

EFFICIENCY

IN GROUP PRACTICE



Give and Take

For Smile Brands and DecisionOne,
growth isn't about getting bigger.
It's about transformation.

INSIDE:

► A look at mergers
& acquisitions in the
dentistry business today

Steve Bilt, CEO of Smile Brands Inc.
and Dr. AJ Acierno, CEO of DecisionOne Dental

JANUARY/FEBRUARY : 2021
DENTALGROUPPRACTICE.COM



Growth by Design

Centralized Control, Localized Care

Cloud-based software provides the perfect balance of control and flexibility as you expand your dental practice.

See how Dentrix Ascend can give you central reporting and management, while allowing each location to specialize and meet its needs.

Call for your demo today: **833.768.5483**

DentrixAscend.com/EGP



Give and Take

For Smile Brands and DecisionOne, growth isn't about getting bigger. It's about transformation.. > pg 26

A Fresh Start2

Looking Ahead to the Future of Dentistry4

One Family

Guardian Dentistry Partners offers dental entrepreneurs a path toward personal and professional growth..... 6

Year in Review

A look at mergers and acquisitions in 2020 12

Scaling Up

Keys to building systems to scale your dental group..... 16

Practice Acquisitions

Expert guidance and outlook for 2021 18

Go Forward

Acquisition secrets that will have your new practice moving in the right direction from day one..... 20

Written Plans

What's in your office compliance manual? 22

Future Trends in Group Dentistry

12 undeniable future trends in group dentistry that will impact your growth 32

Managing PPO Participation in a Practice Transition36

Pain-Free Practices

Endodontics group practices work hard to change patients' perspectives on root canals..... 38

Question and Answer

What Books and Resources Do You Recommend? 44

Top 5 Takeaways from The 2020 DEO Virtual Fall Summit

Keys to growing a dental group: Systems, people, finance 45

Calendar of Events47

EDITORIAL BOARD

A.J. Acierno, DDS, CEO, DecisionOne Dental Partners

Kristine Berry, RDH, MSEC, NextLevel Practice Coach

Brad Guyton, DDS, MBA, MPH, Vice President, Clinician Development, Dean, PDS University™ – Institute of Dentistry, Pacific Dental Services

Brandon Halcott, Co-Founder and President, Tru Family Dental

DeAnn McClain, Executive Vice President of Operations, Heartland Dental

Kasey Pickett, Sr. Director, Communications, Aspen Dental Management, Inc

Heather Walker, DDS, Mortenson Family Dental

SENIOR EDITOR

Graham Garrison • ggarrison@sharemovingmedia.com

CONTRIBUTING COLUMNIST

Nick Partridge

CONTRIBUTING WRITER

Laura Bowles

CIRCULATION

Laura Gantert • lgantert@sharemovingmedia.com

ART DIRECTOR

Brent Cashman • bcashman@sharemovingmedia.com



SALES EXECUTIVE

Amy Cochran
acochran@sharemovingmedia.com



PUBLISHER

Jake Puhl
jacobpuhl@deodentalgroup.com

Efficiency In Group Practice is published six times a year by Share Moving Media • 1735 N. Brown Rd. Ste. 140 Lawrenceville, GA 30043-8153
Phone: 770-263-5257 • Fax: 770-236-8023
www.dentalgrouppractice.com

Efficiency In Group Practice is published six times a year by Share Moving Media, 1735 N. Brown Rd. Ste. 140, Lawrenceville, GA 30043-8153. Copyright 2021 by Share Moving Media All rights reserved. If you would like to subscribe or notify us of address changes, please contact us at the above numbers or address.

POSTMASTER: Send address changes to Share Moving Media, 1735 N. Brown Rd. Ste. 140, Lawrenceville, GA 30043-8153. Please note: The acceptance of advertising or products mentioned by contributing authors does not constitute endorsement by the publishers. Publishers cannot accept responsibility for the correctness of an opinion expressed by contributing authors.

A Fresh Start

By Jake Puhl

2020 was a challenging year, but it had many silver linings. One was more family time due to the quarantine. And in many ways, the industry came together. The pandemic brought creativity and innovation from group practices who found ways to stay open and serve their patients and teams.



One of our goals at DEO has been to find new ways to serve our community of entrepreneurial-minded dentists.

I've spoken to some of the top leaders in the DSO space on what they learned from 2020 that they'll take into 2021:

► **Sharon:** "It was all about who was in the right seats. Knowing who was with you and who wasn't. Hiring a new associate and being really picky."

► **Dwight:** "In athletics they call it altitude training. You go to a higher altitude and push and train, and then when you come back to sea level it's easier. That's how 2020 was for us. Now it's getting back to a little stability. It also gave some clarity; the problems in 2019 didn't seem so big. We're also more glued together... a lot more unity."

► **Cheryl:** "2020 gave us a chance to really clean-up and simplify our systems. And to appreciate more."

Several industry leaders said there were plenty of wins to celebrate:

► **Jeff:** "Ended up with a pretty good year. Brought on a capital partner and closed on Dec. 30, so we made it happen before the end of the year."

► **Ron:** "Made it out of 2020 alive! Despite the pandemic, we all made it out together, and we really prevailed. It could have been a lot worse. All in all, we were able to accomplish our goals."

One of our goals at DEO has been to find new ways to serve our community of entrepreneurial-minded dentists. Our partnership with Share Moving Media to publish *Efficiency in Group Practice* will be one of those avenues. Another is an e-newsletter we'll launch at the end of Q1. We're excited to create content and conversations that will bring the industry together through inspiring stories, looking to the future, and cultivating an abundance mindset.

This issue of *Efficiency* examines mergers and acquisitions, but the common theme you'll notice in our interviews is that a successful M&A is based on partnerships. In the cover story, we talk with AJ Acierno and Steve Bilt, two incredible businessmen who used acquiring as an opportunity to form a strategic partnership. For Smile Brands and DecisionOne, growth isn't about getting bigger. It's about transformation. We hope you enjoy their insights, as well as the rest of the magazine's contributors.

Thanks for reading this issue of *Efficiency in Group Practice*.

Jake Puhl

MAXIMIZE YOUR SPACE

WITHOUT COMPROMISE.



Limited floor space shouldn't limit your expectations—or your choices.

A-dec equipment brings elevated design and efficient performance to every operatory. With absolutely no compromises.

We understand what Dental Service Organizations need to grow and thrive: scalable solutions that help your teams work smarter, more productively, and more comfortably—in any operatory. Because no matter what your square footage, A-dec believes there's no substitute for quality, durability and long-term value.

Talk to an A-dec DSO specialist today.

1-800-547-1883 | DSOcustomerservice@a-dec.com | a-dec.com/dso

Looking Ahead to the Future of Dentistry



By Emmet Scott,
President, Association
of Dental Support
Organizations



Today I am pleased to write the first of what will be a series of columns for *Efficiency in Group Practice*. In the coming issues, I will use this space to provide a regular update on the great work being done by the Association of Dental Support Organizations (ADSO) on behalf of our industry.

With 2020 finally in the rearview mirror, the ADSO is looking ahead to the future of dentistry. In March, the ADSO will hold a virtual meeting for our member organizations. The event titled “Boldly Evolving Dentistry: ADSO’s Members-Only Virtual Event” is poised to offer the highest level of training and guidance to our members as we prepare to move into the future and past the COVID-19 pandemic. This two-day event will feature keynotes from top dentistry leaders in the country, tailored breakout programming, and unique networking opportunities to provide an inclusive learning experience. With multiple event tracks including leadership, clinical, compliance, and

I.T. members from all levels and roles of their organization will gain the knowledge necessary to carry dentistry into this next phase. Registration for the event will open to ADSO members later this month.

The ADSO has also spent the last nine months of the COVID-19 pandemic working to reinforce to the general public and political leaders that dentistry is essential, safe, and should remain open. Through targeted ad and social media campaigns and consistent engagement with relevant stakeholders, we have managed to reopen dental offices in all 50 states and are continuing to work diligently to keep them open and safe. This was not possible without

the dedicated effort of our supported dentists, dental assistants, dental hygienists, office managers, clinic staff, and everyone else working on the ground to ensure that the highest level of safety and infectious disease protocols were followed every day. Additionally, researchers from the Cambridge University Hospital Trust have found that those with periodontal disease are at a 25% increased risk of heart disease, three times the risk of getting diabetes, and 20% raised risk of getting high blood pressure. These are all risk factors for a severe case of COVID-19 and demonstrate the importance of continuing to allow access to dental care.

As we continue to combat this virus, we are calling for dentists to be granted the ability to administer the COVID-19 vaccine to patients. Not only do dentists have the training and skill necessary to safely vaccinate patients, but dentists also serve as a trusted health partner in their communities and are often one of the few health care providers that patients see regularly. According to a survey from the American Dental Association, 60% of respondents say they would get a vaccine from their dentist. As vaccine rollout ramps up, dental offices are in a prime position to help alleviate some of the stress on our health care system. We are ready and eager to offer that support. ■

2021 DEO SUMMIT

DENTAL GROUP GROWTH THROUGH
YOU, TEAM & BUSINESS

THE WORLD'S PREMIERE
MULTI-STREAM, MULTI-SPEAKER, MULTI-DAY,
LIVE VIRTUAL, DSO & GROUP DENTISTRY CONFERENCE
JOIN US AT THE 2021 DEO VIRTUAL SUMMER SUMMIT
JUNE 11-12, 2021



Gary Vaynerchuk
Founder & CEO,
VaynerX & VaynerMedia



Bob Fontana
Founder & CEO, Aspen Dental Management
(800+ Locations)



Joshua Gwinn
CEO, Hero Practice Services
(68+ Locations)



Dee Fischer
CEO,
Fischer Professional Group



Ken Kaufman
CFO, Community Dental Partners
(90+ Locations)



Dr. Yahya Mansour
Co founder & CDO,
Rodeo Dental & Orthodontics,
(30+ Locations)



Jodi Evans
COO, Community Dental Partners
(90+ Locations)

Learn how to attract/retain top Associates & talent, streamline scalable systems KPI's,
grow revenue and profit, expand your dental group / DSO, increase cash flow,
and much much more!

USE THE FOLLOWING EXCLUSIVE SUBSCRIBER CODE
AT CHECKOUT FOR \$50 OFF: **EGP**

Register today at <https://deodentalgroup.com/summit-summer>



One Family

Guardian Dentistry Partners offers dental entrepreneurs a path toward personal and professional growth

Spend a little time talking with

Guardian Dentistry Partners' leadership team and you'll pick up on a few things that set them apart.

First off is terminology. "Family" isn't often used as a corporate descriptor, but for Guardian, it's front and center.

Next are intangibles. GDP is big on mentorship, from its partners to group practice staff.

Indeed, that mix has led to a healthy growth trajectory for the company and its partners. By the end of calendar year 2020, GDP expects to have over 50 partnered practices including affiliate practices throughout seven states: Florida, Michigan, North Carolina, Pennsylvania, New Jersey, Texas and Virginia. A growth trajectory of 30 partnerships per year is a reasonable target, its leaders said. The organization has over 400 team members across its support and practice levels.





“We were founded in 2018 by a group of passionate dentists and a family that recognized the need for a different kind of support system for dentist entrepreneurs,” GDP leaders told *Efficiency in Group Practice*.

A Dental Partnership Network

From a business standpoint, GDP’s model is M&A. However, Guardian leaders said the organization cares so

much about its partners that they don’t like to use the word “acquisition.”

“These are true partnerships – we share equally in the challenges and in the successes.”

GDP is a Dental Partnership Network (DPN) “which means everything we do is done in the spirit of partnership – everything from how a deal is structured to how we support things like marketing, IT, or the long list of things our partners are managing. Partnership is a way-of-life at GDP.”

The model is playing out to the benefit of its partners across many regions. For instance, in Virginia, the partners of the Smiles Group rolled over and now own a meaningful percentage of the total equity in GDP’s partnership in all of Virginia. And when GDP partnered with another practice four months after the original Virginia partnership formation, both the organization and the regional partners benefited from the increased capacity and revenue. “The Virginia owners continue to act as if they own the business, because they do!” said Danny Kawas, managing partner.



Danny Kawas



Dr. Hisham Barakat



Mark Censoprano

GDP's model allows dentists to build bigger businesses. "That's what our partners who've been running their own practices for many, many years want to do," Kawas said. "They want to see their impact on their community spread beyond their four walls, spread beyond their townships, spread beyond their county, and start becoming more of a regional force."

Shared growth, shared culture

At its core, GDP is a family business. "We were started by a family office and we're looking for other family businesses to partner with," GDP leaders said. "We think this is the best way forward – strategically and culturally."

Mark Censoprano, president of GDP, said the organization and leaders have a strong commitment

to high values and ethics, and use those to help vet potential partners. "The partners who we hook our wagons to are like-minded and share similar values," he said "Not that everyone's stamped out of the same cookie cutter mold. But we find folks who truly are committed to the similar value structure that we have."

However, GDP also wants those practices to maintain their unique DNA. "Our mission is to support our dental entrepreneurs and teams to build the businesses of their dreams – and we really mean that," Censoprano said. "We look for entrepreneurs that have built something great and want to continue on that path – preserving their past and protecting their future along the way. This business model allows our partners to continue to play a key leadership role in their region and feel

like it is still their business – due to their ownership at the group-level, it actually is still their business! By unlocking a network of passionate, purpose-driven dental entrepreneurs, we are able to preserve the authenticity that comes from a local group dental practice run by leaders from that community."

Once it's determined that a deal would be a fit for both parties, Kawas explained that GDP has three routes to partnership:

1. The dentist sells their practice and works as an associate. "We'll do this under certain situations where we have scale and local market presence, and where we have local partners to lean on."
2. The dentist partners with GDP, and continues to lead his or her practice. "In this way, staff members, patients and the community still know who's in charge of that practice, is responsible, accountable, and cares."
3. The dentist partners with GDP and builds and leads a group. "This is our favorite way and how we've been able to grow so quickly. We've found a bit of an inertia with partners who've been on their own trajectory to build the group of five to 10 to 20 locations, and they kind of hit some kind of roadblock. And for us, to tap into that velocity that's already been going and help them get to that larger scale is a good solution."

Guardian Dentistry values

I.M.P.A.C.T.

Individuality.

Our differences make us stronger and we love having people bring the best of themselves every day.

Mentorship.

We help each other learn and grow, whether it's through clinical, departmental or personal leadership.

Partnership.

The only way we want to be successful is together and we strive to learn from the best and share with the rest.

Action.

We relentlessly pursue continuous improvement and take pride in doing things right and in doing the right thing.

Caring.

We care about lives. We care about families. We care about the world.

Transparency.

We will always be straight with one another and tell the truth and nothing but the truth, with no politics, and no drama.

Finding their 'genius'

Once part of the organization, GDP is committed to the partners' success

through personal and professional growth. GDP is developing an in-depth program to maximize clinical productivity by mentoring clinical directors in all regions to be great mentors for their doctors across their regional offices. They are also working on an associate doctor partnership program to elevate those doctors who want to go to the next level from being an associate all the way to partnership in their individual offices.

“We believe that if we train the trainer, we can have a trickle down all the way to the individual associate doctors and the officers,” said Dr. Hisham Barakat, chief clinical officer, and partner. “We developed the program to train the clinical directors and mentor them on how to sit down with their doctors in their region and have one-on-one conversations about their goals, what they want to accomplish and what they want to get out of their career.”

They start with personal goals, followed by professional goals. Whether it’s wanting to be the best dentist in cosmetic dentistry, or developing the skills needed to train people, or even doing more implants at a specific group practice, the mentorship program is designed to help the doctors discover their untapped potential.

“We strongly believe in helping doctors and team members in finding their ‘genius,’” Dr. Barakat said.

The goal is to have constant mentorship and frequent check-ins after the initial discovery meeting. Quarterly check-ins provide an opportunity to see if the doctor’s customized plan is coming along. “There’s some accountability and

follow up. We cannot be in every practice, but we can have our ambassadors who follow that same impact core value, and stress tremendously on the mentorship part of that impact core value. So that’s what we’re trying to do.”

The goal is to have constant mentorship and frequent check-ins after the initial discovery meeting. Quarterly check-ins provide an opportunity to see if the doctor’s customized plan is coming along.

The program helps in forming a strong bond with doctors. GDP has 100% retention with all equity partners, and retention among all doctors that are part of the organization is well above industry averages, according to the company. “We believe that if our doctors stay, and find GDP as their home, then everybody wins,” said Dr. Barakat. “The doctors are excited that they’re growing. It’s not a job, it’s a career. At the same time, the company prospers, because it’s not a revolving door with doctor turnover.”

Stability amid uncertainty

The COVID-19 pandemic exacerbated numerous challenges for the dental community. Independent dentists have been and will continue to be disproportionately impacted by the pandemic and by

the burgeoning complexity of operating a dental practice.

Having suddenly had their business slowed or even completely halted, GDP leaders said private practitioners may be struggling with regaining traction or perhaps too

bogged down with administrative work trying to understand what’s available to them and their teams.

“We don’t predict that independent practice owners fade away completely, but we do believe now is the best time to join a DPN like ours,” GDP leader said. “Our business results have grown each month, ‘year-over-year’, since reopening from COVID, which is a testament to the strong culture we’re building, the passion and engagement of our partners and teams, and the strong operational excellence that we execute with every day. We can offer stability at the outset and a clearer pathway to growth than may be available to them on their own. Having a true partner that cares about the people behind the business is going to make uncertain times a bit more comfortable.” ■



Science Behind the Smile

For 40 years, BISCO's award-winning products have provided clinicians with unparalleled solutions to clinical needs.

BISCO Dental Product Inc.'s motto, "adhesion is our passion", says it all – for 40 years BISCO, an ISO 13485 certified manufacturer of dental industry medical devices, has delivered technically innovative aesthetic and restorative products to help dentists in the U.S. and over 60 countries provide quality patient care. BISCO is dedicated to understanding and improving the ability to bond dental restorations, placing tremendous value on sharing their research and scientific knowledge. Specializing in adhesive and resin composite technology, they offer award-winning products that provide reliable solutions for all your clinical needs. Since 1981 BISCO has been the "science behind the smile."



Products include the bond family of adhesives, Duo-Link resin cement, Z-Prime Plus, and TheraCal LC – BISCO specializes in high-quality products that are chemical-based and required for successful adhesion to teeth and other dental substrates. BISCO's hallmark is the high level of technical support they provide to customers, endeavoring to respond to customers' demands for simpler, easier-to-use products – without sacrificing performance.

BISCO is a company rooted in science, involved in research and technology development. This balanced approach allows them to pro-



Dr. Byoung Suh

vide innovative products and solutions to the dental industry well into the future. BISCO is also set apart by the education they provide. As an innovator, they believe that education is their duty, thus they formed

The BISCO Institute to educate dentists on the latest developments.

"We feel that our biggest responsibility to the marketplace is to provide, inform, and educate dentists on the best adhesive technology available," said Dr. Byoung Suh, Founder and President of BISCO. "Dentists should be able to trust BISCO's products, and trust that the information we provide is scientifically sound, research-based, and reliable."

BISCO offers unique benefits to DSOs and has become known in the industry for their unparalleled service with over 99.5% order accuracy, on time shipping, and customer satisfaction. BISCO develops and manufactures all their products in the U.S. Products are virtually made-to-order, so they are not warehoused for any extended period, ensuring that materials are always fresh and will function at peak performance. Their team of highly trained sales representatives and clinicians are always available for immediate technical support. With an emphasis on education, BISCO is committed to providing peer-reviewed, independent research to support their products and techniques. The BISCO Institute offers customized virtual education and webinars for clinicians. They also offer discounts for and support BISCO sponsored CE. BISCO offers volume discount pricing, free shipping on orders of \$50 or more, and no order minimums. ■

For more information and to learn how BISCO can benefit your DSO, visit bisco.com.

Family matters.

NEW BASE
PLAYER!



Contact Sarah Peterson, our special markets manager,
to set up a product evaluation for your group!
speterson@bisco.com • 1-800-247-6016

MC-10175TH



Rx Only

www.bisco.com

Year in Review

A look at mergers and acquisitions in 2020 : By Kevin Cumbus



As 2019 ended, the M&A activity in the DSO market was white hot.

Every deal that we took to market enjoyed multiple bids and our clients were continually awarded extremely lucrative valuations for their businesses. The buy-side was voracious: there were more buyers than ever and new ones appearing every day willing to pay more and more to enter the DSO space. The debt markets were strong, the money was cheap, and lenders were clamoring for deals. It was truly a sellers' market and the valuations kept creeping higher and higher.

Internally, our plan was to scale the business as we were picking up more and more mandates on the sell-side and saw an ever-deepening pool of investors and buyers.

When COVID hit, we had hundreds of millions of dollars of deals

under LOI marching toward closing. The timing could not have been worse. When dental offices began to shut down across the nation, we were in constant contact with our sellers and their buyers – panic occurred on both sides early on. Over the course

of a couple of weeks, we saw three distinct buyer profiles emerge from the pandemic: those eager to close in the face of COVID, a large group who took a wait-and-see approach, and finally a group who could not stomach the risk and bowed out.

No. 1: Eager to close

A handful of smart, brave, well-capitalized buyers continued with the original deal terms and marched forward and closed transactions. These were typically newly formed PE-backed DSOs with balance sheets less burdened with debt. They had high interest coverage ratios on



“STOPPING
ADVERTISING TO
SAVE MONEY IS
LIKE STOPPING
YOUR WATCH
TO SAVE TIME”

- Author Unknown

Telling your story through ads
in Efficiency in Group Practice to over 12,000 +
within the corporate dental sector that will
help keep you top of mind in any economy.

Who is telling your story?

EFFICIENCY

IN GROUP PRACTICE

WWW.DENTALGROUPPRACTICE.COM

FOR MORE INFORMATION CONTACT:

AMY COCHRAN • 770-263-5279
acochran@sharemovingmedia.com

the existing debt and nowhere near breaching any covenants with their lenders. Their lenders stood beside leadership and closed transactions. Except for a handful of large DSOs, these buyers were typically younger businesses and were focused on the specialty spaces of oral surgery and endodontics. Oral surgery and root canals were more essential than hygiene and veneers, and as a result these specialty practices were able to maintain production during the non-essential shutdown and recover more quickly when they reopened.

cases, the buyer's core businesses were so impacted by COVID that they were out of covenant with their lenders and their borrowing window shut down. Buyers offered up words of desire to close deals, but those words ultimately proved hollow due to uncooperative PE sponsors and/or borrows. Although we were able to get most of these closed with the original buyers this year, some deals simply fell apart. Lack of clarity on how to close, deal fatigue from both sides and death by 1,000 cuts on deal terms were the ultimate culprits.

implemented the lessons from the book in their deal making. Some of these companies' core businesses were in shambles and their lenders took control of their businesses. Many were over-levered with too much debt and the COVID-related shutdown of operations was too much to recover from. Some of these businesses will return from the brink, others likely never will.

There was so much talk about "herd immunity" in the past couple of months, but very little discussion of "thinning of the herd." The thinning of the herd is darker, sadder sister of herd immunity.

There was certainly a thinning of the herd in the DSO space this year. Companies lost revenue and EBITDA, great people lost their jobs, and many dental groups will not survive. It is harsh to say, but this is actually a good thing for the DSO economy. Our economy was on such a tear that every dentist and their brother thought you could slap a couple of dental practices together and flip them to buyers for double-digit multiples. I was getting my hair cut back in January (have not gotten it cut since) and my barber was talking about starting a DSO (kidding, not kidding). As COVID shook all DSOs in the space, there quickly evolved the great divide between the good, the great and the ugly. Pre-COVID, many in the market assumed all DSOs were the same. COVID shined a bright light in some dark places in the DSO world exposing lack of leadership, absurd leverage, and lack of infrastructure. Ultimately, COVID thinned out the

"Everyone has a plan until they get punched in the mouth"

— Mike Tyson

No. 2: Wait and see

A large number of buyers wanted to close transactions, but due to lack of support from their PE sponsor and lenders, they had to take a wait-and-see position. Leadership at these DSOs who had typically been able to call the shots on M&A transactions faced new hurdles to getting deals done, including: additional diligence requests, continually rolling forward financial statements (Quality of Earnings) for lenders to review the impact of COVID on the target's business, and mandates from lenders to change deal terms to "get it done," only to have the lenders change their minds at the 11th hour with last-minute changes, yet again. In some



No. 3: Duck and cover

There was a small group of buyers who simply disappeared. They were scared. They took to reading and re-reading the classic children's fable of "Chicken Little" and

herd in a meaningful way. Today, there are fewer DSOs than there were at the beginning of 2020, but the ones that survived are stronger than ever. They are buying more practices and groups and are taking advantage of their competitors' weaknesses and strengthening their market position.

Although we faced some setbacks in 2020 with buyers, and had some deals fall apart, we've been able to connect all clients but one with new buyers. The striking thing is that the deals that our clients now have in place are richer than the ones that they had on the table back in 2019! How is this possible? For one, our clients thrived during COVID. They took the required state mandated steps around shutdown but used the down time to improve:

- › Strengthening their core operations by leveling up their team with new doctors, hygienists, assistants, and office workers who had been furloughed by other practices in the area.
- › Tackling nagging, long standing "to do's" (such as cleaning up AR and Patient Credit balances and other revenue cycle management matters) and getting them "to done."
- › Keeping current with their team and maintaining and improving their culture (thanks Zoom!).

When they reopened their doors to see patients, they shot out of the gate. Yes, they heard jeers from buy-side of "pent-up demand" and unsustainable growth, but they simply kept growing and capitalizing on the unique opportunity that COVID created.

While they worked on their business, we worked on the buy-side. We found new buyers for our client who loved the stories of leadership in the face of adversity and

"Sometimes in life you can get shown the light in the strangest of places if you look at it right"

— Robert Hunter, Grateful Dead musician

double-digit growth year over year in the post-COVID shutdown months.

We closed eight deals in the month of December alone and six of those deals were closed in the last 24 hours of the year! That is a story for another day. All these transactions closed at multiples akin to the pre-COVID days. We have a full slate of new deals coming to market in 2021 and already have two transactions under LOI scheduled to close in Q1 at double-digit multiples. The market is back, but it is different. There are new buyers in the space, smarter legacy buyers and some who still overpromise and under deliver. The key is to know who is who.

As 2020 came to an end, I reflected on the year that was. I was exhausted, elated, and better at my job than I was 12 months prior. Personally, I will remember 2020 as the most challenging and most rewarding year in my professional career.

I am looking forward to 2021 as I am certain that lenders will soon begin to soften, buyers will continue to emerge, and the demand side will return stronger than ever. On the supply side, I anticipate a glut of business owners looking to sell before any tax reform bills get passed. Now that we have a Democratic majority and President, it is all but certain that changes to the tax code are coming (no, taxes are not going down). It will surely be a wild ride. At TUSK, we are ready for anything. We, like you, just survived and thrived in a pandemic. ■



Kevin Cumbus

is the President & Co-Founder of TUSK Partners. TUSK helps entrepreneurs START, GROW or SELL their Group Practice or DSO. The team at TUSK has worked on over 900 dental practice transactions. In 2020, TUSK's clients sold their businesses for an average of 7.0x EBITDA (191% of collections).



Scaling Up

Keys to building systems to scale your dental group : By Graham Garrison

Talk about risky. The story goes that Fred Smith, founder of FedEx, was in desperate times with his company, to the point where pilots were actually buying gasoline with credit cards. With \$5,000 left in the bank, Smith flew to Vegas, betted on blackjack, and made enough money to keep FedEx alive.

“I’ve got a confession to make,” A.J. Peak, CEO, Peak Dental Services, told fellow entrepreneurs during the DEO 2020 Virtual Fall Summit. “I made probably riskier bets in my earlier days than had I bet it on blackjack.”

Fortunately, Peak was able work through those risks to build a very successful dental group practice

organization. Founded in 2008, Peak Dental Services has grown to more than 36 locations, and realizes +50% year over year growth via a blended strategy of de novos and acquisitions. The company has been recognized as one of Inc. Magazine’s Top 5,000 fastest growing companies four years in a row. Peak was recently recognized as one of

Colorado’s top 20 CEOs and the 2019 Small Business Person of the Year by Pikes Peak Small Business Development Center. Peak’s prior experience includes working at McKinsey & Company as a management consultant, where he supported over 20 Fortune 500 C-suite executive teams on a variety of strategic initiatives, ranging from service operations, pricing, strategy, and M&A.

The following were some of the tips Peak offered for building systems to scale dental groups and avoid pitfalls in the process.

Tip 1: Maintain operational discipline via a cadence of meetings

It sounds simple. But whether you have one location or 40, Peak highly encourages you to have a weekly set agenda with your management team. In their meetings, Peak's team discusses the themes from the previous week and what isn't working. They cover a scorecard with key performance indicators. They then discuss 90-day milestones and company or team-wide to-do items. "It's not everybody's to-do list; it's only the big to-do items for the next week related to our 90-day goals," Peak said. "We're laser focused." Peak Dental has seven 90-day goals as a company, and anywhere from 3-7 quarterly goals for people on the management team with color coded entries to track progress.

Tip 2: Use project management software to manage acquisitions and de novos

"Whether you're on your second location, or fifth, if you're like me, you had 1,000 of the tasks all in your head as a founder," Peak said. "And if you want to scale and ramp up the business, you've got to get it out of your head into some sort of system." Peak recommends a series of full-day sessions to map out every task it takes to open a practice as well as buy a practice, down to switching over the mail key. This allows for a more efficient, streamlined process in onboarding practices.

Tip 3: Pursue these 8 practice acquisition revenue accelerators

1. Onsite supervision. Place the regional manager at the acquired

location 2-3 days per week for the initial 2 months.

2. Rapid training. Send all team members through your various training programs within the initial 45 days.
3. Fire swiftly. While perhaps controversial, Peak said he has found this an important step for both the organization and the individual. Remove and replace "bad apple" morale killers within four weeks, e.g. those who claim "we've always done it this way."
4. Consolidate software & imaging platform. Migrate to your practice management and imaging platform ideally within the initial 30 days.
5. Fix hygiene. Raise the hygiene protocols to your standards to boost patient repeat visits and capture low hanging fruit.
6. Create KPI transparency. Publish your Key Performance Indicators alongside their providers to show their team it can be done.
7. Send team on field trip. Send the entire team to shadow your highest performing practice for a half day. (1-2 times over the initial 90 days).
8. Upgrade the practice to your standards. If you want the acquired practice to perform like your best practices, give them the same tools to do so.

Tip 4: Pursue these 8 de novo practice revenue accelerators

1. Begin credentialing 90 days before opening. Select your newly hired associate dentist or clinical director to credential at a new location the moment you begin your build out

to ensure they're on the insurance panels by the open date.

2. Training before opening. Send all team members through your various training programs prior to opening.
3. Leverage your call center to answer phones. Use your own call center or third-party to answer the phone full-time beginning three weeks before launching a de novo.
4. Onsite supervision. Place the Regional Manager at the acquired location two days per week for the initial four weeks.
5. Hit the reset button. Remove and replace "bad attitude" dentists within eight weeks.
6. Play the long game. Focus the team's efforts on scheduling patients to return in hygiene more so than case acceptance.
7. Send team on field trip. Send the entire team to shadow your highest performing practice for a half day after 90 days of being open.
8. Build your advertising playbook. Spend enough per month to receive 75+ new patients per month. ■

Four pillars of growth

- **Strategy** (You need to have the right strategy)
- **Cash** (You need cash to pull it off)
- **People** (You need the right people)
- **Execution** (You must execute)

Practice Acquisitions

Expert guidance and outlook for 2021 : By Maria G. Melone and Craig Castelli

M&A activity in 2020 largely followed other business cycles – a white hot start that came to a screeching halt in late-March followed by a resurgence that varied by sector, geography, and company.

In dentistry, the forced closure of practices gave buyers and lenders no choice but to pause everything, even deals that were weeks away from closing. In the early days of the shutdown, some surveys reported an overwhelming majority of practice owners feeling they would not survive an extended shutdown, leading some to believe practices would come to market in great numbers at bargain values. As practices reopened and returned to pre-pandemic performance levels, M&A activity resumed. While there were some bargains, most deals involved healthy sellers receiving fair, COVID-adjusted prices. By the fourth quarter, despite the surges throughout the country, deals were happening as if there was nothing wrong. We expect 2021 to build on this momentum.

If you're in a position to consider acquisitions in 2021, here are some things to consider:

Model: Understand your current position and your model. Define the practice size, clinical philosophy, provider type, payor mix, location, and culture that best fits your group.

Business Development: Most established groups have internal

business development departments solely focused on identifying acquisition candidates – they have mastered telling their story and understanding what is attractive to sellers. Many firms also use an outside third-party to supplement sourcing of acquisition targets. To compete, emerging groups need to craft their message and develop formal and informal communications focused on recruiting providers, team members, and acquisition candidates.



Due Diligence: Once your offer is accepted, you need to perform due diligence to confirm the information on which you based your offer is true and accurate. Basic diligence should include a review of tax returns, bank statements, legal documents, legal entity status, chart audits, and regulatory & compliance issues. Given the shutdown in 2020, it is also important to review monthly figures for at least 2019 and 2020 to provide perspective on current practice trends.

Seller Adjustments: Sellers make adjustments to the financial statements presented to prospective buyers and it is important to review these with scrutiny. We see three general categories of these adjustments:

1. Discretionary – Expenses a business owner runs through the business to reduce taxable income that do not relate to the business. A common example is Meals & Entertainment, which most sellers attempt to adjust out of their P&L. A general dentist may expense dinner with their spouse as a business expense, which likely meets the criteria of discretionary; however, an orthodontist who entertains referring doctors cannot honestly expect that expense to go away under new ownership as it would jeopardize future referrals.

2. Non-recurring – One-time expenses that benefit multiple time periods; for example, upgrading all computer terminals – this is not an expense that occurs every year, or even every other year.

3. Prospective – Adjustments to revenue or expenses that are based on expected future results and not reflected in the historical financials, such as:

a. Revenue: A new protocol has been implemented with an identifiable revenue stream (new fee schedule, recent hire or acquisition, etc.). It is important to carefully scrutinize the forecast and properly match incremental expenses to incremental revenue.

b. Staffing: If a team member has been terminated and their wages and benefits have been added back, make sure to confirm that functionality is not required to maintain historical performance.

c. De Novo Losses: Many sellers will present a financial position as if all offices have reached maturity, a simple calculation on paper that is much more difficult to execute on. One should consider if there is any historical data demonstrating the actual performance of new offices and the likelihood of all offices performing consistently.

Buyer Adjustments: Many buyers have more sophisticated management teams and can leverage what is already in place – this can result in a number of synergies:

1. Staffing – Smaller organizations may have team members that are redundant with the Buyer.

2. Supplies – Larger organizations may have better leverage with vendors for more favorable pricing of goods and services.

3. Fee Schedules – Larger organizations typically negotiate higher fees with

insurance companies, creating an immediate revenue increase upon integration.

Savvy buyers will not always give credit to a seller for synergies the buyer brings to the transaction.

M&A predictions

The upcoming year stands to be one full of activity in the dental industry. We predict the following:

1. Full-year M&A activity meets or exceeds 2019 levels. Many DSOs are just now slowly returning to the market. As they ramp up, so will deal volume.
2. More large transactions. Dozens of sponsor-backed DSOs are in the later stages of their hold periods and will likely transact in the next 1-3 years; many would have exited in 2020 were it not for the pandemic. The acquisitions of Clear Choice and Midwest Dental are just the beginning.
3. Specialty Practice Acquisitions. Endodontics, Oral Surgery, and Orthodontics are three of the hottest areas in all of healthcare M&A, and they were also less impacted by the shutdown than general dentistry. Expect intense competition for strong specialty practices among a mix of buyers: pure players, multi-specialty DSOs, and private equity firms.

If you are looking for acquisition targets it will likely be one of the most competitive years in history and you will need to be on the offensive. Sourcing proprietary deals may be the determining factor in whether or not you succeed. However, if you're considering a sale, then we recommend you engage experienced advisors to ensure you present your business in a professional manner that creates an intensely competitive bidding process, maximizes value without sacrificing the most favorable deal terms, and takes advantage of current market conditions. ■



Maria G. Melone

MSA, CPA, CVA
is considered an authority on valuation and M&A in the dental industry having completed over 250 transactions and 100s of valuations. She can be reached at mmelone@morrrds.com.



Craig Castelli is the Founder and CEO of Caber Hill Advisors and is considered an authority on healthcare M&A, capital markets, and valuation. He has advised hundreds of privately held businesses, private equity firms, and public companies on their corporate development activities. He can be reached at craig@caberhill.com.

Go Forward

Acquisition secrets that will have your new practice moving in the right direction from day one.

In order to move forward with an acquisition, you need to have a clear picture of where that practice has been. In a recent DSO Secrets podcast, guest host Ken Kaufman tackled the topic of acquisition strategy secrets. Kaufman recommends creating a 12-month, Go Forward Pro Forma. You could also call it a forecast.



“When you do your due diligence, you’re going to get a lot of different information, financial statements, reports out of the practice management software, and a lot of other anecdotal information about what’s happening in the dental practice,” he said. “You may be hearing all sorts of things about growth and opportunity and where the practice has been. This 12-month, Go Forward Pro Forma, is your best estimate. So day one, after you purchase the practice, what is actually going to happen in the practice? And

under your leadership/ownership, where do you foresee it going?”

The following is a list of items to include in the Go Forward Pro Forma: **Gross production.** What are you expecting the gross production of the practice to be? Questions to ask include: What are the insurance companies that the practice is credentialed with? What are those contracted reimbursement rates? How much of the patient base is fee-for-service? What are the patient visit numbers? What does that

patient flow look like? How many first visits are coming in each month on average? What is the recare base, and what is the retention from a historical perspective up until that point? What you are going to do as the new owner needs to be captured in the Go Forward Pro Forma.

Reductions. Are there any insurance write-offs or bad debt from patients you won’t be able to collect? Often, one dental practice that doesn’t have a sophisticated revenue cycle system may be collecting 85% to 90% of its gross production. Maybe you have a billing team or solution that when you look at who the payers are, and the contracted rates, and what types of claims are being denied and what issues you might find in your due diligence around the billing side, you might be able to collect an extra 1% or 2%, or 5%. In your 12-month Go Forward, forecast out what you think collections are going to be relative to the gross production that’s being generated.

Provider. Who is going to be the provider? Is the current doctor an associate? If so, will they convert to your associate agreement? Or will they keep their existing situation, and are there any challenges with that? You need to think about what their skill set is, and how long they want to stay. Will they be unmotivated

if ownership changes? If it's an owner-doctor who's also functioning as a chairside doctor or what we call an associate role, then you have to think about whether the doctor wants to stay, and if so, what their compensation will be. If you're in a situation where the doctor is going to exit in a few months, then you've got to put that in your Go Forward Pro Forma.

Practice staff. When a new owner comes in, it's realistic to assume that some staff may not buy into the new vision and decide to leave. It's important to account for staffing turnover in your Pro Forma. Even if you have a beautiful facility, everything's working, a great doctor, but if it lacks the right support staff, you will have challenges in maximizing what the practice can be from a financial perspective. You need to answer the question of "What will the culture of the practice be under your leadership?" and then account for how that will impact the overall staff cost as well as how it will ultimately impact your patient flow. And this needs to be captured in the Go Forward ProForma

Supplies and lab fees. What are those costs historically? How are those going to change over the next 12 months after you become the owner?

Occupancy cost. What are the rent, utility, and other costs associated with the practice? You may want to bring a dedicated data pipe to the practice to support your IT and data access needs or make other important improvements. You will

need to build those costs into your Go Forward Pro Forma so that you can understand the true cost of the acquisition.

Marketing. What spend has existed in marketing, what activities have been put towards it, and how effective do you believe it's been? Do you want to increase marketing activities for a short period of time to drive first-time visits?

Centralized services. Is there anything you're going to centralize that they're not centralizing? Billing and call centers tend to be the most common centralized services. Billing is pretty broad and covers everything from insurance verification, EOB payment posting, claims quality assurance and submission to even running an in-house patient finance program. How will these costs impact your Go Forward Pro Forma?

Tour the facility. Are there upgrades or improvements that need to be made to drive a great patient experience? Perhaps there are even some things from a compliance perspective that might need to be changed, or that you care about more than the prior owner. All of that needs to be looked at to understand what the costs are to maintain the facility moving forward.

Other Miscellaneous costs. You want to look at any other credentialing costs, compliance costs, IT expenses, HR expenses, recruiting, etc., You will want to layer these costs in payroll costs, contractors, so that you can be really clear

about profitability over the next 12 months compared to the revenue you expect the practice to generate.

Once you have this information, you have an effective way to track the practice's performance.

"What happened before you became the owner doesn't matter anymore," said Kaufman. "What matters is that you understand the benefit and value that your investment will bring you on day one and thereafter, once you are the owner of the practice."

With the Go Forward Pro Forma for the first 12 months in-hand, your confidence surrounding the potential acquisition should go up dramatically. You may decide not to move forward, or you may decide to pull the trigger. Either way, you will have all the confidence you need to make an educated decision.

One of the main drivers of that confidence is what the Pro Forma tells you will happen in Year 2 and beyond. With clarity on the first 12 months, you can now realistically put your plan together on how the practice will grow and evolve into the future. You can layer the financial outcomes of all of your strategies into the Pro Forma, exponentially increasing your confidence on whether or not the acquisition is your best use of capital to grow. ■

To listen to the full podcast, visit <https://dsosecrets.libsyn.com/98-acquisition-secrets-with-host-ken-kaufman>

Written Plans

What's in your office compliance manual?

By Katherine Schrubbe

Now that 2021 has arrived and most have bid good riddance to 2020, what better way to ring in the new year than to take a fresh look at the practice and ensure the office compliance manual is in good order and complete.

Everyone has heard the commercial, “what’s in your wallet?” Despite the continued coronavirus pandemic, think about kicking-off 2021 in a positive direction, and ask “what’s in your office compliance manual?” The Occupational Safety and Health Administration (OSHA) has set safety standards for all types of



POLICIES

PROCEDURES



workplaces and although there are currently no specific OSHA standards for dentistry, exposure to numerous biological, chemical, environmental, physical, and psychological workplace hazards that may apply to dentistry are addressed in specific OSHA standards for general industry.¹ Many of the applicable standards require written plans that must be carried out in the practice, and these written plans form and become essential as part of the practice's office compliance manual, sometimes known as the office OSHA manual.

Most dental service organizations (DSOs) and large group practices (LGPs) have internal infrastructure and key individuals responsible for managing compliance to OSHA standards. Even in these settings, ensuring there are readily available standardized and calibrated office compliance manuals is an ongoing job, and in private practices, this can be even more challenging. Although not a complete list, depending on the dental workplace setting, OSHA lists key standards that apply to many healthcare employers, and they are as follows:

- › Bloodborne Pathogens Standard
- › Hazard Communication Standard
- › Ionizing Radiation Standard
- › Exit Routes Standard
- › Electrical Standard
- › Emergency Action Plan Standard
- › Fire Safety Standard
- › Medical and First Aid Standard
- › Personal Protective Equipment Standard.²

Not all these standards require written plans or may apply to all dental practices; some require specific actions to be taken or modifications to be made in the dental setting, and always include training of dental healthcare team members. The OSHA standards listed have been developed to address the common hazards in the healthcare workplace, but there could be additional potential safety and health hazards that may apply to dental healthcare facilities, such as those related to ergonomics, workplace violence, compressed gasses, lasers, and latex.³

A starting point

As discussed, required OSHA plans, as well as other guidance materials such as specific state guidelines form and comprise the contents of the office compliance manual. So, where to begin? A key written plan that must be included in the office compliance manual as directed by the OSHA Bloodborne Pathogens Standard is the Exposure Control plan, also known as the ECP. An ECP is the focal point of any bloodborne pathogens exposure prevention program and details in writing the plan for reducing exposures to blood/other potentially infectious materials, it also explains what steps to take if an exposure occurs.⁴

According to OSHA an ECP must meet certain criteria:

- › be written specifically for each facility,
- › be reviewed and updated at least annually (to reflect changes such as new worker

positions or technology used to reduce exposures to blood or body fluids), and

- be readily available to all workers.^{5,6}

Also, the employer must regularly educate dental team members on the uses of the ECP and where it is kept, so it is available when needed.

Sheets (SDSs) and labels of a particular hazardous chemical.^{2,7}

As far as the OSHA standard for ionizing radiation goes, it requires affected employers to conduct a survey of the types of radiation used in the facility, including dental X-rays, to designate restricted areas

and signals, and

- provide instruction to personnel and post-operating procedures.^{2,8}

The next written plan to include in the office compliance manual is the Emergency Action Plan (EAP). OSHA recommends that all employers have an EAP that describes actions employees should take to ensure their safety in a fire or other emergency, such as severe weather, gas leaks, facility threats and violence; the plan is mandatory when required by an OSHA standard.² It encompasses compliance to standards for exit routes in the practice as well as medical emergencies and other associated standards that may be specific for a workplace. According to OSHA, workplaces with more than 10 employees must have a written emergency action plan; smaller practices may communicate their plans orally.^{2,9}

Dental practices sometimes inquire about the need for a separate fire protection plan. The fact is that only certain standards would prompt the need for this plan and in most cases, fire safety would be addressed in the EAP. OSHA standards that require fire prevention plans include the following: ethylene oxide (1910.1047), methylenedianiline (1910.1050) and 1,3 butadiene (1910.1051).^{2,10} These materials are not typically used in dental settings at this time.

With the onset of the current coronavirus pandemic, the Centers for Disease Control and Prevention (CDC) and OSHA continue to update their recommendations and guidance for dental health care

With the onset of the current coronavirus pandemic, the Centers for Disease Control and Prevention (CDC) and OSHA continue to update their recommendations and guidance for dental health care providers related to personal protective equipment (PPE) and the delivery of patient care.

The Hazard Communication Standard also requires a written plan and is designed to ensure that employers and employees know about hazardous chemicals in the workplace and how to protect themselves.² Dental settings definitely have chemicals in the workplace, such as disinfectants, ultrasonic solutions and dental materials used for patient care. The written program requires employers to maintain a list of the hazardous chemicals known to be present in the workplace. Using the product identifier (e.g., product name, common name, or chemical name) to prepare the list makes it easier to track the status of Safety Data

to limit employee exposure, and to require employees working in designated areas to wear personal radiation monitors.² State plans and guidance documents should be included in the compliance manual to ensure team members are educated and trained on radiation safety, but OSHA does not require a specific additional plan. Under OSHA's Ionizing Radiation standard (29 CFR 1910.1096), all employers must:

- ensure that occupational dose limits are not exceeded,
- survey radiation hazards to comply with the standard,
- supply appropriate personal monitoring,
- post caution signs, labels,

providers related to personal protective equipment (PPE) and the delivery of patient care. Both agencies state during aerosol generating procedures (AGPs) dental health-care providers 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; also, respirators should be used in the context of a comprehensive respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the OSHA Respiratory Protection Standard (29 CFR 1910.134).^{11,12} Whenever OSHA standards or employers require respirator use, there must be a complete respiratory protection program and employers must have written operating procedures to ensure that employees use the respirators safely and properly.¹³

The last plan to include in the office compliance manual is a written infection control plan. According to CDC, written infection prevention policies and procedures based on evidence-based guidelines, regulations, or standards should be available and tailored to the dental setting and reassessed

on a regular basis (e.g., annually) or according to state or federal requirements. Development should take into consideration the types of services provided by DHCP and the patient population served, extending beyond the OSHA bloodborne pathogens standard to address patient safety.¹⁴

There is no better time than a new year to evaluate and assess the practice's office compliance manual for accuracy and to ensure the required written plans are complete and current. The written plans described here are key elements, but not necessarily a comprehensive list as different practice settings may require additional plans. It may seem an overwhelming task to find plan templates and complete them, however, there is no need to reinvent the wheel, as templates for many of these plans can be found on the osha.gov website for the associated specific standard. Start 2021 out right and make the office compliance manual the foundation of your practice. This will ensure that dental team members have a clear understanding of the safety and infection control programs that exist, and that patients receive the high-quality safe care they deserve. Ask again, "what's in your compliance manual?" ■



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@schrubbe.compliance.com.

References

1. US Department of Labor. Occupational Safety and Health Administration. Dentistry. Available at www.osha.gov/dentistry. Accessed January 11, 2021.
2. US Department of Labor. Occupational Safety and Health Administration. Compliance Assistance Quick Start - Health Care Industry. Available at www.osha.gov/complianceassistance/quick-starts/health-care#step1. Accessed January 11, 2021.
3. US Department of Labor. Occupational Safety and Health Administration. Compliance Assistance Quick Start - Health Care Industry. Available at www.osha.gov/complianceassistance/quick-starts/health-care#step2. Accessed January 11, 2021.
4. Centers for Disease Control and Prevention. NIOSH. Protect your employees with an exposure control plan. Available at www.cdc.gov/niosh/docs/2007-158/pdfs/2007-158.pdf?id=10.26616/NIOSH-PUB2007158. Accessed January 11, 2021.
5. US Department of Labor. Occupational Safety and Health Administration. Bloodborne Pathogens (29 CFR Part 1910.1030). Available at www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030. Accessed January 11, 2021.
6. Centers for Disease Control and Prevention. NIOSH. Correctional healthcare workers. Available at www.cdc.gov/niosh/topics/correctionalhcw/plan.html. Accessed January 11, 2021.
7. US Department of Labor. Occupational Safety and Health Administration. Steps to an effective hazard communication program for employers that use hazardous chemicals fact sheet. Available at www.osha.gov/Publications/OSHA3696.pdf. Accessed January 12, 2021.
8. US Department of Labor. Occupational Safety and Health Administration. Ionizing radiation. Available at www.osha.gov/ionizing-radiation/standards. Accessed January 12, 2021.
9. US Department of Labor. Occupational Safety and Health Administration. Planning and responding to workplace emergencies fact sheet. Available at www.osha.gov/OshDoc/data_General_Facts/factsheet-workplaceemergencies.pdf. Accessed January 12, 2021.
10. US Department of Labor. Occupational Safety and Health Administration. Fire safety fact sheet. Available at www.osha.gov/Publications/OSHA3527.pdf. Accessed January 12, 2021.
11. Centers for Disease Control and Prevention. Guidance for dental settings. Updates December 4, 2020. Available at www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html. Accessed January 13, 2021.
12. US Department of Labor. Occupational Safety and Health Administration. Dentistry workers and employers. Available at www.osha.gov/coronavirus/control-prevention/dentistry. Accessed January 13, 2021.
13. US Department of Labor. Occupational Safety and Health Administration. Respiratory protection. Available at www.osha.gov/Publications/OSHA3079.pdf. Accessed January 13, 2021.
14. Centers for Disease Control and Prevention. Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; October 2016.



Steve Bilt, CEO of Smile Brands Inc.
and Dr. AJ Acierno, CEO of DecisionOne Dental

Give and Take

For Smile Brands and DecisionOne, growth isn't about getting bigger. It's about transformation.

DSOs are skilled in acquiring practices and building new ones. That is to say, they know how to get bigger.

But as they grow, do they improve care? Do they increase efficiency, serve more patients, and unite their growing employee base behind a single mission? Do they learn from the practices or DSOs they acquire in order to become something other – or more – than they were before?

Two years after entering their strategic partnership in January 2019, Steve Bilt, CEO of Smile Brands Inc. and Dr. AJ Acierno, CEO of DecisionOne Dental, believe they are going in the right direction. It hasn't been easy, nor has it always been to the original plan. But they believe that their work prior to the deal and ever since has helped them create a learning organization, ready to grow in numbers, mission and value.

"Dentistry forever has been known to acquire practices," says Acierno, who founded DecisionOne with his brother, Dr. Mike Acierno, in 2011. "But it can be difficult to form a partnership, because usually, the acquirer says, 'We know what we're doing, you do it our way.'" Smile Brands' and DecisionOne's approach was different, he says. "A strategic partnership means getting advice and

'A strategic partnership involves sharing what you've learned and advocating against losing what makes your company special.'

help from somebody who actually went through it before you, so you don't make the same mistakes. It also involves sharing what you've learned and advocating against losing what makes your company special." It rests on joining an organization whose leaders share a vision, believe in each other's culture, and accept both.

Bilt met Acierno when both served on the executive board of the Association of Dental Support Organizations. "I saw AJ's spark and I said, 'I'd love to be on the journey with you,'" Bilt said at the 2019 Fall Summit sponsored by DEO. "I knew I would learn from him, whether we did a deal or not." They spent months exploring whether they were right for each other, rather than rushing into a deal and hoping it would be the right fit, he said.

"We knew we needed a culture match, that is, a partner who saw the world the same way as we did, and with the same idea of what it wanted to accomplish," Bilt says. "That didn't necessarily mean we did things the same way."

What's your 'why?'

"When AJ and I first got together, we talked about 'What do we want

to do in dentistry?’ There’s this huge opportunity. In 2019, 61% of Americans didn’t go to a dentist. How could we impact that model?’ In DecisionOne he saw the potential for a partnership. “They had a different kind of business,” says Bilt. “Two brothers, both very capable, and both wanting to stay with the business and grow it.

“At the time, AJ told us he wanted to build the best company he could and have the biggest impact on changing dentistry for the better. So the deal became about supporting him and his team’s efforts to improve their business, and to offer tools to accelerate their growth – without changing the nature of their entrepreneurial company.”

Says Acierno, “Anybody looking at a partner deal – whether it’s private equity or a strategic partnership – is doing it for a reason.” DecisionOne had a few reasons. “We were trying to build an organization people would want to work for – not have to work for,” he says. “In 2017, we had figured out that the time we were spending on support services was hampering our ability to build something that would achieve that.”

And practically speaking, DecisionOne couldn’t match the support services that Smile Brands had built, he continues. Even if it had been able to catch up to the larger DSO, the latter would have advanced that much further ahead.

Bilt knew that Acierno wanted to grow DecisionOne, but he also knew that Acierno’s mission – to change dentistry – was a big one, and would probably meet with mistakes and missed opportunities. “So we said, ‘We can bring you some of the lessons we’ve learned, so you can amplify your ‘why.’ Everybody has a ‘why’, which is what they want to accomplish.”

Mutual learning

I never took a business class,” says Acierno. “For me, ‘scaling up’ meant working more hours. I thought, ‘If I work 14 hours now, I can scale up by working a few more hours a day.’

“I need to learn as much as possible. And when you sit down with someone like Steve, who had 400 successful offices at the time, I decided, if they want to teach me something, I’ll open my ears and listen.”

The listening went two ways. Says Bilt, “I learned early on, I’m never as good as they say when I’m on top, and I’m not as bad as they say when I’m on the bottom. We recognized that when AJ and the DecisionOne team looked at an acquisition or partnership, they approached it in a very detailed way, which, candidly, was beyond what [Smile Brands] did. Now our handbook on due diligence and integration is an adaption of theirs.”

Organizations and dental practices are rarely totally great or totally awful, he continues. They may be broken in some areas but excel in others. “If we’re going to acquire a practice or company, the first thing I do is ask their team to tell me all the things they’re doing



that are right and that they don't want me to change. Then I ask for three or four things that need changing. And they usually know exactly what those are."

The zig and the zag

Bilt and Acierno agree that in a successful combination, both companies must be open to change.

"You have to be completely open to learning from the entity you quote-unquote acquire," says Bilt. "And that entity has to be open to learning from you. Both of you have to be open to learning a third way – maybe it's a hybrid of the two, or something different altogether."

'It's a bit like a marriage. A lot of times, people get disappointed if things don't turn out as planned. But what you signed up for was to put your purposes together and figure things out as you go.'

"I am fond of the saying, 'The first casualty of battle is the plan,'" he continues. "We certainly didn't envision COVID-19 when we went into this deal. But as a business, you have to zig and zag. What's most important is that you and your partner see the world the same way insofar as what you want to accomplish, so together you can navigate the unexpected."

"It's a bit like a marriage. A lot of times, people get disappointed if things don't turn out as planned. But what you signed up for was to put your purposes together and figure things out as you go. AJ and his team have been really great about that."



YOUR NEWEST LOCATION
IS ON THE PATIENT'S PHONE

FREE 30-DAY TRIAL

No Setup Fees



CELLERANT
BEST OF CLASS
TECHNOLOGY AWARD
2020



LEARN MORE



Visit our website mouthwatch.com or call us at 877.544.4342



Smile Brands has been changing as well. Historically the company's footprint consisted primarily of larger, multispecialty practices, says Bilt. DecisionOne, on the other hand, was weighted toward smaller independent practices.

"That wasn't our model," says Bilt. "But did that mean we couldn't do a deal with AJ? No. It meant we needed to have a vested partner with whom, over time, we could find ways to create value. And it helped us redefine our value proposition – what we really wanted to do. It wasn't simply to operate large, multispecialty practices. It was to attract and retain great doctors, and provide them with great support." Partnering with DecisionOne was a learning

'I decided, if they want to teach me something, I'll open my ears and listen.'

experience, and it prepared Smile Brands for its December 2020 acquisition of Midwest Dental.

"Dentistry is a tough business," says Acierno. "Much of our business relies on one or two individuals in a dental office – the doctors. These are people with a unique skill set. When you're partnering or acquiring, not only are you partnering with the DSO, but with every single doctor, hygienist and front desk person, too."

Through it all, successful consolidation relies on people's openness to

change – and the skill of their leaders to guide them through it, says Bilt. "People have to be open to the fact that we're always changing anyway – all the time," he says. "Don't wax poetic about the 'good old days' and use that as an excuse not to lean in to create the future."

"Change is going to happen – and it will run by you if you let it. Open-mindedness and willingness to change and grow made you successful before you partnered with others. And it will make you successful after." ■

Growth by Design

Dentrix Ascend, a cloud-based practice management system, can help ease logistical challenges for dental group practices.

For dental group practices looking to grow, the pain can be real.

Whether it's expanding from one to two locations, two to three, three to five or more, when group practices begin to have patient crossover – especially in geographically dense areas – that sharing of information gets very cumbersome, very quickly.

“The issue for these group practices becomes, ‘How do we share single patient records between the locations – the ledger and history – without having to manually move patient records and make multiple calls across locations?’” said Dan Larsen, Principal Product Manager, Dentrix Ascend.

For group practices looking to move beyond their four walls and into technology that shares data, efficiencies, and single patient records among all locations, cloud-based dental software solutions like Dentrix Ascend are becoming increasingly popular. Benefits include:

① **Share patient information.**

Clinical notes, treatment plans, health alerts, and chart changes are universal – instantly visible in every office across the entire dental organization. This also applies to patient contact and schedule information. No need for patients or staff to re-enter key information when patients are seen in different locations.

② **Share imaging.** Dentrix Ascend includes real-time, cloud-based digital imaging and image uploads – without additional licenses. Those images are



instantly available to clinicians when patients are seen by another dentist or specialist in the organization.

③ **Share business data.** Dentrix Ascend reduces dual entry. For instance, if you have a MetLife Gold plan and it's centrally managed, you only have to enter that information once. Likewise, patient financial and clinical records are accessible at any location (with proper permissions.) With server-based systems that have different databases for each location, you may have to enter information several times.

④ **Standardize workflows.** Clinically, Dentrix Ascend has functions where treatment plans (and materials used) can be suggested to the provider based off the patient's condition. The organization can build uniformity by sharing templates such as for clinical

notes. On the operations side, you can establish workflows for the patient lifecycle including online booking, appointment reminders and patient forms.

⑤ **Streamline setup.** Dentrix Ascend provides a turnkey system to enhance efficiency and standardize workflows at each of your sites. A centralized, single database simplifies processes and reduces errors across your entire organization. Also, adding a new location is more affordable with Dentrix Ascend – and is easier with the ability to push key information and setups to each new location if needed.

⑥ **Customize.** Dentrix Ascend can be tailored to an organization's business model, whether it's a DSO that wants a centralized, standardized system for all its location, or a DSO that wants to give individual practices more autonomy for a local focus.

⑦ **Ease IT burdens.** The cost of routine maintenance and upgrades on servers across an organization can add up fast. Cloud-based systems like Dentrix Ascend help reduce worries about server maintenance, upgrades and installation costs.

Dentrix Ascend packs advanced business, practice management and clinical tools into an easy-to-use interface. ■

For more information or to request a demo, visit DentrixAscend.com.

Future Trends in Group Dentistry

12 undeniable future trends in group dentistry that will impact your growth.

What is one thing that most growing businesses have in common?

They look at trends and look towards the future when implementing strategies in order to facilitate growth and to prevent failure (Fail Example: Blockbuster did not get into streaming). The same is true in the dental industry. Group practices looking to grow must take advantage of trends, and they must make the future work for them, not against them. Fortunately, we (The DEO) are giving you a chance to prepare, and potentially take advantage of these trends with the following insights.

1. Dental Industry Consolidation Likely to Accelerate

It's no surprise that the dental industry is consolidating. That said, the rate at which consolidation will occur in the near future is something worth noting. Large groups / DSOs have seen about 15% growth over the past decade; however, forecasts predict that this same growth rate will be seen in a far shorter time frame.¹ More specifically, this 15% growth rate is likely to be achieved in the next 5 years rather than the previous growth period of 10 years. This indicates a

potential market consolidation rate of 30% by 2021.

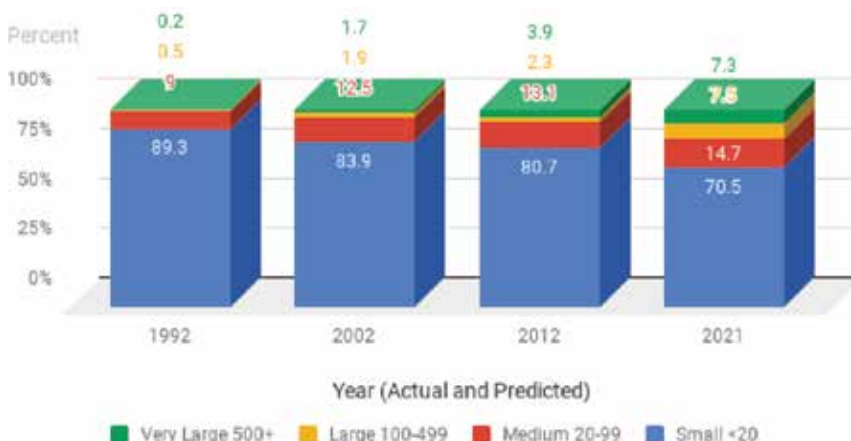
Why this is important: As the industry keeps consolidating, groups that decide to grow may fare better than smaller groups. Larger groups (> 3-4 locations) will have more bargaining power for supplies, they'll offer more security to incoming associates, and they'll likely have more in-tuned systems among many other things. As the trend grows, the competitive advantages of the multi-location / DSO model are likely to put downward pressure on single location, mom-and-pop practices.

2. Traveling Specialists and

In-House Specialty Procedures

Again, in response to reducing insurance reimbursements and increasing competition, practices small and large are finding ways to improve financial performance, one way being bringing specialty procedures in house. According to Synergy Specialists, 60% of patients referred out of the practice never end up proceeding with specialty care. The 40% that actually commit to treatment end up converting another 60% to restorative treatment.² As such, the days of referring out dentistry are diminishing. Groups are starting to bring in travelling specialists and/or are training general dentists to perform specialty procedures. Some estimates predict that more than 50% of dental treatments related to extractions and implant cases are expected to be performed in the private practices of general dentists within the next 10 years.³

Percentage of Total Employment by Enterprise Business Size - Dental Practice



3. Private Equity Will Continue to Pour Money into Dental

Investor capital is expected to pour into the dental industry as consolidation continues to occur. Private equity firms are drawn to efficiencies that chains (Multi-location and DSOs) can bring to individual dental practices, which these days require sophisticated marketing and expensive technology. Less than 10% of dentists are affiliated with corporate-backed practices, according to

the American Dental Association, so there's a lot of room for consolidation and subsequent investors to get into the space.⁴ Moreover, according to Karan Garg at Houlihan Lokey, there's still around \$1 trillion available for investment in private equity. Estimated at \$130 billion, the DSO market is larger than urgent care, physical therapy, dermatology, and the veterinary space combined. This indicates that DSOs are attractive investments and are likely to see extensive funding from that \$1 trillion in private equity capital in the coming years.

Why this is important: Private equity may accelerate the rate in which consolidation occurs. Investor money and resources will give groups more leverage to expand and/or build efficiencies in their business. Growing groups can take advantage of this trend, whereas the increased rate of consolidation is likely to put downward pressure on single-location practices.

4. Virtual Dentistry

As society continues to move toward a digital landscape, opportunistic groups are starting to take advantage of teledentistry, and it's a trend that's likely here to stay. Using technology, dental professionals can screen, record, triage, diagnose, and order care to be performed remotely. Furthermore, many insurance providers, including Medicaid, cover teledentistry services. As was the case with dental kiosks, teledentistry makes it easier for people to receive dental services without actually having to visit the dentist. According to the American TeleDentistry Association, recent studies on the use of tele-

health services have shown that 70% of patients are comfortable communicating with their healthcare providers via text, email or video in lieu of seeing them in person, and 76% of patients prioritize access to care over the needs for face-to-face interactions with their healthcare providers. In fact, 30% of patients already use computers or mobile devices to check for medical or diagnostic information.⁵

5. Generational Shift in the Workforce

This trend is more universal; however, its effects in dentistry will be substantial. It's estimated that by 2025, millennials will make up 75% of the workforce.⁷

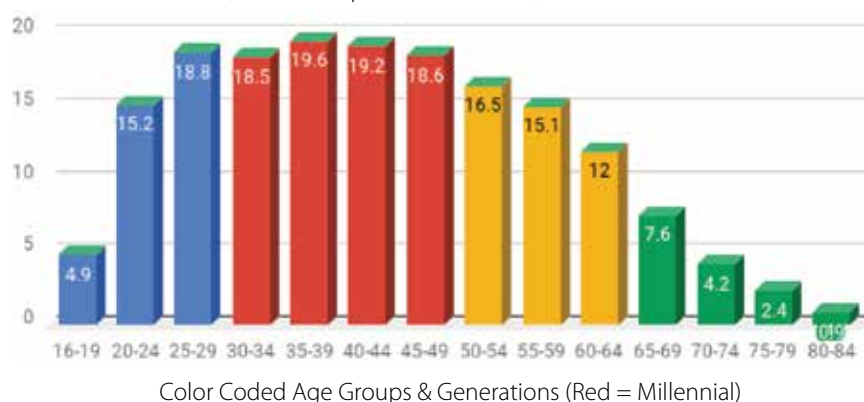
able to retain staff and associates better during this generational shift in the workplace.

6. Women in Dentistry on the Rise

This trend has been steadily increasing for a while now, and it shows no signs of slowing down. From 2001 to 2017, the percent of practicing female dentists rose from 16% to 31% and is continually increasing.⁸ Additionally, more women are taking leadership and ownership roles in the profession than ever before. As gender equality programs such as parental rather than maternal leave become more popular, women are finding it easier to balance work and

Predicted Workforce In 2030 By Age

Measured in Millions (Source: Department of Labor)



Why this is important: This is important to know as a group practice owner because it should change the way you think about hiring and retaining staff, especially millennial associates. Millennials value things like sense of purpose, personal development, flexibility, etc. If you find a way to integrate these values into your business, you might be

family life. Additionally, the rise of strategic partnerships with DSOs and DMOs takes non-dental related tasks and burdens off the plate of practice owners, allowing for more flexibility.

Why this is important: As noted in trend No. 6, millennials will dominate the workforce by 2025. So, not only is the quantity of women in

dentistry increasing, but the quantity of women who have young families, or are at the age of starting a family, will also be increasing. Practice owners that accommodate for this (Daycares, good PTO, parental leave, etc.) may fare better in the future when hiring and retaining quality associates.

7. Young Dentists Working for Larger Groups

As discussed earlier, the share of total employees, including associates, in the dental industry is shifting from single practice locations to larger group practices (20% as of 2012) and this trend is only getting larger. Dental school tuition is rising rapidly and consistently. As such, young associates are looking for positions that offer security and benefits to combat these rising costs. Larger groups are typically better positioned to provide this sense of stability to associates than smaller groups and will have more bargaining power when it comes to hiring as a result.

8. 3D Printing Takeover

3D printing in dentistry is already taking off. Over \$4 billion worth of dental parts were printed using 3D printing in 2017, and 3D printer sales to the dental industry grew 75% in 2016 over 2015.⁹ 3D printing is inexpensive and fast to the point where manufacturing jobs are beginning to come back from overseas as a result. The 3D printing trend is already underway and will likely only become more substantial as time goes on.

Why this is important: 3D printing may be a polarizing trend in the

dental industry as it becomes (if it isn't already) faster, cheaper, and just as effective as traditional methods. Take this scenario for example: If a dental practice is still doing night guard impressions with a turnaround time of weeks, but other local practices are scanning and 3D-printing the same night guards in 45 minutes (potentially at a lower cost), chances are consumers will begin to migrate to those more efficient groups over time.

9. Artificial Intelligence in Dentistry

Many forecasts predict that Artificial Intelligence (AI) will be completely woven into the dental landscape by 2030 – and maybe even before.¹⁰ AI has the potential to unlock clinically relevant information hidden in relatively massive amounts of data, which in turn can assist in clinical decision-making. Additionally, AI can autonomously learn from this data to continuously improve accuracy in decision-making. AI will also be able to measure outcomes, reporting which dentist delivers the best outcomes.

Why this is important: AI will have to overcome data and privacy barriers as well as hesitation regarding machine-based decision making before it becomes universally accepted; however, as an owner, proper implementation of AI could drastically improve the efficiency in the way your practice(s) diagnoses and treats dentistry. Additionally, AI will be able to act as an Associate assessment tool that can track performance & determine pay.

10. Robotics Becoming Mainstream

Many industries have already integrated robotics into their systems, and dentistry is not far behind. Contrary to the popular belief about robotics in general, robotics in dentistry is far from replacing the humans; rather, the technology is moving towards complimenting dentists in a way that makes their ability to practice dentistry easier, more efficient, and more effective. Here are a few examples of robotics that have already made their way into, or are being tested in the dental industry¹:

- **Training robots** – Use cameras and sensors to evaluate student performance.
- **Endo micro robots** – Perform root canals more efficiently than traditional methods by reducing overzealous tooth removal and inadequate openings.
- **Dental nanobots** – Multi-application robots that can assist in orthodontics, sensitivity, tooth blemish control, etc.
- **Surgical robots** – A surgical robot system for maxillofacial surgery that works in conjunction with surgeon programming.

11. Evidence-Based Dentistry

Evidence-based dentistry (EBD) is not a new phenomenon; however, it's adoption is likely to be more widespread in the coming future. EBD integrates the dentist's clinical expertise, the patient's needs and preferences, and the most

current, clinically relevant evidence to make decisions. Patient needs and dentist clinical experience have been ascertained relatively easily in both the past and present; however, current, relevant scientific evidence has taken a while to catch up. That is, scientific evidence in the past was difficult to procure, and was thus very expensive. As the digital age evolves and things like cloud computing, AI, and blockchain continue to make strides in their adoption, it's becoming easier to produce relevant scientific evidence in dental.¹¹ As such, not only will EBD become more cost-friendly, but it will also become more accurate than ever before.

Why this is important: As is the case with Artificial Intelligence, EBD will improve the efficiency and outcomes of dental procedures; which, in turn, will result in more satisfied patients and potentially more business through referrals. Granted, EBD decreases the human element in decision making, which may result in some push back; however, those that adopt EBD will have vast amounts of data that will either support or refute their decisions. This will mitigate the chances of making mistakes and will increase the chances of providing proper treatment.

EBD Venn Diagram

Source: American Dental Association



Depicts the 3 factors that go into Evidence-Based Dentistry

12. Medical Dental Integration

As dentistry continues to consolidate, large group and DSO business models are starting to reflect structures and business models in health-care. These newfound structural similarities are beginning to open opportunities for the integration of health and dental.

Why this is important: Here are some outcomes of integrated health and dental structures according to Dr. John Snyder, CEO and Dental Director at Kaiser Permanente (One of the few fully integrated health and dental organizations.)

Overall health improvements: Integrating health and dental provides

a more full-service experience for patients. For example, there are many oral health issues that accompany diabetes; however, many people with diabetes just go to the doctor. An integrated model would give diabetics, who only intended on going to the doctor, an opportunity to get their diabetic oral issues addressed. As such, large adoption of integrated models could lead to a healthier general public.

Referral network: The financial side of improved overall health is the referral aspect of the integrated model. If somebody goes to the doctor but also needs dental care (and vice-versa), there's a greater probability that he/she will take advantage of dental services when prompted since it's conveniently all in-house and likely covered by the same insurance plan. Integrated models have the mutual benefit of a doctor to dentist and dentist to doctor marketing referral network.

Cost and convenience: Integrated models allow for the joint leveraging of technologies, human assets, and physical assets between the health and dental sides of the business. This lowers the financial burden for both parties under the single, greater entity. ■

Sources

1. "Dental Practice Transitions: Consolidation vs. Sole Proprietors." Henry Schein, 17 July 2018, dentalpracticetransitions.henryschein.com/blog-dental-practice-transitions-consolidation-vs-solo-practitioners.
2. "Is It Time to Bring an In-House Specialist to YOUR Office?" Synergy Specialists, Synergy Specialists, 12 Sept. 2018, synergyspecialists.com/bring-house-specialist-office-new-paradigm.
3. "Traveling Dental Specialist Trend Growing, Helps Dentists Keep Treatment in-House January 16, 2017." Dentistry IQ, Jan. 2017, www.dentistryiq.com/articles/2017/01/traveling-dental-specialist-trend-growing-helps-dentists-keep-treatment-in-house.html.
4. Mathis, Will, and Tom Metcalf. "Private Equity Is Pouring Money Into a Dental Empire." Bloomberg.com, Bloomberg, June 2018, www.bloomberg.com/news/articles/2018-06-28/wall-street-transforms-dentistry-into-a-creditfueled-gold-rush.
5. American TeleDentistry Association, "Facts About Teledentistry", www.americanteledentistry.org/facts-about-teledentistry.
6. Salierno, Chris. "4 Ways Cloud Computing Will Change Dentistry for the Better." DentistryIQ, DentistryIQ, 10 Jan. 2012, www.dentistryiq.com/articles/2012/01/4-ways-cloud-computing-will-change-dentistry-for-the-better.html.
7. 2017 Global Workplace Trends. Sodexo, 2017, www.sodexo.com/files/live/sites/sdxcom/global/files/PDF/Media/Sodexo-2017-workplace-trends-report.pdf.
8. Solana, Kimber. "Women in Dentistry See Progress, Continued Challenges." American Dental Association, Jan. 2016, www.ada.org/en/publications/ada-news/2016-archive/january/women-in-dentistry-see-progress-continued-challenges.

Managing PPO Participation in a Practice Transition

By Nick Partridge



Practice transitions are incredibly involved. The process is emotional, oftentimes exhausting. Yet, adding a strong new dental practice to your group is incredibly rewarding. From courting through execution of the asset purchase agreement, this delicate dance is fraught with challenges.

However, executing the purchase is merely a milestone in a dynamic project involving many team members and trusted advisors.

Having supported nearly 1,000 practice transitions as it relates to dental insurance, we noticed that at a certain point in the acquisition process, the focus turns sharply to cash flow.

Planning for and protecting cash flow is critically important to every business. However, insurance company processes and timelines don't universally allow for a smooth transition. Further, a payer's recruitment focus, goals or policies may

now materially impact the financials of your new practice.

What could be worse than buying a practice and alienating patients and staff because you didn't plan appropriately for how to transition insurance contracts? Additionally, what if you discovered that the practice will be significantly less profitable based on dental network changes?

As a result, you must investigate, plan and execute to minimize disruption.

Given that the majority of Americans have a dental benefit, a significant percentage of practice revenue comes from insurance (whether

in-network or not). So, it makes sense to allocate time and resources to conduct adequate due diligence and a game plan for transitioning insurance during the acquisition process.

Do your homework

Every acquisition is a little different and the amount of information provided by the seller varies accordingly. We've seen transitions where the seller provides a few reports and notes from the office manager. In other instances, we've seen transitions where the seller allows full access to staff, records and the practice management system. Regardless of the information provided, when devising your plan, here is what you need to know: How is each provider contracted?

Many years ago, when my company was just getting started, we completed a credentialing project for a transition in which the seller was retiring and therefore no longer intending to practice. The seller provided the buyer with an email list of the networks in which he believed he was contracted. That list was forwarded to us with the instructions to credential the buying doctor into these same networks. We happily completed the work and the provider was successfully credentialed according to the list.

Approximately six months later, we received a call from a very frus-

trated office manager. It turns out that the previous owner was contracted very uniquely. The previous owner was enrolled in an exclusive invite-only network for one of the payers, was contracted in Ameritas through Principal and was in both the PPO and DMO for another network. While we were able to correct the contracting, this forever changed our workflow in a transition. Start with contracting! How is each provider contracted in-network and what fee schedule is the provider reimbursed from?

Know the potential risks

Understanding how each provider is contracted allows you to assess competitive advantages, risks and costs. With this information, you can begin to develop your transition plan for insurance.

Recently, we worked with a large DSO who came to us as a result of trying to diagnose a problem. The group had some very confused and unhappy doctors who were experiencing significant decreases in reimbursements and were in some cases in-network unexpectedly.

After our own due diligence, we kicked off a project to collect contracting status. With this information, we were able to diagnose that one of the newly acquired practices was participating in a network that contracts by tax identification number (TIN). Thus, when the DSO updated the TIN after the ownership change, every other practice and provider was automatically available to become in-network. The DSO had one tax ID number for the entire state. Needless to say, this was

extraordinarily costly and not the desired result given their PPO participation strategy. Thankfully, we were able to work with them, analyze the impact and retool the strategy to achieve the optimal outcome.

While not an exhaustive list, other common examples of potential risks include:

1. Payer does not allow the buyer to retain the previous owner's financial arrangement (i.e., fee schedule, plan election, capitation agreement). These scenarios are hard to account for in the purchase price because often they are not finalized until long after the ownership change has taken place.
2. Payer does not allow the buyer to carry over prevailing fee schedule(s) from nearby offices to maintain consistency. There is tremendous value for groups in the process of scaling to achieve a common fee schedule in a market. At the right inflection point, the collective value outweighs the appropriateness for each individual location.
3. New providers cannot replicate previous contracting. This is most notably experienced when providers are forced to participate in both Delta Premier and PPO instead of the previous Delta Premier only. While this example is more commonly known, there are other scenarios like this that must be considered.

There are many nuances to payer contracts and these nuances continue

to evolve over time. Therefore, include time in your plan to collect contracting status for each provider and use it to plan to minimize disruption in your next acquisition.

Competitive advantages

While there are inherent risks associated with a new acquisition, there are also scenarios in which the newly acquired practice may present competitive advantages.

Such scenarios can include:

1. Unique participation yielding substantial patient volume. A few years ago, we worked with a practice that had a unique arrangement with a plan. As a result, they treated over 1,500 patients annually from that plan arrangement.
2. The practice may have legacy pricing or access to networks that when maintained present a competitive financial advantage.
3. Experience with a PPO participation strategy that differs and may allow you to reconsider your approach.

Because insurance is such a significant driver in most practices today, it is time to go beyond typically available due diligence information. Running a collections by payer report doesn't tell the full story and isn't sufficient alone to facilitate development of an insurance transition plan. Researching contracting status and analyzing and applying network rules is the best practice for a successful insurance transition plan as part of the integration for your newly acquired practice. ■



Pain-Free Practices

Endodontics group practices work hard to change patients' perspectives on root canals

For endodontists, the patient experience is paramount. Patients who haven't had a root canal are understandably nervous about the procedure and its reputation for being an unpleasant experience. When instead they receive excellent, pain-free care, it could change the whole dynamic for future dental care.

"Our priority is the comfort of our patients," said Ronald C. Taylor DDS, MSD, RCT Endodontics. "Our reputation depends on it. In this type of business, if you have a bad reputation, you're not really going to last."

Efficiency in Group Practice spoke to endodontics about their group practice organizations, their craft, and the importance of creating positive

patient experiences. Speaking to *Efficiency in Group Practice* were:

- › Craig Hoffmann, DDS, Wichita Endodontics
- › Kent McBride DDS, MS - Partner, Meridian Dental Specialists and North American Dental Group
- › Ronald C. Taylor DDS, MSD, RCT Endodontics

***Efficiency in Group Practice:* Please tell us about the makeup of your organization.**

Dr. Craig Hoffmann: Wichita Endodontics is a specialty dental office that serves the Wichita metropolitan community and surrounding areas. Over the past several years our team has grown from two to six doctors and currently support 39 clinical and administrative team members. We have grown to three locations in Wichita on opposing sides of town, which provides convenience to all our patients and referral base. The rapid growth has led to new challenges that were overcome out

of necessity. As part of that process, we had to create our own management company, establishing a DSO structure that handled all our administrative needs (call center, billing, insurance and HR). We did all of this internally with great success. In order to keep our competitive advantage as the landscape of dentistry continues to change rapidly, we have recently completed a partnership with Endo 1 Partners. With this partnership we can continue to focus on our clinical success and growth while they provide administrative support. Endo 1 Partners was a perfect fit for our company because it was established by wet-fingered endodontists and is run by those same endodontists. They know our struggles and are able to support our needs better than any other group we evaluated.

Dr. Kent McBride: Our situation is a little unique. Our immediate group has nine endodontic and periodontic offices in West Virginia, Pennsylvania, and Maryland. We have ten endodontists, three periodontists, and roughly 60 team members.

The part that makes us unique is that we operate as a specialty division of North American Dental Group. Our team continues to organically grow our current offices, but also is working to integrate specialty services across the NADG footprint.

Our collective vision is to create a “One Dental Home” where specialists and general dentists are working in harmony to provide the absolute best care and experience possible to our patients. Logistically, this will probably look very different depending on the area, but

the vision is the same. Meridian is finishing with a season of stabilization after our transition with NADG (and COVID) and is now priming for a new season of growth. We have big plans for 2021!

Dr. Ronald Taylor: I started my practice about 20 years ago. It was just me, and I shared space with two other specialists who were teaching full-time. A year after that, I opened up my second location in Maryland, and that was a de novo started from scratch. I did that for about 10 years. I had associates come and go. And then I got a partner who joined the practice. We soon decided to open other locations little by little. Now it’s still the two of us who are the partners, but we formed our DSO, which is a separate management company, and we’ve got eight locations, with 13 endodontists and about 80 employees.

We have four brands: RCT Endodontics (Our oldest brand with five locations), Painless Root Canal Specialists, Springfield Endodontics, and Bay Endodontics. In a geographic location, we feel that as a specialist, we don’t want to get too big. We don’t want to do more than five locations in a geographic area with one brand. So we will max out at about five locations per brand. It gives each brand its own flavor. We call them clusters.

As far as our DSO, Trident Group, we’ve got a patient Access Center, which is like a patient scheduling and customer service center. All the scheduling, billing and verification is done there. It allows our front desk people at each location



Craig Hoffman



Kent McBride



Ronald Taylor

to have time to speak with patients. They're not running all over the place and trying to check people out and schedule people and answer the phone. They have time to focus on the patient. It's helped to provide a high level of customer service. That's been a big part of our success.

have slow growth, because it's good growth that's going to sustain you and allow you to last throughout the years.

Endodontic practices are different from many other practices because we only see patients once or twice. General dentists talk about

available to provide the highest standard of root canal treatment to our patients.

Another distinct difference is being completely referral based. These patients only come to see us when they have been referred here by another provider. Our patients are usually not excited about needing a root canal, and they typically show up in pain. Typically, patients that come to our practice only need to come once, which leads us to the idea of an excellent and lasting first impression. Contrary to general dentists, we do not have the privilege of building long-term relationships with everyone who walks in our door, so it is crucial that we build a meaningful and positive connection with them on the first try. We want to be remembered in the best of ways as we believe our reviews testify to.

Ultimately, we have followed a path for growth, but we developed our processes and kept management systems internal. We found the specialty to operate so significantly different from general dental practices that the typical growth model and resources available did not parallel our needs. Our practice does not have a hygiene department, does not market to the public, and relies solely on referral networking to thrive. We molded a unique framework to anchor our practice with culture implementation, optimal operations and patient experience, and healthy financial systems and strategies of our own. In doing so we have bonded strongly with our staff internally, and with our patients and referring offices externally.

“Without having to shift between different procedures, we have honed our root canal skills to exceptional levels. We're also able to create a consistent and highly efficient workflow with limited variance in procedural scheduling.”

– Dr. Craig Hoffmann

Efficiency in Group Practice: What are some unique considerations of running an endo specialty group practice that differ from general dentistry?

Dr. Taylor: An endo practice is different from a general dentist in that the customer is different. For general dentists, their customer would be the general public. For an endodontist or specialist like us, our customer isn't the general public, and it's not the patient. Our customer is the general dentist, because we get patients referred to us from general dentist.

With our type of model and business, the foundation is relationships. Sometimes, it's not instantaneous success and it takes time to build those relationships. It can be slow growth, but you want to

how they love their patients, see them over and over, watch their kids grow, etc., and we don't really get that. Usually, for us it's a root canal, so you only see the patient once or twice.

Dr. Hoffmann: There are plenty of reasons why our specialty practice differs from general dentistry, but we will highlight the more prominent ones.

First and foremost, we get to work on perfecting our craft. Without having to shift between different procedures, we have honed our root canal skills to exceptional levels. We're also able to create a consistent and highly efficient workflow with limited variance in procedural scheduling. Our field also allows us to invest in highly specialized technology, supplies, and equipment

**Efficiency in Group Practice:
Can you talk about the importance of overcoming the stigma and fear from patients with root canals?**

Dr. McBride: Extremely important, and actually not terribly challenging to do. Techniques and equipment have improved so much in the last 30 years which makes the procedure much quicker, less painful, and more successful than ever. Winning over an extremely anxious patient is one of my personal favorite things to do in practice, especially if they are in pain. We need to be very patient with them during the procedure. Their fears are real to them; we just need to be empathetic and kind.

Dr. Taylor: Our mission is simple: To save teeth painlessly.

We know root canals have a bad reputation. Everybody says, 'I'd rather get a root canal than XYZ.' But we believe that we can provide painless root canals and have patients at ease. So that's really important to us.

Our priority is the comfort of our patients. Our reputation depends on it. In this type of business, if you have a bad reputation, you're not really going to last. You really have to be a type of individual who can connect with people.

That's what leads to our success, getting good doctors and coaching up good doctors, getting them to understand that the way we treat people is very important to us. Making sure that we don't hurt anybody is very important to us. Because, like I said, it takes time to develop a relationship and build a reputation. But you could tear it down very quickly,

by just having a bad experience with the patient.

One way we measure this is through emphasizing Google reviews. By getting those reviews on Google, they can be really specific. We try to see if the patient could put in the doctor's name, and also the dental assistant's name or front desk individual's name. It really makes it personalized. We try to get five star reviews for all of our doctors, and we check to see what kind of reviews they're getting. So that's a good way for us to evaluate the patient experience.

We have narrowed the bandwidth of many of the traditional dental office roles. We offer a range of positions, including patient coordinators, scheduling coordinators, consultation assistants, treatment assistants, sterilization technicians, insurance coordinators, and many more. We have created each of these to be extremely efficient and dedicated to their craft, and most importantly, to provide each patient with individualized and undivided attention. When we all work together it creates a beautiful harmony that shows up in

“We found the specialty to operate so significantly different from general dental practices that the typical growth model and resources available did not parallel our needs.”

– Dr. Craig Hoffmann

**Efficiency in Group Practice:
How do you prioritize the patient experience?**

Dr. Hoffmann: Our patients are everything to us, and prioritizing them above all else is our greatest pleasure. One of the biggest ways we create a unique and exceptional patient experience has come from the implementation of our specialized team roles. We train our team to be overly proficient in their respective areas so they do not need to multitask or distract from the responsibility at hand.

our patient's experience. We also focus on the small details that may go unnoticed to some such as no ringing telephones within patient earshot, never rushing through an appointment no matter what, and always addressing patients by their preferred names (just to list a few)! Allowing patients to relax also means having streamlined processes such as check-in and check-out that are easy to follow and letting us take care of the rest. All they need to do is show up and know they are in good hands.

Dr. McBride: We put the patient experience very high on our priority list. We even have a monthly “Service Excellence Series” where we bring the teams from all our offices together (virtually) to share best practices in this regard. There is probably no better marketing we can do than to provide a best-in-class experience for our patients. Our hope is that they return to their general dentist after getting specialty care and profusely thank them for referring to us because of the great experience they had.

Specifically, we aim for the no surprise, surprise appointment. No surprise means that we’ve communicated exactly what they can expect from the appointment: How long it will take, what their out-of-pocket expense will be, what the procedure will be like, etc. This is just doing the standard blocking and tackling of running a business with excellence.

The surprise part of it is where the fun comes in. This is where we try to find little ways to go above and beyond. We may clean off their car if it snowed during their appointment, give them a heated and scented towel when they’re done, sing them happy birthday if it’s their birthday, or mail them a book that they mention wanting to read.

Efficiency in Group Practice: How do you balance scheduling appointments and emergencies?

Dr. Taylor: We’ve got eight locations and every one of them is different based on location and demographics. Endodontists are considered emergency-based specialists. However, we’ve got some locations where we

don’t see a lot of emergency calls compared to appointments. We have other practices where, at the beginning of the day, there’s not really a whole lot on the schedule, but by the end of the day, it fills up. With those practices, we leave one or two blocks in the schedule for emergencies. But to be honest, most of our locations don’t get a lot of emergencies. So we have to have some flexibility and adaptability, with a certain level of consistency, throughout all of our offices.

“Providing a patient with relief and comfort so they can resume their daily activities pain free is the reason we are here.”

– Dr. Craig Hoffmann

Dr. McBride: If someone is in pain, we try to see them that day if at all possible. In many of our offices, we leave an open slot at 2:30 p.m. (tooth hurt) and it almost always gets filled. Our teams don’t want to see someone in pain when we have the ability to help them, so we will adapt and do whatever it takes. Probably about 20% of our patients are for emergent or urgent treatment due to pain or swelling.

Efficiency in Group Practice: What are some keys to success for an endo specialty group practice?

Dr. Hoffmann: Emphasizing referral relations: In our practice, we are only as busy as the dental community allows us to be. Having them trust us with their patients is an honor and we do not take that responsibility lightly. We work hard to create and maintain strong relationships with our supporting businesses. As an organization we believe that one of the best ways to show our referring offices we care is through the care and consideration we give to each of their patients. We also believe in creating personal relationships with the referring community. We make time to get to know referring doctors one on one at dinners, attending community events, and every year we host a large celebration for all referring doctors and teams to socialize. We truly could not do what we do without each one of them, and we prioritize these relationships.

Offering flexibility: We never know when a dental emergency is going to arise and our services will be needed immediately, but allowing patients to be in pain is the opposite of what we accomplish here. Being able to say “yes!” to emergency patients when no one else can is something our team takes pride in. Providing a patient with relief and comfort so they can resume their daily activities pain free is the reason we are here.

Striving for excellence: Our doctors and staff all provide amazing care and real resolutions to issues that our patients present us with.

Promising the highest quality of care means that our doctors will only recommend honest diagnoses, perform necessary procedures, and always give patients absolute control over their care. Everyone on our team was hand-selected because of their performance, credentials, and their parallel values.

Focusing on our values: We invest a great deal of time and resources internally because we believe that a genuinely positive and happy team will radiate the best possible attitude outward. Pushing the members of our team to become the greatest versions of themselves by encouraging education, learning, and personal growth reflects directly in the care given to others. At Wichita Endodontics, we practice our values every minute of every day. We are considerate, humble, ambitious, adaptable, and dependable in our working and personal relationships. We like to say that we are ‘CHAAD’. Having a team that is excited to be here and to share their love and knowledge with others in their care is what makes our organization especially unique—it’s just who we are!

Dr. Taylor: I feel like I’ve been fortunate where I’ve had a unique ability to recognize people’s strengths and weaknesses. I’ve tried to focus on their strengths, amplify those strengths and build them up. I’m a big believer in coaching people and investing time to develop employees. It’s funny, we spend a lot of money on software, or time to create systems, but a lot of leaders don’t spend time investing in their employees to

develop them. Making a connection with people is very important.

I tell everybody who comes into our practice, ‘This is this relationship-based practice. You’ve got to be a people person. If you’re not a people person, you’re not going to last long, especially in a competitive area like we are. We call it the DMV – DC, Maryland and Virginia. If you’re in the DMV, you got to be a people person because it’s so competitive.

there are three main pillars: Team Dynamics (i.e. strong office culture), Referral Relationships, and Clinical Excellence. These are the three areas where our group of doctors regularly collaborates to share best practices and help each other improve. Lastly, the roof of the house is our Business Acumen and Strategy. This is what protects what we have built and helps us weather any storms that come our way.

“It’s funny, we spend a lot of money on software, or time to create systems, but a lot of leaders don’t spend time investing in their employees to develop them. Making a connection with people is very important.”

– Dr. Ronald Taylor

Dr. McBride: The No. 1 key (by far) is using servant leadership to operate with empathy. Sometimes this is challenging to do and easily forgotten. We are a group made up of (amazing!) people, each with their own unique challenges, struggles, strengths, and flaws. If our leadership can continually meet them where they are and serve each and every one of them well, success will follow.

Secondly, we have built something we call the “Meridian House Model” of office success. The foundation of the house is the systems and processes that our leadership creates. This is what the house is built upon. Then

The third key is to rally our incredible team around a common purpose. Ours transcends just dentistry: To find ways to radically and unexpectedly bring joy, fulfillment, and happiness to others.

If our teams can constantly look for ways to make personal connections with each other, our patients, and our referring doctors, we can then know what it takes to surprise them with an act of kindness to bring them a little bit of joy. Not only does this create a culture of fun and fulfillment, it also gives people great stories to tell about our group. ■



Question and Answer

What Books and Resources Do You Recommend?

Editor's note: **The DSO Secrets:** *Dentist Entrepreneurs Growing Dental Organizations Facebook page is a place to find resources, networking opportunities, information about upcoming industry events, and a forum to ask fellow dentist entrepreneurs questions you may have about running your business. The following was a recent discussion among DSO Secrets Facebook page members.*

B.J. Alexander asked:

Any good book recommendations/informative resources you recommend on starting/running a DSO?

DSO Secrets Facebook page members responded:

"A DSO secrets book will be coming out in 2021. Hoping to provide a comprehensive guide. Until then I would recommend The DEO podcast series, DSO secrets, at deodentalgroup.com" – **Emmet Scott**

"DEO put out a list of books to read. It's 100 or so books. That's a ton of info for knowledge."
– **Kartik Antani**
For more information, visit deodentalgroup.com/101-books-to-grow-your-dental-group-or-dso.

"Stan Kinder just released his book 'Everything DSO.' It's on my Q1 reading list." – **Josh Cochran**
Here is the link:
www.everythingdso.com

"There was a book published in 2015 entitled 'Transforming the Cottage Industry – The Rise of Dental Support Organizations' by Quinn Dufurrena, DDS, JD. I haven't read it yet so I can't provide a review."
– **Sina S. Amiri**

"The Entrepreneur Dentist: How to Exit Your Dental Business Rich," by Jerry Lanier, DDS, Exec, MBA
– **DEO Facebook page recommendation** ■

Top 5 Takeaways from The 2020 DEO Virtual Fall Summit

Keys to growing a dental group: Systems, people, finance

It was an amazing week of connections and sharing ideas as The DEO hosted over 400 attendees at The 2020 DEO Virtual Fall Summit. The annual event has grown into a premier event, where the best in group dentistry, budding dental-entrepreneurs, and DSO leaders gather and gain insights that help newbies and experienced businesses alike.



The 2020 DEO Virtual Fall Summit, Keys To Growing a Dental Group: Systems, People, Finance, November 13-14, had 3 panels; 6 ask the expert sessions; 3 peer topic discussions; 3 networking break-outs; 12 speakers including Ken Kaufman, CFO, Community Dental Partners; Dr. Aman Kaur, DSO Strategy Developer and Growth Accelerator; Dr. Shalin Patel, Partner and Chief Clinical Officer, DECA Dental; Tarek Aly, BDS, MBA, Co-owner, OrthoDent Management & Modern Smiles; Dee Fischer, CEO, Fischer Professional Group; Kenneth

Cooper, CEO, North American Dental Group; and more!

This Summit was markedly different – online and attendees needed more guidance arguably than ever before as they were faced with trying to navigate through the COVID landscape. Despite being virtual, The Fall Summit went full steam ahead and was a resounding success. It was one of the only industry events in the Fall.

Attendees were inspired and learned strategies to bolster the systems, people, and finance aspects of their dental group/budding

DSO. Here are the top 5 takeaways attendees appreciated:

No. 1: Take “Extreme Ownership” for your leadership

Attendees had the honor of hearing the author of NYT Bestseller *Extreme Ownership: How U.S. Navy SEALs Lead and Win*, Jocko Willink. He’s a decorated retired Navy Seal Commander and founder of Echelon Front Leadership Training. His energy and motivation were a much-needed boost to all, as attendees reflected on 2020 and planned for 2021.

Jocko shared combat leadership principles he learned in the U.S. Navy SEAL Teams and on the front line of the war on terror. Jocko got attendees to think about approaching leadership with humility and ownership. Jocko noted “Implementing ‘Extreme Ownership’ requires checking your ego and operating with a high degree of humility. Admitting mistakes, taking ownership, and developing a plan to overcome challenges are integral to any successful team.

No. 2: Systems, systems, systems: One of the most important levers for growth

A couple of Summit fan-favorite presentations were “Scaling Up Your DSO” by A.J. Peak, CEO, Peak Dental Services, and “Operational Systems

for Scale” by Amber Collins, Peak Dental’s VP of Operations. A.J. shared about starting from scratch and wearing all the hats leading Peak Dental’s growth from 1 to 30+ locations.

Amber recommended implementing systems early and often to manage growth and make it more predictable instead of it being all on leadership’s shoulders. Components of systems can include Key Performance Indicators (KPIs), Standard Operating Procedures (SOPs), training and more – whatever methods

needed to document and operationalize a DSO’s systems for success.

No. 3: Have a culture-first mindset

Dr. Sulman Ahmed, CEO, and Founder of DECA Dental with 90+ locations emphasized the importance of culture. He reflected that DECA’s growth has been in large part due to serving associates, leadership, and staff so they in turn can best serve patients.

Dr. Ahmed noted, “Use this formula: culture – happy staff and dentists = happy patients.” Further,

he said that this philosophy allows associates to lead: “I think that’s really important and it’s our responsibility to keep the associate dentists involved in decisions.”

No. 4: Use challenges (like the pandemic) as a stress-test: Evaluate strategies, priorities, and opportunities

Dr. Samson Liu, CEO and Founder of SOHDental with 30+ locations invited attendees to view the pandemic as a “stress-test” by reassessing priorities and taking a fresh look at opportunities.

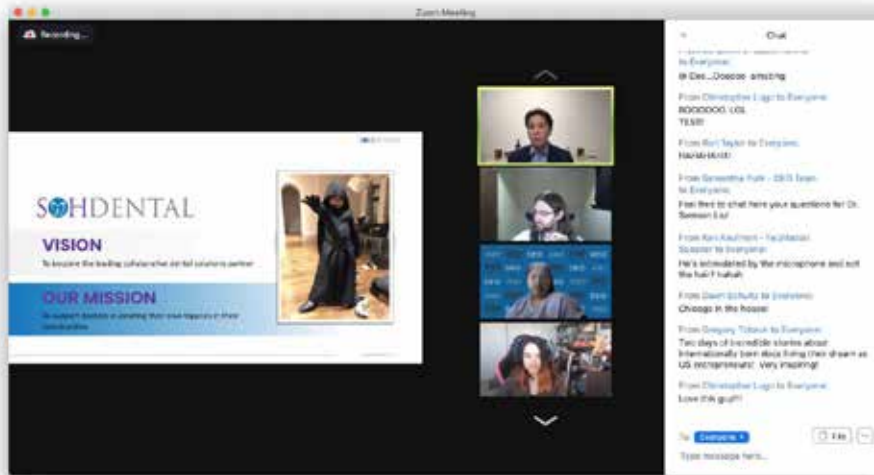
Dr. Liu discussed how SOHDental handled the challenges: “With each decision, we determined if it wasn’t in the best interest of our doctors, our teams or our patients – the long-term sustainability of the practice – no matter how tough that decision was – it would be the right call.”

No. 5: The Dental Organization Growth Model™ offers a roadmap for success

Jacob Puhl, CEO of The DEO, took attendees on a journey through The Dental Organization Growth Model. This proprietary model created by The DEO has helped its members – dentist entrepreneurs and leaders of emerging groups – get out of the “dark tunnel”.

Having worked with hundreds of dentist entrepreneurs, The DEO has found that no matter where leaders are on their journey – adding the first location, growing from 3-5, 5-10 locations, or beyond, tough issues are inevitable – from hitting your own “leadership ceiling” – to hiring and training your team – to systems





and infrastructure – to revenue cycle management – and more.

Jacob shared about how The Dental Organization Growth Model™ helps leaders determine where to spend time, where the biggest issues are, and where to level up. He noted “The DEO recommends focusing on your vision, your self, your team, and then the business of your dental group – in that order. Our members have tremendous success taking this path.”

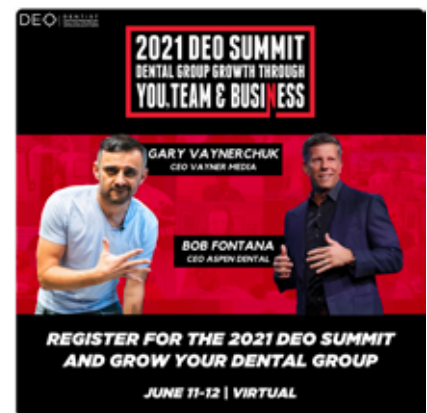
The 2021 DEO Virtual Summer Summit

The 2021 DEO Virtual Summer Summit, Dental Group Growth Through You, Team and Business is June 11-12. Topics include: how to attract and retain top talent; how to build, implement, and streamline scalable systems; how to grow revenue and profit through proper KPI tracking; how to spend less time in the dentist chair; how to reduce overhead and increase cash flow for

growth through de novos and acquisitions; and much, much, more.

Speakers slated include Gary Vaynerchuk, CEO of Vayner Media, speaking specifically to dentist entrepreneurs for the first time; Bob Fontana, Chair and CEO of Aspen Dental; Joshua Gwinn, CEO, Hero Practice Services; Jodi Evans, COO at Community Dental Partners among others.

To reserve your spot, **use the code EGP for \$50 off registration.** Plus get free replays for a limited time. See you online! Grab your ticket here: <http://bit.ly/DEOSummitCodeEGP>. ■



Calendar

The Association of Dental Support Organizations (ADSO)

Boldly Evolving Dentistry:

A Members-Only Virtual Event

March 24-25, 2021

Virtual

For more information, contact ADSO COO Lily Davidson at ldavidson@theadso.org or visit theadso.org.

DEO 2021 Summer Summit: Dental Group Growth Through You, Team & Business

June 11-12, 2021

Virtual

<https://deodentalgroup.com/summit-summer>

Dykema DSO Conference

July 28-30, 2021

Gaylord Rockies Resort

Denver, Colorado

<https://dykemadso.com>

Understanding the Dental Rule

Protocols and procedures for the proper handling of dental amalgam waste.

As of July 2020, the EPA “Dental Rule” went into effect, establishing specific protocols and procedures for the handling of dental amalgam waste.

There are four (4) main components of the Dental Rule that offices need to maintain to be in compliance:

1. ISO 11143 certified Amalgam Separator.
2. Use of a vacuum line cleaner with a neutral pH between 6 and 8.
3. Clearly marked amalgam bucket for recycling of anything that touches amalgam (chairside traps, teeth with amalgam, spent amalgam capsules, vacuum filters etc.)
4. Certificates of Compliance/Recycling

In response to the EPA Dental Rule, and most importantly from input received from DSOs, individual physicians and practice managers who are uniquely tasked with addressing the requirements of the regulation, Solmetex is excited to introduce its proprietary **Solmetex Maintenance Program**.

The Solmetex Maintenance Program is designed to alleviate the guesswork associated with the Dental Rule and ensures that all practices are in constant compliance.

The basis of this turnkey program is the **Solmetex Compliance Center**, a 24/7/365 online solution that enables real-time access to all of the practice’s documentation and recycling activity, specifically their Certificates of Installation & Warranty and Certificates of Recycling,

documents that a local inspector may request at any time.

Participation in the Solmetex Maintenance Program is accompanied by a non-contractual, automatic fulfillment program for all the products and technologies necessary to ensure compliance with the EPA’s regulation on the proper handling of amalgam waste within the dental practice.



1. Solmetex NXT Hg5™ Collection Container with Recycle Kit

- › The only collection container approved for use with the NXT Hg5 Amalgam Separator
- › Clear by design for easy visual inspection
- › Simple change-out process when solids reach the full line or at 12 months, whichever occurs first.
- › Packaging and shipping

approved by the US DOT.

- › Certificates of Recycling housed and available 24/7 in the Solmetex Compliance Center

2. Solmetex PowerScrub™ Vacuum Line Cleaner

- › Per EPA regulation requirements, formulation consists of a neutral pH level between 6 and 8.
- › Case kit includes four 64oz bottles.
- › Recommended for use with the NXT Hg5 Amalgam Separator
- › Use of PowerScrub maximizes capacity of the NXT Hg5 collection container.
- › Compatible with all competing amalgam separators
- › Compatible with all dry/wet vacuums
- › Works at all water temperatures
- › Use of PowerScrub extends warranty on the NXT Hg5 Amalgam Separator to 5 years

3. Solmetex Practice Waste Solutions

- › Designed to address the “dry waste” requirements of the EPA Dental Rule
- › Per EPA regulation requirements, clearly labeled for amalgam waste.
- › Available in four (4) sizes
- › Cost of PWS amalgam bucket includes cost of shipping and recycling.
- › Certificates of recycling housed and available 24/7 in the Solmetex Compliance Center. ■

What EPA compliance looks like.



Get your ducks in a row and ensure compliance.



SOLMETEX
MAINTENANCE
PROGRAM™



COMPLIANCE CENTER



AMALGAM BUCKET



COLLECTION CONTAINER



VACUUM LINE CLEANER

Alleviate the guesswork around EPA compliance with the Solmetex Maintenance Program. Our new program includes: The Solmetex Compliance Center 24/7 online document storage, PowerScrub Vacuum Line Cleaner, NXT Hg5 Collection Container and PWS Amalgam Bucket delivery and recycling. Ensure your practice is in compliance with the EPA's regulation on amalgam waste.



Contact a Solmetex Compliance Expert to get started

(877) 207-1551 | www.solmetex.com

FIRST
FLOWABLE

THEN IMMEDIATELY
SCULPTABLE



WARM IT



FLOW IT



SCULPT IT

- Thermo-viscous Technology (TVT): Initially flowable for optimal adaptability, then immediately sculptable.
- Bulk-fill with 4mm depth of cure speeds up the procedure
- Easy-Access-Capsule with long and narrow tip for hard-to-reach areas and bubble-free application
- New TVT polymer technology:
 - fast viscosity change
 - the ability to flow
 - low shrinkage and excellent wear
- Monoblock concept: one highly filled material from bottom to top

VisCalor bulk

2-in-1 Thermo-viscous
bulk-fill restorative



Call 1-888-658-2584

VOCO • 1245 Rosemont Drive • Suite 140 • Indian Land, SC 29707 • www.vocoamerica.com • infousa@voco.com

VOCO
THE DENTALISTS