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How a deep sense of caring for patients and team members has guided North American Dental Group and its CEO and Co-Founder Ken Cooper through a tumultuous year.





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Servant Leadership

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A Season of Gratitude



Scott Adams

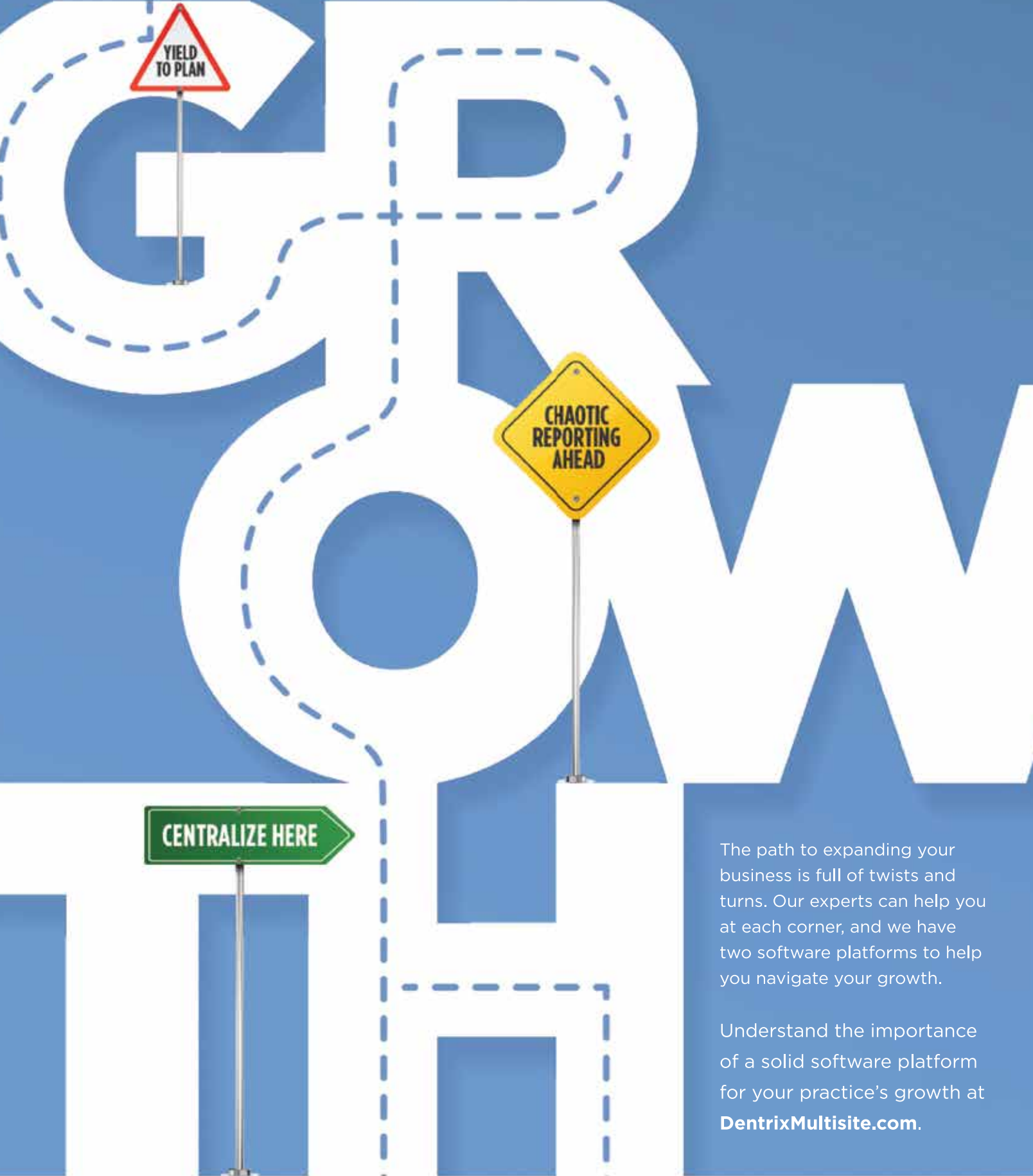
I always look forward to this time of year. The holiday season gives us a time to reflect on the things that are important and that we need to be thankful for.

More than likely everyone reading this has said “I am ready for 2020 to be over.” I say it at least once a week. Given the year we’ve had, it may be difficult to think about the things that we should be thankful for and remember. Here are a few of mine:

1. I am thankful for the health of my family.
2. I am thankful that I was able to shelter in place for a few months with my youngest son Nicolas. As much of a pain as it was being stuck at home, those few months with him will be with me forever.
3. I am thankful our business has survived the most difficult year in its 27 years of existence, and we are starting to thrive again thanks to you!
4. I am thankful 2020 is coming to a close and the “BLACKJACK” year 2021 is near.

Here’s hoping you have a happy, restful, and joyful close to the year. We believe next year is going to be an amazing year full of hope.

Happy Holidays,
R. Scott Adams



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Building Up

Best practices for creating alliances, and new owner buy-in, for DSOs.



Tarek Aly has always taken a glass half full perspective to things.

“Life’s too short not to enjoy it,” said Aly, BDS, MBA – Co-founder, Chief Operating Officer, OrthoDent. “With straight roads, you don’t need skillful drivers. You really need those obstacles to grow and learn. So whatever life throws at you, use that to jump to the next level.”

In dentistry, that positivity is more than justified by market trends.

“There is a huge demand for dentistry in general,” he said when describing the keys to OrthoDent building itself into a 19 dental group organization in Texas. “We saw a huge demand in the pediatric dentistry and orthodontics world in Texas. Everywhere you go, there was

a ton of demand. We noticed this hole, though. What if we provide quality care at an affordable price to residents in rural towns in Texas? Let’s see what happens.”

Magic is what happened next, said Aly. “We grew very fast.”

In a recent DEO Case Study, Jake Puhl, partner of CEO of The Dentist Entrepreneur Organization,

spoke with Aly about that growth and the keys to building a 19-location dental group. The following were some key takeaways from the case study intensive.

What kind of role team plays in one’s development

“We’d be nothing without our team. We have the most wonderful team, hand selected. We have team members who’ve worked in multiple groups. We have team members that grew from the bottom up. We have team members that started with us and now they are amazing. They’re superstars. The team is everything. If you think about the train, we’re all in the train right now going to a destination and the team is the engine. Can you imagine an engine that is not being taken care of? If you neglect the team, if you fail to recognize their talent and address their needs and utilize their talent, then of course your engine is going to leak and you’ll end up stopping somewhere in the desert where you’re stuck.”

On approaching other dentists for alliances

“Think of the train analogy again. We’re all on a train. All of us enter at a specific spot and we exit at a specific spot, but some of us have the same exact exit. We may go to that same destination. So alliance means that I hold hands with those

who have a very similar destination. We're trying to make the train as efficient and as productive as possible.

[With alliances] I've picked dentists who are very similar, like-minded individuals – entrepreneurs who know that number one priority is patient care and quality of care. Then, if they're going with me to the same destination, we can have an alliance. But an alliance doesn't just necessarily mean that they could be going to the same destination. Even if they're there for the next three or four spaces, they're still with us.

So an alliance here is how we pick those dentists. Anyone who is willing to grow, who has that growth mentality, entrepreneurship, and knows exactly what they want is a potential alliance candidate. What we typically do is we say, 'What is it that you need in the next few years? What's your destination? What does the roadmap look like?' If it's very similar and coherent, we form an alliance. That's how we all grow."

Best practices for generating successful alliance candidates

"We don't necessarily go and seek alliance candidates. I feel that they typically come to you when they see your vision, and they see what you're trying to do.

If you think about COVID, when that happened we were all wondering what would happen to regulation. So there was a compliance alliance. Then, an HR alliance formed when people began wondering about layoffs, furloughs, etc.

So recently, dentists have become aware that, first of all, the clinic is

a business that needs to be profitable as much as it needs to be super compliant and high quality. Second, it needs to grow. We need to care about the team, we need to have succession planning, and because it's a business, the clinic needs to have profit as well. We realize that business is a part of what we do.

We're all in the same boat; we just have little differences here and there. Everyone's a potential alliance."

New partner buy-in

"[New partner buy-in or associate buy-in] really depends on the size of the DSO. Size does matter with this particular one. There's a reason why someone wants to buy-in to the DSO. They see the vision. They know where to go. Why would you want to bet on something that is moving? You want to bet on something that is winning.

We need to care about the team, we need to have succession planning, and because it's a business, the clinic needs to have profit as well. We realize that business is a part of what we do.

So they worked as an associate for a while. They were either focusing on finances – they wanted to pay off debt – or they were focused on learning a little bit about the business, or wanting to do more critical growth before starting their own. Once that's done, they have a need. My immediate needs are satisfied, either I've made money or paid off debt, and now

I want to grow. I want to catch momentum. Now it's time to build my own instead of working for someone else.

So, we have to first congratulate them for taking that step. A lot of us forget that part. 'Thank you very much for thinking about this.' That means you trust them. If you believe in us, you're betting on a winning horse and you think we are the winning horse. So that's the first thing.

The second step is, what is your mission? What do you really want to do? What's your vision? Write it down. What do you need? And then see if that matches in subsets and if it goes to the core. Now let's talk semantics. Let's talk the structure of how that works. There are multiple ways of doing it; there's no perfect way of doing it. And like I said, size does matter. So if you're a

DSO with three units, or four units or five, the structure may be significantly different than if you're a DSO with 50 units.

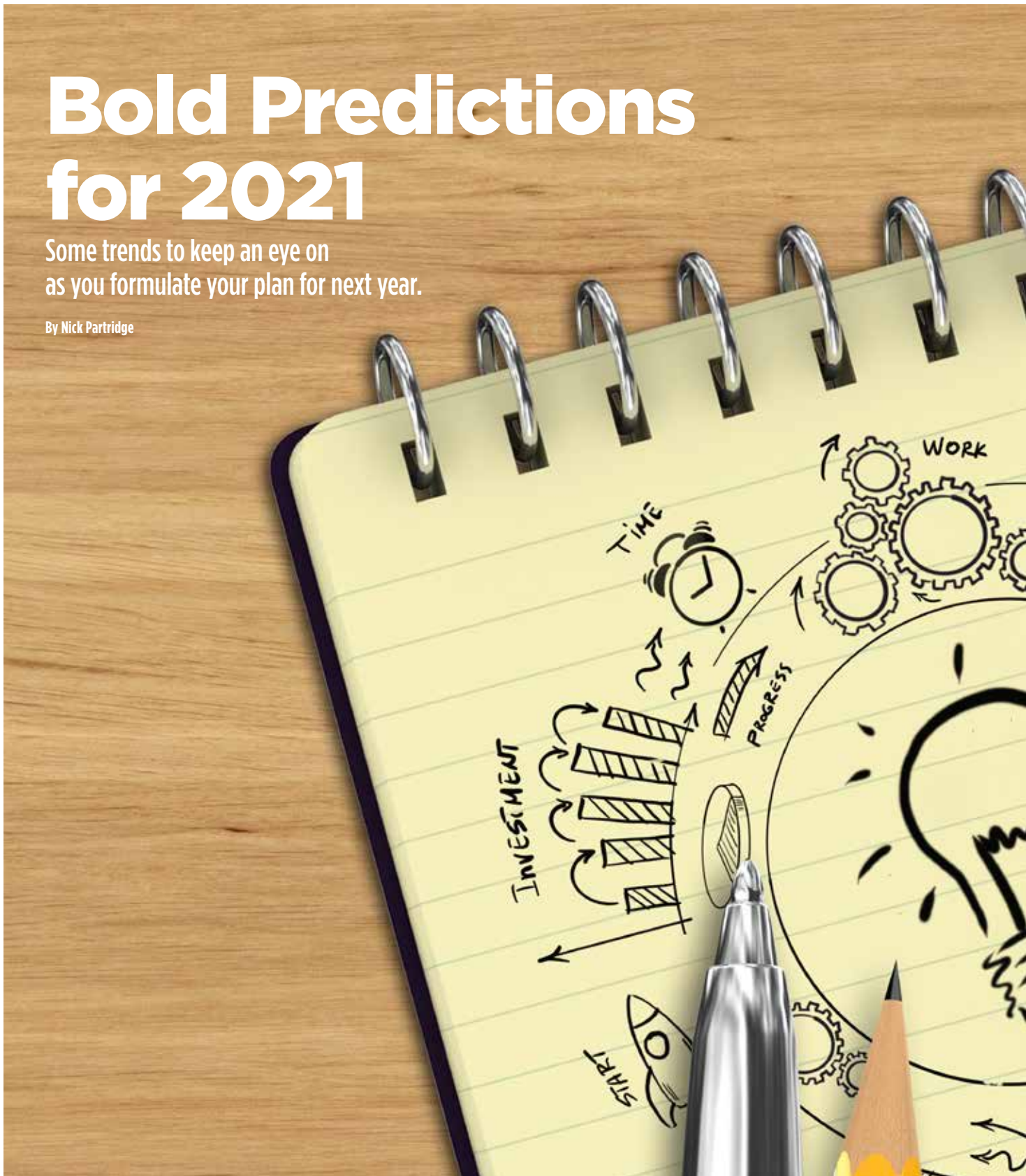
At the end, they all have to be aligned in that alliance, in order to catch the momentum together and have the similar end goal."

To watch the full DEO Case Study, visit the DEO - Dentist Entrepreneur Organization YouTube page. ■

Bold Predictions for 2021

Some trends to keep an eye on as you formulate your plan for next year.

By Nick Partridge





Prognostication is a tricky business. Pollsters are under fire for their inaccurate results this election season ... and who could have possibly predicted what 2020 had in store for us?

While we cannot know the future, there is of course tremendous value in thinking about and preparing for it. Most organizations undertake an annual planning effort to allow for an examination of the business while preparing a plan for the road ahead. As a result, we endeavor to help guide you in your annual planning process, highlighting emerging trends and anticipating new ones. Therefore, here are my bold predictions for 2021.

Dental networks will shrink

I believe dental networks will be smaller in 2021 for a variety of reasons. Dental networks experienced record growth on the advent of network leasing. The result is dental networks now look very similar. There is significant overlap as the average provider is now in over 9 networks. Moving forward, payers will be focusing on improving their networks to be more cost effective.

the ongoing costs to protect patients and staff within new PPE guidelines. Recognizing the overlapping nature of networks and facing these financial realities, dentists will likely shed participation in some plans.

Suppression

As mentioned above, payers are focusing on building more cost-effective networks. One of the primary ways to accomplish this, is to exercise

The good news for DSOs is that through 2020, patients have increasingly migrated to affiliated practices. DSOs are taking market share in an environment where patient visits have not returned to pre-COVID levels.

Dental networks' focus on becoming more cost-effective will force dental practices to make decisions about insurance participation. More active efforts to maintain or even reduce reimbursements frustrate providers still grappling with staffing turnover as a result of the shutdown in addition to reductions in capacity and demand. Plus, while nearly all PPE reimbursement programs have ended, dental practices are absorbing

discretion in picking up providers through leased networks. As network leasing proliferated over the last 5-6 years, providers were largely certain to be picked up through partnerships. Thus, while enduring some indigestion to make contracting changes, the outcome was usually worth the effort. This effort to selectively restrict access is called suppression. Providers while available through a leased partnership

will be actively suppressed from accessing that network based on criteria like cost and claims history.

Suppression stands to create tremendous problems for practices with meaningful provider turnover as new providers become contracted differently from existing providers. Certain providers may be picked up through partners while others may not and the criteria for such decisions is proprietary and confidential. Contracting inconsistencies are problematic in building strong patient relationships as the cost of care for patients differs by treating provider. At the same time, providers should not acquiesce by accepting lower reimbursement rates.

While nearly all PPE reimbursement programs have ended, dental practices are absorbing the ongoing costs to protect patients and staff within new PPE guidelines. Recognizing the overlapping nature of networks and facing these financial realities, dentists will likely shed participation in some plans.

Your team and your strategy matter more than ever

As payers methodically enhance their networks with cost-effective providers, each insurance company will likely approach this challenge differently to meet the needs of their clients. In addition, at least four networks are in the process of building a national footprint. These networks represent new opportunities. With varying approaches and new opportunities, navigating the insurance landscape requires active

management. For example, teams tasked with case presentation, payment posting or other revenue cycle functions will need to be organized and communicative about contracting inconsistencies between providers and fee schedule differences between offices.

As part of the annual planning process, revenue cycle teams should be evaluating participation decisions, fee schedules and contracting inconsistencies to improve the patient experience, reduce administrative effort and ultimately to help formulate priorities in negotiations with payers.

Likewise, these considerations should be part of the integration

of new practice acquisitions. More than ever, dental groups are going to need to be strategic about their insurance participation.

DSOs will continue to steal market share

The good news for DSOs is that through 2020, patients have increasingly migrated to affiliated practices. DSOs are taking market share in an environment where patient visits have not returned to pre-COVID levels. We expect this trend to continue.

Practices that experienced turnover or were closed completely during the shutdown are at a greater risk for losing patients. Patients looking for new dental homes as a result of job loss, might also be looking for more cost-effective options and/or for in-network providers. With the benefits of scale and investments in technology, I believe DSOs are well-positioned to compete for patients in 2021.

Delta Dental has peaked

There, I said it. In 10 years, when we look back ... I believe 2019/2020 will be the apex of Delta Dental as an association of 39 independent companies. I believe Delta is facing major headwinds that will require meaningful change. Many Delta plans have worked to eliminate a provider's ability to participate exclusively in their flagship Premier network with better reimbursements. This has forced providers into the PPO network with generally lower rates. Secondly, in many states, Delta has kept rates constant for most of the last decade where in others Delta has worked to actively reduce rates. Collectively these efforts have eroded goodwill and pushed Delta to the breaking point for many practices. Add in the class action lawsuit and I think they will slowly lose their ranking as the top dental network unless changes are made.

Regardless of the accuracy of my bold predictions, the business of dentistry will be increasingly important in 2021 and beyond. Have a safe and happy holidays and best wishes for 2021. ■

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Maximize Potential

Addressing the confidence gap : By Lisa Earle McLeod

Organizations are filled with untapped potential, undermined by the thousands of small slights that erode the confidence of anyone who doesn't "fit in." This is costly to everyone because when people aren't confident, they're not fully present and they don't contribute as well as they could.



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Why confidence erodes over time

It's easy to say, "Be Confident!" Yet how confident would you feel if every day of your working life, someone told you, directly or subtly, you don't belong here? What if whenever you spoke in front of a group of people, they questioned your credentials or paid more attention to your appearance than your content? Sadly, this has often been the case for many women, and it's even worse for people of color.

Over time, it becomes harder and harder to rally yourself. Even if it's not happening right now, the baggage from past experiences puts you on guard. It's like a death by a thousand cuts. Several years of an insult here, second-guessing there, makes it hard to walk into a room as your best self.

How you can help people show up as their best selves

I'll never forget a meeting several years ago when I was presenting to an Executive team. They were all men, and all (seemingly) Type-A. The old drip, drip, you don't belong here, you're not good enough was ignited. Yet as I entered the room, the CEO stood up, shook my hand, gave me a big smile, and said, "I'm really intrigued by your work, and we're delighted you're here." That was all it took, I no longer had to pretend to be confident, I was confident!

This is something every single one of us can do. When someone

walks into the room or joins the Zoom call, it may be just another agenda item for us, yet for them, it's a high stakes situation.

When someone who might be feeling less than confident enters a meeting, saying, "I'm glad you're here" can mean the world to them. Sitting back in judgment waiting for them to prove themselves erodes their confidence, and it keeps you from getting their best ideas.

Avoid sitting back in judgment

When someone who might be feeling less than confident enters a meeting, saying, "I'm glad you're here" can mean the world to them. Sitting back in judgment waiting for them to prove themselves erodes their confidence, and it keeps you from getting their best ideas. Even a seemingly confident exterior may be covering some inner fears. I was 45 years old and had already authored two books when that CEO's words gave me a boost. If they're the only "whatever" in the room, your words can help them put forth their best ideas.

Set people up for success (in advance)

Years ago, I adopted a technique to spotlight people who might not otherwise take center stage. It's something anyone can do. When I do

a keynote or run a training program, I interact with the audience. It can be an opportunity for people to shine. Yet I consistently notice,

when women and people of color are in the minority, as they typically are in a corporate setting, they rarely speak up. You can help people feel more confident by asking for their help in advance. I'll find someone who I think might not speak up, and say, "I'm going to ask a question about X during the session, if you're comfortable, could you raise your hand to answer?" This gives them time to think about their answer and the option to say no. They almost always say yes, because people don't want the speaker to experience an awkward silence. They're helping me get all the voices into the room, and in the process, they can shine in front of their peers.

Helping other people feel more confident is the nice thing to do. It's also the smart thing to do. When everyone feels seen and heard, you produce better results, and you have more fun. ■

Lisa Earle McLeod is a leading authority on sales leadership and the author of four provocative books including the bestseller, "Selling with Noble Purpose." Companies like Apple, Kimberly-Clark and Pfizer hire her to help them create passionate, purpose-driven sales organizations. Her NSP is to help leaders drive revenue and do work that makes them proud.

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The Future is Now

Teledentistry is here to stay. What do group practices need to know in order to get started?



In today's dental practice environment, consultations that used to be simple aren't so simple anymore. For instance, pre-COVID, how many doctors would go from the restorative operator to the hygiene operator for a consultation, and then back again, in the same white coat and little if no PPE? Now the process involves a change of gloves, masks, and gowns – which puts a strain on the doctor's time, as well as an added cost for PPE exchange.

Fortunately, with the right teledentistry platform, those consultations, and other similar interactions, can occur without the dental group practice missing a beat.

Teledentistry has skyrocketed, both in awareness and implementation by the full spectrum of care providers. The pandemic closing and restricting access to physical locations, combined with policies that allowed for easier reimbursement for services provided via teledentistry has brought it out of the innovative dental models and public health programs and into private practices, DSOs and just about every care setting, said Brant Herman, founder and CEO of MouthWatch, makers of TeleDent, a leading teledentistry platform.

“With the COVID inspired implementation of teledentistry, initially for emergency consultations and evaluations, we have now seen practices getting on board with the range of other uses, including intra-office teledentistry to preserve PPE, collaboration with specialists, post-op evaluations done virtually, and many other exciting, time saving and convenient approaches to effective patient care,” Herman said.

Opportunities amid a pandemic

Despite shelter-in-place orders and many businesses shut down, some practices kept in touch with patients by effectively implementing teledentistry during the initial quarantine stage of the pandemic. Through

this, they were able to advertise their being open for consultations and emergency evaluations without any risk to their patients and office team. For those requiring visits for emergency treatment, practices could prescribe medications, explain the appointment visit process and make for a more effective follow up without requiring a second visit. They promoted this on social media to their community, not only for emergency consults but also cosmetic consults (to make the most of downtime). They also utilized the platform to have their team look into restorative cases where they may have been a need for follow up.

“Through invitations to the patient portal and scheduled post-op follow ups, the practice generated revenue and reassured patients of their concern and availability,” Herman said. “In some cases, this was home care instruction, product recommendations and more.”

As offices reopened, it became a shift for communications prior to appointments, consultations post appointment, moving periodic exams to the cloud and making things easier for the staff regarding timing, patient exposure and preservation of limited PPE. “This has continued, and practices are now using it for collaboration, more patient messaging and easier communications – meeting the convenience needs that patients are asking for and comfortable with,” Herman said.

Selecting the right teledentistry platform

Mike Uretz is a nationally recognized dental and medical group practice software consultant, educator, and founder of dentalsoftwareadvisor.com. Mike offers the following multi-step process for group practices and DSOs to use when selecting a teledentistry platform.

No. 1: Look for a true teledentistry solution

There is a misconception that dentists can take an off-the-shelf video product, like Zoom or Google Meet, hook it up to a payment bridge, then a scheduling service, and finally 1-2 other software products and cull together a solution for teledentistry. “That’s really unwieldy, especially for a group or DSO, because you have all these disparate applications and nothing talks to a common database,” said Uretz. When you cull together different types of solutions, none of the data is standardized and saved in one place. That’s an issue, especially for a group or DSO.

Some software companies will bolt on something like a videoconferencing solution for a very basic level of teledentistry consult, but teledentistry is much more than that. The video consult is typically referred to as synchronous teledentistry. There’s also the asynchronous part, behind-the-scenes functions. For example, to get ready for a visit, you can take and send images, and then get responses from a provider on the other end. Or you can share notes and information. With asynchronous functions, the general practice dentist can do a consult with a specialist.

“Teledentistry is not just having a video consult one on one between patient and provider, but also the ability to collaborate with other providers on that consult whether using both real-time video and asynchronous processes,” Uretz said.

Group practices should shy away from hooking up numerous disparate applications themselves and trying to make it all work. That’s a recipe for disaster. Uretz said DSOs and groups should also

Dental EHRs these past few years, I very much feel that how a teledentistry solution performs clinical documentation is key. If the teledentistry platform can’t capture clinical documentation and notes very well, then that’s going to be tough and you’re always going to be going back and forth between two applications – your practice management system and teledentistry system. Unless there is a high level of clinical integration between the two.”



beware of vendors that aren’t really committed to teledentistry and just bolt on videoconferencing to make a buck. That type of application is going to be limited. “I would have a group or DSO focus on looking at teledentistry companies that provide a level of video virtual visits, asynchronous processes, collaboration, document and image sharing and patient engagement and communications. These should all be wrapped in easy-to-use workflows. Also, having helped lead the movement in

No. 2: Processes in evaluation and selection

After years of helping group practices select, purchase, and implement software solutions, Uretz’s clients have learned that instead of just shooting from the hip with no plan, group practices and DSOs would be well served to use more analytical stepwise processes when selecting the right teledentistry solution for their situation. What features and functionality do you want? Are you going to be using it for second

opinions from other providers in your office? Are you going to be using it to help with treatment acceptance or patient education? Are you doing case collaboration with your dental and medical colleagues? There are many factors to take into consideration when analyzing your needs.

“Because every group is a little different, every group is going to use teledentistry a little differently,” Uretz said. “And every group probably has innovative ideas for how they’re going to use teledentistry both now and into the future post COVID.”

No. 3: Share your needs in Request For Proposals (RFPs)

The next step in selecting a teledentistry solution would be to take those needs and requirements, – what you’re trying to do, what you expect of a teledentistry solution – and share that in the form of a Request For Proposal with the teledentistry companies. The goal of this process is to filter down from several teledentistry solutions to a smaller, more manageable number which ultimately will streamline the process and save you time. RFPs can be very detailed documents and can take a little time to put together correctly, but none the less are powerful essential tools when trying to make software and IT purchase decisions.

No. 4: Put the vendor demos to the test

Once a group practice has invited a vendor in, the practitioners and team members need to be involved in the demo. Uretz advises his clients to develop cases and scenarios for everyday applications of the product. “In the case of teledentistry, it would be collaboration, virtual consults, second opinions, and various workflows,” he said. “Instead of letting the vendor control the demo and show the group or DSO what the vendor wants to show them, the group or DSO is taking charge of what they want to review. They’re seeing how the particular vendor’s teledentistry solution works with their specific needs.”

Besides features and functionality, other factors to inquire about are how the vendor does implementation and training. And most importantly, how does their support work? Are there support guarantees, known as SLAs? When selecting a teledentistry solution, don’t forget how critical the contract is in these areas.

Newfound expectations

Uretz said he sees a sea change coming with teledentistry in group practices. “I think that teledentistry will be an important part of a workflow of any group or DSO in the future. If I thought teledentistry was just for this COVID era and not a powerful tool for the future, I wouldn’t be spending all the time I have been helping my DSO and group clients evaluate how teledentistry can fit into their overall business strategies.”

For example, the information gathered through a virtual teledentistry visit is going to be critical

Patient and practice benefits of teledentistry

Practice benefits include:

- › Convenience for patients
- › Billable exams without chair time
- › PPE preservation
- › Marketing value
- › Enhanced collaboration with specialists
- › High touch, digital referrals
- › Time preservation by shifting certain evals to the cloud (some post op, some periodic exams, case presentations and new patient consults)
- › Revenue coming from evaluations
- › Efficient scheduling of emergencies
- › Supporting patients and improving patient trust
- › Improved lab communication
- › Messaging that includes patients and/or other specialists

Patient benefits include:

- › Convenience without the doctor
- › Access to dental expertise anywhere
- › Ability to discuss their treatment
- › Time savings for physical appointments
- › Potential insurance coverage



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for knowing ahead of time how to treat the patient. Group practices can diagnose a lot virtually before patients come in. Secondly, the patient becomes more educated. Instead of sitting in the chair and in 30 seconds having to have an interaction, the patient has a chance to think about the information, talk to the dentist or hygienist, and have that discussion before they even come into the clinic.

Herman believes that patients have a newfound expectation of convenience from their provider, and teledentistry will be the key to bringing this convenience to them. “Insurance carriers will see value in the shift of some evaluation services and consultative services to being provided via teledentistry and there will be reimbursement for these consults,” he said. “Additionally, insurance will begin offering these services directly to their members as a value add and tool to drive patients to the physical locations.”

Uretz anticipates more collaboration as a result of teledentistry. This will be especially true as dental medical oral health collaboration becomes more standard in healthcare. With the asynchronous processes where people can share and collaborate with information behind the scenes, now you can bring in all kinds of providers to discuss and make decisions, along with the patient, outside of the context of clinic. The provider can get second opinions, as well as the patient.

Integration with practice management, mobile programs, community outreach and other services that DSOs and groups will be

able to capitalize on will become more common, Herman said. These groups will also be able to utilize AI for pre-screening and assessment of teledentistry consultations with a seamless integration into practice management software.

“Because of all these factors, I think the train has left the station,” Uretz said. “As you can see through some of these features and functionality, I think they’ll become staples in the future within a

group or DSO and become part of their workflow.” ■

For more information on Teledent, visit www.mouthwatch.com.

To contact Brant Herman, email him at brant@mouthwatch.com or visit www.mouthwatch.com.

To contact Mike Uretz, email him at mikeu@dentalgrouppartners.com, or visit dentalsoftwareadvisor.com.

Features and benefits

Key features that practices need to consider when selecting a teledentistry platform

- Combination of synchronous and asynchronous messaging – many cases can be handled without live video
- HIPAA and enterprise security
- Video conferencing with recording capabilities and snapshots saved to patient records
- CDT Code capturing and reporting
- Multiparty/multi-camera video conferencing
- Screen sharing
- Integration and roadmap for PM integrations
- SMS notifications
- Patient education presentation
- User friendly multi-party collaboration
- Streamlined patient engagement and communication workflows

Functionalities that specifically benefit groups and DSOs

- Top tier security
- Practice/User/Data management and siloing (eg: provider and patient in practice #1 aren't seen by provider in practice #2, unless we want them to see them)
- Multi-party chat and video
- Recording and archiving of video and images
- Integrations
- Custom development capabilities

ADA: Dentists have knowledge and skills to deliver COVID vaccine

The American Dental Association offered its support to dentists who are seeking to administer vaccines, including – when it becomes available – a safe and effective vaccine for COVID-19, according to a resolution passed by the ADA House of Delegates on Oct. 19 and reported by *ADA News*.

Resolution 91H-2020 states that dentists have the requisite knowledge and skills to administer critical vaccines that prevent life- or health-threatening conditions and protect the life and health of patients and staff at the point of care.

“The pandemic has highlighted the potential benefits of an expanded role for dentists in preventive health care, including access to and the administration of vaccinations,” said Duc M. Ho, D.D.S, chair of the ADA Council on Dental Practice.

COVID-19 & Lab Testing Requirements Toolkit

The ADA also announced that in consultation with its Advisory Task Force on Dental Practice Recovery, it has released a toolkit to help guide dentists interested in offering their patients rapid response, point-of-care COVID-19 testing within their practices, according to *ADA News*.

The COVID-19 & Lab Testing Requirements Toolkit includes information for dentists on applying for the federal certification required to offer this type of testing. Any dental practice that performs tests on human tissue, including saliva, plaque, blood or hard or soft tissue, must comply with regulations set by

the Clinical Laboratory Improvement Amendments law, according to the toolkit. The law establishes quality standards for all laboratory testing to ensure accuracy, reliability and timeliness of patient test results regardless of where the test was performed.

Some dentists have expressed interest in offering patients rapid response COVID-19 testing in their practices once reliable point-of-care testing is available at a level that makes it feasible for it to be used in individual dental practices, according to the toolkit, the *ADA News* report said. Two benefits of offering

testing in practices are that it makes it quick and easy for patients to be tested and provides staff members with some reassurance about the health status of the patients they treat, the toolkit states.

The toolkit features an FAQ on in-office testing and CLIA requirements, an interactive map with additional laboratory testing requirements by state and steps to follow when applying for a federal certificate of waiver to offer patients point-of-care testing. The toolkit also includes compliance requirements, tips for developing a waived testing program in dental practices, COVID-19 test reporting requirements, an FAQ on responding to patient questions and guidance on medical benefit plan claim filing for in-office COVID-19 testing. ■





Servant Leadership

How a deep sense of caring for patients and team members has guided North American Dental Group and its CEO and Co-Founder Ken Cooper through a tumultuous year.

The COVID-19 pandemic hit organizations across all industries hard. The North American Dental Group (NADG) was no different. NADG was forced to close 80% of its dental practices during the spring to comply with local government orders shuttering non-essential, non-urgent services. “That obviously led to a significant impact in our revenue and forced us to make some difficult decisions,” said Ken Cooper, CEO and Co-Founder of NADG.

However, NADG never strayed from its servant leadership mindset and the values that remain the foundation of the company, Cooper said. “Our top concern was for the health and safety of our patients and team members.”

Efficiency in Group Practice asked Cooper how his organization was able to support its team members and patients amid the pandemic, as well as how this year’s lessons can position group practices for success in the future.

***Efficiency in Group Practice:* Can you describe to us the tenets/keys of your leadership philosophy?**

Ken Cooper: Our culture is defined by a servant leadership mindset, which guides our day-to-day operations and decision-making. I try to infuse empathy and vulnerability within our leadership team and create a deep sense of caring for our patients and team members. We look for these same values in the people we hire and the dental practices we are fortunate enough to be affiliated with.

Our core values of being Emotionally Intelligent, Approachable Educators who carry a Healthy Bravado are designed to be differentiators in how we show up. I often refer to the importance of “how we show up” matters substantially more than “what we are doing” on any given day. Our cultural norms of compassion, accountability, integrity, and service aim to remind us daily to live up to those ideals in everything we do.

Our motto is “Caring people, caring for people.” We train our teams on self-awareness, and I personally believe everyone is responsible for investing in their own leadership development journey.

***Efficiency:* How were these tenets put to the test in 2020?**

Cooper: Without question, the COVID-19 pandemic caused tremendous challenges for our company. We were forced to close 80% of our dental practices during the spring to comply with local government orders shuttering non-essential, non-urgent services. That obviously led to a significant impact in our

revenue and forced us to make some difficult decisions.

But we never strayed from our servant leadership mindset and the values that remain the foundation of our company. Our top concern was for the health and safety of our patients and team members. We complied with orders to temporarily close many of our practices, keeping just 50 practices open to provide emergency dental care in the communities we serve and to help alleviate the pressure on overcrowded hospitals and emergency rooms. This decision also helped to minimize the spread of the virus and keep our patients and team members safe.

Financially, with our business largely dormant, we were forced to make the difficult decision to furlough team members during practice closures. But, again, our concern was caring for them even while they were unable to work. Our team members continued to receive healthcare and dental benefits through the furlough period with NADG paying the team member's portion of the premium. Additionally, team members could borrow up to two weeks of paid time off (PTO) against future balances to bridge any income gap before they started receiving unemployment benefits. A low-interest loan program was also established, and many NADG team members voluntarily contributed to our Smile With Heart Foundation's Employee Relief Fund to assist team members experiencing economic hardship.

We kept the lines of communication open with our furloughed team members, keeping them informed of changes and new protocols that

were being put in place, so that when they were able to return to work they felt comfortable and reassured in their changing work environment. When guidelines allowed dental practices to reopen, local teams had a voice in deciding when NADG supported practices would re-open based on their comfort level with new safety protocols.

efforts by turning some of our temporarily closed dental offices into COVID-19 testing sites to relieve the burden on medical facilities and help satisfy high demand for testing.

Meanwhile, we were making plans to reopen safer office environments for our patients and team members. We appointed an internal committee that worked to

About North American Dental Group

North American Dental Group (NADG), based in Pittsburgh, Pennsylvania, was cofounded by Ken Cooper and Dr. Andrew Matta in 2008. NADG was created to transform the dental experience for its patients, clinicians, and its support teams and today consists of a network of over 230 dental practices in 15 states. The values of maintaining an emotionally intelligent approach, being thoughtful educators, and displaying a healthy bravado fuel our day-to-day patient care and operations. These founding values are alive and well as NADG celebrates its pioneer spirit by solidifying its partnership with Jacobs Holding AG.

Also, while keenly aware of the devastating impact this pandemic was having on other healthcare workers and first-responders, we were called to a stronger sense of community. To address the widespread shortage of N95 respirator masks needed for physicians, hospital workers, police officers, paramedics and others, NADG donated about 6,000 masks to hospitals and law enforcement agencies in hard hit areas of Pennsylvania and Ohio. We also assisted with COVID-19 testing

establish new safety procedures – which includes head-to-toe personal protective equipment (PPE), enhanced infection controls with frequent cleaning and sanitizing, comprehensive screening of team members and patients, and updated visit protocols to encourage social distancing and minimize risk. These procedures were above and beyond those eventually established by the Centers for Disease Control & Prevention (CDC) and the American Dental Association

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(ADA). In the interest of public health, we shared these innovative guidelines and related resources across the entire dental industry by publishing them on our website.

Efficiency: What were your overall expectations heading into 2020? How were you able to adjust?

Cooper: In general, our expectations for 2020 were for continued growth through gaining new practice affiliations across the country and continued support of our teams to provide best-in-class oral care for our patients. As mentioned before, we carefully seek to partner with dental practices that fit with our company's values and demonstrate a patient-focused approach.

The pandemic has put a spotlight on the benefits of being part of a DSO where dentists can rely on administrative support to navigate challenges brought on by the pandemic – maintaining new safety protocols, patient communication, access to deeper supply chains, and managing financial stress – while collaborating with fellow doctors on clinical topics.

The pandemic obviously slowed some opportunities for us during the first half of the year. But in other ways, it has created new business prospects for us to explore that we are very excited about. Since the emergence of the pandemic, we have fielded more inquiries than we anticipated from dentists who are considering affiliating with a dental service

organization (DSO). The pandemic has put a spotlight on the benefits of being part of a DSO where dentists can rely on administrative support to navigate challenges brought on by the pandemic – maintaining new safety protocols, patient communication, access to deeper supply chains, and managing financial stress – while collaborating with fellow doctors on clinical topics. As a result, we still have an opportunity to achieve some of our growth expectations for 2020 despite the devastating impact of the pandemic on our industry.

As for our patients, with the temporary closure of many of our practices and understandable concerns and fear over the spread of the virus, we were forced to cancel

patients about the extensive safety protocols that are now in place and the overall importance of essential, proper oral care has been the key in regaining that comfort level.

Efficiency: How did you strive to maintain a caring work environment amid the pandemic?

Cooper: Not only did we care for the financial health of our furloughed team members by continuing their benefits and covering their premiums, allowing them to acquire additional time off, and setting up funds to assist with financial hardships, but it was equally important they remained confident as a member of the NADG family. We kept the lines of communication open with both our furloughed team members and those who were still in their traditional roles, shifting to remote work and flexible working hours. It was important to keep everyone engaged during this period so they would be prepared and confident enough to provide the dental care our patients needed the moment our practices were able to reopen.

We sent communications to all of our team members several times a week, keeping them apprised of the new protocols we were establishing, the assistance we were providing in the community, and the information we were sharing with our patients to help reassure them of our efforts.

Furthermore, to maintain our sense of community internally, NADG invested in development content and programming to keep our team members engaged and hosted interactive webinars designed to support our team members through

the stress of the pandemic. The programs ranged in titles from “How to Be Happy” to “NADG’s Secret Sauce.” We also organized online yoga classes and virtual happy hours.

Finally, when the message was delivered by local governments that non-urgent services could resume, we left it up to individual practices to decide when they were comfortable with reopening and seeing patients again for routine oral care and elective procedures.

Efficiency: What did you learn about your organization amid the pandemic? What things are you doing differently as a result?

Cooper: I am deeply impressed and owe heartfelt gratitude to our entire team for the resilience everyone has demonstrated. As stated at our recent virtual Partner Meeting: Individual team members are only as good as their team and a team is only as good as its individual members. We had to make difficult decisions to see our way through this pandemic, and we’re fighting our way through it. There are many routes we could have taken, but we followed the route that is the foundation of our company. We showed empathy and invested in our team members so that we could all see our way through this pandemic. We reverted to our motto: ‘Caring people, caring for people.’

The pandemic is not over. Trials remain. But I like the approach and the path we have chosen to combat a pandemic that has had a deep and pervasive impact no one could have predicted. The challenge for us internally now is to imagine how we can eventually emerge from the

pandemic a better company, with new ideas and new fortitude.

Efficiency: What long-term challenges will dental group practices have to continue to navigate?

Cooper: From a business perspective, we’re probably no different than most other industries who are facing a great number of challenges and an unpredictable outlook. How long will the pandemic last? What’s the long-term impact of the pandemic on our industry? How do we keep our team members and patients safe?

To address the widespread shortage of N95 respirator masks needed for physicians, hospital workers, police officers, paramedics and others, NADG donated about 6,000 masks to hospitals and law enforcement agencies in hard hit areas of Pennsylvania and Ohio.

Additionally, the cost of safety – the additional PPE, screening standards, and cleanliness protocols – will have an impact because these measures were put in place for us to safely reopen our practices and will remain long after the pandemic ends. The answers to these questions must now be factored into every dental office and DSO’s day-to-day operations from this point forward.

Efficiency: What are your expectations for 2021?

Cooper: As our safety protocols continue to take hold, I expect demand for dental appointments and

routine oral services and emergency care to return to pre-pandemic levels and beyond. We’re not that far from that point now. Proper oral care is essential. It is scientifically verifiable that your oral health is connected to your body’s overall systemic health. Our patients are keenly aware of this and it is important that dentists remain prepared to provide patients the care they want and deserve.

I also believe the pandemic has reminded us that dentistry is a form of essential healthcare, and we will continue to push to assure that it is

recognized as such going forward. NADG played a major role early on in this pandemic by providing necessary emergency dental care that helped patients in need and alleviated pressure on hospitals and physician offices that were beyond capacity.

Also, dentists will continue to be recognized as the infectious disease control experts they are. Dentists will play a major role in helping our country continue to combat COVID-19 by being available to assist with COVID-19 testing and administering its vaccine, when available.

The future for dentistry is bright, rewarding and essential. ■

Emerging OSHA Guidance

COVID-19 has raised the stakes for providers and patients.



In years past, dental providers have generally been adamant about utilizing personal protective equipment and adhering to OSHA and CDC guidance. The onset of COVID-19, however, has raised the stakes for providers and patients. As new safety protocols have emerged, infection control leaders are working hard to keep the industry informed.

Efficiency in Group Practice spoke with training and compliance expert Katherine Schrubbe, RDH, BS, MEd, PhD, about evolving OSHA guidelines and how they will continue to impact dental practices.

Efficiency in Group Practice: How has COVID-19 changed OSHA's concerns about potential safety hazards in the dental setting?

Dr. Katherine Schrubbe: OSHA has issued guidance on COVID-19 for dentistry on a new page entitled *Dentistry Workers and Employers*. OSHA states that “this guidance is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in

nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace.” (www.osha.gov/SLTC/covid-19/dentistry.html)

Although dentistry has always dealt with respiratory hazards in the workplace (i.e., spray, spatter and aerosols), SARS-CoV-2 has generated a new level of concern given the high infectivity of the virus and the known risk of droplet transmission, as well as the potential for airborne transmission. Dental providers are the best at utilizing personal protective equipment (PPE) and have been taught to consider every patient infectious; but now they must utilize

a higher level of PPE per OSHA and CDC guidance.

On October 5, 2020, the CDC issued an update on their page, How COVID-19 is Spread. According to the update, “under certain conditions, people with COVID-19 seem to have infected others who were more than 6 feet away. These transmissions occurred within enclosed spaces that had inadequate ventilation. Sometimes the infected person was breathing heavily, for example while singing or exercising. Under these circumstances, scientists believe that the amount of infectious smaller droplet and particles produced by the people with COVID-19 became concentrated enough to spread the virus to other people. The people who were infected were in the same space during the same time or shortly after the person with COVID-19 had left. However, available data indicate that it is much more common for the virus that causes COVID-19 to spread through close contact with a person who has COVID-19 than through airborne transmission.” (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html)

OSHA – as well as the CDC – points out that respirators (NIOSH-certified, disposable N95 filtering facepiece respirator or better) should be worn if dental providers are completing aerosol-generating procedures (AGPs) to ensure the highest level of protection.

Efficiency in Group Practice:
Has OSHA changed its approach to conducting inspections, responding to complaints or issuing citations as a result of COVID-19?

Dr. Katherine Schrubbe: This is difficult to say, given that OSHA is a complaint-driven agency and does not have the manpower to check up on every healthcare facility without good cause. However, there seem to be a new crop of OSHA citations and fines related to COVID-19, and many have to do with lack of compliance to the Respiratory Protection Standard, 1910.134. Since the start of the coronavirus pandemic, OSHA has cited 85 establishments for violations, resulting in proposed penalties totaling \$1,222,156. (These figures were current at press time and may continue to change. Providers can stay current by visiting <https://www.osha.gov/news/newsreleases/national/10022020-0>.)

proper use of a respirator, and personal protective equipment.

- Report an injury, illness or fatality.
- Record an injury or illness on OSHA recordkeeping forms.
- Comply with General Duty Clause of the Occupational Safety and Health Act of 1970.

As an example, on September 16, 2020, OSHA cited Georgetown Dental LLC for violating respiratory protection and other standards at the Georgetown, Massachusetts, location. OSHA cited the dental practice for six serious, and one other-than-serious, violations, with proposed penalties totaling \$9,500. OSHA cited the dental practice for failing to provide medical evaluations

“Although dentistry has always dealt with respiratory hazards in the workplace (i.e., spray, spatter and aerosols), SARS-CoV-2 has generated a new level of concern given the high infectivity of the virus and the known risk of droplet transmission, as well as the potential for airborne transmission.”

Recent OSHA inspections have resulted in the agency citing employers for a number of violations, including failures to:

- Implement a written respiratory protection program.
- Provide a medical evaluation, respirator fit test, training on the

and fit testing for employees required to wear N95 respirators as protection against coronavirus; lack of written programs related to respiratory protection, bloodborne pathogen exposure control and chemical hazard communication; insufficient bloodborne pathogen

training and controls; and inadequate eyewash stations.

(<https://www.osha.gov/news/newsreleases/national/09162020>)

Efficiency in Group Practice: What are the most significant changes dental practices or DSOs have made, as a result of new OSHA guidance and citations?

Dr. Katherine Schrubbe: In my experience, the most significant changes to dental practices and DSOs have been the incorporation of OSHA's Respiratory Protection Standard and its requirements. If dental providers are utilizing respirators, they need to be worn in the context of the Respiratory Protection Standard. A written plan is now required as part of the practice's compliance manual, and dental practices must incorporate the various elements of the standard as part of their SOPs, as well as train all team members on this standard and its requirements.

Efficiency in Group Practice: In addition to the coronavirus pandemic, the U.S. continues to experience climate-related disasters, such as hurricanes, flooding and wildfires. Moving forward, how can dental practices better prepare for pandemics or natural disasters?

“If this pandemic has taught us anything, it's that it's not if, but when, the next thing will happen!”

Dr. Katherine Schrubbe: The United States has had a horrendous 2020 thus far, with wildfires, hurricanes, flooding and a global

pandemic. Dental practices have had to step up their compliance to safety guidance very quickly, and many did not plan ahead for extraordinary natural disasters. If this pandemic has taught us anything, it's that it's not if, but when, the next thing will happen! That said, there are already tools in place for future planning. OSHA has an excellent webpage on Emergency Preparedness and Response and states, “preparing before an emergency incident plays a vital role in ensuring that employers and workers have the necessary equipment, know where to go, and know how to keep themselves safe when an emergency occurs.” The site addresses how to prepare and train for emergencies, as well as the hazards to be aware of when an emergency occurs, and offers e-tools, fact sheets, quick cards and guidance documents for everything from disease pandemics to nuclear threats. (www.osha.gov/SLTC/emergencypreparedness/) ■

Dentistry work tasks associated with exposure risk levels

Lower (caution)	Medium	High	Very high
Performing administrative duties in non-public areas of dentistry facilities, away from other staff members.	Providing urgent or emergency dental care, not involving aerosol-generating procedures, to well patients (i.e., to members of the general public who are not known or suspected COVID-19 patients).	Entering a known or suspected COVID-19 patient's room or care area.	Performing aerosol-generating procedures on known or suspected COVID-19 patients.
Note: For activities in the lower (caution) risk category, OSHA's Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure may be most appropriate.	Working at busy staff work areas within a dentistry facility.	Providing emergency dental care, not involving aerosol-generating procedures, to a known or suspected COVID-19 patient.	Collecting or handling specimens from known or suspected COVID-19 patients.
		Performing aerosol-generating procedures on well patients.	

Source: OSHA website, www.osha.gov/SLTC/covid-19/dentistry.html

2021 OSAP Dental Infection Control Boot Camp™ Registration Now Open

The Organization for Safety, Asepsis and Prevention (OSAP) announced registration is now open for the 2021 OSAP Dental Infection Control Boot Camp™. OSAP will host the course virtually from January 25 – 28, 2021.

The 2021 OSAP Dental Infection Control Boot Camp™ will provide a comprehensive review of all the basics in dental infection prevention and control, including employee and patient safety. Due to the continued COVID-19 pandemic, the curriculum will also cover interim guidance and any related regulations. OSAP has designed this course for:

- › Infection Control Coordinators and Dental Practice Managers
- › Educators/Program Directors
- › Consultants/Lecturers
- › Military/Federal Service Personnel
- › Federally Qualified Health Center (FQHC)/Public Health Personnel
- › IHS/Tribal Health Organization/Tribal Urban Clinic Personnel
- › Sales representatives, customer service personnel, service technicians, and other professionals who work for the companies that manufacture or distribute

products, equipment, or services to the dental profession

- › Those who inspect or investigate dental settings for compliance with the guidelines and standards on behalf of the government, regulatory, accrediting, or public health authorities

“This year, participants will leave with a deeper understanding of Standard Precautions as addressed in guidance documents for dental providers published by CDC in 2003 and 2016 and the OSHA Bloodborne Pathogens Standard. Additionally, speakers will address the most up-to-date interim guidance and any related regulations in each topic area,” states OSAP Executive Director, Michelle Lee, CPC. “The 2021 agenda includes several new sessions focusing on topics such as transmission-based precautions, optimization of PPE, and developing a respiratory protection program.”

Upon completion of this course, participants will be able to:

- › Describe disease transmission and principles of infection prevention and control in a variety of oral healthcare settings
- › Identify relevant infection control laws, regulations, guidelines, standards, and best practices
- › Use quality assurance measures (e.g., direct observation and feedback) to ensure accurate implementation of recommended infection control practices

“Our goal is to ensure that participants leave Boot Camp feeling educated and empowered to be infection control champions when they return to their dental offices. We also understand that everyone in the dental community has been affected by COVID-19. With this in mind, OSAP is offering a 30% discount on registration fees to help make this important education accessible!” Lee said.

For more information, visit: www.osap.org/2021BootCamp ■

About OSAP

The Organization for Safety, Asepsis and Prevention (OSAP) is a growing community of individual clinicians, group practices, educators, researchers, consultants, trainers, compliance directors, policymakers, and industry representatives who advocate for safe and infection-free delivery of oral healthcare. OSAP focuses on strategies to improve compliance with safe practices and on building a strong network of recognized infection control experts. OSAP offers an extensive online collection of resources, publications, FAQs, checklists, and toolkits that help dental professionals deliver the Safest Dental Visit for their patients. Plus, online and live courses help advance the level of knowledge and skill for every member of the dental team. For additional information, visit osap.org.

Year in Review

2020 has been a year like no other. While the pandemic grabbed most of the attention, dental group practices none the less continued to grow their businesses and find new ways to solve old industry challenges. The following are some of the highlights from *Efficiency in Group Practices* interviews this year.

2021
2020
2019
2018
2017

A game changer (January/February)

DSO Profile

A game changer

With access to new technology and the ability to connect with – and educate – patients, Advanced Dental Solutions helps patients discover a new reason to smile. : BY LARNA TRILL

The first prosthodontic specialty level practice to join Mortenson Dental Partners, Louisville, KY-based Advanced Dental Solutions provides life-changing care to patients who often mistakenly believe their treatment is out of reach. To a large extent, belonging to a dental service organization has made this possible, according to prosthodontist Mark C. Nation, DMD, who heads the practice. In addition to full-mouth reconstruction on teeth and implants, Nation and his team offer grafting procedures to facilitate these treatments, as well as general anesthesia for bigger cases. “A large part of our practice involves helping patients with existing dental implants who require additional restoration, repair or replacements,” he explains.

“Belonging to a dental service organization has helped alleviate the non-clinical tasks generally required to run a dental office,” Dr. Nation continues. “It has freed me up to focus on my patients and facilitate their care at the highest possible level. While I had great experience as a practice owner in the past, I’ve discovered the lower stress level associated with being affiliated to a DSO – together with the services they provide – have enabled me to improve my well-being and spend more time with my family.” Indeed, while the experience has not impacted his staff’s day-to-day responsibilities, the support Mortenson Dental Partners provides around managing finances and training team members has made life easier for everyone in the office, he adds.

Better for patients

The DSO experience has led to an overall improved patient experience as well, notes Dr. Nation. “Mortenson Dental Partners has multiple specialists, which is a huge advantage for our patients,” he explains. “We are able to render multiple treatments in one clinic. For instance, in our group we have maxillofacial surgeons who come to my clinic to help facilitate care on very difficult implant cases, extractions and bone augmentations. Patients appreciate comprehensive care in one clinic instead of




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The first prosthodontic specialty level practice to join Mortenson Dental Partners, Louisville, Kentucky-based Advanced Dental Solutions provides life-changing care to patients who often mistakenly believe their treatment is out of reach. To a large extent, belonging to a dental service organization has made this possible, according to prosthodontist Mark C. Nation, DMD, who heads the practice. In addition to full-mouth reconstruction on teeth and implants, Nation and his team offer grafting procedures to facilitate these treatments, as well as general anesthesia for bigger cases. “A large part of our practice involves helping patients with existing dental implants who require additional restoration, repair or replacements,” he explains.

“Belonging to a dental service organization has helped alleviate the non-clinical tasks generally required to run a dental office,” Dr. Nation continues. “It has freed me

up to focus on my patients and facilitate their care at the highest possible level. While I had great experiences as a practice owner in the past, I’ve discovered the lower stress level associated with being affiliated to a DSO – together with the services they provide – have enabled me to improve my well-being and spend more time with my family.” Indeed, while the experience has not impacted his staff’s day-to-day responsibilities, the support Mortenson Dental Partners provides around managing finances and training team members has made life easier for everyone in the office, he adds.

Hiring and retention best practices (January/February)

Trends

Hiring in a competitive market

It's important to find the right person to fill a position – and then convince them to stay. : BY LARNA TRILL



The national unemployment rate is low – a good thing for most people. For dental service organizations (DSOs) looking to hire and retain employees, however, it's becoming increasingly competitive to attract dental professionals. There's a definite supply and demand problem, according to Inequine Gustin and Equine Kaur, both dental executives with Mortenson Dental Partners.

In addition, whereas years ago, women traditionally pursued careers as hygienists, rather than as dentists, that's no longer the case. “As more women elect to go to dental school, rather than hygiene school, it's becoming more challenging nationwide to attract and retain hygienists,” says Sheri Trubey-Taylor, director of human resources, Mortenson Dental Partners. Together, Gustin, Kaur and Trubey-Taylor help Mortenson on-board talented individuals, despite obstacles such as these.

Avoiding pitfalls

In a competitive market, organizations must offer attractive packages, including a substantial benefits and salary package, according to Gustin and Kaur. When the organization offers a dental professional to whom “people generally are more willing to accept the offer if a relocation allowance is provided,” they point out. “During the initial site visit, if we have a candidate plane to relocate, we connect them with a relocation specialist in that area.” Candidates will also move their jobs, and remain at – a dental practice that offers:

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All practices, from solo offices to large dental service organizations, are bound to encounter challenges around hiring and staff retention. In some geographic areas, for instance, there is a shortage of qualified dental professionals available

for hire. Depending on the practice culture or the compensation offered, employees may feel underappreciated. At the same time, each dental model inevitably has a lot to offer new employees. Larger practices and DSOs often can offer employees more working hours. In addition, DSOs usually have the means to provide employees with better compensation packages. On the other hand, clinicians and staff at smaller practices may feel in greater control of their treatment plans, making it attractive to stay for the long-term.

“It’s all about creating the right environment and a sense of unity by making employees feel like they are part of a winning team,” says Steve Desautel, vice president, sales and marketing, Dental Health Products, Inc. (DHPI). “Dental offices that typically have the greatest turnover issues are those where the owner is not overly staff centric, can’t clearly communicate performance targets and goals, makes unrealistic demands and is hard to please.”

Embracing diversity (March/April)

For Mortenson Dental Partners, cultivating a culture of diversity is an ongoing process. “While diversity has always been a mainstay for MDP, we are in the early stages of formulating new protocols,” says Bryan Hildreth, chief human resources officer at MDP. “All of our team members complete diversity training as part of our orientation and are certified annually thereafter. We are beginning to measure and track diversity indicators to

help us assess where we stand and identify opportunities for improvement, such as our diversity in senior leadership. We also are exploring new options to attract more diverse applicants through alternative websites and virtual communities, and we are more intentional about utilizing diverse interviewing panels in our recruitment process.”



The DSO makes it a point to:

- › Seek applicants from more diverse sites and partner with professional organizations that cater to underrepresented groups.
- › Create marketing materials that better reflect the group’s diverse team and patients.
- › Expand eligibility for bereavement leave to reflect a broader and more inclusive definition of family.
- › Incorporate many different backgrounds and perspectives into its cross-functional work teams.

That said, changes such as the above require buy-in from leadership, notes Hildreth. “Our leadership team is the linchpin to the ultimate success of our diversity efforts,” he says. “We depend on them to collectively and consistently apply the principles of diversity across the organization.”

As with other operational initiatives, Hildreth believes it’s equally important for the entire organization to embrace the principles handed down by leadership and follow through with best practices. “In the case of diversity, if we fail to properly embrace best practices, we may find ourselves at a competitive disadvantage – not only with respect to other DSOs but also other businesses in the communities we serve.” Indeed, by incorporating a broad spectrum of backgrounds and perspectives, DSOs can more closely understand their patients’ needs and provide better care, he adds.

Hygienists today play a lead role in patient care (May/June)

Many hygienists today are a significant part of the dental team, according to Jennifer Rush, RDH, BSDH, director of dental hygiene, DecisionOne Dental Partners. “At DecisionOne Dental Partners we look at the hygienist not just as a team member, but as a clinician,” she says. “We value the hygienist like we value a doctor. In addition to providing outstanding customer service, our hygienists provide care to their patients; they are taught to look at their patients’ systemic health, not just their oral health.

“Our patients see more of their hygienists than any other healthcare provider,” she continues. As such, they make it a point to educate their patients and form long lasting relationships with them. “For example, we all take blood pressure readings on all our patients, at every visit,” she says. As a hygienist, I am more likely to catch high blood pressure than their regular physician is. It’s a great feeling to know I am directly involved in improving my patients’ overall life.”



Rush credits advances in technology for helping hygienists expand their role in recent years. For that reason, hygienists must stay current on the latest and greatest products in order to provide the best possible care, she adds. “Hygienists must constantly grow in their profession,” she points out. “As a primary healthcare provider, hygienists must keep current on new technology, together with doctors,” she explains. As she discovered after joining DecisionOne

Dental Partners, the closer in touch she is with new services and technology, the better able she is to develop her skills and care for her patients.

DSOs continue to present new opportunities for hygienists (May/June)

Mobility & growth

DSOs continue to present new opportunities for hygienists.

The dental industry has been a hub of growth these past couple of decades. Shaped by new diagnostic tools and therapies, as well as the growth of dental service organizations, dentistry places more and more demands on clinicians – hygienists included. Once considered the muckers of pick and polish, hygienists have kept pace with these changes, taking on more and more responsibility, while taking advantage of efficiencies afforded by new and better technology.

“Today, we have so many new diagnostic tools, therapies and knowledge at our disposal that we didn’t have 10 or 20 years ago,” says Andrea Kowalczyk, RDH, BS, lead talent acquisition partner for a leading DSO. “While we have taken on more responsibility as we’ve adopted these new technologies, some of these tools have enabled us to save time and effort.” Successful hygienists must be trained on such technologies as lasers, intra-oral cameras and digital diagnostic tools, she points out.

In many cases, hygienists have moved to DSOs, which support the training and education necessary to adopt new technology, she says. But, even when the move has been less than intentional – for instance, when private practices are sold to DSOs – the transition can be positive for hygienists who are open to change.

Resources and education

In Kowalczyk’s experience, hygienists working in a DSO setting have career-building opportunities that there is in the private sector sometimes lack. “DSOs often have access

to resources and new product education, which a smaller practice may not have,” she explains. “Some DSOs use proprietary software, which has been created especially for them and often is more robust than software available to private offices.”

“While some of our groups, hygiene committees have been created that include clinical hygienists who treat patients with new products and therapies, and then evaluate them for future use,” Kowalczyk continues. “It’s a great way to be involved.”

Furthermore, DSOs emphasize infection control throughout the organization, she notes. “Many of our groups employ quality assurance officers who ensure the entire dental team complies with OSHA guidelines,” she says. “Since these guidelines are always evolving, we rely on these officers to keep us abreast of important changes. Our hygiene trainers and mentors, as well as other professionals, ensure all of our hygienists follow clinical guidelines in order to provide great and safe care.”

Because hygienists employed by DSOs have an opportunity to work with so many professionals, including restorers, marketing specialists, infection control specialists, etc., they often go on to fill these positions at their organizations, Kowalczyk points out. These are opportunities they may not see in private practices, she adds. ■



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—Andrea Kowalczyk, RDH, BS, lead talent acquisition partner for a leading DSO

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Smile Magic (July/August)

Smile Magic

By focusing on the customer, dental service organizations have an opportunity to make great sales in the marketplace – even amid a pandemic.

Emmet Scott, CEO and co-founder of National Dental Partners™ and Smile Magic Dentistry, and the newly elected president of the American Dental Service Organizations (ADSO) said he’s tried simplifying things during challenging times with a guiding principle. He calls it his North Star, and it’s kept him on course, even amid the changing marketplace and a global pandemic.

Scott asks himself one question – What does the customer want?

“If I want to know what the future is going to hold, I look to my customers, namely their lives, needs, and wants,” Scott said.

Efficiency: Speaking on behalf of DSOs across the nation, has the pandemic made DSO offerings more valuable to the independent dental office?

Scott: Yes. I think this was already starting to happen. Even dentists who were kind of wary on DSOs are seeing that these DSOs are willing to provide more capital to them if they want to exit or if they’re looking for a partnership. That’s interesting to them.

They have teams that can help them navigate all this complexity. All great athletes, even if they look like they’re alone, have huge teams.

This complexity, having a team, network, and support system, I think everyone’s saying, “Yes, at this level you do need a team. You do need support.”

That leads me into how we evolved and became what we are today, National Dental Partners, which happened before we knew there was going to be a global pandemic. That said, the state of our country has shown us and participating (and interested) members that there has never been a better time for partnerships and collaboration like this in our industry.

PPE demand has turned the supply chain upside down (July/August)

Editor’s note: Billy Harris, CEO of Sri Trang USA, Inc., spoke with Efficiency

in Group Practice Publisher Scott Adams on the history of the glove business as it relates to public health scares, how demand spiked during COVID-19, the challenges of bringing manufacturing of gloves to the United States, and more.

PPE

PPE Past, Present and Future

A PPE leader examines how the spike in demand due to COVID-19 compares to other historical markers, and how it could reshape the industry moving forward.

Editor's note: Billy Harris, CEO of Sri Trang USA, Inc., spoke with Efficiency in Group Practice Publisher Scott Adams on the history of the glove business as it relates to public health scares, how demand spiked during COVID-19, the challenges of bringing manufacturing of gloves to the United States, and more. The following were ten insights from the interview.

This isn't the first time we've faced a PPE shortage
In 1980, the Food and Drug Administration (FDA) issued universal precautions because of AIDS. The universal precautions were just a single statement: If you encounter bodily fluid, you should wear gloves, gowns, and masks. "That took the whole industry by a little bit of surprise," said Harris. For the glove business, the universal precautions of 1989 meant explosive growth. In that particular year in Malaysia alone, the Malaysian government issued 500 permits for the manufacturing of gloves. Harris said, "Through out all of those permits were fulfilled, or factories built." At the time, there was still a fair amount of domestic production in the United States. However, since then, manufacturing has migrated to places like China, Indonesia, Thailand, and Vietnam.

Glove manufacturing didn't leave the U.S. because of cheap labor
When the gloves produced in the United States migrated to South Asia and China, it wasn't because of cheap labor, Harris said. "Gloves left because that's where the raw material is, and the new material was in demand at the time would've been latex." In the 1980s and up until about 2000, latex would have been the first choice of product, then vinyl, and then nitrile, Harris said. Today it's nitrile, vinyl, and then latex.

Following the universal precautions in 1989, there's been an event every few years that felt like it was going to have an impact on infection prevention and PPE
For instance, in 2001, you had the anthrax scare with the U.S. Postal Service, Harris said. "At one point, the U.S. Postal Service wanted everybody to glove and have some form of protection, but that lasted for about three months. The U.S. Postal Service went out and bought millions of gloves. Three months later they were trying to return them because none of the workers would use them, and the whole anthrax scare was away due to good law enforcement practices to get to the root cause of it."

2002: A West Nile Virus outbreak occurred, "but it really didn't have an impact on the U.S. market in terms of any unusual demands outside of the normal demand."

2003: SARS. "It didn't really impact availability of product."

2005: The system was challenged with bird flu. "When I say the system, I mean the manufacturing community," Harris said, "which needed to make sure we had enough gloves not just in the U.S., but other hot spots of the world. So, there was a demand issue."

2008: It's a call issue. "Not that did not negatively affect the glove business," Harris said.

2008: An economic downturn. "Interesting enough, at least in the glove business, when there were tough economic times, we tended to thrive better both in volume to the market and in profitability for the company."

2009: H1N1, or swine flu, "had again that was a global issue because of the nature of the disease."

2014: Ebola. "It was a demand issue."

2015: Zika. "It was a demand issue."

2019: Coronavirus. "It was a demand issue."

2020: COVID-19. "It was a demand issue."

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Yes, there will be higher demand, because more people across all industries are going to glove, gown, and mask. Some will be more short-term. For instance, some of the inquiries that Sri Trang received over the past few weeks are mostly coming from industry. "They're trying to get their employees back to work, whether it be in a factory or a restaurant."

Another example was the cruise ship industry. When it was shut down during COVID, those companies buying gloves for cruise ships found themselves sitting on idle inventory. "Well, that idle inventory was only idle until somebody figured out that, 'Oh, there's some idle inventory, let's go buy it because we can use it over here in other parts

of the market.'" Anybody that was in the food service business saw a decline for a short period of time. But their glove sales and mask sales remained because they started selling it to customers who were not in their traditional wheelhouse.

The dental market did the same thing, Harris said. For seven to eight weeks, they went from 100% utilization in dentistry down to maybe 15%. It was only the dentist and maybe one other person in the office during that period of time. The dental supply people were sitting on inventories and having inventories coming in, so they started selling gloves, masks, gowns and hand sanitizer to everybody. They even went to the market to try to get more. Some of the dental distribution business is now trying to figure out how to leverage that long-term in healthcare and the medical side, not just the dental side, Harris said. So, unless you were specializing in cancer treatments and things of that nature, you saw no decline. But the general practitioner certainly saw a big decline.

There's going to be a change in the supply chain, Harris said. The market's going to look very different, and the demand will probably jump from 70 billion to maybe 90 billion when it all starts to settle out, "because we're all going to be doing more cleaning, deep cleaning, things of that nature."

Tarek Aly, chief operating officer at OrthoDent, on building business expertise while practicing (September/October)

"When you are practicing dentistry, you are completely focused on the

tactical aspects of dentistry. You are providing the ultimate quality of clinical care for your patients. However, you don't dedicate enough time and attention to the business aspect, which is also serving patients, by making sure that you provide top quality of care, you have less waiting time, you're efficient and effective, you have happy, satisfied team members, and returning patients with a positive impact. That in itself is difficult because you are

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Tarek Aly:
Great changes, great opportunity

With the right mindset, and resources, dental group practices can create a high quality of service for their clients amid a challenging environment.

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functioning with two minds. You have the dentist's mind, and you have the business mind. And that is definitely hard. In the beginning you are handling everything. You're doing all these things. But as you grow, you have the ability to break down some of these functions and give them to a specialist, who has the formal education, knowledge and the experience to tackle one piece at a time. It is definitely challenging, but, as you scale, it becomes easier."

Location, location, location (September/October)

Dr. Matt Kathan and the leadership of Timber Dental say that they try to think of their business as being “retail.” This has meant going after a narrowly defined target population and investing a lot of resources into getting and maintaining visibility with that population.

The practice offers general dentistry to all patients, but the practice has rejected the mindset of trying to be all things to all people. The leadership team worked to create a “patient avatar” and focus its efforts

CEO Case Study

Timber Dental

How discarding more traditional models for growth and rethinking their approach to the business side of dentistry has led to success for one dental group practice in the Pacific Northwest.



Timber Dental was founded in Northwest Portland in 2014 by the husband and wife team of Dr. Matt Kathan and Dr. Holly Kathan. Now, the practice has 8 dentists and around 50 employees across its four Portland-area locations. Despite the hardships created earlier in the year, Dr. Matt Kathan says that each location is thriving again, with patient volumes close to what they were pre-COVID-19. In order to grow from the original, single location into the prominent group practice that it is now,

Dr. Kathan says he and his team had to discard more traditional models for growth and rethink their approach to the business side of dentistry.

Location, location, location Dr. Kathan and the leadership of Timber Dental say that they try to think of their business as being “retail.” This has meant going after a narrowly defined target population and investing a lot of resources into getting and maintaining visibility with that population.

The practice offers general dentistry to all patients, but the practice has rejected the mindset of trying to be all things to all people. The leadership team worked to create a “patient avatar” and focus its efforts on trying to cater to and draw in that population. For Timber Dental, that target population is millennials, with most of the practice’s patients being in the 30-45 age range.

Timber Dental’s focus on approaching dentistry as a retail business can be seen simply by looking at the practice’s four locations around Portland. All of the locations are within 2 miles of another Timber Dental office. All locations are on street corners and highly visible. The downtown location even has a 30-ft marquee sign to draw even attention to the practice. ■

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The Need for a Respiratory Protection Program

Dental group practices must have a clear understanding of the standard and its rationale to provide a sound respiratory protection program for all employees.



By Katherine Schrubbe, RDH, BS, M.Ed, PhD

Dr. Katherine Schrubbe, RDH, BS, M.Ed, PhD, is an independent compliance consultant with expertise in OSHA, dental infection control, quality assurance and risk management. She is an invited speaker for continuing education and training programs for local and national dental organizations, schools of dentistry and private dental groups. She has held positions in corporate as well as academic dentistry and continues to contribute to the scientific literature. Dr. Schrubbe can be reached at kathy@schrubbecompliance.com.

The global pandemic of SARS-CoV-2 has had a huge impact on the dental profession regarding dental health care personnel (DHCP) safety and the safe delivery of dental care to patients. On March 16, 2020, the American Dental Association (ADA) recommended dentists nationwide postpone elective procedures for the next three weeks, stating that concentrating on emergency dental care will allow dentists to care for emergency patients and alleviate the burden that dental emergencies would place on hospital emergency departments.¹ The closures went for much longer than three weeks and the recommendation that dentists restrict their practices to all but urgent and emergency care finally expired on April 30 and was not extended. At that point, the ADA stated, “oral health is an integral part of overall health and treatment of dental disease, as well as prevention, is important to help keep people healthy. The longer dental practices remain closed to preventive care and treatment for early forms of dental disease, the more likely that patients’ untreated disease will progress, increasing the complexity and cost for treatment down the road.”²

Dental practices were not only guided by ADA, but also had to follow state and local guidelines and mandates prior to reopening. However, in early to mid-May dental practices began to reopen to comprehensive procedures

in states where government mandates began to lift. But it was not business as usual. Due to the many unknowns of the SARS-CoV-2 virus came new interim guidance from the Centers for Disease Control and Prevention (CDC) as well as

the ADA on everything from patient screening, to operator protocols and new recommendations for personal protective equipment (PPE). New interim guidance built upon the already strong infection control protocols in place in dental offices and called for the highest level of PPE to help protect patients and the dental team when re-engaging in providing the full range of oral health care.²

Since May 2020, there have been numerous revisions of interim guidance from the CDC, ADA and the Occupational Safety and Health Administration (OSHA) making compliance to new recommendations and protocols an ongoing daily activity – and challenge. The most significant change to dentistry practice during the SARS-CoV-2 pandemic is related to PPE and respiratory protection. Dental providers have always dealt with respiratory hazards in the workplace (i.e., spray, spatter and aerosols) and are the best at utilizing PPE under the premise that every patient is infectious. However, SARS-CoV-2 has generated a new level of concern given the high infectivity of the virus, the known risk of droplet transmission, as well as the potential for airborne transmission,³ thus, a higher level of PPE is recommended.

Current guidance

At the time of this writing, the most current CDC guidance for dentistry states, during aerosol generating procedures DHCP should use an N95 respirator or a respirator that offers an equivalent or higher level of protection such as other disposable filtering facepiece respirators,

powered air-purifying respirators (PAPRs), or elastomeric respirators;

- Respirators should be used in the context of a comprehensive respiratory protection program (RPP), which includes medical evaluations, fit testing and training in accordance with OSHA's Respiratory Protection standard (29 CFR 1910.134).⁴

Although OSHA standards are federal law where employers must comply in order to maintain a safe workplace, during this unprecedented pandemic, in May, the agency created a webpage specifically for *Dentistry Workers and Employers*, stating, “this guidance is not a standard or regulation, and it creates no new legal obligations. It contains

As always, training is a vital component of any safety program, and the Respiratory Protection Standard mandates respirator training be provided prior to requiring an employee to use a respirator in the workplace.

In March, OSHA released *Guidance on Preparing Workplaces for COVID-19* and outlined very high exposure risk jobs as those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures; workers in this category include health-care workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.⁵ This guidance document highlighted the risk of transmission of SARS-CoV-2 to DHCP.

recommendations as well as descriptions of mandatory safety and health standards; the recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace.”⁶ With that, OSHA's current respiratory protection PPE for dentistry during procedures that may or are known to generate aerosols include a NIOSH-certified, disposable N95 filtering facepiece respirator or better used as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection Standard and includes medical exams, fit testing, and training.^{5,6} The ADA also refers to OSHA guidance for selection of respiratory PPE during the COVID-19 pandemic.^{6,7}

The incorporation of OSHA's Respiratory Protection Standard and the implementation of a Respiratory Protection Program (RPP) is a new area for dentistry and has created the need for more education, training as well as administrative tasks in the practice. If DHCP are donning respirators for aerosol generating procedures, then as OSHA has indicated, they must be used in the context of the standard and RPP.^{5,6,7}

Reviewing the program

Without going into a great deal of discussion, let's review the elements of a respiratory protection program for dental practice. According to OSHA, a respiratory protection program is a written program that includes procedures specific to the worksite to prevent inhalation of hazardous materials that cannot be controlled by other measures (i.e., engineering, or administrative controls).^{8,9} Along with the written RPP, OSHA requires the dental practice to designate the RPP administrator. This staff person may also be the safety officer for the practice and must be familiar with the Respiratory Protection Standard and the use and application of respirators in the workplace. Also, they are responsible to ensure DHCP are provided with an appropriate and suitable respirator that is provided at no cost by the employer to the employee, training, and medical evaluations to protect DHCP from inhaling harmful contaminants (contaminants could include biologic agents such as bacteria and viruses).^{8,9}

The RPP includes the following elements:

- › Procedure for selecting respirators for use in the workplace,
- › Medical evaluation of employees required to wear respirators,
- › Fit testing procedures for tight fitting respirators,
- › Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations,
- › Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, and discarding and otherwise maintaining respirators,
- › Procedure to ensure adequate quality, quantity, and flow of breathing air for atmosphere-supplying air respirators,
- › Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use and their maintenance,
- › Procedures for regularly evaluating the effectiveness of the program, and
- › Procedures for ensuring that workers who voluntarily wear respirators (excluding filtering facepieces) comply with the medical evaluation, and cleaning, storing, and maintenance requirements of the standard.^{8,9}

There are a few key items that should be emphasized within the RPP. A written plan is required and should reside in the practice's office compliance manual; with the program being reviewed regularly.⁸ DHCP have been sort-of thrown in to using respirators per CDC and

OSHA guidance and practices are now finding there are additional tasks that need to be completed to comply with this standard. OSHA requires initial and annual fit-testing of respirators to ensure proper fit and seal, however, to preserve and prioritize the supply of respirators, OSHA has currently suspended its annual fit-test requirement, but continues to enforce an initial fit-test.¹⁰ Even before fit-testing is accomplished, DHCP must complete a medical evaluation to determine their eligibility of wearing a respirator.^{8,9} This medical evaluation consists of a lengthy health questionnaire evaluated by a physician or other licensed healthcare professional who provides a written recommendation regarding the ability to use respirators.⁹ For instance, if the DHCP has respiratory conditions such as asthma or severe allergies, they may not be able to obtain eligibility to wear a respirator. The practice should make every effort to comply with the fit-testing requirements to ensure DHCP safety. However, if it is difficult to obtain a fit-test, the practice should document all attempts made to secure fit-testing services and continue to seek out this assistance.

As always, training is a vital component of any safety program, and the Respiratory Protection Standard mandates respirator training be provided prior to requiring an employee to use a respirator in the workplace. The training must be comprehensive, understandable, and recur at least annually – or more often if necessary.^{8,9}

OSHA identifies the following as minimum knowledge a respirator user should have upon completing respirator training:

- › Why the use of a respirator is necessary (e.g., the respiratory hazards and how improper fit, usage, or maintenance can compromise the protective effect of the respirator),
- › Limitations and capabilities of the respirator,
- › How to use the respirator effectively in emergency situations, including when the respirator malfunctions,
- › How to inspect, don (put on) and doff (remove), use, and check the seals of the respirator,
- › The procedures for maintenance and storage, and
- › How to recognize medical signs and symptoms that may limit or prevent the effective use of the respirator.⁹

There has been a lot of conversation in dentistry regarding OSHA's enforcement of the Respiratory Protection Standard since the start of the pandemic. Although OSHA is a complaint-driven agency, based on current information as of October 2, 2020, there appears to be plenty of complaints as OSHA has cited 37

establishments for violations, resulting in proposed penalties totaling \$484,069 where employers failed to implement a written respiratory protection program, provide a medical evaluation, respirator fit test, training on the proper use of a respirator, and personal protective equipment.¹¹ In

Since May 2020, there have been numerous revisions of interim guidance from the CDC, ADA and the Occupational Safety and Health Administration (OSHA) making compliance to new recommendations and protocols an ongoing daily activity – and challenge.

September, OSHA cited a dental practice in Georgetown, Massachusetts for violating respiratory protection and other standards with proposed penalties of \$9,500. The citation included failure to provide medical evaluations and fit testing for employees required to wear N95 respirators as protection against coronavirus and lack of written programs related to respiratory protection among other violations.¹²

Dentistry has been driven into a new “normal” of providing patient care that has added another layer of OSHA compliance to daily practice – the utilization of respirators for aerosol generating procedures requires the implementation of a respiratory protection program per

the Respiratory Protection Standard. Employers and management teams must have a clear understanding of the standard and its rationale to provide a sound respiratory protection program for all employees. It should not be the potential for an OSHA citation that drives a dental practice to compliance, rather, it is the right thing to do to ensure DHCP safety. ■

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14 Thoughts About Building A Great Culture

By Jon Gordon

1. Great leaders build and drive great cultures. They know it's their number one priority. They can't delegate it. They must lead and be engaged in the process.
2. Culture is the reason why great organizations have sustained success. Culture drives expectations and beliefs. Expectations and beliefs drive behavior. Behavior drives habits. Habits create the future.
3. Culture beats strategy. Strategy is important but it is your culture that will determine whether your strategy is successful.
4. If you focus on the fruit of the tree (outcomes and numbers) and ignore the root (culture) your tree will die. But if you focus on and nourish the root you always have a great supply of fruit.
5. When building a team and organization you must shape your culture before it shapes you. A culture is forming whether you like it or not. The key is to identify what you want your culture and organization to stand for. Once you know the values and principles that you stand for, every decision is easy to make; including the people you recruit and hire.
6. A culture of greatness doesn't happen by accident. It happens when a leader expects greatness and each person in the organization builds it, lives it, values it, reinforces it and fights for it.





Culture is like a tree. It takes years to cultivate and grow and yet it can be chopped down in a minute

7. Culture is dynamic, not static. Everyone in your organization creates your culture by what they think, say and do each day. Culture is led from the top down, but it comes to life from the bottom up.
8. “Your culture is not just your tradition. It is the people in your building who carry it on.”
– Brad Stevens, Head Coach, Boston Celtics
9. When leading a new team or organization, it will take longer to build a new culture if you allow negative people from the previous culture to contaminate the process.
10. When you build a strong, positive culture most of the energy vampires will leave by themselves because they don’t fit in. But you may also have to let a few energy vampires off the bus.
11. Creating a culture where people are afraid to fail leads to failure. Allowing people to fail and learn from failure ultimately leads to success.
12. Change is a part of every culture and organization. Embracing change and innovating will ensure that your organization thrives.
13. Progress is important but when innovating and driving change make sure you honor your tradition, purpose and culture. This generates power from your past to create your future.
14. Culture is like a tree. It takes years to cultivate and grow and yet it can be chopped down in a minute. Protect your culture. ■

Jon Gordon's best-selling books and talks have inspired readers and audiences around the world. His principles have been put to the test by numerous Fortune 500 companies, professional and college sports teams, school districts, hospitals, and non-profits. He is the author of 20 books including 8 best-sellers: *The Energy Bus*, *The Carpenter*, *Training Camp*, *You Win in the Locker Room First*, *The Power of Positive Leadership*, *The Power of a Positive Team*, *The Coffee Bean* and his latest *Stay Positive*. His clients include The Los Angeles Dodgers, Campbell's Soup, Dell, Publix, Southwest Airlines, Miami Heat, The Los Angeles Rams, Snapchat, BB&T Bank, Clemson Football, Northwestern Mutual, West Point Academy and more.

Health news and notes

Teeth grinding prevalent in election season

This year's political arguing has apparently contributed a significant amount to teeth gnashing, according to the Washingtonian. According to dentists interviewed, America, overwrought and under-rested, is grinding its choppers away. "The collateral damage has just been incredible," says DC dentist Brian Gray of the pandemic-meets-election season's effect. Part of that damage is due to stress-related clenching and grinding, which causes people to come in complaining of headaches, jaw pain, or cracked or broken teeth. Antidepressant medications can cause teeth-grinding too. Gray estimates he's making about 30 percent more night guards than he usually would. And it's not just adults. Half of orthodontist Jill Bruno's clients are teenagers, and their teeth are taking a beating, too. "I'm not a psychologist or psychiatrist, but the stress of this time period, it manifests in different people in different ways," says Bruno. "The oral cavity, the mouth, takes a lot of the brunt." Bruno estimates that about 25-to-30 percent of her patients have come in after grinding through their night guards, retainers, or aligners.

Protect your immune system

It's critical to protect your immune system as we face both the COVID-19 pandemic and the 2020-2021 flu season, according to a Piedmont Living



Better blog. Jemese Richards-Boyd, MD, a Piedmont primary care physician, shared ways you can boost your immune system and protect your health:

- **Exercise.** "Moderate exercise can boost immunity by increasing blood flow and helping to reduce chronic stress," says Dr. Richards-Boyd.
- **Proper diet.** "In general, a poor diet and lack of nutrients can interfere with the activity of your immune cells and possibly even the production of different immune cells," she says. "If you lack the necessary nutrition and become exposed to an infection, your body may not be able to

mount the response it needs to fight the infection."

- **Sleep.** "Lack of sleep can negatively impact your immune system," says Dr. Richards-Boyd. "It is important to practice good sleep hygiene to make sure you avoid common pitfalls that disrupt your ability to get restful sleep."
- **Get a flu shot.** "Getting a flu shot during the pandemic is important because it is possible to get both influenza and COVID-19, as they are two separate viruses," she explains.
- **Wash your hands regularly.**
- **Stay home if you are sick.**

Read the full recommendations at: www.piedmont.org/living-better/how-to-boost-your-immunity-during-covid

Sniffing out COVID

A recent *Time* article highlighted how dogs might play a role in detecting COVID-19 infections. One hint – their noses. Steve Lindsay, a public health entomologist at Durham University, along with collaborators at the London School of Hygiene & Tropical Medicine (LSHTM) and the U.K.-based nonprofit Medical Detection Dogs, are working on a U.K. government-funded study that will test dogs' ability to detect COVID-19. Their goal: to train coronavirus-sniffing dogs, which could then be deployed at schools, airports and other public venues to reinforce existing nasal

swab testing programs. A similar study is underway at the University of Pennsylvania. “We’re not just doing the proof of concept work, we’re also working out actively how to deploy this and scale it up as well, because we want to hit the ground running once we’ve gotten our results,” says James Logan, the head of LSHTM’s Department of Disease Control and the project lead on the U.K. study. Read about the studies at: <https://time.com/5898049/covid-19-sniffing-dogs>.

A golfer’s guide to low back pain

Golf is often thought of as a low-impact sport, but it can be associated

with several musculoskeletal injuries due to its repetitive nature, according to *U.S. News and World Report*. One of the most common complaints reported by golfers is low back pain, with reported rates varying from 26% to 52%. Low back pain is also a major health issue among adults in the general population. Given the high prevalence and high cost of low back pain care, it’s worthwhile to consider how to prevent golf-associated low back pain.

While the golf swing seems like a relatively easy motion, it is actually an extremely complex series of motions that involve most of the muscles and joints in the body. As

with all things, the golf swing’s frequent repetition – compounded over years of playing the sport – places significant stress on those muscles, joints, and tendons. Over time, this may result in injury.

Understanding the mechanics of the golf swing, along with education and training, can help prevent golf injuries. It’s important to use proper posture and proper sequencing, and not to over-swing. Swinging too hard may increase the stress placed on the spine and surrounding structures... Read the full article at: <https://health.usnews.com/health-care/for-better/articles/a-golfers-guide-to-low-back-pain> ■



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People News

Founder, former CEO of Mortenson Dental Partners retires

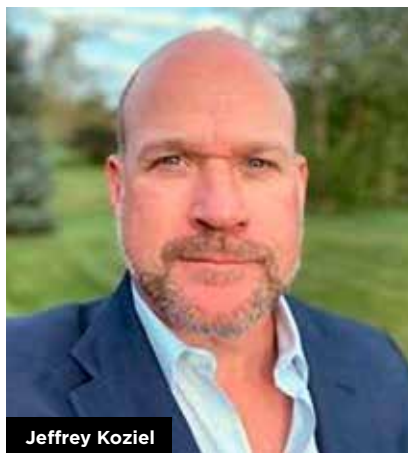
Wayne Mortenson, DMD, who founded Mortenson Dental Partners with his wife, said he would retire from the DSO September 30. Dr. Mortenson and his wife, Sue Mortenson, opened their first dental practice, Mortenson Family Dental, in Middletown, Kentucky, in 1979. The DSO now includes 140 practices across nine states and employs nearly 1,800 people. The retirement announcement comes two years after Dr. Mortenson stepped down from his CEO role to serve as an executive adviser. He plans to stay an active member of the DSO's board of directors and lead the Mortenson Charitable Foundation's efforts with his wife, the company says. DSOs, Dental Providers, & Insurance

Dental Care Alliance names former Walgreens exec as new president

Dental Care Alliance named Jeffrey Koziel as its new president. Most recently, he served as senior vice president, pharmacy and retail operations, with responsibility for day-to-day operations supporting Walgreens's more than 9,300 locations.

"As DCA looks ahead to our fourth decade of creating healthy

smiles, I am confident that Jeff has the experience and vision to lead Dental Care Alliance into the next stage of growth," stated Jerry Rhodes, Chief Executive Officer for DCA. "The demonstrated way in which he cares for the business and its people are distinctively aligned with our mission and values. He has an unbridled passion for healthcare and innovation, and is committed to driving results for the future at DCA."



"I'm thrilled to join the Dental Care Alliance family," Jeff shared. "We are undoubtedly in challenging times, but as it goes, I believe it will enable our greatest opportunities. Already, I've learned much about the commitment and dedication of DCA's affiliated practices and the patients and team members that we serve. I

sincerely look forward to contributing to and taking this already great organization to the next level."

Hinman Dental Meeting executive director retiring in May

The Thomas P. Hinman Dental Meeting announced that its longtime executive director, Sylvia Ratchford, will retire in May 2021, following her 25th Hinman meeting. Ratchford has led the Hinman Dental Meeting and Hinman Dental Society since 1996, growing it to its peak of more than 23,000 attendees and 430 exhibiting companies, according to the organization. She will be succeeded by Annette Sullivan.

"For the past 24 years, Sylvia has been the lifeblood of Hinman and has played a very critical role in making Hinman the success it is today. She has been a tremendous leader who has been instrumental in growing Hinman and maintaining its position as the premiere dental meeting in the country," said Dr. L. Maxwell Ferguson, Chair of the Hinman Board of Trustees. "We are sad to see her retire, but greatly appreciate her many contributions over the years, including the capable team she has developed. We are fortunate that she is able to stay on through May to work alongside and share her experience with Annette."

Ratchford has more than 40 years of experience in the hospitality, meeting planning and association management industries. Prior to assuming the role of Executive Director at Hinman, Ratchford worked in sales management for nine years at The Westin Peachtree Plaza. She then worked another nine years at AmericasMart, including the pre-opening of INFORUM, where she was responsible for the marketing and sales of the exhibits and meeting space in all four buildings. Ratchford has served on the board of the Atlanta Convention and Visitors Bureau and as President of the Southeastern Chapter of the Professional Convention Management Association. She is also a long-time member of the International Association of Exhibitions and Events. She earned her bachelor's degree in fine arts at the University of Georgia. Ratchford looks forward to moving near her hometown of Gastonia, N.C. and spending time on Lake Wylie with family and friends. "The past 24 years have been a blessing for me both professionally and personally. My hope is that the many relationships I've formed with colleagues and friends, as a result of Hinman and my career in Atlanta, will be lifelong," said Ratchford. "Annette is well respected in the Atlanta hospitality community and I feel confident that Hinman is in very capable hands going forward. I know that the Hinman leadership, members and staff will support her as well as they have me over the years.

Native Atlantan Annette Sullivan began working full-time recently

with the goal of transitioning many of Ratchford's duties by the end of year. Sullivan brings more than 20 years of experience in the hospitality and meeting planning industry. Her most recent position was with the Georgia World Congress Center where she was a member of the national convention sales team. She also has worked on the sales team for the Atlanta Convention & Visitors Bureau in Atlanta and spent 10 years in Washington, D.C. working with associations. She worked for the Sacramento Convention & Visitors Bureau and Chicago Convention & Tourism Bureau bringing associations to each of those destinations. Prior to being on the sales side, her association experience includes management roles with the National Association of Computer Consultant Businesses and Associated Builders & Contractors. "We are thrilled to have Annette join Hinman as our new Executive Director and lead the meeting into the future. Her experience and unique perspective will play an important role in positioning Hinman for years to come," said Dr. J. Sedgie Newsom, President of the Hinman Dental Society. "While she certainly has big shoes to fill, we are confident that Annette has the expertise to guide and shape Hinman and successfully navigate the challenges that the pandemic has created."

ADA installs Daniel Klemmedson as new president

Daniel J. Klemmedson, DDS, MD, assumed the position as president of the American Dental Association,

effective October 19. Dr. Klemmedson has been actively involved at the ADA for many years, serving on the ADA Council on Dental Benefit Programs from 2007 to 2011 and a strategic planning committee from 2009 to 2012. From 2019 to 2020, Dr. Klemmedson served as president-elect of the ADA.

In addition to Dr. Klemmedson's achievements at the ADA, he is a past president of the Arizona Dental Association, Southern Arizona Dental Society, Western Society of Oral and Maxillofacial Surgeons and Arizona Society of Oral and Maxillofacial Surgeons. Throughout his career, Dr. Klemmedson has earned multiple awards, including the Dentist of the Year Award and the Hall of Fame Service Award from the Arizona Dental Association. In 2018, he received the Gerald E. Hanson Outstanding Service Award from the Oral and Maxillofacial Surgery Foundation.

Dr. Klemmedson is a fellow of the American Board of Oral and Maxillofacial Surgery, as well as a member of the Academy of Dentistry International, American Cleft Palate-Craniofacial Association and American Medical Association. He has received fellowships from the American College of Dentists, International College of Dentists and Pierre Fauchard Academy.

President-elect Cesar R. Sabates, Second Vice President Maria Maranga, and five new trustees also assumed office on October 19.

AAOMS names new president

The American Association of Oral and Maxillofacial Surgeons (AAOMS)

(Irving, TX) named Dr. B.D. Tiner, DDS, MD, as its new president. He officially began his one-year term on Oct. 11. Dr. Tiner served as president-elect for AAOMS last year, serving as VP the year prior to that. He has been an active member of the organization for 37 years. Dr. Tiner is a surgeon with Alamo Maxillofacial Surgical Associates, a partner practice of U.S. Oral Surgery Management (USOSM).

Mid-Atlantic Dental Partners promotes Pamela Holder to chief revenue officer

Mid-Atlantic Dental Partners announced the promotion of Pamela Holder to chief revenue officer. In her new role, Holder will oversee revenue operations companywide and the growth and expansion of Mid-Atlantic Dental. Holder brings more than 12 years of dental and healthcare revenue experience to her role at Mid-Atlantic Dental. She joined the company in January 2019 as VP of revenue cycle and was promoted to SVP of Revenue Cycle Management the following year. Prior to joining Mid-Atlantic

Dental, she headed her own consulting firm where she worked with DSOs and solo practices to analyze all aspects of the revenue cycle.



Pamela Holder

“Pam is one of the best examples of how you can accomplish anything you desire if you are dedicated, humble and willing to work hard,” said Leigh Feenburg, Chief Operating Officer of Mid-Atlantic Dental Partners. “Pam has touched the lives of literally thousands in her career, leaving the most positive impressions on those she supports and advancing so many careers of those she has led.”

Holder holds a Bachelor’s Degree in Political Science, with a concentration in Foreign Policy of the Mid-

dle East, from Oakland University in Rochester, Michigan. As a former executive of one of the country’s largest DSOs, Holder has been a member of ADSO, NDEDIC, AADGP, NADP and sat on the DSO Advisory board for NADP. In 2015, Holder was a Stevie Bronze Medal winner for National Businesswoman of the Year and a Rising Star Award nominee for the National Dental EDI Council in 2016.

Western Dental promotes Patricia Himpelmann to SVP, Specialty Services

Western Dental appointed Patricia Himpelmann as SVP, Specialty Services. Himpelmann is expanding her role to include responsibility for operational support of all dental specialties, including oral surgery, periodontics, endodontics and pediatric dentistry. Himpelmann joined Western Dental in 2015 as VP of Soft Tissue Management, a role in which she developed a hygiene program and recruited and deployed nearly 150 hygienists across the company. She has also developed and launched key initiatives for dental implants and a variety of other oral health care products and services. ■

Dental News

Heartland Dental celebrates record growth of newly supported practices

Heartland Dental has welcomed a record number of supported practices in 2020 with more than 100

doctors choosing the company so far this calendar year.

“We have seen an incredible response in our recent doctor affiliations, many of whom want to grow their practice, gain non-clinical

administrative management relief, or plan their transition as they think about retirement,” said Patrick Bauer, Heartland Dental President and CEO. “Others are simply seeking support and connection during this time.”

Heartland Dental provides non-clinical administrative support so dentists and their teams can focus on delivering high-quality clinical care and excellent patient experiences. Heartland's support includes assistance with human resources, marketing, IT, supplies, insurance credentialing, accounting, and more. The company also provides supported doctors and hygienists with an abundance of continuing education programs and leadership development opportunities. Heartland Dental says its growth trajectory also includes its recent expansion of support into the state of Idaho.

Delaware adds dental coverage for adults on Medicaid

As of October 1, adults in Delaware who receive Medicaid will get dental coverage as part of their plan. Governor John Carney signed legislation establishing the Medicaid adult dental benefit in August 2019. Implementation was originally scheduled for April 2020, but was delayed by the coronavirus pandemic. Beginning Oct. 1, individuals ages 19-65 who are enrolled in a managed care Medicaid plan will receive their adult dental services through that plan and can obtain a list of providers from their managed care organization. The benefit will cover a wide variety of services, including exams, cleanings, fillings, sedation, and regular tooth extractions. It will cover \$1,000 of dental care per year; an additional \$1,500 per year may be available for qualifying emergency or supplemental care when medically

necessary. Individuals who receive services through the Division of Developmental Disabilities Services (DDDS) may be eligible for additional dental coverage once they exhaust their Medicaid benefit.

USOSM announces new partnership in Georgia

U.S. Oral Surgery Management (USOSM) (Irving, TX) has formed a new partnership in the Atlanta, Georgia, area. The newest partner is Richard E. Paul, DMD, PC, Oral and Maxillofacial Surgery, which has locations in McDonough and Griffin. With more than 25 years of experience in oral surgery, Dr. Paul practices a full scope of oral and maxillofacial surgery with particular expertise in dental extractions and dental implants. He also treats patients with oral pathology and maxillofacial injuries. This new partnership comes on the heels of USOSM's recent announcement of a new partnership with Oral Surgery Associates & Dental Implant Centers, also in the Atlanta, Georgia, area. DSOs, Dental Providers, & Insurance.

PepperPointe DSO nearly doubles through practice buys

PepperPointe Partnerships (Lexington, KY), a dental service organization, has added 37 independent dental practices in Kentucky to its business, growing its network to include 92 office locations, 85 doctors, and more than \$100 million in revenue. Founded in 2017, PepperPointe offers its practices support with nonclinical tasks; practice ownership is maintained by doctors.

Western Dental opens new office in California

Western Dental & Orthodontics announced the opening of a new Western Dental & Orthodontics office in Lemon Grove, California. The new 4,500-square-foot office provides a full range of dental services, including general dentistry, orthodontics, oral surgery, dental implants and oral hygiene services. It has 12 operator and exam rooms, including four treatment rooms dedicated to endodontics and pediatric dentistry. With the addition of the new office, Western Dental now operates 234 offices in California. A virtual open house and ribbon-cutting ceremony are planned.

North American Dental Group adds 17 affiliated practices

North American Dental Group (NADG) has welcomed 17 new dental offices across six states since the start of the fall season. NADG now supports more than 240 dental practices and nearly 500 full-time dentists across 15 states. The 17 newly affiliated practices, which employ over 30 doctors, represent partnerships with six different dental groups, including:

- Aura Smile Dental with two Cleveland, Ohio area locations.
- Three practices in the Pensacola, Florida area – Sorrento Dental Care, Aggie Dental Center and Bright Downtown Dental Arts.
- Two Dallas, Texas area implant and orthodontic practices in Southlake and Watauga.
- Snodgrass-King Dental with four Nashville, Tennessee area practices in Cool Springs, Mt. Juliet,

Murfreesboro and Spring Hill.

- Southeast Orthodontics with five Southeast Massachusetts practices located in Dartmouth, Lakeville, Mansfield, Nantucket and Raynham.
- BWS Oral and Maxillofacial Surgery in New City, New York.

NADG also welcomed the following principals from these new groups into servant leadership roles at NADG as Group Founders, lending their clinical expertise to other supported doctors at affiliated practices:

- Dr. Douglas Voiers at Aura Smile Dental.
- Dr. Christopher Campus at Sorrento Dental Care, Aggie Dental Center and Bright Downtown Dental Arts.
- Dr. David Snodgrass and Dr. John King at Snodgrass-King Dental.
- Dr. Brian Gaudreault at Southeast Orthodontics.
- Dr. Bart Silverman at BWS Oral and Maxillofacial Surgery.

ADEA, Henry Schein, and FEMA partner to donate masks to U.S. dental schools

The American Dental Education Association (ADEA), Henry Schein, Inc. (Melville, NY), and the Federal Emergency Management Agency (FEMA) are partnering on an initiative that will provide dental schools and allied dental education programs with KN95 masks to be used for patient care. Henry Schein will distribute the FEMA-donated masks to dental schools and programs within the U.S. that request an allotment from the ADEA. Dental schools and allied

dental programs that want masks are only being charged by ADEA for shipping and handling—not the masks themselves. Neither ADEA nor Henry Schein is profiting financially from this initiative. In total, ADEA and Henry Schein are distributing close to 3 million masks to 290 U.S. dental schools and allied dental programs.

Pacific Dental Services now has 600 supported owner dentists

Pacific Dental Services (Irvine, CA) has partnered with Mehran Khanbabapour, DDS, of Trails Dentistry (Scottsdale, AZ). Dr. Khanbabapour is the 600th supported owner dentist to join the DSO. “Welcoming our 600th supported owner dentist is an incredible achievement,” said Stephen Thorne IV, CEO and founder of Pacific Dental Services. “We’re honored that so many owner dentists have trusted us to provide support services to them and their clinical practices.”

PDIC opens Pediatric Dentistry Outpatient Care Center

The University of Illinois Chicago College of Dentistry recently opened the Illinois Children’s Healthcare Foundation Pediatric Dentistry Outpatient Care Center (ILCHF PD-OCC). The new center plans to serve 1,000 children annually from ages 3 to 17 years who need oral healthcare under general anesthesia. The center includes four procedure rooms for oral surgery procedures and two general anesthesia suites for pediatric dental care. The center’s inter-professional teams consist of

pediatric and oral surgery dental faculty and residents, anesthesiologists, a social worker, auxiliary staff and a nurse, among others. The outpatient care center is shared with the Department of Pediatric Dentistry and the Department of Oral and Maxillofacial Surgery and represents a collaboration to support the communities seeking complex oral health care at UIC. A dedication and formal opening for the ILCHF PD-OCC is planned for spring 2021.

5 Dentists elected to Congress

In the November election, five dentists were elected to Congress, the Advisory Board and the American Dental Association reported. The dentists elected to the House of Representatives are:

- Rep. Drew Ferguson, DMD, R-Ga.
- Rep. Mike Simpson, DMD, R-Idaho
- Rep. Paul Gosar, DDS, R-Ariz.
- Rep. Brian Babin, DDS, R-Texas
- Rep. Jeff Van Drew, DMD, R-N.J.

Benevis acquired by New Mountain Capital

LT Smile Corporation (known as “Benevis”) was acquired by New Mountain Capital under Section 363 of the U.S. Bankruptcy Code. Benevis provides non-clinical business support services to over 150 dental offices in more than 15 states, treating over two million patients annually. Benevis’ supported dental practices offer patients general dentistry and specialty care, including orthodontics and oral surgery and primarily serve the pediatric State Medicaid and commercial payer markets. Terms of the acquisition were not disclosed. ■

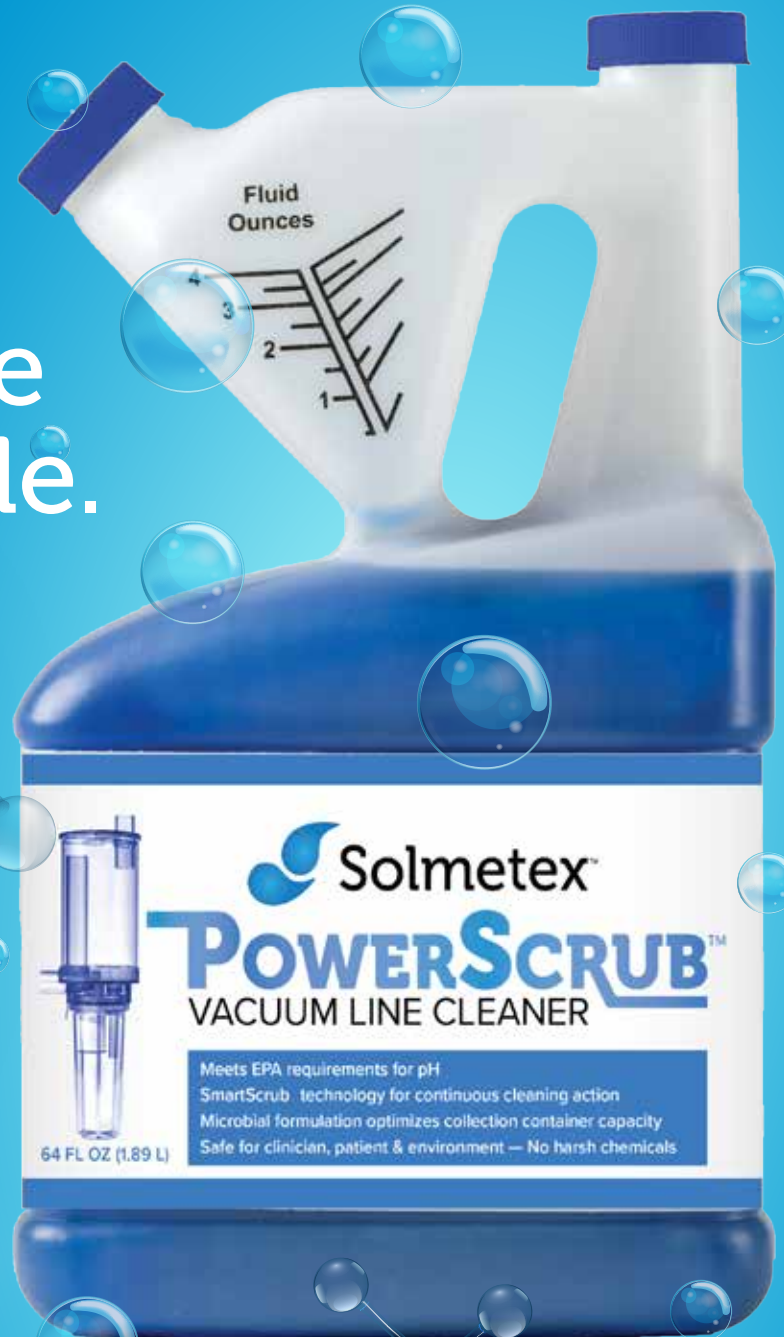
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