

Bulletin





With DSG, you have the strength of the largest dental laboratory network in North America, offering simple online access combined with the personal relationship and care of a local dental laboratory. We provide quality products and services with the highest degree of clinical success, patient satisfaction and practice growth opportunities.

DSG specializes in the world's leading all-ceramic, IPS e.max, for restorations you and your patients can depend on for years to come.

High Strength, High Esthetics.

DSG, specializing in IPS e.max° since 2005, now offers the latest from the premier all-ceramic material!

- Featuring new IPS e.max MT shades for enhanced esthetics
- 500 MPa biaxial flexural strength
- Options for more conservative tooth preparation
- Digital designs to enhance predictability
- Optimized digital workflow with an intra-oral scanner





Editor Dr. Stephanie Rashewsky
Associate Editors Dr. Marcos Cid

Dr. Marcos Cid Dr. Daniel Grode Dr. Tara Meachum Dr. Emily Van Heukelom

Advertising Editor Elaine Fleming Executive Secretary

WMDDS

161 Ottawa Avenue NW Suite 301

Grand Rapids, MI 49503 (616) 234–5605 efwmdds@aol.com

West Michigan District Dental Society Executive Board 2016-2017

 President
 Dr. Leonard Bartoszewicz

 President-Elect
 Dr. Brian Mulder

 Vice President
 Dr. Lathe Miller

 Secretary-Treasurer
 Dr. James Papp

 Editor

 Immediate Past President
 Dr. Steve Conlon

 Directors
 Dr. Kevin Rebhan

Dr. Kathryn Swan Dr. Sarah Masterson

Area Representatives

 Kent County
 Dr. Chris Leja

 Ionia-Montcalm County
 Dr. Scott Ribitch

 Mecosta County
 Dr. Erick Perroud

 Ottawa County
 Dr. Thomas Anderson

Big Rapids Dental Study Club Officers

 President
 Dr. Erick Perroud

 Vice President
 Dr. Christa Stern

 Secretary
 Dr. Christa Stern

 Treasurer
 Dr. Erick Perroud

Holland-Zeeland Dental Society Officers

President Dr. Thomas Anderson

Treasurer Secretary

Immediate Past President

Ionia-Montcalm Dental Study Club Officers

President/Treasurer Dr. Kirkwood Faber

Kent County Dental Society Officers

 President
 Dr. Kathleen Eisin

 Vice President
 Dr. Chris Leja

 Secretary
 Dr. Veronica Hamilton

 Treasurer
 Dr. Sarah Masterson

West Michigan Dental Foundation Officers

President Dr. Steven Mancewicz
Vice President/Secretary Mr. Nicholas Vander Veen
Treasurer Mr. Tim Van Laan

The *Bulletin* of the West Michigan Dental Society is published six times a year (the winter issue, spring issue, summer issue, directory issue, fall issue, and holiday issue). The opinions expressed in the *Bulletin* are not necessarily the opinions of the West Michigan District Dental Society.

Contributions to the *Bulletin* are welcome and should be addressed to the *Bulletin* Editor, 519 Ada Drive SE., P.O. Box 157, Ada, MI 49301. Requests for purchase of advertising space should be directed to the Advertising Editor, Elaine Fleming, (616) 234-5605. The deadline is the first of the month prior to publication.

©2017-2018 West Michigan District Dental Society Bulletin

Table of Contents

President's Message: The Choices We Make	2
Editor's Thoughts: A Future Dentist? Meet Our Little Bundle of Joy	4
Trustee Report: "Why Do I Pay My MDA Dues?"	6
Science & Benefits: Having a Dialogue with Your Amway Patients	8
Affordable Quality Care for All at Exalta Health: A New Name But Still the Same	14
Bureau of Professional Licensing Revised Dentistry Rules	18
The History of Water Fluoridation in Grand Rapids: No Cavities? Thank This Utility	20
Practice Management: Leveling the Playing Field in Your Next Office Lease Negotiation	26
Fechnically Speaking: A Piece of Tech to Change Your Life	28
Financial News: Managing and Limiting Your Exposure to the Alternative Minimum Tax	30
2017–2018 WMDDS Continuing Education Programs	32
Classified Ads	34
Advertiser Index	36

About the Cover

Cover Photo by Susan Wagener lenstopixels.com

Mission Statement

The *Bulletin* is the newsletter of the WMDDS and its mission is to inform the membership of upcoming and recent events, state & local issues related to dentistry, and as a forum for its officers, representatives, and members to discuss appropriate topics of interest to the membership.

Communication & Advertising Policy

The *Bulletin* will publish submitted articles from members and others that relate to the practice of dentistry, small business, social, or political issues affecting dentists, or other subjects of interest to the membership. All published items are subject to space restrictions and the community standards of the WMDDS. The editors reserve the right to reject any article or advertisement deemed inappropriate and to edit submissions as they see fit.

Submission & Publication Policy: Articles and advertisements must be submitted no later than the 1st of the month preceding publication date. The *Bulletin* has six publications: the winter issue, spring issue, summer issue, directory issue, fall issue, holiday issue. Direct submissions or correspondences to:

Dr. Stephanie Rashewsky | 519 Ada Drive SE, P.O. Box 157 | Ada, MI 49301 Phone: 616.676.9177 | FAX 616.676.8836 | Email: stephanierashewsky@gmail.com Include "Newsletter" in the subject line

The Choices We Make



By Leonard Bartoszewicz, DDS WMDDS President

In our first year of dental school, we learned early on that our professors were going to be very tough on us. Unlike our counterparts in medical school who were required to complete a residency and/or internship before finishing their schooling, we dental students went to school for four years and were then "unleashed" upon the general public once there were diplomas in hand. Our teachers had the burden of training us to be competent not only with our technical skills, but also with our minds. They had a big role in teaching us about what would be the best care for our patients. After all, how many patients will ever know if their crown margin was properly sealed or if their root canal was filled all the way to the apex. As part of your dental education, you become your own critic and learn to evaluate your work without the benefit of a professor looking over your shoulder.

After graduating from dental school you begin to make choices about your future. Should you continue on with your training and specialize, or maybe apply for a general practice residency? You might be anxious to get out and start practicing right away. But where do you go, and what type of practice do you want to join? Are you brave enough to start up your own practice or do you associate? You rely upon your own instincts and your best judgment to help you with your decisions. Over the years, I've discovered that dental school prepared me well in the basics of clinical dentistry, but my education didn't prepare me for many other things. For the tougher professional decisions I've made, I relied upon the advice of my wife, and that of my father, friends and colleagues. Let's explore a couple of hypothetical situations where you might need to make some tough decisions.

Picture if you will, a relatively healthy forty-nine-year-old male patient who comes into your office for his check-up. This man is a smoker and

he's a bit overweight. He occasionally exercises and tries to take good care of himself, but isn't very successful at making healthy choices. He's stressed out with his work and family situations, therefore he doesn't find a lot of extra time for things like flossing. As this man has been a patient of yours for a few years, you can see his pocket depths are getting deeper and his x-rays also show some bone loss. His gingivitis is turning into periodontitis. Your hygienist is good at explaining your findings and he agrees to come back for some scaling and root planning. He goes home with some pamphlets about gum disease and with an estimate for what his treatment will cost. You feel good about things. You have properly diagnosed and explained the treatment to your patient. You have mapped out a plan to restore your patient back to good health. You are a caring, competent and conscientious dental professional!

The next day, your patient calls you at your office. Without any pain or obvious symptoms, he's now wondering why the cost of having his teeth cleaned has just increased significantly. It's not about the money, but he recently had some genetic testing through a wellness program at work and his results showed that he was not pre-disposed to developing gum disease. He remembers taking the test a little while back. It was easy. One quick swab of his cheek with a Q-tip and it went off in the mail. So now your patient wonders why he needs to follow your treatment recommendations when his genetic test results seem to indicate he's not "at risk".

Another scenario to consider: What if the same aforementioned patient comes into your office for his check-up, except this time his gums appear to be healthy? His genetic test results came back saying he is at a greater risk to develop gum disease. You don't see the need for this patient to come in three or four times a year for cleanings. Although the

additional cleanings could add to your bottom line, do you stick with your best judgment and your original recommendations for his twice a year check-ups? What if you don't advise him to come in more than twice a year? Do you open yourself up for potential liability?

No. This is not a re-run from that show from the early 60s, the *Twilight Zone*. If this scenario hasn't already happened, it could play out in your office in the near future. The fictional patient I'm referring to may have already taken a genetic test and his results might end up on the desk in your office. Are you ready for the dialogue which will ensue? Do you know if these genetic tests are valid? Does the science match? Are you prepared to discuss the results of genetic testing with your patients?

Dr. Chris Smiley has written an article which appears in this issue of the Bulletin. It is entitled: "Having a Dialogue with Your Amway Patients" and it deals with these very questions. Chris has extensive knowledge and insight. He has reviewed current research pertaining to the accuracy and validity of a specific genetic test used by a local employer, how it relates to predicting if someone is "at risk" for developing periodontitis. I encourage you to read Chris' article. It can give you some great information and help you with the conversations that you and your patients will most certainly be having with regards to this genetic test. As laid out in this article, you will learn that noted researchers have concluded that the Illustra test (the genetic test offered to Amway employees here in Grand Rapids) has some flaws, and the test itself "does not rise to a level to predict a patient is at risk for periodontitis..." After reading the article, you might better understand how to deal with this current issue facing dentistry, as well as how it likely will affect your practice and your patients.

At the federal level, the Chair of the House's Committee on Education and the Workforce, Virginia Foxx (Republican from North Carolina) introduced House Bill (H.R. 1313) "The Preserving Workplace Wellness Programs Act", which if it passes through the legislature, would allow employers to penalize an employee that refuses to participate in genetic testing as part of a company-sponsored wellness program. Even though much of the science behind wellness programs and genetic risk tests is considered weak, this bill would circumvent current genetic testing privacy laws. It's a possibility that employers could use the information for hiring, firing, and underwriting insurance coverage for their employees. Think about the potential ramifications this could have on your patients, their siblings, and children who share the same genetic composition. How would you use this type of information with your employees and patients?

As dentists, we make choices every day. How do we run our practices? How do we take care of our patients, etc.? The things we learned in dental school gave us a good foundation for the technical side of practicing dentistry. But obviously the world is changing and becoming more complicated every day. In order to understand how our profession will be affected by employee wellness programs and genetic testing, we must become more aware of what's happening out there. Read the research. Follow the news, and get your news from several sources. Talk to your colleagues and trusted confidants. It can only help you when you have to make some of these difficult decisions and tough choices about your practice and dentistry's future.

A Future Dentist? Meet Our Little Bundle of Joy.



By Dr. Stephanie Rashewsky Jesin WMDDS Editor

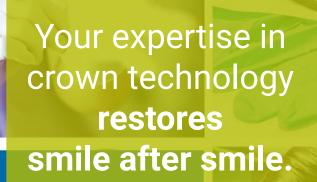
The past few weeks have been quite busy for me as I became a mother! So instead of writing an editorial for this issue of the *Bulletin*, I want to share some photos of our beautiful daughter, Chloe Elliot Jesin.











But do you where to get the best deal on quality exam gloves, masks and more?

WE DO>

Find out what thousands of Michigan dentists already know.

Get access to quality products
at low prices from
MDA Services
Gloves & Supplies.

mdaprograms.com

877.484.6149







"Why Do I Pay My MDA Dues?"



By Margaret Gingrich, DDS MDA Trustee

As you are writing your check for the dues at the end of the last year or the beginning of this year, did you ever ask yourself what all that money goes to? I have to admit that I have done so in the past. I get the magazines from the Michigan Dental Association, and sometimes I look at them and sometimes I don't. But really, what is it that my delegates do for me and why am I spending my money? Is it really to benefit me, or the dental profession as a whole? In fact, I didn't even realize all the things the MDA does. I have learned a lot in the last two years as trustee, but do I really use the MDA to my full advantage? So here's the scoop....

I have now instructed my staff to contact the MDA if they have questions that I can't answer. Since our Executive Director has come onboard, the association has changed their goal to have concierge services. When I call, a person picks up the phone — not a machine which is so common these days, and usually it's Patti. She can direct me or my staff member to a person that is best qualified to answer my question. If the staff member doesn't know the answer right away, they try to have a call back within the week.

In 2016, the government affairs accomplished a lot for the members in the MDA.

- 1. The Dental CT was removed from the Certificate of Need regulation.
- 2. A bill to create dental therapists was stopped (but most likely will be reintroduced in 2017).
- 3. "Most favored nation" clauses prohibited in insurance contracts, including Delta. "MFN" clause is a promise obtained by a buyer from

- a seller that the seller will not give a better price to another buyer. In our case, a dominate health plan obtains a promise that we as a provider will not give an equal or more favorable price to any other plan.
- 4. State money was approved for University of Detroit Mercy Dental Clinic and University of Michigan Dental School expansion.
- 5. Healthy Kids Dental expanded to cover the entire state.
- 6. Hand held x-ray machine usage expanded to use on children.

One of the most widely used benefits of the MDA are the continuing education classes offered through the association. Annual Session is April 26–29, 2017, and it is being held at DeVos Place and Amway Grand Plaza Hotel in Grand Rapids. It's very close this year, maybe you would like to take advantage of this? You may sign up at our new website www.michigandental.org, there is a tab for the annual session website that is live now. If you know a New Dentist that needs CE credits, there is a special all-day "New Dentist Track" on Friday, April 28. For the very affordable \$199 fee, it includes breakfast, lunch, free admission, drinks and appetizers to the network lounge at Founders Brewery, and 6 CE credits! I would take advantage of that, but I am just over the ten year mark.

Our new public education campaign has been launched and features member dentists telling their stories. The goal of this campaign is to put more patients in our member's chairs. Have any of your patients mentioned seeing a commercial? I have had several in the last year. I think it is in part due to the new digital aspect. In previous years, the public campaign only ran on TV and it played in larger markets. Also,

the updated public website www.smilemichigan.com makes it very easy to "Find-a-Dentist". Have you ever visited other state association websites? There are times I can't even find this feature or a place to call when I am looking for a referral for a patient out of state. The Michigan Dental Association wants to make it easy for potential patients to find our names.

The Michigan Dental Association also keeps me current on need-to-know topics. If you get the "MDA Executive Director's Update", I find this very informative. Features include letting me know I will need a one-hour "human trafficking" training session in my next renewal cycle. You may ask, "Can the MDA help me with that? Why yes, there are three classes being offered at Annual Session on Thursday." Also, the "pain management" requirements have gone up to three hours every renewal cycle. Karen Burgess, our executive director, has been able to keep us posted on the litigation with Delta Dental and the Insurance Commissioner. The list goes on and on. If you are a delegate or alternate delegate, you also receive current updates from our Speaker, Dr. Debra Peters. From her emails you can find "hot topics" going on at the MDA.

Have you ever wanted to become a leader in our local component, WMDDS? The Michigan Dental Association is making it easier to gain knowledge. There is a leadership training session during the Annual Session on Wednesday, and each year the Executive Director meets with leaders in the Fall. All are welcome, even if you have never been in a leadership position. The House of Delegates helped to mainstream leadership opportunities with the Nominations Committee. If you are

interested in running for a higher position in the MDA, you may apply through this committee for consideration.

The MDA has also made it very easy to volunteer. You can volunteer with the MDA to help other member dentists, whether it be for a small 15-minute time commitment or a more involved time like trustee. One great opportunity offered through our Foundation to volunteer without getting too involved is the Mission of Mercy. As many of you know, the next MOM will be May 31—June 2, 2018 at Calvin College. You may volunteer for as little as four hours, and need not worry the people you help will show up at your door asking for more.

This concludes my trustee update. I hope the next time a question comes up that you can't answer you say, "Let's call the MDA and see if they know". You may be pleasantly surprised with everything the MDA has to offer. I know I am!

Don't forget to buy your raffle tickets for the MDA Foundation's car raffle. Last year our very own, Dr. Jim Papp, won the top prize! Tickets are \$100, and you can purchase them online at www.smilemichigan.com/foundation or at the Annual Session just before the drawing. There are only 400 tickets available.

As always, I am open to any suggestions or comments. My email is drmargaret04@gmail.com and my cell phone is 616–560–2255. I hope to see you at Annual Session!

Having a Dialogue with Your Amway Patients



by Chris Smiley, DDS

This past January dental offices began receiving laboratory test results for a genetic risk test performed for their patients who are Amway employees. Earlier, Amway Corporation had announced it would be offering genetic testing to its employees as part of an "integrated program of genetic risk assessment and patient engagement to support better health." Employees who sign up for this program, called Ilustra,™ can self-administer a cheek swab test provided by Interleukin Genetics Inc.

Because test reports often arrive at dental offices without the prior knowledge of practitioners, many are now questioning what this program is intended to achieve and how these results should be integrated into the care decisions they make with their patients.

In its communications to employees and providers, Interleukin Genetics states that individuals identified by its test are at increased risk for developing severe periodontitis¹ and that these individuals "may benefit from enhanced dental care to lower their systemic inflammatory burden by preventing and treating gingivitis and periodontitis."² Through the Ilustra program, those employees identified through this genetic test will receive coverage through the Amway dental benefit plan for additional prophylactic dental services. In addition, the Ilustra program integrates educational outreach to the patient's care team and provides reminders and content to patients to drive engagement.

Employer-provided messaging with appointment reminders, tips on dental self-care and health tips can rightly help build patient compliance and improve outcomes. Combining risk assessment with this initiative is a logical approach — but the use of this genetic test gives rise to questions on what risks are being identified and if the test is clinically meaningful in guiding care decisions.

American Dental Association policy states that risk assessment tools should be scientifically based, clinically relevant, and continually refined through outcomes studies.³ Ilustra promotional materials feature a 2013 study by W. V. Giannobile and other researchers at the University of Michigan entitled "Patient Stratification for Preventive Dental Care" to claim that its test identifies a genetic risk factor and that providing additional cleanings significantly improves patient outcomes.⁵

Although the name llustra is new, Interleukin Genetics is not. It may be familiar to Michigan dentists who recall the risk-based benefit plan called RightSize, which was introduced by Delta Dental Plan of Michigan in 2013. At that time Delta Dental cited the same Giannobile study to assert a claim that this genetic test identifies a periodontal disease gene. The Giannobile study considered an association between tooth loss and known risk factors including diabetes and smoking along with results from the Interleukin genetic test. Diabetes and smoking are well-recognized risk factors contributing to the development of periodontitis. Yet in the Giannobile study the genetic test showed a much lower association to tooth loss than these other risk factors, in spite of the genetic marker having a much greater prevalence (~38%) than smoking or diabetes in the test population. This indicates that the genetic test is a less robust indicator of risk than what can be clinically assessed with well-recognized risk factors.

Conclusions from the Giannobile study were reached through a retrospective analysis of claims data, which is considered a low level of evidence. Dental claims data is rarely accompanied by diagnosis codes that show the reason for why a service was delivered or afford information on a patient's associated systemic diseases. Thus, researchers using claims data must make assumptions between services provided and an associated meaning. The Giannobile study focused on

an outcome of tooth loss, not periodontitis or inflammation. In fact, researchers excluded patients with a history of periodontal care, so an association between those who had a genetic marker and a past need of periodontal services was not addressed. By using such claims data it is reasonable to question what, if any, meaningful conclusions can be drawn from these genetic test results and associations with specific causes of tooth loss such as inflammation, periodontal disease, decay or trauma.

Adding further doubt to the findings of this study, in March 2015 the *Journal of the American Dental Association* published an article by Diehl and colleagues that re-analyzed the data from the Giannobile study. Their analysis showed smoking and diabetes had a significant association with tooth loss, while no association was found with the genetic marker. They determined that the genetic test now used by llustra does not improve prediction of periodontal disease risk. Further, they showed that all patients have better outcomes with multiple annual dental cleanings.¹⁰

Additionally, JADA published a paper by Dr. John loannidis, a prominent researcher from Stanford University, who concluded that the Interleukin genetic tests "Do not offer any discriminating ability in identifying patients with subsequent tooth loss let alone those individuals who would differentially benefit from two versus one annual preventive visit." He concluded that "with no discriminating ability, the PST® and PerioPredict® genetic tests lack rationale for clinical use." In coming to this conclusion, he observed that neither of these tests had reached the accepted statistical threshold for significance of P<5*10-8 expected in genome-wide-association-studies (GWAS). Page 12.

Further drawing the association between the llustra genetic test (PerioPredict®) and the risk for periodontitis into question, a genome-wide association study published in *Molecular Genetics* entitled "Exploring the Genetic Basis of Chronic Periodontitis" also referenced this accepted threshold when it concluded that "none of the reported loci reached genome-wide significance levels." Interestingly, these researchers did find suggestive evidence of association ($P < 5 \times 10^{-6}$) for six loci, anone of which are markers identified in the Ilustra test report. Rather than using GWAS to predict individual risk, some researchers believe they are better suited to identify biological pathways for new therapies.

Interleukin Genetics Inc. believes they have identified associated biologic pathway for those expressing the genotype identified by Ilustra's test. These pathways include different levels of gingival fluid IL-1 β protein and blood C-reactive protein levels along with elevation of peripheral blood mononuclear cells when stimulated ^{15, 16}, assumedly by periodontitis, smoking or other factors. The only therapy proposed by Ilustra to address these pathways is increased frequency of preventive services. Practitioners may, therefor, question the utility of this test as being more a tool to promote behavioral change than actually identifying risk for disease.

Given that this genetic test has been found to provide either no, or very weak, associations with periodontal risk, why would Delta Dental Plan of Michigan and Amway Corporation choose to promote its use to their employees as a way to determine what care their dental plan will benefit? One answer may be that these employers share a bias favoring the test, as both companies are investors in Interleukin Genetics. 17, 18 Employees considering participating in this program should be informed of that relationship by their dentist and their employer.

Additionally, there is a growing desire by employers to address overall employee wellness through integrated, prevention-based strategies.¹⁹ This includes treatment and prevention of periodontal disease. Some studies suggest that doing so may also reduce risk of major systemic diseases, such as diabetes.²⁰ It is estimated that 47 percent of the American population will experience chronic periodontitis, and the prevalence increases to more than 70 percent for adults age 65 and older.²¹ Further estimates show that the rate of diagnosis and treatment of periodontitis is only about 8%,²² indicating that there is a significant gap between prevalence, diagnosis and treatment.

This is a gap that patients, employers and the profession must all work to resolve. Improving diagnosis and persuading patients to seek care, however, must be accomplished in an honest, accurate and defensible fashion.

It's reasonable to question what, if anything, an Ilustra test results tell us about a patient's health risks or treatment needs. Available evidence is not conclusive that additional dental cleanings will improve conditions such as diabetes and heart disease and there are many clinical assessments that practitioners can utilize to support the decision

Ilustra Program: Points to Consider with your Patients

- More than half of Americans have or will experience chronic periodontitis, yet the rate of diagnosis and treatment is estimated to be around 8%, indicating that there is a significant gap between prevalence, diagnosis and treatment
- The Ilustra program provides partnering opportunities with employers to reinforce care-seeking behaviors. Employer-provided appointment reminders, tips on dental self-care, and health tips are intended to build patient compliance and improve outcomes.
- Use of Ilustra's genetic test to convince patients to seek care may be
 problematic and it is questionable what, if anything, Ilustra's test
 results tell us about a patient's periodontal risks or treatment needs.
- There are many valid reasons supporting treatment recommendations, including past and current periodontal health and recognized risk factors such as a history of smoking, diabetes and obesity. These factors are valid, less costly to assess and more likely to capture those patients who would benefit from additional dental cleanings.

- Many genes are either harmful or beneficial in the expression
 of periodontitis and inflammation. Discriminating patients with
 this one gene alone likely will not provide predictive power.
 Encouraging patients to take a genetic test employers believe will
 identify individuals at risks for heart disease and diabetes, may have
 unintended ramifications for employees.
- Employers interested in employee wellness would be better-served to couple the Ilustra engagement platform to less-restrictive coverage limitations on diagnostic, preventive and periodontal services accessed through recognized factors.

making process for treatment recommendations. Adding this genetic test in order to convince patients that they should have care that is not supported by clinical findings may be problematic in the long run. For example, if llustra test results claim the patient is at risk — yet they show no clinical signs or symptoms, the dentist may determine there is no need for additional treatment. Meanwhile, the patient is receiving conflicting messages from llustra's engagement communications platform intended to create patient demand for services that their benefit plan will cover. This may create pressure on the dentist to provide care they do not believe is relevant for their patient.

Area dentists have already expressed challenges in having a dialogue with patients who have a history of periodontitis and ongoing periodontal therapy but who have received news that the Ilustra test has determined they are not genetically at risk. Unfortunately, this causes them to question the diagnosis and care provided by their dental team. The best way to address these patient concerns is by building health literacy for these patients through discussions on their individual risk factors, clinical signs, and symptoms.

It is important to note that we know there are a number of polymorphic genes, which when activated by a variety of environmental factors can lead to the expression of periodontitis and inflammation. Therefor those who test negative by Ilustra may still develop clinical signs that warrant more frequent preventive visits. Discriminating patients with this one gene alone likely will not provide predictive power. The premise that those individuals identified by the Ilustra test are at risk for medical conditions such as diabetes and heart disease that would have improved health outcomes by receiving additional dental cleanings to reduce their inflammatory burden remains debatable. Encouraging patients to take a genetic test employers believe will identify individuals with these medical risks may have unintended ramifications for employees.

Knowledge about the role of genetics in oral health and systemic health is evolving, and contributes to the advancement of patient care. The profession welcomes these advances and the possibilities they offer

in providing individualized, patient-centered care. But as a science-based profession we must be evidence-based in developing treatment recommendations. This calls for a blending of the most current literature with the patient's needs and desires and the clinician's skill and judgment.

The notion of having a self-administered cheek swab test to indicate the need for dental care has great appeal. It would simplify the need for laborious diagnostic procedures, facilitate documentation for third-party-payers, and allow for partnering opportunities outside the profession to promote care-seeking behavior. Unfortunately, the evidence suggests that the Ilustra genetic test does not rise to a level to predict a patient is at risk for periodontitis or determine how scarce benefit dollars should be allocated. Even their featured Giannobile study showed that long-recognized risk factors were far more predictive of risk.

Employers interested in employee wellness would be better-served to couple the Ilustra engagement platform to less-restrictive coverage limitations for preventive and periodontal coverage based on patients' past and current periodontal health, along with recognized risk factors such as a history of smoking, diabetes and obesity.²³ Each of these risk factors are valid, less costly to assess, and more likely to capture those patients who would benefit from additional dental cleanings.

About the Author

Chris Smiley, DDS, practices general dentistry on the northeast side of Grand Rapids. He currently serves as a member of the Dental Quality Alliance (DQA) Implementation Committee. He is a past chair of the ADA Council on Dental Benefit Programs. He served as chair of the ADA's Evidence Based Dentistry Expert panel on Management of Periodontal Disease and as a member of the ADA's Evidence Based Dentistry Champion's Conference Organizing Committee. He is also a past chair of the Dental Quality Alliance (DQA). Unless otherwise cited, the views expressed in this article are his own.

Citations

- ¹ Mailings to area dentists and Amway employees announcing the Ilustra program. Available upon request.
- ² Interleukin Genetics Reports Third Quarter 2016 Financial Results; November 15, 2016 Interleukin Genetics, Inc. financial results for its fiscal third quarter of 2016, ended September 30, 2016, and corporate update.
- ³ American Dental Association: Principles for the Application of Risk Assessment in Dental Benefit Plans (Trans.2009:424; 2013:321).
- ⁴ Giannobile WV, Braun TM, Caplis AK, Doucette-Stamm L, Duff GW, Kornman KS. Patient stratification for preventive care in dentistry. J Dent Res 2013;92(8):694.
- ⁵ Ilustra web page: https://www.ilustra.com/professionals Healthcare Professionals section.
- ⁶ Letter to providers in Indiana, Ohio and Michigan from Delta Dental Plan; November 27, 2013.
- ⁷ Smiley CJ, Tracy S, Abt E, Michalowicz B, John M, Gunsolley J, Cobb C, Rossman J, Harrel S, Forrest J, Hujoel P, Noraian K, Greenwell H, Frantsve-Hawley J, Estrich C, Hanson N. Evidence-based clinical practice guideline on the nonsurgical treatment of chronic periodontitis by means of scaling and root planning with or without adjuncts. JADA 2015;146(7):525-535.
- ⁸ Giannobile WV, Braun TM, Caplis AK, Doucette–Stamm L, Duff GW, Kornman KS. Patient stratification for preventive care in dentistry. J Dent Res 2013;92(8):699.
- ⁹ Oxford Centre for Evidence-Based Medicine Levels of Evidence. Available at http://www.cebm.net/oxford-centre-evidence-based-medicine-levels-evidence-march-2009. Accessed March 21, 2017.
- ¹⁰ Diehl, S, Kuo F, Hart T. Interleukin 1 genetics tests provide no support for reduction of preventive dental care. JADA 2015 Mar;146(3):164–173.
- "loannidis J. Preventing tooth loss with biannual dental visits and genetic testing: does it work? JADA 2015 Mar;146(3):141-3.
- ¹² Frank Dudbridge, Arief Gusnanto, Estimation of significance thresholds for genomewide association scans. Genet Epidemiol. 2008 Apr; 32(3): 227–234.
- ¹³ Divaris K, Monda KL, North KE, Olshan AF, Reynolds LM, Hsueh WC, Lange EM, Moss K, Barros SP, Weyant RJ, Liu Y, Newman AB, Beck JD, Offenbacher S. Exploring the genetic basis of chronic periodontitis:a genome-wide association study. Mol Genet 2013;22(11):2312-2324.

- [™] Weyant RJ. The new genetics and its impact on oral care delivery. Available at https://www.researchgate.net/publication/303668896_The_New_Genetics_ and_lts_Impact_on_Oral_Care_Delivery. Accessed March 21, 2017.
- ¹⁵ Chen H, Wilkins LM, Aziz N, et al. Single nucleotide polymorphisms in the human interleukin-1B gene affect transcription according to haplotype context. Hum Mol Genet 2006;15:519–529.
- ¹⁶ Rogus J, Beck JD, Offenbacher S, et al. IL1B gene promoter haplotype pairs predict clinical levels of interleukin– 1beta and C-reactive protein. Hum Genet 2008;123:387–398.
- ¹⁷ Interleukin genetics announces \$12 million private placement. Berkshire Hathaway Business Wire. May 20, 2013.
- ¹⁸ Alticor-Interleukin partnership forges ahead. Grand Rapids Business Journal. April 29, 2005.
- ¹⁹ BenefitsPro: Wellness Programs Benefit both Employers, Employees; May 10, 2016
- ²⁰ Simpson TC, Weldon JC, Worthington HV, et al. Treatment of periodontal disease for glycemic control in people with diabetes mellitus. Cochrane Data Base Syst Rev 2015 (11): CD004714
- ²¹ Eke, PI, Dye BA, Wei L, Thornton-Evans GO, Genco RJ, CDC Periodontal Disease Surveillance workgroup: Beck J, Douglass G, Page R. Prevalence of periodontitis in adults in the United States: 2009 and 2010. J Dent Res 2012 Oct;91(10):914–20. Epub 2012 Aug. 30.
- ²² ADA 2005 Survey periodontal procedures performed; US Census 2010
- ²³ Saito T, Shimazaki Y, Sakamto M. Obesity and periodontitis. N Engl J Med 1998 Aug 13;339(7):482-483.



MDA Annual Session Website NOW LIVE!



The new **2017 MDA Annual Session website** is now live with online registration. This is your one-stop-shop for all things MDA Annual Session — making it easier than ever to get the important event information you need. Go online to see the schedule of events, check out the speaker lineup, learn about the exhibitors, and much, much more!

visit: michigandental.org/annual-session

A New Name But Still the Same



By Dr. Daniel Armstrong

Dental Director, Exalta Health

Jermale has a story to tell you.

"I had my share of dental issues growing up as a kid, and as a result I have a lot of old fillings and other issues. My dad drilled into me the importance of going to the dentist every six months, but when I lost my insurance, I didn't know where to go."

Jermale's story of not being able to afford dental care is not unusual in Kent County. According to the 2016 Kent County Oral Health Survey, nearly 30% of residents reported they do not have a dentist. And 27%

reported being unable to get needed dental care in the past year.

Cost is not the only barrier to quality dental services. Jose shared the following story, which is translated from his native Spanish.

"I had serious issues with my teeth and really bad breath. I didn't want to laugh out loud or open my mouth. I heard about Exalta Health and I am so glad I did. I needed two teeth pulled to start, and right away the bad smell was less obvious. Then Sandra (Exalta Health's dental hygienist)

cleaned my teeth. During the cleaning, little "stones" seemed to be breaking off in my mouth and I was worried that those "stones" were parts of my teeth; but they were not ---the stones were chunks of built-up tartar! Sandra didn't make me feel bad about my teeth; she just told me the truth and patiently cleaned them. It took four sessions, but when she was done I felt fantastic!"

For Jose, language and culture had become barriers to quality dental care. Fortunately, he heard about Exalta Health.

In Kent County, progress is being made toward making affordable, quality dental services available to the community. Through community collaboration and organizations like Exalta Health affordable, quality, and accessible services are increasingly available.

Exalta Health, formerly Health Intervention Services, has been located at 2060 Division Ave S in Grand Rapids since it was founded in 1996.

Exalta Health reflects the spirit of Christ by providing compassionate, accessible healthcare. The organization is committed to serving people of any ethnicity, language, gender, disability, religion, or creed.

Responding to the needs in the neighborhood, dental services began in 2006, led by Dr. John VanderKolk. Last year, the clinic completed a \$630,000 expansion to five chairs through a three-year matching gift challenge. Over 3500 dental patient visits were provided

last year, an 88% increase from 2013.



Serving adults and adolescents, services are available to anyone at or below 250% of the Federal Poverty Level. Patient fees are on a sliding scale based on income and dependents, and some Medicaid Healthy Michigan plans are accepted.

Services are made affordable because of community support through volunteers and donations. The staff, led by Dr. Daniel Armstrong as Dental Director, is joined by many volunteers — the key to the Exalta Health model of affordable quality care. Their skill and joy in serving encourage both patients and staff. Last year, the value of all donated professional services was almost \$300,000.

Dr. Armstrong comments, "It is humbling to be surrounded by our professional community to show more compassion than we could have ever done by ourselves."

Dave needed dental care but could not afford it. Then Yvonne, his wife, learned about Free Dental Days at Exalta Health. On a bright and unusually warm day for February, both Yvonne and Dave received the dental care they desperately needed. In addition to addressing the urgent need, a dental care plan for both of them was also developed. Even better, ongoing treatment will be at a price they can afford. Dave, expressing his gratitude, is looking forward to improved oral health.

Three times each year, Exalta Health offers "Free Dental Days" to the community. In February, 43 patients — ranging in age from 14-73 — were served when over 30 volunteers, including five dentists, joined the committed dental team. Students from Grand Rapids Community College Dental Hygienist Program and Grand Valley State University Pre-Dental Club also participated.

As word spreads about Exalta Health, demand for services is growing. To meet the demand, the organization hopes to add another hygienist if funds can be raised. Volunteer dentists, hygienists, and dental assistants are also being sought to expand the services to meet the rising demand.



Compassionate individuals to serve as interpreters, provide medical and administrative services, and even help with maintenance are also needed. If you are interested in volunteering, check out *exaltahealth.org* or contact Volunteer Coordinator Nancy Vandenberg at 616-475-8446.

Jermale's story doesn't end with not knowing where to go because he lost his insurance. Listen to what he says next: "Then I heard about Exalta Health. I was nervous going there because I did not want to be treated like a charity case. Boy, was I wrong! I was treated with the love of Christ, especially by the doctor who saw me who was very nice, informative and gentle. I think a T-Rex would have allowed him to work on his teeth! I am a big advocate of Exalta Health and promote it anytime that I can."

Thanks, Jermale. We are glad we are here for you.





Keeping the game fair...



...so you're not fair game.

The fast-changing practice of dentistry is getting hit from all angles.

Choose a specialized protection plan designed to help you cover your unique Michigan risks.

You get game-changing coverage made easy.



Professional Liability Insurance & Risk Resource ServicesProAssurance Group is rated **A+ (Superior)** by A.M. Best.







800.625.7814

ProAssuranceDentistCare.com

Bureau of Professional Licensing Revised Dentistry Rules

Effective January 6, 2017 the revised Dentistry Rules went into effect. Significant changes to be aware of:

Training Standards for Identifying Victims of Human Trafficking

Please note: This is a one-time training that is separate from continuing education. Licensees renewing in 2017 must complete training by renewal in 2020; licensees renewing in 2018 must complete training by 2021, and licensees renewing in 2019 must complete training by 2022; etc. Beginning January 6, 2022, completion of the training is a requirement for initial licensure. R 338.11123

The formal rescission of the state-administered specialty exams in the areas of Orthodontics and dentofacial orthopedics; periodontics; and endodontics. Instead of the state-administered exam, applicants for specialty certifications will need to complete the following requirements instead:

Orthodontics and Dentofacial Orthopedics

Pass the American Board of Orthodontics written examination. R 338.11515(3)(c)

Periodontics

Have graduated from an approved periodontics program (already a requirement, since exams are given as part of accredited program, it was redundant to have separate exam).

Endodontics

Pass the American Association of Endodontists written examination. R 11523(3)(c)

Continuing Education

Dentists now need to complete a minimum of 3 hours in pain and symptom management instead of 1 hour. R 338.11701(2)(b)

Please note: The increase in pain and symptom management hours will begin on September 1, 2017 and will be required for all renewals thereafter.

Dental Hygienists and Dental Assistants now need to complete a minimum of 2 hours in pain and symptom management instead of 1 hour. R 338.11704(2)(e)

Please note: The increase in pain and symptom management hours will begin on September 1, 2017 and will be required for all renewals thereafter.

Relicensure

The rules now recognize practice in another jurisdiction (traditional renewal requirements, CE, CPR).

Dentists – R 338.11704b /

Dental Hygienists and Dental Assistants – R338.11704c

Please note: The increase in pain and symptom management hours will begin on September 1, 2017 for relicensure.

Previously adopted standards were updated to the most recent versions. R 338.11301, R338.11303, and R 338.11307

To view the revised rules, please visit the following link: http://w3.lara.state.mi.us/orr/Files/AdminCode/1599_2015-090LR_ AdminCode.pdf

Our office is diligently working on updating our forms and relative information on our website to reflect the revisions of the revised Dentistry Rules. For additional information please visit our website at www.michigan.gov/bpl.



helps you make the most of your practice's cash flow.



UNDERSTANDS YOUR INDUSTRY AND YOUR NEEDS.

As a healthcare professional, you want to spend more time helping patients and less time worrying about your finances. With dedicated Healthcare Business Bankers, PNC provides tools and guidance to help you get more from your practice. The PNC Advantage for Healthcare Professionals helps dentists handle a range of cash flow challenges including insurance payments, equipment purchases, and managing receivables and payables. In such a fast-moving business, PNC understands how important it is to have a trusted advisor with deep industry knowledge, dedication and a lasting commitment.

ENSURE ACCESS TO CREDIT | ACCELERATE RECEIVABLES | IMPROVE PAYMENT PRACTICES | MONITOR & PROJECT CASH | PURSUE FINANCIAL WELL-BEING





Call a Healthcare Business Banker at 877-566-1355 or go to pnc.com/hcprofessionals



Cash Flow Optimized is a service mark of The PNC Financial Services Group, Inc. ("PNC"). Banking and lending products and services, bank deposit products, and treasury management services, including, but not limited to, services for healthcare providers and payers, are provided by PNC Bank, National Association, a wholly owned subsidiary of PNC and Member FDIC. Lending and leasing products and services, including card services and merchant services, as well as certain other banking products and services, may require credit approval. All loans and lines of credit are subject to credit approval and require automatic payment deduction from a PNC Bank business checking account. Origination and annual fees may apply. ©2015 The PNC Financial Services Group, Inc. All rights reserved. PNC Bank, National Association. Member FDIC

No Cavities? Thank This Utility.

Reprinted with permission from the *AWWA Connections*American Water Works Association, Dedicated to the World's Most Important Resource

At 4 pm on January 25, 1945, Grand Rapids, Michigan became the first city in the world to introduce fluoride into its water supply.

It was a gutsy move, as the fluoride addition was part of a study to see if it would impact the residents' oral health. The risk paid off: A long-range evaluation showed a dramatic 60 to 65 percent reduction in tooth decay among the area's school children.

"We're proud of it, I'm proud of it," said Joellen Thompson, manager of the Grand Rapids Water System, an AWWA member that serves 275,000 customers. "It took a lot of courage to make the decision to add something to the drinking water for a study like that. It took fortitude to say, 'Yeah, we should try it' and 'We're not afraid to try it."

The utility is the winner of the 2016 Dr. John L. Leal Award, which honors courageous leadership in advancing public health. Leal was a physician and water treatment expert who introduced chlorine into a U.S. drinking water supply in 1908.

Today, more than 210 million people in the United States have access to fluoridated water through public water systems. The U.S. Centers for Disease Control named fluoridation of drinking water as one of the Ten Greatest Public Health Achievements of the 20th Century.

Although the Grand Rapids milestone occurred more than 70 years ago, the AWWA awards committee honored the utility partly because of the similarities between its achievement and Leal's.

"It was a pretty obvious choice," said John Donahue, committee member and former AWWA president. Though the two achievements occurred nearly four decades apart, Donahue noted they both involved water treatment milestones that dramatically improved public health.

Children studied

Dr. Chase Klinesteker, now a retired dentist in Grand Rapids, was among the thousands of school children who took part in the historic study. He was five years old when it began at the end of World War II.

"I remember we'd chew this wax and spit into a bottle," Klinesteker told Connections. "Every few years, they would test us. I saved one of those canisters we spit into and eventually gave it to the American Dental Association in Chicago so they could make it available for others to see."

At that time, 80 percent of first graders in the United States had an average of 14 cavities, Klinesteker said. By age 55, half of all Americans needed dentures.

Klinesteker, whose father also was a dentist in Grand Rapids, has researched the history of fluoride's addition to public water supplies. Clues about fluoride's significance emerged at the turn of the 19th century when a young dentist in Colorado Springs, Colorado, tried to figure out why so many of his patients had grotesque brown stains on their teeth.

That dentist, Dr. Frederick McKay, heard about brown-stained teeth in other towns and advised residents in one to avoid drinking from the communal water pipeline. Within a couple of years, they sported pearly whites.

Eventually McKay, and a dental researcher who visited Colorado Springs to study McKay's findings, came to a startling realization: the mottled teeth were remarkably resistant to decay.

McKay and a dentist from the United States Public Health Service published a paper on the brown-stain phenomenon, which caught the attention of ALCOA's chief chemist, who had recently refuted claims that aluminum cookware was poisonous, according to an article published by the National Institute of Dental and Craniofacial Research.

The chemist worried the paper might provide fodder for the company's detractors and ordered his assistant to study water samples from

affected towns. The assistant discovered the high concentrations of fluoride, which can occur naturally in soil and rock.

By this time, it was the 1930s. The National Institutes of Health discovered a more accurate way to measure fluoride in drinking water, and reported that levels of up to 1.0 ppm did not cause brown stains in the teeth of most people.

Grand Rapids

Meanwhile, Klinesteker was growing up in Grand Rapids with his parents and two older sisters, Sally and Judy.

Klinesteker's father, Dr. Russell Edward
Klinesteker, was president of the West Michigan District Dental Society,
which encompasses Grand Rapids. Young Klinesteker, whose parents
preached good dental hygiene, was acquainted with his father's
colleagues. Dr. Bill VerMeulen was booked solid on Saturday mornings,
Klinesteker said, "to remove 'rotting stumps' for teeth. It was not

uncommon for young ladies to get full dentures to look nice for their boyfriends."

In 1938, the military had a rule that "you had to have six teeth touch before you could get into the service," Klinesteker said. "When the war came, they dropped that rule because they needed more people. Forty percent of new inductees into the service had to have immediate treatment for dental pain."



Dr. Chase Klinesteker, Michigan Historical Marker Dedication

By 1943, federal officials decided to conduct fluoride tests on a large population, under the direction of Dr. David B. Scott of the U.S. Public Health Service. Several cities were considered, but Grand Rapids was chosen because of the state's strong Bureau of Public Health Dentistry and the University of Michigan's trailblazing cavity-reduction research.

And perhaps the most important reason: Grand Rapids got its water fluoride-free from Lake Michigan. The nearby city of Muskegon, which also drew its water from the lake, was the control.

Klinesteker's father made the case with the Grand Rapids Board of Education and City

Council to participate in the study. "Public cooperation was outstanding due to the severity" of the tooth decay, Klinesteker said.

In 1945, on the last Thursday in January, fluoride was added to the supply by a worker at the Monroe Water Treatment Plant. The fluoride

was purchased in paperboard drums, likely similar to the 55-gallon standard metal drums common today, said Thompson, who has been the utility manager for the past eight years.

"It was added by hand to the fluoride dosing equipment, which mixed the compound with water and fed the fluoride into the water at a controlled rate of 1 ppm," said Thompson.

The city's annual report that year noted: "Two chemical feed machines and a yearly supply of \$11,000 worth of sodium fluoride is provided."

Nearly 30,000 school children in Grand Rapids underwent periodic dental exams and x-rays, and gave saliva and urine specimens.

Dr. Scott routinely traveled to Grand Rapids to oversee the 15-year study. During his visits, he stayed with the Klinestekers.

All three of the Klinesteker children fared well. Chase, now 76, has had only three cavities in his life. Sally and Judy, both a few years older, already had several cavities when the study began, but "had far less than some" throughout their lives, Chase Klinesteker said.

Five years after the study began, it became clear that the prevalence of tooth decay had dramatically declined among Grand Rapids' children. Muskegon dropped out of the study and fluoridated its own water.



"Steel Water" the 33-foot-tall, 10-ton sculpture created by Dutch artist, Cyril Lixenberg.

The utility today

In 2010, a Michigan Historical Marker was dedicated in front of the filtration plant on Monroe Avenue, which was retired in 1992 after providing safe drinking water for more than 80 years. The building now contains condos and businesses. In downtown Grand Rapids, a 33-foot tall steel sculpture was dedicated in 2007 to commemorate the city's achievement.

As the birthplace of fluoridation, the Grand Rapids utility still finds itself in a continuing debate. It frequently receives letters from groups that maintain children are being overexposed to the mineral, and noting that it is available in other products, such as toothpaste and mouthwash.

"We receive these emails several times a year and especially when we have newly elected leaders in our community," Thompson said. "We monitor current research and studies, and I prefer to place my trust in the Surgeon General and the large body of medical and dental research done by professional organizations."

In 2011, the U.S. Department of Health and Human Services recommended the optimal amount of fluoride in drinking water be reduced from a range of 1.2 to 0.7 ppm to a single value of 0.7 ppm because of its use in other products. That recommendation became final in April 2015. "Grand Rapids did not hesitate to lower its fluoride level to the recommendation," Thompson said.

Klinesteker still lives in Grand Rapids and occasionally gives talks about the study that led to improved oral health for millions. He still takes pride in his participation. "It's hard to imagine how much it's benefited people," Klinesteker said. "In those days, few people had no cavities, and now 50 percent of kids have no cavities coming out of high school."

Like others, Klinesteker worries that the consumption of bottled water — which isn't always fluoridated — will increase the prevalence of cavities over time. Donahue expressed similar concerns, while focusing on the utility's contribution.

"They were willing to be a leader, and they still are to this day, even in the face of considerable opposition," Donahue said. "That's the thing that's really impressive here: You have a community that was willing to be the first."

IN MEMORIAM

The West Michigan District Dental Society was saddened by the passing of our colleague:

Dr. Ray E. Stephens, Jr.

March 8, 2017

Those wishing to make a memorial donation to the West Michigan Dental Foundation in his memory should contact Elaine Fleming at the WMDDS office at 616.234.5605, or checks may be sent made payable to:

West Michigan Dental Foundation | 161 Ottawa Avenue NW, Suite 301 | Grand Rapids, Michigan 49503



2017 CALENDAR

June 22, 2017

Lamar Park Wyoming, Michigan

July 13, 2017

East Kentwood HS Kentwood, Michigan

July 20, 2017

Kollen Park Holland, Michigan noon until 2pm







CONTINUING EDUCATION PROGRAM JUNE 9, 2017

Thousand Oaks Golf Club, 4100 Thousand Oaks Drive NE | Registration 7:30am-8:00am, Seminar 8:00am-12:00 Noon

RISK MANAGEMENT (1 CE CREDIT)

Rhoades McKee: Patrick Ellis, Attorney, and J. R. Poll, Attorney Travelers Insurance: Meghan Kirkman

The focus of this presentation is to identify areas for legal risk and adopt best practices for reducing or eliminating risk. Training topics include creating patient records that document and support care, managing patient expectations, informed consent, and implement record keeping practices that both enhance patient care and reduce malpractice risks.

Key Takeaways:

Identify areas of legal vulnerability and hidden risks in your practice; Implement best practices and proven strategies.

FRAUD PROTECTION TECHNIQUES FOR YOUR DENTAL PRACTICE (1 CE CREDIT)

Beene Garter: Eric Larson, Partner, and Brian LaFrenier, Partner
Rhoades McKee: Paul McCarthy, Attorney

According to the ACFE, the typical organization loses an estimated 5% of its annual revenue to fraud, and more often than not the perpetrator has never been charged for, or convicted of, a fraud-related offense. In many cases, the fraudster is a trusted employee. So, how can you prevent fraud from occurring in your dental practice?

The most effective fraud deterrent is the perception that you will be caught. Join us as we explore fraud prevention techniques to implement in your practice.

Key Takeaways:

Understanding the fraud triangle; Understanding occupational fraud and fraud causation; Effective internal control techniques.

DOES YOUR EMPLOYEE HANDBOOK PASS THE TEST? (1 CE CREDIT)

Rhoades McKee: Zoe Martinez, Attorney

Beene Garter: Kim Benac, Director of Human Resources

Handbooks are great tools when they are up-to-date and actually used by an employer. Join us as we review agency guidance and current trends to help you build upon strengths and identify weaknesses in your own handbook.

Key Takeaways:

Essential policies; Recent developments to incorporate into your handbook; What not to put in your handbook.

IDENTIFYING HUMAN TRAFFICKING* (1 CE CREDIT)

Mercy Health Saint Mary's: Michelle Peña MSN, RN

On August 24, 2006, the Michigan law banning human trafficking took effect. In 2014, the Training for Medical Professionals provision was adopted, which requires most medical professionals (including dentists) to be trained in identifying and reporting signs of human trafficking. This training session meets the Michigan Board of Dentistry's new requirement for licensure, adopted on January 6, 2017, for health professionals to complete a one-time identification training course.

Key Takeaways:

Understanding the types and venues of human trafficking in the state of Michigan and specifically West Michigan; Recognizing the warning signs of human trafficking in health care settings for adults and minors; Identifying victims of human trafficking in health care settings; Resources for reporting the suspected victims of human trafficking; Understand laws that support victims of human trafficking; Learn about the role of Kent County Task Force on Human Trafficking in West Michigan.

*Human Trafficking training session fulfills the state requirement for license renewal.

REGISTRATION FORM

NAME		
ADDRESS	EMAIL	
ADDITIONAL REGISTRANT(S) AT THIS ADDRESS		
PAY BY CREDIT CARD: □ VISA □ Mastercard	MDA-member dentist - \$100	
	WMDDS retired member dentist - \$50	
CREDIT CARD # EXPIRATION DATE/SECURITY CODE	Team members - \$75	
NAME ON CARD	Non-member dentist - \$200 .	
NAME ON CARD	TOTAL:	
SIGNATURE	TOTAL	

PAY BY CHECK: Make checks payable to: West Michigan District Dental Society. Remit to: Elaine Fleming | c/o WMDDS | 161 Ottawa NW | Suite 301, Waters Building | Grand Rapids, Michigan 49503 | Questions? Call 616.234.5605 or email efwmdds@aol.com





Leveling the Playing Field in Your Next Office Lease Negotiation



Submitted by Clint Herrema Carr Healthcare Realty clint.herrema@carrhr.com

The current commercial real estate market has been dramatically affected by the economy in the past several years. This has resulted in a very favorable environment for tenants, as landlords are extremely motivated to attract new tenants and retain existing ones — especially high quality tenants such as healthcare practices. Some of the current opportunities include reducing your monthly rent payment, upgrading your office's appearance through an improvement allowance, as well as obtaining free rent and other favorable concessions.

One of the keys to a successful negotiation is to take advantage of the free services of a real estate broker or agent. This is important because most landlords are in the business of real estate, and typically have the upper hand when negotiating with tenants directly. Additionally, the majority of landlords hire a real estate broker to represent their interests and provide expertise. Though dramatic concessions are available, a specific posture and negotiation strategy are paramount to achieving the best possible terms.

When the time comes to evaluate your current lease situation, you'll need to consider the pros and cons of renewing the lease in your current location versus relocating to a new property. Since economics and concessions will have a dramatic impact on the decision, it is essential to understand all of your available options and implement a strategy to leverage them. It is critical to the success of your negotiation that your landlord knows that you have the option to relocate, which means that you need to begin negotiations well in advance of your lease's expiration; ideally 9–24 months before your current term ends.

When you begin negotiations, you have two options available to you: You can work with the landlord's agent and represent yourself, or you can hire a real estate broker. Here are some things you need to know if you choose to represent yourself in a lease negotiation.

Under state law, a real estate broker can enter into an agreement to serve clients as an *Agent*. An agent is obligated to serve his or her client's interests with the utmost good faith, loyalty and fidelity. Clearly, it is not practical for an agent to act with utmost loyalty to two parties on opposite sides of a transaction, meaning the landlord or landlord's broker should not also represent your interests.

Simply put, if you do not bring an agent into the negotiations, no one will be protecting your interests but yourself. If you deal directly with the landlord or landlord's agent, it is crucial to remember that he or she is not legally or logically in a position to advocate on your behalf, so it is important to exercise discretion with the information you share with the landlord's agent.

Even if your building's ownership and management are pleasant to work with, responds to issues quickly, and maintains the building well, their primary interest is maximizing profits. Landlords know that without market knowledge, tenants have no baseline against which to compare a lease offer. Therefore a landlord will most likely offer the highest lease terms that they believe an uninformed tenant will accept.

The only way to know if any offer is truly competitive is to compare it to the market. To do this you need to identify all the available properties which suit your needs, and then tour a significant number of them to determine which ones will be best suited for you and ensure that you don't miss any opportunities.

You then need to negotiate with the landlord at each property to receive the best offers for a suitable space for your practice. These offers will include terms for the base lease rate and any increases in the lease rate, as well as concessions such as free rent and an improvement allowance. You'll also need to know the lease terms and concessions that new tenants in your current building are receiving from your landlord. At each step along the way, you'll be dealing with a professional real estate broker who is hired to achieve the best possible terms for the landlord.

If this sounds daunting to handle yourself, you do have an alternative. You can hire an experienced real estate professional as your *agent* — to act on *your* behalf with *your* interests in mind. He or she can provide you with comparable properties' lease rates, build out allowances and other concessions, which can then be used as valuable leverage on your behalf in the negotiations with the landlord. Ideally, you should select an agent with experience representing healthcare practices, because they will be able to achieve specific terms and concessions that are not generally available to other types of tenants. Your agent will handle all the research and communication with the landlords, while maintaining a professional negotiating posture on your behalf.

Fortunately for you as a tenant, landlords and sellers have agreed to pay for an agent's services on your behalf, so it costs you nothing. Commercial real estate is structured similarly to residential real estate. If you were to sell your home, you might list it with a broker and agree

to pay a commission. The commission is split between the listing broker and the broker who brings the buyer. If the listing broker is able to find the buyer directly, then he or she would earn a double commission. The same kind of arrangement is made in the commercial real estate market, and you as a tenant or buyer have access to professional representation at the seller's expense.

Most healthcare providers have plenty to do serving their patients and running a successful practice. Spending hours on end making sure your lease renewal is competitive and handled properly is typically not the best use of your time. Since professional representation does not cost you anything as a tenant, it makes a lot of sense to let a licensed real estate professional review your lease, represent your interests in your negotiations, and then help you capitalize on the current market conditions so you can achieve the best possible terms.

Carr Healthcare Realty is the nation's leading provider of commercial real estate services for healthcare tenants and buyers. Every year, hundreds of medical, dental, veterinary, and other healthcare practices trust Carr Healthcare Realty to help them achieve the most favorable terms on their lease and purchase negotiations. By not representing landlords or sellers, Carr Healthcare Realty is able to strongly advocate for healthcare providers and avoid conflicts of interest while saving their clients hundreds of thousands of dollars. Carr Healthcare Realty's team of experts can assist with all types of real estate transactions, including lease renewals, expansions, relocations, startup offices, purchases, and practice transitions.

A Piece of Tech to Change Your Life



Submitted by Greg Feutz, President, DDS Integration

Greg Feutz is President of DDS Integration, a Grand Rapids based dental technology company.

Way more useful than I expected.

I often resist getting another piece of tech. Every single one means one more plug, one more box to recycle, one more potential headache and/or regret. I was this way with the Amazon Echo. I added one to my Amazon wish list and didn't actually pull the trigger for a full year. And I love the thing. You've probably heard/seen/read me talk about it.

So here's the latest example, and I'd venture so far as to say it's changed my life. I've been eyeing one for almost two years and a few months ago finally picked up a Wake-up light. Have you heard about these? Reviews are soooo good that it actually made me skeptical. I'm pretty good at skeptical.

A little background. We're supposed to sleep on a cycle that follows the sun. Asleep when it's dark, awake when it's light. It's almost as if our world was engineered this way on purpose. We modern humans, however, are increasingly good at messing up the way we're supposed to live. So we stay up as late as we darn well please with our screens and other artificial light sources a blazing. The result? Waking up every morning wanting to break something. Or everything.

Enter the Phillips Wake up Light. It wakes you up like the sun, slowly brightening your room until your desired wake up time when it'll then play some kind of bird or waterfall sound to make sure you wake up. I set mine for 5:30 with a 30 minute wake up period. At 5 am it starts with a red light, transitions to orange, and finally to yellow, all the while getting brighter as well. At 5:30 some birds make their way into our room and sing their song.

Honestly, seriously, life changing. It never even makes it to the bird sound. I usually wake up sometime around 5:18 and just lay there for a few minutes until I'm ready to get up. I love that it's a gradual wake up. I also love that the room is light when I get out of bed. I seriously underestimated how big of a deal this would be. Stumbling in darkness, it turns out, is the worst. You don't realize something is the worst until you stumble upon the best.

I got the HF3520 model, which has all the bells and whistles, including sunset feature (which I do use despite my wife rolling her eyes at me...she loves me). There are 3,063 reviews on Amazon with a 4.5 star rating. It's not just me. This thing is awesome.

Waking up in the morning feeling good and with the right attitude completely sets the tone for my whole day. I am so very glad I finally picked one up. It gets my full stamp of approval (are there partial stamps?). Try one out and stop being so grumpy.

Thanks for reading. Check out our website, facebook, and youtube for more

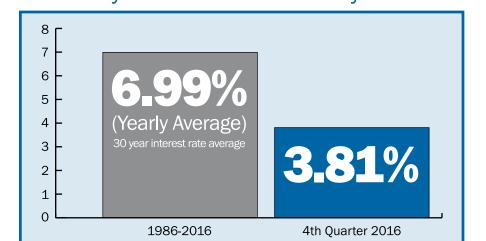
What are your thoughts?

Comment on our Facebook or Youtube. We'd love to hear your opinions on *A Piece of Tech to Change Your Life* or any other topic.

Facebook: facebook.com/ddsintegration **Youtube:** http://tinyurl.com/ddsyoutube



Thinking about buying or selling? Now may be the time to make your move.



*Source: Freddie Mac (Based on information obtained from Freddie Mac on January 5, 2017.)

Rates today are 3.18% lower than the 30 year average!



The material provided is for informational and educational purposes only and should not be construed as investment and/or mortgage advice, or a commitment to lend. Although the material is deemed to be accurate and reliable, there is no guarantee of its accuracy. The material does not represent the opinion Of Lake Michigan Credit Union© 2016 Media Center, LLC. All rights reserved.



Contact Zac Ellerbroek Mortgage Loan Originator NMLS ID #138717

(616) 234-6864 (800) 242-9790 x6864

Zac.Ellerbroek@Imcu.org



Managing and Limiting Your Exposure to the Alternative Minimum Tax



By Brian LaFrenier, *CPA*, *Partner Beene Garter LLP*

When the alternative minimum tax (AMT) was created in the 1970s, the tax was intended to prevent higher income taxpayers from receiving favorable treatment under the tax code. Today, the AMT impacts almost 5 million filers, including many dentists.

How has the AMT grown to affect so many? First, Congress passed legislation which reduced regular income taxes. Second, regular income tax exemptions were indexed for inflation while the AMT remained unchanged. This exposed more U.S. taxpayers to the filing requirements of the AMT, as their income exceeded regular income tax rates. It wasn't until 2012 that the American Taxpayer Relief Act enacted a permanent AMT fix by establishing a higher exemption amount.

So how can you limit your exposure to AMT? It requires careful planning, and an understanding of how the tax works.

To figure your AMT amount, start by computing your regular income tax liability. Then, add up certain "AMT Tax Preference" items. Preference items can include: deductions for state and local income taxes, personal exemptions, deductions for miscellaneous business expenses and more. These preference items receive different tax treatment under the AMT. All of these items can be added back to your regular taxable income to determine your Alternative Minimum Taxable Income, or AMTI.

The final step in computing your AMT amount is to apply the appropriate tax rates to your AMTI and compute the tax. If that amount is greater than your regular tax, then you owe additional taxes in the form of the alternative minimum tax.

For 2017, the AMT exemption amount will increase to \$54,300 for a single taxpayer, and increase to \$84,500 for married taxpayers. The AMT also operates under two tax rates. For 2017, the 26 percent tax rate applies to the first \$187,800 of taxable income. Any income above that threshold will be taxed at 28 percent. The exemption begins to phase out for single taxpayers at \$129,700 and \$160,900 for married taxpayers.

If you are one of the 5 million that is affected by the AMT, opportunities may exist for you to manage the timing of your income sources (capital gains, state tax payments, etc.) to minimize the impact of the AMT. The requirements and special rules that impact the AMT can be complex. Be sure to contact a tax professional with any questions.

THANK YOU TO OUR SPONSORS WHO HELPED TO MAKE THE 2016–17 WMDDS CE PROGRAMS AVAILABLE TO US

PLATINUM SPONSORS













GOLD SPONSORS





SUPPORTING SPONSOR



Your Financials. Our Experts. ACCOUNTING SIMPLIFIED. As a healthcare professional, your priority is to care and provide for your patients. But who will help care and provide for your business?

That's where we come in. Our Healthcare Industry Group is led by people that know and care about the issues you face. Visit **beenegarter.com/wmdds** to learn how we can partner with you.



Copyright © Beene Garter LLP | An independent firm associated with Moore Stephens International Limited.

FRIDAY, OCTOBER 27, 2017

ACHIEVING FINANCIAL INDEPENDENCE

Presented by Mr. Brad Kucharo, Associate of John K. McGill & Co., Inc.

Frederik Meijer Gardens & Sculpture Park | 8:00~AM-4:00~PM | 7 CEU's For information, call Elaine Fleming at 616.234.5605~or~email at efwmdds@aol.com

FRIDAY, JANUARY 12, 2018

INTEGRATING "PERSONALIZED PERIODONTAL MEDICINE" TO MINIMIZE SYSTEMIC HEALTH RISKS: DENTISTRY FOR TOTAL BODY WELLNESS

Presented by Dr. Doug Thompson

Frederik Meijer Gardens & Sculpture Park | 8:00~AM-4:00~PM | 7 CEU's For information, call Elaine Fleming at 616.234.5605~or~email at efwmdds@aol.com

FRIDAY, MARCH 23, 2018

"SOME DAYS YOU'RE THE PIGEON ... SOME DAYS THE STATUE!"

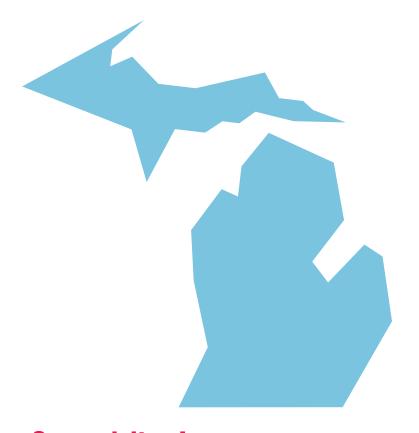
Presented by Dave Weber, President and CEO of Weber Associates

Frederik Meijer Gardens & Sculpture Park | 8:00 AM - 4:00 PM | 7 CEU's For information, call Elaine Fleming at 616.234.5605 or email at efwmdds@aol.com

Registration forms will be mailed 2 months prior to each course and will also be available online at www.wmdds.org.



A local source for the brands you trust Office Design | Equipment Repair | Supplies | Financing | Bulk Buy Program



We're here for you

At Midway Dental Supply, our focus is family. We've been family owned and operated since 1984, and we want to make you a part of our circle. Even if we're from different states, we're cut from the same cloth. That's why we're opening more branches in Michigan, and why our corporate headquarters are based here, so we can provide quality service to the people we care about, you.

Come visit us!

Grand Rapids Branch 4515 Broadmoor Ave SE Kentwood, MI 49512 (800)-474-6111

Corporate Office 32553 Schoolcraft Rd. Livonia. MI 48150 (800)-474-6111

Find us online:

www.midwaydental.com























The classified ad rate is \$10.00 up to and including 30 words; additional words 15¢ each. Space permitting, WMDDS members may place ads free of charge as a membership service. Ads should be submitted in writing and sent with payment to Elaine Fleming, WMDDS, 301 Waters Building, Grand Rapids, MI 49503. Telephone numbers and hyphenations count as two words, abbreviations count as one word. Ads received after the first of the month prior to publication may appear in the following issue.

For Sale — Family practice in Grand Rapids NE that is part time with great potential, located in an excellent high- visibility location. There is 2050 sq.ft. with 5 ops and a 6th op is plumbed in. Opportunity for more footage if desired. Call 616.485.4884 for details.

Holland, Michigan — Associate dentist needed for busy practice one or two days a week. Would prefer Fridays. A bit early but will be retiring in three to five years. Fee-forservice practice with no medicare/medicaid. Please contact Kate at 616.399.4490.

Exciting Opportunities — for dentists, hygienists, and assistants to provide children with quality dental care in schools in Southeast and Western Michigan. No evenings or weekends. Email resumes to: *jobs@smileprograms.com*.

Dental Equipment for Sale — After merging my two offices — I have four rooms full of dental equipment for sale. Everything is in excellent shape and working conditions (no junk). All equipment is still installed and can be tested before you buy it. Dental chairs, delivery units, lights, x-rays, cabinets, panoramic, Dent–X 9000 zoom, compressor, separate air dryer unit, suction, lab equipment and much more. Just ask and there is a chance I have it. Please email your questions to *hanyb@juno.com*.

General Dentists Needed — In busy Dental Dreams Michigan offices. Includes signing bonus of \$15–25K. Full-time dentists earn an average of \$230k. Associates enjoy freedom over treatment planning in modern, digital offices with established patient bases. Benefits include free dental care, paid

vacation, continuing education, and Medical, life, vision & malpractice insurance. Visa & permanent resident sponsorship is available. Please call 312.274.4580 or email <code>kanderson@kosservices.com</code> for more information. Full time, part time, and Saturday only positions are available and new grads and residents are encouraged to apply.

Trial Partner Dentist – In \$1.5 million, 2 location fee for service office in Grand Rapids Area. Expect \$300,000 net per year. All inquiries to Regional Manager Rachel at *hiring1621@gmail.com*.

Looking for Motivated, Energetic General Dentist Focused on Patient Care — Needed for growing dental office in Traverse City area. Utilizing 2 Cerec units for single day dentistry. Also, general dentistry including lab fabricated crowns and bridges, fills, extractions, and root canals. Four hygienists, great staff. Fun environment. Please send resume to 202 West 17th Street, Traverse City, Michigan 49684. Required experience: Experienced preferred, or new grad if comfortable being alone in office. Required license or certification: DDS.

Opening for a Part-Time Dental

Associate — in Grand Rapids, Ml. Looking for an associate two to three days a week for our beautiful general dentistry office. Well established practice with a large patient base and high earning potential. Excellent working environment, high-tech equipment, wonderful staff and fee-for-service! This is the perfect opportunity for an established dentist looking to add an extra day to their schedule or a dentist just interested in a part-time schedule. If interested please contact Hilary Tien: *Hilary@proveerpm.com* or 616.309.4567.

Dental Office Condominium for Sale in **Zeeland** – 3,975 SF professionally designed and decorated office space with premium finishes includes; eight treatment rooms and two doctors' offices. Facility is suitable for endodontists, orthodontists, oral surgeon or a periodontists group. Sellers are a successful general dentistry group looking to rebuild nearby and would be a great source of referrals for a specialist. 427 Centerstone Court is conveniently located with high visibility from Chicago Drive. Office photos are available online at www.nelsonsmile.com/ office-tour. Please contact Kris DePree at 616.355.3141 or kris.depree@colliers.com for more information

Outstanding Dental Associate Needed in **Beautiful West Michigan** — We have a Fulltime, Dental Associate opportunity available in our successful, well-established, growing, and privately owned general dentistry practice, located between Holland and Grand Rapids, MI. Hudsonville Family Dentistry offers the entire family a quality dental experience in a friendly & comfortable setting. We are looking for a motivated, positive, and compassionate dentist with an outgoing personality who wants to make a difference in the lives of his/her patients. We are looking for the perfect fit for our office; we are looking for someone who is patient, kind, hardworking, and extremely customer service driven. If you feel you fit this description and are looking for a long-term relationship with growth potential with an outstanding team, please send your resume to: Susan at happypeopleapply@yahoo.com.

Seeking Practice Purchase Opportunity

— in West Michigan region. GPR training and three years solo private practice experience. Commitment to community, putting patients' needs first, attention to detail, and practicing emphatic dentistry. Would prefer to work alongside current owner for mentorship and to ensure the continuity of the office and practice culture, open to other options as well. Please contact me at <code>grapdds@gmail.com</code>.

Seeking Full or Part-Time Employment —

Energetic and eager to produce young dentist seeking an associateship in a West Michigan private practice that values high-quality, patient-centered care. I am currently in an AEGD residency and have received extensive training in all areas of general dentistry including endodontics, implant dentistry, and restorative dentistry. As I transition into private practice, my focus is on using my tremendous work ethic and clinical skill to earn the respect of my patients, and the dental community. I will help your practice to become more successful by being a positive influence on the culture of the office. attracting new patients, and increasing the practice's productivity. This is an excellent opportunity for the right practice owner! If you would like a copy of my CV, or if you would like to discuss a mutually-beneficial employment opportunity, please email me at coreyidc@gmail.com.

Dentist (Associate to Partner) — Check us out at *www.DrBrennan.net* if your objective is to become an associate dentist with the goal of becoming a partner. If you have further interest, please send resumés to *smile@drbrennan.net* and we can contact you to set up an opportunity to see our office and meet the team. The main requirements

are that you are passionate about quality dentistry, treat patients as you would want to be treated and have 2+ years of experience.

Dental Office Available — in Rockford on 10 Mile Road. Available about April 2015. Approximately 3100 ft of office space and 1500 ft of basement. Call 616.866.0921.

A Practice Transition — whether you are purchasing, selling, or seeking an associate position — is one of the most important decisions you will ever make. As a practicing dentist since 1981, I have experienced these transitions firsthand. As a practice transition consultant, I have helped a good many of our colleagues navigate successfully through this delicate process. If you are considering a transition, whether it be now or a few years down the road, I would welcome the opportunity to have a no-obligation, no-pressure consultation with you. All correspondence is kept strictly confidential. I am available days, evenings, and weekends (my clients will attest to this!). You can contact me, Kim Sena DDS, at 616.450.3890, or at kim@legacypracticetransitions.com.

Associate Dentist Needed for Grand Rapids Office — A busy, growing private practice near downtown Grand Rapids is

seeking an associate for two days per week. The surging growth in downtown will immediately provide enough new patient flow to allow the position to eventually grow into full time if desired. The practice is well established with a large patient base, up-to-date technology, and a wonderful staff. High earning potential and a guaranteed daily minimum salary. If interested please contact downtowngrdentist@gmail.com.

Storage Space for Lease – 400 SF of secure storage space available for lease in the lower level of 1151 East Paris Ave S.E, Grand Rapids. \$6.50/SF. 24/7 access. EPS security system. Contact Dr Sam Bander at 616.450.5665.

Family Practice For Sale — SE Grand Rapids. Three operatories in a 1200 sq. ft. suite. There are 850 active patients. Asking \$150,000. Please contact *cedarmountain50@gmail.com*.

General Dental Office Looking for an Associate Dentist — To work one to two Fridays a month. The office is familycentered, fee-for-service, with longstanding patients. Great earning potential. It is an excellent opportunity for a dentist looking to pick up some extra days. Contact *Hilary at Hilary@proveerpm.com* for additional information.

CPR/First Aid Instruction



Cheryl Johnson

1722 Rahn Drive NE Grand Rapids, MI 49525 (616) 821-0298 johnscs@sbcglobal.net

ADVERTISER'S INDEX

The *Bulletin* wishes to thank our valued advertisers who support organized dentistry by helping to defray the cost of printing and mailing.

Advertising in the *Bulletin* is seen by over 90% of the dentists in the West Michigan District. This includes five of the fastest growing counties in the state: Kent, Ottawa, Ionia, Montcalm and Mecosta.

For information on advertising rates, call Elaine Fleming, WMDDS Executive Secretary at 234–5605. Target your Market — advertise in the *Bulletin!*

Beene Garter
CPR Cheryl Johnson
DDS Integration outside back cover
Davis Dental Laboratoryinside front cover
Great Lakes Financial
Henry Schein inside back cover
Hungerford Nichols36
Lake Michigan Credit Union
MDA IFG 5
Midway Dental33
PNC Bank19
ProAssurance



west michigan dental foundation

ANNUAL GOLF OUTING FRIDAY, MAY 19, 2017

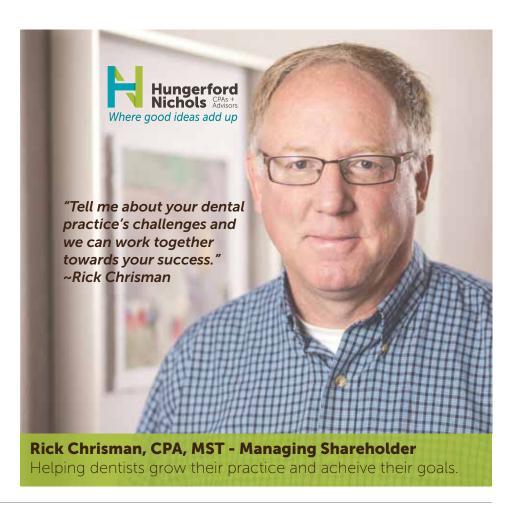
NEW LOCATION:

The Meadows on the Allendale Campus of Grand Valley State University
9:00 am shotgun start

Watch for more information about the golf outing in future issues of the WMDDS *Bulletin*.

Questions? Contact Elaine Fleming at 616.234.5605 | efwmdds@aol.com

Mission Statement: An organization dedicated to the improvement of oral health through the financial support of education and service programs to address the needs identified by the dental profession and the communities it serves in Kent, Ottawa, Ionia, Mecosta and Montcalm counties.



RELY ON US

TO HELP YOU OPERATE A PRODUCTIVE PRACTICE.



#1 Dental Software

We've got the #1 dental practice management software in the world, Dentrix.



Equipment & Technology

Meet with our team of Specialists to plan, design, and choose your equipment & technology.



In-Office Service

Rapid on-site service from a name you can trust.



Practice Analysis

Our team of expert sales consultants can provide an in depth practice analysis.



Business Solutions

From marketing, to in-office OSHA training, to seminars on dental coding, we've got the tools to support you.



Customized Reports

Our team of professionals can generate ordering reports providing in depth information.

Only Henry Schein can offer such a vast array of strategic resources that encompass everything you need to succeed, plus...

Over 90,000 products | In-stock, ready to ship | Fast, same-day shipping





Grand Rapids Center 616.791.2358

2689 Walkent Dr. NW, Suite F, Grand Rapids, MI 49544

West Michigan District Dental Society 301 Waters Building Grand Rapids, MI 49503

PRSRT STD US POSTAGE PAID GRAND RAPIDS, MI PERMIT # 657





616.914.4479

What if IT wasn't dreadful?

Imagine friendly conversations with human-like words and explanations.

Imagine talking to someone who understands and cares about your needs.

Imagine (take a deep breath) you actually liked your IT support team and they liked you. Imagine calling DDS Integration to make all this come true.

Now, stop imagining and call!



info@ddsintegration.com



www.ddsintegration.com



PO Box 150633 Grand Rapids, MI 49515



ddsintegration