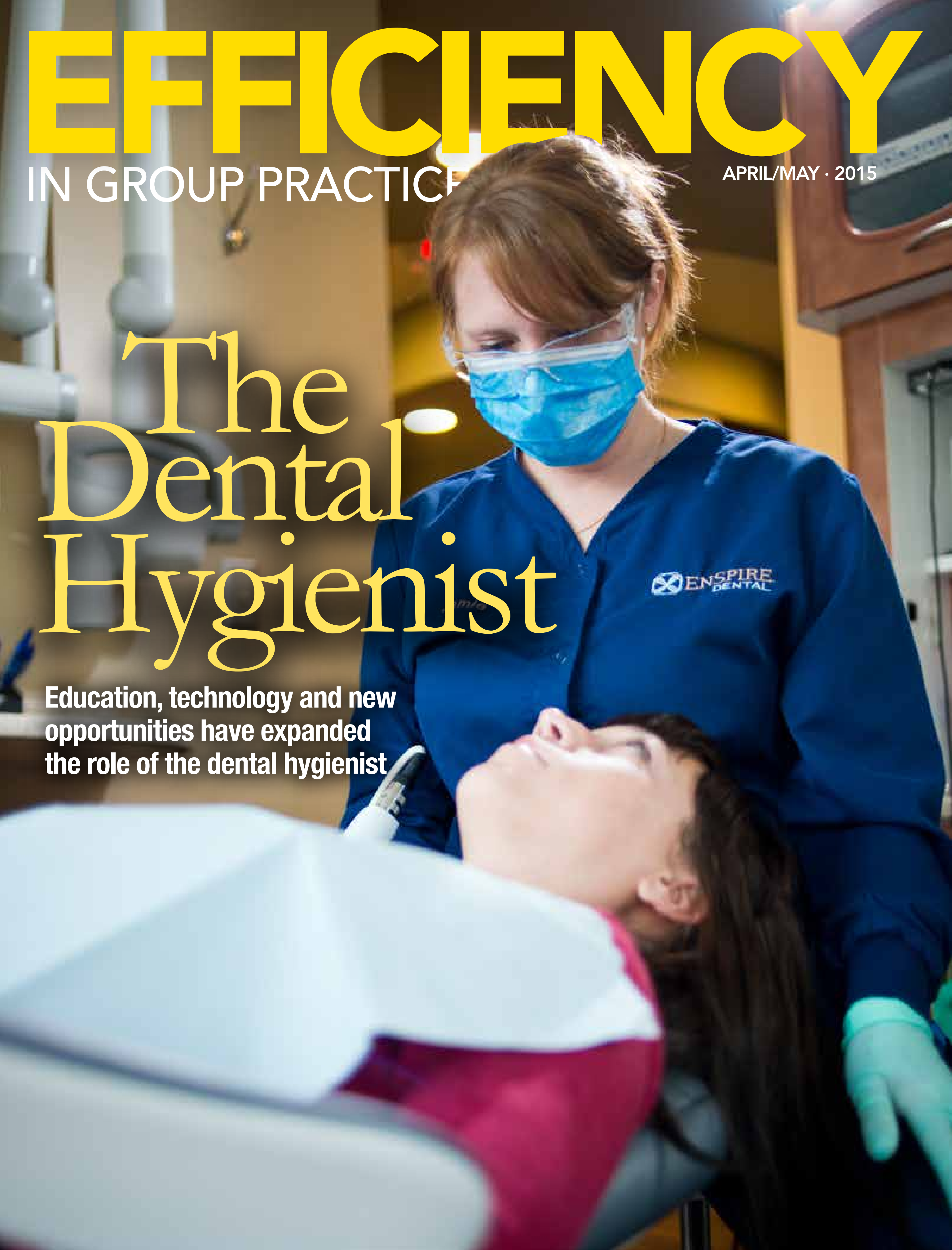
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From The Publisher 4

Continuous Improvement
As a leader, bring positive energy to work with the right activities 6

The Dental Hygienist
Education, technology and new opportunities have expanded the role of the dental hygienist 10

Hygiene Compensation
Finding the right balance with compensations and expenses 18

A Lifetime of Care
Dynamic Dental Partners Group intends to keep its patients a long time 22

Best Practices in Infection Control 26

Gray market... and worse
Counterfeiting bigger threat than product diversion 28

News 32

Practice Building with Enamelon® Preventive Treatment Gel
Increase revenue, reduce costs, and streamline office products with an innovative product 34

Free to Focus
How a Management Support Organization can help group practices streamline work flows and cast a vision for growth 35

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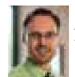

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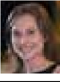

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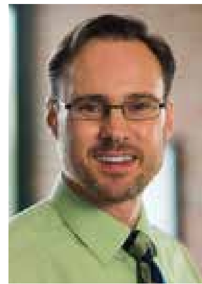
The Connection Between Hygienists and Your Patients



Our current issue focuses on the important and evolving role of hygienists in a group practice setting. Laura Thill's cover story compiles input from several highly successful DSOs – Great Expressions, Aspen Dental and Heartland Dental. Large and small groups need to realize the connection hygienists have with their patients.

Several years ago, the hygienist my family had been seeing for years retired. (Notice I said the hygienist we had been seeing, and not dentist or dental office.) Our connection to and relationship with the practice was via the hygienist. She was kind, cared about her work, answered our questions, gave us tips, and eased any fears our children had. She spent more time with us than the dentist. And it was quality time. We built a solid relationship with her. She knew us. She knew my wife's father was ill. She knew our son loved math. She knew our daughter was afraid to sit alone in the chair. We knew about her life, too. We trusted her and looked forward to seeing her, even if it meant having our mouths poked and prodded. Our brief time with the dentist was a formality.

When our hygienist retired, another hygienist replaced her. When my wife expressed our negative feelings about the new hygienist, the doctor shrugged his shoulders as if we were there for him and the hygienist wasn't important. Our relationship with the hygienist was our primary connection to the practice, as it is for many patients. We ended up changing offices because of the new hygienist, and not because of the dentist or the dental practice.

Looking forward to the future of dentistry, the role of the hygienist will only continue to expand. The patient connection will be closer and more important for the success of the office and the DSO. Our cover story, The Dental Hygienist, discusses the evolving and influential role of the hygienist.

Also in this issue, we have our DSO/Group spotlight. Our featured group practice is Dynamic Dental Partners. A Lifetime of Care talks about Dynamic Dental Partners' growth strategy, as well as about their commitment to patient care. We spoke with Marvin Terrell, Dynamic Dental Partners' President and COO. A 25-year industry veteran, Marvin discusses his and Dynamic Dental Partners' commitment to diversity within the dental industry, and how the National Dental Association is assisting in driving this diversity.

Also in this issue please make sure you review our Gray Market piece with input from the Dental Trade Alliance and the Dental Industry Association of Canada, our infection control column presented to you by The Dental Advisor, and Dr. Bahri's Lean Management column.

Happy Reading,

William S Neumann

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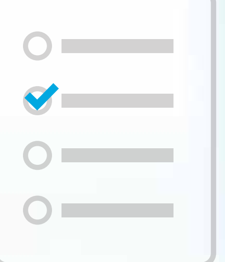

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Continuous Improvement

As a leader, bring positive energy to work with the right activities

By Dr. Sami Bahri, DDS

Dr. Sami Bahri is the author of "Follow the Learner: The Role of a Leader in Creating a Lean Culture," and of the DVD "Single Patient Flow: Applying Lean Principles to Heathcare". The book won the 2010 Shingo Prize for Research and Professional Publication and the video won the same award for 2013. The Shingo Prize Conference also recognized Bahri as the "World's First Lean Dentist." He is a sought-after speaker and lecturer nationally and internationally on implementing Lean management in dentistry. Dr. Bahri can be reached at Sami@bahridental.com

The second law of thermodynamics is the law of entropy; it states that systems deteriorate if left unattended.

One way to prevent deterioration is to enhance processes constantly – that is the principle of "continuous improvement." In 2001, Toyota published a document containing the drawing in Figure 1. It shows the principles of Lean Management, with "Continuous improvement" as one of its two foundational pillars.

Figure 1: The two pillars of Lean Management, "continuous improvement" and "respect for people."

Continuous Improvement overcomes entropy

To overcome the negative effects of entropy, we need to bring positive energy to work. That energy comes from the efforts of team members who improve every process, everywhere, everyday; it is simply called leadership.

Leaders define leadership differently to match their management philosophy. While many believe in command and control types of leadership – where managers dictate and workers execute – we believe in the following definition:

Leadership means taking initiative in your scope of work, and beyond whenever possible, to improve personal and collective knowledge and skills, in order to get the environment closer and closer to a common, ideal vision.

As you can see, we believe that leadership belongs to everyone, not only the person at the top, like the dentist or the office manager. Taking initiative in learning and improvement is essential at all levels of the practice.

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Not every initiative creates improvement, though; some can lead to inferior results. To sort good initiatives from bad, we need to affirm that our activities are moving in the right direction, in line with the practice's overarching plans.

Here is a metaphor to illustrate the point: Imagine that you are lost in the middle of a jungle. A boat is waiting in the ocean to save you, but you don't know which direction leads to it.

Without a clear direction, you can cut trees in a circle until the ocean comes into view, or you can follow a random direction. The first option is too slow; the second uncertain. Neither guarantees that you will reach your destination in time.

Now imagine that you found a stream of water flowing nearby, which leads to the ocean. In this case, you could simply clear the trees along the water stream; now you are more likely to reach your destination in time.

"One-patient flow" means that the patient moves from one value-adding treatment step to the next value-adding treatment step without any delays or interruptions until all the treatment is finished.

The same reasoning applies to continuous improvement and waste elimination in management. The trees symbolize the waste in our processes, if you try to improve randomly, you might not see tangible results for a long time. We had practiced random improvement for 13 years with no tangible results.

The water stream represents a concept that gives you direction for your improvement initiatives. We call it "One-patient flow"; if you improve towards it you will see immediate results. After we adopted the "One-patient flow" direction, it took us only two weeks to see the waiting time go down from more than an hour, to less than five minutes. During that year, we saw dramatic productivity improvements that remain sustained to this day.

Definition of "One-patient flow"

"One-patient flow" means that the patient moves from one value-adding treatment step to the next value-adding treatment step without any delays or interruptions until all the treatment is finished.

That is not always possible, evidently! "One-patient flow" is an ideal situation that will be reached occasionally, but not all the time. It acts as a direction giver: as long as we are moving towards it, we know that we are doing the right thing; that is why it is also called a "True-North goal."

This concept might seem unfamiliar at first, until we see that every improvement evolves naturally toward "One-piece flow" (the industrial term for "One-patient flow".)

In "Toyota Kata: Managing people for improvement, Adaptiveness, and superior results," author Mike Rother gives the following examples:

- Prior to the fifteenth century if you wanted a book, someone had to write it out by hand. Then Gutenberg began printing them. Eventually publishing companies were born and you could buy a book at the store, during business hours. Now you order the book online anytime, and perhaps it is even downloaded to your reading device or printer.
- At one time we sent letters by horse rider. Then came mail coaches. Following that came once-daily delivery to your doorstep. Today we communicate at any time, via telephone, e-mail, and Skype.

Remarkably, we still find plenty of organizations that argue internally about whether to accept this endless trend toward 1×1 flow – as if it were something we have the power to control. (Rother 2009-08-11)

Dental processes evolve toward "One-piece flow," as well:

- At one time, we needed to fill out patient charts, file them, and retrieve them on the next appointment. Today, we fill out the chart and store it electronically, with virtually no wait in between the steps.
- We used to take X-rays in one location, process them in the dark room, and take them back to the operatory. Today, with digital x-rays, there is no more wait between the different steps.
- We took impressions, sent them to the lab, and waited for crowns to come back. Today, those of us who have CAD-CAM technology don't have to wait between the steps anymore.

All of these examples show how customers and providers alike are improving towards "One-piece flow." In our practice, we have adapted this concept to dentistry. We replace "piece" with "patient" and called it "One-patient

flow." With lean management, the pursuit of "One-patient flow" is not passive, it is systematic, vigorous, and relentless.

Understanding the structure of treatment

One way to continuous improvement is to identify and eliminate from our processes the well-published seven wastes. But after eliminating the "low hanging fruits", it becomes more difficult to recognize waste. Fortunately, lean thinkers have created techniques to uncover it.

Among those techniques, "One-patient flow" offers the best chance of bringing waste to the surface. To understand this concept, however, one needs to be familiar with the structure of work as presented in figure 2. (Adopted from the work of Shigeo Shingo)

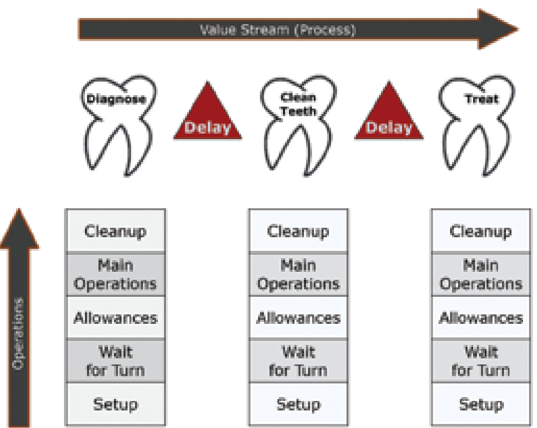


Figure 2, Structure of Work: A Value Stream (Process) is composed of Value added steps + Delays. Each Value added step is an operation.

As you can see, the value-added treatment steps are placed on the horizontal line called a "Value Stream." Each step is called an operation. All operations have the same components: Setup, wait, allowances (hygiene and personal needs), Main operations (treatment), and cleanup.

If "One-patient flow" means to move from one treatment step (represented by the drawing of a tooth) to the next with no delay, we will need to eliminate delays (the triangles in the drawing). The longest form of delay is the wait between appointments. Consequently, the main factor in improving productivity becomes reducing the number of appointments needed to complete a treatment plan. One might think of many reasons why that cannot happen all the time; but that is not important.

What's important is to reduce the number of appointments whenever possible. If every dentist saves one appointment per day, you save between 200 and 250 appointments a year, with all the steps that accompany them. When we have moved to "One-patient flow" treatment in 2006, we have saved 1,796 appointments, or 24 percent of the total number of appointments.

In Figure 3, I have listed randomly some of the usual steps that take place in every appointment. Multiply those by the number of saved appointments, and you will get an idea on how much work we have saved for our assistants, allowing them to focus on additional procedures, without having to work harder.

Saved in One Year

1. Making appointment
2. Confirming appointment
3. Typing notes in computer
4. Receiving patient
5. Preparing the room
6. Walking patient out
7. Cleaning and sterilizing instruments
8. Collecting fees
9. Explaining treatment
10. Double checking treatment plan
11. Writing kanban, etc...

X 1,796

24%

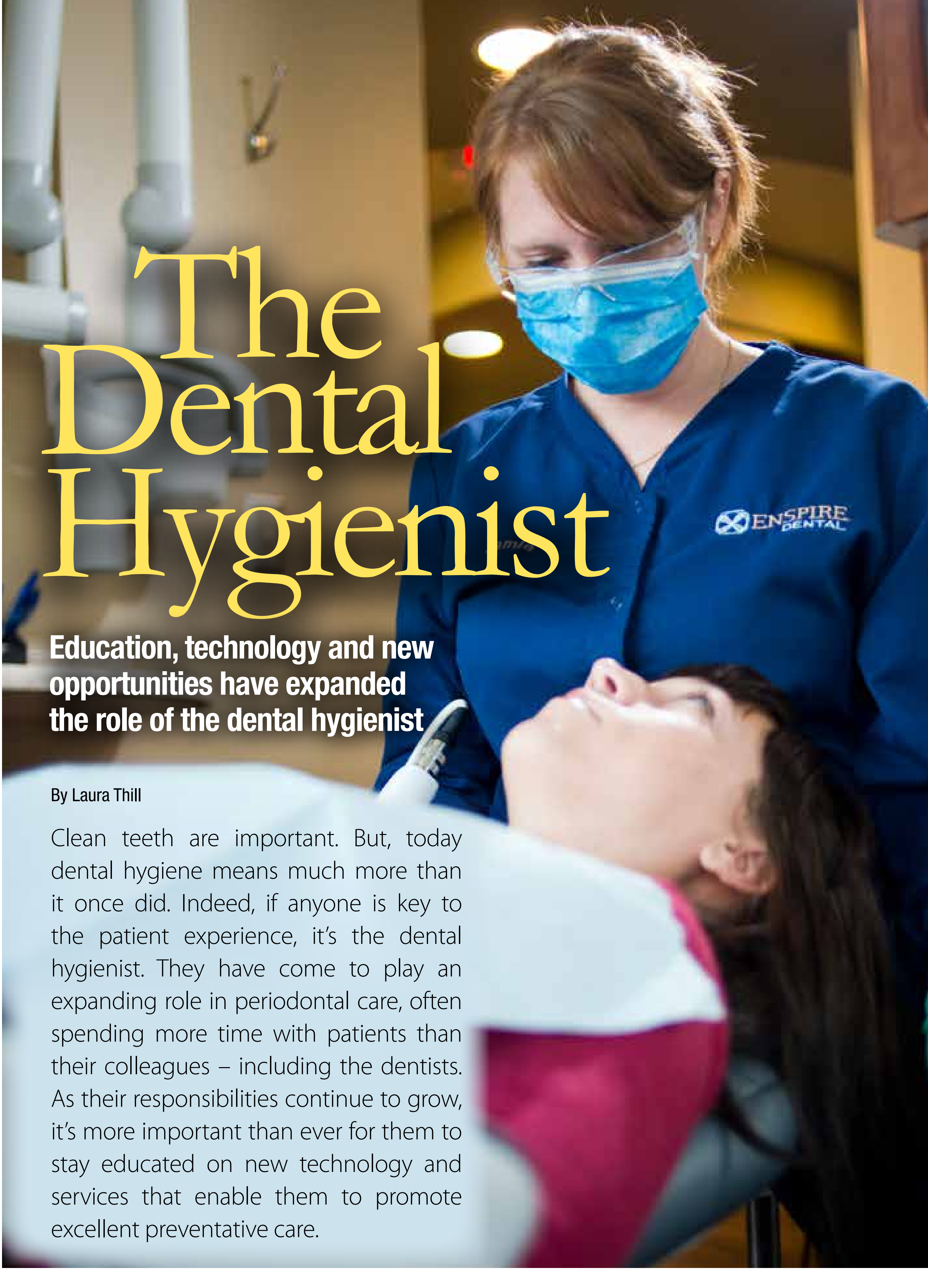
Of The Total Number Of Appointments

Figure 3: Number of appointments saved in one year and some of the steps the assistants did not have to perform.

In conclusion, I would like to repeat the main points:

- Continuous improvement is happening whether we like it or not. Lean management embraces this truth and takes it a step further by making it part of the management system.
- Continuous improvement evolves naturally towards "One-piece flow" in general, "One-patient flow" in healthcare and dentistry. Lean embraces it and makes it its "true north" for improvement activities.
- The most important factor to improving "One-patient flow" and productivity is to reduce the number of appointments it takes to finish a treatment plan.

Please let me know if you have any comments or questions. My email is sami@bahridental.com. ■



The Dental Hygienist

Education, technology and new opportunities have expanded the role of the dental hygienist

By Laura Thill

Clean teeth are important. But, today dental hygiene means much more than it once did. Indeed, if anyone is key to the patient experience, it's the dental hygienist. They have come to play an expanding role in periodontal care, often spending more time with patients than their colleagues – including the dentists. As their responsibilities continue to grow, it's more important than ever for them to stay educated on new technology and services that enable them to promote excellent preventative care.

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"The role of hygienists is evolving across the entire industry – not just in DSO-supported practices," says Maureen Howes, RDH, MS, managing director of hygiene services, Aspen Dental Management Inc. "In addition to being preventive specialists, hygienists have become highly skilled periodontal therapists. In the past, a dentist would often refer cases of patients with early periodontal disease to a periodontist. However, with the introduction of many new therapies and antibiotics for its treatment, hygienists now have a bigger role as technical experts in this type of care. This is important because it allows patients to receive non-surgical treatment in a practice where they are comfortable, and from a familiar, trusted health professional.

"Hygienists play a critical role in monitoring the overall health of their patients," Howes continues. "They look for connections between oral health signs and symptoms and systemic body issues. Hygienists must keep up with technology, including both industry innovations and patient homecare technologies. They must continually educate themselves on advancements in everything from paperless periodontal charting, digital imaging and whitening systems, to probiotics, local anesthesia methodologies and lasers."

"Hygienists play a critical role in monitoring the overall health of their patients. They look for connections between oral health signs and symptoms and systemic body issues."

– Maureen Howes, RDH, MS, managing director of hygiene services, Aspen Dental Management

Treat the disease

"Historically, our role has been to clean teeth," says Holly Caccia, RDH, hygiene director-Georgia, Great Expressions Dental Center. "The focus was on the teeth and not on the patient's total-body health. These days, the hygienist works alongside the doctor, as a team, in providing patient care." Today, they have even more responsibility, including a bigger role in helping educate the patient and aiding in the recognition of periodontal disease, she points out. "According to the American Dental Association and Centers for Disease Control and Prevention, over 50 percent of Americans over 30 years of age have some form of periodontal disease. If we do not treat it, it can lead to larger dental and even health problems down the road."

That said, dental professionals – including hygienists – are taking a more comprehensive view of dental care, and DSOs such as Great Expressions Dental Centers provide a range of services. "This is the nice part of Great Expressions Dental Centers," says Caccia. "Our philosophy is to prevent and treat the disease. We do it all, from preventive care to orthodontics, surgery and cosmetic dentistry."

That means hygienists must keep abreast of new oral care products and treatments, she says. "Hygienists need to know about things like Invisalign, and how it can help patients in terms of health (correct bite), self esteem, and more. There are always new oral care products, such as whiteners. These products can impact people's lives, from both a health and beauty standpoint."

The philosophy should always be to do what's best for the patient, Caccia continues. "Sometimes that means engaging patients in potentially uncomfortable discussions about the extent of the disease and infection and the treatment needed to restore the patient to health. At Great Expressions Dental Centers we promote to the patient that we have multiple financing and payment options, so the fear of losing a patient over finances is a non-issue. We participate with all major insurers, so our care is affordable."

The patient experience

"The new patient clinical experience begins in the hygiene chair," says Lisa Kallis, director of hygiene, Heartland Dental. "Hygienists have always been providers and the

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heart of the practice." In fact, Heartland Dental-supported offices are doctor-led but hygiene-driven, she adds.

"We continue to see the hygiene provider elevate to a higher-level advocate for patient care – both restorative and preventative – not just infection control (periodontal disease treatment and cavity control)," Kallis continues. "One of the areas of higher responsibility hygienists have is that of educating [patients about] what we know today – that is, that the conditions that exist in the oral cavity can also be affecting entire body health, and vice versa. It is very important to stay updated on the influx of research that shows this correlation. Prevention is a big area that we need to be accountable for with the increase of medications causing dry mouth and high sugar diets. Patients are more susceptible to decay than ever before, and educating about brushing, flossing and fluoride is not enough any longer. Sensitivity is more common now and we now have more ways that the hygienist can educate and help treat this. With oral cancer on the rise, it has also become a concern of hygienists for their patients to have enhanced screenings."

> "The new patient clinical experience begins in the hygiene chair. Hygienists have always been providers and the heart of the practice."
>
> **– Lisa Kallis, director of hygiene, Heartland Dental**

A heavy load

More responsibility for hygienists can mean longer hours and new issues to address within their practice. And, they are definitely up to the task, note experts.

"As a rule, hygienists are continuing education junkies," says Howes. "They are very motivated to take on new responsibilities to better themselves personally and to expand the knowledge base of the profession.

"From my experience with the hygienists that we at ADMI support, they love the opportunity to help patients with high dental need," Howes continues. "In fact, we've been conducting some analysis that shows that the average new Aspen Dental patient hasn't been to the dentist in more than three years, and one in four patients hasn't visited in more than five years. We know that they have had barriers to care, and so it's important to educate with compassion to help motivate them to stick with their treatment. Hygienists at Aspen Dental welcome this responsibility. They love the reward of watching complex dental patients achieve oral health. It's really a core part of our culture. [In fact], two of the key values at Aspen Dental-branded practices are *We love a challenging mouth* and *Every mouth deserves a second chance*.

"Today there is a greater recognition of the role the hygienist plays in the dental care of the patient and dental team in the office," says Caccia. "In DSOs, this is how we are structured. Great Expressions Dental Centers is built on a team environment, as that is what is best for the patient. The hygienists are an integral part of the team and are trusted based on their clinical excellence."

Training is key

As they play a greater role in patients' dental treatment care, it is essential for hygienists to attend continuing education classes to keep up with new treatments, processes and standards, according to Caccia. For DSOs such as Great Expressions, it has become increasingly important to ensure that all hygienists across the organization follow consistent preventative care protocols. "This is over-the-top important," she says. "Hygienists need to follow the guidelines and protocols based on research and dental associations, like the American Dental Association, the American Academy of Periodontology, the American Association of Orthodontists, and more. These are standards of care, and standards of care do not change between offices. At Great Expressions Dental Centers, we have our National Doctor Panel, which consists of our chief clinical officer and clinical partners from each region to set our clinical protocol, reviews of research, topics in the industry and dental associations.

"At Great Expressions Dental Centers, the standards come from the National Doctor Panel and regional hygiene directors," Caccia continues. "Regional hygiene directors work with each team in their region. We have an onboarding process once the candidate is selected, which

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involves a lot of training. From there, I am constantly auditing charts and listening to how our hygienists are presenting treatments to patients. I want to make sure we are making patients as comfortable as possible and that they understand the hygienists and get the care they need.

"Additionally, quarterly meetings are mandatory for our hygienist to keep them abreast of any changes and address any challenges they may face," says Caccia. "We also offer online training for things like oral care products or our dental software. As of January 1st, our employees have the capability of free online CE courses through our GEDC Viva Learning System."

Heartland Dental relies on benchmarking studies to ensure its hygienists demonstrate a consistent standard of excellence in patient care, according to Kallis. "Heartland Dental continually offers training on benchmarking – a standard or point of reference against which things may be compared or assessed," she says. "Using this training, patient care data from all supported offices can be collected and analyzed to see if it falls into an established standard. Through studying a large number of dental offices and identifying similarities and differences, this standard can be set. This process is extremely beneficial in helping supported [offices] learn what they are doing well from a care standpoint, and what opportunities they could take advantage of to ensure their patients are receiving the care they need, desire and deserve."

Although Aspen Dental does not set clinical policies or establish organization-wide protocols for its hygienists, it does expect each practice to "establish and maintain a high standard of care for his or her practice and employees," says Howes. "This means they hold hygienists and other team members accountable and highlight best practices. More importantly, every hygienist must adhere to the American Dental Hygienists Association (ADHA) standards of care.

"At Aspen Dental Management Inc., our role is to offer ongoing development opportunities, including continuing education, peer review and mentor programs that support Aspen clinicians," Howes continues. "Of course, it's challenging to deliver great development opportunities to the hygienists we support because of geography; there are nearly 500 practices in 30 states. That's why our team at ADMI leverages technology, distance learning, mobile applications, discussion boards and other features to make it easier for clinicians to share case studies and best practices with one another."

Continued growth ahead

As dental health continues to evolve, so will the role of hygienists, note experts. And, DSOs plan to encourage and support them as they do so. "Dentistry will continue to change with enhancements in diagnostic technology, enhanced supplies and research," says Kallis. "Education will continually be updated to support these focuses to ensure team members have access to them."

"The role of the dental hygienist will continue to evolve industry-wide, beyond that of a preventive specialist to a highly skilled periodontal therapist, motivator, holistic health educator and business person who manages [his or her] hygiene department," says Howes. "Aspen Dental practices, in particular, have a unique focus on a patient base that has traditionally been underserved. Sadly, on the list of priorities, dental care sometimes doesn't make the cut. Dentistry has become discretionary – a nice to-do rather than a must-do. People are anxious and scared. They're in pain, whether physical or emotional. And most of all, they're worried about cost.

"Patients deserve both choice and access when it comes to selecting a dental care provider," Howes continues. "That's why the dentists, hygienists and staff at Aspen Dental practices focus on removing barriers to care. They believe that everyone has the right to quality, affordable oral health care close to home. That means helping those patients with complex medical histories, financial barriers and extensive dental needs get the care they deserve – often through the help of a qualified dental hygienist."

"Great Expressions hires hygienists who are willing to go that extra mile and have an open mind when it comes to learning new things," says Caccia. "We want hygienists who have a warm and caring demeanor and can build trust with a patient, yet are aggressive enough to be a leader. No one cares how much you know until they know how much you care!" ■

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Hygiene Compensation

Finding the right balance with compensations and expenses

Dental hygienist compensation remains a hot topic in dental groups and practices. The past 10 years have brought many changes to the dental hygiene landscape, with most regions experiencing a high volume of hygiene candidates, and few dental hygiene jobs available. Not only that, dental groups are continuously challenged by the decreasing insurance reimbursement, while still paying their staff at the same levels they were five years ago. So how do you find the right balance with compensation and expenses, all while keeping your staff happy?

By Heidi Arndt

Heidi Arndt, RDH, BSDH has worked in the dental field for 18+ years. Her experience ranges from working as a treatment coordinator, dental assistant, and practice manager before graduating from the University of Minnesota with a bachelor's degree in Dental Hygiene. In 2011, Heidi founded Enhanced Hygiene. She is dedicated to helping dental practices realize their total hygiene profit potential through the development of their hygiene team, quality patient care, patient-centric service and by empowering the entire team.

The most common struggles dental groups deal with are:

- Paying more than they produce
- No real profit margin in hygiene
- Struggling with 'dental hygiene compensation entitlement'
- There is no connection between hygiene pay and their performance
- Hygiene compensation has increased, while the industry standard of pay has decreased
- Insurance reimbursement has decreased while hygiene salaries have increased

There are many different variables that play out in dental groups across the country, and no one group is the same. With these variables, there is not one hygiene compensation method either. Compensation plans should be designed to fit within the needs of each individual dental group, understanding that salaries, demand, and insurance reimbursement are different in each group.

Beyond the typical hourly or daily pay rate, there are several different compensation models available, each with its advantages and disadvantages.

Here is a look at the three most common compensation structures that employs incentive pay as part of the overall structure.

Option No. 1: Current Base Compensation plus Incentive

This model can be effective when you are confident the dental hygienists will be participating in the incentive each and every month. If not, you will be taking a hit on your profit margin.

Here is how the plan is calculated:
Current hourly compensation x 3 = Target Hourly Revenue

Target Hourly Rate x Total Hours worked for past Month = Target Monthly Revenue

- When RDH produces over Monthly Target Revenue, they will get 10-30% of additional revenue.

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Example:
Target Revenue is $27,000
Actual Revenue is $30,000
RDH gets 30% of $3,000

Advantage: Easy to implement. No change to current compensation, just an option to help a dental hygiene team achieve an incentive.
Disadvantage: It will not help your profit margin, unless everyone participates in the incentive.

Option No. 2: New Base Compensation plus Incentive

This model is one of the most common plans implemented today. It provides a "guarantee" to your hygiene team, and yet will motivate your hygiene team to take action by improving their performance.

Here is how the plan works:
You start by creating a new hourly rate for your entire hygiene team. This hourly rate should be set lower than the current average hourly rate of your dental group. You will want to find a balance with this rate, so your hygiene team does not feel insulted with the new hourly rate; yet they feel the need to improve their performance.

Once you have identified the new hourly/daily compensation, you will use the same calculation as above.

Example:
New hourly rate is $30 hour.
$30 x 3 = $90/hour target revenue

$90 target revenue x 180 hours = $16,200 is the new target monthly revenue

Anything over the $16,200 the RDH will get 25-30%.

Advantage: Provides a guarantee for your dental hygiene team, while creating an incentive for them to improve performance in order for them to achieve their desired compensation level.
Disadvantage: You will receive moderate push back from the hygiene team, as they will become really focused on the "decrease in pay."

It may not help your profit margin, unless the majority of your hygiene team participates in the incentive. Modeling out this plan on a six-month review will be essential to the success of it.

Option No. 3: Percentage of Adjusted Gross Revenue

This compensation is one of the easiest to calculate, but one of the hardest for your hygiene team to accept. This plan will put your dental hygiene compensation at complete "risk." The dental group must also investigate their state labor laws before implementation, as many states do require a guarantee pay for the dental hygienists.

Here is how the plan is calculated:
No target revenue with this option. The dental hygienist will simply make 28-33% of their Adjusted Gross Revenue.

Advantage: This is the best and the easiest plan for controlling your profit margin through the ups and downs of revenue.
Disadvantage: A difficult concept for the hygiene team to embrace.

No matter what option you choose, you need to model the plan out using your group's hygiene financials, compensation and benefit data. The base pay and percentages will be different from group to group, so there is truly no "one size fits all" plan.

Questions to ask

Once you have a compensation plan identified, you will need to start working through the finite details of implementing the new hygiene compensation structure. Here are some of the questions you should ask yourself as you start to finalize the details of your hygiene compensation plan.

- Will the hygienist get paid for PTO, holiday and other tasks?
- Should we pay on Collection, Adjusted Gross Revenue or Gross Revenue?
- Will everyone's base rate and percentage be the same?
- What happens when the hygiene team attends a Continuing Education meeting or a team meeting?
- What procedures do I get credit for?

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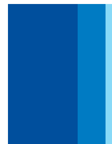

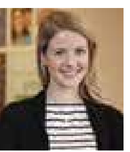

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- Will we give production credit for products we sell out of the practice?
- "We offer a free exam and X-rays to our new patients. How will this affect the hygiene team?"
- "Our doctors often offers discounted care to family and friends. How will this affect the hygiene team?"
- Will there be a merit increase?
- What if they work overtime?

Considerations

After implementing dental hygiene compensation structures for the past 12 years, the Enhanced Hygiene team has some additional advice for any group considering these changes.

1. Create the plan that will get you to your profitability goal. Do not create an incremental plan, or a temporary plan to get your hygiene team to where they need to be. Create the "right" plan from the start. It is important to understand, that no matter what plan you put in place your hygiene team will likely get upset with the change. You do not want to go back and change the percentage or the plan after a few months or even one year after implementation.
2. Be consistent with your team. Do not cut special deals with any certain team member. No matter the tenure of a team member, you need to have a compensation plan that fits everyone.
3. Help your hygiene team understand how they can be successful on the plan using the protocols and systems your group has established.
4. Before implementing a performance based compensation plan, your hygiene team should be tracking their numbers so they understand what revenue they bring in each day. This will help them better conceptualize the new compensation plan you are proposing.
5. Provide mentoring and support the dental hygiene team before and during the implementation process. Compensation changes are not easy for anyone. The amount of support you provide will help ease the transition and support the hygiene team in meeting their own financial goals as well.

Implementing a new hygiene compensation structure is not an easy task, and will take the focus of your entire management team to make the transition as positive as possible. The dental hygiene team is an important part your dental group, so ensure you have empathy, support and follow up during this process. You want this change to be a win for your patients, your hygienists and the group.

If you have questions about implementing a new hygiene compensation structure, please contact Enhanced Hygiene at hello@enhancedhygiene.com. ■

A Lifetime of Care

Dynamic Dental Partners Group intends to keep its patients a long time

Dynamic Dental Partners Group has 40 offices and is growing. And the Palmetto, Fla.-based DSO is interested in attracting more doctors who subscribe to the company's model of lifetime care.

The company's history dates back to 1989, when Alex A. Giannini, DDS, founded Comfortable Care Dental Group's initial office. Giannini (who today is CEO of Dynamic Dental Partners Group) practiced dentistry in Florida for nine years, during which time he co-owned and managed seven dental practices. In 1997, he and George Strickland, DDS, formally started a dental practice management company. While assisting dentists to restore their practices back to financial health, the company evolved and became the basis from which Giannini developed management techniques to enable the client/owner/doctor's recovery.

Marvin Terrell

Subsequently, Giannini, along with Senior Executive Armando J. Yanez, partnered with Strickland, Dr. Eric Kerbs, Dr. James Rice, Dr. William D'Aiuto and Dr. Bryan T. Marshall – founder of American Health Care, a Florida-based company he grew from two locations with three doctors to ten locations with 33 doctors from 1995 to 2005 – to create Dynamic Dental Partners Group.

'A new type of company'

"Their goal was to create a different, new type of dental group practice company," explains DDPG President and Chief Operating Officer Marvin Terrell, speaking of DDPG's founders. At first, they elected to primarily manage practices. But the model changed, so that today, the company focuses on acquiring practices.

In order to support this buy-and-build strategy, DDPG partnered with Huron Capital Partners in 2013,

a middle-market private equity firm based in Detroit, Mich. Through Huron Capital's strategic connections and industry experience, Dynamic Dental Partners Group expanded its national reach and today owns practices in Florida, Arizona and Virginia.

Terrell joined DDPG in 2013 with more than 25 years experience in many facets of the dental industry. Born and raised in rural Ashburn, Ga., he began his dental career with Wells Fargo in the area of medical/dental equipment leasing. In 2001, he joined Professional Dental Technologies (Prodentec), for whom he served as vice president of new business development. (Prodentec was acquired by Zila Pharmaceuticals in 2006, which, in turn, was acquired in 2014 by DenMat.) For the five years prior to 2013, Terrell helped a variety of dental-related companies build their sales and marketing teams.

"We concentrate on taking the patient from Day 1 through their entire lifetime. Once you're a patient, you always are."

Lifetime care

Dynamic Dental Partners Group differentiates itself from other dental services organizations with its unique care model, says Terrell. "We offer the opportunity for doctors to work with us and provide what we call lifetime care. We concentrate on taking the patient from Day 1 through their entire lifetime. Once you're a patient, you always are."

The approach is part of DDPG'S doctor-led approach to dental services, he continues. "While we acquire the offices, we provide support to the doctors so they can practice the type of dentistry they want to provide. For example, if the doctor wants to learn how to perform endo procedures, we provide classes to give them that opportunity. They don't

African-Americans and the dental industry

Dynamic Dental Partners Group President and COO Marvin Terrell has an interest in promoting opportunities for minorities – particularly, African Americans. That's why he is a supporter of the National Dental Association.

With roots dating back to 1900, the National Dental Association "promotes oral health equity among people of color by harnessing the collective power of its members, advocating for the needs of and mentoring dental students of color, and raising the profile of the profession in our communities," according to the association's website.

"There aren't a lot of people of color in the business, specifically, African Americans," says Terrell. One can find multicultural doctors and hygienists throughout the country, he points out. "But in terms of the dental industry – the vendor side, the DSO side – it's not as well-represented as I would like to see. We need to get the word out." Organizations such as the National Dental Association can help.

Terrell hopes that NDA will be recognized by the dental community as an organization with the same level of responsibility and expertise as other dental organizations, including the American Dental Association.

"That will give people of color more exposure to the opportunities that are available in the dental industry, and give the dental industry the opportunity to have more people available who are more than qualified to hold the positions that are opening up.

"This business is getting more and more challenging. As we look for new and better ways to operate and compete, why not [pursue] diversity – look for people with diverse backgrounds who can help contribute to that goal. Our patients are everybody; our offices, vendors and DSOs should represent the people we're servicing." ■

have the financial outlay they otherwise would have, and they have the opportunity to put into practice the experience they have gained from these classes."

Dr. Strickland, who serves as DDPG's chief clinical officer, conducts doctor-led meetings on a regular basis, says Terrell. "These meetings are strictly clinical, and they speak to how we strive to provide lifetime care to our patients.

"Doctors want to provide clinical care to their patients, and the only thing that will stop them from doing so is a lack of resources." The classes fill that gap.

"If you don't start with hygiene and then move to restorative care, you won't have that lifetime care model."

By necessity, DDPG's lifetime care model incorporates hygiene, says Terrell. "If you don't start with hygiene and then move to restorative care, you won't have that lifetime care model." That's why DDPG provides coaching on both hygiene and restorative care, that is, addressing the patient's oral health prior to beginning restorative work.

Forming a DSO today comes with a set of challenges, says Terrell, including a plethora of new entrants and some bad press too. "The challenges we have are the same that everyone has – making sure we have the right doctors who have the same clinical mindset that the company has. We want to make sure the dental industry is represented the best way we can, providing the best care to patients."

Patients come first

DDPG's "I Care" program should help. "The concept is that everybody who comes into contact with our patient shows that they care about them," Terrell explains. "Their message is, 'I care about you, this is what I will do for you.' If we need to come in at 7 p.m., if we need to miss lunch, if we need to meet a patient at the office, we're here to do that for them. This goes from our corporate office, to the doctors and hygienists, all the way to our patients."

The point is, the patient's goal comes first, that of the practice, second.

"We want our patients healthy, happy and here." ■

National Dental Association: Its mission

The goals of the National Dental Association are to:

- Improve the delivery of oral health care in underserved communities.
- Improve the educational opportunities of minorities underrepresented in the oral health field.

The specific objectives of the NDA are to:

- Establish the NDA as the vanguard of oral health in communities of color.
- Perpetuate the tradition and upgrade the stature of African American dentists in service to the minority community.
- Increase the number of minorities in dentistry in areas of private practice, academia, administration, research, health policy, media advocacy and the armed services.
- Provide members with opportunities for continued education, collaborative research, leadership training and business networking.
- Inform health policy, interface with legislators, and influence legislation that affects minority consumers and providers.
- Support members in transition from dental student to dental professionals to retirees.
- Strengthen alliances with other health organizations, community groups, national coalitions and corporations committed to the NDA ideals.

Source: National Dental Association, www.ndaonline.org

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Best Practices in Infection Control

By Dr. John Molinari and Peri Nelson

Editor's note: In Best Practices in Infection Control, with THE DENTAL ADVISOR, Dr. John Molinari and Peri Nelson will address common concerns related to infection control in dental practices. Questions can be submitted at dentaladvisor.com, under the Ask The Editors tab.

Q: Our practice does not use an ultrasonic cleaner. How can I process instruments and remove debris safely?

A: Ultrasonic cleaners and instrument washers are the best and safest ways to remove debris from contaminated instruments. If your ultrasonic unit breaks down or your practice does not own one, instruments may be scrubbed by hand. Care must be taken by specifically using heavy duty, puncture resistant utility gloves, along with a long handled scrub brush to keep hands separated from instrument tips.

Many people talk about gloves not fitting their fingers, but few are aware that the palm width can be equally important in glove selection.

Q: Our practice is large and sees approximately 150 patients per day. We do monitor our sterilizers weekly; however, we are concerned that we could have a failure. How does this occur and what should we be aware of?

A: There are multiple factors that can adversely affect sterilization cycles. Improper cleaning of instruments and leaving debris on instruments can act as a barrier to microorganisms and potentially compromise the sterilization process. Using an incorrect size of a sterilization pouch, overpacking bags with instruments and excessive amounts of sterilization wrap can also lead to failures in sterilization. Overloading the sterilizer by stacking bags on top of each other can compromise airflow within the chamber as well as drying cycles. Inappropriate time, temperature and/or pressure also affect sterilization. Human error plays a role here. If the sterilizer door is opened during the cycle or timers are incorrectly set, this results in incomplete sterilization. Inadequate maintenance of sterilization equipment can cause problems such as defective control gauges, worn door gaskets, clogged air filters, and broken seals. Only FDA-approved sterilization devices should be used.

Q: Our group practice orders only one brand and three sizes of gloves. The gloves do not fit my hands properly and I'm concerned that they will tear when I am working. Do you have any recommendations?

A: It is important to first note that people's hands come in a variety of sizes. Not only are there differences in the lengths of fingers, but also the widths of the palms. Many people talk about gloves not fitting their fingers, but few are aware that the palm width can be equally important in glove selection. There are different glove widths available for various types of gloves. What you may have to do is try several samples to find a comfortable width. For example, when you put the glove on, the palm shape should remain the same as without the glove. If the palm is constricted, the width is too small and may cause muscle stress and damage over time. ■

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Gray market… and worse

Counterfeiting bigger threat than product diversion

When it comes to gray market, Bernie Teitelbaum would like to get the dental industry to break through a nagging mental image.

The enemy, he says, isn't the gray market dealer. The enemy is the gray market product.

Teitelbaum is executive director of the Dental Industry Association of Canada. He participated on a panel called "The Dilemma and Impact of Gray Market Product Sales" at the 2015 Chicago Dental Society Midwinter Meeting.

'A horrible term'

Traditionally, gray market products are those that are manufactured for sale in one market – say, a Third World country – often at reduced prices, but that wind up back in the country of origin.

"It is hard to put a number as to how widespread the problem is, as it ranges from unauthorized distributors diverting and re-selling product that is FDA-approved, to selling illegally diverted product that is not approved for sale in a particular market, to selling product that has expired or is compromised," says Gary Price, president and CEO, Dental Trade Alliance.

"'Gray market' is a horrible term, because it's not illegal," says Teitelbaum. "It means you're selling something outside the manufacturer's authorized distribution channel." It's true that the manufacturer may have cause for some kind of civil action against a diverter. But selling or buying something on the gray market isn't necessarily a crime.

Some manufacturers – primarily larger, well-funded ones – have reduced gray market trafficking of their products by changing the packaging or units of measure for products intended for other markets, says Teitelbaum. But gray marketers are resourceful. They may entice buyers with catalogs displaying photos of products intended for the domestic market, at half the cost of what traditional distribution can offer. Then they ship the product intended

for distribution and consumption in other countries. "It's a bait-and-switch," he says.

The reason they get away with this is, most dentists typically don't check. "They know what they want to buy, from the picture in the catalog," says Teitelbaum. "But they don't order it, they don't receive it, they don't put it in the supply cabinet or take it out and put it in the operatory." Nor do many office managers take the time to compare the product received at the office with the one pictured in the catalog.

Though gray market activity may not be illegal, it presents potential hazards to the dental practice and its patients. Key questions arise, says Daniel Meyer, DDS, chief science officer, American Dental Association, who also participated in the Chicago Midwinter panel discussion. Where has that product been prior to the sale? How long has it been there? In what conditions was it stored? Has it been altered in any way?

"Some dental formulations are very complex," he says. "Products may need to be protected or refrigerated, they may have limited shelf life, or there may need to be specific care in handling them." There's no guarantee that products distributed outside the normal supply chain can pass these tests.

A far more serious problem

All that said, the industry does have a growing awareness of gray market activities, says Teitelbaum. "Things are better, because there is a heightened awareness of it. But they're also worse, because most of the gray market product today is unlicensed and, increasingly, counterfeit."

Resourceful gray marketers understand that it might be simpler and more profitable to simply make fake products that look like those sold in the domestic market, rather than divert legitimate ones, he says. "The gray market is trending away from the backdoor selling of 30 years ago, to the Third World counterfeit product. It's no longer the same product that's manufactured here."

Says Price, "What we have seen changing in the landscape of dental product sales is the increasing occurrence of black market and counterfeit goods. That's a far more serious problem. With the ease of the Internet to set up shop under numerous business names to promote their products, gray market dealers are becoming increasingly emboldened in enticing the dental community with significant discounts while thinking there is not much that can be done to stop them. As a result, we have seen an alarming trend of these 'businesses' offering counterfeit goods to increase their sales and margins. I mean 'alarming' by the fact that these goods are not gray – they are illegal, which puts our members' customers and ultimately, their patients, at risk."

> "I know crooks will find a way to steal, so my objective is to make it as criminal for them to do so as possible."
>
> **– Bernie Teitelbaum**

The growth in counterfeiting is an alarming development, says Teitelbaum. After all, counterfeit products are unregulated, and are either ineffective or harmful to patients. But at the same time, he sees a silver lining. That's because, unlike selling gray market products, selling counterfeit products is clearly illegal. U.S. Customs will come down "like a ton of bricks" on counterfeiters. They will go to jail.

"I know crooks will find a way to steal, so my objective is to make it as criminal for them to do so as possible," he says. "You reduce the number of people who are

willing to do it, and at least you put some people away. So let's see if we can nip it in the bud."

What can be done?

The ADA's involvement in regulatory and standards-making organizations is a crucial first step in stemming gray marketeering and counterfeiting, says Meyer.

"We work very closely with all the stakeholders – academia, government, regulatory agencies, manufacturers, scientists, researchers and others – to develop standards for the industry." In fact, ADA works closely with the American National Standards Institute (ANSI) as well as the International Organization for Standardization, or ISO. "We try to address important issues, such as the formulation of materials, safety, labeling, expiration, shelf life," he says. "We address these things upfront, and we work closely with all the communities of interest and stakeholders involved in developing product safeguards."

In addition, the ADA conducts a professional product review program to assess and provide information on the performance of professional products, and a "seal of acceptance" program for the safety and effectiveness of over-the-counter dental products. What's more, the association operates its own scientific laboratories in which it can examine products on the market.

> "Things are better, because there is a heightened awareness of it. But they're also worse, because most of the gray market product today is unlicensed and, increasingly, counterfeit."
>
> **– Bernie Teitelbaum**

"By being involved in the standards development and product evaluation processes, we get to know the product line inside and out," says Meyer. "That gives us a level of expertise to identify product that might not be living up to its reputation or may not have been handled the way it should have been."

Manufacturers can help stem the tide of gray market and counterfeit activity in a number of ways, says Teitelbaum. In addition to changing packaging and units-of-measure for products intended for sale in non-domestic markets, they can publish side-by-side photos of those products intended for consumption in the United States or Canada, and those intended for emerging markets. Of course, that's no guarantee the dentists or office staff will study the photos and compare them to the products on their shelves.

In the end, the best defense dental practices can employ against gray marketeering and counterfeiting is a combination of buying from distributors they know and trust, and paying close attention to the products they receive from all others, says Teitelbaum.

Says Price, "On the positive side, we anticipate that the U.S. Food and Drug Administration Unique Device Identification – UDI – system will help to curb the flow of illegal gray and black market dental products. While this will result in additional costs to manufacturers, our members see it as a means to improve accountability for the lawful and intended distribution of their products."

Meanwhile, the dialogue continues.

"When we established our Gray Market Task force in 2011, the goal was to provide a forum for both our manufacturer and distributor members to discuss what could be done about the situation," says Price. "Today, with the rise in black market and counterfeit goods, both of which are illegal, the focus of the Task Force has broadened from working with regulators to monitor and prosecute these activities, to developing packaging that allows for easier tracking of product and its intended market to deter gray market activities." ■

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Heartland Dental supporting new offices in several states

Heartland Dental announced it now supports existing offices in the following locations: Marietta, Ga., Sand Springs, Okla., Islip Terrace, N.Y., Glastonbury, Conn., Greenville, S.C., North Little Rock, Ark., Plymouth, N.H., Columbia, S.C., Worthington, Minn., Flowood, Miss., and Memphis, Tenn. Heartland Dental also announced it now supports newly opened offices in the following locations: Sioux City, Iowa, Reynoldsburg, Ohio, Suffolk, Va.

Great Expressions announces new affiliation

Great Expressions Dental Centers (GEDC), announced an affiliation with Dr. Larry Harkins in Palm Harbor, Fla. Dr. Harkins has served residents of Pinellas County for more than 26 years. This office complements GEDC's 24 existing offices throughout the Tampa area. "Affiliating with Dr. Harkins' office allows us to continue to grow our presence in the bay area through the foundation that he has built," said Richard Beckman, CEO of Great Expressions Dental Centers. "We have a strong presence in Florida, but we're looking forward to providing affordable, convenient and unmatched patient care to current and new patients at this location."

Crosstex acquires manufacturer of DentaPure waterline disinfection cartridge system

Crosstex announced it further expanded its infection prevention and control portfolio with the acquisition of MRLB International, the manufacturer of the DentaPure waterline disinfection cartridge system. The DentaPure product line is a patented, proprietary iodinated resin filter cartridge system. This technology is a spin-off of the NASA technology used in the space shuttle program and currently being used in other aerospace applications. MRLB perfected the use of these systems for dental unit

waterline compliance. The DentaPure cartridge system surpasses all standards and CDC recommendations for dental unit water quality, thus maintaining safe water quality for patients and staff. The DentaPure cartridge system is EPA registered as a dental unit waterline disinfectant and is FDA (510K) registered. Waterline quality

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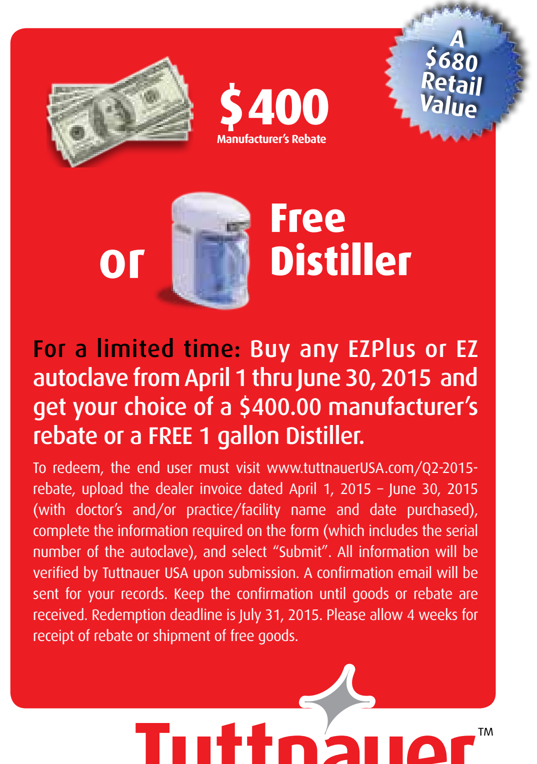

and the safety of the patient have long been a passion of MRLB CEO Barry Hammarback who stated that "easy compliance with waterline disinfection is the key to safer dental treatments." Hammarback went on to say "Crosstex has an outstanding marketing network which will ensure that our efforts to make DentaPure the easiest to use, most effective dental unit waterline treatment system, will continue."

New CDC report highlights U.S. children's caries problem

Almost a quarter of U.S. children between two and five years of age have caries in their primary teeth, according to a new report issued by the U.S. Centers for Disease Control and Prevention (CDC) (Atlanta, GA). The eight-page report by the CDC's National Center for Health Statistics analyzed U.S. youth caries and sealant prevalence by race and Hispanic origin. Overall, disparities persisted in the U.S. for dental caries and sealant use among children and adolescents from 2011 to 2012. There was, however, some good news: Fifty years ago, 75 percent of children had caries in their adult teeth by age 11; now, only 25 percent of children have caries. Other findings include: Caries among children ages six to eight was 56 percent; untreated caries in primary teeth among children ages two to eight years was twice as high for Hispanic and black children compared with white children; and for children ages six to 11, dental sealants were more prevalent for white children (44 percent) compared with black and Asian children (31 percent each).

Five Aspen practices to open in Arkansas in 2015

Access to dental care in Arkansas is about to improve with the addition of five new Aspen Dental (East Syracuse, NY) branded practices, the first of which opened in Searcy and Jonesboro on April 9, 2015.The locations, set to open throughout 2015, will provide much-needed access to care, including dental services that range from dentures and preventive care to general dentistry and restoration.

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Premier Dental Product Company's new Enamelon® Preventive Treatment Gel is proving to be a practice builder by increasing compliance through streamlining and standardizing product choices. Enamelon is formulated with stabilized stannous fluoride and optimized with calcium and phosphate ions to offer a safe, effective, over the counter, home-use product. Enamelon helps prevent caries and gingivitis, and treats sensitivity.

Enamelon helps to strengthen teeth against acid challenges. This revolutionary and versatile product can assist your pediatric patients to reduce caries while assisting your orthodontic patients to protect against demineralization and gingivitis, and aid periodontal patients to reduce root caries and sensitivity.

Enamelon allows busy offices to reduce inventory and streamline product choices by eliminating the need for remineralizing pastes, prescription-strength toothpastes and take-home rinses, so your clinicians can stay focused on their patients' needs.

Enamelon allows busy offices to reduce inventory and streamline product choices by eliminating the need for remineralizing pastes, prescription-strength toothpastes and take-home rinses, so your clinicians can stay focused on their patients' needs. Enamelon provides two times greater fluoride uptake[1] and three times greater resistance to acid challenges[2] than 5000 ppm fluoride toothpastes with just 970 ppm fluoride. Enamelon provides more protection with less fluoride and can now be utilized for patients of all ages when following the 2014 ADA guidelines for fluoride toothpaste use for young children.[3]

Enamelon helps to interfere with the harmful effects of plaque associated with gingivitis which is especially helpful for orthodontic and periodontal patients. Stannous fluoride inhibits bacterial adhesion and growth and is shown to result in significant reductions in plaque and gingivitis with twice-daily use.

Amorphous Calcium Phosphate (ACP) and stannous fluoride work together to help relieve sensitivity through tubular occlusion. A physical barrier is created that covers the dentinal tubules, preventing external stimuli from causing pain or discomfort. It also features Ultramulsion®, a patented saliva-soluble, long-lasting coating that lubricates and soothes soft tissues of the mouth while spilanthes, a natural herb, may help to encourage salivary flow and provides a refreshing mouth feel. This gentle, SLS-free, gluten-free, dye-free, non-abrasive formula can be used daily by the entire family to safely protect teeth while minimizing enamel wear – which is especially helpful for young patients and for patients with sensitivity, erosion, or thin enamel.

Reduce office waste, holding costs, and standardize product choices in your office by including Enamelon as your one-step solution to treat caries, gingivitis, and sensitivity. The refreshing mint flavor coupled with a great mouth feel further helps to increase compliance. Increase revenue, reduce costs, and streamline office products by making Enamelon your office Standard of Care. ■

1. Schemehorn BR, DiMarino JC, Movahed N. Comparison of the incipient lesion enamel fluoride uptake from various prescription and OTC fluoride toothpastes and gels. J Clin Dent. 2014; 25:57-60

2. Schemehorn BR, DiMarino JC, Movahed N. Comparison of the Enamel Solubility Reduction from Various Prescription and OTC Fluoride Toothpastes and Gels. Journal of Clinical Dentistry, 2014; 25:61-4.

3. American Dental Association Council on Scientific Affairs, Fluoride toothpaste use for young children, JADA 2014; 145 (2); 190-191.

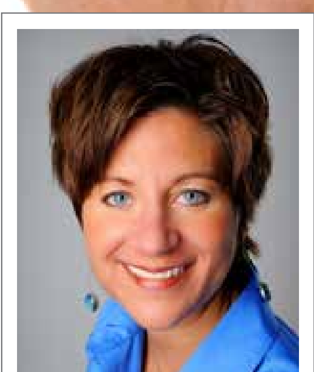
Free to Focus

How a Management Support Organization can help group practices streamline work flows and cast a vision for growth

Large group practices, multi-specialty groups, multi-location groups, even emerging groups – no matter the style, each of these dentist-owned entities is juggling the balance between day-to-day operations and the movement towards the owner's vision. As each group expands, the daily tasks of scheduling, treating patients and handling billing can quickly take over the owner's attention. This leads into a "working in the practice" rather than a "working on the practice" situation that can cause serious frustration for an owner with a scalable vision.

Even when the busyness of a dental group is a result of initial success, daily operations can become the only focus.

A new solution to the challenges of managing a group practice is the MSO – Management Support Organization company. An MSO helps the dentist owner to accomplish the practice vision through facilitation, execution and implementation. Made up of specialized management strategists, an MSO steps into a group practice both to inspire and encourage the team through establishing organized systems to smooth out the daily operation as well as direct energy into accomplishing measurable goals to move the group toward the vision. The MSO works hand-in-hand with each department and team member, providing necessary training and organization to allow them to reach their full potential – and with owner support, identifying and removing existing road blocks.



By Jill Nesbitt

Large Group & Multi Location Operation Consultant. Jill is a group practice dental consultant with over 18 years experience in dental group practice management. Her expertise with the Baldrige statistical management approach supports decision making for staff management, marketing, vendor management, finances and strategic planning.

By Rhonda Mullins

Acquisition, Transition & Operation Management, Solo, Emerging Large Group & Multi Location Design Strategist. As an "Innovative Creative Consultant" in business enterprise and care driven clinical outcome, she delivers! Her contribution to Solo, Multi and Large Group practices nationally has been, and continues to be, a passion with GREAT persistence in impact and innovative solutions for this industry and its providers.

This article will explore the three ways a group practice can work with an MSO:

1. Owner dentist sets the vision, MSO designs and supports the implementation to make it happen
2. Develop existing office managers / team leaders for accountability to run the day-to-day operations – MSO provides solutions for systems/processes for seamless function
3. Special projects: Marketing, Acquisition, Recruiting – MSO handles these to set up the approach and measure performance and outcome, then hands off to onsite individuals to maintain

Owner sets the vision, MSO supports the implementation

Dentists with an emerging group practice vision often talk about a future where they hire associate dentists, reduce their patient care hours and earn an income through the ownership of a group. This mirrors the premise of a popular business book, *Built to Sell* by John Warrillow. *Built to Sell* is a parable about Alex, the owner of a small marketing agency who works as hard as he can, but struggles to build a successful business even though he is involved in every aspect. Through the story, he discovers how to focus on his vision and set up systems to streamline operations and grow the skills of his team so he can relax and enjoy a solid income working as he wants to, not because he has to.

An MSO works hand-in-hand with the owner dentist to refocus on the vision for the group practice.

Dentists with this type of ownership vision are tasked with the challenge of building a successful group practice in their community with brand insistence and establishing systems so the dental care can be provided consistently without micro-management. This begins with the owner dentist developing clinical aptitude with the associate dentists – expanding their skills as well as their ability to facilitate patient needs through effective treatment planning and case acceptance. For owners distracted with a variety of other investments and activities, career development of associate dentists can fall to the bottom of a priority list, with difficult and challenging consequences including unrest and dentist turnover.

An MSO works hand-in-hand with the owner dentist to refocus on the vision for the group practice. Through establishing a level of excellence of best practice standards and patient care delivery expectations that penetrate the soul of the organization, regular meetings with the existing management team and the owner dentist plus onsite purposeful agendas, follow- through and deadlines, a group practice owner can feel confident that their ideas will be implemented – and therefore, the meeting time justified. As tasks are assigned and completed, the owner can develop trust in the team and move into a solid leadership role.

Existing management team runs daily operations, MSO establishes systems

Beyond working with the owner of the group, an MSO works closely with the team members in each office to support their training and smooth their day. Most office managers want their offices to be successful and their dentist owner to be pleased with their performance. However, they often feel overwhelmed and under-supported and settle into an attitude of "I'm doing the best I can". As practice performance reports reveal poor results – large over 90 days receivables, holes in schedules, missing metrics, no forward movement, etc. – an office manager can feel attacked, embarrassed and view themselves as a failure.

The MSO role in working with office managers and the administrative team is key. As the MSO professionals begin to understand the issues each administrative team member is facing, empathize with the challenges and then gain the trust of these team members – the foundation for change has to be initiated within the individuals as well as the practice platform. Then, and through systems and training, each team member can be supported to increasing levels of performance – and with measurement, we can set up these team members to succeed and be there to cheerlead their accomplishments! Either the people change or you change the people.

For large group practices, the MSO develops team leaders. A representative from the hygienist team, the assistant team and the administrative team are identified and given authority and support to help manage the practice through each departmental contribution. With regular meetings with the owner dentist – and/or other associates depending upon their interest and motivation, these team

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Rhonda Gonano Mullins, CEO/Managing Partner

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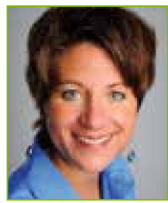

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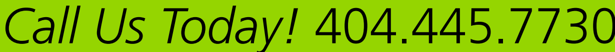
Kim Pinzini, RDH

Hygiene Development Consultant

Kim brings 26 years of experience and expertise as a hygiene strategist for Solo, Large Group and Multi-Practice Models. As Past President and activist, her leadership has lead State Associations to greater influence and legislative changes in Tennessee, Arizona and California. She is equipped with the knowledge, skill, personality and support for any and all dental practices seeking to provide the highest standard of care for their patients while increasing the Hygiene Department's revenues.



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leaders are essential to the success of the group. The MSO provides leadership training, solution finding and encouragement to these team leaders.

MSO handles special projects: marketing, acquisition, recruiting

As the owner and team leaders begin to manage the daily operations successfully, special projects will arise. These special projects can include a need for an overhaul of the technology, evaluation of the marketing return on investment to identify the best avenues for generating new patients, acquisition of a new office or recruiting new associate dentists. For a team leader gaining ground with people management skills and handling a higher responsibility load in terms of team schedules, training and performance monitoring, a special project can throw them into overload. Plus, special projects often involve the selection of vendors and comparison of expense vs. value. The MSO brings a level of sophistication into these purchasing decisions that allows the owner to select the right partners to meet their needs and budget.

> No matter what type of special project the MSO tackles, the heavy lifting of designing the program, approving the budget with the dentist owner and then establishing the performance measurement system all stay off the shoulders of the existing management team.

The MSO also brings expertise from other group practices to bear when tackling a special project. This increases the speed that a major decision can be made and a solution implemented. Existing management teams appreciate the time saved by outsourcing these tasks. Let's say that a group practice identified a need for more new patients (beyond the success achieved through internal marketing protocols already in place) and the decision was made to tackle the special project of increasing new patients. This is a great project for an MSO – this group of professionals knows the practice, understands the strengths and can identify external marketing opportunities such as online, direct mail, etc. The MSO can work with vendors to craft marketing programs, establish budgets and systems to measure return on investment.

No matter what type of special project the MSO tackles, the heavy lifting of designing the program, approving the budget with the dentist owner and then establishing the performance measurement system all stay off the shoulders of the existing management team. Then, once the special project is running effectively, the MSO professionals bring the team leaders and office managers up to speed on their role to make the program successful. This expands the knowledge and confidence level of the existing management team when they are well supported by experienced professionals.

Growing the right way

Dentist-entrepreneurs who own a single large group or multiple locations face the challenges of increased complexity and a growing time drain to manage day-to-day operations. For dentists with a vision of ownership as opposed to full time clinical care, it can feel almost impossible to handle both the leadership needs of a growing organization as well as the daily management tasks. This is where a Management Support Organization (MSO) can step in to partner with the dentist owner and leverage his/her time by establishing systems and processes to support the existing team and increase both the efficiency and effectiveness of patient care.

The MSO working closely with the dentist owner also can handle special projects such as marketing, new practice acquisition/on-boarding, recruiting and major purchasing decisions. By bringing experience from other practices to bear, the MSO can facilitate the owner to select the best vendors and establish a plan for implementation and performance measurement. An owner can also rapidly increase the knowledge and skills of the existing management team through MSO support and coaching. This new approach to support emerging group practice allows a dentist owner to focus on vision and clinical leadership with the added confidence that the MSO professionals are in place to solve, support and smooth the unique challenges of group practice management.

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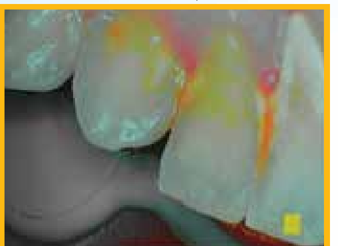

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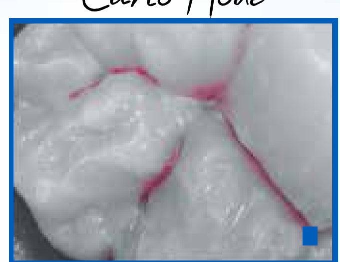

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