ADS Holds Town Hall Meeting on Proposed Sedation Regulations

Coming soon to theatres near you: “The Dent-Avengers” - Fighting for Safe yet Available Sedation Dentistry in Alaska

By: Jessica Blanco, DMD
Legislative Affairs Co-Chair

After the Alaska Dental Board released the proposed new sedation regulation changes, the Alaska Dental Society (ADS) office began to receive a plethora of opinions and questions from its members, which prompted the organization of an ADS Town Hall Meeting to discuss things and see if a consensus could be found.

It was on the evening of April 25th, 2016 when the ADS gave its members a chance to voice their concerns. The room full of concerned doctors brought back the feeling of a high school cafeteria where members split into their perspective factions made up of the cool kids, the smart nerds, the good at art kids, and the upper classman. Present were pediatric dentists, dental anesthesiologists, oral surgeons, oral and IV sedation dentists, dentists by phone, and of course Dr. Dave Nielson, our “why did I suggest this” ADS/Dental Board member, who sat quietly sweating in the hot seat. It was soon apparent why we needed this meeting. By some estimates, almost half the sedation permit holders in the state were there! The meeting was moderated by our ADS president, Dr. Jesse

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Take the plunge

It is only early May, but for some reason I keep having this nagging feeling that I’m already 2 weeks behind on all the summer goals/chores I planned to accomplish. Perhaps because spring started so early this year, everything just seems ahead of schedule. I built some new raised garden beds with my kids several weeks back and was tempted to plant the garden right then, but had to remind myself that other years we were still sledding and shoveling snow in the back yard around that same time! The ice went out early on all the lakes here in the MatSu Valley which also meant that it was time for my first swim of the year in Wasilla lake. I took my annual plunge on April 12th which was by far the earliest on record. I started the tradition soon after I built my office which is on the lake, nearly 10 year ago and have done it every year since. The first day I can take a dive in off the dock and not hit a piece of ice, I go for it! I suppose it doesn’t really qualify as a swim, more like a splash in and out but needless to say it is very refreshing after a busy spring day at the office.

I always extend an invite to my staff to join me, but the closest they’ll get is the shoreline where they can get a good angle for pictures and video!

You’ve probably heard about changes the Alaska State Board of Dental Examiners has proposed regarding sedation regulations. If not, you’ll read plenty about it in the pages that follow. The board proposal is 35 pages in total so suffice it to say we’re giving you the cliff notes here, but I urge you to read them in their entirety by going to www.commerce.alaska.gov/web/. After you’ve read all 35 pages, if you are not already snoozing, then take the time to send in any written comments as directed on page 3, so that your voice will be heard. Comments will only be accepted until May 9, 4:30 p.m., so there is no time to waste.

Tomorrow I’ll also be moderating a “town hall” meeting in Anchorage which you may read more about in the pages that follow. It is yet another venue for dialogue on the potential regulation changes which I hope will be fruitful. Whether you like the proposed changes or not, if you don’t take the time to formally comment, then when the board makes a decision to enact, modify, or table the proposals, I think you have no reason to gripe about them one way or the other.

In a nutshell, the most significant changes, among many others, should the proposal be adopted would be to:

- Omit the parenteral sedation permit.
- Create two main permits, one for moderate conscious sedation (regardless of route of administration) and a second for deep sedation and general anesthesia.
- Require additional training for sedation of patients under 12 years old.

I know we all hold the health and safety of our patients above all else. Sometimes when walking through a treatment plan together, I even tell patients that I consider them like a member of my family and let them know that I treat them with the same care as if I had my own parents, siblings, or children in my chair. I consider the trust they place in me to do the right thing THE most sacred aspect of our doctor/patient relationship. They know I would do anything reasonable to increase their safety and improve the success of treatment for them.

Personally, I question whether the proposed regulations will accomplish their intended effect, or if they will create yet another barrier in access to care for a population of patients that already has a difficult time even getting themselves in a dental office, hence the need for sedation. Providers currently sedating patients unsafely will no doubt continue to do so if the regulations are adopted, even with the threat of inspection. But for a provider practicing standard of care sedation dentistry, the number of hoops one has to jump through increases greatly, just to be able to continue doing what they have been doing safely for many years.

On a national level, the very few but unfortunate recent tragedies involving sedation that have made headlines have all been pediatric cases. Why then does the board take such a drastic stance on changing existing regulations regarding mild/moderate oral conscious sedation of adult patients? I can see the rationale behind the pediatric sedation requirements, but not so with the mild/moderate oral conscious sedation of an adult.

If you currently use sedation in your office or refer patients to an office that does, please take time to consider how these regulations would affect you or your patients. I know it’s much easier to remain quiet, go with the flow, and let the vocal minority do the talking, but now is the perfect time to take the plunge, stand up and let your voice be heard! Whether you agree with my take on this or not, let your opinion be known. We are all in this together striving for the best for our patients and our profession.
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As a new member of the Alaska State Dental Board, I find that if I dig a little, I cannot help but take notice of many issues that are brewing around the country; issues that may surface in our state at some point. For example, Alaska is only one of three states that do not have a dental service organization (DSO), or what some may call a non-dentist owned corporation which employs dentists. For reasons I will not discuss here, that is not such a bad thing in my own opinion. Another hot topic is “Teledentistry,” where a dentist in one state can effectively diagnose and treatment plan patients in another across state lines, or say when a patient decides to mail order a set of computer designed orthodontic trays from a company out of state so they can straighten their teeth from home. Preparing how to best handle these issues when they come up, or in fact dealing with them preemptively, would seem like a worthy goal of a well-functioning board, and it was with this idea in mind that our new regulations regarding sedation in the dental office were born. By the time this article comes out, the board probably will not have settled on a final version, and I have a feeling that not everyone will be completely happy once we do. With that said, and if that’s the case, maybe it will mean we did a decent job; but hopefully only after weighing the testimony of many different sedation providers against its effect on access to sedation dentistry while focusing on what is best for public safety. This article has more to do with a question. “Who should really have the authority to designate specialty status?”

The reason I began thinking about this is partly because of a comment I heard with regards to our new proposed deep sedation and general anesthesia regulations. The comment was to the effect of, why should Alaska dental regulations require a medical anesthesiologist to be board eligible or certified which includes hospital privileges in order to do deep sedation in a dental office when the same credentials are not required of a dental anesthesiologist? Maybe the simplest answer is because dental anesthesiology is not an ADA recognized specialty so the question of being board certified never really came up. There, the question is answered. The ADA is the authority that designates what constitutes a “recognized” specialty and therefore, which specialty a dentist may become “board certified” in. But does it? Things are happening in places like Texas, Florida and California (where else?) that are challenging that way of thinking. Last March, a suit was filed in the US District Court of West Texas against the Texas Dental Board. The complaint basically argues that the board unfairly has a rule that licensees can only advertise in specialties recognized by the ADA. The complaint states that the rule gives sole authority to designate specialty status to a private trade association, the ADA, over which the Texas Dental Board has no control. Specialty recognition is determined by the ADA through a “political process carried out by competitor dentists with no opportunity to review or appeal by any licensed dentist in Texas.” The suit was brought by the American Academy of Implant Dentistry (AAID) and joined by the American Society of Dental Anesthesiologists (ASDA), the American Academy of Oral Medicine (AAOM) and the American Academy of Orofacial Pain (AAOP). The AAID has already won legal battles in California, Florida and Texas that their dental boards had regulations that interfered with the academy’s right to free speech. As a result, in Texas, dentists who have earned board certification from the certifying boards sponsored by AAID and other plaintiff organizations can advertise as specialists in those dental fields. Before I go into why this is troubling to me, I must first say that my views are my own. They do not represent views of the Alaska Dental Board as a whole. In fact, this particular topic has never been discussed at a board meeting since I have been there.

First of all, I have not been around the ADA long enough to know exactly what went into deciding how they settled on the specialties they now recognize, but I imagine it was an involved process. Sometimes I wonder if there are reasons beyond politics as to why the ADA has been in a “specialty holding pattern”. One thing is for certain, dentistry is evolving into some incredibly complex and diverse directions. It’s not that I don’t believe many of these groups may deserve or meet the criteria of what could be considered a specialty, I just have to wonder if it is best to further splinter dentistry. We have always said that dentistry is
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Update on Medicaid Reform in Alaska

April 17th marked the last day of the regular legislative session, but the law makers had unfinished business due to their inability to reach an agreement on oil and tax credit changes that pushed them towards overtime. They have been meeting in extended session since April 18th. The constitution allows for regular sessions of up to 121 days, with an option to extend for another 10.

Due to a scheduled renovation and retrofitting project at the Alaska Capitol, the Alaska legislative leaders were forced to move to a temporary space for their extended session. The Legislature has relocated to the Bill Ray Center, down the hill from the Capitol. Floor debates are being held in a gymnasium in the Terry Miller Building, a block up the hill from the Capitol.

Throughout the session, your government affairs committee has been tracking the progress of bills that could potentially affect dentistry in Alaska. Of the five bills presented throughout this session with potential impact to dentistry in our state, only one passed; SB74, originally the legislature’s version of a Medicaid reform bill, SB74 became an omnibus bill for several bills. The expansive bill includes provisions geared toward ferreting out fraud and waste and bringing down state costs. It also calls for a primary care case management system to increase use of appropriate primary and preventative care and decrease unnecessary use of specialty care and emergency services. After many revisions, it passed the House Friday, April 15th and the Senate agreed to House changes on the 90th day of session.

SB74 highlights include:

- Allow telemedicine by Alaska licensed providers from outside of Alaska
- Incentivize employees to report Medicaid fraud
- Require a mandatory lookup of Rx history before prescribing schedule II or III drugs
- Increase penalties for Medicaid overbillings

The day-to-day effect of SB74 for dentists are limited to registering for the prescription database and reviewing patient controlled substance prescription histories before writing prescriptions. All dentists with a controlled substance endorsement on their DEA license will need to register as users of the Alaska Prescription Drug Monitoring Program by July 17th, 2017. Prescribers will need to review controlled prescription history before writing a prescription for schedule II or III substances starting July 2017, except for:
  - Prescriptions written within 48 hours after a procedure
  - Prescriptions for a three day supply or less of a schedule II or III substance

The prescription lookup duty can only be delegated to someone licensed or certified under AS08. In a dental office that will limit the delegation to an RDH or state certified dental assistant.

It has been my pleasure serving as your legislative co-chair this session. As always if you have any questions, concerns, or comments, please feel free to reach me at dr.jessyblanco@gmail.com or 907-523-5437.

ADS HOLDS TOWN HALL MEETING, CONT. FROM PAGE 1

Hronkin who did a stellar job with help from our executive director, Dr. Dave Logan. Dr. Logan set up “Go-To-Meeting” which allowed access to the festivities for our members with geographical barriers (if only his speakers were better).

Opinions varied amongst our members, each valiantly arguing their case. But, all had at least one unifying point of concern; there was both limited time for written public comment and no forum to allow license holders to speak directly to the Dental Board since the new regulations had been released. Instead, a long document of 35 pages was distributed with a deadline of May 9th for submission of written comments to a Paralegal with the Division of Corporations, Business and Professional Licensing.

Amongst the comments from license holders at the ADS meeting:

- The costs for implementation and training have been underestimated
- Excessive education requirements for moderate sedation permit
- Moderate sedation permit required for using minimal sedation on <12yo is excessive
- Does it make more sense to have oral moderate conscious sedation permit separate from parenteral sedation permit?
- Medical consult required for stable ASA III patient can limit access to care
- Single dose for minimal sedation clause should be removed because dentist may elect to give the maximum dose up front, instead of using the lowest possible dose for the therapeutic effect (Halcion used as example)
- ADA, AAPD, and AAP have guidelines already made, why is the board making changes or recommendations that are not in the guidelines?

For the most part, and particularly towards the end of the meeting, it became apparent that all members basically want to provide the best care for their patients in a safe and efficient way. It seems the Dental Board has more to consider than initially anticipated and hopefully may choose to give licensees an extension for public comment, which should include oral testimony. Your ADS Executive Council has submitted a letter to the Dental Board for this request and has included your concerns.

Within that letter, the ADS has suggested that implementation of changes to regulations regarding sedation be tabled and a work group formed with a representative group of board members and affected license holders. The workgroup could meet during the summer with recommendations to be presented to the Board at their September meeting. A measured approach such as this will allow affected license holders the opportunity for comment and produce a better end result to help insure safe sedation dentistry in Alaska without significantly decreasing access to it.

Stay tuned for updates by your government affairs committee. As always, if you have any questions, comments, or concerns, do not hesitate to contact me dr.jessyblanco@gmail.com
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Town Hall Meeting

The ADS started a new era this month, joining the digital revolution. The Alaska Board proposed new regulations for sedation running some 35 pages and allowed limited time for response. We wanted to give ADS members a forum to discuss the changes – hence our first town hall meeting. Others will discuss the changes to the sedation regs but I wanted to talk a little bit about the changing face of the ADS.

The Town hall meeting was our first foray into joining ADS members together across the state to a discussion of a topical issue. We have used video conferencing for 18 months now for our committees – we received a grant from the ADA in 2015 to utilize GoTo meeting – and to date it has worked out well. Last night, while workable, did expose some flaws in our hardware and we will need to add better speakers and a microphone for large forums such as this.

We plan to try a CE course remotely as well, at this point are waiting for the right course. It, obviously, wouldn’t work with a hands on course like the Real World course in November but we will keep the remote idea in mind as we look for CE courses in 2017.

With the GoTo system we can capture the typical power point presentation used by lecturers mirroring their laptop screen to ADS member’s laptops or tablets. If successful, and likely will take a couple of courses to debug, it would open CE opportunities for ADS members across the state. Currently, given the fees charged by CE speakers and travel costs to other parts of Alaska, it is financially impractical to hold CE courses in any location but Anchorage. We can make the Anchorage courses work with sponsorships but have struggled with sponsorships and logistics in other locations.

By the time you read this we will have held the 3rd AKMOM. Many thanks to everyone who volunteered. 1131 people were seen during the 2 days. A full report will be in the June issue.

From the Executive Director
David Logan, DDS

2016 AKMOM

Thanks to everyone who volunteered. 1131 people were seen during the 2 days. A full report will be in the June issue.

Post-op lead, retired Eagle River dentist Dr. Denis Corral looking after another patient. photos by Tim Crams
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“healthcare that works” and a big part of what makes it work is the cohesive nature of ADA membership and the continuity of care that comes from having a primary care dental home. Membership in the ADA is already strained enough. If we splinter into too many specialties, we will become more like medicine, disjointed and full of self-serving factions where continuity of care suffers and patients are left fending for themselves. Plus, do I really want a judge, whose only concern is defending the right to free speech, force the recognition of any old “dental specialty” on a state dental board who is trying to protect the public? Now to be fair, there are some board certifications coming from organizations like AAID that are probably impressive, but is a judge in a US District court the best person to weed out the pretenders? For example, any dentist who passes their written board test can become a diplomate of the American Dental Society of Anesthesiology (ADSA). Does that mean they should be considered a “specialist” in dental anesthesia? That would probably be a stretch to put it mildly. But, just switch a couple words around in the title and you have the ASDA where becoming board certified is reserved for graduates of CODA approved two year residency programs designed specifically for dental anesthesia providers and includes written exams followed up in no less than one year by oral exams. My point is, in the interest of public safety, I think each state dental board should be able to determine which specialties they recognize, not a US District Court judge. In other words, I suppose each state should determine in which dental disciplines a dentist can advertise themselves as a specialist, and should perhaps have some criteria for doing so. The ADA has always been the one who decides on specialty status, but outside pressure may ultimately change that and as I mentioned before, not necessarily for the better. In my opinion, splintering dentistry into too many “specialties” would be a mistake that should be avoided. If a dentist wants to advertise he/she passed a board exam or is a member of the American Academy of Implant Dentistry fine, but an “implant specialist”? I’m not so sure. Man, the water is getting muddy.

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THE WATER IS GETTING PRETTY MUDDY, CONT. FROM PAGE 7
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ADA is working on sedation recommendations

The current struggle in Alaska over sedation regulations is also being played out on the national stage. At last year’s ADA House of Delegates the issue of education, training and monitoring requirements for sedation was hotly debated. Although the ADA recommendations do not carry the weight of law they are often directly adopted by state boards. The recommendations at the HOD were ultimately returned to committee for more work but will be back again this year. If you would like more information on the ADA’s progress on sedation recommendations contact your ADS delegates Dr. Heather Willis or Dr. Julie Robinson.

ALASKA DENTAL SOCIETY

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This partnership is modeled after a successful Michigan Program with the goal to reduce the number of dental related emergency department visits. The idea is to initially use the Providence Emergency Department as a referral source for the program; like many other emergency departments across the country they are seeing more and more patients show up with dental pain but have no way to deliver definitive treatment. Through this partnership of committed organizations and individuals, a basic dental care safety net has been created.

Besides helping these patients get the help they need, the bi-product of this program will be to reduce Providence Emergency Department dental visits overall. No single provider can address the needs of so many people. Only by joining together, as a community, can we reverse the trend of poor dental care among our most vulnerable population. In turn, your gift to the patient is multiplied in the community as the patient is required to volunteer at local nonprofit organizations in order to earn the care they receive.

By allowing you to customize your participation in a variety of ways, we have focused on letting you participate in a manner that is most comfortable and convenient for you and your office staff. When you agree to see a patient for treatment, they do not become your patient of record. The patient will go to volunteer dentists, like you, on a rotating basis until they are stable with their most basic dental needs. Once stable, the end goal is to connect these patients with a dental home at Anchorage Neighborhood Health Clinic, eliminating future visits to the emergency department.

Reading through the information provided on this site will answer most questions you may have. If you are interested in joining your colleagues and participating in APA Dental Partnership please print, complete and fax back the Provider Participation Form. If you have any questions please give me a call at 441-6002 or Jane Dial at 743-6650.

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David Nielson, DDS
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EMPLOYMENT OPPORTUNITIES

OUR OFFICE IS SEEKING A PART TIME GENERAL DENTIST AND A PART TIME ORAL SURGEON to add to our team. We offer flexible hours and a full, well trained staff. Please call Roberta at 907-333-1211 for details.

ANCHORAGE NEIGHBORHOOD HEALTH CENTER (ANHC) SEEKING DENTAL ASSISTANT(S). We are an organization of more than 140 passionate, mission-driven Alaskans, who spend each day making a difference in the lives of our patients. HIRING RANGE: $18.33 - $22.00. Graduation from an accredited school in dental assisting preferred or one year experience as a dental assistant required, three years preferred. Experience with dental front desk preferred. Bilingual preferred. Visit our website at http://anhc.org/careers/ or email us for more information at hr@anhc.org.

OPPORTUNITY - DENTIST WANTED to share/co-own a satellite office in the Valley (Palmer). If interested, call Kevin at 907-232-1778.

ASSOCIATE DENTIST. This is an amazing opportunity in Soldotna, Alaska. If you want to make great money, experience Alaska in a way that few people ever do and get a boost to your professional and financial life, then this may be the position for you. Based on numbers from last year, our associate position would pay over 250,000. Pay is based on percentage of production and a signing bonus of 10,000. Experience or AEGD/GPR required. Please email us today. Email: johncarrie@gmail.com.

WE ARE LOOKING FOR TWO ENTHUSIASTIC and patient focused business assistants to join our practice (www.smilealaska.com). We offer medical, dental, vision, life, Aflac and financial planning benefits. Experience preferred but not required. Please send your resume and cover letter on why you would be an excellent fit for our team to Bobbi Jo at bmersdorf@akpremiereental.com.

GREAT OPPORTUNITY to work in one of the most beautiful places in the world - Kodiak, Alaska. Great opportunity to work in an office with a view of the boat harbor working on very appreciative pts. This team is coached by Leanne Carter with Richarson Coaching. This is an immediate opportunity to work one week a month and an option to merge to full time if one wishes. Fun community to live and work in. If you know of someone who would match well working in this environment email me at aljames@mail.com or call me at 907 854 2127.

GENERAL DENTIST seeking associate position in private practice. Five years of experience working in Alaska. Holds an active Alaskan Dental license. Please contact Ken, email: mountainrain451@gmail.com, 909-264-1676."

ASSOCIATE WANTED for a general practice. We are hiring a full time dentist for our expanding practice. We offer a knowledgeable environment with the opportunity for advancement. Our office is fast paced and we would like someone with the desire to learn. We are looking for someone who is responsible & passionate about dentistry. This is a wonderful employment opportunity with competitive benefits. Please contact Rachel Miner at btydentalgroup@gmail.com for more information.

DENTIST NEEDED for office coverage 1-4 days per month. Please call Anna at 274-5617.

LOOKING FOR AN ASSOCIATE GENERAL DENTIST IN BUSY SOUTH ANCHORAGE OFFICE! Preferably a recent graduate with future advancement. Our office is fast paced and we would like someone with the desire to learn. We are looking for someone who is responsible & passionate about dentistry. This is a wonderful employment opportunity with competitive benefits. Please contact Rachel Miner at btydentalgroup@gmail.com for more information.

GENERAL DENTIST WANTED TO WORK AT OUR ESTABLISHED PRACTICE. Vacation and sick days are offered, pay is negotiable. Part time or full time position available, wonderful staff with flexible hours. Please call Jenny at 907-376-2456 or fax Resume to 907-376-2458 or email matsuden@mtaonline.net.

KENAI PENINSULA PRACTICE FOR SALE. Live where the Eagles soar and you can have your boat in the water within minutes. This lovely community provides lots of opportunity to this healthy practice. Collections are $870. K. + with net at $360.K. +. Four Adec operators in a recently updated 2100 Sq. Ft. office. Well trained staff has been with the practice many years. For further information contact Dave Knutzen at dave@knutzenmc-vaygroup.com. 760-574-4476.

DENTIST POSITION AVAILABLE AT THE ALASKA AIR NATIONAL GUARD. Work a weekend a month and two weeks a year serving our country by providing dental exams for the national guard members. For more information contact Dr. Julie Robinson at jm_robinson05@yahoo.com or (907) 244-4125 (cell).

EQUIPMENT - FOR SALE / WANTED

ACCUCAM CONCEPT IV CAMERA WITH FOOT PEDAL, $400 or best offer. (907) DENTIST (336-8478).

E4D MACHINE FOR SALE, $20,000 OBO, includes scanner, computer tower and mill. Contact Stacie 907-357-5018.

MOM & POP IN-HOME DENTAL PRACTICE in the beautiful Cosmic Hamlet By The Sea of Homer, Alaska. This is a package deal - modest three bedroom, one and three quarter bath home with single attached garage. Home features a 12’ x 16’ greenhouse and 16-panel grid-tied solar system. Eight year old mercury-free dental practice with reputation for safe mercury removal. The Dental equipment is older and very functional. This is a perfect opportunity for a semi-retired dentist or someone looking for an economical way to start a practice in one of the most desirable living areas in Alaska. Direct inquiries to epaloose2@hotmail.com or epaloose2@gmail.com.

2010 DIGITAL PAN IN EXCELLENT SHAPE Orthophos XG 5 (upgradable to Cone Beam) Just removed from office, ready to install. 10k Kevin Easley 947-0058.

FREE! AT 2000 Auto Film processor by Art Technitiques (Have another for parts) 907-529-9748.

SELLING YOUR PRACTICE? We want to buy! – Local dentist looking to buy practices in Anchorage. If you are hoping to sell, there is no better opportunity to do so. Sell to someone who is looking to change the world in dentistry, email us today. Email: alaskapracticesearch@gmail.com for more information. Please no brokers.

REMOTE HOME FOR SALE IN PRINCE WILLIAM SOUND. Boat and plane access only. Beautiful scenery in a sportsman’s paradise. See all details at http://ellamaralaska.com. For complete info, call 907 460-5960.


FOR SALE! 3 DENTAL CABINETS BRAND NEW CUSTOM BUILT BEAUTIFUL DENTAL CABINETS Change of plan for our new operatory so we don’t need them anymore. Photos of the cabinets are available $10,500 OBO Email legacydental@mtaonline.net.

ALASKA DENTAL SOCIETY CLASSIFIED SECTION

ADS member dentists may place, at no charge, classified ads up to 50 words each month for four consecutive months.

Non-members & commercial rate: $50 per month minimum placement charge for ads up to 50 words. Ads exceeding 50 words will be charged $1 per word up to a maximum of 150 words.

Submit ads via email to info@akdental.org. All ads are subject to approval by the ADS editorial staff.
Executive Council (all ADS members welcome to attend)
Friday, September 23, 2016 | Henry Schein Dental, 510 W. Tudor Rd, Ste 9, Anchorage

Board of Dental Examiner Meetings
Friday, May 13, 2016 in Anchorage
Friday, September 23, 2016 in Anchorage

SAVE THE DATE

2017 AK ANNUAL SESSION
May 26-27, 2017, Best Western Kodiak Inn and Convention Center, Kodiak

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ADS President Jesse Hronkin, DDS doing the polar plunge.
NEW!!! ANCHORAGE AREA – G/P collecting around $750,000 annually. Highly profitable, low overhead office has 7 ops (6 equipped) and runs Eaglesoft. Seller is willing to work back.

ANCHORAGE, AK – Excellent G/P collecting around $870,000 annually. Seller is retiring and relocating. Office recently converted to Dentrix and newer equipment. Great cash flow!

KETCHIKAN, AK – Long-established G/P collecting $600K. 100% fee-for-service. 4 ops, updated about 5 years ago. Great opportunity in a wonderful community.

ANCHORAGE, AK – G/P collecting $500K annually. Excellent moderately sized practice!

ANCHORAGE, AK – Excellent practice collecting around $1 Million. Practice has emphasis on Prosthodontic procedures, but the production mix is varied. Seller is motivated!

NEW!!! ALASKA OMS PRACTICE – Well-established OMS practice collecting over $2.8 million. Beautiful, spacious, modern office and excellent staff. Seller is willing to transition.

NEW!!! KENAI PENINSULA, AK – Wonderful rural G/P collecting around $1 Million. Amazingly profitable! Digital x-rays, laser, pano and newer equipment throughout.

Practice Sales, Transitions, Mergers and Appraisals

ISDA’s 120th Annual Session

Navigating Your Practice

June 8-10, 2016 • Boise, Idaho

Thursday

Gordon J. Christensen DDS MSD PhD: “The Christensen Bottom Line-2016”

Noel Kelsh, RDH: “Infection Control with a Twist” & “Eliminating Boxed Thinking: Becoming a Change Agent in the Dental Office”

Christopher Verbiest: “Risk Management”

Wendy Hirai: “Practice Transitions: A Practical Roadmap”

Friday

The Madow Brothers: “ROCK Your Practice to the Top!”

Dr. Mark Benavides: “The Internet – Steps To Protect Personal, Patient and Office Privacy” and “Digital Photography for the Dental Team: From Capture to Conversion”

Dr. Salah Huwais: “Rethinking Implant Surgical Instrumentation and Introducing Osseodensification”

Dr. Lisa Alverto: “Maximizing Efficiency While Increasing Patient Satisfaction”

Register Online Today at www.TheISDA.org

Early Registration Discounts End May 1!