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IN GROUP PRACTICE

JULY/AUGUST · 2015

The Right Direction

Though the strategies may differ, these DSOs are headed toward healthy, sustainable growth



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“We are confident that in the future, the benefits DSOs provide supported dentists will someday be looked back upon with amazement that these benefits were not universally available.”

– Dr. Rick Workman

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Bethany Tuzzolino, manager of recruitment marketing, Aspen Dental Management Inc.



PUBLISHER
Bill Neumann • wneumann@mdsi.org

EDITOR
Mark Thill • mthill@mdsi.org

SENIOR EDITOR
Laura Thill • lthill@mdsi.org

MANAGING EDITOR
Graham Garrison • ggarrison@mdsi.org



ADVERTISING SALES
Monica Lynch • mlynch@mdsi.org

ASSOCIATE EDITOR
Alan Cherry • acherry@mdsi.org

CIRCULATION
Laura Gantert • lgantert@mdsi.org

ART DIRECTOR
Brent Cashman • bcashman@mdsi.org

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The Season for Growth



In this issue of *Efficiency in Group Practice*, we focus on organic and affiliate growth for DSOs and groups. We provide valuable suggestions, strategies, and input from dental's largest DSOs: Heartland Dental, Benevis, Great Expressions and Aspen Dental. Aspen explains how to grow organically, while Heartland and Benevis discuss their success with affiliation. Great Expressions focuses mainly on affiliation, while filling in strategic locations with *de novo* practices. Whatever your growth strategy, you are bound to gather some excellent information to help you reach your goals in 2015.

With growth comes challenges. While money is certainly not an issue, finding qualified solo practitioners to affiliate with or work for DSOs can be tricky. A major issue hindering group growth is the recent bad press and some legal issues that have arisen. This only fuels the perception (I would say misperception) among dentists and the industry that the growth of DSOs and groups is a negative thing. Unfortunately, as the old saying goes, perception is reality. This holds true in dental, and there are now dental marketing companies and group purchasing organizations whose focus seems to be helping solo practitioners compete against “evil corporate dentistry.”

Without the distractions of managing the practice, DSOs can help dentists focus on the clinical aspects of their profession so they can provide the best possible care.

As you read our article on growing your DSO, please take note that it is not just about picking the correct location for your *de novo* offices or affiliating with the highest producing solo offices. Dental Support Organization growth also needs a strong voice

to educate the industry and the nation as to the direct benefits for patients and practitioners. Groups and DSOs are providing patients' access where they had none, while also providing them comprehensive, necessary care at affordable prices. Without the distractions of managing the practice, DSOs can help dentists focus on the clinical aspects of their profession so they can provide the best possible care.

The ADSO and Dr. Quinn Dufurrena are hard at work traveling the country and educating the dental community and legislatures on the benefits of the DSO models. We have a full report on Dufurrena's book, *Transforming the Cottage Industry: The Rise of Dental Support Organizations*. This book will help educate the industry and the public on the importance and purpose of DSOs and group practices.

No matter what growth path you are on, this issue will help guide you in the right direction.

Enjoy your summer of growth,

A handwritten signature in black ink that reads "William S Neumann".

Bill Neumann

Publisher

EGP

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Summit Draws DSO Community

The dental support organization (DSO) industry is growing rapidly, says Quinn Dufurrena, DDS, executive director of the Association of Dental Support Organizations. Participation at the Inaugural ADSO Summit this spring in Las Vegas, Nev., seems to bear that out. Close to 600 DSO executives, staff, industry vendors and others attended the three-day event, which featured educational sessions and networking events.

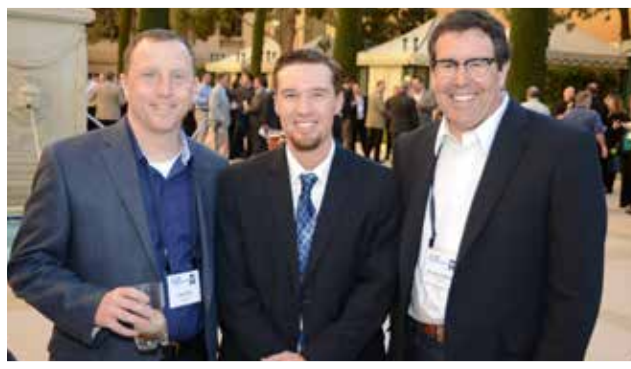
“The DSO industry is growing rapidly because of the changing dental environment,” said Dufurrena following the Summit. “The facts are that one of three dentists report being not busy enough, dental expenditures are forecasted to remain flat for the next several years, dental schools are expanding, government-based reimbursements are expanding, there is a high average debt for dental school graduates, 50 percent of new dentists are female, and most important, there is a significant change in consumerism.”

Rapid growth presents its own set of challenges, as it does in any new industry, he said. “As practices move from large group practices to DSO-supported practices, defining the necessary leadership skills to make that

happen is one of the primary challenges.” ADSO intends to create an environment that is conducive to DSO growth.

ADSO was created with 13 members in 2007, but was called the Dental Group Practice Association. In 2014, the organization changed its name to the Association of Dental Support Organizations, and appointed Dufurrena as full-time executive director. ADSO members support more than 4,000 dental practice locations in the United States, Australia, Canada, New Zealand and the United Kingdom.

ADSO’s second Summit will occur April 21-22, 2016, in Las Vegas. ■



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Go See, Ask Why, Show Respect



By Dr. Sami Bahri, DDS

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

Three keys for leaders to change behavior

Success depends on more than a single factor. Successful leaders, however, manage to simplify their work to just a few important factors.

As part of a small group of speakers at a healthcare summit in Orlando, Fla., I was offered the incredible opportunity to spend an hour with Jack Welch, the former CEO of General Electric.

I’ll try to summarize his advice in my own words: *You determine a few key behaviors expected from your employees, and you base everything – promotion, bonus, dismissal, etc. – on their alignment with those behaviors.*

To apply his advice, we all teamed up and identified those key behaviors. But, to change our own behavior accordingly was not easy; we needed time and effort. I wanted

to make it easier by creating conditions that encourage behavior alignment, but to my frustration, I didn’t know how to go about it.

Our hope for a practical solution came from a statement by Fujio Cho, Chairman of Toyota: “*Go see, ask why, show respect.*” This short statement condenses many decades of “trial and error” in leadership and human relations. Notice the action verbs; he’s not explaining theory, but real-life leadership in action.

To put his statement in context, it would help to explore the most common models of leadership dominating today’s workplace:



members become vigorous learners, helping each other to understand business systems so they can improve them.

Putting theory in practice

Chairman Fujio Cho's statement has elegantly summarized how leaders need to change their own behavior before they can influence the behavior of others. John Shook, chairman and CEO of the Lean Enterprise Institute wrote:

“Go see, ask why, show respect' is the way we turn the philosophy of scientific empiricism into actual behavior. We go observe what is really happening ([W]here the work takes place), while showing respect to the people involved, especially the people who do the real value-creating work of the business.”

When we apply this principle, we aim not only at solving problems, but mainly at building teams that can see problems as soon as they happen, and improve them immediately.

Go see

What I like about this concept is that it is consistent with how we practice dentistry. For example, when a patient calls the office with a toothache, we would certainly not treat them over the phone. We want to see the tooth, collect data about it, diagnose, prescribe and carry out a treatment, and follow it up until we know it was successful. With the “Go see” principle, we treat management processes the same way we treat that toothache.

“Go see” for problem solving.

Imagine an employee reporting a problem. Before I learned this principle, I tended to recommend solutions from afar. This often led to ineffective solutions and to employee resistance to change, because from afar, I could rarely have a complete picture of the problem. With the “Go see” principle, I go to the place where the problem is happening and grasp the situation, before moving to the solution phase. This made our solutions more sustainable.

“Go see” for continuous improvement.

You don't need to wait for a problem to happen before you “Go see”; you can actually use it to improve any process, even those that seems to function properly.

Older “command and control, dictator” style.

“Do it my way.” A dictator tells people what to do, how and when to do it. All the thinking is limited to the leader, which causes this authoritative style to miss one of the most important factors in increasing productivity, human participation, and human creativity.

Newer “excessive empowerment” style.

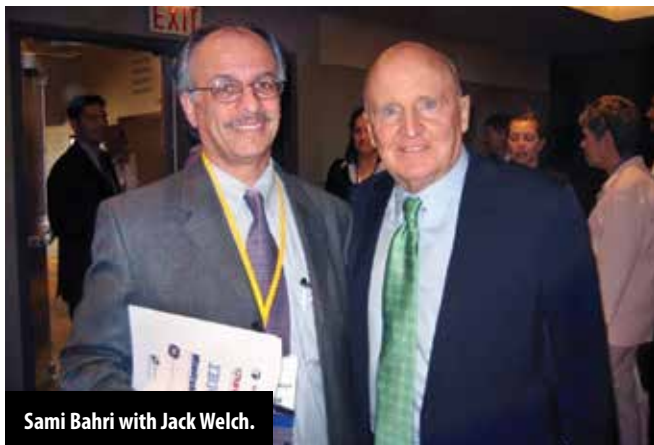
“Do it your way.” In this style, leaders give up their responsibilities. By leaving people unmonitored, every employee might develop in a different direction – no matter how hard they work, they neutralize each other's efforts and restrain progress.

Lean style.

“Follow me, we'll figure this out together.” This is our style of choice, where leaders act as coaches. They know that the future is unpredictable and face it with flexibility, by working closely with the team. All the group

An often-told story about Taiichi Ohno, the engineer credited with creating the lean philosophy, is that when new managers would come to Toyota, he would draw a circle on the ground near the work process. He would then ask the new manager to stand in the circle and watch. Hours later, he would return and ask the manager to describe what he saw. Inevitably, the manager would not be able to describe the wastes and problems in the process in any detail. Although the manager had been standing at the process and looking, he had not learned to “see” yet.

Ohno would not let the manager leave the circle until he could give a vivid description of what he saw, including all the wastes that could be improved upon.



Sami Bahri with Jack Welch.

Similarly, in our dental practices, we should observe processes until we are able to see and bridge the gap between how the process is functioning and how it should be functioning. The “Go see” concept can go even deeper, it can help you build a coherent team, as the following example from our practice shows.

“Go see” to build understanding and collaboration among team members:

To control the flow of treatment, we have created a simple, yet very powerful system. We simply printed a card for every step in an appointment, describing its key points. Although the function of those cards is important, in this example, we are interested in the way “Go see” has started an atmosphere of collaboration among team members while building their content.

In our dental practices, we should observe processes until we are able to see and bridge the gap between how the process is functioning and how it should be functioning.

One of the cards – a reminder to have patients review their personal information – captures information changes to prevent problems. We all collaborated in creating its content.

To begin the “Go see” process, I asked one assistant to show us how she goes to the patient information screen on her computer. She went through five or six screens, many mouse clicks, and she needed to type the patient’s name once. A second assistant used three screens and needed to type the patient’s name once; a third, two clicks with no name typing.

At this point, it would have been easy to fall in the trap of judging the first assistant as not knowing what she was doing. But when we asked her why she did it the long way, we found that she

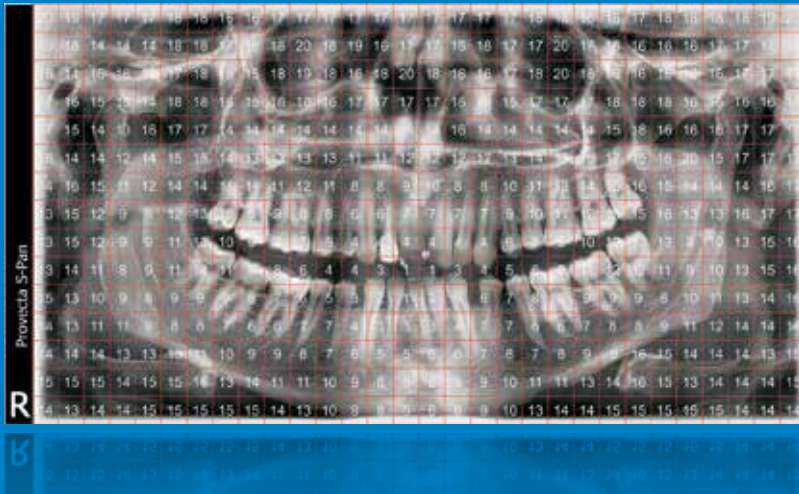
was working around a weakness in the dental management software, and that spending more efforts upfront was saving her time, overall. After further discussion, the group found a shorter way to bypass the software weakness, and still get much closer to the two-click performance.

All assistants changed their behavior immediately to match the new standard. This new way will save time, to be sure, but most important is not only the collective learning that came from that experience, but the speed at which employees improved their behavior – if you are a manager, you probably know how important that is.

Ask why

It is not unusual for two dentists to differ on how to treat the same mouth. Similarly, if two managers watch us work, based on their knowledge and experience, they would see two different realities.

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The good news is that we can all learn to see deeper into the process if we ask why things are done the way they are done. In fact, we should ask why several times successively. Every answer will reveal a deeper layer of understanding and will lead us to ask the next why, until we reach the root cause of a problem or a reason to improve a process. Here is a real-life example of asking why successively (four times in this case) to solve a scheduling problem:

Dentist: “*Why (1)* is the periodontal maintenance patient scheduled for a regular cleaning? (Comment: Here, one could jump to blaming the scheduling person.)

Scheduling Manager: “Because in the patient history the last visit was a regular cleaning. We thought that the next visit will be similar.” (Comment: Here we start seeing that she is not at fault since the software does not provide the information in the right location.)

Dentist: “*Why (2)* does the last visit show a regular cleaning instead of periodontal maintenance?” (Comment: Here we start investigating the management system instead of the person who made the appointment; our goal is to find a solution at the system level, not to blame a person.)

Hygienist: “I write what patients need in the treatment notes and that does not show in the history.” (This shows the weakness in the software that does not transfer automatically the necessary information from the patient notes to the treatment history.)

Dentist: “*Why (3)* does the front desk not read the notes before making an appointment?” (Deeper system investigation, as one would investigate a crime.)

Scheduling manager: “Because it is time consuming; we do not have the time to look in the notes.” (Again, the software should give us the option to post that information automatically in the history screen)

Second Dentist: “*Why (4)* can’t we write it in a place that shows in the history?” (Now that we know the real problem, we started proposing a solution.)

Assistant: “I know a place in the software where we can do it.” (That was probably the best solution under the current conditions, since we cannot change the management software quickly.)

The assistant showed us how to do it; everyone changed immediately to the new way, and eliminated that category of scheduling mistakes immediately. Notice that the solution was created by the collaboration of all team members, with the dentist acting as a coach, not dictating any solutions.

We can train ourselves to see deeper by asking why successively in any management area. It is true that two managers with different levels of expertise see different pictures of the same practice, but the new manager can learn how to see waste and opportunities for improvement in many areas of the practice:

- We can learn to see if the work conforms to the mission and vision of the practice. For example, if an emergency patient walks in unexpectedly, and our policy says to always accommodate patients, would it be in alignment with our mission or vision to refuse seeing that patient because they don’t have an appointment?
- We can learn to see waste. In previous articles, we have exposed the seven deadly wastes in operations. It would be very beneficial if you could train your eyes and your mind to see those seven wastes so you can find ways to eliminate them.
- We can learn to see flow. Uninterrupted treatment flow is one of the most important boosters in productivity, quality, morale and patient satisfaction. At the same time, it reduces cost and mistakes. We need to see obstacles to flow so we can eliminate them quickly and permanently.
- We can learn to see problems. Anything that stops us from reaching our objectives can be a problem; we need to learn how to see those problems immediately and eliminate their causes so they won’t recur.
- We can learn to see opportunities for improvement. Operations might seem to be running efficiently but any operation can be improved.

Go to where the work is produced

Now that you know what you need to “Go see,” you might be wondering where you are supposed to go so you can see. The answer is simple, where the work is produced – around the operatory, around the sterilization area, around the front desk or around lab.

That is where we are supposed to be all the time. We are supposed to be observing how our team members perform their jobs, to be analyzing how we could remove non-value added work and how to transform it into value-added work that patients appreciate.

In my personal experience and observing my colleagues when we don’t have a patient, often times we rush to our private office and sit at the computer. In the meantime, the work area is left unattended, and the opportunity for improvement lost.

That is why I say that the doctor’s office can be a big obstacle to productivity. In fact, staying on the work floor is so important that many CEOs are reported to have eliminated the personal office altogether, and to spend all their time among workers. We need to leave our office, and “Go see” what is happening on the treatment floor, the same way we ask to see a patient when they have a dental problem.

Show respect

I truly believe that if my employees do not respect what I stand for, they would not stay with me. Similarly, if I do not have a genuine respect for their character, I would not want them to stay. Consequently, working together means that we do have that basic respect for each other, and we ought to show it in the way we treat each other.

The “Lean meaning” of respect goes beyond the basics, though.

As a first step, Lean leaders recognize that we totally depend on our people for every aspect of the

business. Second, since we depend on them, we need to help them grow and coach them to develop themselves. Third, we need to challenge them. Challenge drives development; it also drives satisfaction. In his research on what brings people to the satisfaction of what he calls the state of “Flow”, psychologist Mihaly Csikszentmihalyi found that people are happiest at work, not on vacation. In his book *Flow: The Psychology of Optimal Experience (1990)*, he wrote: *“The best moments usually occur*

Leadership is a science and an art. Its main goal is to inspire employees to align their behavior with the philosophy and the goals of the practice. Any of us find dealing with employees difficult at times, especially when we want them to change their behavior. But it doesn’t have to be that way.

when a person’s body or mind is stretched to its limits in a voluntary effort to accomplish something difficult and worthwhile. Optimal experience is thus something we make happen. (Csikszentmihalyi, 1990, p.3)

From that, we understand that challenging employees to stretch their skills is probably the most important factor in employees satisfaction and long-term retention.

Leadership is a science and an art. Its main goal is to inspire employees to align their behavior with the philosophy and the goals of the practice. Any of us find dealing with employees difficult at times, especially when we want them to change their behavior. But it doesn’t have to be that way. The lean way of leadership, “Go see, ask why, show respect” can go a long way in making that change not only easy, but also enjoyable. ■

Hygiene Training

Five mistakes to avoid



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.

Dental groups from coast to coast have spent thousands of hours to develop and grow their hygiene team. Some of these groups achieved great success, while others have struggled. The groups that have struggled state: "We have provided training and implemented protocols to our hygiene team, but we seem to get a short-term increase only to see it flatten out and decline over the year(s)." Some of these groups have written off the idea of any future training or development due to the mediocre results.

There may be several reasons why the hygiene initiatives are not sticking, but the following are the most common problems seen.

Implemented protocols or systems that are overly cumbersome

As I look across the board at the various periodontal therapy programs, caries risk assessment programs, recall programs, etc., available today, you will see many different methodologies to providing care to your patients. They all have their advantages and disadvantages in regards to patient acceptance, end point results, and the financial results they bring to the practice. However, the protocols and systems that stick are the simple ones your

entire team can understand and support. The ones where your team instantly jumps on board and "owns it". The ones they can easily see how to implement into their current situation while feeling confident they can provide the best to each patient.

It is not so much about the fancy flow charts, number of codes you can charge out, or how many appointments you can fit into a day. It is all about the ability for your team to implement.

The hygiene team did not understand the goal of the initiative

Does your team know what the goal of your new protocol or system is? Do they

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How the best perform



know how it is being tracked? With every new initiative you implement into your group you need to have a way to track the success. If you are implementing a new periodontal therapy program, you need to identify the goals you have for the program, and how you will measure them (For example, Periodontal %, and Periodontal Case Acceptance). There needs to be tangible and specific data so you can monitor the success, or challenges immediately.



As a practice leader, you cannot expect to train your team once and have 100 percent success across the board. Some team members will soar with the new responsibilities, while others will struggle.

The group had a goal, but did not communicate it clearly

Once you identify the goal, you need to communicate that goal to your hygiene team. Be very transparent with them about the goal. If you are looking for a revenue gain, then say it and demonstrate the goal and how it will be tracked. Clarity and transparency are important in this step. Without complete transparency, you will hear your team saying things like: “I know this is all about the money.” They will question the motive and lose trust in the group. If it is about increasing revenue, than tell your hygiene team just that.

There was no follow up or follow through

How many times have you introduced something new, just to find three months later no one is doing it and

no one even cares about it? This happens regularly in dental practices, and often times the team is just waiting for the new initiative to become “old news.” Do not let this happen to you! Once you train, implement and communicate your goals for your new initiative, you need to continue to keep it as a focus item at all team meetings, performance reviews, practice level conversations, etc.

If the initiative is important for patient care and business growth it should be an agenda item on every meeting. With the multiple initiatives happening within your group, you need to keep each one a focus to the team. Once you lose focus, your team will likely digress back to their old ways and it will be harder than ever to regain their commitment for future initiatives.

No mentoring or support was provided

As a practice leader, you cannot expect to train your team once and

have 100 percent success across the board. Some team members will soar with the new responsibilities, while others will struggle. It is important to have a mentoring program in place for your hygiene team. One where a champion hygienist can provide feedback, support and guidance to the hygiene team. They can help the hygienist who struggles to communicate periodontal needs to a patient, or a hygienist that is constantly running behind schedule. Without mentoring, you will struggle to have long term and consistent results.

Your hygiene team is a powerful business within your group. A strong commitment to training and mentoring will yield you amazing success. Take time and strategically plan your next hygiene initiative. With a strong training plan and the right resources, you can positively impact your patients and your bottom line. ■

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The Right Direction





Though the strategies may differ, these DSOs are headed toward healthy, sustainable growth

In some respects, all DSOs are pretty similar. All of them aim to:

- Improve the quality of dental care their doctors provide
- Deliver that care cost-effectively
- Maintain close ties to the communities in which each of their practices operates
- Generate a healthy margin while doing all of the above

Each takes a slightly different path toward those goals. But all believe that by carefully selecting affiliation partners – that is, dentists who commit themselves and their teams to the same values as those of the DSO – growth is inevitable.

That's why Dr. Rick Workman, founder and CEO of Heartland Dental, says, "The sky is the limit for our growth opportunities."

Efficiency in Group Practice recently asked a number of DSO executives to talk about their strategies for growth. Participating were:

- Heartland Dental
- Aspen Dental Management Inc.
- Benevis
- Great Expressions Dental Centers

Heartland Dental:

Adapting to the Needs of Modern Dentists

With roots dating back to 1982, Effingham, Ill.-based Heartland Dental grows through affiliation as well as organically, says Founder and CEO Dr. Rick Workman. “Established offices that affiliate with existing supported practices can then receive Heartland Dental’s support services,” he says. “Likewise, supported practices contract with us to provide all the services needed to establish new startup offices. Utilizing both processes allows Heartland Dental to support a wider variety of dentists based on their individual needs.

“For the foreseeable future, this growth strategy will remain. However we are always ready to adapt to the needs of modern dentists, as the dental industry continually evolves.”

Heartland Dental currently supports over 660 dental offices within 31 states.

Heartland Dental’s affiliation team takes into consideration a number of factors to determine if an office is a good fit, says Justin Wendling, director of affiliations. “These factors include physical, financial and commitment standpoints. Finding a match in these areas fosters the best possible results for the affiliating office and Heartland Dental.”

Heartland Dental traditionally looks for offices with five chairs or room to grow, and at least \$800,000 in annual revenue, says Wendling. In those situations where doctors are seeking a long-term exit strategy, the company traditionally asks them to commit to transition with the office for at least two years after affiliation. “The success of an office transition stems from the doctor,” he says.

“We are confident that in the future, the benefits DSOs provide supported dentists will someday be looked back upon with amazement that these benefits were not universally available.”

– Dr. Rick Workman

“A commitment on the part of the doctor furthers goodwill with the dental team and community.”

When supporting the creation of new offices, Heartland Dental’s development team focuses primarily on lease development and single- or multi-tenant land purchases throughout the country, says Jake Niebrugge, operations manager at Professional Resource Development Inc. When evaluating locations, the team looks for areas that have upper to middle-upper demographic characteristics, a median household income of \$50,000+, presence on a main road, a minimum traffic count of 20,000 cars per day, and a minimum parking ratio of five spaces per 1,000 square feet. When leasing sites, the team looks for sites that are highly visible on a main road, and are grocery-anchored or have big-box tenants nearby, such as Wal-Mart, Target, Kohl’s, etc. When purchasing specific sites, the team looks for 0.5 to 2 acres of land at intersections or hard corners, which can accommodate single- or multi-tenant buildings.

With more than 1,000 supported dentists, Heartland Dental is the largest dental support organization in the country, says Workman. “But that number makes up only a small portion of all dentists in this country. There are so many other dentists out there still in need of non-clinical support, and so many opportunities for us to make a positive impact. As it becomes more difficult for dentists to practice solo or start up an office right out of dental school, the need for



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support will continue to increase. In that regard, the sky is the limit for our growth opportunities.”

With growth comes the challenge of maintaining the Heartland Dental culture, says Workman. “Maintaining the culture of Heartland Dental in all supported dental offices is important. To meet that challenge, we have created an environment of openness and camaraderie. All supported dentists and team members are connected through our network in order to support one another. In addition, all dentists and team members travel to our home office in Effingham, Ill., to meet the individuals who will support them face-to-face.”

Each of Heartland Dental’s supported, doctor-led offices have their own brand, logo and identity, says Workman. “This approach keeps them better connected to their local areas. Also, supported offices continually donate their time and efforts within their communities. For example, many offices hold Free Dentistry Day events in their communities each year, providing free dental services to those in need.”

Workman says he believes that the number of dentists practicing at DSO-supported offices will more than triple over the next 20 years. That’s because the DSO model fits the needs of a growing number of dentists. “DSO support helps dentists be dentists,” he says. “They didn’t graduate from dental school to be accountants, marketing gurus or HR specialists. This support helps them focus on patient care, develop as clinicians, and develop as leaders.

“Dentistry is still valued in our population and will always be valued,” he continues. “Dental disease



“As it becomes more difficult for dentists to practice solo or start up an office right out of dental school, the need for support will continue to increase. In that regard, the sky is the limit for our growth opportunities.”

– Dr. Rick Workman

doesn’t cure itself, so lifetime, preventative care will always be important; and it helps save people money in the long run. However, the economic problems we’ve seen have established a new reality for dentists; many are unable to sell or share their offices with associate dentists, and young dentists with \$300,000 worth of student loans can’t finance a new office or startup on their own. This has led to an explosion of the number of quality dentists searching for support.”

That said, tension between DSO-supported dentists and organized dentistry remains a challenge, says Workman. “Unfortunately, a lack of understanding and trust still remains on both sides. I believe the majority of dentists share common ground. Yet DSOs are often blamed for inhibiting others to practice solo or own offices. Those supported by DSOs still lead their offices and make decisions regarding their patients and teams. From that regard, there’s really no difference between DSO-supported offices and organized dentistry, except for that extra support and education DSOs offer.

“However, dentistry is one of the last business models to transform the way it evolves in the marketplace relative to medicine, pharmacy and vision care. But we are confident that in the future, the benefits DSOs provide supported dentists will someday be looked back upon with amazement that these benefits were not universally available. This will be measured when organized dentistry and DSOs can reach agreement on how the roles and responsibilities of each can work together for the advancement of our industry.” ■

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Aspen Dental Management Inc.:

Building to Meet a Need

The expansion of the Aspen Dental brand has been fueled entirely through organic growth, says Todd Phillips, vice president, real estate and construction, Aspen Dental Management Inc. Today, nearly 500 Aspen Dental-branded practices operate in 31 states, with 60 new practices scheduled to open before the end of the year. That includes expansion into Minnesota, Arkansas, North Dakota and South Dakota.

Approximately 80 percent of Aspen Dental practices are located in areas that have been designated as Health Professional Shortage Areas (HPSAs) by the U.S. Department of Health and Human Services, Phillips points out. “This strategy – which brings dentists to communities where they are needed – has proven to be hugely successful, and one that we intend to follow for the foreseeable future.” The

services and programs that can make a real difference in their lives. Together, ADMI and the dentists we support believe in the patient-centric model that is becoming more and more common across health-care delivery today, because when patients have choice, access, and trust in their provider, better overall health follows.”

Each Aspen Dental practice is independently owned and operated, but all use the Aspen Dental brand throughout their facility design and signage, as well as in television, Yellow Pages, print and online advertising, says Phillips. The practices also work collectively on a community giving initiative called the Healthy Mouth Movement, which in 2015 is providing free dental care



“The Healthy Mouth Movement has been a great unifier for Aspen Dental teams from locations all across the country, because it taps into a shared desire to give back to the communities where they live and work.”

– Todd Phillips

company typically builds practices in high-profile locations in major retail areas, where there is a demonstrated need for access to affordable, convenient, quality dental care.

And that need is great, he says. “More than 60 new Aspen Dental-branded practices are expected to open every year for the foreseeable future. But growth isn’t our strategy. Growth is the outcome of having a clear vision and executing against that vision.

“The dentists who own and operate Aspen Dental practices are inspired and motivated by the patients they serve across America, and are focused on treatments,

to veterans. “The Healthy Mouth Movement has been a great unifier for Aspen Dental teams from locations all across the country, because it taps into a shared desire to give back to the communities where they live and work,” he says.

“Our success and growth starts with clarity of purpose and values,” says Phillips. “We’re aligned around them, and they guide every business decision. At ADMI, our goal is to build highly aligned, long-term partnerships with dentists, and we are focused on building programs and infrastructure to support their success.” ■



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Benevis: Bridging a Gap

Founded in 2002 to provide non-clinical support services to dentists' offices in Georgia, Benevis supports 144 practices today, with plans to exceed 150 supported practices by year-end.



“We pride ourselves on looking for well-run dental offices and then working with the dentists to keep them that way,” says Ryan Lindgren, vice president, acquisitions and development. “We look closely at how the dentist is operating the office, and how stable and well-trained the staff is, and we understand what the dentist’s personal plans are. Where our tools align with the needs of the dentist and office, these are the ideal offices for our affiliation program.”

“We don’t change the name or re-brand the office; and we continue to encourage the dentist and staff to stay involved with their community.”

– Ryan Lindgren

Benevis started as a company whose primary growth avenue was developing start-up (*de novo*) offices for the practices it supported, explains Lindgren. “Over time, we have expanded the services we can provide to dentists and their practices, so this is now a small part of our growth strategy.” That said, if the dentists it supports want to grow through *de novo* offices, “we continue to support that.”

One of Benevis’s primary growth avenues is affiliating with dental practices to provide non-clinical support services, says Lindgren. Benevis does not own any dental practices, and dentists continue to own their professional corporation (PC). As part of the affiliation process, Benevis buys the non-clinical assets of the practice (this is the cash investment, which includes the assets and goodwill). When the dentist is ready to retire, Benevis sources for his/her follow-on dentist, who then takes over the PC. “This provides the retiring dentist a clear way to cash out of their office, and a clear path and timeline – driven by them – to retirement,” he says. “The new dentist can then step into a well-run and successful office at a reduced price, as they are purchasing only the clinical assets.”

As Benevis affiliates with a practice, the company works closely with the dentist to change as little as possible. “We don’t change the name or re-brand the office; and

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we continue to encourage the dentist and staff to stay involved with their community,” says Lindgren. “Overall, we ask the doctor to continue doing all the things that have made them successful. In fact, the only services we require our affiliates to use are our HR/payroll system and accounts payable system.”

Benevis avoids targeting a specific number of offices with which to affiliate, says Lindgren. “Instead, we look to affiliate with practices that are in need of the services we provide best,” he says. “In that way, we create partnerships that are inherently beneficial to all parties and have the best chance for long-term success.”

Conditions within dentistry favor DSO growth, says Lindgren. The number of dentists entering the field is only now starting to outpace the number of dentists retiring, he points out.

“One of our biggest industry challenges will be creating practice environments that appeal to and allow for better work-life balances and leaves for growing families.”

— Ryan Lindgren

But their debt load upon graduation is great, averaging \$247,227, according to the American Dental Education Association. This presents capital and financing problems for late-career dentists wishing to sell their practices, and for early-career professionals trying to get into a practice. “Benevis’s practice affiliation program bridges that gap,” he says.

“Women as a percentage of total dentists entering the workforce are now approaching 50 percent, which is very different from the pool of dentists currently near the end of their careers,” he adds. “One of our biggest industry challenges will be creating practice environments that appeal to and allow for better work-life balances and leaves for growing families. Because of the scale with which DSOs operate, they are uniquely positioned to accommodate these desires.” ■

Great Expressions Dental Centers: Close to the Patient

Great Expressions Dental Centers comprises 217 sites and is intent on continuing to grow. “The next goal is \$500 million revenues,” says CEO Rich Beckman. “We could go beyond. As long as growth continues to translate to the continued ability to reinvest capital back into the company for structural, clinical, and operational improvements for the betterment of our doctors, team members, and our patients, then too big is not an issue.”

“Our goal is to have density in a market, as we want to make visiting a GEDC office as convenient as possible for the patient,” says Kurt Harvey, vice president, business development. “We want all dental services – e.g. GP,

orthodontics, oral surgery, etc. – under the same roof or close nearby. This way, the patient can get the care they need and not have to worry about going outside the GEDC network.” Staying in the network means the patient’s insurance is taken; GEDC can book the appointment; and GEDC doctors can discuss the patient’s care with him or her.

The company’s primary method of growth is via affiliation, but it builds *de novo* where the need exists, says Harvey. “For *de novos*, we prefer high-traffic locations, e.g. shopping strips conveniently located in high-density and growing

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areas. *De novos* help us fill in areas where we are less dense in the market and can give patients easier access to care within GEDC network.”

The criteria for affiliation are relatively simple, says Beckman: 1) The doctor and his or her key team members align in terms of core philosophies and their willingness to stay on for at least two years (though GEDC hopes they will stay longer); 2) the valuation and terms of affiliation are a “win” for all parties involved; and 3) the practice is a strategic fit.

Maintaining and enhancing the GEDC brand and relationship with the community and patients is critically important to the company, according to Ryan Torresan, vice president of marketing and public relations. “We continue to reinforce the Power of One, that is, the idea that one dental professional can impact a patient’s life or that of a co-worker with one simple act; and we instill the concept in every aspect of the group.

“Further, giving back is part of our mission statement. GEDC partners with Feeding the Children Everywhere in each market, making hundreds of thousands of meals each year to give back to the communities we support,” says

“We continue to reinforce the Power of One, that is, the idea that one dental professional can impact a patient’s life or that of a co-worker with one simple act; and we instill the concept in every aspect of the group.”

– Ryan Torresan

Torresan. “We also give back dental services through Missions of Mercy and mission trips.” GEDC believes dental graduates are the future, and the company donates annually to the University of Detroit Mercy School of Dentistry and Nova Southeastern University College of Dental Medicine in Florida.

More and more solo practitioners and new dental graduates are realizing the benefits of being part of GEDC, says Beckman. Further, dentists nearing retirement are looking to GEDC as an option to which they can transition their legacy and patient base.

DSOs, in general, can expect continued growth, given the continued awareness of the relationship of proper dental healthcare to the prevention of greater health issues, and the opportunity DSOs offer to save the health-care system sizable dollars, says Beckman.

That said, challenges lie ahead, he adds. Regulatory intervention is one (though regulatory authorities are getting better educated about the benefits of DSOs), he says. What’s more, DSOs that fail to do the right thing can “cast doubt to the greater dental world on those of us who are operating the proper way.” ■

A ‘Tipping Point’ for dentistry

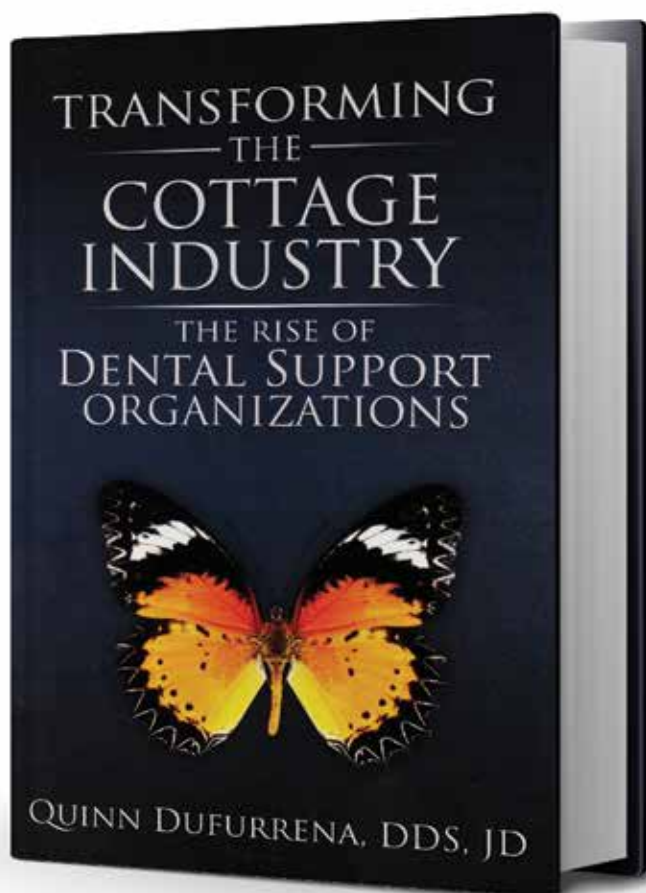
BOOK REVIEW: *Transforming the Cottage Industry: The Rise of Dental Support Organizations*, by Quinn Dufurrena

The greatest obstacles to the growth of dental support organizations aren't questions about quality of care or even about the economics of a group practice vs. that of a solo practitioner. Rather, the greatest obstacles are the attitudes of dentists themselves. That's because successful DSOs demand new styles of leadership, which rely less on an autocratic approach to practice management and more on collegiality and collaboration. There's another obstacle – and it's a big one: fear of change.

The irony, according to Quinn Dufurrena, executive director of the Association of Dental Support Organizations and author of *Transforming the Cottage Industry: The Rise of Dental Support Organizations*, is that the DSO model actually marks a return to old-style dentistry, with an emphasis on patient-doctor interaction. That means less time fretting about payroll, insurance, procurement and the like, and more time building relationships with the people in the chair. The added bonus: A work/life balance that better suits today's professionals.

The hazards of change

DSOs help dental teams create value “by being trustworthy, caring and having honest relationships, which we are now seeing as a singular priority in newer and emerging business models around the world,” writes Dufurrena. “As dentists, we need to protect this most sacred of doctor-patient relationships and not allow greed, control or power to divert any of us from our much needed vocations [T]he balancing act between good clinical work and demanding business responsibilities for any solo dentist has eluded most practitioners. The DSO model endeavors to put balance back into the equation.”



The younger generation of dentists gets it and wants it, he says. And increasingly, the members of that younger generation are women, many of whom are more comfortable acting as colleagues than all-powerful practice owners. But women aren't the only ones who want a new approach to their professional and personal lives. "Change from an autocratic model to a more relational and collaborative model of business is happening everywhere," he writes.

The DSO model calls for change. And that's never easy. "The U.S. healthcare system is no longer sustainable," writes Dufurrena. "Woodrow Wilson said, 'If you want to make enemies, try to change something.' So, we will certainly make enemies within the dental community, but when dealing with healthcare, we can no longer afford the status quo of any model of care that is inefficient.

"It is time to change the way we view oral healthcare and embrace all of its ramifications."

Success, he writes, "is equal to being open to change and is directly proportionate to the quality of our relationships with each other, with our patients and within ourselves. [O]ur quality of relationships in dentistry has waned due to the overwhelming needs of running a practice."

Medical precedent

Dentistry – like medicine before it – is at a tipping point, Dufurrena believes. "The power of community and the group is undisputed in business, psychology and biology, and a key to unlocking the timeliness and the ethical business practices of the DSO model."

Medicine was built on small, independent medical practices. But that model is changing, for sound reasons, says Dufurrena. "[I]ncreasingly, doctors are giving up their independence to join larger groups or hospital systems, often getting help with back-office functions, like billing and insurance negotiations, while staying in their old offices and seeing their same patients."

So-called physician "supergroups" create efficiencies of scale, centralize human resources and accounts payable,

contract and bill under a single tax identification number, and negotiate better rates with insurers, says Dufurrena. "By centralizing things like payroll, billing, accounts payable and claims management, you can reduce the overhead that each practice has to pay out independently."

Just as medical doctors before them, the new order of dentists are seeking better relationships and a better quality of life while delivering better care to their patients. "This flies in the face of the autocratic, all-powerful approach that is inherent in the solo practice model and the old-guard mentality."

Sears had everything

Dufurrena peppers his book with real-life anecdotes. One is the story of Ed Meckler, DDS, founder of what is now

"The balancing act between good clinical work and demanding business responsibilities for any solo dentist has eluded most practitioners. The DSO model endeavors to put balance back into the equation."

DentalOne Partners. Meckler had an idea to open a dental office in a Sears store in Cleveland in 1981. (There had been a precedent within Sears with its in-store optical locations.) In the first year, thanks to advertising and the use of the Sears credit card, the office saw 22,000 new patients, Meckler told Dufurrena. Soon he had 38 such offices. In 1995, with a favorable opinion from the Attorney General that established that a non-dental support company could affiliate with a dentist, Meckler pursued private equity money. The company expanded, and Meckler recapitalized in 2007 with two new private equity groups.

"Now we were off and running," he told Dufurrena. "The idea was that private equity could invest in a

model that supported the nonclinical aspects of the dentist's practice. Their support gave the dentist the business acumen that most dentists did not have and offered cutting-edge IT systems, marketing at highly professional levels, and analytics that they had never seen. It also permitted the dentists to devote their time and attention to clinical, patient care. It was simply a win-win scenario."

Meckler encountered early resistance from the dental community. Such resistance remains today. And it is fueled in large part



Quinn Dufurrena

"In the conscious-capitalism model, profit is seen as a necessary outcome of doing business with heart, with people in mind, with service being central, and with quality and ethics mandatory."

by fear of change, largely on the part of older, primarily Caucasian males who have controlled the current dental (and medical) model for centuries, says Dufurrena.

"The dental industry, as a whole, has not exactly embraced DSOs with open arms," Rick Workman, DDS, founder of Heartland Dental, explained to Dufurrena. "Fearing the impact that new ideas and competition will have on their comfortable private practices has solo providers circling their wagons. Realizing that going toe-to-toe with the DSO model in a fight they can't win, they are taking the offensive by challenging the credibility of and attempting to regulate the DSO industry."

Profits vs. patients?

Some professionals would have the public believe that dentists must choose between profit-centered and patient-centered care, writes Dufurrena. "They want us to believe we will lose our rights to control the clinical side of our practice and that the corporately driven business side of the practice will cross over into the clinical side and dictate clinical protocol." In some cases, the media has bought into their argument. Lawmakers have as well, writing legislation to regulate the DSO model out of the industry.

But changing long-standing models calls for vision and courage, says Dufurrena, citing the example of Henry Ford in the early 1900s. At the time, most automakers believed the best way to maximize profits was to build cars for the rich. Ford, on the other hand, believed he could build lower-cost cars and sell them to the general public – and make more profits than ever.

"History is firmly on the side of the DSO model," writes Dufurrena. "New models of healthcare

delivery have been loudly challenged by doctors only to be enthusiastically received by patients and ultimately prevail. Competition drives innovation and price containment in all industries. The DSO model creates competition and gives patients (the consumer) a real choice in their dental care and the freedom to more effectively utilize the benefits their employers provide as well."

Relationships, inclusion and the pursuit of meaning

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lives – for dentists and their teams, argues Dufurrena.

“One of the core distinctions at the heart of the DSO model is the emphasis on relationships” to self, patient and community, he writes. He quotes John Mackey, CEO of Whole Foods, who proposed in his book, *Conscious Capitalism*, that relationships are the new model for good business. Conscious capitalism leads to a refocusing on purpose and underscores the importance of attending to all stakeholders, according to Mackey.

Says Dufurrena, “In the conscious-capitalism model, profit is seen as a necessary outcome of doing business with heart, with

“The DSO community is growing and adapting to a changing environment with clarity and creative collaboration.”

people in mind, with service being central, and with quality and ethics mandatory. The developing DSO model supports all of this thinking.”

Some may ask, “How can our vocation as dentists become transformative for everyone concerned when profit is no longer the bottom line, but rather the inevitable outgrowth of ethical, responsible relationships?” writes Dufurrena. The answer: “When the business side of a dental practice is effectively and creatively managed, then the dentist has time to address these essential questions that in the end makes [him or her] a far better practitioner.

“With a DSO handling the business side of a practice ... the dentist

has more free time to give back to society in new ways and has time to volunteer and make an even greater difference with [his or her] skills.”

Although this model might feel new to some, “it is rooted in some of the most powerful tribal collective wisdom that we are simply remembering and not inventing anew inside of dentistry,” he says.

The new leader

This new model calls for new leadership and new skills, says Dufurrena. A high IQ and strong technical skills are

“Woodrow Wilson said,
‘If you want to make enemies,
try to change something.’
So, we will certainly make
enemies within the
dental community.”

merely “entry-level requirements for executive positions.”

The effective leaders of tomorrow will be those with “emotional intelligence,” which Dufurrena describes as “the ability to perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth.” In other words, the leader of tomorrow will be cut from a different cloth than that of today.

Practical considerations

Setting aside the loftier discussions about meaning and values, the growth of DSOs has a much more down-to-earth explanation – money. “Students leave school more in debt than ever before,” says Dufurrena. “Buying a practice is no longer as viable or preferable.” According to a 2013 American Dental Association report:

- The school debt load of new dental graduates has grown to an average of approximately \$200,000 and more.
- More than four out of 10 dental school seniors say that educational debt has a great influence on their professional choices after graduation.
- A growing number of couples are entering dentistry with even larger debt burdens, making the purchase of a practice even more difficult.

Given these facts, along with a desire on the part of young dentists to maintain a work/life balance, and it’s no surprise that the solo practice model isn’t working anymore, at least for many new dentists.

“The DSO community is growing and adapting to a changing environment with clarity and creative collaboration,” says Dufurrena. “Like any other movement, it’s not perfect, but the industry is learning and maturing.

Training, tools, fitness, partners

Innovation rarely occurs without risk, says Dufurrena. He quotes author and speaker Bill Buxton, who wrote in a March 12, 2008, *Business Week* article (“Why Risk is Important”) that risk leads to growth in our personal and professional lives. Entrepreneurs can manage that risk by following the example of ice climbers.

“There are four things that the prepared ice-climber brings to the base of any climb: training, tools, fitness, and partners,” writes Buxton. “The lessons for business are simple: The four considerations employed by the ice climber are exactly the same as those used by the serial entrepreneur or the effective business person.”

Says Dufurrena, “It is said that the world reserves its more amazing rewards for the courageous and the bold and for those with the courage to pursue their dreams with confidence and an open mind and heart. Our changing times will call for the courageous to step forward and will ultimately see others fall to the side. Where will you choose to stand? Our cottage industry is transforming – let’s embrace it.” ■

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Dealing with Complexity

Moving forward when there is no simple solution to a problem

By Randy Chittum, Ph.D.

We might think of complexity as representing situations where there is no simple relationship between cause and effect. While our understanding of that relationship is often wrong, it is at least simple. When things become complex there are more variables than we can account for. This is different from uncertainty where an answer may be known but I don't know it.

The real dilemma for leaders is that even when things are complex (and uncertain for that matter) we are still expected to act, and achieve. How do we choose a path?

Ways forward

One way forward is to be clear about our values. Margaret Wheatley tells us that our values must be expressed in action. We have espoused values that are aspirational and “values-in-action” that are, in a sense our real values. Those values might be harder to uncover. The reason that values are powerful when dealing with complexity is that they provide a field around which we, and others, can self-organize.

Another way forward is to be clear about our vision as co-created by a team or an organization without being overly attached to outcomes. An outcome attachment may be too narrow to be effective in an ever-changing and complex world. Vision on the other hand lends itself to adaptation. Some of you just fell out of your chairs

My sense from talking to leaders every day is that we have plenty of people who are managing the probable. You can pick them out because they are often frustrated by how much things change. What we don't have is enough people imagining and creating.

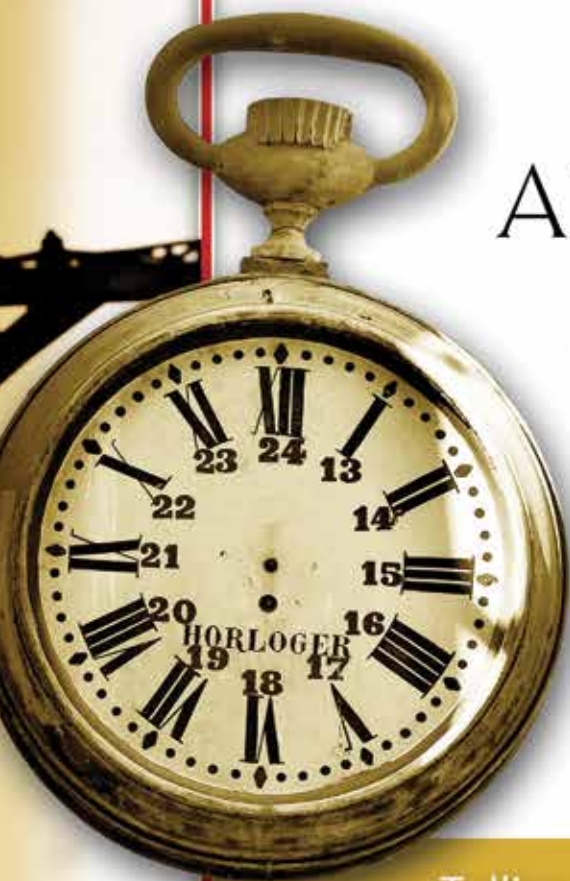
laughing at the idea of no (or fewer) outcomes. I simply draw your attention to two things. First, not being attached to outcomes is not the same thing as not having them. This means that I can have them but shift or let go when they no longer make sense. Some of you are still laughing. One more thing then – consider that while we are overly focused on outcomes and targets we may well be missing the bigger opportunity.

In their new book *Simple Habits for Complex Times*, Jennifer Garvey Berger and Keith Johnston offer a very useful distinction. They suggest that we can manage the probable or lead the possible. Of course we may find ourselves doing both, but ask yourself, where are you oriented? Do you live in the probable or the possible? Is your leadership life organized around analysis and prediction? Or is it organized around

imagination and seeing more, and further?

My sense from talking to leaders every day is that we have plenty of people who are managing the probable. You can pick them out because they are often frustrated by how much things change. What we don't have is enough people imagining and creating. If you want to separate yourself and your organization, conduct a safe (Jennifer and Keith call this “safe to fail” as opposed to failsafe) experiment. You might just change the future instead of predicting it. ■

Dr. Randy Chittum is an executive coach who works with executives and managers worldwide in a variety of organizational settings. He recently served as Vice President, Leadership Development at a publically traded company, where he reported to the CEO and coached executives, created and managed succession planning programs, taught leaders, and worked with intact teams to enhance performance. Randy currently serves on the faculty of the Georgetown University Leadership Coaching program in the Institute of Transformational Leadership. For more information, visit www.still-leading.com



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Best Practices in Infection Control

By Dr. John Molinari and Peri Nelson

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

Q: Our practice has a large number of clinical staff, and unfortunately, we are having a problem concerning what type of eyewear to use when treating patients. Some of the doctors, hygienists and assistants use their own personnel prescription glasses while others prefer glasses purchased as professional eyewear. Does it matter which ones we use?

A: When OSHA was developing and soliciting input on their comprehensive Bloodborne Pathogens Standard, one risk area considered was worker eye protection. Many dental and medical procedures generate substantial concentrations of airborne spatter and splash particles. There is also a well-documented history of occupational eye infections in healthcare workers who were exposed to concentrations of airborne bacteria and viruses during provision of patient care (i.e. staphylococcal and herpetic viral conjunctivitis).

To protect healthcare workers' eyes, the final 1991 published Standard required PPE including eyewear with solid side shields to protect against airborne infectious materials. More recent CDC recommendations reinforced this with the following recommendation: "Wear surgical mask and eye protection with solid side shields or a face shield to protect the mucous membranes of the eyes, nose, mouth during procedures likely to generate splashing or spattering of blood or other body fluids" (CDC, 2003)

While any form of eyewear will provide some level of protection against splash/spray of blood or other body fluids, the style of many of today's frames are quite small and do not afford appropriate ocular protection. Disposable side shields, which are designed to fit all types of frames, also provide a certain degree of additional protection. Unfortunately, if they are not placed correctly on the arm of the prescription glasses or they are not flush

against the sides of the lenses, the opportunity increases for splash/spray to reach the eye.

The best way is to look at the standards of the American National Standards Institute (ANSI). These standards describe protective eyewear as impact-resistant, with coverage from above eyebrows down to the cheek and solid side shields to provide peripheral protection. The eyewear should protect not only from fluids, but also from flying debris that might be generated during a dental procedure. Some models are designed to fit over regular correctives lens. Therefore, specifically designed protective eyewear with side shields, or a face shield worn in conjunction with prescription glasses, will provide an effective barrier against aerosols and macroscopic debris.

Q: Questions have come up in our practice concerning scrubs. Do they have to be long-sleeved and do they also have to be washed in the office?

A: Scrubs do not have to be long-sleeved. However, OSHA requires protective clothing, such as reusable or disposable gowns, laboratory coats, clinic jackets, and uniforms, should be worn when clothing or exposed skin is likely to be soiled with blood or other body fluids. The requirement is for the outer garment to be long-sleeved, fluid-resistant, and that covers and protects forearms and unprotected skin (i.e. neck) from spatter of body fluids during treatment. The garment does not have to be fluid-impervious to meet OSHA standards, but must prevent contamination of skin and underlying clothing. Also, the protective outerwear does not have to be changed after each patient, but should be changed if visibly soiled. Employees may not launder these garments at home, as the employer is responsible for laundering or having them commercially laundered. ■

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Aspen Dental provides free Day of Service for veterans; creates “A Taste of the Future” video

As part of this year’s Healthy Mouth Movement, Aspen Dental-branded practices across the country opened their doors to provide a free Day of Service for veterans on June 27. Furthermore, practices are bringing free dental care to veterans in underserved communities via the MouthMobile. This fully-equipped dental practice on wheels will visit 28 communities in 21 states before the end of 2015.

To spread the word about these opportunities to as many veterans as possible, Aspen Dental-branded practices have worked closely with local organizations that share similar missions.

U.S. VETS Phoenix, a nonprofit that provides comprehensive services for homeless and at-risk veterans, hosted this year’s first MouthMobile community-giving event at its center in Phoenix. Thanks to the organization’s assistance, the MouthMobile was able to provide care for 40 local veterans over two days. U.S. VETS teamed up with local practices again to connect veterans with the free Day of Service on June 27, maximizing the opportunity that was available.

“The dental care has been outstanding,” said James Pitts, U.S. VETS Phoenix Outreach Coordinator. “This care means these veterans are no longer in pain due to deficient dental care, and they are very proud of their new smiles.”

Aspen Dental also announced a new campaign titled: “A Taste of the Future.” Aspen chose a well-known director and organization friend, Danica Patrick, to create a video that would spark conversation about the serious

subject of oral health in a way that is light-hearted, surprising and funny. The video used a food truck, hidden cameras and unsuspecting, hungry customers to give people a glimpse in to what their future might look like if they don’t take care of their mouth. The video is available on the Aspen Dental YouTube channel, titled “Danica Patrick’s Food Truck Prank.”

Great Expressions honors top-performing dentists

Great Expressions Dental Centers (GEDC), recently honored their top-performing dentists at their fifth annual “Top Gun” awards. More than 300 GEDC doctors, clinical partners, special guests and vendors came together to honor doctors for their superior performance, providing care and leadership over the past year. The award ceremony was held in Las Vegas at Aria Casino & Resort and a private Glitter and Glow party at Aria’s Liquid Lounge on May 22 and 23.

The “Top Gun” ceremony honors top-performing doctors based on patient care, dedication to mentorship programs and philanthropic efforts. GEDC honored all doctors who attended including special recognition for Dr. Amirta Marajh (Tampa, Fla.) who received the Best Aesthetic Case; Dr. Jacob John (Middletown, N.Y.) who received Best Multi Discipline Restorative Case; and Dr. Shervin Ardalani (Riverview and Brandon, Fla.) who received Best Orthodontic Case.

In addition, Dr. Robert Brody (Miami, Fla.) received the Power of One Award, a new award this year that represents the impact one person can make at work and in the lives of his or her patients. Dr. Zenon Kossak (Livonia, Mich.) received the Humanitarian Award for



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providing a full mouth rehab on a cancer patient. Prior to the rehab, the patient had issues with their mouth, including trouble eating.

“The ‘Top Gun’ awards were created to acknowledge our top-performing doctors for their outstanding leadership at Great Expressions,” said Richard Beckman, chief executive officer of Great Expressions Dental Centers. “These doctors continuously seek ways to provide unmatched care to our patients and those less fortunate. We’re honored to be able to work with them and honor their hard work.”

In addition to honoring doctors for their hard work and contributions to the community, awardees and other attendees enjoyed team building, learning how to overcome adversity by listening to motivational speaker Jim Abbot and a special performance by Vanilla Ice. Top sponsors of the event include Benco Dental, Care Credit, Dental Science LLC, DSG Group Practice Solutions Dental Laboratory and Henry Schein Special Markets. Additional sponsors include: AOA, GC America, Invisalign®, KaVo Kerr Group, Midmark, Nobel Biocare, Ormco, Pan-Am Dental Incorporated and VATECH.

Heartland Dental now supporting additional offices in several states

Heartland Dental announced it now supports existing offices in the following locations: Alexandria, La.; Scottsboro, Ala.; Stevenson, Ala.; McColl, S.C.; and Fairhope, Ala. Heartland Dental also now supports newly opened offices in the following locations: Myrtle Beach, S.C.; Oldsmar, Fla.; and Tucson, Ariz.

New California budget reverses Denti-Cal rate cuts

The California Dental Association (CDA) (Sacramento, CA) announced the California state budget agreement that was signed on June 16, 2015 reverses the 10 percent rate cuts for Denti-Cal providers that were enacted in 2013. The reversal of the rate cut takes effect July 1, 2015. CDA warns that the rate increase is likely to be tied to a “tenuous funding stream,” which raises questions for the association about the sustainability of the rates. Governor Jerry Brown announced a special legislative session scheduled to begin June 19 to discuss more sustainable funding for healthcare programs, including Denti-Cal.

AL Supreme Court rules teeth whitening is the domain of dentists

On June 5, 2015, the Alabama Supreme Court (Montgomery, AL) affirmed a lower court ruling that prevents non-dentists from providing teeth-whitening services in the state. A group representing two non-dentists had sued to overturn a provision in Alabama’s Dental Practice Act that requires teeth-whitening services be performed by a dentist. The lawsuit argues the Alabama law is overly broad, is in violation of due process, and unreasonably favors dentists, eliminating competition for teeth whitening services. No one has ever been harmed through the application of teeth-whitening products by non-dentists, attorneys argued. However, the final ruling insists that there are numerous actual or potential health and safety risks associated with teeth whitening.

ADA names new director of scientific information

The American Dental Association (ADA) named Ruth Lipman, PhD as its new director of scientific information. Lipman will be responsible for the review and distribution of scientific information provided to ADA members, helping them stay connected with the most recent dental research and information. Lipman was previously the chief science and practice officer for the American Association of Diabetes Educators (Chicago, IL).

ADA: CDC statistics show need for increased access to dental care

The Centers for Disease Control and Prevention (CDC) (Atlanta, GA) released a report showing the high prevalence of dental caries among U.S. adults. Ninety-one percent of Americans over 20 have had cavities at some point in their lives, and 27 percent of adults over 20 have untreated caries. It also noted the disproportionate rates of disease among some minorities is particularly disturbing and underscores the need for greater outreach to these underserved populations. In response to this issue, the American Dental Association (ADA) (Chicago, IL) launched Action for Dental Health, a nationwide, community-based movement to provide care now to people who already suffer from untreated disease, strengthen and expand the public/private safety net, and increase dental health education and disease prevention. To read the ADA’s response to this report, visit www.ada.org ■

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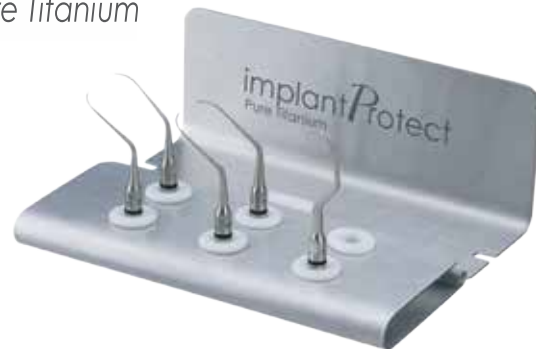
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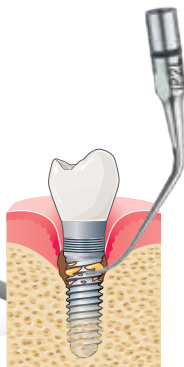
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