

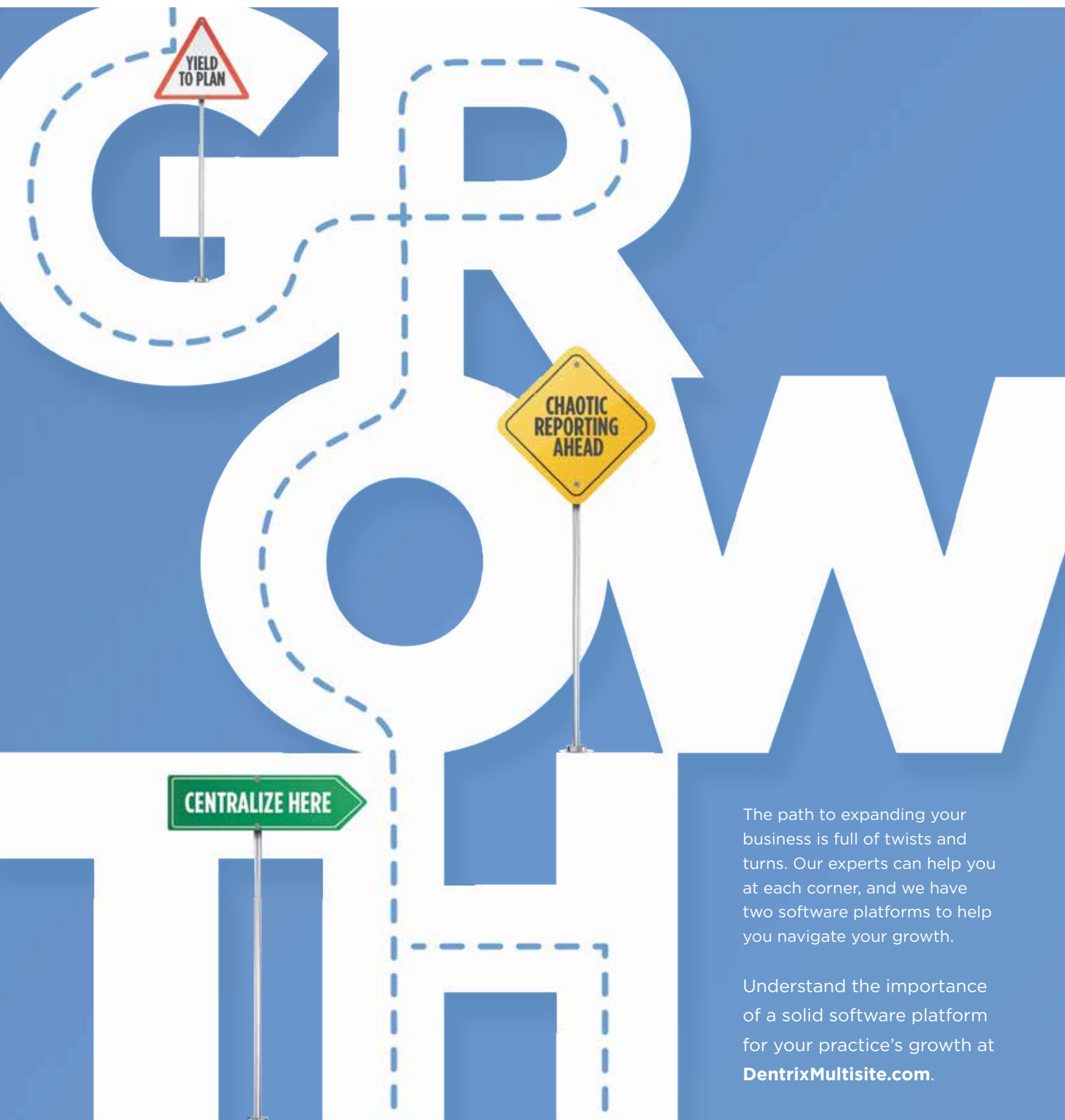


DENTALGROUP
PRACTICE

Exceptional Opportunity

**Dr. Rick Workman started small,
but through the years has
built an industry-leading
dental organization.**





The path to expanding your business is full of twists and turns. Our experts can help you at each corner, and we have two software platforms to help you navigate your growth.

Understand the importance of a solid software platform for your practice's growth at **DentrixMultisite.com**.

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Serving Our Customers

By Jake Puhl

When I hear the term, “standing on the shoulders of giants,” one of the first individuals that comes to mind is Dr. Rick Workman. He’s one of the founding members of the group dentistry world that we’re prospering in. When you hear what he had to go through to get here today, you realize how lucky we are lucky to have somebody of his integrity and resiliency leading group dentistry for the past four decades. This month’s cover story is devoted to Dr. Workman’s legacy (and continued success) at Heartland Dental.



This issue’s focus is on associates. As group dentistry grows, collectively we need to continue to improve at serving our ultimate customer – the dentist. In this issue, we’ve gathered best practices, thought leaders and examples of what groups in the industry are doing to continue to serve at a high level and elevate the industry.

We’re also excited to look to the future. When we acquired Efficiency in Group Practice, our goal was to continue to evolve dentistry by delivering important news, stories and education to your mailbox and inbox. We saw the opportunity to increase impact, not just through the DEO, but by using these pages to bring forward the incredible people within the DEO community. You’ll notice a big change in our issue as we are rebranding this publication

from *Efficiency in Group Practice* to *Dental Group Practice*. While we’re changing our name, we’re not changing our passion. We feel this rebrand better encompasses the stories we are telling, and we’re excited to roll out even more exciting changes in the months to come! For now, here’s a sneak peek of our new logo.



If you haven’t signed up to receive our bi-monthly e-newsletter, head over to dentalgrouppractice.com and subscribe now!

Thanks for reading this issue of *Dental Group Practice*!

Jake Puhl

Ventyv[®]
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Advocating and Promoting Diversity



By Emmet Scott,
President, Association
of Dental Support
Organizations

This past year, our country has responded to the growing acts of senseless racial violence with a renewed commitment to diversity, equity, and inclusion. As we look toward the future of dentistry, the dental industry must be a part of that response.

I am proud of how ADSO members are at the forefront of advocating diversity. ADSO's recent survey of our members showing that nearly 39% of DSO-supported dentists are of racial/ethnic minorities, compared to the industry average of 30% as reported by the American Dental Association Health Policy Institute's (ADA HPI) recent study on the dentist workforce. DSOs are leading the charge by listening to their dental practices and generating awareness both internally within their teams and externally with the communities they serve. Even though DSOs are ahead of the trend, we can and must do more.

According to the ADA HPI study on the dentist workforce, "Hispanic and Black dentists ... are proportionally less represented in the profession when compared to the U.S. population." As dental professionals and leaders, advocating for increased representation in our organizations is critical to providing informed care to the underrepresented populations

we serve. Having a culturally competent team has been proven to increase a healthcare providers' ability to address the social determinants of health impacting patients.

31% of dental hygienists in member-supported practices are of racial/ethnic minorities

And the DSO model is strategically positioned to help promote diversity. In fact, Oral Health Workforce released a report in 2017 about DSO trends and found that "when placing dentists in a community, the DSO considers the local population. DSOs make an effort to have a diverse workforce." DSOs are built to understand the environment across regions and in communities which

help to create and foster diversity in the workplace. Our progress with gender distribution and female representation is also improving. According to the ADA HPI, "between 2010 and 2020, the percentage of female dentists in the workforce increased from 24% to 35%." In the Oral Health Workforce 2017 report, "the percentage of female dentists working in DSOs has increased, partly because there are more female dentists in the workforce and partly because the workplace flexibility in DSOs is appealing."

While there is more to understand in the current landscape of the dental industry, ADSO's recent survey of members showed that 31% of dental hygienists in member-supported practices are of racial/ethnic minorities, and 29% of DSO-supported dentists are female. DSOs are recruiting and retaining a diverse workforce. This is only one step in improving the access and diversity in our community. The entire dental industry needs to drive towards improving talent acquisition, team support and experience, and community engagement to expand access to care and improving oral health outcomes for patients. ■

Health Policy Institute. (2021, February). The Dentist Workforce - Key Facts (Rep.). See: https://www.ada.org/-/media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0221_1.pdf?la=en
Oral Health Workforce Research Center. (2017). Trends in the Development of the Dental Service Organization Model: Implications for the Oral Health Workforce and Access to Services (Rep.). See: https://oralhealthworkforce.org/wp-content/uploads/2017/09/OHWRC_Trends_in_Dental_Service_Organization_Model_2017.pdf

The Power of Centralization

Practice management software experts discuss the benefits of streamlining practice management processes in a growing dental organization



As a multisite dental organization grows, operations frequently become more complex, and communication among staff in different offices becomes more difficult. That additional office you bought out with such high hopes may be operating with an entirely different practice management system than your other offices, which could be limiting your productivity and profitability.

Multisite dental organizations often have a hard time getting offices with disparate systems to work together seamlessly. Unfortunately, this sometimes becomes their norm: They operate in a decentralized system where they don't have easy access to the information they need to manage their practice.

However, implementing the right centralized data systems doesn't happen overnight — it requires thoughtful planning, careful selection and skillful implementation.

Benefits of a centralized practice management system

Several dental industry leaders who have helped dental organizations successfully transition to centralized practice management and data systems recently discussed the key benefits available to dental service organizations when they decide to centralize their practice management software. They

identified 7 tools and processes that benefit from a centralized practice management system:

1 Staying on top of key performance indicators, by location and as an organization. Decentralization prevents practices from receiving and analyzing data that could be critical to managing important decisions in a timely manner. “Practices will say, ‘I can’t deal with all of these different systems. I can’t manage and make sense of them.’ They want to get all their data in one place,” says Mike Uretz, founder of DentalSoftwareAdvisor.com. “It’s possible with centralization to establish and review key performance indicators on an aggregated basis so you’re not shooting from the hip when you make business decisions.”

2 Implementing standardized business processes across locations. A key advantage of centralized dental organizations is their ability to manage locations using standardized processes, templates and data. Using the same technology tools across locations is a prerequisite to effective, centralized sharing.

3 Sharing and scheduling providers across locations. Many multisite organizations find it valuable to capitalize on their No. 1 resource — their team members — by having them work in multiple locations, but scheduling a provider in more than one office can be challenging. When

“A multisite practice needs to be able to organize data to make critical business decisions and to improve workflow and other processes. During challenging economic times, it’s crucial to have data that (are) up to the minute.”

– Adam McDaniel

individual locations have centralized tools to see a provider’s schedule at other locations, however, the process is much smoother.

4 Streamlining overhead costs for key functions such as insurance processing, billing, scheduling and more. Adam McDaniel, director of Product Management at Henry Schein One, has witnessed firsthand the inefficiencies that decentralized group practices experience, especially when they’re operating on different practice management systems. “We’ll often see a decentralized practice struggle to operate. Just processing an insurance claim may require their staff to know two, three or four systems. Their processes become

so bloated that they struggle to manage them.”

5 Supporting collaboration between providers. “Think of having one set of data for a patient,” says Dr. Lorne Lavine, a former dentist and president/owner of The Digital Dentist. “Think of the benefits of having every one of your locations have immediate access to all of the most current information on the patient.” Having one shared set of patient records has clear benefits when providers are seeing current patients in a new office but still need access to treatment plans, images, health history and more. With a centralized system — resulting in a single, shared patient record — all patient information is right there for the provider’s use.

Henry Schein One created an eBook, “The Power of Centralization: Streamlining Practice Management in a Growing Dental Organization”

that draws upon insights from dental industry leaders who have helped dental organizations successfully transition to centralized practice management and data systems. Download the ebook at: <https://tinyurl.com/DentrixGroupPractice>

6 Sharing records to serve patients at multiple locations. “If you’re not using a centralized system, collaboration doesn’t happen that fast,” said McDaniel. “It’s very hard for staff to collaborate and say to each other, ‘Hey, I was thinking of doing this sort of implant. What do you think of that?’” With a properly centralized system, providers in different locations can pull up all patient information while they discuss treatment options. This includes the ability to see diagnostic images, treatment history, medical alerts and more.



7 Onboarding a newly acquired or newly built office.

Without a centralized system, growing dental organizations can find themselves reinventing the wheel each time they onboard a new practice. Even with uniform standards for running all offices, such policies and procedures can be difficult to convey and implement without shared digital

workflows and centralized forms. Not only can this slow down the process of onboarding a new practice, it can also create confusion for patients and staff.

Although centralization comes with upfront costs, it is a long-term investment that will pay off as inconsistencies and redundancies among

offices are resolved. As offices begin to operate as one, a dental practice will reap the rewards as it saves both time and money through increased efficiencies. In the long run, centralization supports the success of the dental organization’s leaders, clinical and administrative staff — and, ultimately, the patients they serve. ■

How Henry Schein One Can Help

Both Dentrix Enterprise and Dentrix Ascend from Henry Schein One offer ways to centralize your growing practice.

DENTRIXENTERPRISE™

- Customizable server-based system
- Designed for large practices
- Single database for all patients and providers
- Advanced security roles

DENTRIXASCEND™

- Cloud-based software
- Access records anywhere, anytime
- Role-based dashboard
- Monthly subscription instead of high upfront costs

Call 844-223-2216 or visit DentrixMultisite.com to find out which solution is right for your organization.



The Associate Search

12 ways to recruit – and find – top-quality associate dentist candidates : BY THE DEO



Finding associates (and retaining great ones) is difficult, to put it lightly. And as you grow, you realize that finding good people is one of the most important decisions your group practice will make.

The No. 1 rule for recruiting new dentists is this: Cast a wide net. So you'll need a multi-pronged approach for best results.

The overall objective is, of course, to have a consistent flow of highly qualified applicants. And that's the

result of building and optimizing a hiring funnel, which is a topic for another day. For now, let's focus on filling up your funnel with candidates.

One of the questions we're often asked is "Where do I actually find the associates to hire?"

So after tapping into the power of peer-based learning and the entire DEO community consisting of:

- Dozens of DEO events, Summits, and emerging DSO & dental industry experts
- Hundreds of interviews and conversations with experts and successful DSOs
- Over 100+ dentist entrepreneurs and executives – who collectively own 425+ locations

Here are their answers and shared resources:

No. 1: Referrals from your best employees and associates

Like attracts like. Start with your best qualified, best producing, highest core value-matched dentists.

Some of your strongest candidates will likely come from this pool. Some DSOs report up to 50% of their associate hires come from referrals, so leverage this avenue as much as possible.

One way to do this is to have your team use their social media accounts. Leverage your best employees and associates to work for you in a different fashion. Have them post a strong “we’re looking for a great associate” post to their Facebook or LinkedIn profile. Think of this as running a patient referral program, but for the provider side. To fuel the fire, give away a referral bonus to whomever gives X number of referrals and/or leads to an actual job offer.

Cameron Herold, an expert at scaling companies to \$100M in revenue, recommends giving a \$30,000 bonus to employees who find you an “A player” employee. And it doubles as a retention tool.

No. 2: Run advertising on LinkedIn, Instagram, and Google

Dental associates and new grads are also on Facebook, LinkedIn, Instagram and Google. The largest DSOs are running ads directly on these four platforms. If you’re experienced in this or work with a marketing

company that is, it can be quite simple and very, very powerful.

Facebook has an entire post on how to use their platform specifically for hiring.

If you’re doing this in-house, be sure this person understands copywriting and direct marketing.

The same goes for LinkedIn, Instagram, and Google Ads.

Connect with at least 2-3 brokers and see if they know any potential candidates or if any associates at other practices have voiced wanting to work elsewhere

By the way: AdSkills.com (Google, LinkedIn, Instagram, and Facebook ads) and NicholasKusmich.com (Facebook ads only) are some of the best resources for learning how to get a positive ROI on paid ads.

No. 3: Leverage your professional network and referrals

If you thought, “I can use the same tactics from above,” now you’re thinking. Leverage tactics and merge them together. Your professional network can be used much like your personal one.

Locum tenens. This is more of a temporary solution, but can become permanent.

Search for “roaming” associates or locum tenens online and attract them to your practice by helping

them with the licensing, malpractice headaches, and maybe slightly higher pay if their production meets a certain level per month. If you can help them with travel and housing accommodations, even better.

Reach out to past candidates through an “applicant tracking system.” Every time you put a hiring

ad out, you get applications from dentists who don’t get hired. Over the years, this list grows and grows. Are you keeping past applicants in a database, and releasing the job opening to those folks? If not, this is a huge opportunity not only directly for candidates, but to generate word of mouth. Maybe someone who didn’t quite work out before is a fit now? Maybe they’ve grown and gotten more experience?

After all, dentists with 1 year of experience will have 2 years worth in a year, so reach out to them again. Keep all those resumes and then contact the most promising ones every 6-12 months.

Organic social media. If you or someone on your team has copywriting or sales chops, get them to help you with this one. The two power

platforms, LinkedIn and Facebook, are the ones to focus on. Use them to:

- › Ask personal friends, colleagues, and associates if they know anyone and if they'd be willing to warmly introduce you
- › Contact dental recruiters directly and see if they can place candidates for you
- › Think of your LinkedIn posts as TripAdvisor.com posts.

avoiding logistical nightmares, getting to know candidates face to face in a non-stressful environment can show you if they will really fit into your culture ... sometimes better than a formal interview can.

Maybe tack on the Lunch & Learn after a free / low-cost seminar you give to new grads? Have you ever reached out to dental schools and offered to show how your practice

Referrals can feel slimy or hurt the other person's reputation – this tactic mitigates that by giving the referrer a “thing” to refer instead of referring a company.

- › How are you attracting your ideal candidates to your “destination?”
- › Do you have attractive photos of the area? A list of fun attractions, things to do, and activities for kids?
- › If you go the “cold” route, it has to be done very carefully so you don't look like a LinkedIn spammer.

There are two ways to make a cold message warm:

A. To find someone/something you both know or have in common and lead with that

B. Look for trigger events like when new dental school students graduate, when a local location is closing down, or when another DSO is downsizing.

Lunch & Learns / happy hour / dinner. If you keep this simple by

does certain procedures, techniques, and processes? You might be one dinner away from a great associate.

AEGD / GPR post doctorate departments. These dentists will be looking for a job to help them solidify things they learned in residency (and a way to start paying down that debt).

But residency doesn't prepare them for a work environment. Plus, they get on-the-job experience with you because you can show them things not taught at an advanced level in dental school like (implants, special needs patients, advanced oral surgical procedures). And you get a chance to improve your coaching abilities by showing them how to develop their communication skills with actual patients.

No. 4: Dental associate job boards and hiring websites

Here are a few job boards and hiring websites:

- › Dentaltown.com Classifieds
- › JoinDSO.com Jobs
- › DentalPost.net
- › DentistJobCafe.com
- › Academy of LDS Dentists
- › MyDentalJobs.com
- › DentalJobs.com
- › DentalSpots.com
- › DentalOpportunities.com
- › IHireDental.com
- › DentalWorkers
- › American Association of Orthodontists
- › American Academy of Pediatric Dentistry
- › Dental Placement Pros
- › ZipRecruiter.com
- › Craigslist.org
- › Indeed.com

No. 5: Dental schools

This one's obvious right? Approach dental schools and use their job boards or get (re)connected with your alumni school. Some resources:

- › American Student Dental Association's Facebook Group
- › University of Texas ASDA
- › Boston University Dental Career Network
- › University of San Francisco Job Board

No. 6: Dental associate recruiters

If you're going to outsource it, be sure to work with a company who only handles dental, and you'll save yourself a bunch of headaches according to John Owens, senior

manager of doctor recruitment at Smile Brands. Our Member curated list of dental recruiters:

- › ETS Dental
- › Bentson Copple & Associates (Ortho recruiting and M&A)
- › Cloud Dentistry (small firm in Houston)
- › LinkedIn Talent Solutions
- › Onyx Recruiting (Associates and Non Clinical)

No. 7: Dental school job fairs

Let the candidates come to you. Be sure your booth/area is catchy and your giveaways are of more value than the other employers. Inoculate them against your competitors, and make it so you're the no-brainer – by actually being the best in your area. Highlight all the different ways working for your practice (your Unique Selling Proposition) is better than your competitors.

No. 8: Practice brokers

Brokers are connectors – they spend most of their time bridging two or more resources.

So connect with at least 2-3 brokers and see if they know any potential candidates or if any associates at other practices have voiced wanting to work elsewhere.

No. 9: Local dental societies / study clubs

Again, you're starting to see the theme of "Go fishing where the fish are." Have someone in your practice go and be a wealth of information to them. Focus on providing goodwill and let them know your office is always looking for great associates to join.

Here's an example of a Facebook group: Greater Houston Dental Society. Don't have time or resources to go in person?

Join Facebook groups in your area and have someone answer all the questions that have been posted – you'll be noticed in the best way possible. Don't have time to type all those answers? After finding all the questions, record a quick video or voice memo and have a non-clinical staff member post them. Be sure to compensate that staff member.

Bonus points if, "Hey why don't I create a study club, so I can potentially have a consistent pool of candidates to choose from" came to mind.

No. 10: State dental associations

You or someone in your company are attending these, right? If you're a member you have access to the membership directory, right? You can send them snail mail, emails, messages on LinkedIn / Facebook. You get the gist: being proactive gets results and standing still guarantees a "no."

No. 11: Solicit vendors and vendor reps

Just like practice brokers and The DEO, vendors and their reps have a cross-section of the industry that practice owners rarely get to see, due to their respective positions.

Leverage that. Contact your vendor, whether that be Henry Schein, Patterson, Benco, or others.

Do they know any associates in your area looking for a job? Any new grads? Can you get them to ask someone in their network on your behalf?

Tip: Make it easier by having something pre-written or something with example language in it, for when they say yes.

Pro Tip: Give them a well-designed PDF or video to pass along to potential candidates that describes the position and the great perks you offer. Referrals can feel slimy or hurt the other person's reputation – this tactic mitigates that by giving the referrer a "thing" to refer instead of referring a company.

Remember – if you don't ask, the answer is always no.

No. 12: Send out letters to the ADA, state, and local directories

Go old school and escape the online noise. Physical junk mail has decreased.

To all dentists above a certain age, send them snail mail. If you don't want to do that, cold emailing works wonders if mimicking SalesFolk.com or ArtOfEmails.com.

Tip 1: In copywriting, an unspoken rule is "Don't be boring."

Tip 2: "The sales message itself must be valuable to the prospect."

What to do next

The DEO has developed a process we conduct virtually or over the phone – called a Growth Accelerator call – to help dental entrepreneurs figure out where to best focus their efforts to grow with more certainty and less frustration. For more information, visit <https://deodentalgroup.com/interest>. ■

Centralization of Services

How to elevate your team to greater efficiencies and customer experiences for your Dental Group.

How often does a patient enter a dental practice only to be “greeted”

by a team member who is busy on the phone? Does your team enjoy being on hold for hours at a time with the insurance company or performing repetitive time-consuming tasks? Do your patients see the level of stress within the walls of your practice?



SupportDDS acts as an extension of your practice while performing multiple important tasks and duties on your behalf. Your “in-office” team will be freed up to perform high-value objectives and greet patients to establish relationships that will make your practice thrive and stand out!

Your team will also be grateful for the added support. When teams are unfettered and morale is high, the customer service level kicks into high gear. Your remote team members can work in areas of your practice that are

often missed or performed poorly due to time constraints.

No more excuses – only results!

This article answers four common questions around centralization of services.

No. 1: What is the biggest challenge that your clients face on a day-to-day basis?

Group practices from small-emerging to the large, more mature groups typically face the same obstacles; How to manage costs while growing to the next level. Team compensation is

the number one expense in all-sized dental groups. This can be mitigated by the development of centralized teams and offshore/remote workers. Centralization is a major step in reducing the complexity of each individual office while reducing fixed overhead. This allows your “in-office” team members to work exclusively on providing a red-carpet experience for your patients.

No. 2: How does centralization of services allow dental group practices to deliver great patient experiences?

You’re familiar with the phrase “Jack of all Trades, Master of None.” Centralization allows you to create masters of their respective trades, while the office team focuses on the patient experience. Create experts in the systems that you have found effective and provide them with ownership over those tasks. Remote team members can then handle all the tasks that take so much valuable time from the patient experience; Inbound calls, scheduling, insurance verification, revenue cycle management, hygiene recare, claims follow-up and new patient initial calls for first impressions. Even adding a director of “First Impressions” can be pivotal in the patient experience.

No. 3: What are some ways you measure your service’s effectiveness?

SupportDDS has a variety of ways to measure your remote team member’s

effectiveness. First, you will see the increased productivity and reduced workload and stress levels of your in-office team. We provide formats for daily, weekly or monthly reporting formats depending on the requested frequency desired by each DSO/dental office. Your practice management software will also be updated in real time as the work is performed by your remote team members. All of our systems are HIPAA certified and your specific team member can utilize "Splashtop" if needed for remote desktop login. Our teams are trained on each of the major practice management software systems to be effective from day one on your team. You may customize the processes to meet the company objectives while still measuring important KPIs.

No. 4: How do you find the right fit for your clients?

We are committed to finding the ideal team member for your practice. The first step is exploring the specific tasks you envision your team members will work on. We discuss what type of personality would be a good fit with your team culture and what types of skills sets would have the greatest benefit for your practice. Next, you will video interview 2-3 pre-trained candidates to select the best fit to add to your team. There is no obligation to move forward from the interviews, but oftentimes the hardest part is deciding which person to hire! They are all so very eager to work and excited to get hired by a U.S.-based company. Zimbabwe has an extremely high unemployment rate, which translates into an abundance of university educated team

members anxious to get started. Our HR recruitment team sorts through hundreds of resumes to narrow it down to a select few. These candidates go through several interviews before being offered the opportunity to proceed through our "Support DDS Dental Training Program." They must receive outstanding marks to be considered a part of your remote team.

Three Wins

SupportDDS is unlike any other by focusing on "Three Wins":

- 1. A Win for The Practice.** By reducing your staffing costs by up to 70% you will have the opportunity to expand your practice to fit your growing needs, while elevating your existing team.
- 2. A Win for The People of Zimbabwe.** Men and women are

given the opportunity to rise up out of their non-working status with jobs that provide for them and their families.

- 3. A Win for Ministries Around the World.** 51% of all profits are donated to Christian ministries. A WIN for the kingdom.

If you're looking to enhance your dental practice while increasing efficiencies, then SupportDDS is your answer. Our team members will act as an extension of your practice which will allow your in-office team to focus on the practice mission and vision for patient care. Forget the worries of team members leaving you high and dry for the next best opportunity and allow our loyal, educated team to step up the plate. You'll be happy that you did! ■



Client Testimonial



"At this time in history, we find ourselves at a very unique crossroads. The job market for finding effective talent in our local markets has become one that's increasingly difficult. At this same time, technology has accelerated the availability of global talent. Due to technology causing an availability of global talent and the increase of difficulty to find talent locally, we at Underbite have found SupportDDS to be the perfect solution

to the perfect storm. Thanks to SupportDDS' platform and solutions, we're able to hire incredible talent across the world at a fraction of the cost. I recommend SupportDDS' platform to anyone that's hoping to move their team hiring needs into a more modern approach!"

– Tanner Applegate COO Underbite Management and Consulting

Exceptional Opportunity

Dr. Rick Workman started small, but through the years has built an industry-leading dental organization.

Rick Workman was always drawn to small towns.

He grew up in a small town in downstate Illinois. There were six students in his grade school class, and 48 students in his entire high school. His dad was a farmer, and his mother a teacher.

He even got his professional start in a small town, opening a single doc practice in Effingham, Illinois.

While Workman's roots took hold in small towns, the success of his first dental practice would eventually grow into what is today known as Heartland Dental, the nation's largest dental support organization, providing non-clinical, administrative support services to more than 1,800 supported dentists across 38 states. Heartland Dental supported dentists deliver high-quality care across the full spectrum of dental services. The company is majority owned by KKR, a leading global investment firm.

In a wide-ranging conversation with ADSO President Emmet Scott, Workman discussed the beginnings of his organization, some unexpected opposition from entrenched single practice dentists, his support and encouragement for the younger generation of dentists, and what the future holds for dental group practices.

Emmet Scott: You got your start in a small town. Can you walk us through that? Small towns aren't traditionally thought of as an ideal place to grow a DSO from a strategic perspective.

Rick Workman: After dental school I had two priorities: First, to not work on the family farm, and second, to not have to move home.





An office became available in Effingham, which is about 45 miles north of where I grew up. I rented the office for about \$325 a month. It had two chairs. I borrowed \$30,000 from my parents and grandparents and set up a practice because I couldn't find a job.

Back then, the goal was a five-year plan to gross \$100,000. I think I grossed that my first year. I made \$50,000, which was more money than I ever knew I could make in my entire life, because we were not allowed to ask or know how much money a dentist could make in dental school.

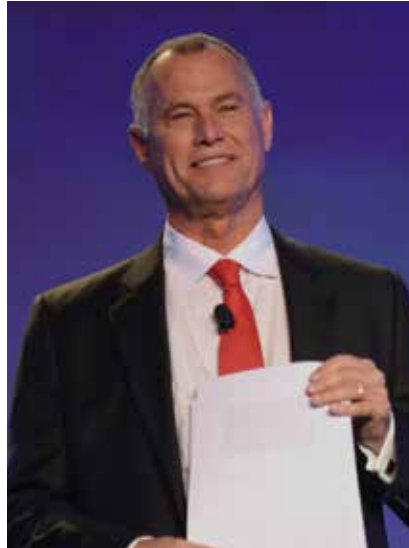
Scott: Why was that? Can you explain that culture to us?

Workman: It was just taboo. I could look up my mom's salary in the newspaper because she was a teacher, and I could figure out my dad's net as a farmer based off of X bushels times X dollars. In dental school, they said they taught business, but they wouldn't give you any idea of what a dentist could make.

I'm thinking, "Hey, I'm 25 years old, and I've been going to school for seven years: Could you just give us an idea?" No, no. That would be inappropriate.

So how do we set our fees? They would tell us, "Well, you're going to have to figure out what your costs are divided by your number of services you're going to provide, and then figure out what your profit might ought to be. And then you work backwards."

I set up my first practice, and about a year later, in January 1981, the prime borrowing rate reached 21.5%. The national unemployment



rate was more than 11%. Gasoline inflation adjusted was much higher than we've ever seen it.

About that same time, I had a patient who drove 25 miles away to see me – and that's without marketing or advertising. I was getting about 25 new patients a month from Newton, a nearby town.

The patient asked, "Why don't you open up an office in Newton? We don't have a dentist there."

I thought about it. I could corner the market on towns of 3,000 and go all out. I wasn't afraid of the work, but I didn't have any money. The community offered to loan me all the money I needed at half a prime, which was 10%, and I wouldn't have to make any payments until I felt I could. How could I pass that deal up?

So, I opened an office there, and the following summer hired a guy who was in the class behind me in dental school. We soon realized there was not enough work for two, so we opened an office in a nearby

town of 1,700. I'm seriously grateful for what Newton did for me.

As a result, I basically started opening a traditional group practice each year, cornering the market in towns of 3,000. Within a few years, I was thought of as a rebel. The rumor was, I must not be very busy if I had to have all those offices.

Scott: Did the economic crisis of the 1980s affect you negatively? Or did it create opportunity?

Workman: My goals at the time were still to not work on the farm, and to not move home. I was still doing pretty good avoiding those two things.

Economically, people can't imagine it now, but in 1981, a single person had to give up 50% of everything over \$36,000 of income, and 70% of everything over \$70,000. It's hard to imagine what a 70% tax bracket does. President Reagan cleaned all that up and gave massive tax incentives to people who had opened and expanded businesses. So I had opened up an office a year because I didn't want to write a \$40,000 check to the government where I was going to give a \$40,000 down payment, borrow \$100,000 and have more work to do, more responsibility, and more risks. I just felt better writing that \$40,000 check to a new business. Honestly, throughout the rest of the 1980s, that was my primary driver to open up an office a year.

Scott: It's interesting because where others saw retraction, you saw some level of opportunity. What was the next inflection point for you?

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Workman: The next inflection for us was when the state of Illinois (in its infinite wisdom) decided to open up a managed care dental plan for all of its hundreds of thousands of state employees. I didn't know what managed care was. I kept getting these incendiary letters from organized industry saying how we've got to stop it. I thought I ought to explore it. I called the insurance company administering the plan and they asked me how many offices I had, which was about 10. They asked me if I knew what a PPO is? I said yes. They said to forget managed care. They would give me a PPO rate equal to my fee schedule for every place I wanted to go in Illinois. They needed two offices in Champaign, two in Springfield, and one in

every college town in Illinois. So, we opened these offices up.

That was the first time that my life was threatened.

Scott: You're being serious?

Workman: Totally serious. When I was opening an office in Champaign, I was asked if I had talked to the dental society, because I probably should. I went and talked to them. They sat me in a chair with three other dentists in the room and basically interrogated me.

They asked what kind of office? I told them general practice. They asked what would we do? I said, we'll probably do some fillings, extractions and crowns.

Afterwards, I called a dentist in the area to rent office space. He

wouldn't do it. The local dentists would try to explain things about the way things were. Like, Wednesdays were golf days in Champaign and none of the other dentists worked. If I did, and I had a patient who had fallen off a bike and needed dental work, they wanted to know what I would do, because to them that posed an ethical dilemma. Well, if the little girl fell off the bike and her mom called me, I'm probably going to take care of her.

"We don't like to have problems here," they told me, "but we just want to make sure you know how things work around here."

Other doctors have had that same talk. These stories happened over 25 years ago. Fortunately, we generally don't face this outward opposition much anymore.

Scott: What gave you the fortitude to push through that kind of resistance? Obviously, you didn't come out of dental school and think that you were going to rebel against the machine like a Steve Jobs.

Workman: I truly did not, because I had no idea there was a machine to rebel against.

When talking about this, I've blamed my parents for raising me and my sister in a small town, and giving both of us a strong sense of right and wrong, with no regard for people standing in our way from doing the right thing. The two of us are completely opposite in many areas, but we have a sense of what we want to do, and we're not going to let people that we feel do not have a superior moral position get in our way.

The journey from 1 to 1,800

Heartland Dental currently supports more than 1,800 dentists. Workman said they anticipate supporting another 250 this year.

Workman started out simply to have a very traditional multi-site dental group – it just never stopped growing. "This is important because I went probably 12 years with zero consideration or even awareness I could or might wish to ever sell it."

This is a critical mindset, Workman said. "I highly advocate one-build dental practices to last and hold forever. Set things up with that mindset. If one does that, they are much more likely to build it right and solve real problems within real dental practices. That enhances the profession and sets all of us up very well for the next several decades."

If you build something to flip or build it based on a financial model, it will likely make some quick bucks these days, he admits. "It will not however gain long-term respect from the industry nor the dentists, which is the ultimate customer we need to focus on serving. It will most likely fail sometime down the road. I cannot emphasize this point enough!"

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One of the local dentists gave me a letter, signed on his own letterhead, saying essentially “We know how to take care of people like you around here.” The letterhead said he was proudly a member of organized dentistry since 1977.

I’m thinking, “Well, that means we probably need to open two offices in your hometown.” I tell people I’m an extremely good partner, but I’m a good competitor too. We’re not perfect, but we’re going to compete hard.

Scott: It seems like there was a filter or a norm, and because of your personality type, you were willing to push past it.

Workman: Lots of people in the industry have “blamed” us for the DSO model. I didn’t set out to do that. I hired that first doctor, a guy I

knew from dental school. And then the second and the third. By about the third or fourth dentist, I began to realize, we all make the same mistakes. We all don’t know the same things. There’s a pattern.

I’ve been to dental meetings where they laugh and snicker at young people who they think are going to get ripped off by a supply company, or “taken to the cleaner” by an insurance company or bank that’s going to take advantage of their inexperience.

But how is that helping our profession get better? Why do people coming out of school have to go through that? Young dentists have much to learn, but why do they have to make economic mistakes and be punished and live with those for a long time? Why would anybody take joy in that?

At Heartland Dental, we’re going to do what we do best. We’re going to support dentists so they can be the best providers while serving their communities.

Scott: As you hit pieces of scale, what resources or experiences have been helpful for you?

Workman: Walter Hailey’s dental bootcamps helped me a lot. I still remember being mesmerized when he showed us SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats). I’m assuming most of your audience already knows that, but I was 12-13 years out of dental school before I did.

Another thing Hailey taught is abundance thinking versus scarcity thinking. You need to be thinking about how to improve your abundance thinking. We’ve come through the worst period of scarcity thinking in my adult life, and it drives me crazy. No one wants to waste money. But time is wasting, and you need to get after it because patient demand is there. New patients are in flux, so you need to be thinking about what you can do to get going, rather than waiting to see what happens until 2022.

One more suggestion: Dr. Gerald Bell’s leadership development. I got into YPO in 1994 at age 39. That changed my life. At the YPO meetings they would ask, “Why wouldn’t you open more offices? You should do as many as you can.” Dr. Bell and his team helped us strengthen our culture and thus, our company. That leadership training has made me be better. ■

What does the future hold?

While everything has challenges, dentistry remains a terrific profession and industry. “I would encourage any young person to become a dentist,” Workman said. “Certainly, changes many of us saw coming years – or even decades ago – are becoming more universally acknowledged. For some, these changes are ‘sudden’. Most can see that they are accelerating. Some remain mired in the belief the changes will level off near this level. It is my belief they will only continue to grow. That is great news for DSOs in general, and especially for DSOs that work hard every day to drive real and lasting value for supported dentists and their teams.”

This marketplace is going to continue to become more sophisticated, as will investors. There will continue to emerge a valuation differentiation for groups that “do it right”, and groups that financially engineer aggregation of offices that lack true value-added services. “I believe this will be applicable to DSOs at any level of size and scale,” Workman said. “Bottom line, the future is ideal for those willing to do the hard work and understand and learn the business from the ground up. Good luck to all of us!”



Heartland Dental Builds on Transformational Year with Accelerated Growth Plans for 2021

Building upon its record-setting growth of adding more than 150 newly supported offices in 2020, Heartland Dental announced ambitious plans for further group practice affiliation opportunities across the nation this year.

Augmenting its 20+ year record of leadership, Heartland Dental will continue to advance its best-in-class DeNovo and single-office affiliation growth at higher levels, while adding expertise in affiliating with group practices and regional dental support organizations (DSO), the release said. Heartland's affiliation team is not only working with owner doctors, but also actively engaging with brokers, investment bankers and financial advisors to explore transition strategies for their dental clients and their investments, while also creating new opportunities to burnish their legacy by improving and expanding the support they provide to their doctors and teams.

Heartland Dental now supports more than 1,800 dentists in over 1,150 offices across 38 states, with the following milestone affiliations and acquisitions completed in 2020:

- ▶ Tru Family Dental in Illinois and Michigan, an acquisition inked in late December which included 23 supported offices.
- ▶ Mosaic Dental in Minneapolis, Minnesota added four supported offices.
- ▶ Forum Dental in Missouri, which included six supported offices throughout the state.
- ▶ Research Triangle Dental in Durham, North Carolina, is a long-standing beacon of high-quality oral care in its community.

Several of these and other opportunities were referred to Heartland Dental by intermediaries whose clients are seeking

the world-class growth, administrative relief, and liquidity options for which Heartland Dental is known. Doctors trust that their legacy in the communities they serve will continue to thrive with the support of Heartland Dental.

Livingstone, an international mid-market M&A and debt advisory firm, advised Research Triangle Dental on its recent affiliation with Heartland Dental. "Based on our success in selling dental practices, we knew Heartland Dental's strong culture, doctor-led approach, and deep experience affiliating with private practices was ideally aligned with our client's specific transition needs," said Ryan Buckley, Partner at Livingstone. "Within 65 days from first contact to closing, Heartland's affiliation team provided a solid valuation of both the non-clinical and clinical assets, developed rapport with RT Dental's providers and employees, and executed an efficient, non-disruptive diligence investigation. Our client was proud to have completed a transaction with the industry's largest DSO."

"Our doctor-led culture and full-range of support positions us as the leading transition solution for successful dental practice owners," explained Mark Greenstein, EVP and Chief Growth Officer for Heartland Dental. "We're finding one of the biggest pain points for doctors and group owners is growing infrastructure to scale – namely day-to-day operational challenges such as talent acquisition, employee management, clinical education offerings and marketing services. For over 20 years, Heartland Dental has invested in developing world-class capabilities in these areas and is the best option for dentists and sellers to realize the full value of their work while providing growth opportunities to their associates and teams."

The Comfort Zone

How one product released a decade ago continues to help group practices reduce postoperative sensitivity



For dentists like Mark L. Cannon, DDS, MS, providing dental services isn't just a job – it's a calling. "Dental health professionals care deeply about their patients and do their best to prevent oral and systemic disease," he said.

Yet for years, the ability to protect the pulp while reducing sensitivity post-op was a one-two combination

that alluded providers. That is until 2011, when BISCO introduced TheraCal LC to the market.

TheraCal LC is a light-cured, resin-modified calcium silicate filled liner designed for use in direct and indirect pulp capping and as a protective liner under composites, amalgams, cements, and other base materials. It can be used as an alternative

to calcium hydroxide, glass ionomer, RMGI, IRM/ZOE and other restorative materials. TheraCal LC performs as a barrier and protectant of the dental pulpal complex.

"What better way to practice dentistry than to routinely use a calcium releasing, alkaline, light cured base that will help protect the pulp and reduce sensitivity?" said Dr. Cannon.

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Since its introduction, TheraCal LC has won numerous industry awards, including several top awards from The Dental Advisor, as well as being a recommended product by The Dental Shopper.

The proprietary hydrophilic resin formulation creates a stable and durable liner.

Going deep

Jack D. Griffin Jr., DMD, MAGD, AAACD, ABAD, said his office has found that TheraCal LC works well in particularly tough spots. “In our office we have found that by using TheraCal LC in very deep preparations we have seen a substantial reduction in sensitivity over merely bonding and placing composite in a deep preparation because of its insulating capacity.”

Indeed, TheraCal LC’s precise placement allows its use in all deep cavity preparations. The light-cured set permits immediate placement and condensation of the restorative material. Its proprietary formulation allows for a command set with a light curing unit while maintaining ease of placement due to thixotropic properties. The

proprietary hydrophilic resin formulation creates a stable and durable liner.

Said Cannon: “TheraCal LC is that product and it is easily and precisely placed then light cured. Designed for modern day 21st century dentistry as the base or liner for adhesive resin-based dentistry, TheraCal LC is the first and best in its class!” ■

5 reasons to try



- 1. Calcium release.*** Stimulates hydroxyapatite formation^{1,2} and secondary dentin bridge formation^{2,3}
- 2. Alkaline pH.** Promotes pulp vitality.³
- 3. Radiopaque.** Visible on radiograph to easily distinguish from caries.
- 4. Insulation.** Forms a protective barrier to protect the pulp from thermal changes^{5,6}
- 5. Compatible with any bonding technique.** Can be placed under restorative materials and cements



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* Bisco has, on file, the calcium release data for TheraCal LC.

1. Gandolfi MG, Siboni F, Prati C. Chemical-physical properties of TheraCal, a novel light-curable MTA-like material for pulp capping. International Endodontic Journal. 2012 Jun;45(6):571-9.

2. ADA definitions for direct and indirect pulp capping at: www.ada.org/en/publications/cdt/glossary-of-dental-clinical-and-administrative-terms

3. Apatite-forming Ability of TheraCal Pulp-Capping Material, M.G. GANDOLFI, F. SIBONI, P. TADDEI, E. MODENA, and C. PRATI J Dent Res 90 (Spec Iss A):abstract number 2520, 2011 (www.dentalresearch.org)

4. Okabe T, Sakamoto M, Takeuchi H, Matsushima K (2006) Effects of pH on mineralization ability of human dental pulp cells. Journal of Endodontics 32, 198-201.

5. Sangwan P; Sangwan A; Duhan J; Rohilla A. Tertiary dentinogenesis with calcium hydroxide: a review of proposed mechanisms. Int Endod J. 2013; 46(1):3-19

6. Selcuk SAVAS, Murat S. BOTSALI, Ebru KUCUKYILMAZ, Tugrul SARI. Evaluation of temperature changes in the pulp chamber during polymerization of light-cured pulp-capping materials by using a VALO LED light curing unit at different curing distances. Dent Mater J. 2014;33(6):764-9.



Associate Training

How our “Hire for Life” process laid the foundation for transformational growth : BY DR. STEVE BROUGHTON

In his book “Zero to One: Notes on Startups, or How to Build the Future”, billionaire entrepreneur and venture capitalist Peter Thiel asks, “What important truth do very few people agree with you on?” It’s featured in a section on the single best interview question you can ask someone.

He proclaims that even though it sounds easy because it’s straightforward, it’s very hard to answer. He explains, “It’s intellectually difficult because the knowledge that everyone is taught in school is by definition agreed upon. And it’s psychologically difficult because anyone

trying to answer must say something she knows to be unpopular. Brilliant thinking is rare, but courage is in even shorter supply than genius.”

Growing loyalty

This strikes at the heart of entrepreneurship. When I started Light Dental

Studios in Washington state in 1997, we had six employees in an old mobile home converted to a dental office. Today, we have over 250 employees and 48 associates/specialists across 17 locations in the southern part of the state. Half of our original team still work for the company. This kind of loyalty grew through our “Hire for Life” foundational process.

We treat our relationships with associates and staff almost like a marriage and aim for people who are willing to emotionally join and



stay. In fact, we give strong candidates our doctors' email addresses and phone numbers. They can call any doctor they want to and discuss that doctor's experience at Light Dental Studios, and we do not tell them who to call. When we mention our "Hire for Life" process and everything that goes with

it, we immediately lose half of our prospective candidates.

We had some challenging days when we were growing as a company and had less than 10 associates. I understand what many dentists with smaller staffs and a limited number of associates are going through. It's a tough phase. You're the pied piper

and you need people to believe in you and your company.

But our approach works partially due to our access to local dental schools. We participate in lunch and learns, and I give my time sharing with students business principles and how we grew our organization. It's much harder if your practice doesn't have a large candidate pool to draw from, as we interviewed 60 candidates for five positions recently.

The onboarding process

Nearly 90% of our hires are recent dental school graduates and our typical associate graduates near the top of his or her class. The onboarding process is in-depth with a color-coded green-yellow-red phased system.

Our green phase teaches the software, credentialing, and basic logistics of the office layout and the organizational structure. Yellow teaches how the business is run from insurance to billing to helping staff answer the phones when needed. And red is a never-ending phase that focuses on two primary leadership positions – treatment planning and case acceptance, and conflict management.

Treatment planning and case acceptance separate the great dentists from the good dentists. How do you get patients to accept treatment if they haven't been to a dentist office in a long time? That skill takes a long time to develop.

And conflict management is crucial because all doctors are leaders of their team, and one of the most difficult leadership aims is creating purpose and meaningful work for their team. But how is that

done when a staff member, patient or another doctor is upset?

In our foundations training, our associates memorize our 10 core values and learn the background of our company. We also head management and leadership training throughout our company without outside consultants. This stems from our belief that “living by example” is a stronger argument than people outside the organization giving advice about how our organization should operate.

Our core values are also used in our interview process. Interviewees are assessed on how much they align with our core values. They’re asked about their background and childhood, a conflict that took time to resolve and how they resolved it. That tells us so much about the candidates since we all learn through conflict and less through success. It often helps us uncover the layers of protection we build to hide our vulnerable areas. It is quite common (likely close to half the interviews) to have the doctor cry or have a strong emotional response during the course of the interview. Our average interviews last 4 hours.

We don’t initially offer equity in our company, but we teach our dentists how to run all aspects of a dental practice. Our dentists learn to lead and as they advance, we offer them tracks to higher leadership roles which will ultimately have the potential for ownership. We haven’t found a way to predict if someone will develop into a good leader – and we feel promising ownership leads to a handful of dentists who aren’t ready to own and lead. Surprisingly, we have very low doctor turnover (less than 10%). We

feel this is due to helping our doctors feel loved and vital to the organization while giving them a voice in the management of their teams.



Culture takes time

Culture has an intimate relationship with time. Building belief takes time. It’s easy to rally people for one hour, but how do you rally them for 3, 5, 10, years when that belief is tested? People get upset, bored, disengaged, and we feel that is normal human behavior. Countering that by helping them learn to solve their problems and work better together

takes time and concentrated effort in our opinion. But, over time, they learn to work and trust one another creating extraordinary teams. Even then, we are constantly tested and have to engage uncomfortable conversations head on to sustain our culture. It’s never-ending and requires relentless attention.

We make sure our staff interacts with each other throughout the week highlighting core values in team emails, employee spotlights and trivia contests.

In our Tuesday team emails, each employee writes about a core value they witnessed being utilized by another staff member. Our Friday night spotlights tell the stories of our employees through their colleagues as one employee films a colleague on Fridays and shares it across the company. And doctors quiz other employees in our Sunday trivia about books we read together in our company book club.

These weekly connections create a feeling of belonging within the staff, which helps lead to the longevity and loyalty we seek. ■

Dr. Steve Broughton has been the CEO and founder of Light Dental Studios since 1997. He holds a bachelor’s degree from Whitworth College and graduated from the University of Washington’s School of Dentistry. Light Dental Studios has over 250 employees and 48 associates across 17 locations in Washington state.

Dr. Broughton has received several awards including the American Dental Association’s Golden Apple Award. He has served on numerous councils and boards in dentistry and is a member of the ADA, the Washington State Dental Association, the Pierce County Dental Society and the American College of Dentists.

Bringing more smiles to teen patients and their doctors through the Align Special Markets Program

Teenagers are the largest and most critical cohort of patients for orthodontic practices. They can also be powerful influencers and drivers of practice growth. While straighter teeth and the benefits of increased self-confidence, self-esteem and overall oral health are the ultimate goals, the patient experience is also important to many teenagers. They expect technology driven care and trust the influencers they follow for brand and product recommendations. Almost half of consumers – 49% – rely on product recommendations from influencers for their purchases.¹ Delivering the digital treatment and experiences they want helps capture teen patients and can help grow a practice's business.

The Align Special Markets program was created to support doctors in dental service organizations in transforming smiles and changing the lives of their patients by providing access to digital technology that can help doctors create the experiences that teens desire.

Through the Align Special Markets program, dental service organizations and their member doctors gain access to a dedicated Align Business Development Manager and Team to help them define goals and set KPIs. From there, the Align team helps doctors unlock the full potential of

Align's Digital Platform of products, services, and resources including support to streamline processes and provide customized reporting and analytics around Invisalign and iTero system usage in their orthodontic practice. Doctor and staff education on the Invisalign system and iTero intraoral scanner are core components of the program as this can help increase patient conversion and drive overall practice growth.



Kent Underwood

Kent Underwood, DDS, is an orthodontist in Powell, Ohio, with Smile Doctors, a dental service organization in the Align Special Markets Program. Dr. Underwood has been in practice for 23 years, with expertise in all aspects of orthodontics and a particular interest in craniofacial and interdisciplinary care. Dr. Underwood has been using Align Technology's iTero Element intraoral scanner, to treat teen and adult patients with Invisalign clear aligners and more. "Teens love it," said Dr. Underwood. "Aligners must be part of the plan to grow your business. Align Technology and Smile Doctors have a strong partnership, which allows me to easily expand our aligner growth."

iTero digital scanning with Invisalign treatment increases case volume and drives practice growth. According to a study of orthodontic practices worldwide, an orthodontic practice can see an additional 12-plus Invisalign cases across the first 12 months following the introduction of the iTero Element scanner² – a \$66,000 increase in Invisalign case revenue.³ On this basis, the iTero scanner can pay for itself in about six months.

Dr. Underwood's orthodontics office consists of 12 team members

and more than 1,200 patients. Teenagers make up 64% of Dr. Underwood's Invisalign patients over the past 12 months and his patient percentage between Invisalign and traditional braces has flipped. Over 50% of Dr. Underwood's patients now choose Invisalign treatment. "We now have more Invisalign patients than traditional braces. Although 2020 presented us with challenges, we surpassed our goals."

An iTero scanner boosts efficiency and helps get more out of chair time. It optimizes practice workflow and treatment accuracy through 3D visuals to better engage with patients. "The iTero training provided to my assistants and clinical team allows them to adjust with ease," said Dr. Underwood. "The iTero Element scanner is patient friendly, and the IT support is great."

Engaging parents and teenagers with a 3D visualization on

screen increases case acceptance as patients get to see the outcome. A survey with doctors showed that an average of 60% of patients who were shown an Invisalign Outcome Simulation with the iTero scanner started Invisalign treatment.⁴

"Digital dentistry captures the market," said Dr. Underwood. "It attracts teens and their parents. They recognize the value and benefits to the Invisalign product." ■

¹ Google research: Align Technology Consumer Marketing Guide

² Retrospective data evaluation and quantitative analysis completed by Dr. MacKay, University of Memphis. 495 Orthodontic practices worldwide. Study sponsored by Align Technology.

³ Valuation based on \$5,500 Invisalign Case Fee. Median case fee Invisalign treatment often \$3,000 to \$8,000 in the United States per Invisalign.com website.

⁴ Based on a survey of n=101 Orthodontists and General Dentists (from U.S., Canada and U.K. in July 2018; GP=60, Ortho=41) who used the Invisalign Outcome Simulator in the past year and were asked, "For the patients who were presented the option of Invisalign treatment in the past 12 months, and for whom you have used the Invisalign Outcome Simulator, what percentage of these patients started Invisalign treatment?"

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The Align digital platform is a comprehensive and integrated suite of tools that allows DSOs to connect their doctors and staff with state-of-the-art technology and resources, providing exceptional patient care.



Learn more about the Special Markets program: SMPprogram@aligntech.com

Associate Recruiting Strategies That Work

BY CARL GUTHRIE AND MARCIA PATTERSON, ETS DENTAL



ETS Dental locates and places dentists, dental office managers and directors, and dental specialists, including pediatric dentists, orthodontists, oral maxillofacial surgeons, endodontists and periodontists, across the country. We've conducted searches for thousands of practices seeking long-term associates and operational leadership in all 50 states.

With eight recruiters having an average tenure of more than 11 years, we've seen and implemented associate recruiting strategies that work. We seek out the right dental professional to fit each of our dental practice client's unique needs.

A model for success

Dental practices need a model for success to identify key candidate motivations when interviewing doctors to understand why they are making a move in their career or may want to make a move. Our CLAMPS model focuses on six important areas that drive candidates in their search, including:

- Challenge
- Location
- Advancement
- Money
- People
- Security

Each has a different level of importance to each doctor, but the

first three categories can be critical to your dental practice. Maybe the candidate wants a Challenge to grow from being a bread-and-butter dentist to an ortho, full-mouth restoration or implant placement doctor. Or possibly, he or she is driven by Location because of a spouse or partner's job relocation, being closer to aging parents or following their children to school. And of course, Advancement can be important for an increase in title and responsibility, whether that is a dental director and/or growing into a partner.

Money can include a guaranteed salary or commission structure, benefits and bonuses, while People is the office and company culture that the candidate may seek, and Security enters consideration when the candidate wants a certain amount of money and/or enough patients to fill their schedule to be as successful as they intended.

When we ask dental practices how much experience do you require, the most common answer is five to 10 years. But 50% of active job seekers have less than two years of experience and only 32% have three to 10 years of experience. And if your practice is requiring a certain skillset or specific technical knowledge, you further reduce your candidate pool.

However, if your practice offers opportunities to teach and mentor doctors that don't have the specific skills or experience that your practice is seeking, then you'll widen that pool. For example, we work with a DSO that pairs an inexperienced doctor with an experienced one at every office in a mentorship program. A

large portion of job seekers are coming out of dental school or residency programs and they need that mentorship and training. Many of them aren't looking for ownership out of school either, but would rather be an equity partner to start.

Quality of candidates

Candidates with more experience may have a more defined motivation behind their search. The groups of candidates we spend the most time with include those who are casually looking for opportunities but are generally committed to their current practice. But something might be missing, and they will make a change. They just don't want to jump from one fire to another.

opportunities but are most likely job hoppers. That's only a small segment of who can join your practice. Having a good relationship with a reputable recruiting firm can lead to greater success finding the right candidates. Treat your recruiting firm as a partner. Clear, honest, and direct communication will only help you find the best available talent. Good candidates will move to your practice, but they must hear about your opportunity first.

Next steps

Like it or not, other than some dental school cities and high growth areas, we are primarily in a candidate driven market. Regardless of where you are in the country, the best

Having a good relationship with a reputable recruiting firm can lead to greater success finding the right candidates. Treat your recruiting firm as a partner.

The other group we work with is very difficult to budge from their current position. They're satisfied and the only reason they would make a change is if your practice were able to offer something they cannot get in their current role. That could be equity or something else. But you must bring the opportunity to them and show them the advantages.

If you are only relying on job boards, you'll only get candidates who are aggressively seeking new

candidates disappear the fastest, because they have the most options. Although it is tempting to wait until you have three to five candidates to compare, it is very important that you connect with them as early as possible in their decision process. Listen to their motivations during the interview process. Determine what's driving their search and why they left their last position. For example, if the candidate left his last position because there

were not enough patients to see, he may not be the best fit for an office that's in a similar situation and needs someone to grow the business. In more saturated markets you could very well see five or more potential candidates. Successful practices located in underserved markets may only see one or two truly qualified candidates in a year. Great candidates will often have far more choices than you do, so it's important to vet them quickly and move decisively if you truly want the best candidate for your practice.

Give of your time. Invest in them. Show them the area. Sell the community. And if possible, build in time to shadow some of your team members. Let your staff be involved in the process.

Make sure they are engaged in your process. If they aren't interacting with you or go quiet during the interview, then that's a potential red flag that they might not be interested. Take their cues.

On the flip side, if you have a fantastic candidate, you may want to pay for their travel expenses to interview with you. If a \$1,500 investment turns into a \$1 million producer, then that's a great return on that investment.

Give of your time. Invest in them. Show them the area. Sell the community. And if possible, build in

time to shadow some of your team members. Let your staff be involved in the process. Show them you have the best opportunity and practice with production numbers, associate schedules and associate tenures. And if they can't interview in person, remember to utilize all of today's technology options like video chat or give them a tour of your office via your cell phone.

But most importantly, don't pick the best of the worst. Go back to your sourcing. Screen more. Use more resources. False starts with

associates cost thousands of dollars and can wreak havoc on your staff and patients.

It's a candidate-driven market and job boards are ineffective reaching the right ones. Have a plan and process. A recruitment firm can help find the right candidate through its network and a good process creates an organization that is welcoming and accepting of everyone, bringing a diversity of skillsets and backgrounds to your office. As a result, this kind of culture attracts a variety of patients to your dental practice. ■



Marcia Patterson,

Marcia Patterson is the Northeast Regional Vice President of ETS Dental (CT, MA, ME, NH, NY, RI, VT). She is a tenured Dental Recruiter, serving dentistry since 2005. Marcia is ranked in the top 5% worldwide. Her focus is always on placing outstanding Dentists with leading dental practices. She strives to not only meet, but to exceed, the needs of clients practices and candidates.



Carl Guthrie,

Carl Guthrie is the Southwest Regional Director of Recruiting for ETS Dental (AZ, CO, HI, NM, OK, TX). He has served the dental industry as a top-ranked Search Consultant since 2007. Carl works with clients at all levels including private, group, and DSOs. His experience recruiting dentists, managers, and executives gives him tremendous insights into what works when recruiting top talent in the dental industry.

Associate Ownership: Start with Why

Before you decide on the right associate ownership plan, there's one important question you must ask. : BY CRAIG CASTELLI

Associate ownership plans can be a big

part of a DSO's success. In order to grow, you want to attract great providers, and keep them. It's no wonder that the businesses we work with are eager to delve into the options before them when choosing the right associate ownership and partnership plan.

But that's not the right starting point. Before you choose the "What", I always recommend businesses start with another question: "Why?"

You've probably heard that phrase before. Simon Sinek penned a best-selling book "Start with Why," based on his popular TED Talk on the same subject. According to Sinek, people won't truly buy into a product, service, movement, or idea until they understand the WHY behind it.

It's no different for DSOs and the associates they want to attract and retain. We can't really talk with a group practice about the best structure that's going to work for them until we know why they're doing it.

So, why should you offer partnership? The following are some of the more popular reasons:

- Succession planning/retirement
- Recruitment/retention
- Attract acquisition targets
- Increase valuation/attractiveness
- Short-term liquidity needs

What about associates? It's also important to examine the question from their perspective. Why should an associate be interested?

- Opportunity to build equity value
- Increase annual income through distributions
- Sense of ownership and control

Evaluating plans

Once you've identified your "Why", the next step is to evaluate plan designs. There are three common types that we'll examine.

Share Purchase Plan. This involves the sale of shares to employees, typically over time. The Share Purchase Plan may utilize payroll deductions and/or company financing. Benefits to the owner include employees buying actual shares or units, and increased buy-in when "real money" is used. Meanwhile, with the Share Purchase Plan, employees receive shares sooner, hold shares longer, and have attractive financing.

Profits Interest Plan. This involves the share of the increase in value over time. With a Profits Interest Plan, the owner retains 100% of the present value (no dilution today). This plan also benefits the owner in that it incentivizes/rewards employees for growth. With the Profits Interest Plan, employees receive actual units interest if the company increases in value, and it's not taxable upon grant.

Phantom Stock. This plan tracks the value of equity (but is not equity) to reward the employee as if they had ownership. Benefits to the owner include preserving control – no new governance requirements, no voting rights or redemption rights for participants, and the plan is revocable. For employees, the plan means increased compensation, participation in a Liquidity Event, and is not taxable upon grant.

So which plan is right for you? Again, there are a myriad of factors that each individual organization will have to work through. But by asking the right questions, in the right order, you can proceed with confidence that you are laying the foundation for strong, sustainable organizational growth. ■



Craig Castelli,

Founder and CEO of Caber Hill Advisors. He launched Caber Hill in 2014 in order to solve a problem plaguing millions of business owners: a lack of qualified, experienced advisory firms willing to serve small and middle market companies. Caber Hill's innovative approach combines the best elements of the local business brokerage community and the large, very expensive investment banks.

How to Create a Winning Culture with Associates

DSO leaders answer questions on associate ownership, recruitment, mentorship and more in a roundtable discussion



The DEO: Dentist Entrepreneur Organization, a community for dentists growing group practices, held a roundtable discussion at their Summit on “How to Create a Winning Culture with Associates” with Dr. Richard Evangelista, Justin Puckett and Emmet Scott.

Dr. Richard Evangelista

is a dentist based in Fremont, Calif., and is the founder and CEO of Dentalforce, a dental management and growth consulting company educating, coaching and supporting dentists at each stage of their careers. Dr. Evangelista grew his own group practice from five locations and 30 employees to more than 40 locations and 400-plus employees in five years.

Justin Puckett is president of MB2 Dental and has a unique background in corporate finance, public accounting and corporate law, providing that knowledge base in assisting doctor entrepreneurs evaluating their growth capacities. Dallas-based MB2 Dental partners with hundreds of dentists across the U.S. as a dental partnership organization. Its model creates dentist-owners in private practice who can compete with larger dental groups while maintaining control of their practice from a clinical and non-clinical aspect.

Emmet Scott is president of the Association of Dental Support Organizations (ADSO) and co-founder and CEO of Community Dental Partners, based in Denton, Texas, and Smile Magic Dentistry and Braces, a Chuck E. Cheese-like dental practice for kids. He is the host of DSO Secrets, a podcast for emerging dental support organizations. Community Dental Partners was designed by dentists for dentists who recognize the need to partner with responsible business experts.

DEO: Dentist Entrepreneur Organization (DEO): There is a certain culture of openness in our industry, and it makes these conversations very exciting. Associate ownership is a big topic. True or false, going forward DSOs will need to offer ownership to doctors to retain them?

Dr. Richard Evangelista: False. Look at Heartland. Heartland really doesn't have ownership. They have some stock options. So, there's ways to keep dentists and it just depends on the dentist. When you're recruiting, you'll find dentists who are very entrepreneurial who want their own thing and you'll find some that don't want any part of it. But I think it can succeed and I offer ownership in my practices.

Justin Puckett: I think it's false, even though we offer ownership. You need to make it a career for them. We believe that's through ownership, but you don't have to offer it.

Emmet Scott: You must know your model. Everything in my world is going to end in some experience-based level or some type of commoditization. If I have a model where I want to build around 9-to-5 part-time dentists and pay them a salary, then I probably don't need to worry about an ownership model.

But if I want to bring someone in who's looking for extended hours, production and bringing patients to the next level, then I'm looking for a personality type that wants ownership momentum. You

just must know which model you're driving towards.

DEO: Do you all recruit entrepreneurial dentists?

Scott: We do. It's kind of like catching a lion. You're thrilled but then you must figure out what to do with them. We target the motivated, entrepreneur dentist. We'll interview 10 to get to one that fits us culturally. Our model is to hit the entrepreneur buttons, and ownership is one of those buttons.

I hear someone say, 'I'm a group practice,' or 'I'm a multi-practice,' I think the problem is they're missing who their customer is. And their customer is yes, patients, but if they're going to scale at all, it's the dentist.

– Emmet Scott

We try to hit many buttons. We're attracted to candidates who want a set salary right out of school and a potential to make as much as possible. They also want their debt paid off along the way and structured on production, not collections. We try to hit each one of those buttons and then give them a partnership.

DEO: Those wants can be annoying. What causes you to approach those differently and seek them out?

Scott: Language is important. When I hear someone say, 'I'm a group

practice,' or 'I'm a multi-practice,' I think the problem is they're missing who their customer is. And their customer is yes, patients, but if they're going to scale at all, it's the dentist.

As a DSO, my job is to figure out how to support dentists and what their patients are interested in having. They tell me what the specs of the product they need looks like and I'm adjusting to what they want. For me, instead of thinking of it as annoying, I think of it as knowing

what my customer wants. If I create the perfect product, then there's a waiting list for dentists to join.

Dr. Evangelista: When a dentist comes in now, they'll bring notebooks of questions to ask you during their interview. Do they get a daily rate? They're coming out of school and they want to know how they're going to pay their student loans. That's their number one concern.

The second thing they look for is percentage. What's my percentage? Who's going to mentor me? How much CE do I get? You must have

answers for those questions because there are other corporate offices where they could get a job that have those answers down. So, how do you paint a picture to make them want to join your company?

Puckett: As you're growing and have no money and are extended, you have to offer something different. You know you can't compete with Heartland. We're in different places. We're in El Campo, Texas. We're in Alaska. You have to offer more, and it can't always be a higher percentage.

Why are you joining us? It must be a career and not just a job for two years to pay your student loans.

How do you get the doctor in Alaska to care about the doctor in Beaumont, Texas? Even as an associate, we pitch the opportunity to invest alongside many and diversify your risk and wealth.

DEO: How do you look at training programs for your associates?

Dr. Evangelista: One of my ways of retaining dentists is through a mentorship program. It gives them someone to rely on and ask questions to. If you want to retain an associate, you must put them through some type of learning situation. They want to stay because they're learning every day. People want to stay to get better.

want to learn. In our model, most of the training is done by the owner of that brand. Every office is different. We try to assist on a global level with the common things. About half of the time, it may not even have to do with dentistry.

It's leadership. It's things as simple as 'how do I get a mortgage if I'm \$500,000 in debt?' That's something we would have never thought about, but in talking to our associates, it's something they want to learn. We're building a base of knowledge outside of the clinical side.

Scott: We have a platform called the Ultimate Dentist and professional groups that are basically mastermind groups. We divide the dentists out into groups of five to seven dentists, not from the same practice, and they meet every six weeks through a webinar to talk about different topics.

When developing training, it's important to be cognizant of what's obvious to you. You must remember who you were before. And if you're a natural leader, you'll have more of a challenge creating a training program. You need someone else on your team to help build it out because for those that it comes naturally to, it's almost like asking 'tell me how you breathe.'

You need to be able to document how you do what you do and make it scalable. That's a big challenge to hand it off to someone else.

DEO: How do you offer mentorship to associates who are scared to run their own practice?

We have offices in different states. Someone in Alaska isn't coming to Texas. But if you're recruiting an out-of-state candidate, they can come observe. But you're never going to know how good clinically they are in a working interview.

– Justin Puckett

DEO: What do you do with someone who wants to run their own practice?

Puckett: We have a path to ownership. About 80% of our owners have come internally. In our model, they can't buy into their own store, but they can find a new store, which we will help them buy. Our owners own multiple practices, and we offer an opportunity for every dentist to invest in the whole company as well.

We create an avenue where they're learning every year through CEs, bringing in speakers and mentorships.

About six or seven senior doctors are in the mentorship program and they travel to the less experienced doctor and work over their shoulder on those days.

Puckett: Our organization was founded because they had bad experiences of being overtrained. Associates

Dr. Evangelista: Finding doctors isn't easy. Everyone that comes out of school is freaked out. When a doctor comes in, it's important to ask what they really want out of the position. I have a doctor work in a practice with either one of my senior doctors or a clinical director. After that, it hasn't been a big issue. Most doctors are ready to go. They have so much debt that they're ready to go.

DEO: What do you do when recruiting doctors from other states who don't have a license in your state?

Puckett: We have offices in different states. Someone in Alaska isn't coming to Texas. But if you're recruiting an

out-of-state candidate, they can come observe. But you're never going to know how good clinically they are in a working interview. It's an interview. They're on their best behavior and fully focused. Many times, it goes back to personality and how they're going to handle problems when they arise.

Dr. Evangelista: It just sucks. You just don't know. The truth is you'll never see their bad patterns until they start to show them. They always show up in that three-to-six-month period. Your working interview means nothing, and your first few weeks mean nothing. I'm recruiting constantly.

DEO: What's your process when those bad patterns start showing up?

Dr. Evangelista: I fire them. They're gone. I have no problem firing. It's not worth your time to put up with that doctor if they're not willing to be nice and not willing to learn. Move on.

Puckett: For us, it's dependent on the owner. Different ones have different patience levels. A lot of it is managing expectations. We aren't a good fit for a doctor who wants to work three days, make \$250,000, never get an email, don't call him after 3 p.m. and wants three RDAs in one room with him.



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Scott: I'm playing the long game. If a dentist isn't working out, then the first thing I assess is where in the system did I miss? I want to improve a long-term system. If the dentist is humble, I can solve 99% of the issues. So, on the front end I'd rather get a humble dentist than any other skillset.



Most doctors don't realize that their treatment acceptance rate is bad. Even good doctors are only around 70%. So, if they must hit \$5,000 a day, they must diagnose \$7,500 a day.

Many times, they struggle with their people skills. But if they're struggling on the clinical side, they're feeling stress and that starts to roll over to other areas. If I help them there, then that can relieve some of the stress. Then I can layer some of the other leadership and communication things to help them get to the next level.

DEO: Many successful businesses have the philosophy of hire slow, fire fast. But how do you handle the patients when you fire a doctor?

Dr. Evangelista: Hire fast, fire fast. I'm always hiring. If one's not working out, I already have another ready to go. Patients are always going to be taken care of. That's never our issue. Our issue is holding on to a dentist too long. And we don't have many humble dentists in California.

My attrition rate from losing a doctor is about 5%. Patients are creatures of habit. They want to go to the same place.

DEO: I think what you're seeing here is different business models based on

the variants they have. There's no right way to do a DSO.

Puckett: The answer is also dependent on where the office is. People from the Bay Area look at it like a commodity. People in Missouri will react differently to seeing multiple dentists in one office. It's a different conversation and you're training staff differently. You better have a good staff in that scenario. For most patients, healthcare is still a neighborhood service. So, they want someone with a familiar face.

Dr. Evangelista: I wouldn't say that. In my offices, there's a certain culture which I try to create. When I onboard a dentist, I make sure that he understands he's going to be the top 1% of dentists. He's coming there to work. I let them know right away that this is not doing some fillings and going home. My patients know that too. When we lose a doctor it's because that doctor isn't good enough.

DEO: Is there a production hump that associates struggle getting over?

Dr. Evangelista: We set our goals for every doctor at \$5,000 a day and that's the hump that seems tough for new graduates. But we set it there to make overhead.

We track a lot of numbers. We track treatment prevented and treatment accepted. Most doctors don't realize that their treatment acceptance rate is bad. Even good doctors are only around 70%. So, if they must hit \$5,000 a day, they must diagnose \$7,500 a day. And forget a new doctor diagnosing \$1,000 on every patient even if they see eight patients a

day. It's tough, but they get over it through training. It's important to have a training program to get them to see what they're missing.

Puckett: Every office is a different hump. We ask every associate their goals. What are they trying to make? What is their personal goal? People are all over the spectrum. But showing them the data is a start. If they want to make this, then they need to see this number of patients. A doctor-to-doctor conversation is important here.

Most of its confidence. Does the associate have the confidence to close the case? Can the associate work with staff and the treatment coordinator? Is the patient scared of financial ramifications? All of that is training and most of it isn't clinical.

Scott: The production hump depends on the fee schedules that you're working against. It can be different. For us, our worst dentist hit \$3,000 a day and then the next group was at \$6,000 a day and our best have a hard time getting to \$7,000 or \$8,000 a day consistently.

So, what facility constraints start to creep in? Not all of it is a clinician needing to be better. What's the staffing support? Where is your system starting to break down? You need to break it down step-by-step in training so you can duplicate success across offices.

McDonald's has figured out how to get 16-year-olds, who are thinking about their girlfriends, to cook raw meat and not kill 1 billion people. So, there's a system that they've had to think through. A lot of us

would just say, 'cook the meat.' But it's not that simple.

There are nuances to figure out when training others. Many times, we end up mentoring dentists by saying, 'you went through dental school, it's not that hard, just do what I do and produce like I produce.' That doesn't work.

I'm not going to trap someone into being a partner. If you lose a great dentist, figure out what you could have done better to have made it sweeter for them to stay.

– Emmet Scott

For the clinicians out there, you must sit side-by-side with your dentists. Many don't take the time to do that. Look at photos and X-rays with them and ask them what they're seeing.

Puckett: It goes back to spotting ego early on. If they're not coachable or not willing, then you know the result and you're just delaying the inevitable.

DEO: How do you keep enough opportunities in front of entrepreneurial dentists to make sure they don't go out on their own?

Scott: I think that's the responsibility of you and the organization to have something sweet enough.

I'm not going to trap someone into being a partner. If you lose a great dentist, figure out what you could have done better to have made it sweeter for them to stay.

Dr. Evangelista: Ownership models. We offer buying into our office. We started at 49% but flipped it to 50%

because it sounds better to a doctor. There's no real difference other than 1%. We put them on a path to ownership like everyone else and it's up to them whether they want to take ownership.

I'm in a different market. My associates come out of school with advisors already. They'll say they need to talk to their advisor. A lot of them don't want partnership models, but they want the whole thing. So, we give them that choice to buy their own practice. We help them buy, we locate it for them, and we manage it.

Puckett: For us, it's important they're motivated on a local level but also on the parent company level. We want them motivated on both levels. You can invest alongside everyone. ■

DEO: What are some creative ways to attract associates to rural locations?

Scott: When you're getting entrepreneurial dentists, they already have a bigger vision. So, they want to own that town. You're playing off the momentum they would already bring.

You also must get the spouse to buy in. We've created marketing materials to promote those areas. Something like, everything in Texas is within 12 hours of the beach.

Sometimes the associate just wants to make a good amount of money and be able to pay down their student loans, and then do a partnership program with us. So, it starts to become part of the bigger career. We have a lucrative package to pay down student loans. You must be creative and find the right fit.

Puckett: It's tough. We have 26-year-olds and I'm trying to convince them to go to Victoria, Texas... You must sell them on a larger vision of you can come here and make a lot of money. That it's a little less competitive. They can open four practices near each other and travel every weekend. They'll have money and they can fly to Houston or Dallas.

Rural practices have more difficulties, and you must sell them on why they're moving there. But if they're angry moving there, eventually you'll have the same problem.



Dr. Evangelista: Rural is very relative if you live in the Bay Area or San Diego because rural is only 30 minutes away. We have the same problems too even though we have a lot of dentists. It's hard to get dentists and you must paint a good picture. Napa, Calif., even though everyone thinks it's great, is hard to recruit to. We must recruit out of state for that. We send them everything from Napa showing them what it's like to live there.

How do you drive gratitude? We put up a board at each office and we want associates to write on sticky notes something they're grateful for about somebody else in the office.

DEO: Are you able to sustain a consistent culture in all your offices despite the diversity in associates and owners? How much emphasis is placed on culture and training when you take in a new doctor?

Puckett: Our owner group is very diverse. We have LDS guys with eight kids. We have single guys that hope to never get married. We don't have the same culture across all our offices because we have different human beings as owners. But the one thing we try to create is the 'why are you here' and 'why are you joining other people.' You need to invest in other people so that you care about them.

Scott: We have nine pillars, but I didn't want to have nine pillars that nobody looked at. Figure out what your values are and how you're going to make them a recurring action.

Gratitude is a big one for us. How do you drive gratitude? We put up a board at each office and we want associates to write on sticky notes something they're grateful for about



somebody else in the office. They put their colleague's name on the front and their name on the back. In the weekly staff meeting, we put those sticky notes in a bag and draw one out. Whoever gave the gratitude statement and whoever got it, they each win a gift card.

Just think of creative ways to commit to culture and drive it. Those little things make a huge difference.

Dr. Evangelista: I don't believe in culture. You can preach culture all you want, and the truth is you tell them, 'this is who we are, and this is what we do,' and everyone's 'hooray, hooray' and then half an hour later they're back to business.

I have just one goal. No matter what you're doing, you're just getting better.

Scott: I'm not your culture, just so you know.

Dr. Evangelista: I just don't believe in preaching it.

Scott: It must be authentic. Don't do something that's not you. That's unsustainable. If your personality drives you a certain way, you'll naturally attract people who align with you.

DEO: Take us through a conversation with an associate who's underperforming. How do you boost them to the next level?

Scott: Why are they underperforming? Are they bad with patients, with staff or with their clinical skill? You're going to take those on one at a time. So, if the staff likes them but the patients don't, then case acceptance is low. The dentist must want to increase their production.

If they've already treatment planned it, but the patient isn't accepting it, there's a skillset missing. Either the doctor is missing it, or the system is missing it. Maybe it isn't the dentist's fault but it's the treatment coordinator's fault. Where is the process breaking down? In an ideal situation, I bring over resources from a successful practice to help.

I've tried to build systems in communication that help a doctor communicate to the patient. I have bullet points of what they're supposed to go through clinically.

Puckett: Most of the time, it's a clinician conversation. But every conversation is going to be different. That's when talented owners excel.

Dr. Evangelista: For clinicians, there are only two reasons they don't produce. One, they don't know how to treatment plan. Two, they don't know how to communicate.

I've tried to build systems in communication that help a doctor communicate to the patient. I have bullet points of what they're supposed to go through clinically. I give them a certain amount of time to treatment plan. They know what to look for and don't talk too much.

We work on that more than the clinical side. The communication is usually the issue. Patients just don't believe new dentists. ■

Den of Dental Geeks

Dr. Maja Martin has cultivated a workplace culture for dentists who love dentistry. : BY PETE MERCER



In a world where the temperature of your workplace culture has become its own amenity, Dr. Maja Martin has found some answers. As a self-proclaimed dental geek, Dr. Martin has identified the perfect dental associate avatar for Village Dental, her dental practice in Raleigh, N.C.

Village Dental is using a passion-over-profit approach to bring in the right doctors to provide the care that their patients need. Village Dental's core focus is to create a place where everyone can be the best version of themselves by changing the way people feel about dentistry.

Dr. Martin is a '02 graduate of the University of North Carolina dental school and a member of the 1994 University of North Carolina Woman's Basketball National Championship team. She was born and raised in the city of Kragujevac, Serbia and moved to the U.S. in 1991 as a part

of the student exchange program. She has worked at Village Dental with her husband Chris for the last 18 years. They operate with a focus on sedation dentistry with a 10-year target of becoming a nationally recognized "Best Places to Work" organization. They currently have four locations and 120 team members and are looking to expand Village Dental through the continued growth and development of their team. Chris and Maja have three children ages 14, 12 and 11, who

they are gently nudging toward going to dental school and joining the family business.

Building a village

In the last few years, Dr. Martin has developed a system for finding the right fit for Village Dental doctors – in other words, she is looking for dental geeks. “I have been practicing dentistry for 19 years and I love it,” she said. “I am a total dental geek and dentistry is my happy place. I look for doctors who are so happy to do dentistry and take care of the patients that the money is just a bonus for what they already love to do.”

“During the interview process I ask what their perfect day is, and if they hesitate or they tell me they like to go hiking, I know they are not the right fit for Village Dental,” Dr. Martin said. Dental geeks like her will be focused on the quality of their dentistry and the comfort of their patients.

“We have found that what ‘dental geeks’ seek more than anything else is the mentorship and the opportunity to grow and improve their dental skills and knowledge.” Village Dental is a group practice model which facilitates doctor collaboration and mentorship. “Our new doctors start in our larger locations where they always have one of the owner doctors and a couple of the senior doctors available to consult with and get help from. We offer monthly doctor study clubs with predetermined topics and the opportunity to present cases and obtain group feedback. This keeps everyone on the same page with our standards and best practices.”

The opportunity that Village Dental provides is unique in that it is perfect for dental associates who have practiced for years, as well as those who are a couple of years out of school. The two main ingredients for success at Village Dental are passion for learning and love for clinical dentistry. “There are people who enjoy working with their hands and are especially gifted with fine motor skills and dexterity,” Dr. Martin said. “This is something that is difficult to teach. A young doctor who possesses these skills and is humble enough to learn and seek mentorship, will advance very quickly at Village Dental.” At Village Dental, part of the interview process requires a doctor to perform a few preps on a manikin to evaluate doctor’s dexterity skills.

Maintaining a healthy work environment

By putting a focus on the passion of dentistry, Dr. Martin has created a better working environment for her employees, as well as their patients. Engaged, happy dentists mean that patients are more at ease and willing to make the health of their teeth and gums a priority.

The commitment to changing the way people feel about dentistry is evident in Village Dental’s focus on sedation dentistry. All their doctors are IV certified and more than 60% of all dentistry done at Village Dental is done with IV sedation. IV sedation is a win-win for patients and doctors. “Dental Geeks” love working on sedated patients because it allows them to deliver the absolute best clinical outcomes without



sacrificing patient experience and comfort, Dr. Martin said.

The commitment to creating a place where everyone can be the best version of themselves is evident in Village Dental's 7 core values: never stop learning, whatever it takes, own it, solve it, embrace change, be kind, have fun. "We use these values every day to help us make better decisions and adjust our behaviors," Dr. Martin said. With these values in place, Village Dental can easily facilitate the culture of learning and excellence for her dental geeks, giving them a home where they can effectively do what they love.

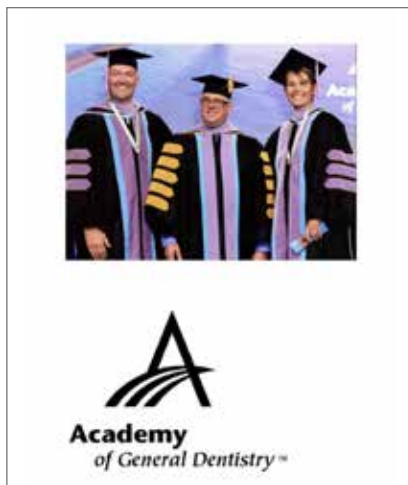
Building an environment like this is not always easy. Through a trial-and-error process, Dr. Martin said Village Dental was able to find that perfect fit between passion and humility that defines the associate avatar they are looking for. "Dental geeks are a unique and we have found that when non-clinical people try to lead and manage them, there is a disconnect. We have lost a couple of doctors early on, due to this lack of connection and understanding."



Now, with the definition of who they are looking for and the dedication to sedation care, Village Dental is uniquely positioned to provide better care to more patients. "We have extremely low doctor turnover," Dr. Martin said. "We have lost only one doctor in the last three years. We also have doctors calling us monthly asking if they can come work with us." Although money is not the primary focus for doctor satisfaction and retention at Village

Dental, they offer an attractive compensation structure. Their current compensation model is a combination of "Greater of" and a "Sliding scale" as Ken Kaufman defines them. Their daily guarantee is \$1,000 per day and the sliding scale offers a percentage of production between 25% and 28% if their production is greater than their daily guarantee. "During the interview process we are clear on our minimum production expectations of \$60,000 per month, which needs to be achieved within the first 90 days of employment," Dr. Martin said. "We provide 1-on-1 clinical mentorship, 50 to 60 new patients per month and good team support for the doctors to easily get to that level. Most of our doctors achieve this level with ease and well surpass it after 6-12 months.

"I feel very privileged right now that I'm able to still practice dentistry," Dr. Martin continued, "but I can also take time to hang out with our awesome doctors and help them learn from my mistakes." ■





Creating Successful Associate Relationships

A paradigm shift has created a new but fertile landscape for DSOs to attract new associates. : BY JOSEPH MCMANUS, DMD, MS, MHA, MBA, MS, FACD

The recruiting landscape for new associates is fertile ground. That belief comes from observing a generational paradigm shift that has taken place in the cost of dental education. Today's dental education is expensive, and graduates complete their dental training with enormous debt. According to the American Dental Education Association, the average educational debt for all indebted dental school graduates in the Class of 2019 was \$292,169, with the average for public and private schools at \$261,305 and \$321,184, respectively. These young graduates need a paycheck so they are able to start to repay their educational debt.

Another change in the landscape is that, unlike the last generation, young dentists today have less interest in private practice ownership. It was recently reported by the American Dental Association's Health Policy Institute that practice ownership for all dentists declined from 84.7 % in 2005 to 76.1 % in 2019 – a 10

% decrease! So, this has resulted in more young dentists seeking associateships with established practices.

On the surface, this sounds like an easy win for dental practitioners looking to hire. However, although that is true, the key to creating and fostering a successful and lasting relationship with new associates lies in getting to the core reasons behind these paradigm shifts.

knowledge is due to a stronger focus on acquiring dental knowledge and skills, with an emphasis on the biomedical core that is so vital for today's dental practitioners. The dental curriculum of today allows limited opportunity for courses in practice management. In addition, the Covid-19 epidemic had a negative effect on their exposure to clinical patient care.

from practice ownership is the increase in dual-profession families, which often requires mobility that practice ownership does not allow. If a young dentist's spouse is subject to periodic transfers, practice ownership becomes impractical.

Established dental practices offer an uncomplicated alternative to establishing a practice. There is a minimal commitment on the part of the young associate. As previously mentioned, the balance between work and home life is easily established. There are little to no management responsibilities, which is a good thing. You offer them an opportunity to earn an income, and perhaps provide them with benefits that may or not include health insurance, paid vacation and a continuing education allowance. You offer a very attractive career opportunity.

In order to be successful and make the most out of such favorable market conditions, you need to make sure you are taking appropriate steps, not only to attract but also to retain quality associates. In recruiting the millennial generation, keep in mind that you will most likely be recruiting not only the dental associate, but also their significant other. Most young dentists will not accept an associateship if their spouse does not like the area and cannot obtain employment in the vicinity of your practice.

The recruitment of an appropriate associate can be a complicated, complex, and time-consuming process. Dentists are experts in rendering dental services, not in recruiting associates. Therefore, let me suggest one of the best ways to



Reasons behind the shift

What caused the change? It was due, in part, to the challenges young members of the dental profession are confronted with today.

They face escalating tuition costs, personal debt, more competition from other young graduates, and insufficient training in practice management. They do not know how to manage a dental practice and run a business.

For many of today's dental graduates, the lack of business

Add to that the needs and wants of the millennial generation, and you understand what drives these young men and women to your office. You're able to provide them with an uncomplicated alternative to establishing a practice. In short, you can offer them a paycheck, a balance between work and home life, and an opportunity to refine their clinical skills under your mentorship.

Another significant factor driving the younger generations away

accomplish the goal of finding the right associate.

One should seriously consider retaining a national dental recruiting firm such as Henry Schein Nationwide Dental Opportunities (Henry Schein NDO). Henry Schein NDO can make the process as simple as possible as they will do the heavy lifting in the recruiting process. All potential candidates are extensively screened and interviewed with best efforts being made to match your job requirements.

should never enter the associateship without a written agreement, especially if both parties are interested in a long-term relationship. If the senior dentist is not willing to do this, the relationship will fail, and will fail miserably.

Keys to success

Remember, many associateships have failed due to mistakes made in the recruiting phase as well as inadequate communication and mentoring especially in the early stages of employment.

The dental curriculum of today allows limited opportunity for courses in practice management. In addition, the Covid-19 epidemic had a negative effect on their exposure to clinical patient care.

Recruiting firms can help you find the right individual, but you will be responsible for taking the appropriate steps to ensure a fruitful and long-term arrangement. You accomplish this by appropriately addressing the associate's concerns. Some typical concerns include:

1. Will the size of your patient base be adequate to support them?
2. Will they be allowed to provide an array of services?
3. Will they be able to earn sufficient income to pay their bills and repay their student debt?

Central to all of that is making sure you have an explicit employment contract. I believe dentists

So, what are the keys to a successful associate relationship? The answer lies in a profitable practice, adequate patient base, compatible philosophies, complementary goals, and a solid written employment agreement. Extraordinary relationships are built by ordinary actions. Take the time to listen closely to your associate. Be consistent, trustworthy and humble in your dealings with him or her. Please pay careful attention to the things that are important to them.

Remember, successful associateships are like successful marriages. Both require large amounts of time, good communication and devotion, equanimity and a deep concern for the other party. ■



Dr. Joseph McManus,

Received his dental degree from the University of Pennsylvania and his certificate in pediatric dentistry from the Children's Hospital of Philadelphia. In addition to his clinical training, he has earned master degrees in management, health administration, business administration, and higher education. Dr. McManus practiced pediatric dentistry for over 25 years and has served on the faculty of Columbia University College of Dental Medicine where he held positions of Associate Professor, Associate Dean, and the Executive Director of the Faculty Practices. Dr. McManus' most recent position was as the Senior Vice President of the Division of Dental Practice/Professional Affairs at the American Dental Association. He now serves the College as the Senior Associate Dean of Admissions and the Director of the Practice Management courses. Moreover, he is a consultant for Henry Schein Professional Practice Transitions.

Teledentistry: Seeing the Results

COVID-19 provided group practices with an opportunity to put teledentistry tools to the test.

DentaQuest has been big on teledentistry for a while. Since 2012, the company has invested more than \$1.7 million to study the applications of telehealth and dentistry. But when the pandemic hit in 2020, teledentistry went from a nice-to-have offering, to a critical clinical care tool for providers and clients alike. “There’s no doubt that the pandemic accelerated that need greatly,” said Todd R Cruse, president of Advantage Dental Oral Health Centers. As Cruse watched the numbers on a daily basis, he was excited to see the uptick in utilization of teledentistry through the MouthWatch TeleDent platform by both patients and practitioners.

Advantage Dental, DentaQuest’s care delivery organization which operates nearly 80 clinics across six states, was recognized for its efforts with a Teledentistry Innovation Award in 2020 in the category of COVID-19 Response – Oral Health Program. In their acceptance of the award, DentaQuest leaders highlighted several ways in which their organization has benefited from utilizing teledentistry amid the pandemic.

Reducing ER visits

Cruse said the biggest takeaway in using teledentistry throughout the pandemic was that DentaQuest care providers were able to keep patients out of the ER. The dental team could take care of emergent or urgent issues rather than an already overwhelmed hospital. “Which is the appropriate way to deal with it,” he said, “as opposed to clogging up the ER system, especially in the middle of a national pandemic.”



Tele-prevention

You can hear a lot from a patient through a phone conversation, but an image speaks a thousand words, said Sharity Ludwig, director of Alternative Care Models at Advantage Dental. Utilizing the TeleDent platform’s visual capabilities through images and video allowed the providers to see what the patient was experiencing. For instance, one provider initially had a phone conversation with a patient who said that she wasn’t experiencing any swelling. But when the video interaction came into play, it was evident that the patient had swelling. “So they were able to prescribe an antibiotic

and then get that patient into appropriate care for ongoing dental treatment,” Ludwig said.

Building resiliency

CareQuest Innovation Partners is a for-profit affiliate of the CareQuest Institute or Oral Health that focuses on innovation to transform oral health access and outcomes for underserved populations in the U.S. Kirill Zaydenman, vice president of Innovation for CareQuest Innovation Partners, said implementing telehealth and dentistry has been a way to make care and dental teams more accessible and more person centric. It has also helped practices be more resilient “through challenges that we know are coming, but also challenges that we don’t.” For instance, practices on the West Coast had to shut down not only because of the pandemic, but due to wildfires. “Having teledentistry in place as a system that we could revert to made our practices more resilient.”

Indeed, the combination of a pandemic and innovative teledentistry tools may have accelerated “what should be happening in dentistry anyway,” said Cruse, “which is the utilization of innovation to reach patients in need, but more importantly, deliver dental services in the most appropriate and convenient care setting.” ■

To watch the full interview, visit <https://teledentistryinnovationawards.com/2020live>.

Is “Sell” a Four-letter Word?

Rethinking sales in your organization : BY CHARLES MOSER

In my years as dental director for a very large Dental Service Organization, I had the privilege of interviewing, hiring, onboarding, and interacting with hundreds of associate doctors of all stripes and skill sets so different, I questioned if we were in the same field. But the one common thread was their inability to “sell” treatment. Many quickly chirped that they don’t like the word “sell”, thinking I was one of those that immediately drew the picture of a man in an overly worn plaid coat pushing Hurricane Harvey submerged cars and presenting them as “slightly soiled”. However, I’m not that guy. I spoke with clarity. “Sales” was not a bad word. In fact, as Daniel Pink says: “everything involves sales”. I happen to agree. In this column, my one hope is to simply create a space offering you the opportunity to rethink your position on the word... “sales”.



Since Adam ate the apple, individuals and civilizations have been selling goods and services worldwide with very little disagreement that it is how it’s supposed to be. It seems that medicine, dentistry included, diverged, deciding “sales” was a word we just couldn’t be cozy with. Somehow, we were above it. But why?

Going back to my dental director days, I broached the sticky subject early with my associates to dispel any undue misunderstanding of exactly what I meant when I said, “sell”. Few disagreed when they heard the follow-up statement: “as long as you are selling what is morally and ethically right”. Heck, we live in a capitalistic society practically demanding we amass as much money as possible (morally and ethically) to provide salaries, bonuses, and incentives for our teams. I can recall mentors espousing it as a duty. Whether

persuading, influencing, presenting, consulting, or cajoling, the fact is, you are selling.

But if you are still a holdout and you just can’t bring yourself to say it out loud, you have my permission to substitute, “educate”. Ah, yes, “educate”. Baby steps. If we just educate our patients, surely they will schedule that treatment we said they need, right? Wrong! People, which most patients are, don’t buy what they need, they buy what they want. As a matter of fact, reflecting back to those innocent conversations with newbies, I would “educate” them that people spell “need”, W.A.N.T. For instance, I “need” those AirPods Pros to make work easier. Sure I do.

I submit, selling goods and services that will improve a person’s life is an opportunity to help someone. That’s the oath we took. Wording and semantics aside, healthcare providers must take every step possible to open a patient’s eyes letting the light of better living shine in. It is who we are.

Let it go. The world will not catch fire if you embrace this little truth. In fact, you may even find it liberating. Sell! There you said it. Now, don’t you feel better? Should you desire to know more about a simple 4-step process to get your associates to sell more dentistry, contact me at cmoser@deodentalgroup.com. ■



Dr. Charles Moser,
VP Community
Management for DEO,
has more than 25 years
of experience in the
dental industry. His
leadership skills and
business acumen has
guided the successful
careers of many great
clinicians. Dr. Moser
continues to share his
knowledge with DEO
Members. He leads
DEO Expert Webinars,
Mastermind Calls, and
accountability calls, as
well coaching calls.

Smile Brands affiliates with two-location practice in Illinois

Smile Brands (Irvine, CA) announced it has partnered with Burmeister Atteberry Family & Cosmetic Dental (Decatur, IL). The existing dental team and staff will remain with the office and the business will continue to operate under the name Burmeister Atteberry Family & Cosmetic Dental. Dr. Chad Burmeister founded Burmeister Atteberry Family & Cosmetic Dental in 2001. He currently leads a staff of nine. The Decatur location also includes associate Dr. Cale Atteberry, who leads a staff of five. Through the partnership, Smile Brands will provide administrative support and services to the practice including purchasing, payroll, accounting, IT, billing, facilities management, and marketing.

Heartland Dental names Stacy DeWalt as chief marketing officer



Heartland Dental (Effingham, IL) announced the hiring of Stacy DeWalt as the organization's EVP, Chief Marketing Officer. As

Chief Marketing Officer, DeWalt is responsible for revenue growth by leveraging marketing and business strategy to optimize internal processes and help propel the dental support organization (DSO)

into its next phase of growth. DeWalt brings more than 20 years of leadership experience spanning public and private equity environments in financial services, gaming, education, and technology services for brands including One Main Financial, Quicken Loans, Isle of Capris Casinos, and Learning Care Group.

Washington state experiencing staffing shortages for hygienists, assistant positions

Washington state is currently undergoing a massive dental staffing shortage, reports the Everett Herald. Those shortages are reportedly leaving dentists overwhelmed and undermanned. A survey released in February by the state's dental hygienist and dental association outlined the significant demand. More than 900 open hygienist positions were reported statewide with only about 220 hygienists actively seeking employment. Dental assisting had more than 1,100 openings and fewer than 200 qualified folks in search of a job. On average, hygienist jobs are open for more than four months before being filled, and assistant positions are open for about three and a half months, the herald says. The article, which shares the struggles of many area practices, notes that the problem is partly due to the requirements of the job, namely the requisite degrees, training and licensing. Several dentists in the article express concern that

the competition fueled market is unsustainable and worry that that longer the issue persists, the higher costs will be passed along to patients.

GPS Dental acquires three practices in Q1 2021

GPS Dental LLC (Jonesboro, AR), a DSO backed by The Firmament Group, has partnered with three dental practices during the first quarter of 2021:

- › ADC of Joplin (Joplin, MO)
- › Hermitage Dental Group (Nashville, TN)
- › Walnut Ranch Dental Spa (Ardmore, OK)

GPS is led by experienced dentists and DSO operators Dr. Hunter Smith and Dr. William Little, who co-founded the company in 2015. Firmament initially invested in GPS in December 2020 and has provided additional capital to support the company's acquisitions during the past quarter. GPS is a DSO provider that manages 20 dental practices in Arkansas, Indiana, Tennessee, Missouri, and Oklahoma. GPS offers a variety of management services to its practices, including billing and accounting, patient scheduling assistance, HR functions, marketing, and insurance.

Henry Schein One announces new Dentrax Imaging Center

Henry Schein One (American Fork, UT), a subsidiary of Henry Schein, Inc.,

and leading provider of dental practice management, patient engagement and demand creation software solutions, announced the launch of Dentrrix Imaging Center, an integrated imaging module that allows dental professionals to manage all images from within Dentrrix versions G7.3 or higher. The Dentrrix Imaging Center offers robust imaging software features in one solution, giving dentists a single, seamless imaging workflow inside the Dentrrix practice management system, reducing the time needed to switch between the imaging software of various other providers. Dentrrix Imaging Center is a universal, open architecture dental imaging solution, capable of acquiring, analyzing and storing intraoral, 2D, 3D, panoramic, cephalometric and CAD/CAM images from a broad range of imaging hardware.

ADSO names new executive director

The Association of Dental Support Organizations (ADSO) announced that the ADSO Board of Directors selected Andrew Smith as its next executive director. Succeeding Chris Badgley as executive director, Smith begins his position at the ADSO effective immediately. In his new role, Smith will represent the DSO industry to policymakers and other key stakeholders to ensure that DSO-affiliated dentists can operate in a practice environment that allows them to receive the support they need. Smith served as executive vice president of

government relations and external affairs for Parallel (formerly Surtterra Wellness) where he managed the state and federal government relations teams, served as the company's chief advocate and spokesperson to policymakers and regulators, and led the company's advocacy and communications goals in the public affairs space.

Elite Dental Partners names new director of dental hygiene



Trish S. Keena

Elite Dental Partners (Chicago, IL) announced that Trish S. Keena has joined the company as director of dental hygiene.

As director of dental hygiene, she will support hygienists and the doctors they work with across the organization as they deliver high quality services to patients. Elite

Dental said Keena will also establish a comprehensive soft tissue health program in the growing organization. Keena most recently was an executive account manager at OraPharma, a specialty dental pharmaceutical division of Bausch Health US, LLC. She supported improved patient care through product education and systems implementation, helping dental offices achieve their clinical goals.

Aspen Dental opens 24th practice in North Carolina

Aspen Dental opened a new office in Wake Forest, North Carolina. This is the 24th Aspen Dental practice in the state of North Carolina. Located at 12612 Capital Blvd, the office is led by Dr. Mohammad Spouh, who received his DDS degree from Indiana University. Dr. Spouh and his team will provide a full range of dental services ranging from preventive care and general dentistry to dentures and restoration. ■

EVENTS

2021 DEO Summer Summit June 11-12, 2021

Virtual

For more information, visit
<https://deodentalgroup.com/summit-summer/>

2021 DEO Fall Summit

Nov. 11-13, 2021
Orlando, Florida

2021 Definitive Conference for Dental Service Organizations

July 28-30, 2021

Gaylord Rockies Resort & Convention Center, Colorado

For more information, visit
<https://dykemadso.com/2021-venue>

Better Business Models

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.*



Alex Sanders asked: I have formulated 10 conditions of intangible motivation of modern employees that I as a CEO keep an eye on:

1. I love what I do
2. I have all the resources to do it (material, time)
3. My efforts are appreciated
4. I can clearly see the results of my work
5. I work with people from whom I can learn
6. I am loved and respected by my leaders
7. My life circumstances matter for my leaders
8. My mistakes are treated with understanding
9. I am not given offense
10. A positive atmosphere within my team

What else would you add?

DSO Secrets Facebook page members responded:

“Great list. You should check out Clint Pulver’s upcoming book, ‘I Love it Here’. He interviewed over 10,000 employees to find out what makes them love their jobs and want to stay. I’ve read an advance copy and it looks like it would be in alignment with your list.” – **Dino Watt**

“I am properly compensated for the job I perform.”
– **Charles Kee**

“I get 45% of gross production, no labs.”
– **Richard Weber**

“How about: ‘I can see a career path for me here.’
Or: ‘I see myself still working here in 5 years.’”
– **Beth Coffey Gaddis**



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