected to many other areas of the brain, including the prefrontal cortex (inhibition, motivation, morals), the limbic system (emotions including anger), the amygdala (harm alarm), and the hippocampus (memory). When the reward circuit gets hijacked by a drug like alcohol or oxycodone, it will also impact those areas the reward circuit interfaces with. As a result, emotions, motivations and inhibitions can get derailed. Memories can be perceived differently. The ability to feel pleasure is decreased. The processing of threatening behavior and physical harm can be greatly diminished.

The nucleus accumbens is a dopamine-rich nucleus. When the nucleus accumbens is stimulated by an opioid or another controlled substance, dopamine gets released. When somebody eats a piece of chocolate or views a beautiful sunset or falls in love, dopamine gets released, which feels good. The stronger the drug the more dopamine is released by the nucleus accumbens.

Drugs like cocaine and oxycodone release huge amounts of dopamine, causing a euphoric effect. Neural circuits try to stay in balance or homeostasis. Overstimulation of the nucleus accumbens will over time decrease the amount of dopamine that gets released. This is one reason why more of a drug such as an opioid is needed to get the initial euphoria that was felt. It is also thought that a person with a genetic susceptibility to addiction has an inherent hypo-dopaminergic response to natural stimuli.

Three Etiologies

The three etiologies for addiction are a genetic predisposition, exposure to the drug, and adverse childhood experiences. There is no single gene for addiction; it involves multiple genes on multiple chromosomes.



Suffice to say, children of alcoholics are four times more likely to develop alcoholism, whether they live in the same household as their alcoholic biologic parent or were adopted away at birth to a non-alcoholic home. Exposure to the substance is required for addiction to occur; one cannot develop alcoholism if they've never been exposed to alcohol, no matter how strong their genetic predisposition.

Recent work has shown that the quantity of adverse childhood experiences (ACEs) correlates with the development of addiction and other chronic diseases. This is very significant as ACEs have a dire effect on morbidity and mortality. An ACE is a single episode of physical, emotional, or sexual abuse. Other ACE examples are physical or emotional neglect, bullying, having mental illness, divorce, an incarcerated relative in the family, or violence in the home. One event equals one ACE, so a child who is emotionally neglected at home, bullied at school, has an older brother who is incarcerated, and whose parents are divorced has an ACE score of at least 4. An ACE score of 4 to 5 increases the risks of alcoholism seven times, that individual is four times as likely to have emphysema, twice as likely to get cancer, and six times more likely to have precocious sex. Having an ACE score of 6 or higher shortens the expected life span by 20 years and increases the likelihood of a suicide attempt by 30 times. A high ACE score also correlates with the development of depression, diabetes, heart disease, obesity, and increased risk for intimate partner violence. The negative impact of an elevated ACE score necessitates getting a childhood, social, and family history prior to prescribing a controlled substance to better understand the increased risk of addiction.

The reason controlled substance medications are scheduled by the DEA is based on their potential for addiction. A schedule II medication has a higher potential for addiction than a schedule V medication. The controlled substance scheduling identifies the addiction risk for the medications. The only way to know the addiction risk for a patient is by taking a thorough history with screening tools.

Patients with an active Substance Use Disorder are highly motivated to obtain the substance they are addicted to. The severity of the cravings associated with an addiction are analogous to the need for breathing oxygen while underwater. It's a powerful, visceral response that defies reason, morals, and consequences. Patients with addiction are much more driven to obtain prescriptions by deceit than healthcare practitioners are trained to intercede.

Patients with a history of addiction can also be in recovery from that addiction. Recovery is a process that begins with abstinence from their drug of choice. Recovery can include 12-step programs, working with a sponsor, and going to meetings. Most patients in recovery will not request or even permit the use of controlled substances when a non-opioid analgesic will suffice. Patients in recovery from addiction are very knowledgeable about pharmacology. It is imperative to discuss analgesic options with your patients. Addiction is one disease with many faces, so even though a patient may identify themselves as alcoholic, any mood-altering drug that stimulates the nucleus accumbens can potentially cause a relapse.

The Case for the CSMD

Let's go back to the case of 89 prescriptions in 90 days. I'm using this actual case here to introduce and reinforce the importance of utilizing our state's Prescription Monitoring Program called the Control Substance Monitoring Database (CSMD). This case also illustrates how healthcare providers get exploited for their prescription-writing capability. It may be the most severe case of Doctor Shopping we are aware of, but almost every practicing dentist or healthcare practitioner with prescriptive authority has been duped for controlled substances. There is no way to know the actual numbers, but we can confidently say it occurs with much more prevalence than one wants to believe.

Many patients are poor historians when it comes to their own medical and prescription history. The CSMD collects and maintains data regarding all dispensed controlled substances and is designed to provide dentists and other healthcare practitioners with an accurate and comprehensive view of their patient's controlled substance prescription history. The CSMD is also used to assist in statistical analysis and criminal investigations involving controlled substances.

The CSMD was established under the Controlled Substance Monitoring Act of 2002. CSMD Data collection began on December 1, 2006. The Prescription Safety Acts of 2012 and 2016 enhanced data collection and accessibility.

The CSMD is by far the most useful state-sponsored clinical tool to screen for patients at risk for a Substance Use Disorder. But like any tool, the CSMD is only as good as the tool's user. It certainly does not do anyone any good if it's not utilized.

Overprescribing

The patient who fills 89 controlled substance prescriptions in a 90-day period is an extreme example of overprescribing. We can describe the overprescribing problem as a combination or sum total of Misprescribing, Aberrant Behavior, and Addiction. Misprescribing is prescribing controlled substance in quantities or frequency inappropriate for the complaint or illness. Examples include prescribing large quantities of medication that are not clinically indicated and authorizing early refills without an appropriate clinical reason. There are 10 categories of misprescribing that were developed for the Prescribing Controlled Drugs course at the Center for Professional Health at Vanderbilt University. All 10 categories begin with the letter D:

- **Duped:** The clinician doesn't look for or detect deception.
- **Dated:** The clinician fails to keep current.
- **Dysfunctional:** The clinician can't say no.
- **Dismayed:** A prescription is used to make up for lack of time.
- **Dishonest:** No medical reason for the prescription except financial gain.
- **Disabled:** The clinician has impaired judgment.
- **Disempowered:** The clinician has a skewed perception of power.
- **Disorganized:** No system in place to track prescriptions.
- **Disregard for Scope:** The clinician is practicing out of their specialty.
- **Dodging:** A prescription refill is used to avoid a patient visit

Aberrant Behavior is behavior that indicates misuse of a prescribed medication. The terms "Addiction" and "Substance Use Disorder" are used synonymously throughout this manuscript. The shortest and easiest definition of addiction is the continued use of a substance despite negative consequences. Even though addiction causes more morbidity and mortality than all other preventable diseases, physicians and dentists are poorly trained at its recognition, diagnosis, and treatment. In the DSM-51 there are 11 criteria used to describe a Substance Use Disorder (SUD). Two to three of the 11 criteria are needed to make a diagnosis and specify the severity as mild; the presence of four to five criteria make the severity moderate; six or more criteria are needed to specify the SUD as severe.

Another common term found on CSMD reports that requires definition is Morphine Milligram Equivalents (MMEs). MMEs are an equianalgesic dose of an opioid as compared to morphine. An MME represents the potency of an opiate or opioid dose relative to morphine. MMEs are used to help quantify the amount of an opioid a patient is prescribed.

"WRITING A PRESCRIPTION IS EASY; GETTING TO KNOW YOUR PATIENT IS DIFFICULT."

For example, 10 mg of hydrocodone is equivalent to 10 mg of morphine, therefore 1 MME of hydrocodone equals 1 MME of morphine; 10 mg of oxycodone is equivalent to 15 mg of morphine, therefore it is a 1 to 1.5 ratio. Hydromorphone is four times stronger than morphine so it's a 1 to 4 ratio, i.e., 1 mg of hydromorphone is equal to 4 mg of morphine. There are smart phone apps and online calculators to determine MMEs. This link is for a free app provided by the CDC. www.cdc.gov/opioids/providers/prescribing/app.html

The CSMD patient reports provide a wealth of information beyond controlled substance prescriptions. This includes the names of the healthcare practitioners who have prescribed a controlled substance, the pharmacy that dispensed the controlled substance medication, and clinical risk indicators that warn practitioners if a patient is doctor shopping, pharmacy hopping, or is a female of childbearing age between 15 and 45 years old. The risk indicators include:

Yellow diamond: Patient received or was dispensed controlled substance prescriptions from four practitioners in the last 90 days;

Red diamond: Patient prescribed or was dispensed controlled substance prescriptions from five or more practitioners in the last 90 days;

Yellow triangle: Patient received or was dispensed controlled substance medications from four pharmacies in the last 90 days;

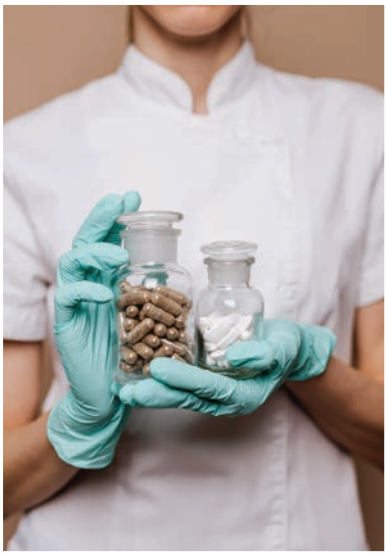
Red triangle: Patient received or was dispensed controlled substance medications from five or more pharmacies in the last 90 days;

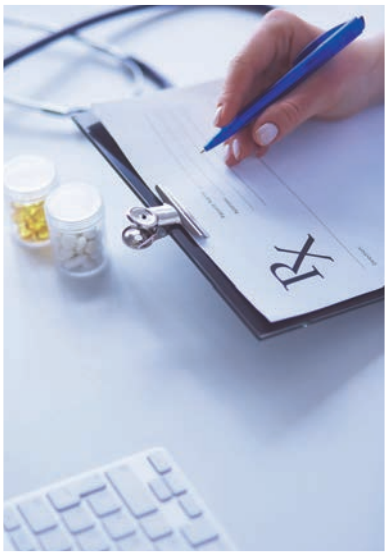
Yellow box: Patient receiving between 90 and 120 Morphine Milligram Equivalents (MMEs) per day;

Red box: Patient receiving 120 or greater MMEs per day;

Pink circle: Patient is a female of childbearing age.

There are smart phone apps and online calculators to determine MMEs. This link is for a free app provided by the CDC. www.cdc.gov/opioids/providers/prescribing/app.html





The rules regarding the CSMD are all based on statute and have been promulgated by the Board of Pharmacy. These rules state that healthcare practitioners shall register for the CSMD who have a DEA number and have prescribed or dispensed controlled substances to patients more than 15 days in a calendar year. Practitioners can designate a delegate under their supervision to check the CSMD. Some Electronic Health Records (EHRs) have seamless integration with the CSMD so a keystroke gives the practitioner a report. The practitioner must check the CSMD before prescribing an opioid or benzodiazepine as a new course of treatment lasting more than three days, and at least every six months thereafter when the controlled substance remains part of the patient's treatment plan. There is no requirement to check the CSMD prior to prescribing or dispensing an opioid if the prescription is written for a three-day supply or less, and the opioid amount for the entire prescription is 180 MME or less. I think it is good practice to check the CSMD for all controlled substance prescriptions, but it is not a requirement if the amounts fall within those parameters. The practitioner should check the CSMD if they suspect doctor shopping, diversion, or other controlled substance prescription misuse. Although it's not required, I highly recommend that all practitioners routinely self-check or obtain their own CSMD report to check for unauthorized prescriptions or incorrect information. Like any database, if the information loaded is incorrect, the information retrieved will be incorrect. The practitioner is not required to check the CSMD if the patient is receiving care in a licensed healthcare facility such as a hospital or is admitted to a residential treatment center. The practitioner should always document in the medical record when they check the CSMD.

The CSMD is a depository for controlled substance prescriptions, including opioid analgesics. The CSMD does not contain data about the three non-opioid analgesic medications – aspirin, acetaminophen, and nonsteroidal anti-inflammatory drugs (NSAIDs) -- as they are not controlled substances and can be obtained over-the-counter. Most dental pain is classified as acute and nociceptive, caused by an inflammatory response, which makes the pain highly responsive to the non-opioid analgesics. Many recent studies have shown that acute, nociceptive pain caused by an inflammatory response responds well to 1000mg of acetaminophen with 400mg of ibuprofen, taken together by mouth. This regimen works better than hydrocodone or oxycodone taken alone or with acetaminophen. Stated another way, two extra-strength acetaminophen with two over-the-counter ibuprofen work as well, if not better, than oxycodone or hydrocodone. Also, once treated, the inflammatory response causing the pain subsides in two or three days, obviating the need for more analgesic medication. Therefore, a prescription lasting longer than three days for any type of opioid or non-opioid analgesic medication is seldom needed, especially when appropriate dental treatment has been rendered.

Regimens of 1000 mg acetaminophen with 400 mg ibuprofen taken three times a day provide excellent analgesic coverage for acute inflammatory pain. Please be aware that the FDA has limited the daily amount of acetaminophen to a maximum of 3.0 gm per day. All medications have side effects. A good clinician is knowledgeable of the pharmacodynamics and pharmacokinetics of the medications they prescribe. Acetaminophen can cause liver toxicity, especially in doses greater than 3.0 gm per day. Ibuprofen like other NSAIDS deteriorates the stomach's protective mucus layer, leading to peptic ulcer disease and gastritis. Not only are the non-opioid analgesics more efficacious for acute inflammatory pain, they also carry no risk of addiction.

Summary

Writing a prescription is easy; getting to know your patient is difficult. When writing a prescription for a controlled substance it is imperative to know if your patient is at risk for the development of addiction, active in their addiction, or in recovery from addiction. Each scenario needs to be treated differently. The only way to ascertain the risk is by getting a complete history and by checking the CSMD. Most dental pain is acute and caused by the inflammatory process. The non-opioid analgesics work as well, if not better, than controlled substances for this type of pain. If after thorough evaluation, history, and CSMD check you determine that an opioid analgesic is indicated, use the lowest dose and shortest duration possible to cover the patient's analgesic requirements.

1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596
Michael Baron, MD, MPH, DFASAM Medical DirectorTennessee Medical Foundation- Physician's Health Program

Controlled Substances, Substance Use Disorders and Prescriptions

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. The reward circuit includes which of the following?
a. The nucleus accumbens
b. The locus coeruleus
c. The cerebellum
d. The liver

2. Tennessee's Prescription Monitoring Program is called the?

a. Volunteer State prescriptions
b. Tennessee One Database
c. Controlled Substance Monitoring Database
d. Tennessee Substance Prescription Database

3. Doctor Shopping is defined as
a. Visiting every dentist in your ZIP Code
b. Visiting multiple doctors for the purpose of obtaining controlled substances
c. Paying dentists extra money for a prescription
d. Dentists that don't take private insurance

4. An ingested opioid can cause the release of this neurotransmitter resulting in euphoria
a. Serotonin
b. Glutamate
c. Dopamine
d. GABA

5. How many milligrams of morphine is 10 mg of oxycodone equivalent to when taken by mouth?

a. 15 mg
b. 7.5 mg
c. 1.0 mg
d. 10 mg

6. A dentist is required to check Tennessee's Prescription Monitoring Program prior to writing this prescription.
a. Hydrocodone 7.5 mg/acetaminophen 500 mg, 1 PO QID, #8
b. Hydrocodone 7.5 mg/acetaminophen 500 mg, 1 PO QID, #12
c. Hydrocodone 7.5 mg/acetaminophen 500 mg, 1 PO TID, #9
d. Hydrocodone 7.5 mg/acetaminophen 500 mg, 1 PO TID, #21

7. The 10 categories of misprescribing include all of the following except
a. Dated: The clinician fails to keep current.
b. Dysfunctional: The clinician can't say no.
c. Dumb: The clinician is impaired because of a low IQ
d. Dismayed: A prescription is used to make up for lack of time.

8. Examples of misprescribing include prescribing large quantities of medication that are not clinically indicated and
a. Calling in a prescription on the phone for an established patient
b. Authorizing early refills without an appro priate clinical reason
c. Prescribing an opioid analgesic for a patient with a painful abscess.
d. Authorizing your nurse to call in an antibiotic

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:_____

City/State/Zip:_____

Daytime Phone Number :_____(_____)_____

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

Name as it appears on the card:_____

Card #:_____Exp. Date:_____CVV2:_____
(3 digit code on back of card following the card number)

Signature of Cardholder:_____

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.

Your practice is one of your most important assets.

DO YOU KNOW WHAT IT'S WORTH?

While no one likes to think about it, things do happen and it's always important to be prepared.

Knowing your practice's value can make the difference between selling your practice or having it become unsellable. That is why practice owners should have an up-to-date practice valuation.

Whether you are anticipating selling your practice and planning for retirement, recruiting a new associate who potentially may become a partner, or preparing for the unexpected, there are many reasons to have a current practice valuation.

A **Henry Schein Professional Practice Transitions** valuation considers both tangible and intangible assets of the practice and can provide the many key factors which influence the practice's value.

To get started on your practice valuation or schedule a complimentary consultation, give us a call at **866-335-2947**.

HENRY SCHEIN®
PROFESSIONAL PRACTICE TRANSITIONS

www.henryscheinppt.com

■ PRACTICE SALES ■ VALUATIONS
■ TRANSITION CONSULTING/
PLANNING ■ ASSOCIATESHIPS

welcome MEMBERS!

THE TENNESSEE DENTAL ASSOCIATION WELCOMES THE FOLLOWING DENTISTS AS OUR NEW AND REINSTATED 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@tndentalassociation.org.

Second District Dental Society
Sonia Espinal-Hafner
Evan Agnetta

Chattanooga Area Dental Society
Dugald McMillan
Andrew Megison
Damien Armstrong

Fourth District Dental Society
Mirissa Price
Aaron Brooksbank
Morgan Gurley

Nashville Dental Society
David Marshall
Jackson Hall
Kinnara Emmons
Laura Thompson
Lydia Lancaster
Kevin Bowser

Sixth Dental Society
Magi Sargious

Eighth District Dental Society
Theodore Tutwiler

Memphis Dental Society
Benjamin Addison
Reid Higginbotham
Sierra Zarate

LAPSED LICENSE DISCIPLINARY ISSUES

The Tennessee Board of Dentistry reminds dentists that disciplinary action can occur if RDA or RDH staff members work on a lapsed license. Dentists are subject to citations/agree orders on their license if RDA/RDH staff practice on an expired license under their supervision.

Please ensure all practicing staff member licenses are current to avoid lapsed license disciplinary issues. The BOD suggests a tracking system or Outlook reminders that remind RDA and RDH staff to renew their licenses before the expiration dates.

Put the pliers down, let the pros do their job.

Some brokers just send you the candidate and leave all the heavy work to you - ***Would your patient pull their own teeth?***

Trust your practice sale to an ***experienced full service broker*** who has had hundreds of practice sales.

CHOICE℠
Dental practice transitions
An NPT Company

(877) 365-6786
choicetransitions.com

Considering selling to a DSO? Don't, until you read this.

"Choice walked me through the process, presented the best offers, and made the experience much less stressful by handling all the negotiations. In the end, I received more for my practice than I ever expected. The best part is that Choice provided all the consultation and services to me without charging any fees! If you are considering selling to a DSO, I highly recommend you contact Choice instead of directly contacting the DSOs."

Commission free. DSO Choice.

(877) 365-6786 • choicetransitions.com

CHOICE℠
Dental practice transitions
An NPT Company

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. Each week, the TDA sends a news bulletin with numerous alerts to keep members informed of the latest updates at the local, state, and national level.

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

In Memoriam

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

Dr. Kenneth Caldwell
Dr. Caldwell was a member of the American Dental Association, the Tennessee Dental Association, and the Nashville Dental Society.

Dr. Bruce N. Hamilton
Dr. Hamilton was a member of the American Dental Association, the Tennessee Dental Association, and the Seventh District Dental Society.

Dr. Bobby Cook
Dr. Cook was a member of the American Dental Association, the Tennessee Dental Association, and the Seventh District Dental Society.

Dr. James Higgason
Dr. Higgason was a member of the American Dental Association, the Tennessee Dental Association, and the Memphis Dental Society.

Dr. Jon Simpson
Dr. Simpson was a member of the American Dental Association, the Tennessee Dental Association, and the Memphis Dental Society.

Dr. Robert Archer Jr.
Dr. Archer was a member of the American Dental Association, the Tennessee Dental Association, and the Nashville Dental Society.

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) 741-3011

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

>Staffed Component Societies

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

Second District Dental Society
Executive Director: Diane Landers
(865) 919-6464
2nddistrictdental@bellsouth.net

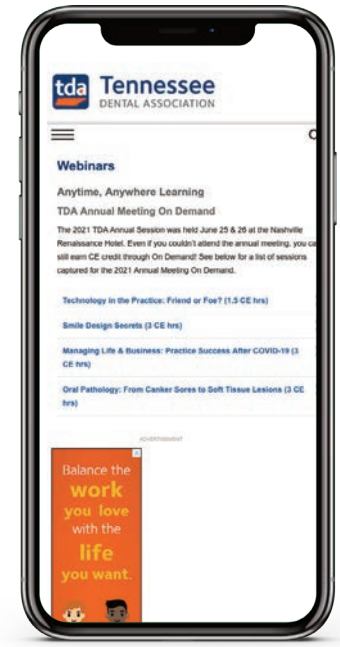
Chattanooga Area Dental Society
Executive Director: Rhonda Jones
(423) 886-9191
CADS@peacecom.net

Nashville Dental Society
Executive Director: Kristen Stewart
(615) 628-3300
director@nashvilledental.org

Eighth District Dental Society
Executive Secretary: Ruby Batson
(931) 245-3333
ruby@clarksvillepediatricdentistry.com

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

2021 TDA Connect available on demand



If you weren't able to attend the TDA Annual Session in June, we have good news! The TDA has made a series of courses available on demand. With CE on demand, you can earn up to 10.5 hours of CE credit. Courses range from 1.5 to 3 CE hours. Access courses and quizzes on our website under Meetings & Events.

Technology in the Practice: Friend or Foe?
Mr. Justin Homeyer
1.5 CE hrs
$35.00
You'll walk through the benefits and challenges associated with technology in the dental practice. Along the way, the course will also address several areas where practices often struggle with their information technology and provide effective and affordable methods of resolution.

Smile Design Secrets: Smile Virtual, Smile Test Drive, Smile Shape
Dr. Brian Harris
3 CE hrs
$45.00
This is not your ordinary course in smile design, so come with an open mind and be prepared to SEE THINGS DIFFERENTLY. In this course, Dr. Harris will share his 3 secrets to double the number of cosmetic cases in your practice in 30 Days.

Managing Life & Business: Practice Success After COVID-19
Mr. Jim Philhower
3 CE hrs
$45.00
As we emerge from the pandemic, dental practice owners are under greater financial pressure than ever before. Lower reimbursements, fewer new patients or patients covered by dental benefits, as well as the current economic climate make for challenging times. What can you do to prosper in this new era?

Oral Pathology: From Canker Sores to Soft Tissue Lesions
Dr. Juan Yepes
3 CE hrs
$45.00
You'll receive the most up-to-date information regarding the fascinating field of oral pathology. The course will use case-presentation as the learning and discussion format and will cover the entire spectrum of the most common oral soft tissue lesions in pediatric, adolescent, and adult pathology.

Complimentary CE Tracking & Reporting System

TDA members can use ACE as an easy way to track CE throughout the year. Recording your CE as you go is the best way to keep an accurate record of completed courses and hours. Take advantage of this exclusive member benefit, by choosing one of the following options:

- **Upload** your course via TDA website. Click here to get started.
- **Email** your certificate of completion to TDA to lisa@tndentalassociation.org
- **Fax** your certificate(s) to 615-628-0214. When sending a fax, please also include your name and ADA number. Pro tip: Always keep the original certificate for your records.

Please note, the TDA must verify that courses are sponsored or approved by an organization accepted by the Tennessee Board of Dentistry.

Disclaimer: This is a tracking tool to aid dentists in keeping a record of their CE. It is the responsibility of each dentist to keep a complete CE record that is sufficient for license renewal and/or auditing purposes.

BANK OF AMERICA

Advanced technology can give your practice a competitive edge

Benefit from affordable equipment financing[1]

Replacing outdated equipment with the latest technology or expanding your practice with new equipment is an investment in your practice and your patients. Our financing allows us to offer terms that work for you.

Advantages include:

- Financing up to $150,000, with limited documentation
- A fixed interest rate
- Streamlined process from application to funding
- Potential tax advantages by purchasing equipment[3]

Limited-time offer

3.89%

for the life of the loan[2]

Offer expires December 31, 2021

Talk to a Practice Specialist today

To learn more about Bank of America Practice Solutions, visit **bankofamerica.com/practicesolutions** or call **800.497.6076**

tda Tennessee DENTAL ASSOCIATION

[1] All programs subject to credit approval and loan amounts are subject to creditworthiness. A prepayment fee will be applicable during the first three years of the loan term. Other restrictions may apply. Products and restrictions are subject to change. Loan terms up to 10 years or the useful life of the equipment, whichever is less.

[2] For the limited time beginning with applications submitted on August 16, 2021, and ending with applications submitted on or before December 31, 2021, can take advantage of a 3.89% per annum fixed rate of interest for the life of the loan on qualifying, approved Practice Solutions equipment specific secured or unsecured loans only, up to $150,000, and booked and funded by January 31, 2022. Excludes all other Practice Solutions products, refinances, and any product that contains a variable rate. To be eligible for the fixed interest rate offer of 3.89% per annum for the life of the loan the borrower, before loan closing, must have a demand deposit account with Bank of America that will serve as the primary business operating account of the borrower, and which demand deposit account must be maintained for the life of loan. If the borrower fails to maintain this demand deposit account with Bank of America at any time during the life of the loan, this promotional rate shall terminate, and the interest rate for your loan will increase by 1.00%.

[3] Depreciation allowances under Section 179 and other provisions of the Internal Revenue Code are available to you regardless of whether you obtain financing from Bank of America. You should consult with your tax advisor for your actual tax benefits.

All promotional and marketing materials are Bank of America Practice Solutions property, as such, cannot be changed, altered or modified, orally or in writing. All questions regarding these materials should be directed or referred to a Bank of America Practice Solutions Sales Associate. Sponsorship of endorser's products and services is not an expressed opinion or approval by the Bank.

Bank of America Practice Solutions product offerings and restrictions are subject to change. Bank of America and the Bank of America logo are registered trademarks of Bank of America Corporation. Bank of America Practice Solutions is a division of Bank of America, N.A.

Thank you

2020-2021 CONTRIBUTORS TO THE TENNESSEE DENTAL ASSOCIATION FOUNDATION

Through the generosity of the individuals and organizations below, a total of $42,598.00 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, 2020 – June 30, 2021

$ 1,000 - up

Dr. G Mitch Baldree
Dr. Marie Farrar
Dr. G Robert Hopper
Chattanooga Area Dental Society
Seventh District Dental Society

$ 500 - $ 999

Dr. Ruth Bailey
Dr. John Berg
Dr. Janet Black
Dr. Jason Botts
Family & Cosmetic Dentistry of Smyrna
Dr. Mitchel Godat
Dr. Fred Heros
Dr. Stephen Maroda
Dr. Christopher O'Rourke
Dr. Arvind Patel
Dr. Martin Poarch
Dr. Randall Prince
Dr. Justin Robbins
Dr. S. Jason Sammons
Dr. Randall Staples
Dr. John Stritikus
Dr. Dennis Wells

$ 200 - $ 499

Dr. Jim Albright
Dr. Jeannie Beauchamp
Dr. Ted Beazley
Dr. Louis Bonvissuto
Dr. James Bragg
Dr. J Allen Burleson
Dr. Joshua Campbell
Dr. Anthony Carroccia
Dr. James Carter
Dr. Ellen Carter
Dr. Robert Clark
Dr. Franklin Clark
Dr. Jay Davis
Dr. Gregory Denton
Dr. Amy Duncan
Dr. Dale Dunn
Dr. Walter Fain
Dr. Charles Felts
Dr. N. Cory Glenn
Glick and Woods Dentistry
Dr. Jack Gotcher
Dr. L. Dean Honeycutt
Dr. Douglas Hunter
Dr. Jeff Hunter
Dr. Brad Johnson
Dr. Michelle Johnson
Dr. Michael King
Dr. James Kotsianas
Dr. Gary Kropf
Dr. Rajan Kshatri
Dr. Tammy Kussman
Dr. K. Mike Lamb
Dr. Jon Mather
Dr. Valencia May
Dr. Charles McBrayer
Dr. DeWayne McCamish
Dr. Bill Nash
Dr. Garrett Orr
Periodontal & Implant Associates of Mid TN
Dr. William Powell
Dr. Elizabeth Randall
Dr. Leon Stanislav
Dr. John H Sullivan
Dr. Roy Thompson
Dr. Brian West
Dr. James Wilson
Dr. Lee Wilson
TDA Board of Trustees

$ 100 - $ 199

Dr. George Bouldien
Dr. Ryan Bowles
Dr. Jerald Bryant
Dr. Andrew Burton
Dr. Ashby Clayton
Dr. Sarah Clayton
Dr. James Cochran
Dr. Martin Donaldson
Dr. Richard Dycus
Dr. Kristy Dye
Dr. Pablo Foncea
Dr. Isaac Fordjour
Dr. James Hight
Dr. Paul Holliday
Dr. James Horner
Dr. William Howard
Dr. Glen Hyde
Dr. Benjamin Jamison
Dr. Warren Johnson
Dr. W. Frank Johnson
Dr. Keith Logan
Dr. Steven Mays
Dr. J. Michael McCoy
Dr. Amy Moody
Dr. Matthew Nichols
Dr. Todd Noblin
Dr. Derek Osborne
Dr. David Owsley
Dr. John Petty
Dr. Robert Rainey
Dr. Samuel Rickman
Dr. Edmund Rudnick II
Dr. David Sain
Dr. William Slagle
Dr. Carson Taylor
Dr. Andrew Thomasson
Dr. Tommy Whited
Dr. David Wickness
TDA Past Presidents
Second District Dental Society

less than $ 100

Dr. George Adams
Dr. James Anderson
Dr. Chris Anderson
Dr. Robyn Atkinson
Dr. Vincent Atkinson
Dr. Karen Baker-Curtis
Dr. David Barnes
Dr. David Barto
Dr. Edsel Bates
Dr. Christopher Birdwell
Dr. Nicolas Bisig
Dr. Scott Blackman
Dr. Alan Blanton
Dr. Thomas Blockley
Dr. Heath Blockley
Dr. Joshua Blockley
Dr. Greg Boucek
Dr. Richard Bowles
Dr. Jason Bowman
Dr. Michael Bowman
Dr. J Boyd
Dr. Jonathan Bradshaw
Dr. Joseph Britton
Dr. Joe Brogdon
Dr. Timothy Brown
Dr. John Burns
Dr. James Cade
Dr. Robert Caldwell
Dr. Mirna Caldwell
Dr. Angela Cameron
Dr. Robert Carney Jr.
Dr. Robert Carney III
Dr. Phillip Carson
Dr. Danny Chacko
Dr. Cordell Chaffin
Dr. Larry Chambers
Dr. Patrick Charles
Dr. Robert Childress
Dr. Christian Clinard
Dr. Marc Cohen
Dr. Arthur Cole
Dr. Jennifer Cole
Dr. Chris Cooley
Dr. Ernest Cooper
Dr. Jennifer Cornell
Dr. John Coulter
Dr. Alan Crisman
Dr. John Crockett
Dr. Brianna Crumpton
Dr. Mark Crumpton
Dr. Jason Cunningham
Dr. Steven Daniel
Dr. Adam Davis
Dr. Matthew DeFelice
Dr. Brian Devine
Dr. Lucy Digmon
Dr. Grant Dillingham
Dr. Keith Dressler
Dr. David Dykes
Dr. Kerri Everson
Dr. Philip Ezell
Dr. Douglas Farrar
Dr. Nicholas Ferguson
Dr. Daphne Ferguson-Young
Dr. Robert Fesmire
Dr. Robert Fields
Dr. Dawn Fleming
Dr. Jeffrey Fletcher
Dr. Andrew Flipse
Dr. Tom Gardenhire
Dr. Dennis Gardner
Dr. Derek Gaudry
Dr. Ted Gaw
Dr. Joanne Gaydos-Daniel
Dr. Paul Gilliam
Dr. Keith Gilmore
Dr. Anthony Gray
Dr. Cynthia Green
Dr. Charles Greenblatt
Dr. Derrick Gregory
Dr. Vicki Guffey
Dr. Joshua Gunnels
Dr. Kevin Gurley
Dr. Rick Guthrie
Dr. Fred Guthrie
Dr. Katherine Hall
Dr. Frank Hampson
Dr. Jack Haney
Dr. James Hawkins
Dr. Sandra Hayes
Dr. Kevin Hayes
Dr. Phillip Head
Dr. Marquinet Hence
Dr. P Henley
Dr. Marsha Hickey
Dr. Eric Himmelreich
Dr. Emanuel Hnarakis
Dr. Jill Hodges
Dr. Charles Hodges
Dr. Dennis Holmes
Dr. Charles Holt
Dr. Christina Honey
Dr. Kenneth Hopkins
Dr. Rachel Hymes
Dr. Nauzanene Jafari Fard Veyjoyeh
Dr. Michael Johnson
Dr. William Johnson
Dr. Lacy Jones
Dr. Deborah Jones
Dr. Alan Jones
Dr. Derek Jones
Dr. Nadhim Jubran
Dr. Mark Kalchthaler
Dr. Robert Kelso
Dr. Goodloe Keltner
Dr. Gregory Kemp
Dr. J. Kennedy
Dr, Matthew Kickliter
Dr. John Kinard
Dr. William Kirkpatrick
Dr. Mary Koen
Dr. Jeffrey Lancaster
Dr. Edward Lane
Dr. Allen Langford
Dr. Muriel Law
Dr. John Law
Dr. William Lee
Dr. Elizabeth Lee
Dr. Shawn Lehman-Grimes
Dr. William Lenihan III
Dr. Bertram Lenoir
Dr. Ronald Lewis
Dr. Marty Lindahl
Dr. William Linebarger
Dr. Terrance Major
Dr. Jack Mallette
Dr. Lindsay Manning
Dr. Charlie Manning
Dr. Mark Mappes
Dr. John Martin
Dr. Harvey Matheny
Dr. Paul McGowan
Dr. David McNeely
Dr. James McCallen
Dr. James McDaniel
Dr. James McLemore III
Dr. James McLemore IV
Dr. Harold Meacham
Dr. Timothy Messer
Dr. Ernest Meyer
Dr. Kenneth Mills
Dr. Richard Moore
Dr. Robert Moore
Dr. Jeffrey Morris
Dr. Wallin Myers
Dr. Mike Mysinger
Dr. D. Michael Netherton
Dr. Clint Newman
Dr. Kimberly Norman
Dr. Steven Nowlin
Dr. Susan Orwick-Barnes
Dr. Osayomore Osawe-Eguakun
Dr. David Otis
Dr. Casey Owen
Dr. J. Gary Owen
Dr. Walter Owens
Dr. Ernest Oyler
Dr. Tommy Page
Dr. Tulsidas Patel
Dr. Nilam Patel
Dr. Michael Patterson
Dr. Thomas Patterson
Dr. Walter Pattison
Dr. Joseph Payne
Dr. Reuben Pelot
Dr. Tena Phillips
Dr. James Pickering
Dr. Adam Pitts
Dr. Margaret Pitts
Dr. James Pledger
Dr. Richard Prichard
Dr. John Primm
Dr. Julia Prince
Dr. Joshua Puckett
Dr. Rhett Raum
Dr. Kevin Reed
Dr. Charles Roach
Dr. William Roberts
Dr. Richard Robinette
Dr. Quinton Robinson
Dr. Gerald Robinson
Dr. Maricela Rodriguez
Dr. Thomas Rumph
Dr. Terry Sawyer
Dr. C Schwepfinger
Dr. Scott Self
Dr. Candace Settles
Dr. Amber Shaikh
Dr. Jenni Sherban
Dr. Phillip Shipp
Dr. James Shoemaker
Dr. Wesley Singer
Dr. Travis Sisco
Dr. John Soldano
Dr. Michael Solly
Dr. Angela Southwell
Dr. Jon Stanford
Dr. Elizabeth Stanford
Dr. David Stanley
Dr. Warren Stinson
Dr. Emily Suiter
Dr. Kurt Swauger
Dr. Timothy Thomas
Dr. Mark Thomasson
Dr. Hugh Thomasson
Dr. William Turner
Dr. James Vaden
Dr. Nicolaas VanZyl
Dr. Edward Vaughan
Dr. Adam Veitschegger
Dr. Stanley Waddell
Dr. Reggie Waddell
Dr. William Wall
Dr. Cathryn Wall
Dr. James Walmsley
Dr. Hope Watson
Dr. Dennis Watts
Dr. Chip Webb
Dr. Scott Weiskopf
Dr. Scott Werner
Dr. Neil Weston
Dr. Bradley White
Dr. David Williams
Dr. John Williams
Dr. J Wills
Dr. Gordon Wills
Dr. Wayne Witt
Dr. Gary Woodall
Dr. Larry Woods
Dr. Stanley Young
Dr. John Young

Dental Lifeline Network® • Tennessee

More than Dentistry. *Life.*®

$3,000,000

in Donated Treatment

Thanks to our

208
DENTISTS

51
LABORATORIES

Dental Lifeline Network • Tennessee recently celebrated a milestone having reached $3 million in donated dental treatment from the more than 200 volunteer dentists and 51 dental laboratories who have volunteered their time and resources through the TN Donated Dental Services Program (DDS). Since the launch of the state's DDS program 14 years ago, in conjunction with the Tennessee Dental Association, the program has exceeded $3 million worth of life-changing treatment to over 680 Tennesseans.

"WORKING WITH THE DENTAL LIFELINE NETWORK AND THEIR DONATED DENTAL SERVICES (DDS) HAS BEEN ONE OF THE MOST REWARDING THINGS I HAVE EVER DONE,"

said Dr. William D. Powell, DLN • TN Chair. "The patients are exceptionally grateful and appreciative. I know that when I have worked with them I have done something good for both humanity and our dental profession."

Colton, a patient from Davidson County who suffers from multiple health issues, was one of the 684 DDS program patients to benefit from comprehensive care. A volunteer dentist and lab provided full upper and lower dentures to restore his smile and help him eat comfortably again.

The $3 million dollars in donated dental treatment by the volunteers across Tennessee is a significant contribution to the cumulative celebration happening for the DDS program nationally. For 35 years DLN has partnered with volunteer dentists and laboratories across the country and connected people with special needs to comprehensive dentistry. This August DLN reached a new milestone: $500 Million in donated dental treatment! That's half a billion dollars of care which has helped 165,000 individuals.

Dental Lifeline Network • Tennessee is so thankful to the volunteers and supporters across the state for the time and resources invested in helping others. These contributions have made a positive impact in changing the lives of people who needed it most.

Dental Lifeline Network • Tennessee is part of a national organization and strategic partner of the American Dental Association. More than 15,000 volunteer dentists and 3,400 laboratories participate in DLN's DDS programs nationwide.

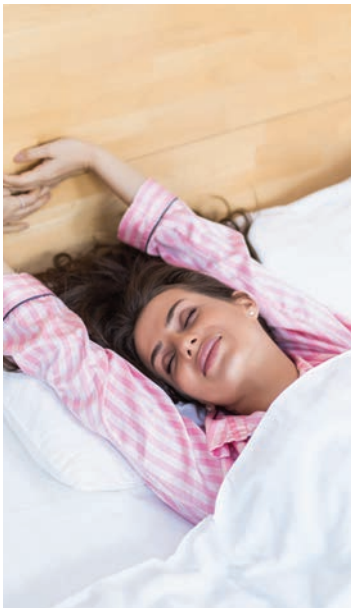
Currently, people are waiting for treatment in Tennessee. Please consider volunteering to see ONE patient.

SIGN UP TODAY

by using the QR Code, visiting WillYouSeeOne.org or contacting Lindsay Harold at 615.983.2601.

TICK TOCK:
YOUR BODY CLOCKS

UNDERSTANDING YOUR DAILY RHYTHMS

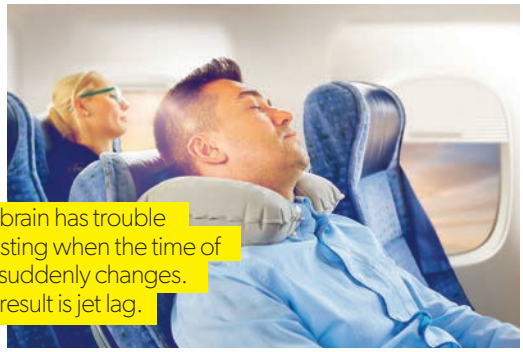


Did you know that your body has its own internal network of clocks? These biological clocks help you feel alert during the day, hungry at mealtimes, and sleepy at night. Keeping your body's daily cycles, or circadian rhythms, in sync is important for your health.

"Circadian rhythms are big influencers in the body," explains NIH's Dr. Michael Sesma, an expert in circadian biology. "They affect almost every part of your physiology in one way or another. Learning how the rhythm is generated is critical for understanding health."

Our natural daily rhythms are synchronized with the sun. A "master clock" in the brain receives direct input from the eyes and coordinates all the biological clocks in the body. During the day, it sends signals to other brain regions to make hormones that will help keep you awake, boost your heart rate, and give you energy. In the evening, when less light enters your eyes, it triggers production of a hormone called melatonin. Melatonin makes you feel drowsy and helps you stay asleep.

"Many of your body's functions and normal daily activities—like sleeping, waking, eating, and going to the bathroom—are patterned around this 24-hour cycle," Sesma explains.



The brain has trouble adjusting when the time of day suddenly changes. The result is jet lag.

Your biological clock's "settings" are determined by specific genes. These settings can affect body temperature, blood pressure, activity level, inflammation (your body's protective response to injury or infection), fertility, mood, and brain functions. Even the timing of health-related events can be related to your biological clocks. For instance, heart attacks are more likely to occur early in the morning, when the level of a hormone called cortisol starts its daily rise.

Circadian rhythms can influence eating habits, digestion, and metabolism (how our body uses and stores energy), too. Researchers have found that eating later in the day, closer to when melatonin is released, can disrupt the body's natural rhythms. This can lead to increased body fat and weight gain, which are often associated with obesity, heart disease, and diabetes.

Time of day has also been shown to impact the effectiveness and side effects of certain medications, including those used to treat cancer.

Be mindful about how you may be altering your circadian rhythms. "Our around-the-clock society creates challenges for our internal clocks," Sesma says. "There are lots of modern situations that can disrupt our rhythms, and some may contribute to health problems."

For instance, shift workers who must be on the job after the sun goes down are at odds with their biological clocks. They may be tired at work and have trouble falling or staying asleep during daylight hours after work. Studies show that shift workers have increased risk for heart disease, digestive disturbances, cancer, depression, and other health problems.

Traveling across time zones can also disrupt your circadian rhythms. The brain has trouble adjusting when the time of day suddenly changes. The result is jet lag.

"Researchers are considering time of day and how to sync up with the body's clocks in all aspects of health, even the best time to have surgery on specific parts of the body," Sesma says. These studies may lead to new insights for a range of clock-related disorders, from insomnia and jet lag to diabetes.

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 newsinhealth.nih.gov

"MANY OF YOUR BODY'S FUNCTIONS AND NORMAL DAILY ACTIVITIES—LIKE SLEEPING, WAKING, EATING, AND GOING TO THE BATHROOM—ARE PATTERNED AROUND THIS 24-HOUR CYCLE," SESMA EXPLAINS.

KEEP YOUR INNER CLOCKS ON TRACK

Stick to a regular sleep schedule every day of the week.

Sleep in a dark, quiet, and comfortable place.

Avoid heavy meals two to three hours before bedtime.

Avoid caffeine, nicotine, and alcohol late in the day.

Exercise daily, but not within two hours of bedtime.

Limit the use of electronics with bright screens before bedtime.

:NEW DENTIST CORNER

RED FLAGS AND MUST ASK QUESTIONS for any dental interview

If you have ever been interviewed, then you probably got to the end of the interview and were asked, "Now, do you have any questions for me?" And, if you're anything like I am, you froze up for a few seconds, asked the first thing that came to your mind and hoped it wasn't a stupid question. This is because you probably went into the interview with the mentality of, "I hope that they like me."

Some people take a passive approach to interviews. They assume that their main objective is to try to impress the person that is asking the questions. That couldn't be more wrong. When you are looking for a job as a dentist, you aren't looking for a seal of approval. You are looking for the opportunity that best suits you and your career goals. Go to an interview with the goal of interviewing them as well. You will get better at this with time but here are some of the things that you want to ask and some of the things that you want to look out for.

Pay structure. How are you going to get paid? Note that this is different from, "How much am I going to get paid?" You need to know this. Sometimes it is a flat daily rate, sometimes it is a percentage of production or collections. I would recommend that you ask for a combination of each. A good rule of thumb would be to look for a daily minimum of $XXX or 30 percent of collections, whichever of the two is greater. This way you are guaranteed to get paid even if the office does not have enough patients to keep you busy. This is usually an area where you can try to negotiate the pay rate and structure.

There are two red flags to look out for here. One is called a "draw." This is where the employer guarantees you a daily minimum amount against future earnings when you would have exceeded the daily minimum amount. If you don't ever cross the line of producing more for the office than you have been paid, the employer can collect the difference from you if you terminate your employment. . This is designed so that the employer does not lose money on you. For example, if you were paid $400 a day for 10 days ($4,000) but in that time you only produced $200 a day ($2,000) then at the time you leave that employment, you would have to pay the owner (or the owner might deduct that amount from compensation remaining owed to you) the difference between what you were paid and what you produced ($4000 – $2000= $2000) This is rare but it is something to look out for. Another red flag would be if the pay structure is too complicated to figure out. In one interview that I went on, I asked the employer to explain the pay structure to me at least three times over, and I still did not understand it. It probably would have worked out fine but I'm not going to sign a contract if I don't know how to keep track if they are paying me properly.

Non-Compete Clause / Restrictive Covenant. This is not necessarily a red flag, but it needs to be fully understood. This is where you agree that you will not work within X miles of the office for X number of years/months should you terminate your employment at the office. It is designed to protect the owner dentist from you opening an office across the street from him and seeing the practice's patients. This clause may be negotiable. You could either try to negotiate a lesser geographic scope or duration. Or you might be able to get the owner dentist to agree that the clause will not apply to you unless and until you've worked there for, say, six months. In other words, ask for no restrictive covenant for the first six months. This gives you time to make sure that you like working in the office before being locked out of working in a certain area.

Growth/Education. What opportunities for growth exist? Some dentists might be willing to pay for a portion of your continuing education or take you to some courses with them. Other dentists want to teach you what they know to help you succeed. This could be anything from teaching you clinical procedures to teaching you how to run a dental office. Keep in mind that if they are willing to mentor you, this could be more valuable than having him or her pay for CE courses.

Opportunities for Ownership. This might not be important to some people but it was for me. I knew that I did not want to work as an associate forever. In every interview that I had, I asked the owner dentist if they would ever be open to selling the practice or taking on a partner. If they said no, then I knew that it was not a place that I would want to stay long term. This might be different for you though.

Make sure you go into every interview with a plan. What do you want to know about the job? What do you think that they will want to know about you? Try to shift your perception of being interviewed from a passive process to an active one. Finally, and most importantly, never sign a contract without reading it all the way through and understanding all of the terms. Having someone more experienced read it for you is a good idea; an even better one is getting a lawyer to look it over for you.

Dr. Drew Byrnes is a New Dentist Now Guest Blogger. He graduated from the University of Florida College of Dentistry in 2013. His practice, Dr. Drew Byrnes Family and Cosmetic Dentistry, can be found at 199 E. Welbourne, Ste 200, Winter Park, FL 32789, 1-407-645-4645. In his free time, he enjoys running, spending time with his wife and volunteering with his church and in his community.

This article originally appeared February 16, 2016 in the ADA New Dentist Now blog, newdentistblog.ada.org.

CLASSIFIEDS

JOB OPPORTUNITY AVAILABLE

General Dentist - East Ridge in Chattanooga, TN
Full Time Opportunity If you're looking to make your professional mark on a community and help continue to lead a well-established and successful dental practice. Build valuable relationships with your patients and be involved with the greater community of Chattanooga, TN (East Ridge) while providing top-notch dental care. Our talented and dedicated support team will work alongside you to help ensure your success. You'll enjoy the following: • Base salary with performance incentives to earn more • Sign-On Bonus of $10,000• Relocation package • Student Loan Repayment Program of $50k. • Full time benefits include yearly CE allowance, paid professional liability, 401K with company match and group health/wellness plans. • Full-service center to support you in your mission for providing great care: Marketing, Revenue Cycle, IT, Human Resources, Accounting, Call Center and Leadership Teams Candidates must be licensed to practice in the State of Tennessee with no board reprimands or issues and a valid DEA license. https://bit.ly/3koZP0B Contact: Brad Cabibi | 561-866-8187 | bradcabibi@puredentalbrands.com

---

PRACTICE FOR SALE

PRACTICE FOR SALE: Well-established general practice located in top five fastest growing counties in TN, 50 minutes from Nashville. Gross $450k with 4 ops, room to expand. Loyal FFS/PPO patient base with strong hygiene of 50%+ of revenues. Exceptional growth potential with specialty services referred out. Free-standing building 2,500 square feet, option to purchase. Retiring seller willing to walk or stay for short transition. New South Dental Transitions: www.newsouthdental.com, call or text 770-630-0436, info@newsouthdental.com

PRACTICE FOR SALE: Choice Transitions currently has several practices for sale. From smaller/starter practices ideal for more recent grads all the way to large, multi-doctor practices! Our inventory is constantly changing as practices sell and new practices are listed. To investigate these opportunities please visit and register for FREE on our website at www.choicetransitions.com or Contact Fred Bacon, DDS at (877) 365-6786, x220 or Jay Lowrey at x221

PRACTICE FOR SALE: Great second location with 2.5-day work week. 1500 active patients producing 525k per year. Mix PPO/FFS with real estate options. Complete valuation with after tax cash flow available once NDA is in place. Please reply to: tennesseedentist2019@gmail.com

---

Clarksville, TN General Dental Practice for Sale
This Clarksville, TN general dental practice for sale is sure to catch your eye! Located in a retail center with great visibility, the practice is located just off a major road. The practice is currently equipped with six operatories, however the current owner is expanding to a second location. They are therefore, most interested in a partnership – with either a dentist or group, to assist with further growth! Collections of $1.58 & EBITDA $254,000. 6500 active patients & 105 new patients per month. Clarksville is ideally located just an hour from downtown Nashville. With a high quality of life yet a low cost of living, the community is ideal for establishing roots. To learn more, contact Professional Transition Strategies: sam@professionaltransition.com or 719.694.8320.

Classified Advertising (Ad Prepayment Required)

Classified ads: The first 100 characters (i.e., letters, spaces, punctuation) are free* for TDA dentist members and $40.00 for nonmembers. Each character, in excess of 100, is an additional 40 cents per character (this applies to members and nonmembers).

Mail checks made payable to the TDA, along with your typed or clearly printed classified ad, by the 1st of the month prior to the month of publication to: TDA Newsletter, 660 Bakers Bridge Avenue, Suite 300, Franklin, TN 37067.

TDA reserves the right to reject any advertising. Call the TDA Executive Office at 615-628-0208 or email tda@tndentalassociation.org if you have any questions.

** Free to TDA members: one ad per year — three (3) month maximum — after third month the $40.00 minimum and additional character charge will apply.*

Tri-cities Region of Eastern TN General Dental Practice for Sale

The tri-cities region of Eastern Tennessee is made up of Kingsport, Johnson City, Bristol and the surrounding communities. NEW TO THE MARKET IS A GENERAL DENTAL PRACTICE IN A PRIME LOCATION AN HOUR AND A HALF EAST OF KNOXVILLE. The two owner doctors are interested in exploring options that lead to retirement; including buy-out or affiliation with a group. They have practiced in the community for 35 years and have built a tremendous foundation of goodwill. 11 total operatories. Collections of $1.24 million & EBTIDA $364,000. 2800 active patients & 20 new patients per month. To learn more, contact Professional Transition Strategies: sam@professionaltransition.com or 719.694.8320.

Covington: 4 Ops, high tech—CBCT, Digital x-rays in 1,800 sf suite w/storage. Day 1 production! Contact Don McMillan, 615-499-9058, donald.mcmillan@henryschein.com. #TN2602

Farragut: 6 Op desirable location in Knox County. Fully equipped. Owner open to buy-in. Contact Don McMillan, 615-499-9058, donald.mcmillan@henryschein.com. #TN2604

EQUIPMENT FOR SALE

Intraoral X-Ray Sensor Repair/Sales

We repair broken sensors. Save thousands in replacement costs. Specializing in Kodak/Carestream, major brands. We buy/sell sensors. American SensorTech 919-229-0483 www.repairsensor.com

Bristol: 6 Ops Can expand. Unique loc. Digi x-rays, CEREC, minimal competition. Contact Don McMillan, 615-499-9058, donald.mcmillan@henryschein.com. #TN1850

ENDORSED MEMBER SERVICES

The TDA endorses the following services available to you as a member.
Please contact any of the endorsed companies to obtain TDA member rates.

ADA Credit Card: US Bank adavisacard.com

AHI Travel: Guided tours across the globe. 844-205-1171 or http://ada.ahitravel.com

Bank of America Practice Solutions: 1-800-497-6076 Endorsed practice finance provider www.bankofamerica.com/practicesolutions

Best Card: Credit card merchant processing services. 877-739-3952

Bento: A modern alternative to dental benefits. visit bento.net, email smile@bento.net or call 800.734.8484.

CareCredit: Patient Payment Plans - new 1-800-300-3046, ext. 4519; already enrolled 800-859-9975 or carecredit.com/dental

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

Cyracom: Interpretation and translation services. 1-844-737-0781 or getstarted@cyracom.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

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

HealthFirst: Emergency Medical Kits. Keep your practice compliant and ready to handle unexpected emergencies. 888-963-6787 or http://www.healthfirst.com/ada

HealthFirst: Sharps and Waste Management. Save on medical waste disposal by switching to Sharps Mailback. http://www.HealthFirst.com/ADA or (888) 963-6787

Lands' End: Business Outfitters - Customized Apparel for You and Your Staff - 1-800-490-6402 or http://ada.landsend.com

Laurel Road: Refinance your student loans and save thousands. 855.277.6771 or Laurelroad.com/ada

Lenovo: PC products and accessories. 800-426-7235 ext. 4886 or www3.lenovo.com/us/en/ada

Medical Protective: Malpractice Insurance – Contact TDA Insurance Agency: 1-800-347-1109 or www.TDAinsurance.com

Mercedes-Benz: New, purchased or leased Mercedes Benz and Smart Cars Call 866-628-7232 or visit ada.org/Mercedes

Modern Practice Solutions: Consulting Firm to Assist with OSHA, CDC Infection Control Guidelines, HIPAA and HR Management – 931-232-7738 or www.DentalComplianceTN.com

Office Depot: Save on a wide selection of products and services including office essentials, cleaning & breakroom solutions, print & copy services, furniture, and technology. 888-263-3423 or by email bsdcustomercare@officedepot.com.

On-Pay: Payroll Solution, integrity accounting, time keeping and attendance software- www.onpay.com/ada or call 1-877-328-6505

PBHS Website Design & Marketing Services: Call 1-855-WEB-4ADA or visit www.pbhs.com/ada

PBHS Secure Mail: Secure, regulatory-compliant email solutions for dental practices. Visit www.pbhs.com/ada

Solmetex: Amalgam Separator Equipment - 800-216-5505 or www.Solmetex.com

TDA Insurance Agency, Inc.: Personal & Business Insurance Programs - 1-800-347-1109 or www.TDAinsurance.com

TSI (Transworld Systems): Past due patient payments and debt collection services (877) 377-5378 or gotsi.com/michaelglass

UPS: Shipping. 1-800-MEMBERS (800-636-2377) or visit www.savewithups.com/ada

Thank you to our 2020-21 TDA Annual Session sponsors!

tda Insurance AGENCY, INC.

DentaQuest

Kerr

HENRY SCHEIN® DENTAL

BIOHORIZONS®

FIRST HORIZON

5th District Dental Society

SUMMIT DENTAL LAB
A Lifetime Legacy of Excellence

TBH

FIFTHGEAR TECHNOLOGY CONCEPTS

The 5 Patrons

NDI Since 1905

Dr. Sandra Harris

WILSON Bank & Trust

ZIMMER BIOMET Dental

of Tennessee

Dental Dynamic Staffing

sprig

PATTERSON DENTAL

Centric TECHNOLOGY SERVICES

THE UNIVERSITY OF TENNESSEE UTALUMNI HEALTH SCIENCE CENTER

ClearChoice DENTAL IMPLANT CENTERS

Drs. John & Lynn Gunn

Kevin Christian, LLC.

See you in 2022!

Renaissance Nashville Hotel

May 12-15, 2022