



Raleigh - Wake County Dental Society NEWSLETTER

www.RWCDS.org

Volume 23 | Number 2 | September 2022

2022 EXECUTIVE BOARD

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- Kimberly Lee, **Administrative Assistant**

2022 Fall/Winter

- Sept 20th General Members Meeting
Dr. Ryan Cook
"Managing Complex Perio-Restorative Situations"
- Oct 25th General Members Meeting
Dr. Joseph Hummel
"Opioid Education Program"
- Nov 15th General Members Meeting
Dr. Antonio Moretti
"The appropriate time to extract a periodontally involved tooth"
- Dec 1st RWCDS Holiday Party
City Club Raleigh; 6:30-9:30p
- Jan 17th General Members Meeting
- **Legislative Night**
- Feb 21st General Members Meeting
- **details to be announced -**

Unless otherwise noted: General Members Meetings are held 6:15 p.m. at North Ridge Country Club, 6612 Falls of Neuse Rd., Raleigh, the 3rd Tuesday of each month. There are no meetings in June, July, August and December. Social time begins 6:15 p.m. with the buffet line opening at 6:45 p.m. The business meeting commences at 7:00 p.m. followed by a CE lecture.

President's Message

I hope everyone had a safe and warm summer! We welcome you back for the Fall 2022 session. I am excited to get the fall season underway, we have a great lineup of returning and new speakers to RWCDS. It was wonderful to see familiar and new faces at the June social event held at Bowstring Pizza and Brewery. Thank you to all who attended and endured the torrential rain we had at the start of the event. Remember to mark your calendars for the annual Raleigh Wake County Dental Society Holiday Party scheduled Thursday evening, December 1st at City Club Raleigh. City Club Raleigh is at the top of the Wells Fargo Building in downtown Raleigh. The venue is beautiful, we will have a fantastic view of downtown Raleigh. All RWCDS members and a guest are invited, please come hungry and thirsty!



In the Spring 2022 newsletter I gave an update regarding the decreasing RWCDS membership size. Although the 2020 pandemic played a role in this decline, this slow trend started before 2020. Up until 2018 we averaged over 300 members; however, year after year our numbers have slowly decreased to as low as 208 members in 2021. I am happy to report that thanks to YOUR efforts and those of our membership committee, our numbers have increased to about 220 members! We still need your help to achieve our goal of 300 members, the average we had prior to 2018. We need your help inviting dentists that have moved to the area or those that are not yet members of our society. Also please



President's Message (continued)

remember to invite new dental school graduates. Their membership is complimentary for 2022. The executive board is always in search of dentists to help fuel and lead the RWCDs. If you are interested in volunteering your time and becoming a board member, please reach out to one of the current officers and express your interest.

We are very proud of the work that Wake Smiles has been doing to "improve the lives of under-resourced adults" in Wake County. As the only charitable arm of the RWCDs, I urge you to donate your time and become a monthly sustainer of Wake Smiles. Please visit their website for more information: <https://www.wakesmiles.org/donatenow/>.

Please do not hesitate to contact me by sending me an email (president@rwcds.com) if you have any questions or concerns, and I look forward to seeing you all at our Fall 2022 meetings.

With regards,

A handwritten signature in black ink, appearing to read 'Matthew Holman', written in a cursive style.

Matthew Holman, DMD

President, Raleigh-Wake County Dental Society

president@rwcds.com

A FEW WORDS FROM OUR ADMINISTRATIVE ASSISTANT

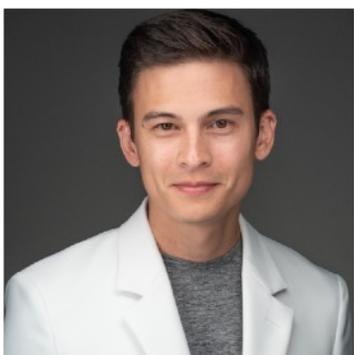
I've enjoyed serving as the Raleigh Wake County Dental Society Administrative Assistant since August 2020. We're excited to have 220 professionals, and counting, in our membership for this year. Our Fall General meetings will be held on September 20th, October 25th, and November 15th at North Ridge Country Club and we hope to see each of you there. The annual opioid course is scheduled for the October 25th meeting. In December, we'll host the RWCDS annual Christmas party on December first in downtown Raleigh. I look forward to seeing you all at the meetings this fall. Please feel free to contact me with any questions or concerns at: AdminAssistant@RWCDS.org

- Kimberly Lee



WELCOME to our NEWEST RWCDS MEMBERS

Dr. Timothy Thomas	Raleigh	timthomasdds@gmail.com
Dr. Nina Thomas	Raleigh	ninathomasdds@gmail.com
Dr. Isaac Boota	Garner	isaacbottadmd@gmail.com
Dr. Keisha Brown	Raleigh	reed4803@bellsouth.net
Dr. Jasmine Elmore	Raleigh	dr4babyteeth@gmail.com
Dr. Philip Wright	Raleigh	pdwright87@gmail.com
Dr. Astin Barnes	Raleigh	astinbarnes@gmail.com
Dr. Tiffany Pinnix	Cary	tiffanypinnix@gmail.com
Dr. Mary Morgan Keyser	Raleigh	mmbkorthodontics@gmail.com
Dr. Braxton Henderson	Oxford	braxtonhenderson44@gmail.com
Dr. Megan Hayworth	Raleigh	mhayworthdds@gmail.com
Dr. Olivia Parker	Raleigh	oliviap909@gmail.com
Dr. Alex Resnansky	Raleigh	private@nccrd.com



EDITOR'S NOTE || I hope that everyone's had a great summer. I would like to encourage each one of you to submit articles, opinions and photographs to the RWCDS related to dental and dental service issues that are important to our profession. It is your voice that is important to our profession, and we all need to hear it. If you have a letter, photographs or a paper that you would like printed in the newsletter or posted on the website please contact me or our webmaster Dr. Cameron Cavola. As always your input and participation into the process is needed and invaluable. If you have any comments, suggestions, please do not hesitate to contact us.

Dr. Chris Vo
chrisvodds@gmail.com

GENERAL UPDATES



Wake Smiles

Ms. Sommer Wisner, RDH, BS
Executive Director, Wake Smiles

We are already halfway through the year, but there is still time to make a difference! Since March 2022, Wake Smiles has been able to successfully complete almost 20 partial denture cases-offering an affordable solution for missing teeth. We are still thankful to be partnered with Cary Prosthodontics and NC Prosthodontic Specialists for providing up to 4 individuals a year a free set of dentures. Their expertise takes on the most difficult of cases and the outcomes change peoples' lives.



Beginning in September, we will be having the UNC Residents of the Graduate Program of Endodontics rotating monthly, serving patients at Wake Smiles. We are thankful for Dr. Christian Sheaffer and Dr. Bob Sopko, who are their supervising faculty. Our restorative doctors, who offer crowns for these individuals, include Dr. Julia Mulnick, Dr. Gary Oyster, Dr. Tara Wiggins, and the doctors at Wainright & Wassel DDS. Without this amalgam of providers willing to donate time and services, this could not exist.

While we are making a huge impact, already having provided over half a million dollars in services this year, we need to do more. We get 100 referrals a month for people in need of services, individuals that are low-income and uninsured. Wake Smiles is the ONLY place they can turn to for help. With providing more care, comes more expenses. We need more individual donors to sustain the impact we are making in Wake County.

As the charitable arm of The Raleigh Wake County Dental Society, it is our goal that every member becomes a Monthly Sustainer. Giving just \$40 a month puts you into that club and being a sustainer allows one person a guaranteed seat in our operatories. Would you consider helping us continue our mission to improve the lives of under-resourced adults through better oral health? Sign up today and make a difference by giving just \$40 a month: <https://www.wakesmiles.org/donatenow/>

Please feel free to reach out with any questions,

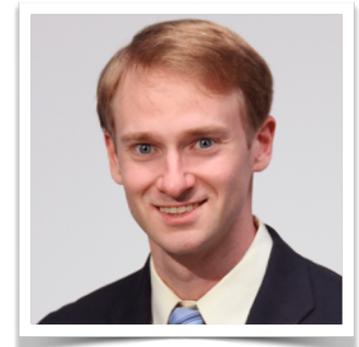
Sommer Wisner, RDH, BS
Executive Director, Wake Smiles

GENERAL UPDATES

The Magic of Anesthesia

// Dillon Atwood, D.D.S., North State Anesthesiology

Anesthesia was a magical discovery, and is in some ways next to a superpower. In 2012, readers of the New England Journal of Medicine chose Henry Bigelow's 1846 article entitled *Insensibility During Surgical Operations Produced by Inhalations* as the most important article in the history of the Journal. The article documented dentist William Morton's presentation of general anesthesia to the world.



175 years later, anesthesia is an art form. It is no longer just about removing consciousness. It aims for the targeted selection and alteration of specific aspects of human perception, from the most distal foci of nociception, to the central interpretation of those perceptions, and to the management of the slew of physiologic externalities that accompany perceptive inhibition. An anesthetic should consider five goals of patient management: analgesia, anxiolysis, amnesia, reflex control, and muscle relaxation. These goals apply differently depending on the wellness of the patient, the psychology of the patient, and the invasiveness of the surgery. An anesthesia provider with an armamentarium of techniques should pick and choose among these goals to provide the ideal balance of patient safety, comfort, and working conditions for the operator.

Dentistry hurts. Fortunately sodium channel blockade with localized precision has made dentists the most adept of all physicians at preventing pain. For most dental patients, an anesthetic design that provides for analgesia alone is going to be the most appropriate. For nervous patients, anxiolysis becomes a secondary goal of anesthetic design. For patients who have had bad experiences with dentistry in the past, or for whom the dentist will not be able to achieve adequate analgesia, amnesia becomes an important tertiary goal of anesthetic design. Then there are patients with trismus, connective tissue disorders, and spasticity and rigidity disorders, for whom targeted or generalized muscular relaxation or paralysis becomes a necessity for successful dental intervention. The last goal of providing reflex control can allow a thoughtful anesthesia provider to overcome the shaking, twitching, gagging, seizing, vomiting, and a whole mass of sympathetic and autonomic inconveniences provided for by the anesthetic's affront to normal function. And so at one end of the spectrum of patient needs, a doctor may fulfill the anesthetic goals by providing for adequate analgesia alone, and for another they may provide an ideal anesthetic by accounting for pain control, anxiety management, amnesia, reflex control, and muscular relaxation for a wheel-chair bound child with Cerebral Palsy who is unable to sit still, open their mouth, or maintain typical homeostatic functions.

As I review cases with bad outcomes for various State Boards, a pattern of misunderstanding about the goals of anesthesia becomes clear. The pervasive common sense among dentists with moderate sedation permits is that an anesthetic is chiefly about altering consciousness, and that a good sedation creates an unconscious and cooperative patient. This ignores the most common goals of anesthesia for patients in dentistry, and it incorrectly assumes that anxiety is managed best by putting patients to sleep. It also shows a lack of understanding about what moderate sedation is supposed to be: an altered level of consciousness that aims to provide anxiolysis, but which allows a patient to continue to respond purposefully to commands, maintain cardiovascular function without intervention, and maintain respiratory drive and airway patency without intervention. Many a bad outcome stems from a dentist's end goal of making the patient unconscious and cooperative, rather than targeting the appropriate anesthetic need. For a doctor with a moderate sedation permit, the accessible goals now go beyond analgesia alone and allow for anxiolysis. However, amnesia, reflex control, and muscular relaxation cannot be predictably accomplished with a true moderate sedation, but should only be considered positive externalities should they accompany the anesthetic. These are appropriate goals for general anesthesia. Doctors should communicate with their patients that the goal of moderate sedation is anxiety control and pain management. A promise of

forgetfulness, sleep, or definitive procedural success either sets the patient up for disappointment, or puts the doctor in a position of pushing beyond moderate sedation.

A patient for whom pain and anxiety are targeted and managed, and who can respond purposefully to commands, is extremely unlikely to have a bad outcome. This moderately sedated patient can prevent their own airway obstruction, continues to have a central drive to breathe, will have little alteration to their ability to maintain cardiac and vascular autoregulation, and can maintain homeostasis. Doctors who forget the goals that are appropriate to moderate sedation, and who desire goals that only come with much more complex and deeper anesthetics, are likely to provide those deeper anesthetics. They may find themselves in a position where patients no longer function properly, no longer ventilate independently, no longer manage fluids as they should, and are at risk of bad outcomes. A safe sedation begins by understanding what sedation can accomplish and what it cannot, by knowing what sedation should look like and how that is different from a deep sedation, general anesthetic, or excitatory phase of anesthesia, and by knowing when the anesthetic goals for that patient or that procedure are inconsistent with the benefits that may be provided with a moderate sedation.

Dr. Dillon Atwood
North State Anesthesiology



It's been a busy end to the summer for the NC Dental Society:

- Dentists, legislators and partners gathered in Pinehurst for the annual Golf Challenge to benefit the NC Dental Society Foundation
- Thanks to all who brought smiles to underserved folks in the Gastonia area through the NC Dental Society's Missions of Mercy (MOM) clinic. Another clinic is slated for September 9 and 10 in High Point. [Get involved now.](#)
- Women dentists from across the state gathered in late August at The Umstead Hotel and Spa for the NC Dental Society's Women's Summit.

Is your office ready if a medical emergency takes place? Do you have strategies in place to prevent, identify and respond to a wide range of medical crises? [Join us in Charlotte](#) on September 23 for this course that's ideal for the entire team. You'll earn 7 hours of CERP-approved CE credit.

Remember, just because you are a member of the RWCDs does not automatically mean you are a member of the NC Dental Society and American Dental Association. Thinking of joining? Starting October 1, you can sign up to be a 2023 member, lock in this year's rate and get the rest of this year for free. Contact [Shelly Dates](#) at the NC Dental Society for details.

GENERAL UPDATES

DSOs in North Carolina

//Chris Vo, D.D.S.



Like many of you, I'm watching and experiencing what's happening to our profession here in NC as it relates to the corporate take-over of dentistry. Also like many of you, "DSO" (dental service organization) has been a dirty word in my vocab as a career NC dentist. I've spent the last six months doing a deeper dive into DSOs, particularly in NC, and I'd like to share some thoughts and findings.

First, this corporate transformation happens once. And we're watching and experiencing it now. Corporate America (i.e. hedge funds, private equity, etc.) seems to be attempting to buy entire industries - or at least large portions of industries - these days. Real estate, farmland, and yes, dentistry.

How are they buying the dental profession in NC, exactly? With money, and lots of it. Some DSOs are buying practices one at a time, some are buying local small multi-office "chains". Some are buying larger local chains. Most of the time it's non-dentists with financial backing from private equity that are doing the buying.

How can non-dentists buy practices in NC? I had been under the assumption that in NC, every dental office had to be owned by a NC licensed dentist. Turns out there are some loopholes. Consider, for example, that a dentist who is "partnered" with a DSO might own 100% of the clinical assets of a practice and makes all the clinical decisions, and the DSO owns 100% of the non clinical assets. This might be an arrangement that our dental board would approve - and I think they have. However, consider that the non clinical assets represent 85% of the business's equity/shares. This simply translates into the DSO being the majority equity owner of the practice with the dentist being a minority owner. So technically the practice is still "owned" by a NC dentist, albeit as a minority holder.

Why are NC dentists selling to DSOs? Lot of answers here. I think the simple answer is that DSOs are offering some dentists double to quadruple the traditional dental practice valuation (say 90% of the average of the last three years of collections). A million dollar practice might sell for three million using "DSO math", for example. Other potential buyer dentists can't compete with these offers, and let's face it, these offers are JUICY for any selling dentist. For selling dentists nearing retirement, DSOs often offer a 3-5 year "path to retirement". Sell now, retire soon. For younger owner dentists, DSOs present the alluring option of not having to deal with the non clinical side of things while maintaining a minority ownership stake in the practice. They also receive the promised benefits of a DSO helping to expand and grow an existing practice as well as the DSO's bulk buying benefits. Then there are the lucrative potential benefits of future transactions when the original DSO is acquired by a larger DSO and all shareholders receive nice payouts. And these are just some of the major benefits. Sounds like a strong value proposition, right?

How can you tell which practices are part of DSOs? Not easily. Oftentimes in NC, practice names don't change. Former owners simply become minority owners. The dental teams do not change much, and I'd argue teams may not fully understand that their new dental business "partner", the DSO, is actually the new owner. All this to say, the front, public facing end appears the same; it's the business back end that's getting the overhaul. In all my searching, I was surprised to uncover more DSO acquisitions in NC than I would have imagined.

Are DSOs good for us in NC? Good or bad, they're here, and I don't think there's any going back. Most dentists I discuss this topic with usually tell me that they think there's always going to be space for a great non corporate style private practice. Yeah, I agree, but it's not going to be as easy as it was. And it was never easy.

PEARLS FROM DR. GARY OYSTER:

Where is Dentistry Heading and How Will You Fit In?

As the baby boomers retire and the millennials and Gen-Xers take over, what will our profession look like? The ADA and the North Carolina Dental Society are trying to work with this diverse group of new dentists to make them feel included. Only by having a strong state and national organization can we have any influence on the direction of the profession. Regardless of your work place model, there are benefits to being a member of the tripartite organization. One of the areas is advocacy.



The General Assembly left town in July, concluding one of the shortest sessions in the state's history. Dentistry had some successes and some disappointments. The Health Information Exchange (HIE) situation was not settled. We were successful in taking some of the teeth out of HIE requirements but were not successful in making HIE optional for dentistry. The fact that dentists will be required by law to connect, but the state is not going to enforce withholding funds, is at best confusing. There is a provision that requires the HIE board to make a new report with additional recommendations to the General Assembly by March of next year. It would not hurt for you to contact your legislator and remind him or her of the cost and the fact that we would be the only state requiring this of dentistry.

The House and Senate introduced separate Medicaid expansion proposals but did not agree on a path for expansion. The future is unclear. Nationally Medicaid expansion along with medicare expansion is being discussed. We must keep an eye on this because expansion of these programs without adequate reimbursement for dentistry will be catastrophic for most dental practices.

The workforce shortage continues to be severe and there are no quick solutions. This is a national issue that is affecting access to care. Federal and state funding may be necessary to increase the current class sizes of assisting and hygiene programs. In addition, community colleges without a program need to look at starting programs. Flexible evening hours for the didactic part and maybe teledentistry for some clinical could be possible?

Being an ADA/NCDS member will allow you share with members any area of dentistry you are interested in. The Sharepoint platform with Microsoft 365 will allow in time conversations with ADA staff and members throughout the country. The North Carolina Dental Society will also be part of this new system.

The ADA is updating its governance system. The ADA is proposing having a Strategic Forecasting Committee that will oversee several subcommittees and work groups. The 4 work groups will focus on member issues, tripartite issues, in house issues, and public issues and report to the subcommittees on solving the issues. This governance system should make the ADA more nimble and responsive to member needs.

Some of you know that being a member of the RWCDs does not make you a member of the ADA or the NCDS so please consider joining. There are all kinds of payment plans and some discounts for first time members.

Organized dentistry welcomes all dentists. We are all in this together. Insurance intervention, government mandates, public opinion, and social media influence all of us to some degree and we need to stand together to have a profession and not a trade.

CLASSIFIEDS

Details online - <https://www.rwcds.org/classifieds/>

Hygiene Checks | Dr. Thom Buttler, DDS, PA - Experienced senior dentist available for supervising dental hygienists in a private practice setting, licensed, insured and updated CPR. Please contact at tkbuttler@gmail.com and/or 919-801-1167.

Dental Equipment | Adams and Cheek Dentistry | 2 New A-dec 500 LED Dental Lights for sale in Raleigh for \$2500 each. Chair-mount, High Quality Illumination that reduces shadows, high color rendering index reflects colors accurately for soft and hard tissue diagnoses, 4 lighting modes, and composite mode. <https://www.a-dec.com/dental-lights/a-dec-500-led-dental-light> Contact: 919-866-1360

Seeking Dental Assistant Supervisor | Wake County Health & Human Services Dental Clinic is an exceptional oral health care provider with a team-centered atmosphere that is seeking a flexible, high energy, patient-focused dental assistant supervisor to join our team and help us achieve our clinic goals. If you thrive on teamwork and helping provide the highest quality patient care to an underserved population, possess excellent communication & leadership skills and have a positive attitude, this position is for you! Call Us: 919-250-3923

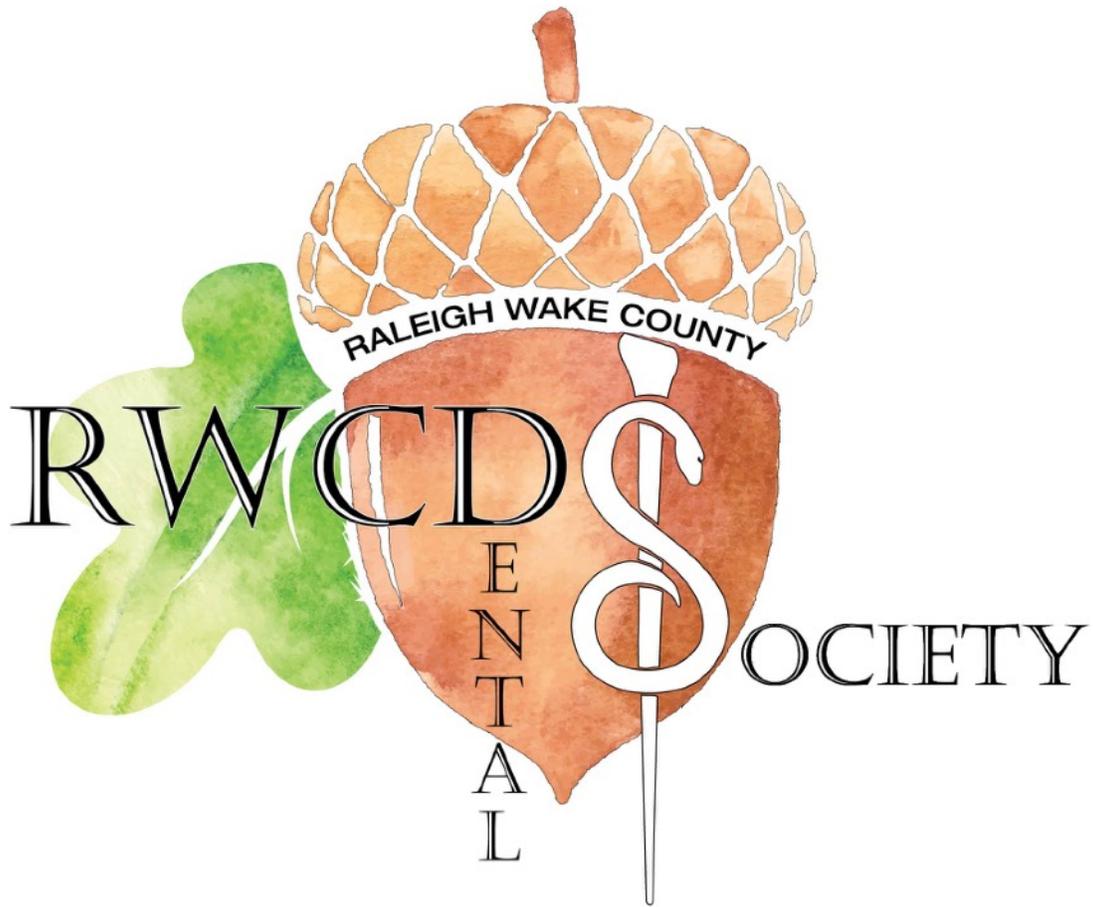
Seeking Dental Assistant | Wake County Health & Human Services Dental Clinic is an exceptional oral health care provider with a team-centered atmosphere that is seeking a flexible, high energy, patient-focused dental assistant to join our team and help us achieve our clinic goals. If you thrive on teamwork and helping provide the highest quality patient care to an underserved population, possess excellent communication skills and have a positive attitude, this position is for you! Call Us: 919-250-3923

**If you would like to submit a classifieds or miscellaneous ad, please post at www.rwcds.org/classifieds/

RWCDS PHOTOS







- With special thanks to our 2022 holiday party sponsors -

