

ARTICULATOR

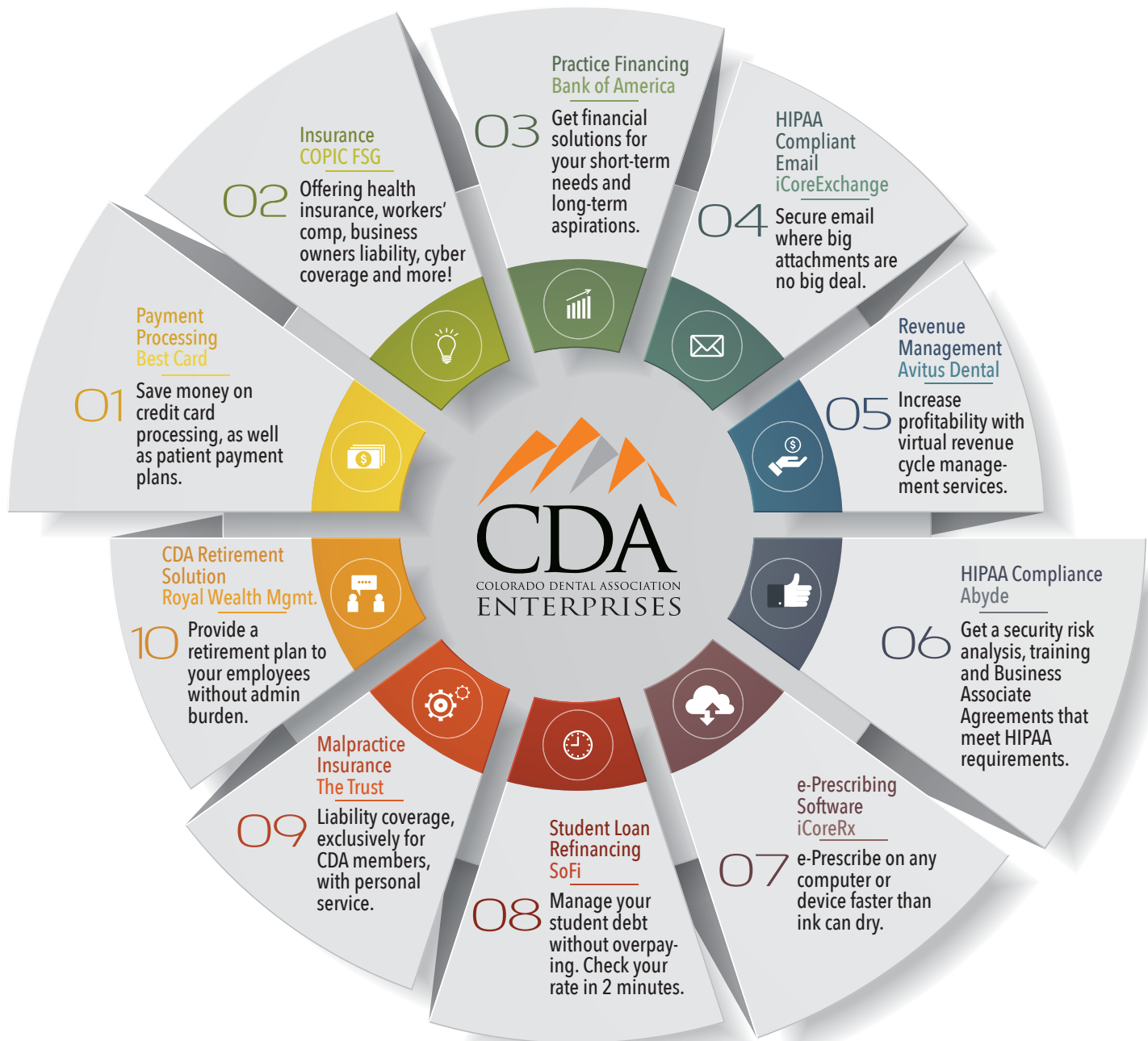
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America's Opioid Epidemic - The Fight Continues

By **Kevin Patterson, DDS, MD**



By now we have all read multiple accounts of what we went through in 2020 but until we take the time to let those events sink-in we will not get a true appreciation of what we have all survived. Yes, there is now a light at the end of the tunnel as dental healthcare providers and staff have been

or are in the process of getting their COVID vaccines, another round of stimulus money has been proposed including PPP2 funds, the number of daily positive COVID cases is starting to decrease and no matter what your political affiliation is there is an increased feeling of "civility" in the air.

"We were all called into action to fight the devastating effects of SARS-CoV-2 and were tasked with trying to protect our practices, our families and our communities, and fight we did."

We were all called into action to fight the devastating effects of SARS-CoV-2 and were tasked with trying to protect our practices, our families and our communities, and fight we did. We became singularly focused on "defeating" a very small adversary and now we are finally beginning to see the beneficial effects of our out-of-the-box thinking and our commitment to finding a way to continue providing care for our patients.

All of our attention was put into righting the damage from the COVID-19 pandemic and in the process our eyes were opened to a number of inequities due to race, gender and sexual orientation. While it may be painful to have these issues brought to our attention, we can now start correcting wrongs that have caused the suffering of so many. We have taken the first big step by admitting these problems exist because without awareness the healing process could not begin.

For all the good we have created out of a bad situation I need to bring everyone's attention back to an issue that has, unfortunately, been put on the back burner during the COVID-19 pandemic. Our efforts now need to be re-focused on an issue we were making great strides to reduce in terms of both the economic effects and loss of life. Opioid misuse, addiction and overdoses resulting in loss of life have sky-rocketed over the last year as everyone was rightly focused on SARS-CoV-2. Pre-pandemic awareness created successful strategies to help reduce the destruction of life caused by opioid overdose and misuse where a significant percentage of deaths are due to prescription opioids. Current studies are showing a 30-40% increase in death due to opioid misuse and overdose over the last year and 40-50% of these deaths are due to prescription opioids. These

are pills what we are prescribing to our patients, pills that are not being disposed of properly, pills that are getting into the "hands" of our children!

So, what can we as dental healthcare professionals do to help reduce the magnitude of the opioid problem? Yes, we perform procedures on patients that result in discomfort and sometimes pain. The best way to treat this pain is to talk with your patients before their procedure about what they should expect for the first 24-48 hours after their procedure. It sounds like such a small thing to do but I call every patient at the end of the day to answer any questions and make sure their pain or discomfort is adequately controlled. Each night I hear at least once, "I can't believe you are calling to check on me, I've never had a doctor do that before." Patients want to know that you care about their well-being and I have not come up with a better way to show it than by me personally calling each patient every night.

You can also explain to your patients the benefits and effectiveness of non-opioid medications and help your patients understand that pain is a normal response to tissue injury. I'm not advising you should not prescribe a narcotic if you feel that it is warranted but we need to be careful about prescribing narcotics, "just in case they need it." Unfortunately, current prescribing laws require a written prescription for a schedule 2 drug but in July 2023 we will be permitted to and required to e-prescribe narcotics allowing us to finally "call in" a prescription for a narcotic if it is really needed. But what do you do once your patient has filled their prescription and wants to dispose of the unused pills?

Drug-Take-Back days are only 1-2 times per year, pharmacies may or may not take back the unused pills, the pills cannot be placed in the trash or flushed down the toilet. I have been working with a company out of Minnesota who has developed a drug deactivation pouch containing a water-activated charcoal product that, after adding water, turns into a gel and the drugs are chemically deactivated. The pouch can then be put in the trash and will decompose over time. The main benefit of this system is that even if someone finds this pouch and is able to remove the pills, the drugs inside are no longer active, thus they are no longer valuable. Please look for more information on this company as I am working to put together an educational campaign in Colorado. For those who can't wait, the name of the company is Deterra. It is innovative solutions such as this that will help bring the opioid problem in this country under control. For transparency, I have no financial interest in Deterra. Their disposal solution is just a unique one I've found, started using in my practice and I wanted to share with you.

I want to thank all of you in advance for helping to fight the opioid epidemic and I am looking forward to seeing all of you as we all step out of the tunnel. ■



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Reflecting on the Pandemic Which Changed Our World

By **Amisha Singh, DDS**



One year. It has been one year since I first went back to work after maternity leave. I left my daughter in my mom's arms, hoisted the pumping bag over my shoulders and got ready for a new season. I was an experienced veteran of motherhood. After all, she was my third child. So, I knew the drill well. Little did I know, the drill was about to change. In fact, everything was about to change.

We all had plans in early 2020, each and every one of us. Some of us were preparing for new marketing to grow our practice to the next level or adding that extra operatory. Others were thinking of finally tackling that CE which we had been wanting to expand our scope of practice.

Some thought about acquiring a practice and others thought about retiring. Our goals were varied but one thing was common... we were still flying high off the momentum of a new year and the vigor that comes with new beginnings and we all had a vision for what the new year and new decade were going to bring to our lives. And then, a metaphorical pebble dropped in a pond half an ocean away. The ripples from that pebble traveled far and wide. Some became waves. Lives were changed. Some lives were lost. And the world that we knew that we were accustomed to, transformed. We transformed right along with it.

One year later, as we look back, many emotions come to mind. The one which has been pulling my heart the hardest is grief and I want to take a moment to acknowledge and give space and respect to the grief which many of us have carried, perhaps silently, for the past year. I want to give gravity and dignity to the sadness we may have experienced. This sadness comes in many forms and there is no real way to compare one person's grief to another. Grief is not meant to be compared but rather held. So here, we hold space for the grief for those who were lost ... people who will linger like holes torn in the fabric of their loved ones lives. We hold space for the grief over loneliness, and fear, and uncertainty. But no matter how salient the emotion of grief is, there are others we must also acknowledge. No matter how challenging this year was,

"Lives were changed. Some lives were lost. And the world that we knew, that we were accustomed to, transformed. We transformed right along with it."

it brought growth into all of our lives and for that I carry immense gratitude. Gratitude for the time that we found, the precious moments with family and loved ones, the moments with ourselves which showed us that we are stronger than we know. I think back to being able to stay home with my daughter while still working, to nurse her and watch her grow. I think back to whipped lattes, Tiktok videos, drive-past birthdays and Zoom baby showers. I think back to how connected I felt to relatives living halfway across the world. For the first time, we shared a lived experience that was common across the globe. I carry gratitude for the ways we were able to find connection, for being united in a way that the world has perhaps never been before. I carry gratitude for the resiliency we developed and for the sympathy we cultivated, especially for working parents and children without reliable access to technology. I carry gratitude for the movements we created to bring voice to those who we had hurt, to lives that needed our dignity and respect. I carry gratitude for the reminder of the simple pleasures we hope we can integrate into our future safely - sipping on coffee while strolling through the mall, lunch with co-workers, a hug from a friend. I carry gratitude for the memories that we created, memories we will all carry in our hearts as we move into an uncertain yet hopeful future.

The last emotion I want to call out here is hope. I choose to lean into this hope which we have created. We have been given a unique opportunity where we will choose the new version of normal that comes next. Life has given us the gift of intention. So, as we go forward, I call our profession and our community to continue shining the light on the inequities and the travesties which have been unearthed. We see the problems now and we can create equitable solutions. We can choose what parts of our past we keep and what parts we will build into better versions of tomorrow. We can choose what our profession becomes for our communities. We can choose how we work with other medical professionals to build better health for all. We can choose who we decided to show up as individually to rebuild our world.

A pandemic came and changed our world. But it also changed us. It gave us insight and pause. No matter how different 2020 looked from what we imagined last January, let us collectively take a moment and a breath to give reverence to the beauty we inadvertently experienced and created. Let us lean into the gift this change gave us. ■



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Reflecting on 2020, my silver lining of 2020 was...

"Good health and extra time with my family at home. Being forced to slow down and make the most of what is truly important and recognize we all need to re-evaluate our busy schedules and make time for ourselves and those important to us."

– Dr. Juliana DiPasquale,
Oral Surgeon

"Identifying a core group of people I could lean on."

– Dr. JR Franco,
Pediatric Dentist

"Spending more time with my family, physical time with my immediate family and hours of Zooming with my extended family. Less meetings and obligations, which slowed down the pace of living!"

– Dr. Jennifer Thompson,
Pediatric Dentist

"Setting boundaries from media, social media, and work that can all blur together."

– Dr. Lindsay Compton,
General Dentist

"Having the opportunity to slow down and take care of myself in terms of relationships with family and friends, picking up new hobbies and enjoying the finer things in life that used to be pushed to the wayside because we're always on the go, go, go."

– Dr. Andrei Ionescu,
General Dentist

My hopes for 2021 include...

"My hopes for 2021 include being able to balance family time, work time, volunteering time, and recreation time!"

– Dr. Janie Boyeson,
Periodontist

"The health of myself, family and my team. Getting our state vaccinated and moving towards normalcy!"

– Dr. Jennifer Thompson,
Pediatric Dentist

"My hopes include minimal COVID hospitalizations/deaths and that everyone who isn't an actual politician would decide to stop expounding political opinion all over social media."

– Dr. Ian Paisley,
General Dentist

"My hopes for 2021 include TRAVEL. I would like to travel and take advantage of the free lap-child ticket for my one-year old! "

– Dr. Eric Beckman,
Periodontist



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Finding Gratitude When You Least Expect It

By **Dr. Laura Brenner**



Which Came First - Gratitude or Success?

Chances are growing up you learned the more success you would have in life, the happier you would be. Somewhere along the way I believed that too, so I set my life up to create the ultimate happiness. I accumulated it all - the degrees, the friends, the husband, the home and the perfect dental career. Eventually I learned the joke was on me. I found myself living this successful life, but I was unhappy and I couldn't feel grateful for all of the wonderful "things" I had.

It turns out, success does not create happiness or gratitude. It's actually the other way around. Indeed, the happier we are in life, the more success we will have. The same goes for gratitude. Research in the field of Positive Psychology has uncovered that the more gratitude we have, the happier we will feel, which will lead to more success in life.

How did we get this so backwards?

During the ten years I spent in clinical practice, I tried everything to fix my problems. I went to therapy, read a ton of personal development and worked with a career coach. Ultimately, I came to understand that I was living my life in the wrong career. I felt a lot of shame about my response to practicing clinical dentistry. I felt like a failure, an imposter, and I believed something was wrong with me. I judged myself because I couldn't feel grateful for achieving all that I had hoped. I began to question, "What was wrong with me?"

The idea that I had success, so I should feel happy and grateful for it didn't work at

all. That type of thinking kept pushing me further into the hole of discontentment and shame.

Our struggles create the gratitude.

Eventually my dissatisfaction drove me to examine the source of my unhappiness. The source was a constant feeling of anxiety, stress and even depression. I became so desperate for a way out of that pain, that it forced me to look for solutions. I didn't know what else to do but quit. Yes, I actually left clinical dentistry. In doing so, a weight lifted off my shoulders, and I began to feel like myself again.

Gaining back my sense of self allowed me to crawl out of the hole I had dug for myself. It was then that I knew how gratitude felt. Feeling anxiety and depression showed me exactly what I didn't want in life. Then having it disappear felt like the biggest gift! Even when life wasn't picture-perfect, I still felt grateful to be free of the low-grade anxiety and depression I lived with for years. I never would have experienced feeling true gratitude, had I not been through the struggle.

We all have stories like that, and our stories only serve as a reminder that success doesn't automatically grace us with gratitude. In a sense, gratitude can be something we've earned.

2020 may have been the most challenging time of your life. Whether you endured sickness and loss, you had to furlough your employees who depended on you, or you had to juggle it all while homeschooling your children; it was a tough year. If you're struggling, I would never expect you to dig deep and truly feel your gratitude. In fact, I'd tell you, "Don't be grateful."

Don't be grateful. We can't fake it or force it or trick ourselves into feeling it. That stuff only makes us feel more guilty, as we end up judging ourselves as flawed and entitled.

Instead, be angry, sad, or frustrated with the experience you're having. While you're doing that, consider using your pain as a signal to get your attention. Let it help you decide what you do and don't want in your life after the struggle passes. We can't skip the struggles, so we may as well use them as tools or reminders.

Practicing Gratitude

You can use 2020 to teach you what you don't want your life to look like. Eventually we either adapt to our challenges, or we get through them completely. Once we do that, then it becomes the time to practice gratitude.

I mentioned that we can't fake gratitude. I believe that to be true. However, we can practice it. We can even feel thankful during our lowest of lows--as long as we don't force it upon ourselves.

It starts with intention. Even if you don't like the experience that is creating suffering for you, notice that there is one positive you can take from it—you will see what you don't want!

From there, you can start a gratitude journal. One way to do it is to simply write down everything you are grateful for throughout the day.

"Gaining back my sense of self allowed me to crawl out of the hole I had dug for myself. It was then that I knew how gratitude felt. Feeling anxiety and depression showed me exactly what I didn't want in life."

Here's another way to practice gratitude. I call it, "Top 3 Things." Begin your day writing down three things for which you are grateful. They don't have to be big things. It can be as simple as noticing that you didn't have to hit snooze on your alarm clock this morning. As you go about your day, you'll search for things to top the first three things you listed. You'll spend the day searching for good stuff, constantly trying to one-up yourself in the process. By the end of the day, you'll have the three best things that happened in your day.

Want to get your team involved? Hang a white board in the break room of your office. Make it everyone's duty to write it on the board when something good happens. When you leave at the end of the day, the entire team can read it and acknowledge that it was a pretty good day. This can change the energy of the entire office! ■

About the Author

Dr. Laura Brenner graduated from Baylor College of Dentistry in 2001 and moved to Denver to establish her dental roots. She worked in private practice for 10 years until she left clinical dentistry behind for good. As the author of the Lolabees blog and "10 Reasons Your Dentist Probably Hates You Too," she began connecting with other dentists from around the world who wanted more from their careers. This work inspired her to become a Certified Professional Coach who is passionate about helping dentists find joy in their careers again.

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SMALL BUSINESS ADMINISTRATION LOAN PROGRAMS:

Everything You Need to Know to Secure Funds Now

By **Kelsey Currence, CDA Development Manager**



The year 2020 was a reckoning of sorts, a reckoning that will have a longer impact on the American way of life than the 12 months that it encapsulated. Last year accelerated technological advances and changed most industries permanently. It also forced the federal government's hand to come to the table with some financial

help for small businesses, including dental practices, across the country. The Small Business Administration (SBA) dusted off the Economic Injury Disaster Loan (EIDL) program and revamped it, as well as created the Paycheck Protection Program, commonly known as PPP.

You may not have heard of the 'Consolidated Appropriations Act of 2021' but it may have meaning for your PPP loan and your practice. There were a great deal of changes and fortunately they are nearly all favorable!

To save you hours of poring over SBA regulatory verbiage, I'll boil things down for you.

For all applicants:

- Reach out to your financial institution to make sure they're participating in Round 2 of PPP loan applications. Several banks have opted out this time.
 - If your financial institution has opted out, use the Lender Match Tool on the SBA website to find one that is participating.
 - Due to banking regulations, applicants will need to undergo a series of checks that are normal procedures when opening a deposit account at most banks.
- Regardless of Round, you will still need to utilize a minimum of 60% of the loan on payroll costs.
- If you received an EIDL advance, it will no longer reduce your total forgiveness amount.
- You can now use PPP funds to purchase PPE, cloud-based computer systems and equipment that will help protect against COVID-19.

- Forgivable expenses also include damage to business property due to riots.
- Expenses paid for by PPP loans now qualify as tax deductible.
- PPP borrowers can also participate in the Employee Retention Tax Credit.
- You will need to retain or enhance your FTE (Full Time Equivalent) or qualify for Safe Harbor.
- Forgiveness Applications:
 - You have ten months to submit your forgiveness application from the end of your PPP loan period (You do not need to submit your forgiveness application for Round 1 prior to applying for Round 2).
 - If you do not submit your forgiveness application within ten months, your entire loan will amortize out at 1% APR over a five-year term.
 - If your loan is under \$150,000, you have a much simpler forgiveness application; the 3508S.
 - If your loan is over \$150,000, you will need to proceed with the simplified 3508EZ.
 - Your lender will likely have their own forgiveness application on their online banking portal. I suggest utilizing this form as their loan processors will be well-trained on it.
- Any loan amount not forgiven on loans funded after June 5, 2020 will automatically amortize at five-years at 1% APR. If your Round 1 PPP loan funded prior to June 5, 2020 any remaining balance not forgiven will amortize for two-years at 1% APR.

For those who participated in Round 1:

- If there was an error in the amount that you received as part of your Round 1, you now have the option to go back and amend your original application to be made whole.
 - If your instinct is to try and recoup some funds you missed in Round 1 by attempting to get those funds back in Round 2, go back to your original bank and simply have your Round 1 application amended. This will ensure that if you pursue Round 2, you will receive the correct funds.

For those who did NOT participate in Round 1:

- If you did not apply in Round 1, but would like to apply now, your PPP loan will be considered 'First Draw', but the new rules apply.
 - o You have a choice between an 8-week loan period and a 24-week loan period.
 - o If you have a balance that is not forgiven, it will automatically roll into a fixed rate, amortized loan for five years at 1% APR.

The EIDL program also reopened in January 2021, including the advance portion. If you did not apply for an EIDL in 2020, you may apply for the loan as well as the advance, now through December 31, 2021. The advance portion is \$1,000 per employee, with a maximum of \$10,000.

One thing I continue to receive a lot of questions around has been the HHS Provider Relief Fund and how it does or does not interfere with a PPP loan. The best way for me to describe this is a relay race. If you want to use PPP funds to pay payroll expenses, your PPP loan will carry that baton for the entire duration of your PPP loan (even if you've used up whatever monies from PPP you've allocated). After the PPP loan period, then HHS can carry the baton for payroll expenses. If your PPP loan period goes from January 1, 2021 – February 26, 2021 (8-week loan period), then HHS Provider Relief Fund dollars can be utilized for PPP covered expenses on and after February 27, 2021.

Please remember you are not alone in this process – organized dentistry is here to help. If you have any questions, email kcurrence@cdaonline.org or call (303) 996-2847. ■

About the Author

Kelsey Currence actively supports both the CDA Foundation and CDA Enterprises. She works diligently to provide CDA dentists with the market's leading vendors and partners to make practices more profitable and leverages relationships to enable the CDA Foundation to be stewards in our community. Prior to joining the CDA, Kelsey had a successful 16-year career in banking and finance. Outside of work, she is the Cooperation with the Professional Community chair for southeast Aurora, partnering professionals with substance abuse recovery resources, and she loves to spend time with her dog Alfred. You can reach her at 303-996-2847 or kcurrence@cdaonline.org.

Resources

- Funding Sources: Lender Match on [sba.gov](https://www.sba.gov)
- EIDL Loan Program: [sba.gov](https://www.sba.gov)
- PPP Loan Program: [sba.gov](https://www.sba.gov)
- HHS Relief Program: [hhs.gov](https://www.hhs.gov)
- IRS Employee Retention Tax Credit FAQ: [irs.gov](https://www.irs.gov)

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Changes to Colorado Employment Laws

By **Gary Benson, Esq. and Sean O'Brien, Esq.**



If 2021 brings Colorado employers hope for a new year where COVID-19 doesn't dominate your every thought. However, employers need to be aware of several significant changes to Colorado state law that went into effect at the beginning of 2021, some of which directly relate to COVID-19.



The Equal Pay for Equal Work Act (the "Equal Pay Act") and the Healthy Families and Workplaces Act (the "HFWA") are two new laws passed in 2020 and effective on January 1, 2021. The Equal Pay Act is designed to prevent sex-based pay disparities and includes requirements to increase transparency in job postings and opportunities for promotion. The HFWA establishes the minimum standards for employees to accrue and use paid sick leave, including paid sick leave during a public health emergency (COVID-19 pandemic).

The Colorado legislature also revised the Colorado Overtime and Minimum Pay Standards ("COMPS") to change the minimum wage and the salary thresholds for certain exempt employees. These changes are reflected in COMPS Order #37.

Equal Pay for Equal Work Act

The Equal Pay Act prohibits employers from paying male and female employees who perform substantially similar work different wage rates, regardless of the employees' job titles. The law includes six exceptions to this general prohibition, recognizing that employers may have a legitimate reason to pay employees different wage rates in the following scenarios:

- If the employer utilizes a seniority system;
- If the employer utilizes a merit system;
- If the employer utilizes a system that measures earnings by quantity or quality of production;
- If employees are located and working in different geographic locations;
- If one employee has additional education, training, or experience that is reasonably related to the work in question; or
- If an employee travels as a regular and necessary condition of employment.

The Equal Pay Act also prohibits employers from requesting a prospective employee's wage rate history or relying on a prospective employee's wage rate history to determine a wage rate if a job offer is made. Employers cannot prohibit their employees from discussing their wage rates or require employees to sign any document that would prohibit them from discussing their wage rates. Employers cannot discriminate or retaliate against employees or prospective employees in any manner for refusing to provide their wage rate histories, for discussing their wage rates, or for enforcing the Equal Pay Act.

Even before the Equal Pay Act, Colorado law prevented sex-based pay discrimination and guaranteed employees' right to discuss their wage rates. The major significance of the Equal Pay Act on this front is that it provides additional damages to employees or prospective employees who show that a violation of the law has occurred. If an employer violates one of the above provisions of the Equal Pay Act, it may be required to pay up to three years of lost wages, liquidated damages equal to the amount of lost wages and attorney's fees. Employees and prospective employees who show that a violation occurred could also be entitled to employment, reinstatement of employment, promotion or a pay increase.

The Equal Pay Act additionally includes brand new requirements to increase transparency in job postings and promotional opportunities. Job postings must now include the salary, hourly rate, or an estimated range of the salary or hourly rate of pay for each job advertised. Posting that the rate of pay will be commensurate with experience does not satisfy this requirement, but employers are not locked into paying the amount listed in a posting. They can pay more or less based on the qualifications of the candidate who is hired, as long as the posted salary or hourly rate was a good faith estimate. Job postings must also include a general description of other compensation offered (i.e. bonuses or commissions) and a general description of the benefits provided (i.e. health plans).

Employers must make "reasonable efforts" to notify all employees in Colorado on the same calendar day of any "promotional opportunities" before hiring someone for that opportunity. The Equal Pay Act does not define what qualifies as "reasonable efforts" or a "promotional opportunity," but the CDLE has weighed in with its interpretation of those terms. Employers are

encouraged to follow the CDLE's interpretation until it has been rejected by a court of law. A "promotional opportunity" is an existing or new position that could be considered a promotion for at least one employee in terms of compensation, benefits, duties or status. An employer must notify all employees of the promotional opportunity, regardless of whether or not they would be qualified for the position. An employer makes "reasonable efforts" to notify its employees of the promotional opportunity if they are all able to access the notice in their regular place of business or are told where to find the notice. Notices of promotional opportunities must include the same information required for all other job postings.

The CDLE's interpretation of the promotional opportunity notice requirements has created three exceptions. The requirement does not apply to: (1) an anticipated opening for a position that is currently filled by an employee who does not know that he or she will be separated; (2) automatic promotions after a trial period; and (3) temporary or interim hires up to six months. It is important to note that the automatic promotion exception only applies to employees who were working on a trial or probationary period for one year or less. It does not apply to standard career ladder promotions (i.e. a promotion from hygienist level 1 to level 2).

Healthy Families and Workplaces Act

The HFWA establishes minimum standards for employees to accrue paid sick leave. Employees must earn at least one hour of paid sick leave for every 30 hours worked. Employers can allow employees to accrue paid sick leave at a higher rate (i.e. one hour of paid leave for every 20 hours worked). An employee is not entitled to earn more than 48 hours of paid sick leave per year, unless his or her employer sets a higher maximum amount. For example, an employee can let its employees accrue 60 or 80 hours of paid sick leave per year. Employers can satisfy this requirement by providing employees with a full bank of paid sick leave at the beginning of the year.

Employees begin to accrue leave as soon as their employment begins, and they can use paid sick leave as soon as it is accrued. Employees must be allowed to use paid sick leave for a wide variety of reasons, including:

- A mental or physical illness, injury, or health condition that prevents the employee from working;
- The need to obtain a medical diagnosis, care, or treatment for a mental or physical illness, injury or health condition;
- The need to obtain preventive medical care;
- The need to care for a family member who has a mental or physical illness, injury, or health condition or needs to obtain a medical diagnosis, care (including preventive care) or treatment;
- The need to seek or obtain medical, mental health, legal, or other related services if the employee or the employee's family member has experienced domestic abuse, sexual assault, or harassment; and
- The closure of the employee's place of business or the employee's child's school or care facility due to a public health emergency.

The CDLE has clarified that the HFWA does not require employers to provide a bank of paid sick leave that is separate and distinct from a bank of paid leave that can be used for vacation. Employers comply with the HFWA as long as their employees accrue paid time off at the minimum required rate and can use that paid time off for one of the above reasons.

The above accrual provisions have different effective dates based on the number of employees that work for an employer. For Colorado employers with 16 or more employees, the above provisions went into effect on January 1, 2021. The paid sick leave provisions will apply to all Colorado employers regardless of the number of employees on January 1, 2022.

During a declared public health emergency, the HFWA requires employers to supplement their employees' paid sick leave, if necessary, so that employees can take the equivalent of two weeks paid sick leave for reasons related to the public health emergency. This means that employees who normally work 40 hours per week must be allowed to take 80 hours of paid sick leave, while employees who normally work 32 hours per week must be allowed to take 64 hours of paid sick leave. If an employee's bank of paid sick leave is capped at 48 hours, then the employer must supplement another 32 hours of paid sick leave. If an employee's bank of paid sick leave is capped at 80 hours, and the employee has accrued that much paid leave, then the employer does not need to provide supplemental leave. This supplemental leave is available until four weeks after the public health emergency is declared over.

The CDLE has confirmed that the on-going COVID-19 pandemic qualifies as a public health emergency and that the supplemental leave provision applies to all Colorado employers now.

COMPS Order #37

The most significant change in COMPS Order #37 is the increase in minimum wage from \$12.00 per hour to \$12.32 per hour. The minimum wage for tipped employees was also increased from \$8.98 per hour to \$9.30 per hour. In addition, the salary threshold for certain exempt employees (including exempt administrative, executive and professional employees) increased to \$40,500.20 per year. The other changes in COMPS Order #37 concern revisions to specific employee exemptions, including the exemption for transportation workers, administrative employees and professional employees.

Employers must still display the most recent COMPS Order poster in a common area that is frequently used by employees. When displaying the poster in a common area is not practical — for instance, during a pandemic — employers must provide a copy of the COMPS Order poster to their employees. The most recent poster can be found at <https://cdle.colorado.gov/posters>.

About the Authors

Gary Benson has been practicing human resources law for more than 20 years. He is a partner at Dworkin, Chambers, Williams, York, Benson & Evans, PC where he counsels numerous businesses on their employment practices and procedures. In addition to being an experienced litigator, he is also a frequent lecturer on issues surrounding employment law and has presented for the Colorado Bar Association.

Sean O'Brien is an associate attorney with the Denver firm of Dworkin Chambers. Sean represents both employers and employees in federal and state court as well as administrative proceedings before the EEOC and the Colorado Civil Rights Division. He also regularly counsels clients, performs employee compensation audits, and reviews employment handbooks to ensure compliance with federal, state, and local employment laws.

"The Colorado legislature also revised the Colorado Overtime and Minimum Pay Standards ("COMPS") to change the minimum wage and the salary thresholds for certain exempt employees."

THE FUTURE OF DIGITAL DENTISTRY

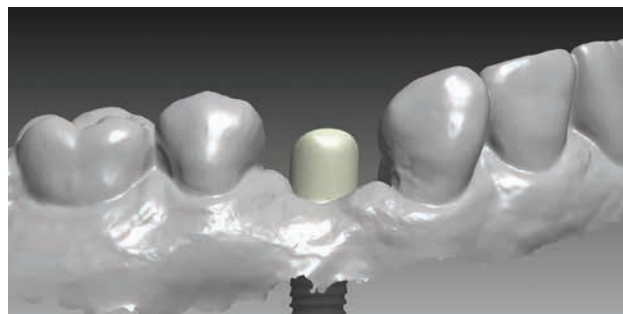
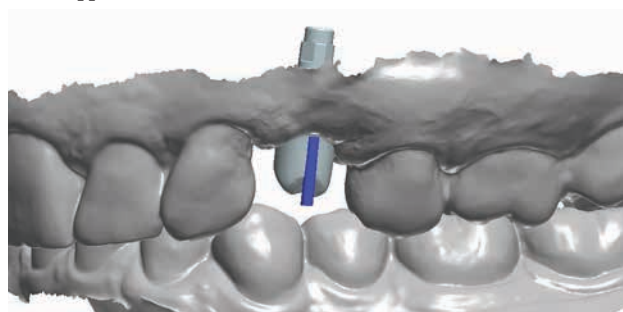
By **Cindy Kelly, Owner, 5280creations**



Intraoral scanners for the dental practice, much like computers and cell phones, have become smaller, faster, more accurate, more affordable and undoubtedly something we can't live without. I/O scanning software continues to evolve and become more user-friendly, streamlining

workflows and shortening turnaround times. "The accuracy, patient comfort and time effectiveness of intraoral scanners are incomparable to traditional techniques. The percentage of dentist-clients prescribing digital restorations has nearly doubled since 2010," based on LMT's 2018 Dentist Survey.

Digital technology in dentistry isn't just changing the daily workflow for dentists and lab technicians, it is impacting the patient experience as well. Patients are more educated about dental technology than ever before. They are being informed about digital dentistry on social media, and from friends and family who have experienced shorter appointments, quicker turnaround times for delivery of the final restoration and no goopy impressions, resulting in a far more pleasant dental appointment.



Today, with many systems using Near Infrared technology, you can take a full upper and lower digital impression, digitally stored study casts, a shade, intra-oral photos, caries detection, and even show time lapse videos of progressive wear on a patient's teeth, eliminating the need for multiple devices and repetitive sterilization. Patients can see first-hand the need for treatment to eliminate future damage. In the case of a treatment planned occlusal guard, many clinicians are placing the images of patients wear from previous appointments side by side with a current image to show new wear patterns, and additionally showing an image of projected future wear with Time Lapse Technology. Often a clinician will leave the patient while they step out of the room for a moment to view the images. Studies have shown this can increase patient acceptance by 71%. Patients not only appreciate the state-of-the-art technology but also value being more engaged and better informed. This technology helps diagnose, treatment plan, and execute in a very accurate, streamlined environment. Once you have made the decision to invest in digital dentistry and incorporate the digital workflow in your business plan, there are several things to keep in mind.

Continued on pg. 18

It's Personal

There are a lot of differences between being a Member of the Trust and just another policy number at a large, commercial carrier. Both give you a policy the Practice Law requires, but that's where the similarity ends.

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Not Currently Trust Members:*
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*some restrictions apply; subject to underwriting approval.

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Who do I talk to when I have a patient event, claim or question?

The Trust: Local dentists who understand your practice, your business and your needs.

Them: Claims call center (likely in another state).

Besides a policy, what do I get when I buy coverage?

The Trust: Personal risk mitigation training, educational programs and an on-call team that "speak dentist."

Them: Online support.

Do I have personal input and access to the company?

The Trust: Yes. You are represented by dentists from your CDA Component Society giving you direct, personal access to the Trust.

Them: Yes, via their national board.

How much surplus has been returned to dentists in Colorado?

The Trust: Over \$2.2M has been distributed back to Colorado dentists as a "return of surplus" (after all, it's your Trust, your money).

Them: \$0

How long has the company been serving Colorado dentists?

The Trust: We were Established by dentists in 1987.

Them: It's hard to say... they tend to come and go.

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Cheaper is Not Always Better

You get what you pay for. Many of us have learned this life lesson, and this certainly pertains to digital technology. A few questions to research include:

- How long has the system been on the market?
- How long has the manufacturer been in business?
- Can you add on or upgrade the system?
- Is it an open system?
- Is there a yearly fee?
- What is the fee per scan?
- What kind of support and training is offered?

After the Sale

The Institute of Digital Dentistry (instituteofdigitaldentistry.com) provides a valuable resource for non-biased product comparison and education. I/O Scanner technology is an investment, so time should be spent researching which system will work best in your practice and produce the best ROI.

Start Simple

In-office milling, orthodontics, fixed restorative, surgical guides, splints and dentures are just some of the capabilities of today's scanners. Excelling at each application is a process, and not every application is the right fit for every office or clinician. Try focusing on just one aspect of your new I/O system to get yourself started. The most common missteps we see as a dental laboratory when practices implement a new I/O system is a clinician will start out with a large case or difficult scan because they are excited about the new technology. Clinicians are encouraged to start with posterior single units, rather than multiple anterior units or implant cases. Following the proper preparation, retraction, and isolation rules indicated by the manufacture are absolute key to success!

Do you want to be a technician and make the crowns in-office or would you prefer to outsource manufacturing to an experienced lab? Most I/O systems have endless possibilities once you have mastered the basics such as multiple unit cases, implants, occlusal guards, custom trays, surgical stents, dentures, all-on-four hybrid cases. The technology continues to become more accurate with constant upgrades and the future capabilities seem endless.

Team

Digital dentistry can be easily incorporated into any office if you have a team around you that embraces the technology. Your dental team should understand the benefits of digital technology not only to the patient and the office but to them personally. Too often implementing new technology can fail due to push back by staff fears that it will replace their position. This couldn't be further from the truth. The technology is designed to make life easier, but it's a paradigm shift. There are new things to learn and more efficient ways to complete our daily tasks, making our jobs new and exciting from the daily grind of analog dentistry. Lots of offices come up with fun incentives to get the whole team on board, and reward team members for embracing the technology; such as contests for the team member who's scan time and accuracy increased the most.

Education

Even the most tech savvy clinician can experience a learning curve. When choosing a scanner that is right for your practice, education should be a priority.

Be sure to ask your sales representative about the initial training and follow-up. A single training session is very often not adequate or staffing changes may result in requiring additional training for new team members. Schedule routine training for you and your staff. Join social media groups specific to digital dentistry that are peer driven. This often exposes you to real world problems and instant solutions. It can be frustrating to have a patient in the chair while experiencing a technical issue and needing to wait for technical support to return your call.

"Digital technology in dentistry isn't just changing the daily workflow for dentists and lab technicians, it is impacting the patient experience as well."

Communication

Communication in the dental profession has always been key and digital dentistry simplifies the accuracy of communication on many levels. This technology has improved with the digital workflow for the clinician and the lab technician in the past couple of years. It is vital the IOS assistants understand the importance of the fields they choose on the digital Rx,

such as crown material, shade and due date. A complete Rx is one of the keys to success. This will replace the written Rx and will become everyone's record. There are required fields to be completed in addition to comment fields for special instructions. The ability to check scans before the patient leaves the chair is priceless in eliminating the need to bring a patient back for re-prep or re-impressioning.

Find a Digital Lab

An estimated 59% of dental laboratories are now accepting digital files. Partnering with the right lab after your investment is crucial. When implementing the technology into your practice, it's vital to partner with a lab committed to CAD/CAM and embracing the digital workflow. Your lab partner should have technicians in place fully educated and able to be a resource for you especially during the learning curve. Ask your lab if they produce the product in-house or outsource. Is the lab educated in milling, 3D printing or both?

Treatment planning and executing a case has never been easier or more accurate. From clear aligners and digital dentures to single crowns and full mouth rehabilitation, the possibilities seem to be all encompassing on the digital highway! ■

About the Author

Cindy Kelly is co-owner of 5280creations, a digital dental laboratory in Thornton, CO. 5280creations houses three CAD systems powered by 3Shape, Cerec InLab and Itero, three CAD CAM mills (Sirona and Wieland) and an Asiga 3d printer and proudly manufactures all restorations and appliances in-house. They have also partnered with major manufactures to provide virtual study clubs for future and existing users of I/O systems. Please contact cindy@5280creations.com, if you would like to be notified of event dates.

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TALES FROM THE FRONTLINES: Two Dentists' Volunteer Experience Administering the COVID-19 Vaccine

Interview with Dr. Jeff Lodl



In our routine examination process, we sometimes observe a questionable lesion or some other pathology that we refer to specialists for evaluation and treatment. When we are notified of the results and know we have played a part in saving the patient's life, it is most gratifying and humbling. Now, we have a chance to directly save lives with a simple vaccination injection. Two dentists recently volunteered administering the vaccine to underserved populations in Denver and have graciously shared their experiences. Their thoughts and experience follow. Please consider volunteering!

-Dr. Allen Vean, Articulator Co-Editor

Why did you feel it was important to volunteer as a vaccine administrator?



I learned that Governor Polis has expanded the Dental Practice Act in mid-January to allow dentists to administer the vaccine. I really felt very fortunate that I had already been able to receive my first dose [of the vaccine] as a dental provider in group 1b. Based on this, I believed it was really important to give back to the community since there is a need that as dentists we are now able to fill.

How did you find out about the opportunity?

I have been in contact with my local public health department in Jefferson County to source PPE. I let my contact there know that I was willing and able to help and had completed the necessary training if there was a need. I must have had lucky timing since the following week I received an email about an opportunity to serve the community on that Saturday, January 30 – which I jumped on.

Can you describe your experience that day?

I volunteered at a drive-up clinic hosted by Servicios de La Raza, an organization that provides a variety of services to Latinx and underserved populations in Denver. While I was only there on Saturday, it was a 3-day event with a goal of administering 200 injections per day. We received training on logistics and paperwork necessary for each patient and then administered vaccines from approximately 9:00am – 3:00pm. Patients arrived by appointment only in about 15-minute intervals. Once patients completed their paperwork, we administered the vaccine and then the patients parked for observations for 15 minutes (30 if they had a history of allergies or reactions). The majority of patients I saw were over the age of 70 as well as a couple of healthcare workers. I was the only dentist volunteer there on Saturday.

The media was also present and we had visits from Governor Polis, the Mexican Consulate, Rep. Serena Gonzales-Gutierrez and Sen. Julie Gonzalez.

Colorado has a goal of ensuring vaccine equity for all income levels, races and ethnic backgrounds. Why do you feel this is important and how was this event instrumental in working toward that goal?

The Hispanic population has been disproportionately affected by the virus and at the same time a low percentage of those eligible to receive the vaccine are getting it. Outreach and education to that community specifically as well as other underserved communities on the safety and efficacy of the available vaccine options is so important in order to improve patient outcomes and turn the tide of this pandemic. The event met their goal of vaccinating 600 individuals and with the news coverage and community leaders present hopefully it will inspire others to get vaccinated as well.

What would you say to someone who was thinking about volunteering but didn't know where to start or was nervous?

Start by signing up as a volunteer and completing the training, that way you are ready if and when you get the call. I felt very supported and safe at the event. Volunteers were provided with ample PPE, it was an outdoor event and I had already received the first dose of my vaccine. As an administrator you are aiming for the deltoid muscle and you don't have to worry about aspiration; in a lot of ways, it's much simpler than what we are doing intra-orally on a daily basis. Any dentist should feel very comfortable doing it. It was a really fun day, and I would encourage everyone to get involved if they are able.

Governor Polis, along with many other state Governors, under emergency order expanded the practice act for dentists to be able to administer the COVID-19 vaccine under specific circumstances. What does this mean for the future of dentistry in Colorado?

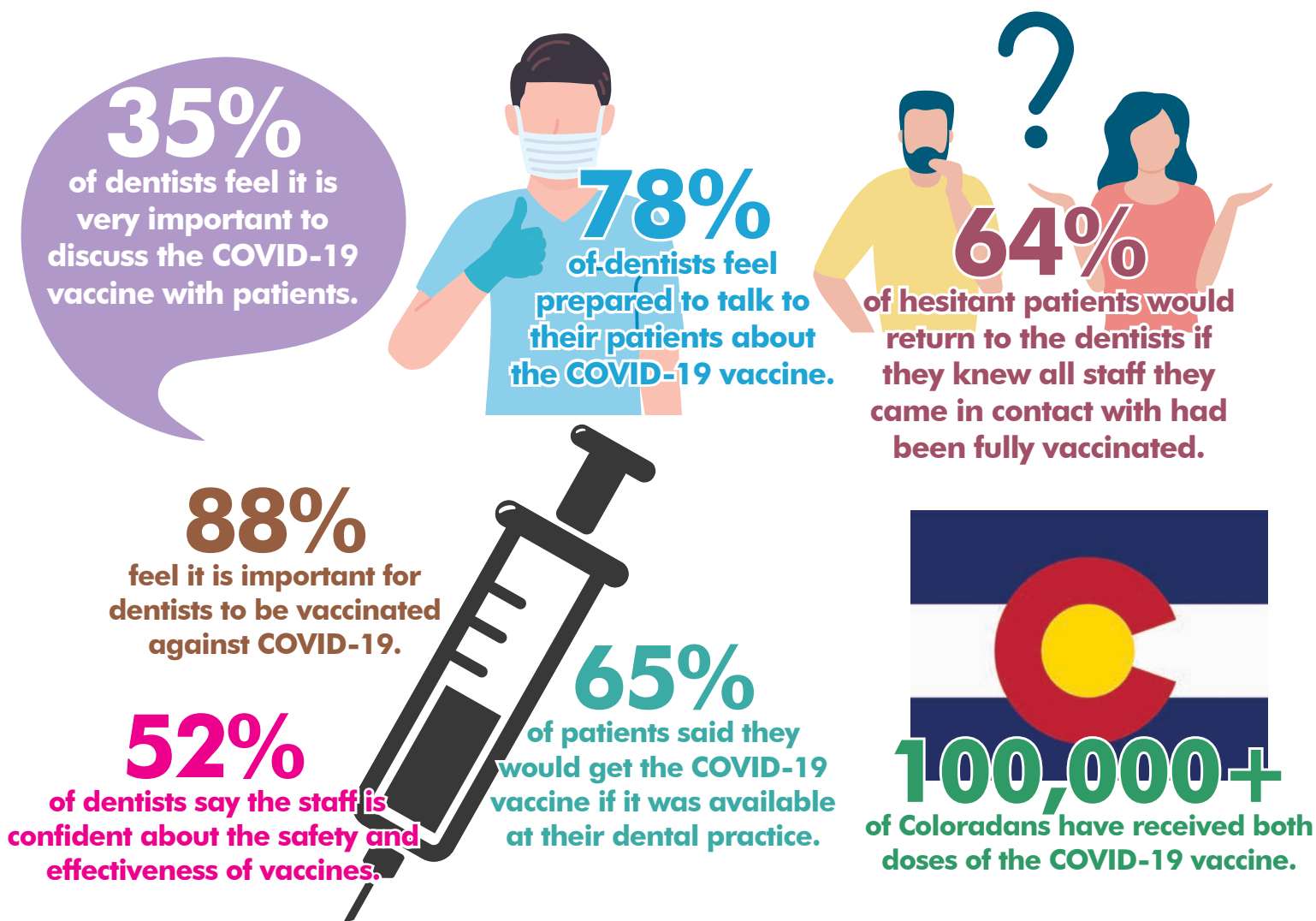


While there are certainly many factors to take into account, I think it has the potential to do a lot of good for the community and overall public health since a lot of our patients see the dentist on a more regular basis than even a primary care provider. There are also a lot of challenges to consider in regard to the paperwork involved, tracking a patient's vaccine records, entering them into electronic health records, storage, etc. ■

About the Author

Dr. Jeffrey Lodl is a general dentist practicing in Arvada, CO. He is past president of the Metro Denver Dental Society and has served as a longtime Society volunteer. He is currently the CDA Trustee from MDDS. He also is president of the Colorado Dental Lifeline Network.

Are you interested in volunteering? The Colorado Department of Public Health (CDPHE) is asking those interested to register at cdphe.colorado.gov/volunteer-in-a-disaster. Sources for the necessary training include train.org/Colorado/training_plan/4870 and www2.cdc.gov/vaccines/ed/covid19/.



Data Based on ADA's Health Policy Institute (HPI) Survey Data and Colorado Department of Public Health and Environment (CDPHE) as of February 21, 2021.

Tales From the Frontline continued

Extraoral Dentistry: My Experience as a COVID-19 Vaccine Volunteer

By **Becky Bye, DDS, JD**



When the pandemic began, I explored ways to use my background as a healthcare provider to help with global efforts to eradicate this virus. I especially believed that dentists—with their constant exposure to aerosols and unique understanding of infectious diseases—were in a particularly prescient position.

Although I am a licensed dentist, my primary career no longer lies in the clinical practice of dentistry, but rather, the practice of law. As a lawyer in the health and life sciences sector, I am fascinated by the impact of COVID-19 from a health law perspective; I closely follow legal developments related to this pandemic, especially those applicable to healthcare and healthcare providers.

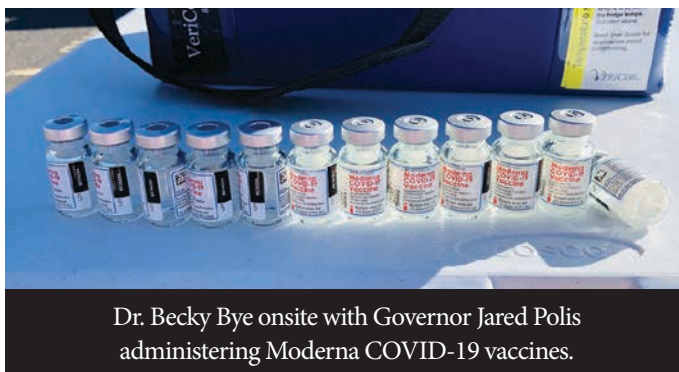
Earlier this year, I was thrilled when Colorado expanded the scope of authorized procedures for dentists, allowing them to aid in the mass vaccination efforts. On January 7, 2021, Governor Jared Polis signed Executive Order D 2021 008; he directed the Colorado Department of Regulatory Agencies (DORA) “to promulgate and issue temporary emergency rules” to allow certain licensed healthcare providers to treat patients for procedures “including but not limited to providing the COVID-19 vaccine.” In addition to dentists, these temporary rules apply to chiropractors, podiatrists, optometrists, veterinarians, and other healthcare providers who would not typically administer a COVID-19 vaccine.

After I learned about this Executive Order, I researched potential volunteer opportunities. I found that the Colorado Department of Public Health and Environment (CDPHE) uses a website called the “Colorado Volunteer Mobilizer,” where healthcare volunteers can register, input credential information, and take classes to qualify for future volunteer events. Upon successful completion of a background check, the CDPHE will add you to an email list and notify you of vaccination opportunities as they arise.

Within a few days of submitting my information, my registration was approved. Soon thereafter, I volunteered at a public vaccination site located in a church parking lot close to my home. The week prior to my first vaccine experience, I educated myself about proper intramuscular vaccine administration and other vaccine protocols through informational videos on the U.S. Centers for

Disease Control and Prevention (CDC) website.

Admittedly, on the day the vaccination event, I was nervous. Despite my experience giving many intraoral injections that required precision and a steady hand in the confined, intricate oral cavity, and combatting other obstacles such as overactive tongues, this type of injection was still very new to me.



Dr. Becky Bye onsite with Governor Jared Polis administering Moderna COVID-19 vaccines.

I arrived at the location early, allowing time to meet other volunteers and CDPHE personnel. Among the healthcare providers, I met registered nurses, physicians, and an oral surgeon. The CDPHE staff assigned each licensed healthcare provider to their own “table,” complete with PPE, gauze, alcohol wipes, and band-aids. We also spent time before the event prefilling the syringes with the vaccine.

It is difficult to describe my overwhelming feelings of relief, excitement, and sorrow when I first laid eyes on the vaccine vials, boldly labeled with the mundane words: “Moderna COVID-19 Vaccine.” Those small vials are symbolic of humanity’s global, interdisciplinary, year-long concerted effort to reclaim our lives from this microbial phenomenon.

After filling the syringes and returning to my designated table, the vaccination clinic officially commenced. Some volunteers were stationed at the parking lot entrance to provide health forms and questionnaires to our would-be patients, and others helped with logistics and the flow of cars.

My first patient of the day was an elderly woman on the passenger side of an SUV. I chatted with her and reviewed her health history before nervously, yet firmly, injecting the vaccine into her right upper arm. To my pleasant surprise, she did not grimace and made a comment along the lines of not feeling anything.

During the remainder of the day, I became increasingly confident with my vaccine injection skills and was more at ease with my patients. I met dozens of people—all elderly—from my community. Many spoke of missing their friends, children, grandchildren and loved ones.

During the injections, I observed most of my patients displaying a peaceful expression of relief, relief that this injection marked the beginning of the end. The beginning of the end!

As a fun, unexpected surprise, Governor Polis visited our vaccine site to thank volunteers, speak with patients, and observe the process. I thanked him for his Executive Order, which allowed me to serve that day; in response, he expressed his gratitude for the healthcare professionals helping with this effort.


While many have discussed the “silver linings” that resulted from this pandemic, such as a greater appreciation of friends and family, the dental profession might receive another benefit. While many states have implemented the expanded emergency rules to allow more people to administer the COVID-19 vaccine, it is possible that this will pave the way for similar permanent rules, expanding our scope of practice. Many in the dental community have long-advocated for the ability of dentists to provide other vaccines, such as influenza, or perform extraoral procedures that technically fall outside the definition of dentistry but are still squarely within our skillset as doctors and surgeons.

I plan to volunteer at more locations until COVID-19 is obsolete from our regular vocabulary. If you are thinking about volunteering, I assure you that it is beyond worth it. Besides serving a vital role in this historic pandemic, the interactions you have as a volunteer are priceless. ■

About the Author

Dr. Becky Bye is both a licensed attorney and licensed dentist, and practices health, life sciences and technology law. She also volunteers as a clinician. In dental school, she was elected President of the Colorado Chapter of the American Student Dental Association

and served on the board for her student chapter of Alpha Omega. After graduating and practicing general dentistry in the Denver metropolitan area, Dr. Bye merged her passion for law and the health sciences as a health law attorney. She currently devotes most of her time to a global non-profit playing a large role in this pandemic. She is a proud mom of a young son and a cat. In her free time, she enjoys traveling, British costume dramas, and anything that involves her undergraduate alma mater, Colgate University. You may contact her at beckybye@gmail.com.



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Greater Insights 2020-21

DISC 2020 Schedule

September 17 - Marco Brindis, DDS, Prosthodontist.
Professor: Prosthodontics Department at Louisiana State University Health New Orleans, School of Dentistry
Title: A New Generation of Hybrid Prosthesis: An effective viable hygienic solution for the edentulous patient

October 1 - Sreenivas Koka, DDS, MS, PhD, MBA, FACD, FAP, Prosthodontist - San Diego, California
Title: Systemic Diseases and Conditions that Influence Osseointegration and Dental Implant Treatment Success: Implications of an Aging Population

October 22 - Aldo Leopardi, BDS, DDS, MS, Prosthodontist - Greenwood Village, Colorado
Title: Gingival Restorative Interface Deficiencies: when to consider Regenerative Approaches versus Pink Prosthetic Equivalents

November 19 - Neal Patel, DDS, Dentist, Certified Dental Technician - Powell, Ohio
Title: Digital Integration of CBCT & CAD/CAM for Comprehensive Interdisciplinary Care

DISC 2021 Schedule

February 11 - Daniel R. Cullum, DDS, Oral and Maxillofacial Surgeon - Coeur d'Alene, Idaho
Title: Immediate Implants and Dynamic Navigation

March 25 - Joseph Kan, DDS, MS, Prosthodontist, Professor: Loma Linda University School of Dentistry - Loma Linda, California
Title: Papilla Management for Implant Esthetics: The Ortho-Perio-Restorative Connection

DATE TBD - Richard Bauer, DMD, MD, Oral and Maxillofacial Surgeon - Pittsburgh, Pennsylvania
Title: Optimizing Hard and Soft Tissue Outcomes at the Dental Implant Site



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CDA's Post-COVID Resiliency Roadmap Laying Groundwork to Better Serve Members

By **Greg Hill, JD, CAE, CDA Executive Director**



The business world is full of buzzwords. Some are overused like “think outside the box” and “deep dive.” But as much as we sometimes hate those words and cringe when we hear them, those words do mean something important to business success.

A key buzzword you may have heard as it relates to the post pre-pandemic (as opposed to post-pandemic) world is “resilience.” This concept of resilience has become a core focus for us at the Colorado Dental Association and is a roadmap for us as we seek to emerge stronger in the post-pandemic environment.

Typically, the term resilient or resiliency means to be able to quickly recover, to return to shape after pressure or difficulties. As a business term, it focuses more on being able to spring forward, into a new reality. That new reality is the post-pandemic world.

When COVID hit, we talked a lot internally about the rapid acceleration of the use of technology we immediately began to see. But we also started seeing changes in how associations conduct their business – virtual meetings, tradeshow, social and networking events. We began working from home, using video conferencing dozens of times a day. Even the collaboration technology we have been using has seen major transformations in the past year.

Satya Nadella, the CEO of Microsoft, explained on a recent earnings call that the world has seen two years' worth of digital transformation in only two months. Loren Padelford of Shopify has said that COVID has brought 2030 to 2020. “All those trends, where organizations thought they had more time, got rapidly accelerated.”

As we have started to think about resiliency and what this rapidly accelerated change means for us, this has become our realization: If we do not come out years ahead of where we started, we have missed the opportunity to remain the innovative leader we have worked so hard to become.

We were extremely fortunate to have had the foresight of building the technology infrastructure and begun a digital transformation a few years ago. While associations across the country were scrambling to figure out how they were going to work remotely and were trying to identify a video conferencing platform, the CDA was already mostly working remote and held its first state-

wide COVID response video conference on a Sunday afternoon, even before businesses were shut down.

The CDA was able to respond and is moving toward our own recovery focus. We continue to work remotely with limited presence in the office as required under the county public health order, but will return to work, primarily in the office, when it is safe to do so. Through remote work, we have adapted to new forms of collaboration, rapidly accelerating our own AGILE workplace, and we have started to leverage automation and data insights to better understand the needs and specific interests of our individual members.

But as we emerge from this pandemic, we are not looking to return to March of 2020 and pick up where the world dropped us. Our goal is to pick up, years ahead of where we otherwise would have been. Through this process, we are developing new ways to optimize our internal operations by automating processes such as accounts payable, implementing smarter platforms so we can begin to offer a customized member experience, and consolidating our data into a single platform to better understand member needs.

In our last strategic plan, we asked the board what success looked like. One of those answers continues to resonate with me. This board member said, “The organization is now running like a highly efficient business.” My suspicion is that if you were to identify five traits that you are looking at as a priority for the CDA, an efficient business would not make that list. Without that efficiency, however, our ability to provide better products and services to you is limited. This efficiency gives us the ability to do more, to empower your success, and to generate non-dues revenue and keep your dues low.

As we increase our business efficiency, leverage greater collaborative tools, and focus on our business processes, we will in turn better serve our members and fulfill our core objective to empower your success as dentists. Like you and your team, we work better and smarter when we have the right tools available at our fingertips.

While we do not know for certain when or how this pandemic will end, we can promise that when it does, the CDA will have shown its resiliency and will emerge, better than ever. ■

About the Author

Greg Hill, JD, CAE has served as the Executive Director of the Colorado Dental Association since June of 2014. Prior to joining the CDA, Greg was employed by the Kansas Dental Association for 15 years and served as the Assistant Executive Director of the CDA and Executive Director of its Foundation. Mr. Hill is a 1999 graduate of the Washburn University School of Law in Topeka, KS and a 1994 graduate of Kansas State University with a Bachelor of Science in Economics. He became a Certified Association Executive (CAE) in 2016. In addition, he serves as Co-Chair and Treasurer of Oral Health Colorado; on the Board of Directors for the Colorado Dental Lifeline Network and the Colorado Mission of Mercy; and is a member of the Denver Tech Center Rotary Club. He and his wife, Gwen, are the parents of daughter, Haven, and son, Camden.

Workplace Wellness



Take a 20 Minute Walk	Eat 5 Servings of Veggies	Do an Act of Kindness	Do a Workout on YouTube	Do 80 Crunches
Do 20 Lunges Per Leg	Take a Walk Before Work	Take a 15 Minute Break Alone	Do a 30 Minute Workout	Drink 72 oz of Water in One Day
Stretch During the Huddle	Thank a Coworker		Make a Healthy Lunch	Take 8,000 Steps in One Day
Drink 64 oz of Water in One Day	50 Squats During a Break	Write a Thank You Note	Journal 5 Things You're Grateful For	Listen to a Favorite Song
Take 10,000 Steps in One Day	Do 10 Minutes of Meditation	Do 20 Push-ups	Take the Stairs All Day	Go for a Walk at Lunch

The CDA Wellness Committee is focused on workplace culture this year. Having a healthy work environment, makes a healthy and happy team!

BINGO DIRECTIONS:

Choose a team leader to take charge of your office's Workplace Wellness BINGO Challenge.

1. Print this page for everyone on your team.
2. Choose the length of time for your challenge (1 week, 2 weeks, etc.).
3. Decide on your game winning BINGO rules (5 in a row, blackout, etc.).
4. Encourage your team to take small steps toward healthy activities!
5. Email a picture of your team holding their completed BINGO cards to elisa@cdaonline.org by March 31 to be entered into a drawing for a **free team lunch** from the CDA.

MD April 9
DS **HANDS-ON The Chairside Assistant's Role with Dental Implants**
-Dr. Brian Butler and Dr. Dennis Waguespack
 Mountain West Dental Institute
 925 Lincoln St Unit B
 Denver, CO 80203
 8:00am – 11:00am
 (303) 488-9700

MD April 13
DS **CPR & AED Training**
-American Workplace Safety
 Mountain West Dental Institute
 925 Lincoln St Unit B
 Denver, CO 80203
 6:00pm – 9:00pm
 (303) 488-9700

MD April 16
DS **Botulinum Toxins (Xeomin, Dysport, Botox) and Dermal Fillers Training, Level 1**
-American Academy of Facial Esthetics
 Mountain West Dental Institute
 925 Lincoln St Unit B
 Denver, CO 80203
 8:00am – 5:00pm
 (303) 488-9700

MD April 17
DS **Frontline TMJ & Facial Pain Therapy, Level 1**
-American Academy of Facial Esthetics
 Mountain West Dental Institute
 925 Lincoln St Unit B
 Denver, CO 80203
 8:00am – 12:00pm
 (303) 488-9700

MD April 22
DS **LIVE WEBINAR Protect Your Practice: Employment Law Practices You Need to Know**
-Mr. David Bashford, Esq.
 6:00pm – 7:30pm
 (303) 488-9700

MD April 23
DS **Navigating the World of 3D Imaging**
-Dr. Robert Timothy and Dr. Michael Moroni
 Mountain West Dental Institute
 925 Lincoln St Unit B
 Denver, CO 80203
 8:00am – 3:00pm
 (303) 488-9700

MD June 11
DS **HANDS-ON Nitrous Oxide/Oxygen Administration Training**
-Dr. Jeffrey Young
 Mountain West Dental Institute
 925 Lincoln St Unit B
 Denver, CO 80203
 8:00am – 4:00pm
 (303) 488-9700

MD August 28
DS **Shred Event**
 Rocky Mountain Orthodontics
 650 West Colfax Ave
 Denver, CO 80204
 9:00am – 12:00pm
 (303) 488-9700

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GP for sale in North Denver Metro area (2013). Annual Collections \$400K, 3 Ops, 1,100 sqft – Dr. retiring. For more information call 303-759-8425 or email: jed@adsprecise.com. For more listings visit www.adsprecise.com.

Specialty only Dental Building for sale (CO 2007) in Federal Heights, 4,700 sqft, built in 2010, custom alder woodwork and granite throughout, fireplace in upper lobby, could subdivide for multiple organizations. For more information, please contact us at jed@adsprecise.com or call 303.759.8425. For more listings visit www.adsprecise.com.

GP for Sale: Colo Springs (CO 2010) Annual Revenues \$319K, 3 Ops fully enclosed, 1682 sqft – Dr. Retiring. Sale price \$239K. For more information call 303-759-8425 or email: jed@adsprecise.com. For more listings visit www.adsprecise.com.

Perio practice for Sale: North of Denver Metro area (CO 1909) Annual Revenues \$500K, 3 Ops, 1,323 square feet. For more information please contact jed@adsprecise.com or call 303.759.8425. For more listings visit www.adsprecise.com

GP for sale in Colo Springs (CO 1908) Collections \$465K, 2,043 sqft, 5 OPS. Sales price \$250K. For more information please contact jed@adsprecise.com or call 303.759.8425. For more listings visit www.adsprecise.com.

GP for sale in Colorado Springs (CO 1904) 4 Fully Equipped Ops, \$250K in collections, 2540 sqft, Dr Retiring. For more information please contact us at jed@adsprecise.com or call 303.759.8425. For more listings visit www.adsprecise.com.

GP and free-standing Building (sold with practice) for sale in beautiful Pikes Peak area (CO 1803). Dr retiring, 5 OPS. Room for growth! Practice price \$250K and Building price \$495K. For more information please contact jed@adsprecise.com or call 303.759.8425. For more listings visit www.adsprecise.com.

Dental Building for sale (CO 1706) in west Denver. Purchase Price \$1.15M for 4600sqft + 1400sqft basement, 5 OPS. For more information, please contact jed@adsprecise.com or call 303.759.8425. For more listings visit www.adsprecise.com

GP for Sale: North Eastern CO (CO 1735) 4 Ops, approx. \$900K in collections, Stand-alone bldg. sold w/practice. Dr. retiring. For more information please contact us at jed@adsprecise.com or call 303.759.8425. For more listings visit www.adsprecise.com.

OMS practice, western mountains near Vail and Aspen, (CO 1350) Annual Revenues \$840K, 3 ops, 1,300 square feet, adjacent to hospital, price \$299K Excellent GP referrals, Great Opportunity! Dr. retiring. For more information please contact us at jed@adsprecise.com or call 303.759.8425. For more listings visit www.adsprecise.com.

GP for Sale: Pueblo, CO (CO 2006) 4 Ops, 1900 sqft office, \$393K in collections. Dr. retiring. For more information please contact us at jed@adsprecise.com or call 303.759.8425. For more listings visit www.adsprecise.com.

Pediatric Practice for sale (CO 2019) in beautiful resort mountain town with 7 OPS. \$900K annual collections. For more information please contact jed@adsprecise.com or call 303.759.8425. For more listings visit www.adsprecise.com.



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