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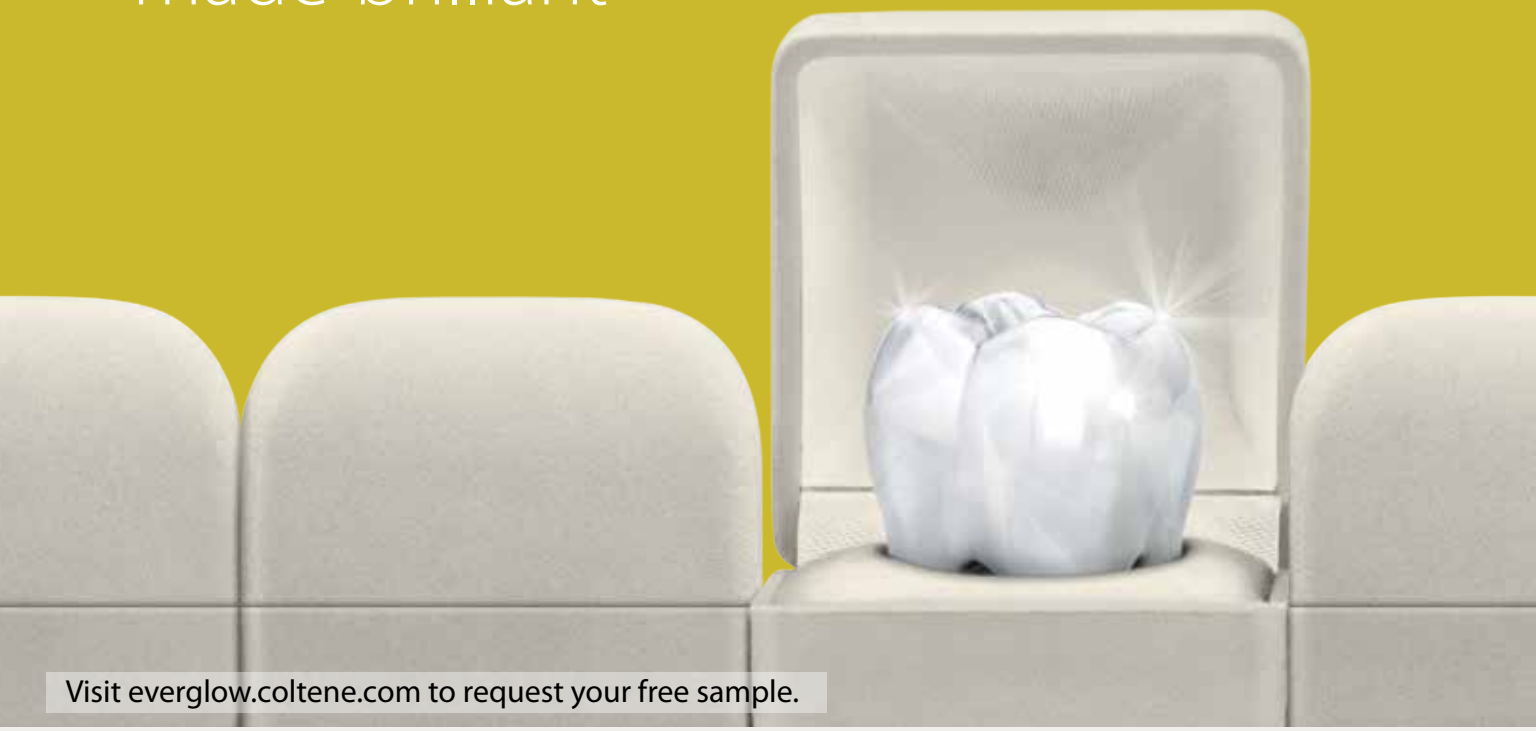

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Evaluating Patient Care by Life Stage

The summer is nearly over. Back-to-school shopping has begun and it is time to return to a regular patient and staffing schedule. The summer is typically quiet for dental group events, but I did have the opportunity to attend Dykema's *Third Annual Definitive Conference for Dental Service Organizations*. Held in Dallas, Texas, it covered a wide range of topics including regulatory issues, funding, valuation and trends. There were over 170 attendees, with representation from many DSOs, as well as smaller groups. As is true for most events like this, the highlight was the networking opportunities. Representatives from emerging groups and DSOs mingled and shared ideas, opinions and experiences.

In this issue of *Efficiency*, we dedicate our attention and focus on pediatric and geriatric patient care. Looking at the two ends of the age spectrum, we find commonalities in patient care, as well as some distinct differences in reimbursement and access.

In our *Meeting the Medicaid Challenge* piece, we dissect Kool Smiles' approach and success treating pediatric patients. While most solo practices are turning away Medicaid and CHIP patients due to low reimbursement rates, Kool Smiles has been able to continue to provide and grow access to this patient base while remaining profitable. Ninety percent of Kool Smile's patients are Medicaid or CHIP enrollees. One of Kool Smiles' goals is to provide a dental home for patients who have traditionally not had regular access to care. Small groups, as well as larger DSOs, can learn a lot from Kool Smiles' success with pediatric patients and their conservative, consistent dental visit approach.

In our article, *Senior Service*, we examine how DSOs care for patients at the opposite end of the age spectrum. We provide insight from Paul Kim, DDS, a clinical partner at Great Expressions, on how the industry is changing to help treat senior patients more effectively. Dr. Kim also reveals GEDC's strategy on how to handle the growing senior population. Kristine Rose, RDH at Enhanced Hygiene, explains how to "slow down" with senior patients and pay special attention to their medical history.

Whether the patients are young or senior, there are successful dental group practice strategies provided in this issue that are essential for you to know.

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ADSO Association of Dental Support Organizations

Momentum's Building

By Mike Bileca, president, ADSO

The Association of Dental Support Organizations is excited for all that's ahead in the second half of 2016, building on the momentum of a terrific year so far.

In April, at the 2016 Annual Summit, the Board approved eight new DSO members, and since January, we've welcomed 27 new Industry Partners. Our membership is increasing as the industry grows, and ADSO now has over 50 DSO members and nearly 150 Industry Partner members. We are also expanding our membership to include other oral-healthcare-related associations.

I want to take a moment to thank everyone who attended the 2016 Annual Summit. We had the best turnout yet, with over 750 attendees. The Summit was a true indication of how much our industry is growing.

Attendees heard from leading DSO CEOs, industry and business experts, colleagues, industry partners and vendors, and many others during the packed two-day event. There were opportunities for networking, learning from others in the DSO industry, and gaining political insights from the keynote speaker, nationally recognized political commentator Charlie Cook. If you haven't already seen it, check out the Summit highlights video.

Mike Bileca

Our record of success continues, as there are now more than a dozen DSO-supported dentists on various state dental boards.

We look forward to seeing everyone next year March 7-10 in Orlando, Fla.

As many 2016 legislative sessions have adjourned for the year, our Government Affairs team did a tremendous job of advocating on behalf of our industry. Our team did exceptional work in preventing anti-competitive legislation, championing model legislation, and advocating for dental board appointments. Our record of success continues, as there are now more than a dozen DSO-supported dentists on various state dental boards.

Finally, I'd like to thank Steve Thorne, president and CEO of Pacific Dental Services, for his service as president of ADSO this past year. His leadership and vision for the industry resulted in ADSO's most successful year to date with increased membership, enhanced compliance guidelines, and a proactive government affairs education effort on the DSO role in helping dentists improve quality, affordable oral healthcare. Steve will continue to serve on the Executive Committee and I will continue to rely on his leadership.

I am honored to have been elected by the Board of Directors to serve as your president and look forward to being at the forefront of ADSO's continued growth. ■

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By Dr. Sami Bahri, DDS

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

The Pillars of Profit Improvement

Why prioritizing certain production efforts will help improve your bottom line

Recently, I watched a video of a presentation by Stephen Covey, author of the *Seven Habits of Highly Effective People*. He was helping a member of the audience in filling a jar with a combination of large and small stones. When the participant placed the small stones first, no room was left in the jar to place the large stones. But when she placed the large stones first, the jar easily fit all the stones, large and small.

The lesson: Do the important things first. You will be able to fit more work into your schedule, and your team members will enjoy their work. They will be more productive and less tired.

So, what are those important things when it comes to improving productivity? After decades of research and trial and error, I found some simple, easy to apply principles:

Improve the layout to reduce patient movement inside the practice

When we began dividing treatment among dentists, hygienists and assistants, patient movement inside the office increased. Reducing this movement considerably improves productivity. You will invest much less time and money in training employees and in writing manuals or supervising execution – just create a functional layout.

In case you are building a new facility, sterilization and supplies should go in the center, and the chairs around them. If you have an existing facility, hopefully you can get around remodeling it by keeping patients in the chair, and have employees come to them for treatment. This increases employee motion, but it is more efficient than patient movement.

Give the work to those who have the skills to do it efficiently

This greatly reduces treatment time and becomes important when the schedule is busy. In slow times, however, and within the limits of patient comfort, you might want to give the work to an assistant who needs training.

Get everyone to help in patient treatment, all the time

Everyone should give precedence to treating those patients who are in the chairs over such activities as cleaning rooms and instruments, or making a phone call. That is a big factor in productivity improvement, and a major reason for continuous cross training.

Do the important things first. You will be able to fit more work into your schedule, and your team members will enjoy their work. They will be more productive and less tired.

Perform same day, total treatment

We call it "One-patient flow." Once we start treating a mouth, the most efficient and economical treatment method for both practice and patient is to finish all the treatment in one appointment, then move the patient to the hygiene recall cycle.

Those are the important factors in improving productivity, the big stones that Steven Covey recommends doing first. Although important, things such as creating systems, training for sales and customer service skills come second to the factors described above. We all try to speed our specific treatments. However, using everyone's help to distribute the work load over a greater number of people, and "One-patient flow" have a greater impact. ■

Meeting the Medicaid Challenge

Kool Smiles represents the spirit and success with which DSOs are caring for kids and adults on Medicaid and CHIP

For the solo dental practice, making ends meet caring for Medicaid and CHIP (Children's Health Insurance Plan) patients can be tough. Many practices walk away from this segment of the population. As a result, many patients are underserved. They either don't see a dentist at all, or they end up in the hospital emergency department for emergency care.

Dental services organizations are well positioned to take the lead in caring for patients on Medicaid and CHIP. Kool Smiles is an example. With 126 dental practices in 15 states and the District of Columbia, Kool Smiles – which is affiliated with Benevis, a practice services company – sees an average of 2 million Medicaid patient visits per year. Approximately 90 percent of its patients are Medicaid or CHIP enrollees.

"By harnessing economies of scale, we are able to streamline the claims process, achieve lower equipment and supply costs, and leverage our information technology platform to better absorb low Medicaid reimbursement rates, and still operate profitably and efficiently – all while providing more conservative care than the average dentist who sees Medicaid patients," says Dale Mayfield, DMD, chief dental officer.

"Kool Smiles is able to provide more cost-efficient dental care to a larger number of Medicaid patients in part because our practice services company, Benevis, has streamlined the Medicaid claims process for our dentists," he continues. "Many private dental practices are unable or unwilling to accept Medicaid patients because the reimbursement rate still lags far behind private insurance, and the Medicaid claims process is so burdensome that it would require extra,

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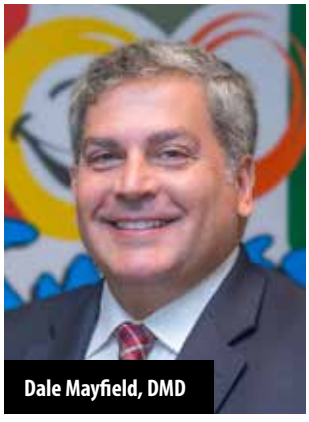
dedicated staff just to manage the administrative aspects. On top of these challenges, it's difficult – if not impossible – for solo and small practices seeing a limited number of Medicaid patients to absorb the losses from missed appointments, which tend to be at a much higher rate for Medicaid patients than for commercial patients."


Dale Mayfield, DMD


Andrew Oreffice

The most recent estimates from the Centers for Medicare & Medicaid Services (CMS) show that more than 55 percent of children on Medicaid did not go to a dentist in 2014, points out Mayfield. A 2015 Health Affairs study showed that even though Medicaid expansion has resulted in increased dental coverage, it has had no impact on decreasing emergency room visits for dental care, because there are not enough dentists willing to accept Medicaid patients. "These analyses suggest that access to care, rather than coverage alone, is what makes the difference," he says.

Affordable Care Act

The Affordable Care Act has presented its own set of challenges.

Andrew Oreffice, senior vice president, Benevis, points out that according to CMS data, more than 1.9 million additional Medicaid children had a dental service in 2014 than in 2012. With the increased focus on coverage brought by the Affordable Care Act, the number of children age 20 and under on Medicaid grew 8.5 percent over this time period, he says.

"Given the increase in the number of children who are seeking Medicaid dental care, the shortage of dentists who are willing and able to accept Medicaid patients has become even more pronounced," he says. "Some states – Maryland, Virginia, and Texas, for example – have been successful in building up a robust network of dental providers to treat these patients. Other states – Florida, California – have struggled with providing adequate and cost-effective dental care to children through their Medicaid programs."

Despite the fact that pediatric dental coverage is considered an essential health benefit (EHB) under the Affordable Care Act, the gains for dental coverage for children covered by the ACA's state- and federal-facilitated marketplaces have been mixed, says Oreffice. Depending on the state, pediatric dental benefits may be offered through one of the following:

- A qualified health plan (QHP) that includes dental coverage.
- A stand-alone dental plan purchased in conjunction with a qualified health plan.
- A contracted/bundled plan.

"However, subsequent federal guidance treats pediatric dental benefits differently from the other EHB categories, which has created unique challenges in implementing a guaranteed pediatric dental benefit," says Oreffice. "For example, the cost of a pediatric stand-alone dental plan is not included in the calculation of a family's federal tax credits, and there is no federal requirement that individuals purchase a stand-alone dental plan. So, if an enrollee opts to purchase stand-alone dental coverage, he or she is responsible for the full premium, which averaged $27 or more per month in 2015, according to the National Academy for State Health Policy."

Insofar as Medicaid for adults is concerned, the American Dental Association Health Policy Resources Center estimates that approximately 8.3 million adults were eligible to gain Medicaid dental benefits in 2014 as a result of expanded Medicaid eligibility and increased enrollment efforts – two aspects of the Affordable Care Act. An estimated 2.9 million were eligible to gain extensive benefits, with an additional 5.4 million eligible to gain limited benefits.

Still, only about 15 states offer extensive coverage for adult dental services in Medicaid, says Oreffice. "Medicare does not cover most dental services, and most private

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dental coverage is offered through stand-alone dental products that are separate from medical plans. Overall, this has resulted in more than 2.5 times as many Americans going without dental coverage as medical coverage."

The dental home

Mayfield believes that Kool Smiles has been able to provide conservative and cost-effective care to Medicaid dental patients in large part because it has been successful in establishing dental homes for patients who have historically lacked regular access to dental care.

A Benevis Foundation study by Washington, D.C.-based health economics and policy consulting firm Dobson DaVanzo & Associates, released in February 2016, reports that Kool Smiles dentists delivered more conservative care than others to Medicaid patients. They performed 15 percent fewer services overall, including 40 percent fewer extractions and 39 percent fewer pulpotomies to Medicaid patients.

"Our conservative care rates are a strong indication of the improved oral health of our Medicaid patients over time," says Mayfield. "When children have consistent, regular access to preventive dental care, their need for more expensive restorative and operative procedures decreases over time.

"When Kool Smiles has been in a community for four years, our patients' average number of dental procedures decline by 28 percent – a clear indication of improved oral health. The cost-savings to state Medicaid programs are a result of our ability to successfully decrease the number of services needed and improve the oral health of our Medicaid patients over time."

Even so, establishing a dental home for Medicaid patients isn't easy.

Adult Medicaid patient volumes have remained steady among Kool Smiles practices, says Oreffice. However, "the limited dental benefits that most states provide do not facilitate the establishment of dental homes for adults. The predominant Medicaid dental coverage is 'emergency only,' which only covers problem-focused exams and extractions. Routine preventive dental care for adults – dental check-ups and cleanings – are not covered by the Medicaid program."

Educating the community

"Educating community members about the dental coverage benefits available to children through state Medicaid and CHIP programs can be challenging for local and state authorities and outreach organizations, especially because the enrollment process is quite complex and varies by state," says Mayfield." Our call center staff are trained to answer patients' questions about Medicaid eligibility and to direct them to the appropriate resources for Medicaid enrollment in their state.

"We also partner with community organizations at the local level to increase awareness around the importance of oral health. For instance, we have developed age-appropriate dental health lesson plans for K-5 classrooms, which teachers can download for free on our website. Kool Smiles Dental Lesson Plans help children understand how soda, candy and certain foods can lead to oral health issues like cavities and toothaches. Our lesson plans include printable activity sheets, experiments, and games to help children learn about the benefits of good oral health." ■

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Senior Service

The country's aging population is changing the way dentists and hygienists must care for their patients.

By Laura Thill

Your patients aren't getting any younger. Baby boomers today are between the ages of 52 and 70 – 46 million of whom are 65 and older, according to the U.S. Census Bureau. By 2060, this number is expected to grow to over 98 million, with 19.7 million projected to be 85 or older, and people in this age group will comprise nearly one in four U.S. residents.

In addition to a number of health challenges, elderly patients face obstacles blocking their access to healthcare providers, including lack of physical mobility and financial constrains. Often, their medications compromise their oral health, while impaired dexterity prevents them from completing basic tasks, such as brushing their teeth.

The good news is that the dental industry has been evolving to accommodate the country's aging patient population. "More dental schools are opening in the United States, and [more] international dentists are entering the workforce to meet the needs of the aging population," says Paul Kim, DDS, clinical partner in the GEDC Northeast region. Additionally, the efficiency of the DSO model will permit greater access for elderly patients in rural areas, he notes. "And, more [insurance] plans will be accepted, allowing greater population access."

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Slow down

There's no question that maintaining an efficient patient flow is crucial to running a dental practice. At the same time, practitioners face a greater need than ever before to budget extra time for their elderly patients. "The biggest difference I see when dealing with the older adult population is the need to slow down," says Kristin Rose, RDH, BS, Enhanced Hygiene. "One of the most crucial aspects of our job, which often gets overlooked, is [taking time to carefully] review the patient's medical history. Updating medical histories of the older adult patient is crucial for diagnosis, treatment planning, treatment and prognosis." Hygienists, who generally are responsible for taking the patient's history, should "slow down and take the time to collaborate with those necessary, and provide ample time for the patient to ensure that a thorough medical history is recorded and reviewed."

A comprehensive periodontal and caries risk assessment should accompany the medical history, she continues. "[Hygienists should] slow down and record the bleeding points, recession, furcations and mobility when [completing their] periodontal charting." They should also take time to review caries risk factors, such as medications, health issues, diet, exposed roots, xerostomia, oral hygiene and a past history of caries, she adds. "Slowing down and taking the time to properly access [each] patient each time will provide the hygienist and dentist with valuable information, [which can] help assist them in comprehensively treating their patient."

In fact, dental caregivers should make it a point to ensure their elderly patients are comfortable in the dental chair, Rose notes. "Some older adults find it difficult to sit for extended periods in the dental chair, or they may object to being placed in a supine position; others have difficulties with support and balance," she says. "Pillows, rolled towels or other aids may help provide additional support during treatment. Having an office that can accommodate wheelchairs will also be beneficial as we continue to treat more elderly adults."

> "More dental schools are opening in the United States, and [more] international dentists are entering the workforce to meet the needs of the aging population."
>
> **– Paul Kim, DDS, clinical partner in the GEDC Northeast region**

Training your hygienists and staff

From compromised dexterity to various health issues, dentists and hygienists must be watchful of a number of challenges facing their elderly patients. "Assessing your patient's dexterity is key," says Rose. "Because of the possibility of actively declining skills, every dental hygiene visit should include an assessment of the patient's manual dexterity. As reliance on others grows, [the hygienist should] include the caregiver in homecare instructions, [providing] specific suggestions as to how the caregiver can supplement the patient's abilities and daily efforts. One of my favorite ways to review oral hygiene instruction is to demonstrate the use of the toothbrush, floss, interdental aides, bridge threaders, etc. Many older adult patients also find it helpful to have written instructions or an instruction sheet."

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In addition, oral health care aids – including spin and sonic brushes, water flossers and more – are available to assist dexterity-compromised patients, notes Kim, adding that it's important to help patients understand that "we are not selling them a product, but prescribing what is best for their care." Indeed, it's important to educate patients about oral care products available to assist with and promote good oral health, he points out. "Hygienists are trying to present what is best for the patients' care and this is where oral care products come into play in order to continue the care at home."

Besides evaluating patients' dexterity, dentists and hygienists should be mindful of the various health issues that potentially impact their dental hygiene, including root sensitivity; gum disease/tooth loss; denture-induced stomatitus/fungal buildup from loose-fitting dentures; and xerostomia, or dry mouth due to reduced saliva flow (a side effect of various medications or radiation treatment to the head/neck area.) "Any medical condition or medication that contributes to xerostomia, or a change in saliva consistency, will impact the oral flora, [leading to] an inability to remove plaque and food stuff from the dentition," says Kim. "This will negatively impact both hard and soft tissues."

"The older adult population, coupled with all of the discoveries surrounding links between oral health and systemic health, make it increasingly important for the dental provider to be prepared," says Rose. "Ongoing research suggests that periodontal bacteria entering the bloodstream may be linked to conditions such as respiratory disease, diabetes, heart disease, increased risk of stroke and osteoporosis. Studies further suggest that periodontal bacteria can pose a threat to people whose health is already compromised by these conditions.

"The older adult population, coupled with all of the discoveries surrounding links between oral health and systemic health, make it increasingly important for the dental provider to be prepared."

– Kristin Rose, RDH, BS, Enhanced Hygiene

"Comprehensive dental care becomes increasingly important to help improve our older adult patients' quality of life and outlook," she continues. "Thinking ahead and being prevention-focused will help [dentists and hygienists] minimize root sensitivity and caries with proper fluoride treatments. Treating perio at its earliest stages will help keep the gums healthy and minimize other health conditions. If a patient has reduced salivary flow, make sure they are receiving proper calcium phosphates. Many fluoride treatments and even prescription fluoride toothpaste are now available with calcium phosphates to help simplify the amount of products being prescribed to those with reduced salivary flow."

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Making care affordable

Older adults comprise one of the fastest growing segments of the American population, yet only a small fraction of retirees receive dental coverage through a prior employer, according to Paul Kim, DDS, clinical partner in the GEDC Northeast region. Dental service organizations, which are structured to reduce costs through operational efficiency, can help make dental care affordable to older patients, while ensuring they continue to receive quality care, he points out.

"Additionally, GEDC accepts almost all insurances, further reducing the barrier for patients," says Kim. "GEDC also partners with Careington to offer its own discount dental plan, making care even more affordable for those without insurance. Patients who don't have dental insurance or partake in a government sponsored program can sign up to receive dental care at substantially reduced fees – often by as much as 35 to 60 percent.

Dental practices should look into offering these types of services – as well as Medicare and Medicaid coverage – to their elderly patients, Kim points out. Doing so will motivate patients to continue with regular checkups and comply with treatment plans, ensuring their oral health throughout their later years.

The DSO's role

Dental service organizations today are working harder than ever to provide their dental members with the necessary training and resources to permit them to care for elderly patients. "We take education and training seriously in the DSO space," Kim points out. "At GEDC, we have established Great Expressions Dental Centers University, which is comprised of classroom teachings, online courses and online communications to keep team members up to date on the best methods and technologies to treat patients," he says. "We have been developing more courses geared towards elderly patients."

"We also have an online learning site, which offers over 600 hours of online education," Kim continues. "Our seasoned clinicians provide support – ranging from treatment technique to office flow, scheduling guidance and staff support – to all of our providers. Our front desk staff often helps the elderly with patient ride logistics, and coordinates with facilities and families to schedule appointments." The more knowledgeable dentists, hygienists and office managers are regarding caring for their elderly patients, the better, he adds.

> "One of the most crucial aspects of our job, which often gets overlooked, is taking time to carefully review the patient's medical history."
>
> **– Kristin Rose, RDH, BS, Enhanced Hygiene**

Recently, Kim began work on a cooperative care agreement with elderly care institutions and healthcare systems, which will enable GEDC to visit the elderly care facilities and service the elderly, without forcing them to leave their area of comfort. "There is a myth that just because one is a senior citizen, he or she does not use technology," he says. "The elderly are an active population in their retirement years and are using text and emails. We communicate with the elderly in ways they prefer, in order to get them in for their next checkup and take that extra step when they need assistance with such things as ride logistics, coordination with family and visits to their location (e.g. retirement home)."

"[Dental providers and hygienists] need to focus not only on problems that may exist today, but ways they can prevent future dental health issues," says Rose. "As the focus shifts from what is wrong today to stopping future disease, we can ensure that our older adult population will have less emergency visits to the dentist and an overall healthier quality of life." ■

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SNGBIOH-0616

Older Americans' oral health: Improvement is slow

The number of Americans age 65 or older is rising quickly. Unfortunately, the state of their oral health isn't keeping pace.

In its third "A State of Decay" report on older Americans' oral health since 2003, Oral Health America evaluated oral health trends in all 50 states and found that 76 percent, or 38 states earned a Composite Score of "Fair" (22 percent) or "Poor" (54 percent). Ten states received a Composite Score of "Good." Only two states, Minnesota and North Dakota, earned a Composite Score of "Excellent,"

> Oral diseases disproportionately affect low-income individuals, racial and ethnic minority groups, older adults with physical and intellectual disabilities and people who are homebound or institutionalized.

with a 100 percent and 96 percent rating, respectively. Evaluation criteria were :

- Edentulism (extraction or loss of all natural teeth).
- Adult Medicaid dental benefits.
- Community water fluoridation.
- Basic screening surveys (public health surveillance of older adult oral health benefits).
- State oral health plans.

Top findings include:

- Tooth loss continues to be a signal of suboptimal oral health. Eight states have a 20 percent or more rate of edentulism, with West Virginia still having an older adult population that is 33.6 percent edentate.

- Although states have increased the rates of communities with fluoridated water since 2010, five states (10 percent) still have 60 percent or more of their residents living in communities unprotected by fluoridated water. Hawaii (89.2 percent) and New Jersey (85.4 percent) have the highest rates of unprotected citizens, representing an unnecessary public peril 70 years after Community Water Fluoridation was introduced and since named a public health best practice, according to Oral Health America.

- Persistent shortage of oral health coverage. Sixteen percent (8 states) cover no dental services through Medicaid, and only four states (8 percent) cover the maximum possible dental services in Medicaid.

- Critical lack of a strategic plan to address the oral health of older adults. Forty-two states lack a State Oral Health Plan that both mentions older adults and includes SMART objectives (Specific, Measurable, Achievable, Realistic and Time scaled). Of the 42 states, 14 lack any type of State Oral Health Plan.

- Inadequate surveillance of the oral health condition of older adults. Twenty-three states have never completed a Basic Screening Survey of older adults and have no plan to do so.

Contributing factors

Older Americans are at risk of adverse oral health for a variety of overlapping reasons, according to the Oral Health America report. The most significant include:

- Income, race, ethnicity, disability and mobility. Oral diseases disproportionately affect low-income individuals, racial and ethnic minority groups, older adults with physical and intellectual disabilities and people who are homebound or institutionalized. OHA cites literature showing that older African-American adults are almost two times more likely than Caucasian adults to have periodontitis (gum disease); lower-income older adults suffer more than twice the rate of periodontitis than more affluent individuals in the same age group (17.49 percent versus 8.62 percent); and Americans who live in poverty are 61 percent more likely to have lost all of their teeth when compared to those in higher socio-economic groups.

- Declining overall health. Many older adults experience poor oral health associated with multiple morbidities and chronic health conditions. For example, evidence of the association between periodontitis, diabetes, and heart disease has emerged in recent years, along with increased awareness of oral conditions such as xerostomia, also known as dry mouth, associated with prescription drug use, according to the report.

- Inadequate knowledge about oral-systemic health factors. According to Oral Health America's 2015 Public Opinion Poll, lower income and less educated older adults are more likely to misunderstand oral health's connection to systemic health. The poll also found they are less likely to know that medication can affect mouth health and that they need to continue visiting the dentist even when they have dentures or missing teeth.

- Emergency rooms treating more patients with dental emergencies. The number of Emergency Room Dental (ED) visits rose from 2.11 million per year in 2010 to 2.18 million in 2012. More than 100 of these dental patients died in the ER, and nearly 85 percent were there for no additional reason. Total charges for ED visits were $1.6 billion, and the average charge per visit was $749. Medicaid accounts for $520 million or about one-third of total ED charges. Even though older adults account for only 4.5 percent of total charges, the average charge among elderly adults was almost twice that as for younger age groups.

- Minimal resources to pay for oral healthcare. Older adults with dental insurance are 2.5 times more likely to visit the dentist on a regular basis. A recent Oral Health America survey by Harris Poll revealed that more than half of people who earn less than $35,000 a year reported that they do not visit the dentist routinely because they lack insurance or cannot afford to visit the dentist.

- Lack of an oral health benefit in Medicare. Oral Health America's 2015 public opinion survey found that 52 percent of people aged 50 and older – regardless of income or education – either did not know or believed that Medicare covers routine dental healthcare. In fact, less than 1 percent of dental services are covered by Medicare. Older adults are left with the option of paying for dental care out-of-pocket or purchasing a Medicare Advantage Plan, adding another cost burden for people largely living on fixed incomes.

What to do?

Oral Health America proposes six recommendations related to oral health that would contribute to older Americans aging healthily and independently:

1. Advocate for financially viable oral health benefits in publicly funded insurance.

2. Work to implement the oral health screenings provision in the Older Americans Reauthorization Act of 2016. For the first time, the Older Americans Act includes a provision allowing aging networks to use funds they already receive for disease prevention or health promotion activities to provide oral health screenings.

3. Sustain community water fluoridation as an evidence-based public health practice that positively impacts oral health.

4. Support caregivers through passage of the RAISE Family Caregivers Act (S.1719), introduced in Congress in July 2015. The act would require the development of a national strategy to support family caregivers' health and well-being while caring for others.

5. Include provisions for older adults in every state's Oral Health Plan.

6. Establish continuous surveillance of older adults' oral health by requiring states to conduct a basic screening survey.

To view the report, "A State of Decay: Are Older Americans Coming of Age Without Oral Healthcare?" go to http://b.3cdn.net/teeth/492f646d03c892b6aa_l6m6bj3ql.pdf.

Great solutions, great service

Dentists look for solutions that provide great results and ensure a comfortable experience for their elderly patients.

Elderly patients face a number of barriers to dental healthcare. The cost of treatment and decreased mobility are just a couple of factors preventing them from accessing dental providers. At the same time, diminished manual dexterity makes it harder to properly care for their teeth at home, leading to an increased rate of periodontal disease and bone loss. And, routine medications may result in complications, such as xerostomia and a higher rate of caries.

Your dental customers rely on the best solutions to provide their patients with a positive chair experience. OptraGate™ and Cervitec® Plus by Ivoclar Vivadent are designed to help dentists work quickly and efficiently, creating a comfortable environment for older patients.

Easy to use, comfortable to wear

OptraGate™ is a latex-free lip and cheek retractor available in three sizes – junior, small and regular – to ensure the comfort of all patients. It can be quickly and easily inserted and removed by a single person, without the need for additional assistance, and provides increased access to the oral cavity.

Lengthy appointments can put a lot of strain on the jaw and mouth muscles, leading to patient discomfort. OptraGate™ helps keep the mouth open, while reducing the amount of strain for the patient. And because the lips and cheeks are completely retracted, the treatment field is larger and more easily accessible for the dentist. When dentists can concentrate more intently on their work, without having to fight saliva, the lips or the tongue, they can save precious time and create a more relaxing experience for their elderly patients.

With OptraGate™, dentists can work efficiently, knowing that their patients are comfortable during the following procedures:

- Direct or indirect restorations
- Sealants or varnish application
- Anterior restorations
- Air polishing
- Intra-oral scanning or photography
- Impression taking
- Orthodontics

Added protection

Cervitec® Plus is an innovative, protective varnish designed to ensure the quality of restorative work and provide protection for high-caries-risk patients. The right combination of ingredients – a combination of 1 percent chlorhexidine and 1 percent thymol – ensure clinically proven, long lasting protection. Multiple international studies and over 15 years of clinical experience have confirmed the effectiveness of Cervitec® Plus at protecting exposed and sensitive tooth surfaces. ■

Reprocessing Gaps

As dental personnel reprocess items for reuse, compliance with relevant regulatory agencies is required. However, dental personnel may face "gaps" in regulations, instructions, and feasibility of reprocessing certain instruments and devices. Examples include the cleaning of items that are difficult to clean, and safe methods of removing dental materials from sharp instruments.

Two experts facilitated a discussion of such gaps – and how dental practices can bridge them – at this summer's 2016 Annual Conference of the Organization for Safety, Asepsis and Prevention (OSAP), "Leading the Way to the Safest Dental Visit™." They were Karen Daw, MBA, CECM,

Attentive participants at 2016 Annual Conference.

an authorized OSHA trainer and Clinic Health and Safety Director for The Ohio State University College of Dentistry; and Nina Mazurat, MSc, DDS, of the College of Dentistry, University of Manitoba.

Efficiency in Group Practice gathered comments from both following the OSAP conference.

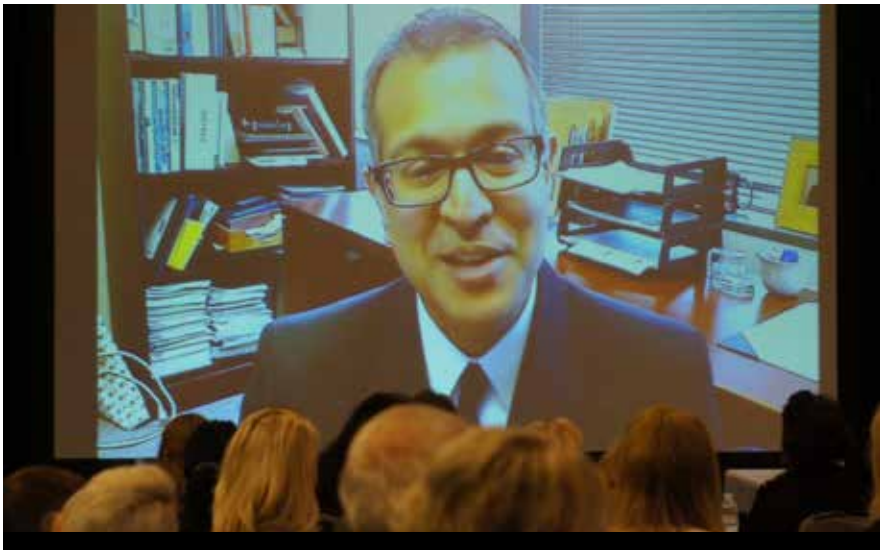
"I first recognized there are problems with medical device reprocessing when I attended the Canadian Association of Medical Device Reprocessing in Winnipeg, October 2014," said Mazurat. "At that time I recognized that although we are processing our instruments correctly and our patients are safe, we are not receiving enough information about medical device reprocessing and therefore we are not as sophisticated about this topic as we should be."

Added Daw, "Gaps in instrument processing appeared on the radar because dental personnel have expressed difficulty with compliance with relevant regulatory agencies in this area." Many device issues defy easy resolution, she said, including the reuse of some single-use devices, such as burs; infection control questions relative to multi-use dispensers; and disinfection of high-technology devices, such as digital impression wands and radiography sensors.

> "The days of purchasing devices and then, almost as an afterthought, assuming that their processing can be achieved with a normal cycle, are over."
>
> **– Nina Mazurat, MSc, DDS**

"What was interesting about this presentation [at the OSAP conference] is that participants included dental team members (assistants, hygienists and dentists), educators, consultants, manufacturers, healthcare administrators and military personnel, to name a few," she said. "And they all had wonderful questions and comments. Apparently, 'gaps' are not unique to any one person, and the discussion was a unifying topic among these various stakeholders."

Shown at the auction at OSAP 2016 (left to right): Marguerite Walsh (Henry Schein, treasurer OSAP board), Peggy Cottrell (one of the founders of OSAP), and Mike Smurr (Patterson Dental and new chairman of OSAP).



Arjun Srinivasan, MD, FSHEA, associate director for healthcare-associated infection-prevention programs for the Centers for Disease Control and Prevention, pre-taped his presentation for OSAP.

Training

Changing and improving the dental practice's approach to instrument processing starts at the beginning – the purchasing of dental instruments.

"When it comes to infection prevention and control, generally dentists step away and allow their staff to take over," noted Mazurat. But when it comes to sterilization, they are keenly interested, which might explain the large number of dentists in attendance at the "Gaps" discussion.

"Partly this is because dentists are making the choices for purchasing items, and we are finding that we need a culture change when purchasing devices," she continued. "The days of purchasing devices and then, almost as an afterthought, assuming that their processing can be achieved with a normal cycle, are over. Due to technology and increased sophistication of our devices, many are being sold from parts of the globe where the processing cycle is different than our tabletop sterilizers will allow. We are conflicted with either ignoring those instructions or not using the device. Dentists are becoming keenly aware of this concern."

Better training is needed, said Mazurat.

"I don't think that there has been any change in training for years," she said. "There needs to be increased training, so that people who are processing know that manufacturer's instructions have to be consulted for every device in the dental office." Areas in which training is needed include:

- Quality assurance, whether using biological indicators or using process-challenging devices (PCDs).
- The impact of conditions in the processing area, such as humidity, temperature and negative pressure.
- Quality assurance in cleaning instruments and devices prior to reprocessing.
- Specific areas of concern, including sterilization of air/water syringe housing, suction housing and handpiece adaptor sterilization."

Step it up

Oftentimes, dental assistants have responsibility for instrument processing, pointed out Daw. "[But] in some states, they are not required to take any type of formal training before being placed in charge of this very important responsibility. In essence, they were not being set up for success in this critical role. Dentists and hygienists also may have received minimal instruction in instrument processing, yet the doctors are the ones that end up on the 6 o'clock news when there is a breach in infection control in the practice."

At The Ohio State University, all dental and dental hygiene students rotate through Central Sterilization, where they receive live and online instruction in instrument processing and relevant guidelines, Daw explained. The central sterilization department is staffed with dental assistants who have been certified through the International Association of Healthcare Central Service Materiel Management, or IAHCSMM.

"I remember attending Eve Cuny's (University of the Pacific) fantastic OSAP presentation on this years ago, demonstrating there is a place for instrument processing education in schools," Daw continued. "I think it is a matter of 'You don't know what you don't know.'

"It would be great if instrument processing could be included in educational curriculum at all schools, and if the training could include discussion of FDA regulations, manufacturers [instructions for use] and best practices, for starters. Continuing education in this area would be beneficial as well. I feel, overall, the dental community is receptive and doing a fantastic job, and that organizations like OSAP assist by framing the narrative and facilitating ongoing discussion."

Dr. John O'Keefe (left), chairman of the OSAP association board from 2014 to 2016, is congratulated by Dr. Don Marianos, chairman of the OSAP Foundation board, at the 2016 Annual Conference.

"It would be great if instrument processing could be included in educational curriculum at all schools."

– Karen Daw, MBA, CECM

Said Mazurat, "We have to become better educated. We need help from medicine, and we need to start using more certified sterilization technicians in our areas. Hopefully, this was just the beginning of a whole new area of learning in OSAP." ■

Window of Opportunity

Time is running out for dental groups to take advantage of federal subsidies

By Mike Uretz

Mike Uretz is a nationally-recognized dental software, IT, and Electronic Health Records (EHR) expert. He is the founder of DentalSoftwareAdvisor.com and DentalSoftwareCompare.com as well as the Dental EHR Editor for *Dental Products Report*. As a leading industry consultant and educator Uretz has helped group practices and DSOs evaluate and select vendors and solutions, structure and negotiate vendor contracts, and provide vendor management. He also has assisted practices with obtaining state subsidy payments through the EHR Incentive Program. Mike can be reached at mikeu@dentalsoftwareadvisor.com or 425-434-7102

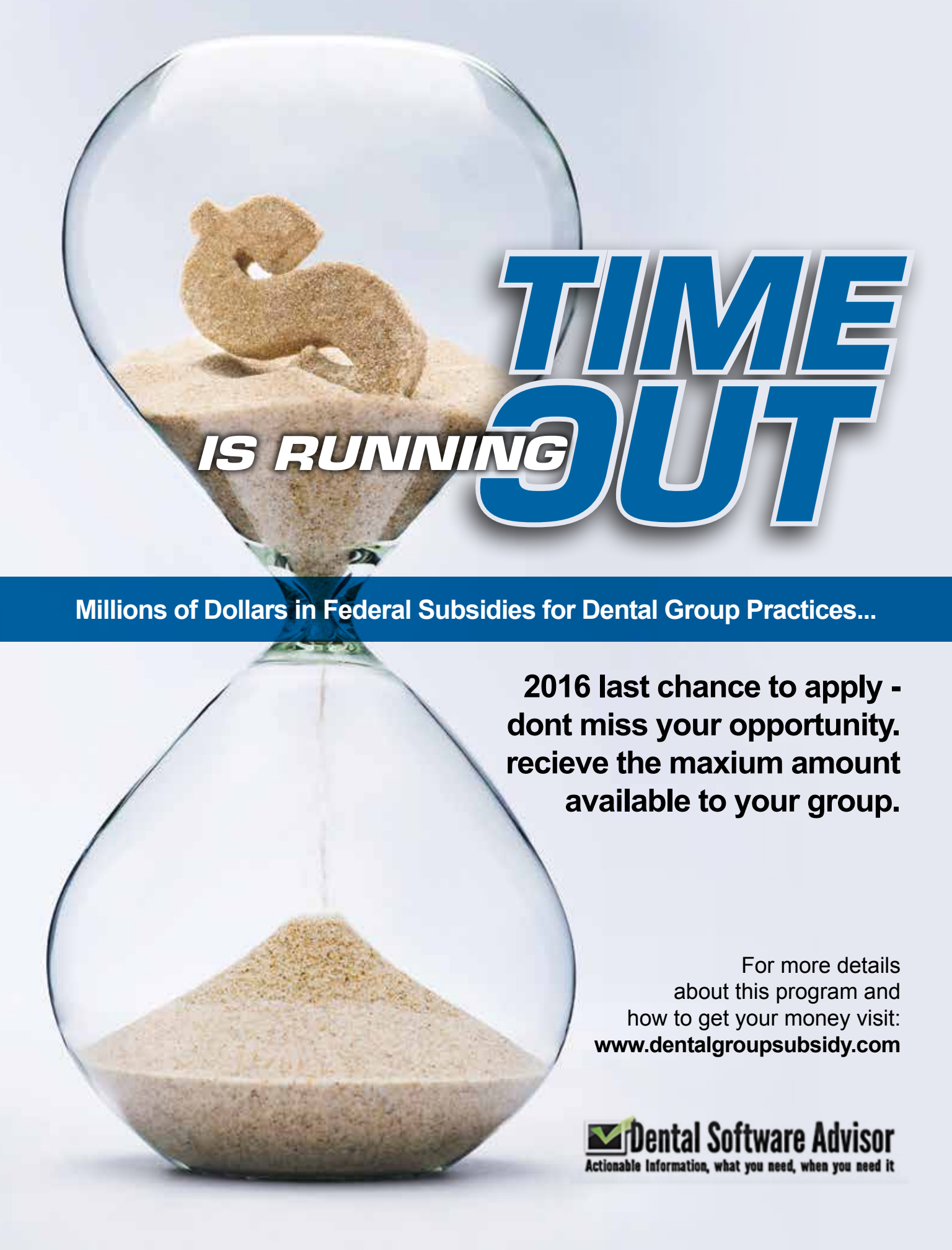
Dental groups can ill afford to throw away millions of dollars in federal subsidies. Yet that is what's happening throughout the dental group industry. The reason is because many eligible dental groups are not aware of a rarely publicized subsidy program, which has been around for over five years and wildly popular in the medical industry, but has been the dental industry's best kept secret. The program has already distributed more than $30 billion over the life of the program, but most of the incentive funds have gone to medical groups while dentistry has sat on the sidelines.

Known as the EHR Incentive Program, the purpose of this federally authorized and state managed financial incentive program is to provide rewards for groups that have purchased certified software systems and used them in a "meaningful way" to improve group efficiency and patient care and outcomes.

Having personally been involved with this program since its inception, I can tell you that, if eligible, a group practice would be crazy not to at least understand it better and see if they can take advantage of the incentive dollars available. Case in point, I am presently helping a few large groups that should receive over $1 million each, and several other smaller groups that stand to receive hundreds of thousands of dollars while this is in effect. They have already received large initial checks from their respective state programs. This program equates to subsidies of $63,750 for each eligible dentist in your group.

Last year to apply

The problem is that if you haven't started the program by the end of 2016, it will be too late. This program started in 2011 and is winding down. But, it still is not too late to get in the game. Why wouldn't you take advantage of this program if your group is eligible? Your medical colleagues certainly have enjoyed receiving billions of incentive dollars over the past few years. Shouldn't you get a piece of the pie?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IS RUNNING OUT
Millions of Dollars in Federal Subsidies for Dental Group Practices...
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For more details about this program and how to get your money visit:
www.dentalgroupsubsidy.com
Dental Software Advisor
Actionable Information, what you need, when you need it

Is your group eligible?

After having helped numerous groups obtain their incentive money, the first question I always get is how to know if they are eligible. It boils down to two main requirements you need to start with:

By the end of 2016, you must either purchase or already have certified dental software, or upgrade your present software to meet certified testing requirements. Many groups have come to me wanting to find out if their software is ONC ATCB certified. Be aware of vendors that tell you their software is certified when in fact it isn't. There are a lot of "smoke and mirrors" going around when it comes to this. Rules and requirements for vendors have changed over the years. So, buyer beware when determining if either your present software or software you wish to purchase is really certified.

By the end of 2016, you must either purchase or already have certified dental software, or upgrade your present software to meet certified testing requirements.

At least one dentist in your practice must have 30 percent or more Medicaid patient visits during one 90-day period in 2015. Some states will also allow you to substitute a 90-day period in 2016 as well. It still is possible to get the money for your group even if the dentist you hired in 2016 conducted the Medicaid visits at another group or practice.

Have you already received payment?

If by some chance over the past few years you entered the program and received your Year One eligibility money already, there is a good chance you are leaving some additional payments totaling an additional $42,500 per dentist on the table and not be aware of it. I've heard from some groups that had been successful in obtaining first-year payouts for the groups. But this is where things came to a halt. In several cases they weren't even aware they were eligible for additional monies. The good news is that if you are in this situation, it's not too late to apply for and obtain the additional money if you are still eligible. The rules and regulations for Years 2 – 6 are a bit different than Year One so different hoops to jump through but definitely worth going for it.

Should you consider a consultant?

Having been involved with this subsidy program since its inception, I always get the question "Do I need a consultant to get this done?" I can tell you that jumping through federal and state regulatory hoops is not necessarily rocket science. However, if you've ever dealt with federal and/or state programs, you know it is very time-consuming with numerous stringent requirements and, as with any bureaucratic program, you can potentially get caught in an endless loop of additional support documentation and report requests from your perspective states. I recently spent many hours going back and forth with one state as they piled on requests for additional documentation to support our stated group volumes.

The bottom line is if you are willing to familiarize yourself with the rules, regulations and nuances of the program and have the time to spend it certainly is possible to take a stab at it (it will definitely be a learning experience). But, you also do have a day job and might not have the time, knowledge, or expertise to devote to this. Also, this has to be done right the first time as more audits are being conducted on the tremendous amount of federal and state money being distributed. Finally, the urgency of getting this done by the end of the year in a timely manner should enter into your decision of going it yourself or hiring a consultant.

Don't miss the opportunity

With the large amount of money available (your tax dollars by the way), if you are eligible for the incentive program, then it is foolish not to work as hard as you can to satisfy the requirements and receive the maximum amount available to your group. And don't forget, If you haven't entered the program by the end of 2016 then you're not eligible for any payments.

If you're interested in more information regarding more details of this program and how to get your money, please view this popular webinar at www.dentalgroupsubsidy.com. ■

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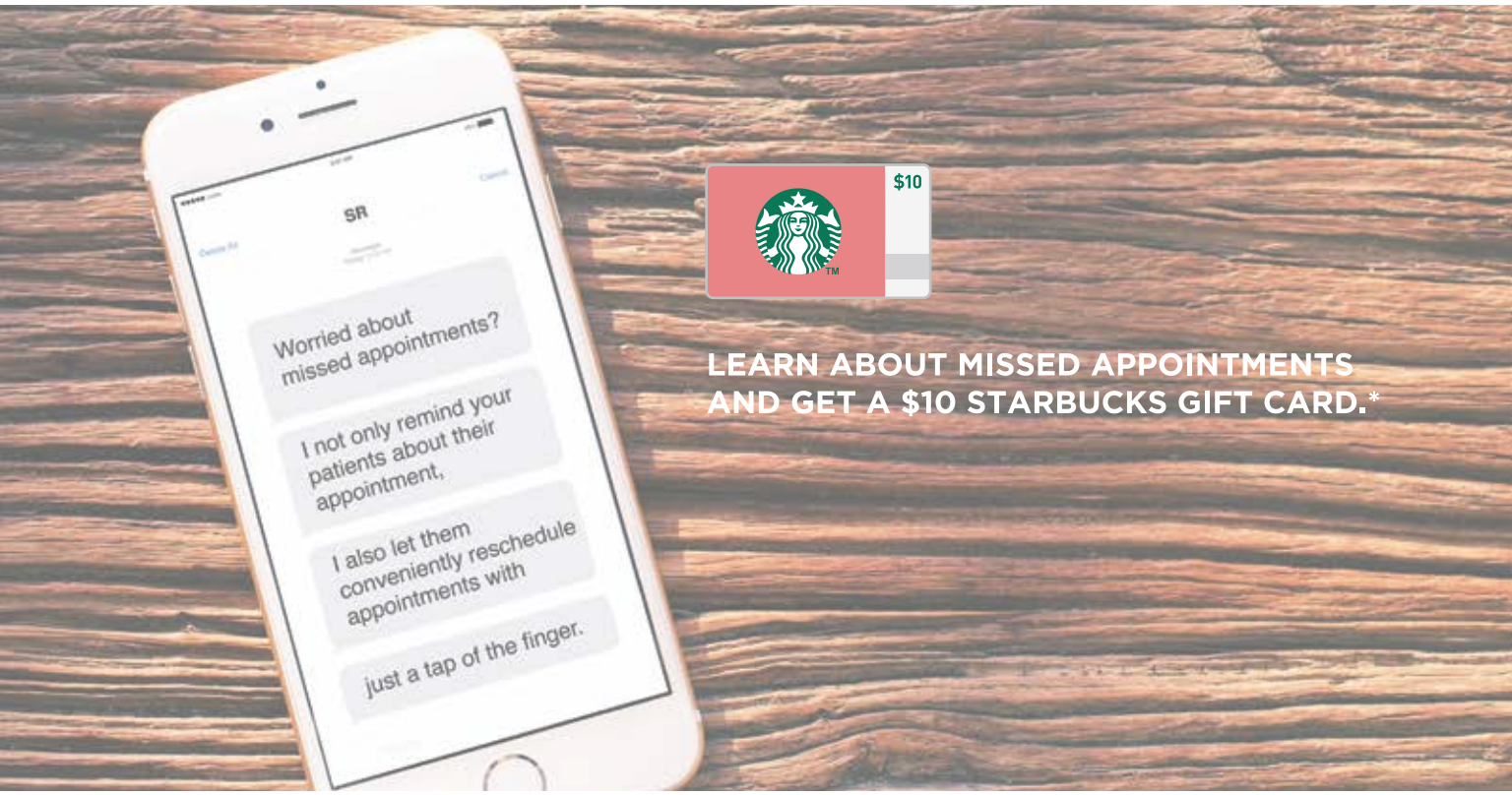

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Beautifil Flow Plus, BeautiSealant and PRG Barrier Coat

Parents are concerned about oral health of their children. The devel-opment of bioactive materials that induce rehabilitative cellular changes at a tissue interface allows dental clinicians, hygienists and assistants to perform preventive pediatric care more effectively and with long-lasting results.

Developed by Shofu, Giomer, is a collective term for bioactive materials that incorporate the company's proprietary surface pre-reacted glass (S-PRG) technology. S-PRG fillers are obtained by reacting multifunctional fluoro-boro-alumi-no-silicate glass filler with polyacrylic acid in the presence of water. The resultant trilaminar structure forms a stable glass-ionomer phase that allows for continuous release and recharge of fluoride and other beneficial ions (sodium, stron-tium, aluminum, silicate and boron) while protecting the glass core from water sorption and degradation.

Giomer materials combine biological effectiveness of glass ionomer (release and recharge of fluoride and other beneficial ions, the ability to inhibit plaque forma-tion and establish a stable pH in the oral environment, thereby decreasing the risk for secondary caries) with superior physical, mechanical and aesthetic properties intrinsic to nano-hybrid materials.

Giomers have been clinically proven in a series of long-term clinical trials. An eight-year clinical research published in JADA, 2007 recorded 100% retention rate with intact esthetics, no secondary car-ies, failures or post-operative sensi-tivity. Furthermore, a thirteen-year recall study presented at IADR, 2013 poster session demonstrated 96% of restorations with no sec-ondary caries, in a 66% retention rate. Shofu has successfully incor-porated Giomer technology into a versatile line of products including, nano-hybrid composites (packable, injectable, flowable), sealant, and light-cured varnish.

Key features of Giomer materials accentuate bioactive attributes that elicit healthy oral environment

- Continuous release and recharge of fluoride and other beneficial ions
- Immediate acid neutralization to establish stable pH in the oral environment
- Anti-plaque attributes by reducing plaque formation and bacterial adherence

Beautifil Flow Plus F03 – fluoride-releasing, bioactive flowable nanohybrid resin composite

Inclusive of Shofu's Giomer technology, Beautifil Flow Plus F03 combines the ease of delivery unique to a flowable resin composite with the strength, durability and aesthetics inherent to a nano-hybrid composite. Besides its bioactive properties,

this novel material demonstrates a score of other beneficial characteristics that attribute it as an excellent replacement for traditional sealants. The key features and benefits emphasize:

- Ideal for use in place of traditional sealants
- Sustained release and recharge of fluoride and other beneficial ions for healthier oral environment
- Compressive strength and low wear facilitate long-lasting rehabilitating results
- High radiopacity that permits effective viewing of treated areas

BeautiSealant – fluoride-releasing pit-and-fissure sealant formulated without phosphoric acid

A BPA- and HEMA-free BeautiSealant is a pit-and-fissure sealant inclusive of Shofu's proprietary Giomer technology proven to inhibit plaque formation, neutralize acid, and release and recharge fluoride when treated with fluoridated household products (i.e. toothpaste, mouthwash).

To facilitate strong and predictable bonding BeautiSealant is formulated with milder yet effective adhesive monomers – carboxylic and phosphonic acid. These monomers thoroughly penetrate and prepare pits and fissures yet are gentler on the tooth than phosphoric acid which is known to be harsher and more invasive.

Exhibiting optimal handling, viscosity and bubble-free consistency, BeautiSealant is easy to apply in less than 30 seconds, an important factor when working with pediatric, geriatric and special-need patients. Chief product features stress:

- Formulation without BPA, HEMA and phosphoric acid
- Fast and simple application, in less than 30 seconds
- Optimal handling and viscosity with bubble-free consistency
- Inclusive of S-PRG particles proven to release and recharge fluoride, neutralize acid and inhibit plaque formation
- Ideal application for pediatric, geriatric and special-need patients

PRG Barrier Coat – fluoride-releasing light-cured desensitizer for prolonged hypersensitivity relief

Shofu developed PRG Barrier Coat to provide immediate and prolonged relief for patients suffering from severe dentinal hypersensitivity. This light-cured, resin-based Giomer varnish demonstrates instant hypersensitivity relief and desensitization for up to 6 months.

Containing no alcohol, acetone or HEMA, PRG Barrier Coat is self-adhesive, with no separate etching or bonding steps required. Only an ultra-thin layer, up to 15µm, is needed to instantly deliver long-lasting results.

Along with treating hypersensitivity, PRG Barrier Coat can also be utilized in a broad range of other preventive

applications, including desensitizing hard-to-brush zones (surrounding orthodontic brackets, clasps, and crowded teeth) and areas at high risk of caries, such as exposed root surface, newly erupted molars and white spots. Key attributes of PRG Barrier Coat underline:

- Sealing and protecting of exposed dentinal tubules for up to 6 months
- Versatility – virtually, can be utilized in any location in the oral cavity
- Incorporation of Shofu's bioactive Giomer technology, clinically proven to release and recharge fluoride and other beneficial ions, inhibit plaque build-up and neutralize acid
- Containing no alcohol, acetone or HEMA, making it safe to use adjacent to soft tissue ■

More than 4,000 veterans received dental care through Aspen Dental event

On June 25, 2016, nearly 400 Aspen Dental (Syracuse, NY) practices provided $2 million in donated dentistry to more than 4,000 veterans. According to the company, many of the more than 21 million veterans across the U.S., don't qualify for dental benefits through the U.S. Department of Veterans Affairs because they are not classified as fully disabled or do not have a service-connected dental condition.

Great Expressions Dental Centers adds new practice in Tamarac, Florida

Great Expressions Dental Centers (GEDC) (Bloomfield Hills, MI) affiliated with Nottingham & Anenberg (Tamarac, FL). Through this affiliation, GEDC has 27 offices in the greater Miami and Fort Lauderdale area. The existing 2,500-square-foot office provide general dentistry, cosmetic dentistry, and orthodontics, with weekly visits from a periodontist.

Henry Schein makes 50% equity investment in J. Morita Corp subsidiary

Henry Schein Inc (Melville, NY) completed a 50 percent equity investment in One Piece Corp, a subsidiary of J. Morita Corp, one of the world's largest manufacturers and distributors of dental equipment and supplies. The partnership expands Henry Schein's presence in Japan and strengthens Henry Schein's position in other dental-products markets in Asia.

New Affordable Dentures & Implants location opens in Valdosta, Georgia

A new Affordable Dentures & Implants practice opened June 23 in Valdosta, Georgia. The dental practice is owned by Neil Jenkins and is the 12th practice in Georgia that is a part of the Affordable Dentures & Implants affiliated network. The Valdosta practice offers several styles of dentures and partials, implants, tooth extractions and other denture and implant-related services. It will be equipped to provide the new Ultimate Denture, made using new, patented technology for excellent fit, comfort and security. The practice features an on-site dental laboratory to make same-day service possible and to keep fees more affordable.

California Dental Hygienists' Association votes to leave ADHA

The California Dental Hygienists' Association (CDHA), the largest state hygienists' group in the U.S., has voted to end its 90-year affiliation with the American Dental Hygienists' Association (ADHA). The CDHA cited a proposed charter agreement from ADHA as the driving force behind the vote. The proposed charter agreement from ADHA imposed significant new obligations but no new benefits, according to the CDHA. The dispute includes issues of incorporating component subgroups and changing logos and websites, but really comes down to the CDHA trying to maintain local control and independence, according to Lygia Jolley, CDHA's immediate past president.

ADA applauds proposed rule to expand tax credits for families purchasing pediatric dental plans

The American Dental Association is applauding the July 8 proposed rule from the Internal Revenue Service that would expand tax credits for families purchasing pediatric dental plans under the Patient Protection and Affordable Care Act, according to a release. Since the ACA was implemented, many states don't have pediatric dental coverage included with the medical plans offered in the marketplaces. The Association was part of a coalition led by the National Association of Dental Plans that urged the U.S. Treasury Department to equally apply Advanced Premium Tax Credits to pediatric dental plans. The coalition, with support from Sen. Debbie Stabenow (D-Mich.), included the American Academy of Pediatric Dentistry, Children's Dental Health Project and Delta Dental Plans Association. "The coalition praises the Treasury's proposal to clarify the benchmark calculation to include pediatric dental regardless of whether the benefit is embedded in a medical policy or offered separately on the Marketplaces," wrote NADP and ADA in a joint press release.

Heartland attends 2016 International Council of Shopping Centers (ICSC) RECon convention

Heartland Dental, LLC, recently attended the 2016 International Council of Shopping Centers (ICSC) RECon convention held from May 22nd – 25th in Las Vegas. There, leaders from Heartland Dental's development and marketing teams networked with real estate professionals from around the country to help further the company's development goals. "Supporting the growth of new dental offices has always been a key element to Heartland Dental's overall growth. This is once again a priority for 2016 and beyond," said Travis Franklin, Executive Vice President of Development at Heartland Dental. "The RECon convention was a valuable means to gain insight on new community developments in areas we are looking to expand, for the benefit of our growth plan."

Kids Care Dental names new CEO

Kids Care Dental (San Francisco, CA) named Janet Widmann as CEO effective May 31, 2016. Widmann brings more than 25 years of experience delivering significant growth for healthcare companies while leading high-performing teams, cultivating stakeholder relationships and driving business results across a variety of healthcare subsectors, including technology and insurance. She will work with Kids Care's management team to lead the company into its next phase of growth, which includes a strategic expansion plan throughout the San Francisco Bay Area.

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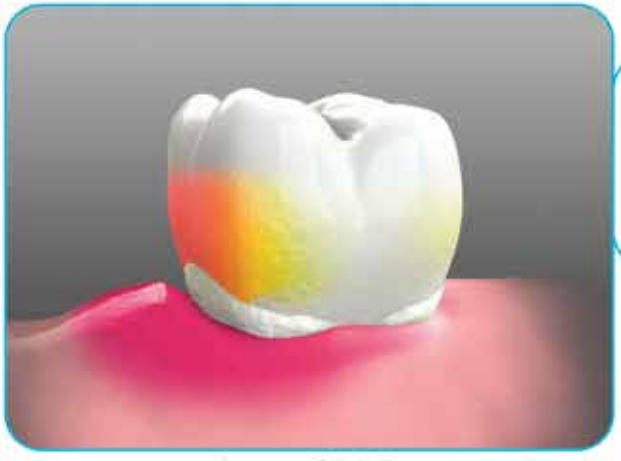

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