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As we eagerly unveil the March issue of Dente magazine, I extend my heartfelt gratitude to all our dedicated contributors who continue to enrich our publication with their talent and passion. Your unwavering support following our last issue has been truly inspiring, and it fuels my determination to strive for excellence with each new edition.

I would like to extend a special thank you to Melissa Turner and Sonya Dunbar for graciously welcoming us into the captivating world of the NMTC and Denobi Awards weekend. It was a privilege to immerse ourselves in such a vibrant community, and we are immensely grateful for the opportunity to share in your experiences.

Congratulations are in order for all the deserving winners of the Denobi Awards. Your remarkable achievements serve as a testament to your dedication and talent, and we applaud each and every one of you for your outstanding contributions to the industry.

As a burgeoning publication, we recognize the importance of constantly evolving and refining our image. With this in mind, we are excited to introduce new design elements on a regular basis, as we continue to explore innovative ways to engage and captivate our audience.

A special acknowledgment goes to Shelbey Arevelo for graciously sharing her compelling story for our cover issue. Your passion and authenticity are truly commendable, and we are honored to feature your journey in our publication.



Looking ahead, the coming months promise to be filled with a myriad of captivating topics and thought-provoking discussions. We invite you to join us on this exciting journey as we continue to push boundaries and explore new horizons together.

Thank you once again to our incredible contributors, supporters, and readers for your unwavering dedication and enthusiasm. Your continued support is what drives us forward, and we are grateful for the opportunity to connect with you through the pages of Dente magazine.

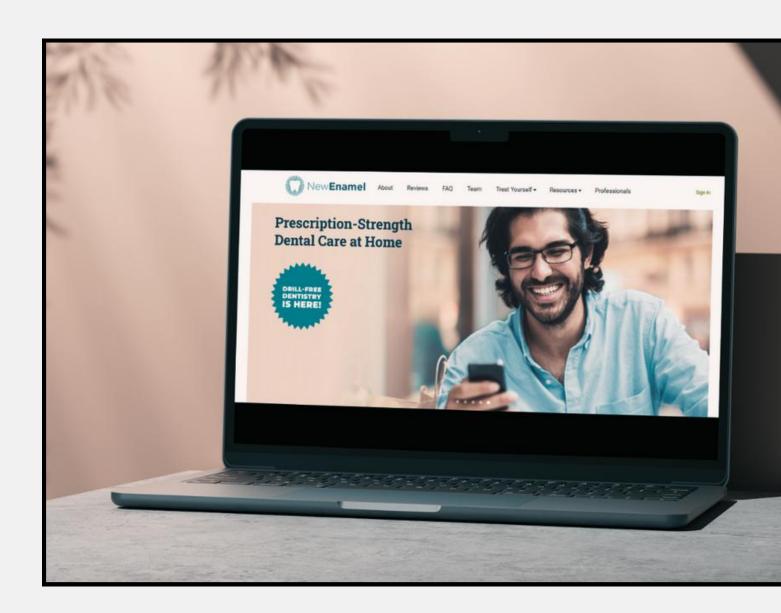
Warm regards,

Carl Demadema, BOHSc Editor-in-Chief Dente Magazine

A NEW INNOVATION IN TELEDENTISTRY

Inroducting NewEnamel.com

By Carl Demadema, BOHSc



Why NewEnamel?

In an era where technological advancements have revolutionized various aspects of healthcare, it was only a matter of time before dentistry caught up. Enter NewEnamel.com, a trailblazing platform that has seamlessly integrated the CAMBRA (Caries Management By Risk Assessment) protocol with cutting-edge technology, making preventative dental care accessible to consumers across the United States.

CAMBRA, pioneered at the prestigious UCSF School of Dentistry in 2006, is an evidence-based protocol clinically tested worldwide. Recommended by the American Dental Association (ADA) to "prevent and reverse caries," CAMBRA assesses patients' risk levels for tooth decay and prescribes specific interventions accordingly.

Traditionally administered by trained clinicians through chair-side Caries Risk Assessments (CRAs), CAMBRA's efficacy lies in its tailored approach. Patients are categorized into risk levels—Low, Moderate, High, or Extreme—and prescribed Rx and over-the-counter (OTC) products aligned with CAMBRA guidelines, which they use at home.

NewEnamel's genesis stems from recognizing the limitations of traditional dental care. Despite tooth decay being labeled an epidemic by the Centers for Disease Control and Prevention conventional advice like brushing twice daily with toothpaste often falls short. widespread ignorance about high-concentration prescription toothpaste compounds the issue. NewEnamel bridges this gap by offering direct-toaccess to CAMBRA-recommended consumer products from renowned manufacturers like Colgate, 3M, and Oral B.

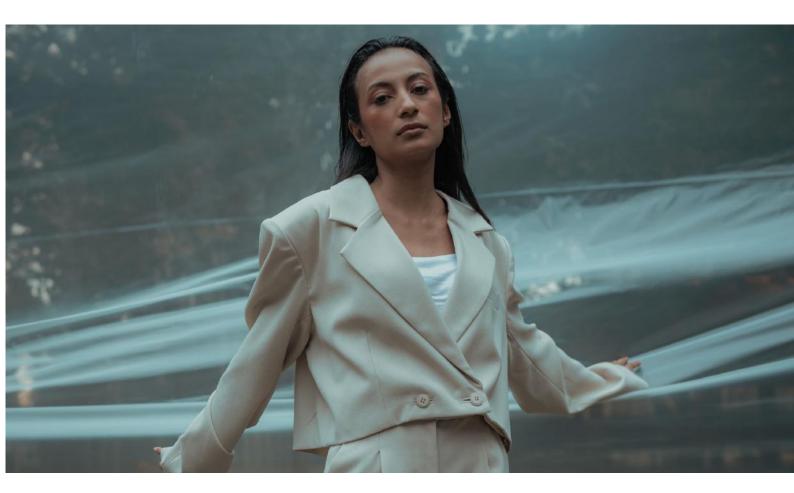
The convergence of dental care and marks another milestone telemedicine in NewEnamel's journey. Acknowledging public's increasing reliance on telemedicine for various health concerns, NewEnamel positions itself as a complementary, not substitute, service to in-person dental check-ups. By leveraging telemedicine's convenience and costeffectiveness. NewEnamel ensures broader access to effective dental care.

The process is remarkably simple. Patients undergo a brief yet comprehensive CRA online, instantly revealing their risk level. Following a dentist's review and approval, a customized kit containing prescribed products is dispatched to the patient's doorstep with free shipping. Patients then use these products at their convenience, contributing to better dental health and fewer complications.

Transparency and quality are paramount at NewEnamel. Each CRA undergoes rigorous scrutiny by dental professionals before an Rx is generated. Moreover, NewEnamel does not manufacture dental products; instead, it partners with industry leaders like Wentworth and CocoFloss, ensuring patients receive only the best.

Patient satisfaction is the cornerstone of NewEnamel's success. Testimonials from satisfied users underscore the platform's efficacy in addressing various dental concerns, from sensitivity to decay prevention. By catering to diverse patient needs and prioritizing convenience, NewEnamel has garnered a loyal following nationwide.

Looking ahead, the future of teledentistry appears promising. As awareness grows and more consumers embrace the convenience of remote dental care, NewEnamel anticipates exponential growth. With telemedicine poised to address critical gaps in access to dental care, platforms like NewEnamel stand at the forefront of revolutionizing oral health management.



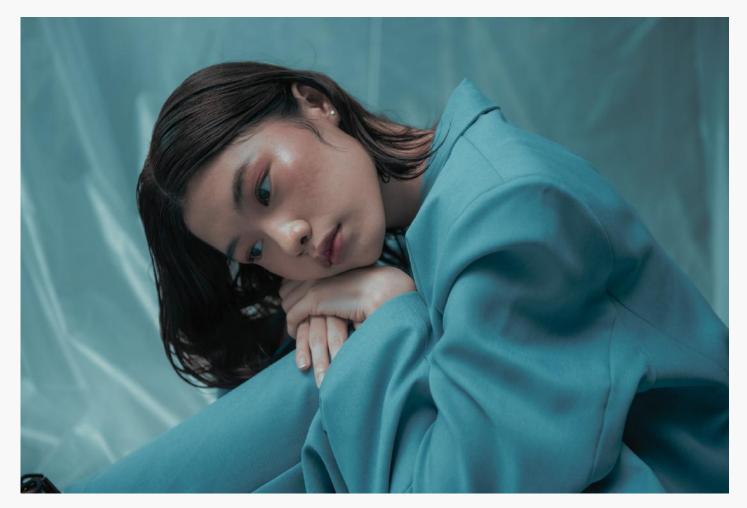
YOU'RE WORTH IT



BY ELLIE HALABIAN, DDS

Women have grown to occupy more space in the professional world and that includes dentistry. Today, 37.7% of working dentists in the US are female (Health Policy Institute, 2024), which might appear to be a relatively small proportion but compared to the 24.1% in 2010, it's quite an improvement (HPI: Women Make up Growing Percentage of Dental Workforce, 2021)

Yet, despite the growing numbers in the dental industry and the advancement of women's movements, the pay gap is still very much present. In 1990, a female dentist made approximately \$66,000 compared to her male counterpart who earned nearly \$144,000. In 2010, the gap remained, female dentists earned about \$120,000 while male dentists earned \$185,000 (Now, 2018).



gap 22% still exists Today, а pay (Gundavarapu et al., 2023). I know because I have had firsthand experience with this. Recently, I went to a work interview and prior to the interview day, I had negotiated a daily rate of \$700, which I was comfortable with. On the day of the interview, I saw a male colleague of mine and as we were catching up, I learnt that he was given a daily rate of \$750. Learning this information was troubling and here is why it concerned me: He had 6 months of work experience while I had 2 years of work experience. He was not open to doing root canals while I was open to doing all types of procedures. When looking at the situation objectively, his clinical preferences limited his production for the office and yet he was still earning more money than me. That's when I started to question if the fear of negotiating was a personal weakness, or a weakness shared by all women.

One would assume that the growing presence and influence of female dentists in the space would reinforce the confidence of other female dentists but in fact, female dentists are finding it difficult to advocate for themselves and this is leading to big losses, financially and professionally.

According to a Harvard Business Review (2021), 20% of females fail to negotiate their first salary. By avoiding the money talk they are losing about \$7,000 in their first year of work and over a 45-year career that sum can reach 1 million dollars.

So why are women voluntarily giving up their hard-earned dollars? Well, there are many reasons, but three common underlying reasons are:

- 1. They don't value their work. Women undermine their contribution or impact as a provider, which may be attributed to their biologic and social conditioning.
- 2. Women are grateful to even be given an opportunity. Social constructs have reiterated that females are less preferred and so they are more inclined to accept any offer as to lessen the burden.
- 3. Fear of backlash. Women are afraid of confrontation because of the possibility of appearing as bossy or unfeminine.







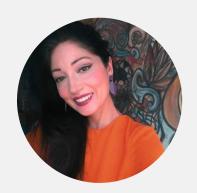
So, what can we, as female dentists, do to win a seat at the table?

- 1. Recognize your value. You are doing the same procedures as your male counterpart with equal credentials, so you are not less than.
- 2. Prepare yourself before a negotiation. Know what you're looking for and what you are willing to compromise so that you don't appear uncertain during a discussion.
- 3. Balance assertiveness with empathy. Use words like "we", "us" and "team" to remind your employer that your reason for negotiating is for the betterment of the entire practice and not opportunistic.
- 4. Establish a position of power. Get comfortable in your space. The more space you take up, the more likely you are to dominate the room.
- 5. Practice negotiating. The more you negotiate the more comfortable you will become having and overcoming these awkward conversations.

(Women Negotiation Skills - Professional & Amp; Executive Development | Harvard DCE, 2024)

We women have already proven that we are just as capable as our male counterparts by earning the same title and holding the same leadership roles within our respective communities but it's now time we start believing it too. So, stand up and have the confidence to negotiate — "because you're worth it".

Humanization in Healthcare and Dentistry: The unpaid (2000)



BY:
ANDREA LORENA
BASUALDO ALLENDE,
DDS



Humanization in healthcare is a concept that include, not only the humanization to the patients' needs beyond the technical aspects, but it also includes the kindness in the environment of the Healthcare Systems and in between colleagues. Not forgetting the treatment that healthcare workers received from patients and their employers.

Humanizing care for the sick encompasses inclusion, solidarity, and the fulfillment of individuals' rights. Illness impacts every aspect of a person's life, including physical, spiritual, ethical, and social functioning. Recognizing patients as whole beings, encompassing biological, psychological, social, spiritual, and cultural dimensions, is essential for meaningful care. This holistic approach necessitates the involvement of patients, families, healthcare workers, and the work environment. In response to this need, The Joint Commission implemented new workplace violence prevention requirements for accredited behavioral health care and human services organizations, aiming to ensure comprehensive care and safety for all stakeholders. (1,2)





The idea is to guide effective workplace violence prevention strategies. The requirements address the following: (2)

- 1-Outlining leadership oversight
- 2-Developing worksite analysis processes
- 3-Developing policies and procedures for the prevention of workplace violence
- 4-Reporting systems, data collection, and analysis
- 5-Implementing post-incident strategies
- 6-Providing training and education to decrease workplace violence.

In Dentistry, the technical aspect of dental education is very strong and has been prioritized for decades to employ the best techniques and materials in the most diverse clinical situations, the real challenge is to answer this: is the resolution of oral health problems resolved by using the best techniques and materials? The answer is no. Students need a better understanding to provide a comprehensive diagnosis for each patient that includes general, oral, mental, and social health. Thus, the best technique is that which will resolve the patient's problem in its entirety, not just temporarily. (3) Front-line providers of care are frequently lacking in knowledge and sensitivity to social and structural determinants of underprivileged patients' health. (4)

One of the clearest manifestations of the dissatisfaction of some dentists is the high suicide rate, one of the highest, in comparison to other medical professions. Dental work is often unwelcome and unappreciated., so the dentist-patient relationship becomes strained when the dentist, poorly prepared by his education, is faced with patients affected by the complex consequences of pain, or very emotional.(7)

Humanized care not only focuses on the public sphere, but on the universe of health and the human being, represented by Dr. Adair Busato's dictum "We take care of people and not just teeth". (5)

Patients feel safe and confident when they feel treated by an ideal dentist who has professional and technical skills, but above all, should maintain humane and friendly contact with the patient. Dental anxiety is still a common fear among patients, but it is believed that this feeling will be minimized soon through new humanization policies within health services. In this point, the use of Digital Health tools can be of great help to treat and ease Dental phobias. (6)

The old biomedical model, related to disease-oriented and focused on intervention, has changed into a personcentered model, that puts medical attention on the person's needs and concerns, rather than the doctor or only the disease.

The humanization model in dentistry combines 3 pillars: Understanding, decision -making and intervention. Understanding the patient as a whole person also attains the dentist to the fear's patient can have and to validate, guides the practitioner in fine-tuning the intervention process. The decision-making puts the dentist in a role as an advisor in the process of the therapeutic alliance. The dentist recognizes the patient's autonomy and appreciates individual values. This reinforces the central relationship of trust with the person-patient. Finally, the intervention pillar means not only the therapeutic but also being able to properly refer to another colleague or to a medical practitioner. (7)

Nowadays "the training of competence in humanization implies both theoretical and practical training, with current immersive tools such as virtual reality (Metaverse) being a possibility for the improvement of these teachings. It would also offer the chance to combine education on humanization with skills in teledentistry.2 Critical training from a humanized point of view will help students consider measures to solve problems in different communities, to analyze and verify possibilities for enhancing existing actions that positively impact the quality of life of the population. (5)

ELEVATING DENTAL ASSISTING: NAVIGATING CAREER OPPORTUNITIES IN MODERN DENTISTRY



BY:
RACHEL SANNER,
RDA, SOA

In today's ever-evolving dental landscape, opportunities abound for dental assistants to expand their skill sets and carve out fulfilling career paths. From traditional chairside roles to specialized orthodontic assistance and the integration of digital dentistry, the options are vast and varied

As a registered dental assistant and a certified specialized orthodontic assistant with over a decade of chairside and digital dentistry experience, my journey in dentistry has been multifaceted and dynamic. I've had the privilege of working alongside dedicated doctors and mentors, shaping my approach to patient care and professional growth.

In addition to my clinical background, I have become deeply committed to advancing the dental assisting profession. This has led me to be part of both the American Dental Assistant Association (as a council member) and the International Academy of Holistic and Biological Dentistry & Medicine. This has allowed me to actively advocate for the importance of quality dental care and the pivotal role that dental assistants play in achieving it.

Specialization

Specialization offers dental assistants the chance to deepen their expertise and provide tailored care to patients seeking specific treatments. Whether assisting in orthodontic procedures or leveraging digital tools for enhanced diagnostics and treatment planning, specialized training opens doors to new avenues of professional growth and patient satisfaction.

Technological Advancements

The integration of technology into dental practices has revolutionized the way we deliver care. From digital impressions to teledentistry, these advancements have streamlined workflows, improved communication, and elevated the patient experience. Dental assistants with digital expertise are uniquely positioned to harness these tools and drive innovation within their practices.

Remote Work

Remote work options further expand the horizons of dental assisting, offering flexibility and opportunities for professional advancement. Whether providing virtual consultations, managing administrative tasks remotely, or participating in telehealth initiatives, remote work empowers dental assistants to balance their personal and professional lives while continuing to deliver high-quality care.

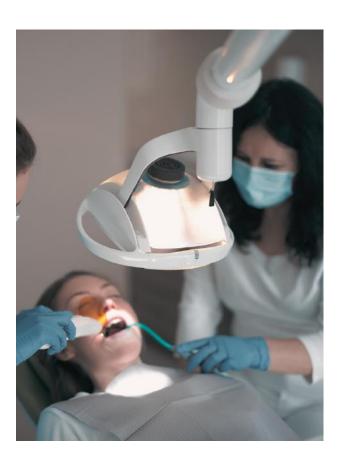
Traditional Practice

Let's not forget the joy of being in the business of smiles! As dental assistants, we have the privilege of helping our patients achieve the confident, healthy smiles they deserve. Whether it's through chairside assistance, digital dentistry innovations, or remote consultations, every interaction is an opportunity to spread happiness and positivity.

As advocates for lifelong learning, dental assistants are encouraged to pursue continued education and certification to stay at the forefront of their field. By investing in their professional development, dental assistants can unlock new career opportunities and make meaningful contributions to the advancement of dentistry.

In conclusion, the modern dental assisting profession is a dynamic and rewarding field with endless possibilities for growth and impact. By embracing specialization, integrating digital technologies, exploring remote work options, and investing in ongoing education, dental assistants can chart a course toward a fulfilling and successful career in dentistry.

Together, let us continue to inspire, innovate, and elevate the standard of care for patients around the world. The future of dental assisting is bright, and the best is yet to come.



Teeth Whitening and Setting Realistic Expectations: Communication Tips and Analogies That Make Sense

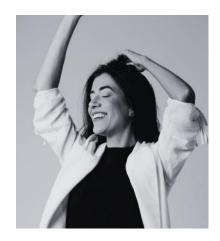


BY:
STEPHANIE
NIGHTINGALE,
FOUNDER OF STIMMIE

Whether you're browsing the oral care aisle or scrolling through Gwyneth Paltrow's top picks for at-home whitening treatments on Goop, or considering professional whitening treatments with your dentist, choosing a teeth whitening option can be more complex than we'd like. There's cost, time it takes to see results, but ultimately, many of us just want to know two things: How white will my teeth get and how long will it last?

When hosting routine hygiene appointments, the whitening-curious patients typically ask these questions frequently, so it's important to set realistic expectations. In the dental office, we sometimes use shade guides. Think of a Pantone swatch of whites and beiges or a colour swatch guide you'd see at the nail salon. We've been accustomed by brands to market whitening systems to both patients and consumers alike, "they will get your teeth up to 10 shades whiter." However, after conducting hundreds of in-office professional whitening treatments, these guides and marketing taglines can be somewhat misleading.









SMILE



We can't compare apples to oranges here, since not all teeth start off looking the same. Factors like oral hygiene, natural tooth shade, fillings, and porcelain crowns play a role. It's crucial for patients to understand this first, to avoid disappointment.

So what happens when someone asks: "How white will my teeth get?" Here's how I like to explain it:

Analogy #1

When you go on vacation and lay out in the sun, some people tan very easily, some don't tan at all, and some burn. This depends on someone's unique skin type. If three people with different complexions were to all lay out in the sun for the same time under the same UV index, their tan lines would likely look somewhat different. Similarly, we don't all start off with the same shade of enamel. Those with naturally 'yellow' undertones to our teeth tend to get 'whiter' after whitening treatment, while those with a naturally 'grey' undertone tend to get 'brighter'. Some see a drastic change, some minor. This skin/tanning analogy typically resonates with everyone and shifts a patient's mindset.

Next up, when the patients ask "How long will it last?" The answer depends on lifestyle and diet. Exposure to stain-inducing food and beverages, smoking, copious plaque build-up (which is a magnet for stain), enamel erosion from acid, and enamel dehydration after whitening, are crucial factors to discuss.

Which brings me to Analogy #2 that piggybacks off of Analogy #1.

"When people go on vacation, lay out in the sun and come home with a tan, some people hold on to their golden glow for days, weeks, maybe longer. (I envy them). Some people naturally fade quickly. Some people lock in their tan with a great skincare routine. Some people exfoliate often and it sloughs their tan right off. If you're like me, you just don't change colour at all."

Same goes for our teeth. Teeth shifting back to its natural shade can be from diet, lifestyle habits, and oral hygiene routines.

Opting for an at-home system or an in-office treatment depends on time and preference. I trust commercial whitening strips by Crest. I'll tell friends and patients to only whiten one arch at a time, so you can have a track record of the before and after by comparing top teeth to bottom teeth. But when time is finite, a one-and-done in office professional treatment is definitely the way to go.

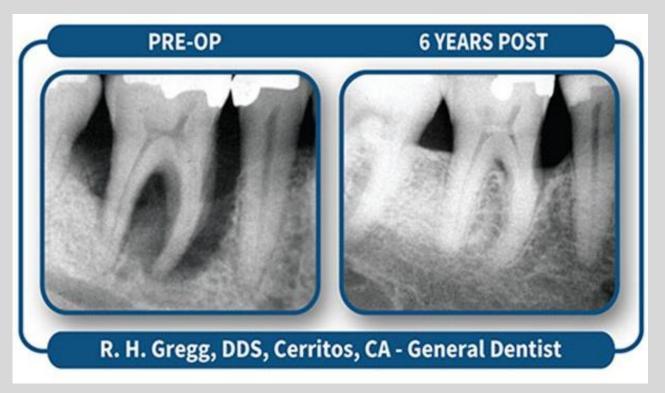
From my experience, no matter the system, your unique enamel shade will only ever get so white to your body's own personal threshold. Using a before picture as a benchmark is a great way to celebrate the final results. Even tiny wins and mild changes in brightness can be a huge confidence booster!



BY: SARAH BALASTER, DMD

Bone loss and periodontal disease; root cause, prevention, & clinical indicators of successful treatment.

In our minds bone loss is synonymous with periodontal disease. It has been drilled into us via multiple choice exam after multiple choice exam in dental or dental hygiene school, it is repeated in conferences, continuing education and almost every forum of discussion around periodontal disease. Bone loss, specifically radiographic bone loss, has become so indicative of periodontal disease percentage of radiographic bone loss was included as a diagnostic indicator in the 2017 World Workshop on the classification of periodontal disease. We know that it is bone loss that distinguishes gingivitis from periodontitis. Gingivitis being the mildest form of gum disease with clinical indicators such as bleeding, swelling and redness. Our landmark studies demonstrate that gingivitis is reversible with plaque control, home care, and improved hygiene, but once the line is crossed to periodontal disease and bone loss is clinically detectable, professional intervention is necessary for resolution. What is the root cause of bone disease associated with periodontitis, what are steps that we can take as clinicians to prevent this, how can we intervene once it is present and what can we do to help set up successful patient outcomes?



Radiographs showing pre and post LANAP intervention

From 10,000 feet periodontal disease is chronic inflammation gone unchecked, its clinical presentation and symptoms resulting from the host response to an unresolved insulting factor. Inflammation as a whole is not a bad thing, it is our body's internal guidance system alerting us when something is wrong. Inflammation is a process driven by our cells in response to signals from our body when there is a need to fend off a perceived injury, insult, or intrusion. The acute arm of inflammation lets us know when something is injured for example a cut foot may be tender or swollen signaling that it is best to not overuse that part of our body so it may heal. Acute inflammation is healthy, acute inflammation is resolvable, it is the other arm of inflammation, chronic inflammation, that is destructive. Chronic inflammation occurs when the body fails to remove the insulting factors and through all its attempts to do so the host begins to injure itself and the chronic inflammatory Chronic cycle begins. inflammation is at the heart of periodontal disease the insulting factor being bacteria biofilm either in itself or intimately ingrained in calculus.,

In chronic periodontal lesions, we see a breakdown of the periodontal ligament, edema, ulcerations in the pocket epithelial lining, and apical migration of the pathogenic insulting bacteria. On a cellular level there is an increase in neutrophils and macrophages, our hosts' response team to this unwavering chronic bacterial insult. On a biochemical level, there is an increase in pro-inflammatory cytokines (IL-1 TNF-alpha being key players) proteinases, of specific note MMPs (Matrix Metalloproteinases). MMPs are collagenases capable of degrading the collagen in bone. The mechanism of bone loss also includes the enhancement of osteoclast activity and weakening of osteoblast activity, both changes exacerbate the progressive destruction of the alveolar bone. Understanding the mechanism of action and cause of this destruction is important but we must not lose sight of what is responsible for the host response in the first place, the pathogenic biofilm.

The professional intervention that we provide as clinicians for our patients begins by removing the insult and injury that the body was not able to eliminate on its own. At its core removal of the insulting factor would prevent the progression of periodontal disease often this is easier said than done. Once we remove the insulting factor in many cases we are left with damage that needs to be repaired because mere elimination of the causative factor will not set our patients up for success. We must both treat them and leave them with an oral environment less susceptible to the recurrence of disease. As clinicians, we must also consider the impact of local factors (overhanging margins, tooth position, anatomical features) and systemic factors specifically smoking and diabetes on the disease progression.

When selecting a treatment intervention for periodontal disease it is best to begin with a comprehensive exam including radiographs, periodontal charting, intraoral exam, and a comprehensive medical and dental history. Once findings have been collected, establishment of the stage and grade of periodontal disease will further guide treatment forms selection. Milder intervention periodontal disease can be addressed with scaling and root planning, scaling and root planning in conjunction with local or systemic antibiotics and even scaling and root planning in conjunction with dental lasers used for bacterial reduction. As the disease becomes more severe our interventions become more aggressive and invasive.





Treatment options can include osseous surgery, guided bone and tissue regeneration, tooth extraction and replacement. It is of note that there are treatment intervention options capable of treating more severe forms of periodontal disease with less invasive methodologies such as Laser Assisted New Attachment Procedure (LANAP). LANAP is the only laser assisted periodontal mono-therapy protocol that is FDA cleared for true regeneration, formation of new cementum, periodontal ligament, and alveolar bone. Once treatment intervention is completed regardless of the treatment executed it is imperative that we bring our patients back for follow up and assessment of the effectiveness of the chosen course of treatment, course correcting if necessary. These follow up exams should include the same data collection as our initial comprehensive evaluation. Establishment of periodontal maintenance programs to prevent the recurrence of the disease that include routine visits to a dental professional partnered with adequate home care and ongoing motivation and home care instruction are necessary for successful treatment outcomes. In cases where there are systemic impacts partnering with the patient and their physician may also be necessary. Finally identifying any other local factors that are preventing adequate plaque control which may need correction and addressing them will further set up you and your patient for long term success.

The relationship between bone loss and periodontal disease is deeply intertwined, with bone loss serving as a hallmark indicator of disease progression. As clinicians it is helpful to understand the root causes of periodontal disease, inflammation, and bone loss. By understanding the etiology periodontal disease progression, addressing both local and systemic factors, ensuring thorough plaque control, partnering with patients, and their physicians when necessary, we can optimize treatment outcomes and promote long-term oral health for our patients.





By Katrina M Sanders RDH, BSDH, M.Ed, RF "The Dental Winegenist"

The Power Couple of Dentistry Host the '24 Denobi Awards

As a dental hygienist who entered the profession at a time where the narrative 'that's how we've always done it' was a constant echo holding dentistry back from stepping into excellence, I've discovered that my brain [or perhaps, rather, my professional responsibility I feel I have to my patients and my profession] is just different. For so long, I felt as though I was the 'redheaded stepchild' [pun lightly intended as this is written by a ginger] of dentistry, as time and again, I was asked to low my standards of care to meet the undervalued and low dental IQs of my patients and subsequent complacency of the team members I worked with. I'm not alone – and I'm no hero for sharing this. There are countless humans out there who feel the same undeniable necessity to 'do the right thing', and simply cannot rest their head on their pillow at night without knowing whole heartedly they have done their best for their patients. I began a mission of normalizing the voices of those who are the dream makers and the shape shifters of our profession, and throughout this journey, I've marveled at the people who have also echoed this same penchant for excellence.

It is there that I've found celebratory moments like the Denobis: a true beacon of excellence in celebrating the unsung heroes who work tirelessly to uphold the progressive future our profession is currently curating. Additionally, I'm constantly blown away by the level of professionalism, strength and heart of the incredible Melissa Turner and Sonya Dunbar who have selflessly created this celebration of excellence as a means of bringing these good souls out front. Put simply: the Denobi Awards celebrate [as Sonya Dunbar so eloquently shared] 'the nobodys'... the people who are working silently but proudly to make this world not only a better place, but a kinder, softer and healthier place with their visions, their talents and their hearts.

It has been the honor of a lifetime to stand alongside my husband, Dale F Stewart MBA as we presented these achievement awards to some of the best in our profession.



By Marilyn Sandor, DDS, MS

CELEBRATING INNOVATION AND COLLABORATION: GOODCHECKUP'S SUCCESS AT THE NATIONAL MOBILE & TELEDENTISTRY CONFERENCE

The National Mobile & Teledentistry Conference (NMTC) held in Dallas this month was an undeniable triumph, bringing together enthusiastic professionals dedicated advancing innovation and accessibility in dental care. Hosted by the dynamic duo, Sonya Dunbar RDH, MPH, and Melissa K. Turner, the event celebrated the determination, creativity, and dedication of professionals dedicated to pushing the boundaries of mobile and teledental care. GoodCheckup Corporation, a trailblazer in the teledental space, was delighted to participate in the NMTC for the third consecutive year. Dr. Marilyn Sandor, DDS, MS, Founder and CEO of GoodCheckup had the honor of participating in a panel discussion on innovation, moderated by Eileen Day, Founder of the DSO Vendor Insights Network (DVIN), alongside other esteemed industry leaders. The conference showcased engaging panel discussions, invaluable networking opportunities, and a collective passion for driving innovation designed to the needs of dental professionals and hygienists. Amidst the glitz and glamour of the red carpet, Complete Specialty Solutions co-founder Santosh Patel joined Dr. Marilyn Sandor of GoodCheckup and Philips OHC's Sheena Hinson for a snap showcasing the essence of dentistry's influential figures. Hinson and Dr. Sandor were also spotted exuding star power during their captivating redcarpet moment.

Dr. Sandor, joined by Melissa Massetti, Sheena Hinson, and Kathleen St.Peter-McDonald, added to the brilliance as the quartet graced the step-and-repeat. Dr. Sandor was accompanied by Clue & Toothority's Andrea Fox, both luminaries shining brightly on the red carpet. During the event, the GoodCheckup booth was a hub of activity. Sheena Hinson and Dr. Sandor were pictured at the. Curaden AG's Steffen Mueller got in on the excitement, introducing new oral hygiene innovations alongside Dr. Sandor, Meanwhile, Dr. Sandor and dental hygienist Kathleen St. Peter-McDonald made a memorable impression at the booth. Capping off the glamour and glitz, Dr. Marilyn Sandor, DDS, MS, Founder and CEO of GoodCheckup was photographed at the GoodCheckup booth. "We're excited to persist in breaking new ground and delivering cutting-edge solutions that enhance patient care and elevate the dental sector," Dr. Sandor affirmed reflecting the sentiments shared by numerous participants. Congratulations to the organizers and everyone involved in making #NMTCTWENT24 a resounding success, paving the path for continued advancements and significant transformations in the dental industry.









Sonya Dunbar RDH, MPH, the renowned "Geriatric Toothfairy" and the host of the concluded just National Mobile and **Teledentistry** Conference, displays confidently at the GoodCheckup booth. Sonya has been a huge supporter of Dr. Marilyn Sandor, Founder and CEO of GoodCheckup Corporation, and a staunch advocate for leveraging GoodCheckup's innovative mobile virtual care solutions. This dynamic duo is spearheading initiatives to enhance access highto quality dental care for seniors throughout Florida and Georgia.







The Winners



ALLISON NORRIS

SCN Rising Star

My professional journey didn't begin with childhood dreams of owning a recruiting agency or sitting in meetings with executives. It began with me gluing brackets on models of teeth because of a family lineage in dentistry. My future was guided by the profound truth that 'sometimes the dreams that come true are the dreams you never even knew you had'. This truth was learned through multiple failures in my pursuit.

In 2007, I graduated from dental hygiene school, fueled by dreams of making a significant impact on patients affected by periodontal disease. While practicing clinically, I began coaching dental hygiene teams across the southeast, trained practices to implement comprehensive care, and helped doctors increase their revenue through effective communication with patients. Despite a fulfilling clinical career, the desire for more challenges continued, as I, like many clinicians, found limitations in my impact.

Refusing to stay stagnant, I took a leap of faith in 2018 in an attempt to redefine my future by leaving clinical dentistry. I began working remotely for a large dental insurance billing organization. There, I helped build the consulting division alongside some of the most influential consultants in the industry. The long hours put a toll on me and my family so I took a leave of absence. Soon after, the founder of an orthodontic tech startup lured me with promises of a company buyout and my pivotal role in it. While I successfully launched the company in Atlanta, my bank account didn't mirror the success, leaving me without a paycheck and a sense of worthlessness. I resigned, feeling used and powerless.

Following my resignation, I battled three months of depression while searching for a new job that met my qualifications. After an interview for a job that I was overqualified for, I had a moment of clarity: I was not meant to build someone else's dream, I was meant to create my future. The setbacks and past employers that once crippled me with self-doubt soon became the catalyst for my entrepreneurial journey. Because of them, I found the fuel to succeed.

The Dentele Group emerged spontaneously, with zero expectations or prior experience. Built on principles of integrity and transparency, I selectively choose to partner with organizations that share my values and ethics. My commitment extends to aligning candidates and companies based on values, not just qualifications. I am launching a second company, an app that will change the way companies hire. I intend to address the flaws I have discovered that deeply affect the recruitment process; from the lack of feedback that leaves a candidate wondering why they aren't qualified enough to the overwhelming amount of messages received by those that are. I am on a quest to solve the problem that so many people are deeply affected by—their self-worth in their job search.

I am humbled to say that the Dentele Group was nominated Top Talent's Recruiter of the Year and Startup Agency to Watch in 2023. Those nominations are a testament to our commitment to excellence. My commitment to integrity and truth led to our fast growing success. I have been fortunate enough to earn awards such as Who's Who in America as well as the Denobi's inaugural Rising Star award. My dedication to the dental industry extends beyond recruitment. My goal is to empower dental professionals to recognize their worth and explore their full potential. I also serve as a mentor for the Mom Project which is led by Serena Williams. I will always remain grounded in humility and my success is because of the support of my network. My success is ultimately owed to those who have supported me along my journey.

As a clinician and female leader in the dental industry, my story resonates with empowerment through actions. From being dismissed as "just a hygienist" to launching a company featured in multiple magazines and articles, my journey speaks volumes, silencing naysayers and inspiring aspiring clinicians. To them, my story is a testament to resilience and self-confidence. For me, it underscores life's unpredictable journey, where dreams evolve, and success often emerges from unforeseen paths. To those discovering their true calling not in childhood dreams but in the pursuit of passion and resilience, my story is an invitation to embrace the unexpected twists and turns that lead to triumph



NOAH LEVINE

The Dr. Lou Shuman Pinnacle Achievement Award

I never set out to do anything related to dentistry or even health care. When I began my journalism career, I wanted to be Mike Royko. I wanted to write a newspaper column to offer commentary, and hopefully occasional bits of humor and/or insight. But that plan never quite worked out, and after being downsized, I answered an ad for an editor position with a company publishing books about everything from motorsports to medicine. I think I landed the position partially because me and the publisher at the time both attended college at Ohio University. That role as an associate editor at Dental Products Report (DPR) was my entrance to the world of oral health. I was immediately fascinated by the cutting-edge technologies and novel materials changing the possibilities in all areas of oral care, and I've remained just as curious while taking on larger roles in the newsrooms of dental publications. When I think about it, I am not missing a thing by not achieving my original career goal. Afterall, today is not a great time to be writing for a newspaper. It is however an amazing time in the world of oral health, and I consider myself lucky to be a part of the dental industry.

As a journalist I approach everything with curiosity and a touch of skepticism. I love to ask questions, and most of all, I love to learn new things. Being a part of an editorial team focused on coverage of the tools dental professionals use provides a unique perspective.

It can seem to be a commercial exercise where companies pay money for fawning coverage of their products, but I've been lucky enough to work in, and now to lead, true newsrooms that are focused on sharing useful information rather than marketing hype. I believe strongly in the power of straightforward communication, and I strive to create content that not only showcases the amazing innovations in the dental world, but also highlights the impact these innovations can have on people's lives. There are so many unmet oral health needs in the US, and throughout the world. I consider myself to be extremely privileged to hold a position where I can highlight areas of need, and I believe strongly in using my editorial position to share stories of success, and to showcase the ways dental professionals change their patients' lives every single day.

As I look ahead at the future of the dental industry, and the future of healthcare in general, I see an increasing need for collaboration and cooperation between dental and medical professionals. I believe everyone benefits when there is a focus on wellness and prevention. Connecting dental and medical doctors will enhance the lives of countless patients. Discovering and sharing these stories will be an important part of bringing this change to the healthcare industry, and because DPR is a part of MJH Life Sciences, we can publish content that reaches engaged audiences from both industries. I hope to help tell the story of these oral and systemic health finally reuniting, and I'll feel extremely lucky if I have that opportunity.

People can reach me at nlevine@mjhlifesciences.com or they can find me on LinkedIn.



SHAVONNE HEALY

Denobi Award Winner

My journey into dental hygiene began with a deep-rooted passion for advancing education and practice in this field. With over 20 years of clinical practice, I founded A Higher Learning LLC in 2020. This was not just a business venture for me but a personal-turned-professional mission to advocate for the well-being of dental hygiene professionals and patients, driven by my personal journey and passion.

My journey in dentistry began with a fervent dedication to preventive oral healthcare. Throughout my career, I witnessed the crucial role dental hygienists play in promoting oral health and preventing dental diseases. However, I also recognized the systemic challenges and barriers hindering access to quality dental hygiene education and services. This realization catalyzed the creation of A Higher Learning LLC.

A Higher Learning LLC is not just an educational institution. We are a dynamic force, a catalyst for change in oral healthcare. Our commitment to excellence, innovation, and ethical leadership drives us to shape the future of oral healthcare through cutting-edge education, pioneering practices, and a relentless pursuit of excellence. One of the cornerstones of our work is our Continuing Education courses and Symposiums.

The annual Public Health Priorities Symposium and the International Symposium for Preventive and Nonsurgical Dental Hygiene are both essential gatherings in the field of public health and dentistry.

The Public Health Priorities Symposium focuses on disseminating top-tier continuing education and fostering collaboration among dental professionals, government officials, and the public to advance public health agendas. Meanwhile, the International Symposium for Preventive and Nonsurgical Dental Hygiene provides accredited updates and innovations in clinical practice, emphasizing preventive and nonsurgical interventions to address oral health challenges. Together, these symposiums bring a diverse global spectrum of dental professionals, regulatory bodies, non-profit organizations, and patient advocates to strategize legislative efforts and prioritize initiatives to improve oral health outcomes.

Looking ahead, my vision for A Higher Learning LLC is ambitious yet achievable. I aspire to see our organization continue to be recognized as a global leader in shaping the future of dental hygiene and setting new standards for education, practice, and advocacy. Through collaborative partnerships, innovative programs, and legislative advocacy, we aim to expand access to quality dental hygiene education and services, particularly in underserved communities.

To achieve these goals, we are committed to fostering a culture of continuous learning, innovation, and collaboration within our organization and beyond. We can drive meaningful change by leveraging technology, data-driven approaches, and strategic partnerships. At A Higher Learning LLC, we firmly believe in the power of collaboration and partnership. We invite inquiries, collaboration opportunities, and partnership proposals from individuals and organizations who share our commitment to advancing dental hygiene education and practice. Together, we can create a lasting impact on the future of oral healthcare and enhance the well-being of dental hygienists, patients, and communities around the Nation.



JONATHAN BONANNO

Denobi Award Winner

My career in healthcare started right as I turned 16 and was capable of legally entering the workforce, but the life I had initially planned out is dramatically different than what I am up to today. Throughout my high school education, I was committed to pursuing a career as a plastic surgeon, so I was taking a ton of college preparatory classes until my senior year where I was dually enrolled in two different schools to become a certified nursing assistant (CNA). When I was 17, I was not only wrapping up my high school studies, but I was also completing all of my clinical runs and working at a number of hospitals, convalescent homes, and home healthcare units supporting a variety of patients; from newborn pediatrics up to supporting hospice patients suffering from dementia. While the road ahead could certainly be worth it - the strain I experienced as a CNA; I learned the clinical route of healthcare would not be something for me. It not only pulled on my heart strings, but more so because I could not handle the blood or odors (especially for someone longing to be a plastic surgeon).

I made the decision to take a break from college after my freshman year and immerse myself into the corporate world of healthcare where I started with McKesson and built a successful career in the people operations and implementations management space. I led one of the largest Risk Evaluation & Mitigation Strategies (REMS) program supporting patients who recently had a kidney transplant, and those who were at the effect of severe schizophrenia. Throughout the launch of these programs, working closely with the FDA and pharmaceutical vendors, I found the impact I was longing to make for so many patients across the world to get access to their medical needs. Not only did this allow me to support a population of patients at a large scale; I managed to grow profusely as a leader within the organization, I was in my first leadership role by the time I was 20 and my first Sr. Leadership role by the time I was 23 before stepping out of the organization into my first executive role at 24.

After spending a little over 6.5 years with McKesson, I was recruited into the world of dentistry, where I joined the consulting organization Performance Partners as the Chief Operating Officer overseeing the build out of the operations and HR division. During this time, I inherited over 65 dental employees while also providing practice management consulting. In my short time as COO, I transitioned the consulting model into a Dental Service Organization (DSO) where we did not have ownership of any of our practices, but ensured the entrepreneurial-private practices were receiving best in class support. In addition to this transition, I launched Dental Virtual Support Solutions (DVSS) as a virtual concierge service supporting private practices extrapolate the mundane tasks that happen in the front – from answering phone calls, scheduling patients, verifying insurance, revenue cycle management, and even credentialing.

Throughout this endeavor, I also opted to step into one of my clients' offices in a grander capacity to understand the ins and outs of dentistry so I could be lead and coach my team. Not only was this the best investment I could have made; I was able to not only manage the team and practice on top of my existing responsibities, but I was also able to meet my clients end outcome which was to sell her practice at the number and timeline she selected (August 2020).

After the successful sale of my clients practice, I continued on with DVSS until I decided to step out and launch Chief Psycho (formerly Cultura+Co.) as a psychology-based consulting and recruiting organization. I not only was able to see great success in the first week of launching my business, but I finally found myself aligned with the type and quality of work that I felt confident putting my name on. After being in a consultative capacity for most of my career, I wanted to ensure that not only the leaders of the practice were taken care of, but more so the team and people that make up the organization. The only sustainable or competitive advantage a business can have is their people. I have worked with a number of reputable consultants in our industry by helping them align their business strategy to their people strategies; ranging from executive coaching, organizational development, and full-blown start-ups and go to market plans.

In just 3 short years, I managed to bring a unique blend of psychological insight and industry expertise to optimize workforce performance and drive organizational success built on the foundation of industrial/organizational (I/O) psychology which has led me to the role I am in now. In September 20203, I was asked to host a virtual workshop and reached out to one of my sponsors to support it; little did I know that this request would have turned into a merger & acquisition discussion. As of December 2023, I merged with Clinical Excel Computech (CEC) and now reside as a Board Member and the Chief Talent Officer where I oversee our Talent Acquisition and Optimization (TAO) division that provides specialized recruitment process outsourcing (RPO) solutions to emerging DSO and group practices.

Additionally, I have launched varying group coaching programs to support professionals attain a higher sense of self-awareness by diving deep into the psychology of imposter syndrome and leading in servitude of others. Through my proprietary LAB Methodology and HUMAN values framework; I've uncovered ways to not only create a safe and trusting space for those I come in contact with, but to ensure their value does not go unnoticed.

I aim to empower healthcare professionals to build resilient, high-performing, and psychologically safe teams. I want to equip leaders and teams with the information they need to see this come to life - transitioning the knowledge seeker into a knowledge creator. I have been a full-time student since 2013, so I'm a strong advocate for continuing education to achieve your desired outcome.

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DR. WHITNEY DEITZ AND JULIE BOSTWICK

Denobi Award Winners

My main motivation as a dentist is the belief that everyone deserves a smile. I pursued my Bachelor of Science in Biology from Campbellsville University in 2011, earned a Doctor of Dental Medicine from the University of Kentucky in 2015, and completed a General Practice Residency at the same institution in 2016. My commitment to dental care and public health initiatives has remained consistent throughout my career since completing my residency. I have focused my expertise on general dentistry within Aspen Dental practices while also volunteering in programs like Floss & Gloss, a public health initiative that aims to provide interventions and preventative measures, including Silver Diamine Fluoride (SDF) applications, to at-risk children.

I was honored to work with my Lab Technician, Julie Bostwick, to treat Weston, a young patient diagnosed with Hypohidrotic Ectodermal Dysplasia (HED), a disease that prevents normal dentition growth. Being neighbors with Weston's mother, Ashley, I was aware of his dental needs and pledged to make sure he received the best care he could get. Motivated by the same compassion I would extend to my own child, I promised Ashley I would explore all avenues to provide Weston with a smile he feels confident about.

Collaborating closely with Dr. Sundeep Rawal, the Senior Vice President of Implant Support Services, we explored long-term implant solutions and alternative options tailored specifically to Weston's unique circumstances.

Our research revealed that most children diagnosed with this genetic condition typically received adult dentures, lacking the necessary customization for pediatric patients. Using molds of my own daughter's teeth, Julie and I work together to craft a set of dentures for Weston, ensuring they closely resembled natural dentition and were appropriate for his age. This not only provided Weston with a complete set of dentures but also secured his place in the Guinness Book of World Records as the youngest patient worldwide to receive such comprehensive dental prosthetics.

Continuing to push the boundaries of dental innovation, I collaborated with Eric Kukucka, the Vice President of Clinical Removable Prosthetics and Design Technologies, to streamline the digital workflow as Weston grows older. Together, we wanted to simplify the impression and delivery process, enhancing efficiency, and elevating the patient experience. As advocates for inclusive and innovative dentistry, we hope to continue to pave the way for future clinicians to address complex dental needs like Weston's. We also want to continue the great work of the Aspen Dental team, setting records like Weston's for early interventions and better access to specialized dental care.

My journey from academia to hands-on practice and community involvement has deepened my dedication to enhancing dental healthcare and promoting confidence in every individual's smile. Through unwavering dedication to our patients and an unwavering pursuit of positive change, I urge both my colleagues and leaders in the industry to join me in charting a future where smiles are limitless.

For any questions about my experience, I can be reached via email at drdeitz@aspendental.com. To learn more about TAG and its mission, visit https://www.teamtag.com/.



CHILDREN'S VOLUNTEER HEALTH NETWORK

Denobi Award Winners

Christina Peterson, RDH, serves as the Director of Dental Operations for Children's Volunteer Health Network (CVHN). She brings a passion for dental healthcare and an unwavering commitment to serving underserved communities. With a decade of experience as a dental hygienist, Christina joined CVHN in 2019, eager to make a tangible difference in the lives of children in need. Christina leads the four-person Mobile Clinic Dental team in an organization with a total staff of seven.

CVHN was founded in 2005 to bridge the gap in access to dental care for children in need and this mission has been marked by innovation and advocacy. Inspired at the National Mobile & Teledentistry Conference (NMTC) conference in 2023, CVHN's lead dental hygienist Rose Alvarez, RDH played a pivotal role in the development and implementation of a groundbreaking program aimed at improving children's oral health outcomes. CVHN quickly launched the Early Intervention Rotation Program utilizing Povidone Iodine (PVP-I) and fluoride varnish for the Fall 2023-2024 school year.

This focus on continuous education has helped ensure that CVHN remains at the forefront of dental healthcare advancements.

Another example of this success is early adoption of the utilization of Silver Diamine Fluoride (SDF) in 2019, an innovation that has helped the team treat approximately 90% of the decayed teeth in the children they serve.

CVHN is dedicated to providing dental care to 1,600 children annually through two state-of-the art mobile dental clinics and portable dental equipment. They offer comprehensive preventative dental services to students with ages ranging from early preschool through fifth grades in VPK and elementary schools spanning two counties. Additionally, they collaborate with other local non-profits committed to children's welfare. Since 2005, CVHN has contributed \$8.3 million in donated care, serving 18,000 children, and performing 160,000 procedures!

Moving forward, CVHN is committed to growing the reach of their dental programs to increase equitable access to dental care for all children. CVHN envisions a future where each child has the opportunity to receive high-quality dental care, free from barriers and disparities. A passion for this work fuels their determination to advocate for legislative changes and drive innovative programs that make a meaningful difference in the community just as the founding Director of Dental Operations, Denise Lisciotti, RDH, lead from their beginning.

To learn more about Children's Volunteer Health Network and their mission, please contact CVHN's Executive Director, Megan Trent megan@cvhnkids.org.



SMILE AMERICA PARTNERS

Denobi Award Winners

Led by CEO Steve Higginbotham, Smile America Partners is the world's leading Dental Service Organization (DSO) specializing in mobile and portable dentistry, working with dental practices across the country to bring dental care to underserved children at school.

Through its innovative mobile dental program, Smile America Partners brings essential dental care directly to schools, ensuring that children have access to quality dental services. Its mission is to bring smiles and good oral health where they are needed.

Collectively, the team cares for 328,000 underserved children each year. Many of these students have never seen a dentist in their lives. Some don't even own a toothbrush. Some children say they share a toothbrush with siblings. It's often heartbreaking to see the level of decay in these children's teeth.

Steve's mantra has been: "One More Child." In a nutshell, it's a rally cry to the team to do their level best to see one more child each day they are at a school because he knows the difference the care will make for that child and their parents, often for the rest of their lives. Giving these kids the education and building blocks to ensure their future dental health is a strong motivator and gives the team a sense of purpose.

Steve often says, "The need is great. The rewards are greater." There's no better feeling than knowing you've made a difference in a child's life.

The team serves schoolchildren in 19 states, with plans to add another 2-3 states within the next 12 months. After beginning with just a handful of schools, the dental teams now visit 7,000 schools across the country each year. At the heart of the growth model is the question: 'How can we help more kids get care?'

"Some might say I'm a bit sappy when I talk about our work, but it strikes a chord with me," said Higginbotham. "I like to think I inspire the team by making a point to offer words of recognition and encouragement, but truth be told, it's the team that inspires me!"

True to his humble nature, Steve has been heard saying, "I'm the least important person in the organization. Our team tirelessly helps children get the dental care they need to improve their lives today and into the future. I couldn't be prouder."

Steve can be reached at SHigginbotham@mobiledentists.com. Learn more at SmileAmericaPartners.com



Shelbey Arevelo Dental Billing Expert

IN THE INTRICATE WORLD OF DENTISTRY, WHERE PRECISION MEETS CARE AND BUSINESS ACUMEN IS AS CRUCIAL AS CLINICAL SKILL, PROFESSIONALS LIKE SHELBEY AREVELO SHINE BRIGHTLY. WITH OVER 14 YEARS OF EXPERIENCE IN THE DENTAL INDUSTRY, AREVELO HAS CARVED A NICHE FOR HERSELF AS A DISTINGUISHED FIGURE IN THE REALM OF DENTAL BILLING AND CONSULTING. HER JOURNEY FROM A YOUNG HIGH SCHOOL GRADUATE WITH A PASSION FOR DENTISTRY TO THE FOUNDER OF AREVALO ELITE SERVICES REFLECTS HER UNWAVERING COMMITMENT TO EXCELLENCE AND INNOVATION.



Embarking on the Journey

Arevelo's journey into the dental field commenced during her senior year of high school when she enrolled in the Regional Occupational Program's Dental Assistant Certification program. Despite the 30-minute commute to Auburn from Roseville High School, her dedication was unwavering. Through rigorous training encompassing CPR certification, X-ray licensing, OSHA, and HIPAA certifications, Arevelo honed her skills, graduating with an outstanding 99% grade.

However, her affinity for dentistry transcended clinical practice, leading her to explore the administrative realm. After brief stints in phlebotomy, Arevelo found her calling as an insurance coordinator at Marconi Dental Group. Here, she cultivated a strong foundation of knowledge, swiftly ascending to the role of lead treatment coordinator. With relentless determination and expertise, she further ascended to manage multiple dental practices, cementing her prowess in dental operations.

Founding Arevalo Elite Services

Motivated by a desire for autonomy and a passion for helping dental practices thrive, Arevelo established Arevalo Elite Services. Despite the challenges posed by the COVID-19 pandemic, which thwarted her initial plans of remote work and travel, Arevelo adapted her business model to meet the burgeoning demand for remote services. Leveraging her extensive experience and industry insight, she laid a robust foundation for her consultancy, poised to revolutionize dental billing and consulting.

Empowering Dental Practices for Success

At the core of Arevelo's mission lies a commitment to empowering dental practices for success. Through meticulous attention to detail and a client-centric approach, she navigates the complexities of dental billing and consulting, propelling practices towards financial prosperity and operational efficiency.

Navigating the Landscape of Dental Billing

Dental billing and consulting play a pivotal role in the success of dental practices. Arevelo's services are meticulously designed to maximize revenue, ensure compliance, enhance patient satisfaction, and foster strategic growth. By addressing critical aspects such as billing, coding, insurance management, collections, and compliance, she equips practices with the tools needed to thrive in a competitive healthcare landscape.

Working Smarter, Not Harder

Arevelo's philosophy of "Working Smarter, Not Harder" permeates every facet of her approach to dental billing and consulting. By prioritizing efficiency, focusing on high-impact activities, fostering continuous improvement, and employing strategic problem-solving, she delivers tangible results for her clients. Through empowerment and strategic guidance, she enables practices to achieve optimal outcomes while minimizing resource expenditure.

Overcoming Common Challenges

In her extensive experience, Arevelo has encountered and overcome myriad inefficiencies and challenges faced by dental practices in their billing processes. From coding errors and incomplete documentation to delayed claim submission and insurance verification issues, she offers comprehensive solutions tailored to each practice's unique needs. By streamlining workflows, implementing technology integration, and providing proactive denial management, she ensures optimal financial performance.

Driving Success Through Collaboration

Arevelo's client-centric approach revolves around fostering strategic collaboration and maintaining long-term partnerships. By understanding client needs, offering customized solutions, providing consistent support, and delivering measurable results, she cultivates enduring relationships built on trust and mutual success.

Pioneering the Future

As Arevelo envisions the future of dental billing and consulting, she anticipates trends such as automated billing systems, telehealth integration, and collaborative care models to shape the industry landscape. With her finger on the pulse of innovation and a steadfast commitment to excellence, she remains poised to lead the charge towards a future where dental practices thrive in an everevolving healthcare ecosystem.

In essence, Shelbey Arevelo stands as a beacon of expertise and innovation in the realm of dental billing and consulting. Through her unwavering dedication, meticulous attention to detail, and visionary leadership, she continues to redefine the standards of excellence, empowering dental practices to achieve unparalleled success in a dynamic and ever-changing industry landscape.



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References

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- 1. DE JANASZ, S. (2021, NOVEMBER 30). HOW WOMEN CAN GET WHAT THEY WANT IN A NEGOTIATION. HARVARD BUSINESS REVIEW. HTTPS://HBR.ORG/2018/08/HOW-WOMEN-CAN-GET-WHAT-THEY-WANT-IN-A-NEGOTIATION
- 2. GUNDAVARAPU, S. S., SURDU, S., & LANGELIER, M. (2023). EXPLORING THE IMPACT OF HOUSEHOLD, PERSONAL, AND EMPLOYMENT CHARACTERISTICS ON DENTISTRY'S INCOME GAP BETWEEN MEN AND WOMEN. THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION, 154(2), 159-170.E3. HTTPS://DOI.ORG/10.1016/J.ADAJ.2022.11.007
- 3. HEALTH POLICY INSTITUTE. (2024). SUPPLY OF DENTISTS IN THE U.S.: 2001-2023 [DATASET]. AMERICAN DENTAL ASSOCIATION.
- HTTPS://WWW.ADA.ORG/EN/RESOURCES/RESEARCH/HEALTH-POLICY-INSTITUTE/DENTIST-WORKFORCE
- 4. HPI: WOMEN MAKE UP GROWING PERCENTAGE OF DENTAL WORKFORCE. (2021). AMERICAN DENTAL ASSOCIATION.

 HTTPS://ADANEWS.ADA.ORG/ADANEWS/2021/MARCH/WOMEN-MAKE-UP-GROWINGPERCENTAGE-OF-DENTAL-W ORKFORCE/
 - 5. NOW, N. D. (2018, MAY 31). WOMEN DENTISTS REFLECT ON GENDER GAP IN EARNINGS. NEW DENTIST BLOG. HTTPS://NEWDENTISTBLOG.ADA.ORG/WOMEN-DENTISTS-REFLECT-ON-GENDER-GAP-IN-EARNINGS/ WOMEN NEGOTIATION SKILLS - PROFESSIONAL & EXECUTIVE DEVELOPMENT | HARVARD DCE. (2024, JANUARY 8).
- 6. PROFESSIONAL & EXECUTIVE DEVELOPMENT | HARVARD DCE. HTTPS://PROFESSIONAL.DCE.HARVARD.EDU/BLOG/WOMEN-NEGOTIATION-SKILLS-HOW-WOMEN-CAN-GET-WHAT-THE Y-WANT-IN-A-NEGOTIATION/

DENTE

References

Humanization in Healthcare and Dentistry: The unpaid debt

- ANDINO ACA. THE HUMANIZATION, AN ETHICAL ISSUE IN THE ACCREDITATION IN HEALTH. REVISTA COLOMBIANA DE BIOÉTICA. 2018;13(2):68-86.
 - 2. A TRUSTED PARTNER IN PATIENT CARE | THE JOINT COMMISSION
- 3. VARGAS, K. F. DE, WUTTKE, I. C., BREW, M. C. C. DA C. H., BUSATO, A. L. S., BAVARESCO, C. S., & MOURA, F. R. R. DE. (2020). FORMAÇÃO HUMANIZADA EM ODONTOLOGIA: UM OLHAR DIFERENCIADO PARA A SUBJETIVIDADE. REVISTA DA ABENO, 20(1), 33-43.

HTTPS://DOI.ORG/10.30979/REV.ABENO.V2011.869JJ

4. LÉVESQUE, MARTINE C., ALISSA LEVINE, AND CHRISTOPHE BEDOS. "IDEOLOGICAL ROADBLOCKS TO HUMANIZING DENTISTRY, AN EVALUATIVE CASE STUDY OF A CONTINUING EDUCATION COURSE ON SOCIAL DETERMINANTS OF HEALTH."

INTERNATIONAL JOURNAL FOR EQUITY IN HEALTH 14.1 (2015): 1-14.

HTTPS://EQUITYHEALTHJ.BIOMEDCENTRAL.COM/ARTICLES/10. 1186/S12939-015-0170-2

5. GONZALEZ-MORENO, MARIA, ET AL. "IMPROVING HUMANIZATION THROUGH METAVERSE-RELATED TECHNOLOGIES: A SYSTEMATIC REVIEW." ELECTRONICS 12.7 (2023): 1727.

HTTPS://DOI.ORG/10.3390/ELECTRONICS12071727

- 6. HUMANIZATION IN DENTAL CARE: RECEPTION OF THE SUBJECTIVITY OF PATIENTS TREATED BY UNDERGRADUATE STUDENTS IN DENTISTRY. ARQ. ODONTOL. [ONLINE]. 2012, VOL.48, N.3, PP. 151-158. ISSN 1516-0939.
- 7. APELIAN, NAREG & VERGNES, JEAN-NOEL & CHRISTOPHE, BEDOS. (2014). HUMANIZING CLINICAL DENTISTRY THROUG A PERSON-CENTERED MODEL. THE INTERNATIONAL JOURNAL OF WHOLE PERSON CARE. 1. 10.26443/IJWPC.V112.2.

DENTE

References

Bone loss and periodontal disease; root cause, prevention, & clinical indicators of successful treatment.

- 1. CATON J, ARMITAGE G, BERGLUNDH T, ET AL. A NEW CLASSIFICATION SCHEME FOR PERIODONTAL AND PERI-IMPLANT DISEASES AND CONDITIONS - INTRODUCTION AND KEY CHANGES FROM THE 1999 CLASSIFICATION. J PERIODONTOL. 2018; 89(SUPPL 1): S1-S8. HTTPS://DOI.ORG/10.1002/JPER.18-0157
- 2. LOE H, THEILADE E, JENSEN SB. EXPERIMENTAL GINGIVITIS IN MAN. J
 PERIODONTOL (1930). 1965 MAY-JUN;36:177-87. DOI:
 10.1902/JOP.1965.36.3.177. PMID: 14296927. GOLDSTEP, F., 2013.
 PERIODONTAL INFLAMMATION SIMPLIFIED. ORAL HEALTH J, PP.8-17.
- 3. GOLDSTEP, F., 2013. PERIODONTAL INFLAMMATION SIMPLIFIED. ORAL HEALTH J, PP.8-17.
 - 4. LUDOVICO SBORDONE AND CLAUDIA BORTOLAIA. ORAL MICROBIAL BIOFILMS AND PLAQUE-RELATED DISEASES: MICROBIAL COMMUNITIES AND THEIR ROLE IN THE SHIFT FROM ORAL HEALTH TO DISEASE. CLIN ORAL INVEST (2003) 7:181-188
- 5. GOLDSTEP, F., 2013. PERIODONTAL INFLAMMATION SIMPLIFIED. ORAL HEALTH J, PP.8-17.
- 6. ROSE, MEALEY, AND GENCO. PERIODONTICS: MEDICINE, SURGERY AND IMPLANTS. MOSBY; 1ST EDITION (JUNE 17, 2004)
- 7. HUANG, X., XIE, M., XIE, Y. ET AL. THE ROLES OF OSTEOCYTES IN ALVEOLAR BONE DESTRUCTION IN PERIODONTITIS. J TRANSL MED 18, 479 (2020). HTTPS://DOI.ORG/10.1186/S12967-020-02664-7
- 8. ROSE, MEALEY, AND GENCO. PERIODONTICS: MEDICINE, SURGERY AND IMPLANTS. MOSBY; 1ST EDITION (JUNE 17, 2004)
 - 9. GROSSI, S.G. AND GENCO, R.J. (1998), PERIODONTAL DISEASE AND DIABETES MELLITUS: A TWO-WAY RELATIONSHIP†. ANNALS OF PERIODONTOLOGY, 3: 51-61.

 HTTPS://DOI.ORG/10.1902/ANNALS.1998.3.1.51
- 10. ROSE, MEALEY, AND GENCO. PERIODONTICS: MEDICINE, SURGERY AND IMPLANTS. MOSBY; 1ST EDITION (JUNE 17, 2004)
- 11. NEVINS ML, CAMELO M, SCHUPBACH P, KIM SW, KIM DM, NEVINS M. HUMAN CLINICAL AND HISTOLOGIC EVALUATION OF LASER-ASSISTED NEW ATTACHMENT PROCEDURE. INT J PERIODONTICS RESTORATIVE DENT. 2012 OCT;32(5):497-507. PMID: 22754897.



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