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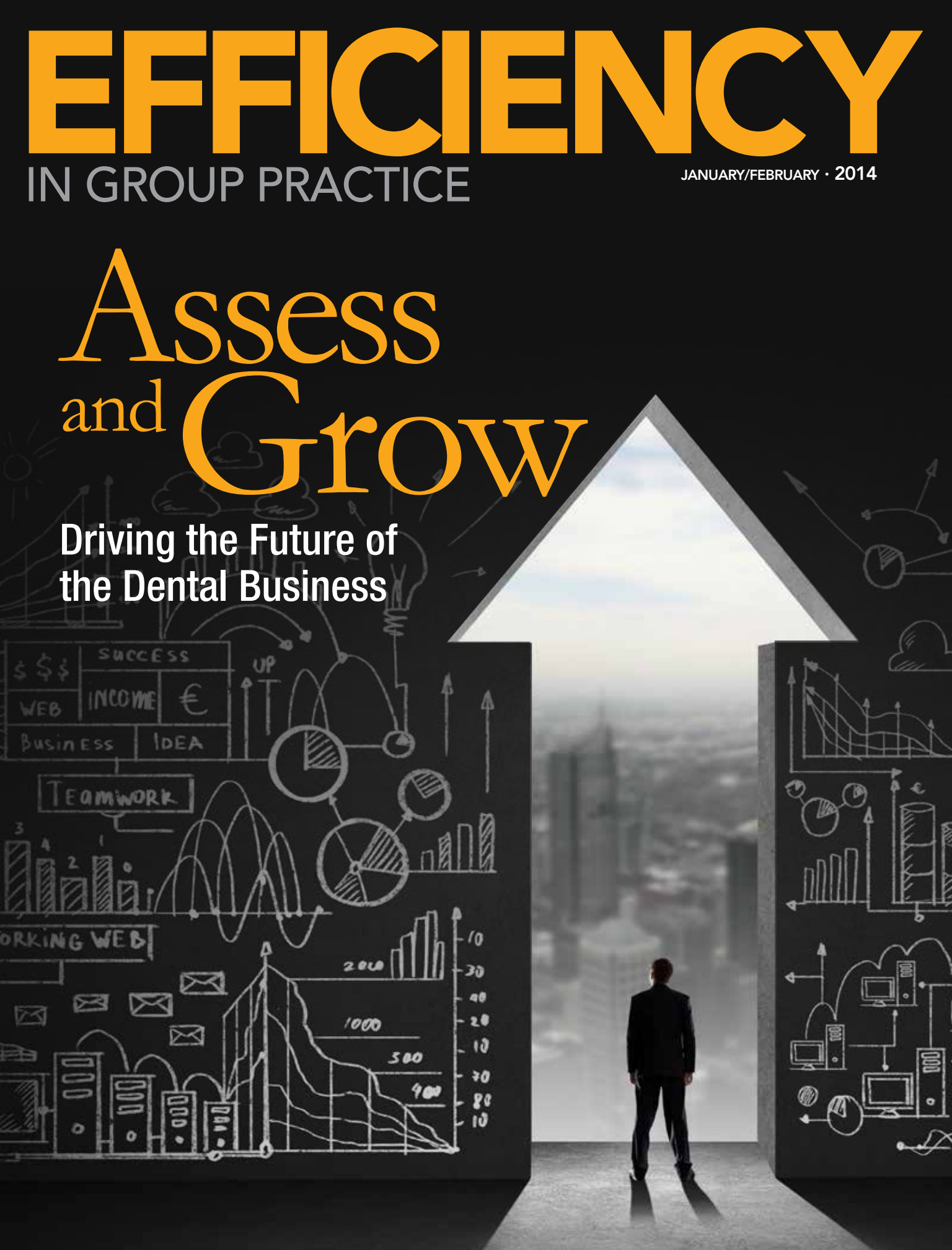

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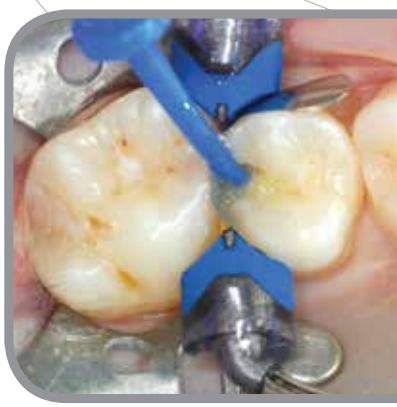

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POSTMASTER: Send address changes to Medical Distribution Solutions Inc., 1735 N. Brown Rd. Ste. 140, Lawrenceville, GA 30043-8153. Please note: The acceptance of advertising or products mentioned by contributing authors does not constitute endorsement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

Efficiency In Group Practice is published quarterly by mdsi • 1735 N. Brown Rd. Ste. 140 • Lawrenceville, GA 30043-8153
Phone: 770-263-5257 • Fax: 770-236-8023 • www.dentalgrouppractice.com

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New Opportunities

To get a more in-depth analysis and specific details on the ACA and its impact on corporate dentistry, please review the ADA, PEW Center and Robert W Baird & Co. reports. The aforementioned were all sources for this Publisher's letter.

A new year brings new opportunities and challenges. In corporate dentistry, we will see it continue to grow and the dental landscape change.

Much of the nation has watched the launch and rough start of the Affordable Care Act (ACA)*. Whichever side of the aisle you lean toward, the ACA will bring our dental world additional challenges which we must accept, and opportunities which we must seize.

The Challenge – product cost increases

One of the many ACA funding mechanisms is the 2.3 percent medical device tax. The dental industry is not immune to this tax. Dental manufacturers have certain products which are impacted. This tax is on top line revenue, and not on the profitability or the net of a certain product. Manufacturers will most likely pass this increase along to you, the dental practice.

The Opportunity – underserved pediatric dental care

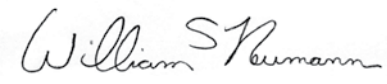
The ACA is now requiring dental benefits for children 19 years old and younger through Medicaid and the state run CHIP programs. It is suggested that 3 to 4 million children will be enrolled in this dental benefit in the next couple of years. Both GPOs and DSOs are perfectly positioned to take advantage of this new influx of pediatric dental patients. If your group is not specifically focusing on pediatric needs, this would be an excellent time to reevaluate this demographic. (The ACA does very little to address the dental needs of adult Medicaid patients except where states offer benefits.)

As the year progresses, feel free to email me and keep me informed as to how the ACA is affecting your group. We will use the input for an upcoming article.

As you browse this issue of *Efficiency* please check out:

- *Driving the Business and Tools for Growth.* This article offers some great insight from Rhonda Mullins, a dental industry speaker and consultant who focuses on the business side of dentistry.
- *Acquiring a new practice?* Stuart Oberman, Esq. runs you through a 13-step checklist.
- Heartland Dental is featured in our *Group Practice* profile.
- As we begin building our *editorial advisory board*, please take a moment to read about Jack Allen of Great Expressions, Andy Goldsmith of SmileSource, and Lori Streeter of the American Association of Dental Office Managers.

Happy 2014 and I look forward to hearing about your challenges and opportunities this year in the world of corporate dentistry.



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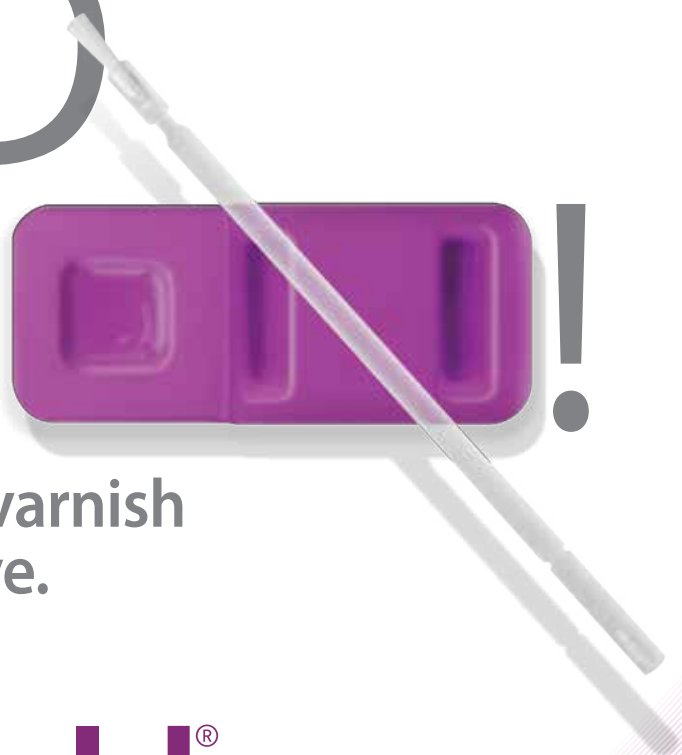

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Advise and Consent

Efficiency in Group Practice announces members of its Editorial Advisory Board

The *Efficiency in Group Practice* staff relies on the expertise of group practice professionals and experts in the field to keep us on track. Our editorial advisory board is our primary way of doing so. Meet three members of the Efficiency in Group Practice board. We'll be announcing more in future issues.

Jack Allen, national purchasing director, Great Expressions Dental Centers, Bloomfield Hills, Mich.

Raised in Royal Oak, Mich., Jack Allen had plenty of experience on the sales side of the dental industry before taking a chair on the other side of the desk nearly nine years ago, as national purchasing director for Great Expressions.

In high school and college, he worked summers in Patterson Dental's warehouse in Clawson, Mich., unloading trucks and pallets, sweeping the floor, picking orders, invoicing and shipping. After graduation, he went to work full-time at the facility, first as a customer service rep and then, eight months later, as a dental supply and equipment field representative.

Allen served as a dental supply and equipment rep for Patterson Dental for several years; then Denta-Plex, a local distributor in Farmington Hills; and finally, Becker-Parkin Dental, a national distributor, which was acquired by Henry Schein in 2005.

"Sweeping floors and hauling dental stones and gloves off a truck, going through every facet of the dental business, carrying a travel bag, visiting doctors day in and day out, working with manufacturer reps, and finally, being on the other side of the coin, in purchasing – gives you a whole new perspective of the industry."

He was initially asked by Great Expressions to do an asset evaluation of all its practices. When that assignment ended, he became the organization's first national purchasing director. "Sweeping floors and hauling dental stones and gloves off a truck, going through every facet of the dental business, carrying a travel bag, visiting doctors day in and day out, working with manufacturer reps, and finally, being on the other side of the coin, in purchasing – gives you a whole new perspective" of the industry, he says.

Challenges facing independent dentists

Great Expressions has more than 200 affiliated dental practices in nine states. Once the DSO's clinical committee have agreed to standardize on a particular product, Allen uses that potential volume as leverage

with suppliers. Independent practices lack that same kind of leverage, he says. In fact, the independent dentist, while providing great patient care and maintaining strong patient relationships, lacks the back-office support in purchasing, payroll, accounts payable, accounts receivable, etc., that the DSO can offer its dentists. Of independent practices, Allen says, "Having to provide everything on their own from a financial standpoint is stressful."

Andrew M. Goldsmith, DDS, DICOI, FIALD, chief dental officer, vice president vendor relations, Smile Source®

Born in Bryn Mawr, Pa., and raised in Carson City, Nev., Goldsmith is a graduate of the Marquette University School of Dentistry. He completed a General Practice Residency program at the University of Colorado School of Medicine. For 10 years, he was a partner at Esthetic Family Dentistry, a practice in Colorado Springs. He joined Smile Source in 2011.

Headquartered in Kingwood, Texas, Smile Source is an alliance of more than 150 locations in a number of Western and Southern states.

Key challenges facing dental practices

"Dentists are feeling the lagging economy, with no major foreseeable increases in dental spending over the next year," says Goldsmith. "The cost of supplies is increasing, fewer patients are going to the dentist, expenses are increasing, reimbursement from insurance companies is decreasing. Debt loads for new dentists are at an all-time high."

"Large group practices are able to out-market, out-produce, out-manage solo dentists."

The opportunity for dental service organizations

"Large group practices are able to out-market, out-produce, out-manage solo dentists," he says. Many solo practitioners are wrapped up in what they consider to be "ideal dentistry." The corporate dental setting, however, is focused on providing good healthcare as efficiently as possible. Corporate groups are unfairly vilified for that approach, but patients are better served by it, says Goldsmith. Example: The private practitioner might work on just a couple of teeth at a sitting, then schedule follow-up appointments for the remainder. The corporate group, however, might prefer to get the entire side of the mouth worked on in one sitting.

Challenges facing dental service organizations

"Dental service organizations are in a tough position," says Goldsmith. They are vilified by the doctors and perceived as stealing margin from the manufacturers, and state dental organizations are trying to block their expansion plans. "But I tell general

dentists, 'As long as you're not willing to be open on Saturdays or evenings, or you're not open to accepting Medicaid patients, corporations will win.'"

What's more, dental service organizations "offer an alternative to new graduates that has become highly appealing," he says. "DSOs will continue to battle for a few more years until they hit critical mass, which will be in the next five to 10 years."

Some private-practice dentists believe the DSO proposition is too good to be true, and hence shy away from it, says Goldsmith. Others are unaware they need help from a business perspective. But many do need such help.

Dentistry can be so profitable, that doctors are prone to disregard good business practices, he says. But that's not a sustainable strategy. Among the general population, it is estimated that only 2 percent who retire at age 65 are financially independent. Among dentists, that percentage is only slightly higher – 4 percent. Once doctors look at that, "we will start seeing behavior changes." And those changes will occur sooner rather than later.

Lorie Streeter, FAADOM, CTC, chief operating officer, American Association of Dental Office Managers

A native of Madera, Calif., Streeter served 12 years as a practice manager and four years as a marketing manager for one of the nation's largest corporate dental groups, based in Southern California. Later, she worked as a marketing manager for Patterson Dental. It was as a practice manager that she came to understand that suppliers would be well-served by marketing their products and services to office managers, a segment they often overlooked. "That's why I sought out AADOM," she says.

The American Association of Dental Office Managers is an organization of professional office managers, practice administrators, patient coordinators, insurance and financial coordinators, and treatment coordinators of general and specialized dental practices. As its chief operating officer, Streeter is charged with building programs and awareness of the AADOM mission and benefits to its members.

"In any successful business, the regional manager has to be able to trust that the office manager in each location will take ownership when you're not there," she says. "Finding managers with that mindset is almost a needle in a haystack, but they're out there."

Challenges facing group practices

One of the things Streeter saw while working in a group practice setting – and something she still sees – is the difficulty group practices have hiring and retaining outstanding office managers, that is, people who take ownership of the locations in which they work. "In any successful business, the regional manager has to be able to trust that the office manager in each location will take ownership when you're not there," she says. "Finding managers with that mindset is almost a needle in a haystack, but they're out there."

Nurturing strong office managers through continuing education and empowerment will alleviate stress for the practice owner, she continues. "If you empower your office managers through education and career development, they will take more ownership in the practice." That, in turn, will free up the dentists to focus on providing excellent patient care. ■

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Working out the Waste

Symptoms that indicate you're wasting money

By Dr. Sami Bahri, DDS

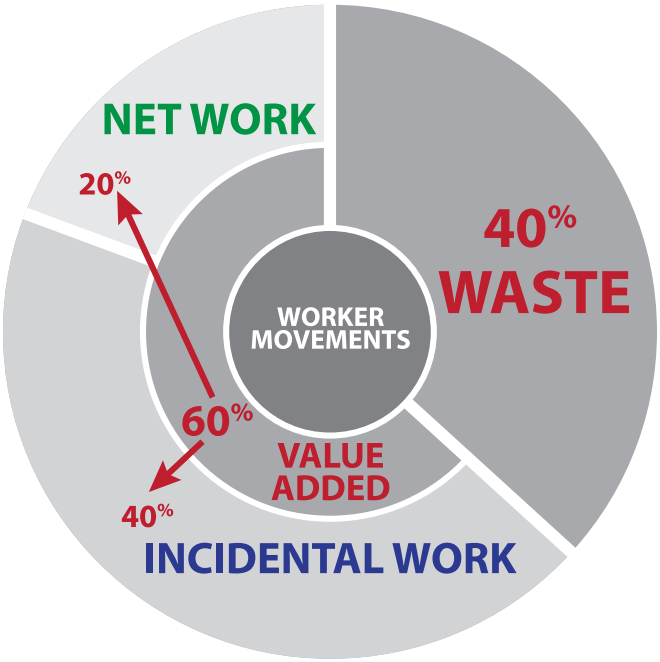
Dr. Sami Bahri is the author of "Follow the Learner: The Role of a Leader in Creating a Lean Culture," and of the DVD "Single Patient Flow: Applying Aplying Lean Principles to Heathcare". The book won the 2010 Shingo Prize for Research and Professional Publication and the video won the same award for 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@baridental.com

According to Lean management, a dental practice engages in productive work in only 20 percent of the working time.

Even when dental management systems operate as intended, a lean manager would look at how workers move and see either work or waste. Twenty percent of the time, employees engage in activities that patients' value – value adding (VA) activities or real work. In the remaining 80 percent of the time, they engage in activities that patients don't value – non-value adding (NVA) activities or waste.

Whether performing work or waste, employees are paid the same amount. Patients, on the other hand, are willing to pay only for work. So, to increase profits, should we improve work or reduce waste?

Dentistry has tried over the years to make work – individual procedures like Impressions, root canal treatments, crown preparations, etc. – go faster. As a result, we gained in efficiency and prevented patient fatigue. But a simple calculation shows that it would be four times more effective to improve what consumes 80 percent of your time than what consumes 20 percent. It is also easier; first, because so many researchers have been improving the 20 percent over so many years, leaving fewer opportunities for further improvement; second, because the 80 percent, wasteful activities, are mainly found in the non-treatment part of dentistry and can be changed without affecting the quality of treatment.



Wasteful activities are sorted roughly in two equal parts. The first 40 percent represent wasteful efforts that are still required to make the present system function, but if you improved the system, you'd be able to remove them. They are called Type One waste or Incidental Work. A good example of incidental work is when you fabricate a temporary crown, take an impression, send it to a lab, and make an additional appointment to seat the permanent crown. If you change the present system by switching to CAD-CAM, all of those steps could be removed.

The next 40 percent represent those activities that create no value to the patient and therefore can be stopped immediately. They are called Type Two waste or Pure Waste. Identifying and removing Type Two waste should be the first step in reducing cost.

During the 80 percent wasteful time, an employee's salary seems like a cost to the practice. But employees could become a productive asset if you improve another variable, labor density.

Labor density = Work/Waste

It is not enough to remove waste and free up some employee time. You still need to convert that time into real work, reduce the denominator of the equation, by engaging employees in treatment instead of lengthy setups, for example. Converting waste into work is fundamental to lean management; it is your most powerful source of profit.

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Many companies connect the idea of converting waste to work with the non-cost principle. It states that once you have decided on the fee for a given service, it becomes a constant figure, but the cost of the service remains variable and subject to reduction. The concept is illustrated in the following formula:

Profit = (Fee – Cost) x Volume

To increase profits, we can increase fees, increase volume or reduce cost. Increasing fees is difficult to achieve if you have competitors in your area or if the fees are imposed by insurance plans. You can increase volume through different marketing methods, but the results are not guaranteed, and seeing more patients does not necessarily mean making more money. The only sustainable way to make profits is to focus on cost reduction.

Waste is only a symptom exposing imperfections in the management system; you need to diagnose its causes, the same way you diagnose the etiology of a toothache.

Of the many factors that generate cost, the most expensive is labor. Fortunately, to help make labor profitable by converting waste into work, lean management offers an abundance of methods, leadership principles and tools. The most basic tool is a classification of wasteful activities into seven categories – defects, waiting, overproduction, transport, inventory, motion, and excessive processing.

This article will discuss the waste arising from defects, the waste arising from waiting and show you how to eliminate them. In a future article, we will discuss the remaining wastes. But I need to caution you here! Waste is only a symptom exposing imperfections in the management system; you need to diagnose its causes, the same way you diagnose the etiology of a toothache.

Defects

Any result that does not conform to an established standard is a defect. It usually generates many ensuing defects as it trickles down to the successive customers. As defined by management guru W. Edwards Deming, a customer is the next person who will use the results of your work. That person could be an external customer – patient – or an internal customer – employee; it could even be you.

Whether defects reach the external or the internal customer, preventing them can lead not only to improvements in quality, but also to considerable gains in productivity. The following is a story from "*Just-in-Time for Today and Tomorrow*," by Taiichi Ohno, of a company that quadrupled its manufacturing efficiency when it developed a concept which aims for the total prevention of defects.

ZD [Zero Defects] was a production technique and management routine developed in 1962 by the Martin Company, an aerospace and technology company…

The delivery period for most Defense Department missiles is two months from the order date. However, when a state of emergency required the military to demand that the delivery period be shortened to two weeks, the people involved in missile production discussed how to meet their deadline in each stage of the production process. It was clearly impossible unless they could make a perfect missile the very first time without the tests and readjustments that normally follow final assembly. In other words, they would have to achieve a defect-free product throughout every production stage.

Eliminating the smallest defects at each process stage – from design errors to parts defects to wiring mistakes to final assembly problems – was expected to be extremely difficult. However, the employees and organization had no choice but to succeed. The company successfully met the two-week delivery deadline.

As dental practices, we can emulate the Martin Company and increase profits through defect prevention. Defects can appear anywhere in our operations. They can reach the patient/external customer, or they can affect only the employee/internal customer.

Defects that reach the patient are usually easy to see. They could result from clinical work or from support functions. Clinical defects lead to free-of-charge patient visits. Here are some examples: wrong shade, open margins,

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Some forms of waste are difficult to discern; others are easier. The easiest to discern is the waste arising from waiting. The dentist could be waiting, the assistant or the patient.

ill-fitting restorations, post-operative sensitivity, bite adjustments, denture adjustments, post extraction follow up, etc. – all causing you to spend money without being reimbursed. You can address those defects one by one; prevent most of them and save their cost.

Defects reaching the patient could also initiate in the support functions – errors in insurance filing, billing, scheduling, data entry, etc.

Defects that reach the internal customer (the next employee who will use the information) are much more difficult to see, and much more costly. The real source of profit is to not only prevent them and save the rework time, but to convert that time into productive work.

Defect-proofing or mistake-proofing is an important part of industrial engineering that we have translated into dentistry. It can be treated in a separate article, but I would like to mention here a simple technique that has been very effective in our office, "successive checks." In this technique, we always ask the next employee to check on our work, and give us immediate feedback when a defect is found. Asking employees to check on our work is perceived as a sign of respect for their opinion, and their taking the time to check, as a sign of respect for our efforts in developing the work.

To say that defects should be prevented might seem like stating the obvious. What was not obvious, however, until I read the Martin Company story, was that defect-proofing could quadruple productivity.

Waiting

Some forms of waste are difficult to discern; others are easier. The easiest to discern is the waste arising from waiting. The dentist could be waiting, the assistant or the patient.

If the dentist is waiting, everyone knows that money is not being generated. That is understandably corrected immediately.

If the assistant is waiting, we usually find it more acceptable. It is true that her wait could maximize the doctor's time; she would make sure the patient is ready for treatment, and they both wait for the doctor. The doctor can then move between patients without interruption, but the practice could be paying a high price in salaries and equipment for that apparent efficiency. Lean management teaches us to continuously reduce that labor cost through continuous improvement techniques.

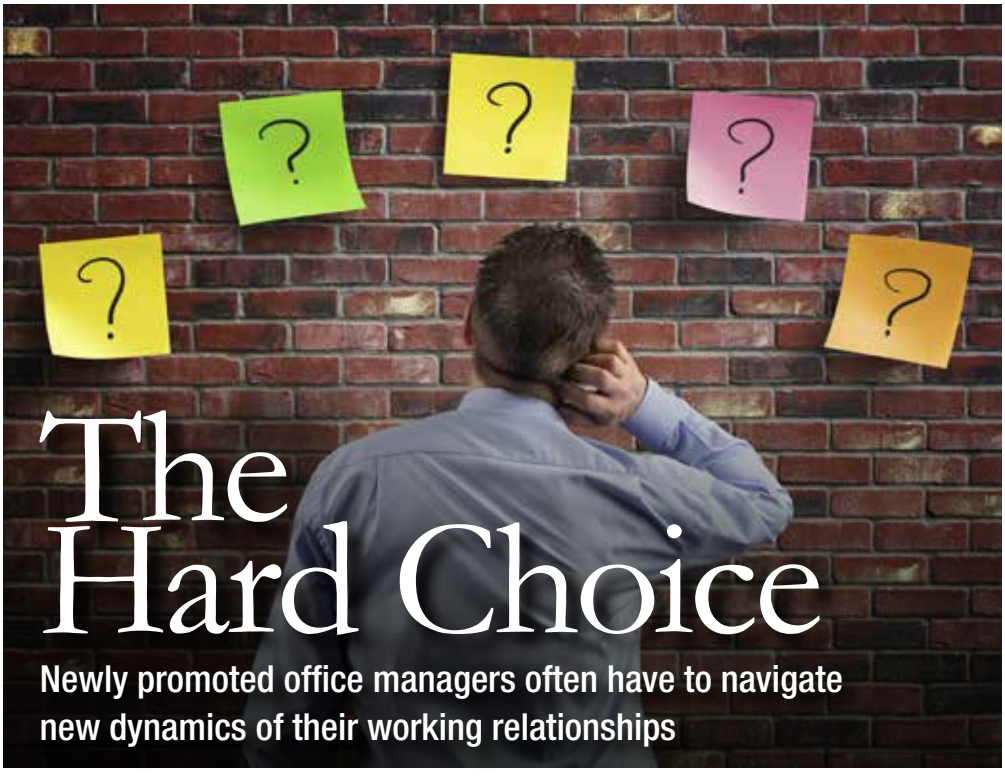
If the assistant does not have any productive work available, waiting would be the best thing to do because it shows that she is available to help. But if instead of waiting, the assistant moves around as if she were working, the wait will be hidden under the form of transportation of some materials, or the form of overprocessing, like cleaning some instruments that are already clean or, as we often notice, continuing to explain a treatment plan even after the patient has agreed to it.

What should have been waiting time is now disguised in what looks like work, but in reality, neither does it advance the treatment nor are patients willing to pay for it. We have now transformed the waste of waiting that is easy to see, into other forms of waste that are difficult to see.

To make things worse, sometimes employers contribute unintentionally to that damaging transformation. When they see employees waiting, they often ask them to "go do something," thus encouraging them to look busy. As a consequence, employees are no more available to assist the patients who are already in the office.

Lean dentists do the opposite. Unless staff members are engaging in a value-adding activity, they ask them to stand idle until they are needed. Employers can then assign productive tasks to the waiting team members, transforming the waiting waste into productive time.

You can transform different types of waste into waiting waste. Because it is visible, the waiting waste is then easily transformed into real work. ■



The Hard Choice

Newly promoted office managers often have to navigate new dynamics of their working relationships

When a practice expands it usually needs a manager to foster this growth. Typically, dentists promote from within, and the receptionist or the assistant find themselves in a position of making decisions, handling team dynamics, and oh yes – still doing many of their previous duties. In a group practice setting, the manager can be new to the team of a new location – usually told that now two to three offices will be under his or her management. It can be quite a shock for most people!

Both situations require that the new manager walk a fine line: manager or co-worker/friend? Your first thought may be that you can and should be both. Because we are typically social creatures that seek approval from friends and colleagues, it's normal that this is our first response.

Truthfully, we really shouldn't be close friends with people we are trying to manage. At least not initially. I know of many teams in which the coworkers have been together for 15+ years. They know about each other's families, habits and personalities. This can be a recipe for success, but many times it's not. Think back to the positions you've held in which there were weird dynamics in the office. The source can often be tracked to a manager or doctor playing favorites with team members.

Conflict of interest

As an example, let's discuss Jenny, who has just recently been promoted from receptionist to manager. Her new duties include payroll, reporting to the regional director, training new hires and working on increasing cash flow

By Teresa Duncan, MS, FADIA, FAADOM

Teresa Duncan is President of Odyssey Management, Inc. and Dentistry's Revenue Coach. She is an international speaker that focuses on recapturing and maximizing income opportunities for dental offices. Insurance and accounts receivable systems are her specialty. Her company offers a Billing and Coding ESupport line to answer any questions your office has on those topics. Visit her website for more information and to send her any questions or comments. www.OdysseyMgmt.com

New managers know what it's like to come around the corner only to have the conversation stop suddenly. The experienced manager is comfortable enough to walk in and start another conversation with the full knowledge that she doesn't have to know everything that goes on in the office.

in the office. She has also been asked to continue with light reception duties until another receptionist can be found. Her former team members were excited for her, but as time passed they realize that she is serious about increasing production and collection. She runs reports regularly and talks to the hygienists and assistants daily about the amounts they are expected to produce and by how much they miss their goals.

Jenny is under the impression that because they were all such great friends the team will want to help her improve the numbers. She still hangs out with some of them after work, and as a result, hears the complaints about other coworkers. She laughs about it with them because it's after hours and she figures she is off the clock.

What Jenny needs to realize is that there is never a clock-out time when you're a manager. The job that she now has is to ensure the practice success, not to make new friends. When I coach new managers, I give them the following scenario:

You're hanging out after work and one of the assistants tells you that she is looking for another job. She asks if you can keep it quiet.

A friend's answer: Of course – just give me as much notice as possible.

A manager's answer: Well – you need to know that I have to prepare the office for a change in staffing. If you're looking now, then I'll place an ad to begin the hiring process. We can keep it quiet with the team but I will have to tell the doctor. I hope you understand.

No clock-out time

There is never a clock-out time when you're a manager. The job is to ensure the practice succeeds, not to make new friends

Do you see the difference? A manager has to put the office's interests first. Jenny's focus on the numbers is well-intended. However, she shouldn't use loyalty to achieve her goals. Jenny could position herself as someone who needs help from the team. Asking her coworkers to brainstorm to achieve these goals is a much better way to obtain help than just expecting it.

The missing skill

What is missing from Jenny's skill set? She is smart enough to evaluate the practice metrics and to train new team members on the office systems. What she lacks is management skills training. Her new duties alone require exposure to skills such as facilitating team interaction, goal-setting, and talent development. Her coworkers will now look to her for guidance, but will be more likely to accept her suggestions if she makes them based on the practice's needs, not based on a whim or an emotional decision.

It's hard to be the manager – no doubt about it. Several managers have told me they miss being in on the office chitchat. New managers know what it's like to come around the corner only to have the conversation stop suddenly. The experienced manager is comfortable enough to walk in and start another conversation with the full knowledge that she doesn't have to know everything that goes on in the office. As long as she can stay aware of the issues that affect the practice, she'll be just fine. ■

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Planning for 2014 Hygiene Profits

A starting point for a successful year

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.

Have you set your hygiene goals for 2014? Did you define your goals to ensure you are profitable? Have you communicated your goals to the hygiene team?

When you developed your financial plan for 2014, how did you project hygiene revenue for the year? Most dental practices will set a random revenue number on what they feel is in line with industry standards. However, the "industry standards" published by consultants and in articles are usually based on inconsistent data.

For example: The industry standards do not take into consideration if there are different fee schedules, or if the numbers are based on the gross revenue vs. adjusted revenue. Also, consider that some offices don't credit the hygiene team with the same procedures as the others. As you can see, the data can be inconsistent and may not relate to how you are looking at revenue in your group.

Your hygiene production goals need to be based on the needs of your specific group, and your group alone. Keep in mind, you can use industry information as a comparison; but it is important to understand the variables that exist behind those figures.

Here is the simplest way to figure out your Hygiene Production Goals. In fact, I would encourage you to develop your annual plan based on these figures, so you can ensure you are targeting the right goals each day, week and month.

What is the breakeven point for hygiene?

Your breakeven point is what you need your hygiene team to produce each month to cover your hygiene overhead, and provide

a 30 percent profit margin. As a note, your hygiene team should produce 3-3.5 times their salary and benefits. With that being said, the easiest ways to figure out your break-even amount is to take your hygiene compensation, plus the all benefits paid to your hygiene team, and then multiply that total by 3.5. If you're unsure of the amount of benefits paid, you can estimate it's around 20 percent of your total hygiene compensation. (The 20 percent is based on the current benefit trends found in most dental groups across the country.)

An example: You pay your dental hygienist $40/hour. In September, she will work 8 hours/day for 20 days; making her total compensation $6,400/for the month. If you add in benefits at 20 percent; your total hygiene compensation and benefit expense will be $7,680.

Now, take your total hygiene expense $7,680 and multiply it by 3.5. This will provide you the total revenue needed to provide a break-even, yet profitable margin for your practice. In this example, this hygienist must produce a minimum of $26,880, or $168.00/hour.

Please note, the $26,880 needs to be the money you can collect. This is especially important for the groups that accept multiple PPO plans.

Look at historical data

Once you have your break-even or baseline production goal identified, you should look at your production trends from the past year. If your hygiene team is producing above your break-even point, then you will rely on your historical data.

I like to look at the previous calendar year when looking at historical data. As you know, there are certain months that trend lower than others; and this data is extremely helpful in setting realistic goals.

Set your goals with a little stretch

In fact, I would encourage you to plan for a minimum 3 percent organic growth each year. This growth should not include the fee schedule increase. But it may include an increase in hours, and of course production per hour.

Taking time to set accurate and meaningful production goals for your hygiene team will help you confidently hold your team accountable for what you know the business needs. Remember, hygiene is intended to bring you a healthy profit margin to your practice.

Communicate your annual plan and your goals

Your dental hygiene team must know what the annual plan looks like and how it's figured. The practice manager and doctor should sit with each dental hygienist and review their individual annual plan for the year. During the meeting, you should discuss how the daily goal is figured and how they trended to this goal the previous year. If the dental hygienist has trended below the break-even mark, provide him/her with some tools or suggestions on how they can improve their performance and obtain their goal for 2014. Creating clarity around the annual plan and goals will help your dental hygiene team understand their role in the practice success. This also gives them something to reach for. After all, we all want to be winners and to be successful!

Reward it!

If your hygiene team continually exceeds your break-even point, reward them. One way of doing this is to design a commission style pay, but you may also consider a share at the profit above their daily breakeven. Placing an incentive around your revenue goal will help your dental hygiene team "buy in" and take a personal interest in making the goal each day and month.

Make 2014 a profitable year for your hygiene team by setting yourself up for success from the start. Set your goal, communicate it and reward it!

Virtual XD Impression Materials

When was the last time you made your first impression your best impression?

Many characteristics can hinder a successful outcome when making impressions. Handling characteristics, material stability, taste/smell, viscosity, and setting times can all affect ease-of-use, impression accuracy and hence, restorative accuracy, and patient comfort. Not surprisingly, dentists and their teams have sought an impression material that is easier and more predictable to use, yet still captures fine marginal details.

With the recent introduction of the new Virtual® XD (Ivoclar Vivadent, Amherst, NY) vinyl polysiloxane (VPS) impression material system, the impression taking process has been simplified. The material has outstanding handling properties that achieve precise and accurate detail reproduction, are easy to remove without tearing, and provides patient comfort.

Virtual XD offers dental teams new benefits, such as:

- optimized flow characteristics for deeper penetration into the sulcus and improved coverage of the preparation
- advanced wetting ability for precise detail reproduction of both soft and hard tissue
- higher tear strength to maintain the integrity of margins and fine detail upon removal of the impression

Don't stress

Virtual XD materials do not flow uncontrollably. Once Virtual XD is extruded, the material remains on the prep and does not flow until pressure is applied. Once pressure is applied the material flows deep into the sulcus capturing fine details of the margin, providing clinicians with better control over the impression-making process and they don't have to worry about the material flowing uncontrollably.

Extra definition

The advanced wetting ability of Virtual XD exhibit very low contact angles allowing the material to lay down on the prep and displace moisture. Virtual XD materials have the ability to spread easily across preparation surfaces, capturing the fine detail and extra definition necessary for achieving an accurate and outstanding restoration fit.

Easy to remove

Margin details are maintained with Virtual XD materials. The excellent tear resistance combined with outstanding elongation and recovery properties allow the material to stretch and release easily from the mouth without tearing. These properties reduce the overall risk of tearing fine margins and minimize the need for retakes.

The system includes both tray and wash material in fast and regular setting times, all featuring a fresh minty scent for the ultimate in patient comfort. Four viscosities included in the Virtual XD impression system (Putty, Heavy Body, Light Body, and Extra Light Body) are complemented by a new automatic material mixer for 380-ml cartridges, which features a designated mixing program and two mixing speeds for an optimal, void-free mix – making it a great investment for busier practices. A wall mount is also available for flexibility in an operatory set-up.

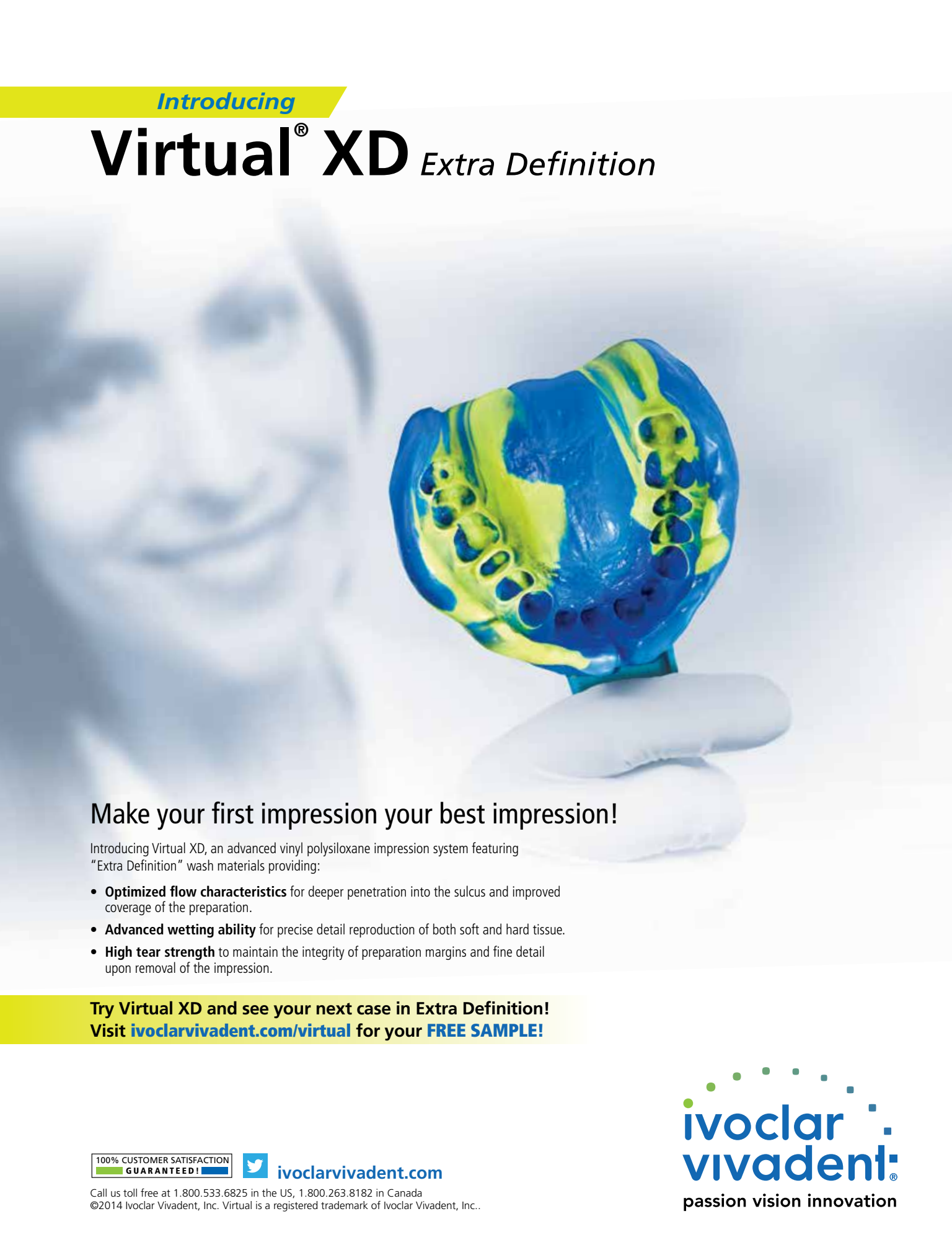
Impressions at ease

Virtual XD is a dealer delivered, high-quality VPS material from Ivoclar Vivadent. The handling properties put the patient and clinician at ease to make the best impression, increasing practice efficiency and eliminating retakes. With a mid-level price point and strong introductory promotions, Virtual XD materials are an excellent addition to any operatory.

So far, the clinical feedback about Virtual XD is tremendous. Dental clinicians who had previously been using more expensive, market-leading materials within the VPS product category love the benefits of working with Virtual XD: accurate impressions, reduced need for remaking impressions, and greater patient comfort with a minty scent, among others. ■

Introducing

Virtual® XD *Extra Definition*



Make your first impression your best impression!

Introducing Virtual XD, an advanced vinyl polysiloxane impression system featuring "Extra Definition" wash materials providing:

- **Optimized flow characteristics** for deeper penetration into the sulcus and improved coverage of the preparation.
- **Advanced wetting ability** for precise detail reproduction of both soft and hard tissue.
- **High tear strength** to maintain the integrity of preparation margins and fine detail upon removal of the impression.

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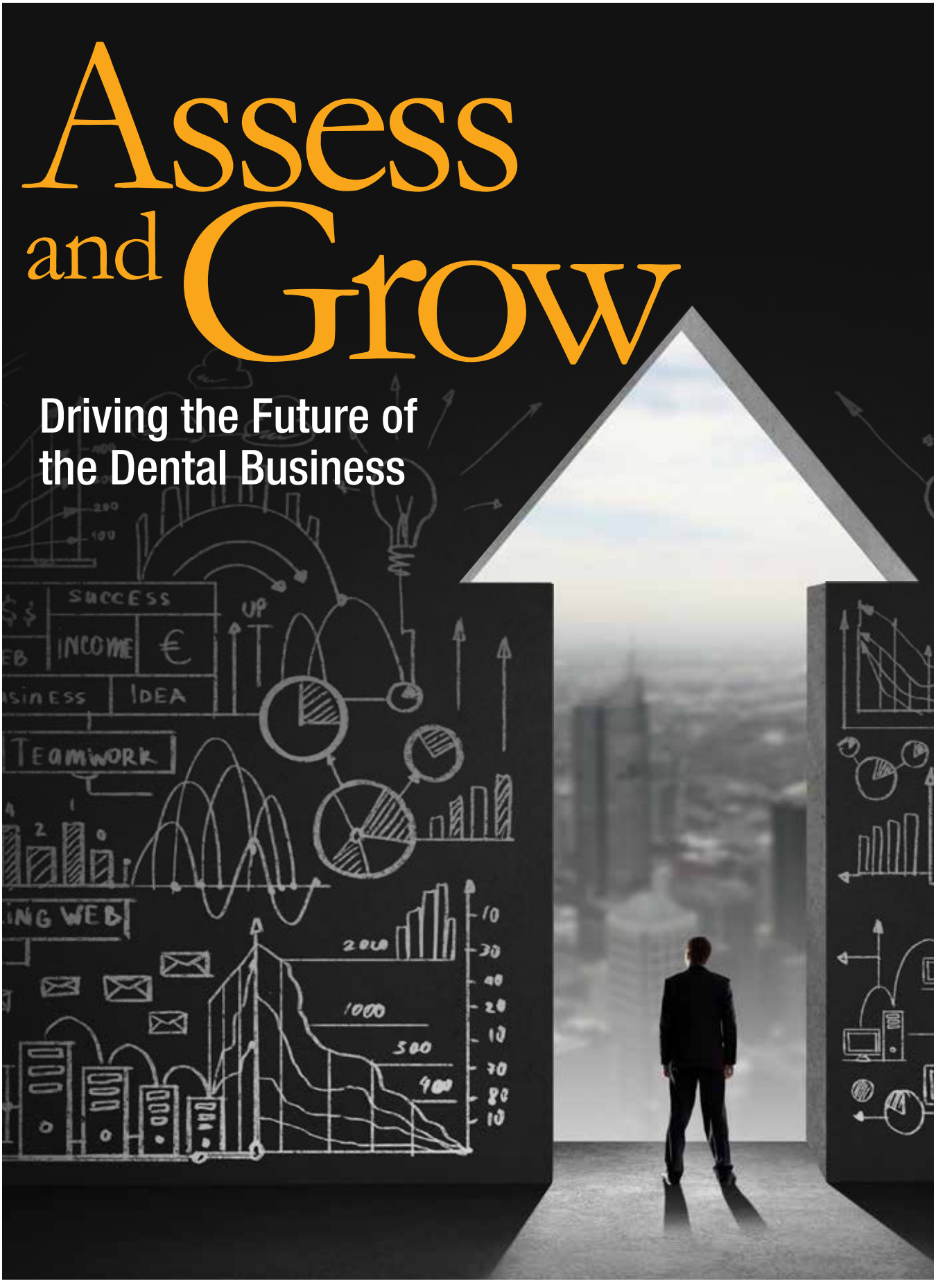
Assess and Grow

Driving the Future of the Dental Business



Driving the Future of the Dental Business

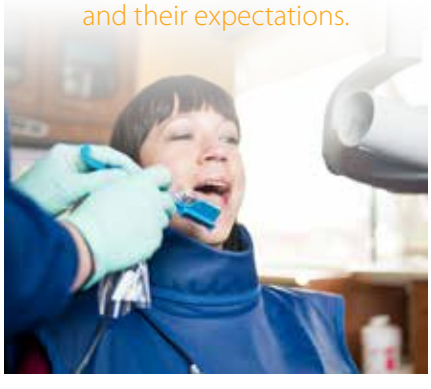
No matter how dentists grow their business, it comes down to evidence-based best practices and care-driven patient service.

There's no denying that, in today's marketplace, growth and expansion are crucial to practicing dentistry in the future. But, whether dentists are expanding their practice to include multispecialty providers under one roof; acquiring additional practices to form a larger group; or joining a large national corporate dental group, one thing is clear, according to Rhonda Mullins, a dental practice strategist devoted to creating best practice models for the future of dentistry: "Patient care delivery is vital to the sustainability and profitability of the dental practice business model that every dental professional desires to create."

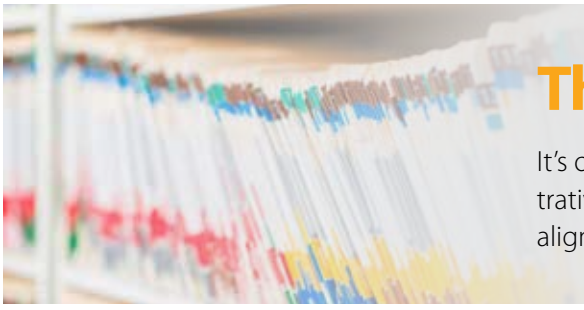
"It all comes down to dentists collaborating and providing excellence in patient care," says Mullins, who guides clients in designing and executing their vision of why and how they want to practice dentistry, including acquiring, merging or expanding their business models. "Especially when dentists are acquiring and merging practices into their professional corporations, patients must feel that the value, trust and benefits are delivered with optimum outcome results for the patient and their expectations," she says. "The trust factor must be immeasurable. Yes, a model for growth should include expanding the profit margin and hiring additional dental team members, but organic growth will be equal to the value and the brand insistence, as well as the momentum of the practice's relationship capital in its community. The profits will be the end result of patient Care Driven® service delivery innovation. It's about the size of patient base, retention and increasing per patient value of those patients. This is the driver for decisions about which model a dentist might consider before acquiring additional practices."

Patients matter

Especially when dentists are acquiring and merging practices into their professional corporations, patients must feel that the value, trust and benefits are delivered with optimum outcome results for the patient and their expectations.



Indeed, dentists "can only get so much out" of a small patient base, she continues. "Charging higher fees for a small patient base forces dentists to examine the risk factors of short- and long-term strategies when the practice is not getting enough new patients annually for growth, which will be significant enough for them not to feel they are running out of patients, she says. "When a practice is limited to 1,000 patients, they will be challenged not to miss the peak of the bell curve of the life cycle of the practice, and that peak is the most opportune time for them to make a decision regarding an acquisition that would include another larger platform to practice in, with another dentist and team members.



The team-focused alignment

It's often the real design office coordinators (DOCs) in the administrative, hygiene and auxiliary departments of a practice who ensure alignment and momentum during strategic changes.

If orchestrated in the most efficient way, a merger will result in the most efficient and effective growth spurt. In theory, this business strategy will add another life cycle bell curve to the practice, which perpetuates an optimum outcome, sustainable practice business growth model."

At your service

Equally important is service delivery innovation, says Mullins. The workforce, the processes, the place and the supporting technology are "component keys in a care delivery and practice growth model," she explains. "Their combined integration plays a role in minimizing risk for meaningful growth and measurable profitability in the shortest period of time. Every provider in a group practice must have a congruent approach to patient care and business growth objectives, and they must have the same attitude and commitment to excellence. You need the right people in the right places, and the right systems and fully utilized supporting technology in order to make growth a seamless transformation through a strategic transition. When you do this, the outcome is the architecture of the plan – a holistic outcome for future scaling of the model.

"The multi-practice model must remove the sway – or minimize risks – and ensure that each team at every office location is aligned," she continues. "Managerial and cultural changes, profitability and transitional strategic moves all must be considered when adding new practices. You want to see fluidity in every single team member, at every location. And, it's often the real design office coordinators (DOCs) in the administrative, hygiene and auxiliary departments of a practice who ensure just such alignment and momentum. Patients' trust [in the practice] often depends on their trust in these team members who see and converse with them more consistently and ensure the good will of every practice. No matter what model dentists pursue, the value of the practice is in the good will (the relationship, retention and transferability of the patients from one dentist to another). Dentists who retain top-line teams will ensure the Care Driven® focus stays in place."

It's one thing to take a practice from $1 million to $1.5 million, notes Mullins. But taking a practice from $1.5 million to $3 million involves "another strategic design approach for successful scaling of a business model," she says. "Dentists must understand that increasing revenue is one thing, while scaling a model for multiple providers and/or locations is another thing. A risk assessment and, sometimes, a creative/innovative approach is required when designing a solid plan to put in place.

"Once dentists have the right approach in place, they can scale the model more efficiently and effectively with no city limits," she points out, adding that they also need to understand that, all said and done, this business is really about two questions:

- Do we love what we do?
- Did we make our patients feel they made the right choice in a provider? ■

An orchestrated merger

If orchestrated in the most efficient way, a merger will result in the most efficient and effective growth spurt

Rhonda Mullins Bio

Rhonda Mullins is a speaker, consultant and strategic coach for business and dental practice development. Her experience includes entrepreneurial, single and group practice managerial business strategy, and practice development participating with a 360-degree view of dentistry through platforms in:

- Dental Informatics Research, Dental Education, Leadership, Business Growth and Practice Development/Management.
- Dental Transitions: Acquisitions, Mergers, Buy/Sell and Associates.
- Dental Lab Technology Advancements.

Her affiliations include:

- Founder Kois Atlanta Study Club.
- AACD Smile Foundation.
- Oral Health America.
- Adar Dental Network, LLC
- National Speakers Association.
- American Academy of Cosmetic Dentistry.
- 2012 Past President of Georgia Academy of Cosmetic Dentistry.
- Academy of Dental Management Consultants.
- Kois Center.

For more information visit: www.rhondamullins.com.

By Laura Thill

Tools for Growth

Growing a business is never easy. But, with the right approach and the right people in place, dentists can do so successfully.

There is a model for every dentist looking to grow or expand his or her business, according to Rhonda Mullins, an independent dental practice strategist. The greatest challenge, she points out, is knowing what model to follow, why to follow it and when the time is right to make a move. *Efficiency in Group Practice* recently spoke with Mullins regarding what does – and does not – work with regard to expansion in the dental marketplace.

Efficiency in Group Practice: **What are the greatest challenges dental group practices face with regard to growth and expansion?**

Rhonda Mullins: The greatest challenge is knowing why, when and what model to [lean] on for greater leverage to advance, improve or change, [while] keeping a vertical thinking mindset before the decision-makers in the company. The plan to scale for growth and expansion is vital to the sustainability [of the business] through the expansion, whether that be organic or through multiple acquisitions. Every move has to add to the core of the *service delivery innovation*, which is the gap between best practice and patient care delivery.

EGP: **What are some common mistakes group practices make when trying to address the above challenges?**

Mullins: Common mistakes are [depending] on the wrong people, [creating] an unsustainable foundation, and [relying on] systems that don't penetrate the soul of the practice. Another common mistake is trying to scale before the business is ready to do so.

EGP: **Is growth always the answer for dental group practices?**

Mullins: No, bigger is not always better. Efficiency is more important. Lower risk [is more important than attaining] bigger margins of profit.

***EGP:* Is it ever better for a group practice to maintain the status quo rather than focus on growth?**

Mullins: Yes, the barometer for growth will always be patient demand and patient needs. In some parts of the country, a collaborative group practice model better meets the needs of patients than a monopoly of practices.

***EGP:* How can dental group practices grow in a controlled manner?**

Mullins: The group should define and assess its service delivery innovation process (e.g., the workforce, processes, venue and supporting technology) every 90 days for the first 12 months. In this way, the group will organically define its momentum and know whether to hold back or move forward by purchasing new practices or adding providers. The key is to be selective. When creating their business plans, dentists should know their model for acquisitions and adding providers. The focus should be on timing, location, dollar amount they are willing to invest, and the projected profitability for each of the candidates. The fundamentals of business include clear vision, practice systems and solution strategies, as well as consistent execution.

***EGP:* Is the first step toward growth the ability to assess the current status of the business?**

Mullins: General practices should always begin by assessing their hygiene departments, including the number of chairs filled each day (the goal should be 100 percent), services provided, the percentage of re-care effectiveness (the retention goal should be 85-95 percent) and the efficiency of patient care delivery. Even more importantly, they should assess the hygiene department's potential for generating additional income through an effective, comprehensive preventive program that includes periodontal care. The hygienist is the first associate in any practice to provide patient care, so it's important to maximize the department's potential before adding another dentist. Again, the practice's patient capacity will organically command the decision-making process regarding how many hygiene days they need [to justify adding] dentists, work days, chairs, etc.

***EGP:* What tools do group practices require to accurately assess the current status of their business?**

Mullins: The most important tool is the practice's [office] management software, including registration, charting, and documentation [It's important that everyone knows] where and how to document, and that they do it the same way, no matter what chair the patient sits in. Research by Thankam Thyvalikakath, DMD, The Center of Dental informatics at the University of Pennsylvania, shows the informatics challenges in dentistry as of 2012. Only 1 percent of all dental offices are completely digital, chartless and paperless in this country. This speaks very loudly as to what tools and training must be exercised in order for congruency and seamlessness to be the standard [across all offices]. Everyone must learn the supporting technology and, more importantly, it must be transferable when change occurs. The business outcome from the level of utilization of the management software can be a greater benefit when data is correct and properly analyzed, and an overall assessment is conducted every month for course correction on the business development for expansion and growth.

The hygienist is the first associate in any practice to provide patient care, so it's important to maximize the department's potential before adding another dentist.

***EGP:* Once the group practice has performed an accurate self-assessment, what are some best practices group practices should follow to pursue growth?**

Mullins: They should:

- Unify dental providers by sharing the vision and expectations.

Common mistakes group practices make when addressing challenges

- Depending on the wrong people,
- Creating an unsustainable foundation
- Relying on systems that don't penetrate the soul of the practice.
- Trying to scale before the business is ready to do so.

The barometer for growth

The barometer for growth will always be patient demand and patient needs.

The value of the hygienist

The hygienist is the first associate in any practice to provide patient care, so it's important to maximize the department's potential before adding another dentist. General practices should always begin by assessing their hygiene departments, including the number of chairs filled each day (the goal should be 100 percent), services provided, the percentage of re-care effectiveness (the retention goal should be 85-95 percent) and the efficiency of patient care delivery. Even more importantly, they should assess the hygiene department's potential for generating additional income through an effective, comprehensive preventive program that includes periodontal care.

1 percent

Only 1 percent of all dental offices are completely digital, chartless and paperless in this country.

When the dentists get out of the way and allow the members to develop themselves as professionals in their own right, the members will take the practice to the point of greater leverage for expansion.

- Purify the plan by presenting it in digestible chunks to facilitate incremental changes through an eight-step process framed and designed specifically for them.
- Identify solutions by creating departmental development focuses for accountability and momentum.
- Clarify leadership and establish accountability with leaders, including the administrator, dental assistants and hygienists.
- Get feedback weekly until change and collaboration closes the cracks in all areas, including those related to quality patient care and positive business results.

EGP: **How can dental group practices achieve buy-in from all of their members and/or providers and staff with regard to goals, strategies, contracts, etc.?**

Mullins: They can do so through small wins along the way. Members have to feel that they are appreciated and valued. When the dentists get out of the way and allow the members to develop themselves as professionals in their own right, the members will take the practice to the point of greater leverage for expansion. This really is the good will of a practice.

EGP: **What are some key qualities dental group practices look for in their suppliers?**

Mullins: With regard to large group practices, the hope is the opportunity to get a greater break in lowering their percentage of supply overhead, as well as to commit to long-term relationships for large capital/equipment purchases, knowing that growth and expansion will occur.

EGP: **What is the biggest change we can expect to see in the dental industry in the next several years, and what will it mean for dental group practices?**

Mullins: In the next 60 months, we will see more dentists or multiple dentists forming small partnerships and acquire more offices in order to house a job market for dentists coming out of school who are looking to be clinicians, not business managers. For the dentists who wear the entrepreneurial hat, this will be an opportunity. ■

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EFFICIENCY IN GROUP PRACTICE

Due Diligence

A checklist to work through when considering an acquisition

You've made the decision to grow via acquisition, and identified a practice you'd like to acquire. What's next? Due diligence. And plenty of it.


Stuart Oberman

Acquisitions are best initiated via a doctor-to-doctor conversation, says Stuart Oberman, Esq., Loganville, Ga. But following that, the acquiring doctor would be well-advised to hand off the financial analysis to his or her CPA or attorney.

"You have to have the right people in place to obtain that successful practice," he says. "That means a CPA, attorney and, many times, a broker." Together, they should consider each of the following – what Oberman refers to as the "due diligence checklist."

Check

First: Check the financials, and check them early. Look at the tax returns, production runs for the past three years, profit-and-loss statements, accounts receivable, malpractice issues. Are revenues on an upward or downward slope? Is the practice growing, standing still, or slipping? "We have clients who don't obtain all of the financial information about a practice until two or three weeks before closing," he says.

Who's responsible for the majority of the practice's revenue? If you're considering buying a practice in which the owner is pulling, say, 30 percent of the load, and the associate 70 percent, you could be in trouble, says Oberman. "If the practice is sold, and the associate feels as though his or her employment with the new owner may be short-lived, the associate will definitely look for other opportunities elsewhere," he says.

Second: Gauge the quality of care in the practice you wish to acquire. Review charts and treatment plans. Are endo procedures going out the door? Are procedures being done incorrectly? How many patient complaints are on record? How many dental board complaints have been filed against the seller? "Once you've reviewed the charts, you find out what your exposure may be," says Oberman.

Third: Have the seller invest in tail coverage, that is, insurance to cover work done by the seller prior to the sale.

Fourth: What percentage of the practice's revenue comes from fee-for-service? Managed care agreements, such as HMOs or PPOs? Medicaid? A practice reliant on Medicaid probably won't garner as high a price as one that relies on fee-for-service.

Fifth: What is the seller's record with third-party payers? "Many times, when you perform your due diligence correctly, you find the practice has been audited by insurance companies or Medicaid," says Oberman. It's important to know these things prior to the acquisition.

Sixth: Check the status of the associates in the practice you want to buy. If an associate has been with a practice a number of years, but is not under a tight employment agreement, many patients may follow the associate out the door following the sale, says Oberman.

"If, during the buyer's due diligence period, the buyer discovers that the associate is not under an employment agreement with the seller, the buyer should insist on the associate signing an employment agreement with the seller prior to the sale, which is in turn assignable to the buyer from the seller. This is especially true if the associate has been employed at the practice for any length of time."

Every employment agreement with an associate dentist [regardless if that associate is in an existing single-location practice, or in a multipractice a buyer wishes to acquire] should contain the specific terms of the associate's employment with the practice, which includes a non-solicitation clause, to prevent the associate dentist

from soliciting the patients of the practice if the associate leaves; and a non-compete clause.

Seventh: Is the seller subleasing space to specialists? "We're seeing an uptick of multipractice owners bringing in specialists several days a month, for endo, pedo, etc.," says Oberman. "If agreements with these specialists aren't disclosed, that could create a problem." Depending on how the agreements are structured, it's possible the buyer may be bound by the terms of the agreements.

Eighth: How does the practice targeted for acquisition advertise its services? "The question used to be, 'What are your Yellow Pages ads?'" says Oberman. Today, it's not that simple. "You're in the area of intellectual property." Can the buyer negotiate the use of the seller's practice name – an intellectual property issue – for one or two years, depending on how long the prior owner remains on staff following the sale? How about domain names? Some practices have eight, 10 or even 12 domain names. Are they part of the agreement? If not, the seller can potentially divert traffic to those domain names to another practice he or she is starting or acquiring.

Ninth: What is the seller's standing in the community? What is his or her reputation? "With the advent of the Internet, that's not hard to find out," says Oberman.

Tenth: Who are the key referral sources for the practice to be acquired? Are there multiple sources, or just one? To whom does their loyalty lie – with the owner of the practice, or the associate? Can the potential buyer retain those referral sources after the acquisition?

Know when to hand-off

An acquiring doctor would be well-advised to hand off the financial analysis to his or her CPA or attorney

Know the associate

Check the status of the associates in the practice you want to buy. If an associate has been with a practice a number of years, but is not under a tight employment agreement, many patients may follow the associate out the door following the sale, says Oberman.

Know the staff

How long have the hygienists, assistants or office manager been on staff? When was the last time they received a raise? Have they hinted they would leave the practice in the event of a sale?

Eleventh: Take a good, hard look at the staff of the practice to be acquired. How long have the hygienists, assistants or office manager been on staff? When was the last time they received a raise? Have they hinted they would leave the practice in the event of a sale? Many times, staff who have been in a practice 15 or 20 years are probably receiving above-market salaries. That could pose a dilemma to the new owner, who, no doubt, wants to trim costs.

Twelfth: Are there outstanding liens or judgments on the practice or practice owner individually? "You'd be amazed" at the number of tax liens, UCC-1 issues and judgments that are discovered prior to a sale, all of which should be discovered during the due diligence phase, says Oberman. In one instance, the lender missed – two days before closing – a missed tax lien, a lawsuit and four UCC-1s, totaling $400,000 (which Oberman's firm discovered by doing its due diligence).

Thirteenth: Is the seller's practice digital or paper-based? If digital, can software licenses be transferred to the buyer? Depending on what practice management software is in use, the seller may have to purchase new software, says Oberman. In addition, the buyer needs to check the seller's practice for compliance regarding HIPAA and OSHA regulations. It's not hard to do, says Oberman. Just look at their manuals.

"Buying a practice can be very profitable," says Oberman. "But the homework has to be done upfront." Get your team in place early – lawyer, accountant, broker. You'll need their help. ■

Editor's note: Stuart J. Oberman, Esq. handles a wide range of legal issues for the dental profession including employment law, practice sales, OSHA and HIPAA compliance, real estate transactions, lease agreements, non-compete agreements, dental board complaints and professional corporations. For questions or comments regarding this article, call (770) 554-1400 or visit www.obermanlaw.com.

By John Garrison, DDS

Improving Class II Predictability and Clinical Outcome with a Sectional Matrix System

Achieving a high level of predictability with Class II composite fillings can be a tremendous benefit to the bottom line in any practice. When this procedure can be reliably completed in an efficient manner, it becomes an outstanding revenue generator and a great service to the patient. Whereas composite wear, post-operative sensitivity and inadequate bonding have largely been solved with the wide array of modern materials available to the clinician, utilization of those materials with an antiquated matrix band can lead to an entirely different set of problems. These issues include: Point contacts, friable marginal ridge, food traps, recurrent carries, excessive procedure time and the dreaded "re-do."

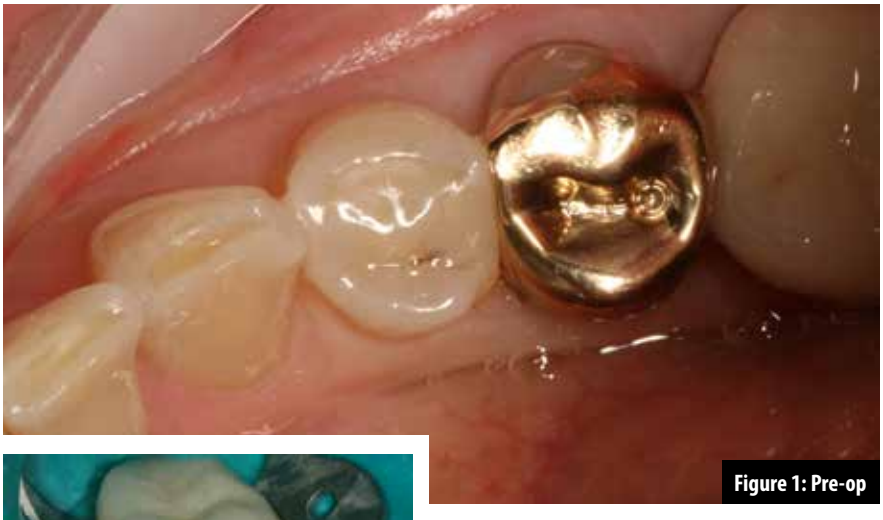

Figure 1: Pre-op

Figure 2: Fender wedge during prep: Huge time saver. Prevents inadvertent nicking of the adjacent tooth and laborious finishing and polishing. Also facilitates easier matrix band placement by separating the teeth.

Fortunately, these issues can also be resolved with the correct use of more modern materials. Sectional matrices have been on the market for decades and have experienced their own evolution. Originally designed to aid the clinician in achieving tighter contacts, the newest versions of these have added features that go far beyond the basic contact and address some of the time consuming problems inherent with most matrices. The following case illustrates a typical Class II restoration, but rather than focus on the restorative materials used, the matrix system and accessories will be highlighted to demonstrate how they improve the overall efficiency of the procedure.

(Figure 1)

A radiograph indicated caries on the distal of tooth #28

(Figure 2)

A rubber dam was placed to provide isolation and a FenderWedge was inserted. The FenderWedge performs two functions with Class II procedures. First the metal blade prevents inadvertent bur damage to the adjacent tooth. This is a significant time saver, completely eliminating the need to apply finishing procedures to the adjacent tooth. Additionally, separation of the teeth produced by the wedge simplifies matrix band placement. Sectional matrix bands are very thin and deformation during placement has been a common complaint. The addition of FenderWedge to your technique will save time and frustration.

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(Figure 3)

The sectional matrix band was placed and wedged firmly to seal the gingival margin. Care should be taken to select a matrix that most closely approximates the height of the marginal ridge. This will improve the interproximal anatomy and reduce the tendency to over-fill the restoration. The matrix shown here is a Slick Band non-stick matrix from Garrison Dental Solutions. Again, this is a timesaver due to the fact that the non-stick coating eliminates the tendency for bonding agents to adhere to the band.

(Figure 4)

Separator rings were originally designed to provide the additional separation needed to accommodate for the thickness of the band. Modern rings perform this function better than ever but provide added functionality. Ease of separator ring placement and the ability of the ring to remain effectively in place without inadvertent "spring-off" during the procedure is critical to maintaining effective workflow. The ring shown here is Garrison's 3DXR ring and accomplishes both of these objectives. The other time-saving exclusive feature of the ring is the silicone "padding" on the tips (blue areas). This allows for tip adaptation to a large variety of tooth anatomies securely sealing the buccal and lingual cavosurface margins to the matrix band. The resulting reduction in flash can clearly be seen in the next image.

(Figure 5)

This image shows the restoration immediately after ring and matrix band removal. Notice the lack of buccal and lingual flash and the excellent contact with the adjacent tooth. Very minimal finishing and polishing is needed.

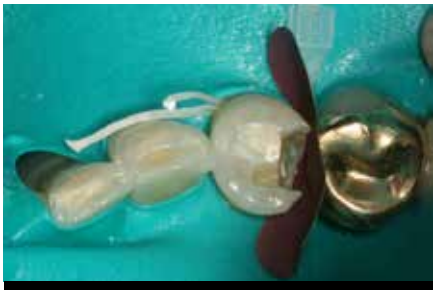

Figure 3: As you can see the matrix band was able to be easily placed with a slight curling of the band.

Figure 4: Ease of separator ring placement and the ability of the ring to remain effectively in place, without inadvertent "spring-off" during the procedure, is critical to maintaining effective workflow. The 3DXR ring accomplishes both of these objectives. The other time-saving exclusive feature of the ring is the silicone "padding" on the tips (blue areas). This allows for tip adaptation to a large variety of tooth anatomies securely sealing the buccal and lingual cavosurface margin to the matrix band. The resulting reduction in flash can clearly be seen in the next image.

(Figure 6)

The post-op image shows a virtually invisible restoration that will serve this patient for many years.

The use of traditional "Tofflemire-style" matrices may initially seem faster and easier to the clinician. However, when we factor in trimming and polishing large amounts of flash, extra time and effort to achieve any contact, and the occasional need to re-do the restoration, using a sectional matrix system is far more efficient. Incorporating modern matrices into the equation greatly improves the predictability and provides both the patient and clinician what they want: A beautiful tooth-colored restoration with the least amount of chair time. ■

Figure 5: This image shows the restoration immediately after ring and matrix band removal. Notice the lack of buccal and lingual flash and the excellent contact with the adjacent tooth. Very minimal finishing and polishing is needed.

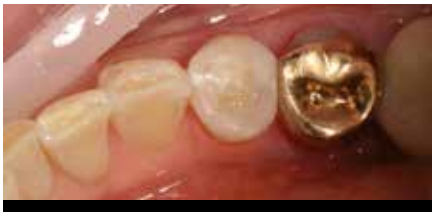

Figure 6: The post-op image shows a virtually invisible restoration that will serve this patient for many years.

John Garrison, DDS graduated from the University of Michigan School of Dentistry. He is a member of the Michigan Dental Association, American Dental Association and is a former Grand Master of the Alpha Chapter of DESMOS. He is retired from private practice and is currently one of the partners of Garrison Dental Solutions, LLC.

Photos and dentistry courtesy of David S. Hornbrook, DDS, FAACD, FACE

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At the Heart of Dentistry

Heartland Dental's model frees dentists to be dentists

The hours didn't add up. They simply couldn't. Dr. Rick Workman averaged 50 hours a week practicing chair side and another 25-30 working on the business side. Clinical, management, administrative, and not even counting the time devoted to continuing education – there just weren't enough hours in the day or week to create a sustainable model of success and growth as an individual dentist and maintain the right work/family balance. "As William H. Johnsen once said, 'If it is to be, it's up to me.' I knew if I was experiencing these challenges, other dentists were too. I needed to find a solution," said Dr. Workman.

Berkshire Dental Group in Broken Arrow, Okla.

Dental Group of Springfield in Springfield, Ill.

The Heartland Dental Home Office in Effingham, Ill.

Dr. Rick Workman

Seeking a system of support, he set out to create one that would relieve the management burdens for affiliated dentists by offering an array of non-clinical administrative support services such as human resources, accounting, supply and equipment procurement, marketing and customer support. This aspiration became known as Heartland Dental, and the concept became what we know today as a DSO (dental support organization). Since its inception in 1997, Heartland Dental has grown to 529 affiliated dental offices located in 26 states. The organization currently supports over 820 affiliated dentists and over 6,000 team members and is based in Effingham, Ill.

The tools to advance

Heartland Dental provides affiliated offices with "the necessary tools to advance their skills – both clinical and leadership," says Dr. Workman. "These are tools they would not likely receive anywhere else. Affiliated doctors and team members learn successful practice management skills and how to become a better leader. The most successful dentists are able to balance clinical skills with effective interpersonal communication skills that motivate and inspire their teams. Also, Heartland Dental's mentorship and networking opportunities are invaluable. For younger doctors, developing a mosaic of communication with their peers allows them to continually learn and collaborate. Having a seasoned mentor who has grown familiar with the business of dentistry and advanced patient care can be very helpful to a young dental professional. Having the ability to email pictures of pathology or share thoughts and ideas in real time with hundreds of other doctors who have a common interest is unparalleled. What most in our industry don't realize is

that the highly experienced dentist's passion for dentistry is revitalized when the administrative burden of non-clinical functions are removed."

Heartland Dental offers continuing education that's among the best in the nation, and is cited as one of the main reasons doctors decide to affiliate. The courses include:

- Clinical instruction from top clinicians and industry leaders
- Doctor Leadership
- Partnering for Excellence
- Effective Communication
- Business of Dentistry
- Bell Leadership

These courses are offered regionally within the Heartland Dental network as well as at The Institute at Heartland Dental, located in the Home Office. Affiliated doctors and team members have access to a network of successful, experienced dental professionals and preferred vendor relationships which increases the predictability of understanding and implementing new skills and techniques.

McKinneyDentist.com in McKinney, Texas

"By removing the burdens of non-clinical responsibilities, the dentist can spend their time on becoming a better dentist and providing better care and experiences for their patients," says Dr. Workman. "They didn't graduate from dental school to be accountants, marketing gurus or HR specialists. Our support helps them focus their time on patient care and development as clinicians and leaders. Heartland Dental's vision isn't restricted to one type of doctor either. We have effective solutions for doctors at all career stations. For new doctors, we offer the chance to start their careers out on the right foot, providing excellent personal and professional growth opportunities. For doctors looking for work-life balance, we offer the support to help them achieve that. For doctors looking for the right exit strategy, we offer the means for them to control their career on their terms."

A new reality

According to Dr. Workman, Heartland Dental has maintained growth and success because of a combination of the inherent need for dental care, as well as meeting the real world needs, desires, and aspirations of dentists in a rapidly changing professional marketplace.

"Dentistry is still valued in our population and it will always be valued," he says. "Dental disease seldom cures itself, and almost always costs more to fix the further into the disease process one goes. That is why lifetime care, defined as preventive care and definitive treatment delivered early in the disease process, will always be important and saves people money in the long-run."

Dr. Workman says the nation's economic challenges we've experienced have established a new reality. "Many dentists are unable to sell or share their offices with associate dentists. Young dentists often with $250,000 or more in student loans can't finance a private practice or new startup on their own," he says. "This has led to an explosion in the number of quality dentists searching for employment opportunities with DSO-supported practices."

Workman believes DSOs are responding to the realities of today's dental marketplace. "Today, many new dentists don't care to own their own practice. They don't view the emotional, financial and time burdens as worthy of their professional, personal destiny. We also see a large and growing percentage of successful solo practitioners nearing the end of their careers looking for new options and opportunities to the old school status quo of years past. Over the next 20 years, the number of dentists practicing at DSO-supported offices will likely double or triple." ■

A presence in the community

Community outreach is a big part of each local office. Each year, many affiliated offices hold Free Dentistry Day events in their communities, providing free dental services to those in need. In 2012, over 3,500 patients were helped and over $1.3 million in value of dentistry was donated. Through 2013, affiliated offices were on pace to help over 5,000 patients and donate over $2 million in value of dentistry. Many Heartland Dental affiliated doctors and teams also participate in international humanitarian events in Columbia, Haiti, Honduras and other countries.

By Jared Thompson

Thrive Financially

Implement these five techniques to help build your financial future

What will be the hot sector to invest in this year? How much do you have to squirrel away each month to be a multi-millionaire at 65? Should you buy or lease that Mercedes-Benz AMG? Appropriate enough questions, to be sure, but a market, timing or buying strategy will never displace the value and importance of implementing the five fundamental techniques that follow.

This year, instead of burdening yourself with big resolutions with small results, focus on the following five core principles from the PersonalCFO financial philosophy:

No. 1: Give before you receive

It is vital to give back generously to church, charity, or the community before accepting any of our earnings. We are where we are today because of the generosity of other's time, talents and resources and we need to keep this cycle going. Dental professionals are some of the highest paid individuals in the country, and giving back is a great way to show gratitude.

In return, these professionals have found the rewards to be numerous. How much should you give back? Many give as much or even more than 10 percent of their earnings. Start with a number that feels right for you and increase it over time.

No. 2: Pay yourself first

After giving back a portion of your earnings, the next step is paying yourself before paying anyone or anything else.

How does this work for dentists dealing with today's realities? It's easy.

Before paying your lab bill, student loans, mortgage or rent, or even the utility bills – before any bill is paid – put away 10 percent and place it out of easy reach. This becomes the foundation of your savings and your security – the very building blocks of a more customized future accumulation plan.

All too often, when a typical professional takes a draw or receives a paycheck, they have a tendency to pay everyone

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else first and then save the leftovers. Rarely are the leftovers enough when they make payments in this order.

The dental industry is very entrepreneurial, and entrepreneurs know how to help others and receive handsome compensation for using their skills. Dentist entrepreneurs should also know how to pay themselves.

So this year, upon receiving a draw or paycheck, immediately send a minimum of 10 percent to an institution separate from your bank or credit union.

These types of accounts should be properly chosen to potentially achieve higher rates of interest than the paltry checking and savings accounts in today's banking climate. Work toward a liquid balance that provides 6 to 12 months of basic living expenses, then expand from there.

While circumstances are ever-changing, having a blueprint for the proper asset fortress, customized to the needs of the things most important to us, allows for weathering the financial attacks we'll face.

With an automated, guided plan of paying yourselves first, you can experience a sense of confidence and security as you envision the financial future you're creating.

No. 3: Spend less than you earn

Come on, doesn't everybody know this? Sure.

But who has a reasonable plan to make it work?

Many dental professionals live paycheck to paycheck. Their money is already "spent" before the income even hits their accounts. It's unfortunate and it creates a lifestyle of stress that dentists don't deserve.

Perhaps the habits which created those financial results started in school when spending borrowed student loan money wasn't kept in check. Perhaps the high loan balances and leverage a bank was willing to provide after graduation quickly spiraled out of control. Regardless of the reasons for the habits of overspending, many dentists find themselves overwhelmed without a clear path to the simple axiom of "spending less than we earn."

Balancing spending habits often changes only *after* a painful financial loss. Sometimes it even takes bankruptcy or the loss of years of well-intentioned financial efforts. Don't let this happen! Our clients allow us to intervene early, being a voice of reason and an arbiter between poor habits and proper preparation for the future.

The order in which you spend money is critical. This is why you should save first and spend what's left over.

If spending first, rarely will there be any money to put away for a rainy day, opportunities or retirement. It's possible to see monthly savings contributions double or even triple after a simple analysis and strategic fund redirection.

No. 4: Have an asset fortress blueprint™

Strong fortresses are built one stone at a time. Their strength was the result of a firm foundation and the proper layering of materials, providing protection for thousands of people, standing for generations. But before the stones were touched, each fortress started with a plan; a blueprint.

A financial fortress must also start with a blueprint in order to provide for the people and things most important.

Whether a young associate just starting out or a senior partner nearing retirement, having a blueprint that incorporates the tools and techniques to help reach our stated value-based financial goals is critical to success.

First, the foundation of your asset fortress should be built with risk management tools like disability insurance, effective life insurance, and critical practice coverage. Building on top of that layer, longstanding asset fortresses will blend emergency funds and opportunity funds.

One of our clients asked us to help create a plan for his children's educations, pay off his schooling and practice debts, limit his taxation, protect his assets, and still accumulate enough for retirement. A complicated web of goals like this required careful building and careful implementation. It would require a blueprint for a fortress that would protect and provide for his loved ones.

Even though you may qualify for a $15,000 credit limit and acquire enough points to "earn" a free flight – instead call the credit card company and ask them to reduce your credit limit. It may take a little time, but these new levels will help create a plan to keep spending in check.

While circumstances are ever-changing, having a blueprint for the proper asset fortress, customized to the needs of the things most important to us, allows for weathering the financial attacks we'll face.

No. 5: Use those credit cards wisely

Ah, but it's not as simple as most would have us believe!

We always ask our potential and veteran members about their spending habits. Inevitably, the topic of credit cards works itself into the conversation. As I ask about plastic using habits the given responses are stunningly consistent:

"Oh, we just use them for the points (insert sky miles or cash back or hotel rooms) and (they say with a twinkle in their eye) we pay them off in full at the end of each month." They then sit and wait with a grin simply knowing that I am going to compliment them on their spending savvy.

"Yikes!" is my initial reply.

All too often, point accumulation justifies unhealthy spending amounts. I typically don't care to know if cards are being paid in full at the end of each month or which points are being earned when clients ask me to help them plan for their financial future.

What I would much rather know is if discretionary spending is consistently in check.

In other words, it matters very little how you use your credit cards this year. What matters most is how much.

Typically, dentist clients don't pass this litmus test in our first year together. Credit card companies enamor with bonuses. Ever feel the urge that you must reach that next elite status level? It sounds like such a justifiable reason to spend more this month – but don't fall for their tricks!

The majority of our clients slip and inadvertently shift their high incomes into high spending with justification being tied to credit card points and the ability to pay off month-end balances. The bitter reality is that the majority of their paychecks move directly toward the credit card company.

Even though you may qualify for a $15,000 credit limit and acquire enough points to "earn" a free flight – instead call the credit card company and ask them to reduce your credit limit. It may take a little time, but these new levels will help create a plan to keep spending in check. Many of our clients arrive at a monthly limit between $1,500 and $3,500.

Knowing there is a spending limit and that transactions won't process or overage fees will be charged is a great overspending deterrent. Point earning debit cards and credit cards with "recharging" or "replenishing" features also work well.

Thrive in 2014

Every year thousands of dental professionals set and reset resolutions, but this year we fully expect to see more dentists thrive in their personal financial goals. While high net income can lead to a high net worth, it must accompany the right long-term strategy. ■

Jared Thompson is Founder of PersonalCFO, a firm working exclusively with dentists, helping them achieve the high net-worth they desire. You can find out more about their core principles and hands-on workshops at DoctorsPersonalCFO.com, or email jared@doctorspersonalcfo.com

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Heartland Dental opens new offices and affiliates with office in Pennsylvania

Heartland Dental announced the opening of several new full-service, state-of-the-art family dental offices, including:

- Greer Family Dental Care in Greer, S.C.
- Family Dental of Fort Myers in Fort Myers, Fla.
- Broadlands Complete Dental in Ashburn, Va.
- Complete Dental of OKC in Oklahoma City, Okla.

In addition, Heartland Dental recently affiliated with Som N. Gupta, DDS, Sumit Gupta, DDS and their team members at Verona Dental Care in Verona, Pa.

New gaming app inspires kids to brush for two minutes

The Ad Council (New York, N.Y.) and the Partnership for Healthy Mouths, Healthy Lives (Arlington, Va.) announced the release of the new mobile gaming app, Toothsavers, available online and for Android and iOS devices. Created on behalf of the Kids' Healthy Mouths campaign, the free mobile game is the first developed in-house by the Ad Council – the nation's largest producer of public service advertising. The app inspires kids to brush their teeth for two minutes, twice a day by enlisting them in rescuing friendly fairy tale characters from an evil, cavity-creating sorceress who cast a wicked teeth-rotting spell on the kingdom.

Toothsavers includes three key features:

- The kids, or "heroes," can save 10 characters in a fairy tale kingdom from an evil, cavity-creating sorceress.
- The two-player version of the game allows for kids to "brush" the teeth of their friends and parents when the mobile device is held up to their mouths.
- The app also offers a real-life toothbrushing companion for kids and parents to keep track of their brushing progress, as well as morning and nighttime reminders.

Dental charity reaches $250M milestone

Through its flagship Donated Dental Services (DDS) program, Dental Lifeline Network (DLN) (Denver, Colo.) (formerly the National Foundation of Dentistry for the Handicapped) and its partner organizations have provided dental treatment to 120,000 people. Funding, which reached a milestone of $250 million, comes from a variety of sources, including state governments, foundations, dental organizations, and corporate and individual donors. DDS, which serves all 50 states and the District of Columbia, is a charitable affiliate of the American Dental Association (ADA) (Chicago, Ill.). DDS provides a national safety net to people with special needs who cannot afford care. Donated by more than 15,000 dentists and 3,600 laboratories nationwide, treatment through DDS is comprehensive, unlike care provided through many other dental charities.

WA State Dental Assoc launches referral program for children

The Washington State Dental Association (WSDA) (Seattle, Wash.) established a toll free number and website to help parents connect their children to local dentists that accept their children's insurance. This initiative, called the Dental Referral Program for Children, coincides with the January 1, 2014 implementation of mandatory pediatric dental coverage for all children in Washington state. Washington and Nevada are the only two states in the nation that require all children to have a dental benefit as part of the Affordable Care Act changes. This means routine exams, cleanings, x-rays, and fillings will be covered by their health plan or a stand-alone dental plan. WSDA wants to ensure that those who want to use this benefit can do so. Parents can call 877-239-1011 or visit www.wsda.org/children to participate in the program.

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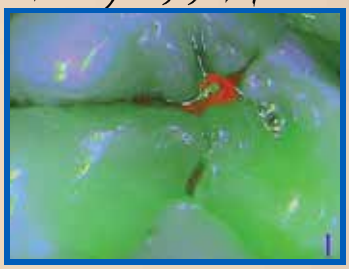

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