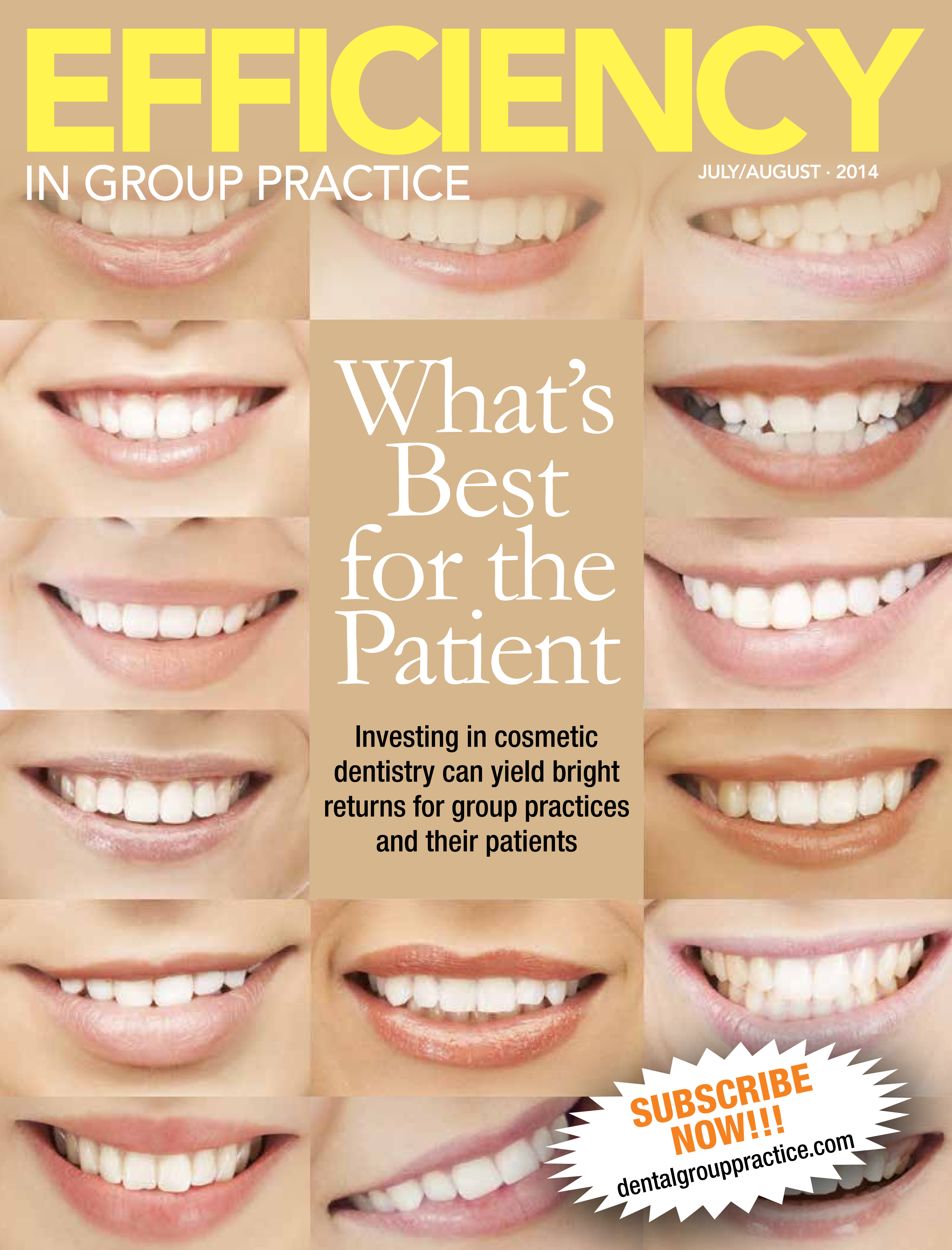
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– Bill Paveletz, DMD, North America clinical educator, VOCO America

p16

From The Publisher 4

The DSO Opportunity
A conversation with Heartland Dental's DeAnn McClain 6

Hygiene Growth Through Accountability
Seven steps toward holding a hygiene team accountable and achieving improvements 8

Level the Schedule:
Profit, quality, and less stress 10

Cash Flow's Role in Success 14

Best Practices in Infection Control 28

Are Your Investments Taxing?
Understanding and effectively using Time-Tax Buckets 30

News 34

Cover Story Special Section:

What's Best for the Patient
A great smile is priceless, says one dentist. Working with a dental services organization makes it that much easier for dentists to offer the services necessary to make this happen. 16

Dedication Pays Off
Cosmetic dentistry calls for an investment of time, education and money on the part of dentists. But, the payoff is substantial for their practice and the well-being of their patients. 20

A New Image
Could dental practices be doing more in the way of offering patients cosmetic dental services? 22

CAD/CAM technology: attractive on many levels 24

The Heartland Dental Aesthetic Continuum
A decade of clinical dedication 26

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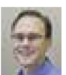

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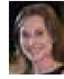

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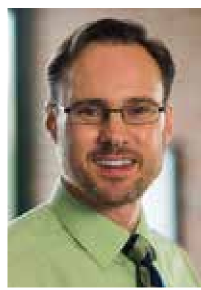
A Season of Growth



In late April, I was fortunate enough to attend the Dental Summit in Scottsdale, Ariz. It may be unfamiliar to many of you. It's a meeting mostly for solo practitioners, small groups, and emerging groups that are looking for innovative ways to grow their business. Some of the 200 attendees were there to find out about private equity funding, some to figure out how to increase their number of practices, and others to learn how to better compete with established groups that had moved into their territory.

There were many impressive presenters. Dr. Marc Cooper, who has a unique, charismatic approach, asked the audience tough questions and helped them evaluate the best approach to becoming a leader in their practice or group. Heidi Arndt, RDH, Dr. Andrew Matta, and Vince Cardillo handled quality assurance Q&A, and used their real-life experiences to educate the attendees. Dr. Joseph Errante gave the audience a dose of reality with his keynote presentation: "So you want to be a CEO?" There were also a variety of breakout sessions.

I learned quite a bit from attending the Dental Summit and enjoyed the original content from speakers and panelists. Being a veteran of the dental meeting circuit, the single most beneficial part to any meeting (at least for me) is the ability to network and grow industry connections. This meeting did not disappoint. It was an interesting mix of people; from dental manufacturers to the Executive Director of the ADSO, Dr. Quinn Dufurrena.

After reflecting on my time at the Summit meeting, it is clear that there are many solo practitioners and smaller groups who are looking to grow. Some will be able to do it on their own, while others will need larger DSO/MSO assistance. There is so much opportunity for growth in the dental industry and now is the time that dentists are evaluating their tolerance for the business side of dentistry. Some will want to take on this dimension and grow without outside help, while others will realize they have grown as much as they can on their own and will look for outside management to take it to the next level.

Wishing you a summer of growth,

William S Neumann

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The DSO Opportunity

A conversation with Heartland Dental's DeAnn McClain

What does the future look like for dental support organizations? *Efficiency in Group Practice* posed a few questions to editorial advisory board member DeAnn McClain, vice president of operations for Heartland Dental.

DeAnn McClain

Efficiency in Group Practice: What are the primary challenges facing Heartland Dental and other dental support organizations?

DeAnn McClain: The biggest challenge is the barrier between dental support organizations and solo practitioners – the questions, stories, and the assumptions that people jump to about dental support organizations. Those affiliated with DSOs still lead their offices and make decisions regarding their patients and teams. From that regard, there's really no difference between a DSO-affiliated office and a non-affiliated office, except for the support and education DSOs offer.

EGP: Describe the prime candidate to affiliate with Heartland Dental? In other words, what type of person or dentist is most likely to thrive in a DSO-supported practice? Are there some dentists for whom it just isn't a fit?

McClain: Certainly, affiliating practice owners and newly recruited dentists directly out of dental school may have different immediate goals and mindsets. However, all dentists affiliating with Heartland Dental – no matter what experience level or situation – should be open, positive and mentally flexible. In order to fully thrive in a DSO environment, affiliating dentists need to embrace change for the sake of progression, value or adopt a strong leadership mentality, and possess a continuing commitment to best serving their communities. Dentists who are not open to the ideas of others or who refuse to adapt to an ever-changing industry will not likely be the right fit for affiliation with Heartland Dental.

EGP: What are the benefits of affiliating with a DSO such as Heartland Dental for the hygienist or assistant?

McClain: Dentists are not the only people who can benefit from affiliating with a DSO. Team members, whether hygienists, dental assistants or business assistants, can find success as well. With the support and company stability offered, team members enjoy long-lasting, rewarding careers. Because Heartland Dental has affiliated offices in 26 states, team members can find opportunities in a wide variety of locations based on their preference. In addition, because of Heartland Dental's ongoing growth, they have the opportunity to advance their roles within the organization. Team members also have access to world-class continuing education to further their skills and knowledge.

EGP: Finally, in what way are patients best served by the practices supported by Heartland Dental? What are the benefits to them of forming a relationship with a DSO-supported office?

McClain: With the support that affiliated dentists receive from a DSO, they are able to advance their level of patient care in a number of ways. With their non-clinical responsibilities being handled by teams of experienced specialists, affiliated dentists can dedicate their time specifically to patient care. Instead of worrying about payroll, marketing or IT duties, they can focus on practicing dentistry and maximize the effectiveness of the care they provide. With the educational opportunities offered to affiliated dentists, they can develop new skills and enhance the knowledge they already possess. This not only expands the types of services they can provide to patients, but also helps them carry out these services with the best results possible. Also, with a DSO's buying power and established relationships with vendors, affiliated dentists have access to cutting edge equipment and technology – all for serving the best interests of their patients. ■

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Hygiene Growth Through Accountability

Seven steps toward holding a hygiene team accountable and achieving improvements

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.

One of the most common questions I get from clients and potential clients is this: "We have implemented a dental hygiene protocol before, but it just seems to fade away and never sticks. Is it worth it for us to try again?"

There may be several reasons why something is not "sticking" with your hygiene team, but the most common reason I have found is that accountability is often the missing element.

Accountability is the key to achieving results consistently. Not only that, your team wants to achieve goals, and feel the satisfaction of achieving the goals and performing at or above the set standard. In other words, they are looking for leaders to hold them accountable to the goals and standards set by the practice/group.

Do you ever find yourself addressing the same issues time after time? Has your team hit a plateau and never meets their goals? Does your team see your goals or initiatives as optional?

> "Accountability breeds response-ability."
>
> **– Stephen R. Covey**

Focus area

You may see your team needs improvement or is stagnant in several areas. It is crucial you identify these, but choose one area to focus on first. This focus area should be one that you want to see measurable improvement in. Do not get clouded with all of the issues – focus is the key. This focus will allow you and your team to see and feel results, and you will all be motivated to move onto the additional items on your list once success has been achieved.

Before you can get your team on board with improvement, you need to highlight the area of focus and educate them on what the impact has been to the patients and the practice.

For example: You want to reduce the number of openings in the hygiene schedule. Your current hygiene schedule utilization is 72 percent.

Here are the seven steps I use when holding a team accountable:

1. **Educate.** Before you can get your team on board with improvement, you need to highlight the area of focus and educate them on what the impact has been to the patients and the practice. For example: You want to reduce the number of openings in the hygiene schedule. Your current hygiene schedule utilization is 72 percent.
2. **Set the standard and set clear goals.** Everyone on the team must understand what you are trying to achieve and what that achievement looks like – goals. Building on the example above, an optimized hygiene schedule would be >90 percent utilized. In other words, 90 percent would be your new goal.
3. **Commit.** The team must commit and buy-in to the goal and understand their part in achieving success.
4. **Consistent follow-up and benchmarking.** As a leader, you must continually track performance and ensure the team understands the standard and goals. Review performance regularly, with weekly reports and monthly team meetings to re-align the team and to celebrate milestones.
5. **Mentor and coach.** Provide feedback and coach the team regarding their performance. They will need your focused support and direction to make long-lasting changes. Remember, you are often helping our team through behavior changes.
6. **Celebrate success.** Once a goal is accomplished, celebrate the success with your team. The team needs to see and feel what success is all about.
7. **Continuous improvement.** Now that the benchmark is accomplished, do not lose sight of this important goal. After all, you worked hard to accomplish it … keep it going by using the seven-step process.

"It is not only what we do, but also what we do not do, for which we are accountable."

– **Moliere**

The team will not be accountable if the leader is not accountable. The leader must be accountable and consistent with the seven-step process.

The biggest failure I see (and have done myself in the past) is to start the process, but never follow through. Do not let the busyness of each day stop your focus on accountability. Focus, focus, focus!

By losing focus, the team will lose respect and faith in the process and start to question the group and the leader's commitment. This can greatly undermine the overall mission.

By making accountability the focus of your group you will see improved results and a more satisfied team. Remember, we all want to achieve goals. Set a focus with measurable goals and watch the change happen. ■

Level the Schedule: Profit, quality, and less stress

By Dr. Sami Bahri, DDS

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

In a group practice, productivity is directly affected by the schedule. Many methods of schedule try to improve quality, increase productivity, lower stress and reduce cost. Although based on different philosophies, they are roughly divided into three parts: long-term planning, medium-term adjustments and execution.

In long-term planning, you create a scheduling template that reflects your management philosophy. For example, if you like to treat by procedure, performing veneers together in one appointment, and composite fillings in a different appointment, your template would reflect that philosophy. It would look different if you plan for quadrant dentistry, or for lean dentistry.

Medium-term adjustments take place around a week before the appointment. These templates are not personalized to accommodate the needs of individual patients, mainly those with special conditions – older patients, younger patients, patients with health conditions, etc. Providers are asked to review the schedule in advance and make any necessary scheduling adjustments.

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Since the dentist and the assistant are busy treating patients, they are not available to check the schedule. At our practice, we created the position of "Patient Care Flow Manager" ("Flow Manager," for short). This employee monitors and adjusts the schedule, allocates resources accordingly, and stays in contact with the providers to notify them of any changes.

"Lean management" approaches the three phases of schedule planning, adjustment and execution differently from the other philosophies.

Creation of a template

A template allows anyone in the office to make patient appointments if they know some basic information like planned treatment and its duration. The appointment might not be totally customized to the needs of the patient until it is reviewed by the provider, but the template provides a good starting point.

The Lean approach to creating a template differs from the traditional approach in that Lean starts from demand. Traditional scheduling starts from capacity – the number of treatment rooms, personnel, equipment etc. The thought process behind each philosophy is different as well.

Traditional thinking. If we have five rooms for example, we think that we can allocate two for hygiene, with one hygienist per room. If each hygienist can perform one cleaning per hour, we plan for seven cleanings in a seven-hour day. If we work 200 days a year, we plan for 1,400 cleanings (7 cleanings x 200 days). The same reasoning applies to fillings, crowns, etc.

The main flaw in this kind of thinking is that the number of planned procedures depends on the number of chairs, as if they were going to be always full. It does not take into consideration the patient demand for that particular practice, and does not calculate the number of needed employees. Lean thinking corrects these flaws.

Lean thinking. Although creating a template is speculative in any case, "Lean thinkers" try to get closer to the real situation of specific practices by starting from real data. In our practice, we base our template on the data from the previous year. We run a report that lists the different procedures, and an analysis that makes their frequency visible. (Fig. 1)

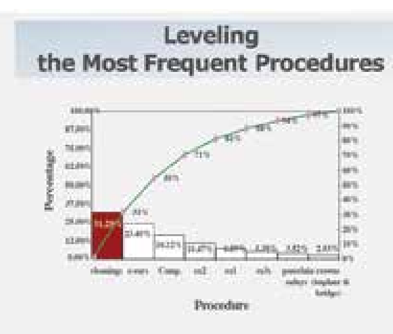

Figure 1: Pareto Chart showing the cumulative procedure frequency.

The more frequent a procedure, the more non value-added steps it will entail, especially if it requires setup changeovers. For example, every cleaning requires a changeover, while multiple X-ray exposures can be taken with the same setup. Consequently, the cleaning frequency entails more waste than that of X-rays.

Paying attention to trends is also important. If you see that for the past three or four years you have been performing around 4,000 cleanings yearly, you are more likely to perform the same number this year. On the other hand, if you see a steady 10 percent increase, you should plan for that increase in your template by making room for 4400 cleanings. The same goes for crowns or root canals or any procedures.

Based on the previous year's data and your projected growth, you can speculate more precisely. But you still have some work to do before you can build the template. You need to know how many minutes you anticipate working this year, so you can calculate the Takt time of your procedures.

Time

Takt time is the theoretical frequency of demand; it is calculated, not measured with a timer. Here is how you calculate the Takt time for a cleaning:

Takt time (in minutes) = number of minutes worked during a year/number of cleanings

- Takt time is a theoretical assumption that answers the following question: If you placed all your cleanings back to back in a linear timeline, what is the time interval, in minutes, between two patients asking for a cleaning? Figure 2 shows that our patients are theoretically asking

Although creating a template is speculative in any case, Lean thinkers try to get closer to the real situation of specific practices by starting from real data.

for a cleaning every 26 minutes. Now we need to know the cycle time –how long it really takes to complete a cleaning – to be able to determine how many hygienists are needed.

Figure 2: Calculated Takt time for cleanings

Cycle time is the actual time needed for an operation to be completed. Unlike Takt time, Cycle time is actual time; it is measured, not calculated.

You can determine a starting and ending point and have someone time a procedure 15 to 20 times. The common Lean practice is to take the most frequent low time as a standard cycle time.

Figure 3: Compare Cycle time to Takt time to determine how many employees you need

You can compare Cycle time (CT) to Takt time (TT) and learn how many employees you need. If Cycle time is smaller, you need one hygienist; if larger, but not double, you need two hygienists. If it is between double and triple, you need three hygienists, and so forth.

In our case, Figure 3 shows that we only needed one hygienist even though we had three. To leave room for growth and unpredictable circumstances, two hygienists would be enough. As a consequence, when one hygienist went on maternity leave, we didn't replace her and still did not struggle to meet our patient's demand.

Takt time also tells you how many procedures are to be performed on a daily basis. If patients are asking for a cleaning every 26 minutes and you work seven hours a day, how many cleanings are they asking for per day?

Theoretical Number of cleanings per day = 7 hours x 60min / TT of 26 min = 420/26 = 16

Each of the two hygienists got a template for eight cleanings per day, at 30 minutes per cleaning. We also distributed the different periodontal therapies, but for the sake of clarity, I will mention only the simple cleanings.

That would not have been the case had we tried to fill the schedule with three hygienists instead of two. The actual demand in our practice is around 4,000 cleanings per year. No matter how we fill the schedule, by the end of the year, we would have performed around 4,000 cleanings. With three hygienists instead of two, filling the schedule will only guarantee unevenness – alternating periods of busy and slow days. To avoid unevenness, proper staffing is a prerequisite. This is determined by a simple calculation of Takt time and Cycle time.

The process of distributing the procedures evenly across the schedule is known as Leveling. This guarantees more contact time between providers and patients, a slower pace, better quality, and mainly a lot of room for walk-ins and flexibility in the schedule.

A long time ago, I asked a sales representative for advice on what would attract patients to my practice. "If you called every office in town to have a cleaning," he said, "you would not find one that would take you immediately!"

After leveling our schedule, we can take an extra cleaning any day. ■

Cash Flow's Role in Success

By Teresa Duncan, MS, FADIA, FAADOM

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

I recently evaluated two practices to identify weaknesses in their revenue cycle. Both offices had decreased cash flow – which prompted the call – and the doctors were told by their team members that the "economy was impacting payments" and that "patients just don't have money right now." While both statements may have played a factor in practice revenue, they didn't fully explain the bigger issue: decreased cash flow.

What was happening? Insurance claims were not being filed in a timely manner. Information requests from the insurance company were not being answered. Inaccurate patient data was causing claims to come back rejected. In both cases the administrative team member stated that they were doing the best they could. Unfortunately their performance was keeping claims from being paid, which greatly impacted the practices' bottom lines.

How do you keep this from happening in your practice? Let's evaluate three basic necessities for proper insurance revenue management: time, tools and tracking.

Time

The days of one person handling the insurance system in a group practice are over. In a group setting there is a need for dedicated phone lines and team members who understand dental insurance. Throwing a new person into the mix without training will cost you in the long run. Your insurance team may be juggling too much as it is. Instead of splitting up the patients, the duties should be split up. Eligibility checks should be one responsibility, and benefit gathering another. Follow-up on claims is a separate position. These areas will surely overlap but separation of the duties will become necessary to ensure accountability.

In a single doctor office insurance management can easily take up 1-2 hours per day. Why so much time? Verification of benefits and eligibility, gathering supporting claim data (such as radiographs and periodontal charting), and insurance

payment entries can easily fill this time period. A solo doctor with 1-2 hygienists on staff can generate enough claims to maintain a part-time person. Imagine the resources that a 20-provider system needs.

Tools

Have you provided the tools for this position to be as effective as possible? Claims and supporting documentation should be sent electronically. The learning curve for these programs is relatively small and the payoff is huge. Claim turnaround time is greatly reduced and the team member knows immediately if a claim is rejected because of lack of correct data or missing information. Offices still submitting paper claims are delaying payment by three weeks or more.

Make the switch to electronic claims and attachments and make sure that your team member receives training. The movement of these software systems toward enterprise management is positive for groups. A manager can now check claim payment and denial rates for several different locations. This helps to identify weaknesses in training and revenue.

Tracking

It's imperative for managers to keep up receivables in your practice – both insurance and patient receipts. Ask your team to run and present an accounts aging report on a biweekly basis and for evaluation. You'll want to make sure that delinquent accounts are being actively 'worked' to obtain payment. The insurance aging report should be run weekly to identify which claims are overdue.

Glitches in clearinghouse submission or employee data entry errors can be quickly identified by reviewing the claims submissions report as well. This is probably the most overlooked report in the office as it usually comes from the clearinghouse, not the practice management software. It will tell you if attachments are required or if claims are sent back for denial. Finding out this information sooner rather than waiting on the paper explanation of benefits will save your cash flow.

Good managers are often vigilant with practice metrics. Track your insurance and receivables balances to avoid reduced cash flow surprises in order to reinvest in yourself and your practice. ■

A solo doctor with 1-2 hygienists on staff can generate enough claims to maintain a part-time person. Imagine the resources that a 20-provider system needs.

What's Best for the Patient

A great smile is priceless, says one dentist. Working with a dental services organization makes it that much easier for dentists to offer the services necessary to make this happen.

By Laura Thill

If for no other reason, dentists should offer their patients cosmetic dental services because "it's what's best for the patient," says Paul Kim, DDS and Northeast clinical director for Great Expressions Dental Centers. Whether patients require cosmetic treatment for health reasons, or desire it to improve their appearance, if they want it, dentists should offer it "so that patients can live the life they want," he says.

From teeth whitening and veneers to crown lengthening and total smile makeovers, cosmetic dentistry is on most patients' radar at one time or another, he says. These are the types of services that help patients gain confidence, both in the workplace and in social settings, he explains. "[Dentistry] is not simply about treating tooth pain and decay," he says. It's about a patient's total wellness, which is why it's so important for dentists to "have this discussion" with their patients, he adds. "At Great Expressions Dental Centers, we are fortunate to be able to do it all, from preventive care and orthodontics to cosmetic dentistry and oral surgery. We offer this, simply because it is what is best for the patient."

When dentists incorporate cosmetic dentistry into their services, it sends patients a message that they care about their total wellness, Kim continues. "And, the investment is very small compared with the return," he says. "You can't put a dollar amount on this."

Indeed, watching their patients leave the practice with a terrific smile can be extremely rewarding for dentists, he continues. "I had one patient who [was embarrassed about her teeth] and covered her mouth when she spoke.

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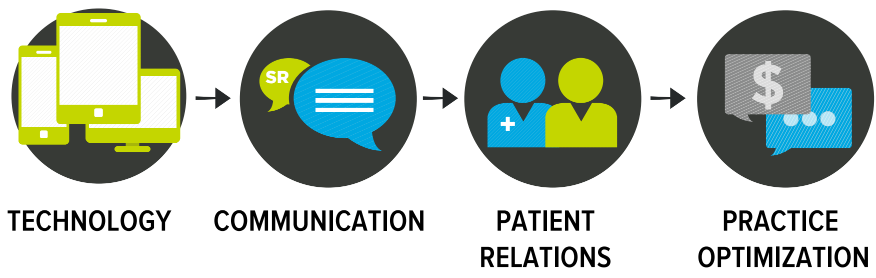

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"Dentists should present cosmetics to their patients just as they would present any treatment. They should present it as what's best for their patients."

– Paul Kim, DDS and Northeast clinical director for Great Expressions Dental Centers

After I treated her with Invisalign®, she became a totally different person. Her confidence rose and her attitude changed, and she landed the new job she wanted."

Group support

Being part of a larger group, such as a dental service organization, makes it that much easier for dentists to offer services, such as cosmetic dentistry, that extend beyond the traditional drilling and filling, says Kim. As members of a group practice, "they can reach out to other dentists and specialists within the practice if they have questions," he says. In addition, group practices provide their members with support and mentorship, he adds. "These usually are robust, such that dentists at any level have the opportunity to be mentored by senior dentists in their area," he says. This can range from office visits by mentors to lunch-and-learns, continuing education and side-by-side technique training. Great Expressions also supports access to study clubs, where dentists can meet and discuss various topics, such as cosmetic topics, and a national doctor panel – a panel of eight dentists who lead the group practice, set the standard for dental care within the practice, assist with recruiting and advise on cosmetic dentistry and products among other areas.

"Dentists should present cosmetics to their patients just as they would present any treatment," says Kim. "They should present it as what's best for their patients." Showing patients before and after photos can have a great impact in helping them see the difference cosmetic services can make, he says.

Of course, the issue of cost inevitably comes up, he continues, and it's helpful when dentists can offer patients finance options. "Great Expressions accepts all insurances, which [accounts] for a lot of our patients," says Kim "For those patients without insurance, we offer a discount dental plan called Smile Protection Plan, which saves them between 30 and 35 percent." And, patients always have the option to work with a third party financing company, he adds. "The most important thing is for patients to get the care they need." ■

Cosmetic services

Cosmetic dentistry encompasses a number of services, including the following:

- Whitening
- Bonding
- Dental bridges
- Veneers
- Gum lifts
- Bite reclamation (Patients with years of excessive wear to their teeth due to grinding or acid reflux can alter their vertical dimension.)
- Tooth reshaping
- Teeth straightening (e.g., orthodontia or Invisalign)

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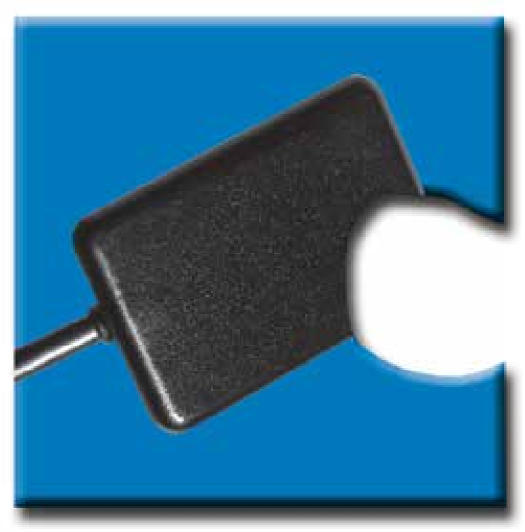

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Dedication Pays Off

Cosmetic dentistry calls for an investment of time, education and money on the part of dentists. But, the payoff is substantial for their practice and the well-being of their patients.

By Laura Thill

A patient's beautiful smile is an advertisement for a dental practice, says Bill Paveletz, DMD, North America clinical educator, VOCO America. A smile makeover provides patients with a heightened sense of well-being, he says. "People notice a beautiful smile," he says. "The first thing they see when they interact with others is their teeth." Not only are teeth problems associated with speech impediments, an inability to chew food properly and poor physical health, when people don't take care of their teeth, it suggests they might not care about themselves. "Dentists need to drive home to their staff that their patients are leaving with – and advertising – their work."

As important as it is for group dental practices and their members to offer cosmetic dental services, doing so requires a huge investment of education, time, money and resources – so much so that industry experts such as Paveletz believe it should be considered a dental specialty. "Cosmetic dentistry isn't always about veneers and whitening," he explains. "When dentists take on a large cosmetic case, there's a biomechanical and engineering aspect to consider." Particularly when patients haven't taken care of their teeth for many years, and their teeth have worn down, it requires reconstruction, he says.

"Every patient has a different bone and tooth structure," he says. "When patients have neglected their teeth for too long, the bone structure may have deteriorated [to the point that] an implant won't take." In other cases, patients must retrain their facial muscles to respond to the new teeth after they are reconstructed. "These patients have worn down their teeth to the point that their muscles are responding to ¼-inch teeth, not ½-inch teeth," he says. The list of maladies goes on, and in the end, if the dental work doesn't turn out well, patients who have neglected their oral health often blame their dentist, he adds.

Add to that the fact that dental practices require higher tech equipment, such as CAD/CAM and CEREC, to perform crown lengthening and tooth reshaping. "New dentists coming out of school can't always afford laser technology and CAD/CAM," says Paveletz. Furthermore, extensive tooth reconstruction often necessitates dentists follow up with their patients through the years, which can be tricky for practices with higher turnover rates. Even basic services, such as teeth whitening, require dentists to stay on top of their patients, he notes. "When overzealous patients overuse whitening products, the dentist might recommend they use a toothpaste [designed to address] tooth sensitivity."

"Dentists need to drive home to their staff that their patients are leaving with – and advertising – their work."

– **Bill Paveletz, DMD, North America clinical educator, VOCO America**

With a little help from the group

As huge an undertaking as it may be to invest in cosmetic dentistry, doing so can lead to a substantial payoff for dentists and work in the best interest of their patients as well. "Dentists want to impress on their patients that their practice can provide their total care," says Paveletz. "Bonding, veneers and whitening – these are the services that every dentist has access to and should offer to patients," he says. "Whitening teeth takes less than an hour. In less than 1 ½ hours, a dentist can veneer the teeth, canine to canine, particularly when they use a template for the prep work. Dentists can change the look of their patients' teeth in less than two hours."

Moving to the next level is not so easy, he says. Investing in CAD/CAM can be a $100,000 investment, he points out. "And, dentists still require training and education, which means time away from their practice." However, group dental practices can help by providing training and educational support. "And we do see this happening," he says. The group will provide CE credits and bring in speakers [for their dental members]. Sometimes, they make this mandatory for their members."

Indeed, if dentists don't use the equipment and materials properly, they won't achieve the best results for their patients, notes Paveletz. "The equipment can't do all the work," he says. "Dentists must know how to prep teeth properly in order for CEREC to do its job. And, new materials behave differently than older ones. For instance, newer bonding agents, which can work in wet environments, won't fail if there is some saliva in the mouth. But, dentists need to know this. This is where the larger corporation can step in and educate its members." The last thing anyone wants to see is for expensive equipment to sit unused, he adds.

Of course, it's the patients who often dictate the course of treatment, notes Paveletz. They may be interested in a treatment they learned about on, say, the Dr. Oz show, or perhaps they are concerned about costs if their insurance won't cover the service. "Sometimes it comes down to patients not wanting to invest in their mouth," he says. Which is why it's so important for dentists and their staff to take care of their own teeth, he adds. "If dentists are going to promote an aesthetic look, they should be using the product. They should tell patients, 'I wouldn't be promoting this composite if I didn't believe in it and use it myself. And, look at the results.'" This is the best marketing tool dentists have at their disposal, he says. ■

A New Image

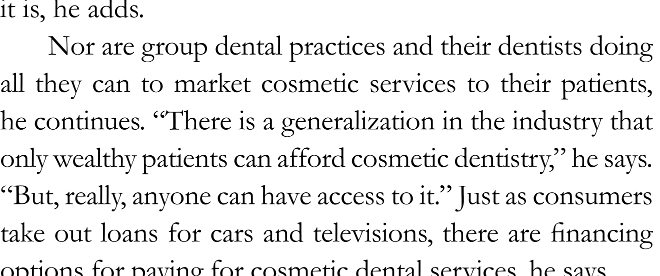
Could dental practices be doing more in the way of offering patients cosmetic dental services?

By Laura Thill

Cosmetic dentistry is a great opportunity for group dental practices and their members. But, they are up against some big challenges, says Andrew Goldsmith, DDS, DICOI, FIALD, chief dental officer and vice president, vendor relations, Smile Source®. Dentists historically have not been well trained to deliver cosmetic dentistry. Nor do they know how to market these services to patients. But, group practices have the resources to do so, he adds. Offering cosmetic dentistry could help them develop a new perception of the value they provide patients.

Worth the investment

Should there be a greater focus on cosmetic dentistry on the part of group dental practices? "Yes," says Goldsmith. But, easier said than done. "Cosmetic dentistry should be a specialty, particularly since dental students don't receive the necessary training to ensure the best possible cosmetic outcomes." Dental students have enough to focus on as it is, he adds.



Nor are group dental practices and their dentists doing all they can to market cosmetic services to their patients, he continues. "There is a generalization in the industry that only wealthy patients can afford cosmetic dentistry," he says. "But, really, anyone can have access to it." Just as consumers take out loans for cars and televisions, there are financing options for paying for cosmetic dental services, he says.

"When you see a car ad, the ad focuses on how the car will make you feel," Goldsmith says. It's not until the very end of the commercial that they mention the cost, he says. "And, they break down the cost into monthly payments to make it tangible for real people. Dentists don't do this. [Rather than saying], I can give you a makeover for $20,000, they should break down the cost into monthly payments."

There is a payoff both from a business and a clinical standpoint when dental practices invest their resources in cosmetic dental services, says Goldsmith. For instance, one of the biggest advantages of offering cosmetic dental services is that payment is on a fee-for-service basis, he says. "Dentists do not work with insurance companies when they provide cosmetic services," he says. "And, if done right, the return on investment can be significantly higher than traditional services. Dentists may receive $400 per crown when providing traditional dental services compared with $1,500 per crown for a cosmetic procedure."

In addition, this is a great opportunity for group practices looking to bill themselves as a one-stop service. "This is an opportunity for dental groups to show patients they are taking dentistry beyond the traditional services," says Goldsmith.

"Dentists tend to be very focused on [clinical] problems and solutions," he says. "Cosmetic dental [issues] are not necessarily always a problem. This is a consumer-centric approach to dentistry that involves focusing on wants and desires." It can be a difficult leap for many dentists to make, he adds. Still, it's important to focus on what patients want, he says. "And, seeing their patients feel great can be one of the most rewarding aspects of practicing dentistry for many dentists."

"Group dental practices are still trying to define themselves," says Goldsmith. "I think, [for now], cosmetic dentistry is a missed opportunity. It's about providing great service to patients and gaining the market share. Furthermore, group dental practices have the infrastructure to capture this market share much more easily than individual practices can." ■

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CAD/CAM technology: attractive on many levels

CAD/CAM technology continues to evolve as a game-changer in clinical and cosmetic/esthetic dentistry, turning the heads of practitioners and patients alike. The appeal of CAD/CAM dentistry (computer-aided design and computer-aided manufacturing) starts with the ability to create long-lasting, beautiful restorations chairside – in a single appointment.

The CEREC AC with Omnicam and MC X milling unit enables dental offices to create tooth-colored restorations chairside, in a single appointment.

It's this patient experience, Patterson Dental CAD/CAM Marketing Manager Rich Lake says, that is driving demand for CAD/CAM solutions like Sirona's CEREC restoration system to the tune of more than 14,000 CEREC users in the United States alone. "It's no secret that more and more patients prefer white, natural-looking restorations over amalgam," Lake says. "Dentists are realizing that being able to provide this service to patients in one visit is a powerful thing. Their patients not only love it, they are becoming the best word-of-mouth marketing a practice can ask for."

The components of CEREC technology, which is pushing almost 30 years of continual developments, offer the flexibility to fit individual preferences, as well as the efficiency goals for any size practice. Doctors can decide what level they want to take their CEREC to, from single-unit restorations like partial and full crowns, inlays, onlays and veneers, to bridges, custom abutments/implants and even full mouth reconstructions.

The dentist uses the acquisition camera to take a digital impression of the prepared tooth. After capturing the image, the dentist or the dental assistant uses the CEREC software to design the restoration. This design data is then sent wirelessly to a separate milling machine, which uses burs to fabricate a block of material into the restoration, exactly how it appears on the screen. The block materials available today, which are the same materials used by dental labs, come in a wide variety of types, sizes and shades to fit any clinical situation.

A crown, for example, takes about six minutes, at which point it is ready to be polished or stained and glazed and then bonded in the mouth. From start to finish, it only takes about an hour for the tooth to be completely restored, with no temporary or return visit needed – an attractive process and end result for growing practices and their busy patients. ■

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The Heartland Dental Aesthetic Continuum

A decade of clinical dedication

Over the past 10 years, Heartland Dental's Aesthetic Continuum has become the dental support organization's premier clinical education course. The Continuum is an extensive, five-day clinical practicum that offers participating dentists the opportunity to diagnose, treat, plan and execute complete smile designs under the guidance of experienced mentor clinicians.

"Our vision is to improve the quality of restorations," says Heartland Dental Clinical Director, Anna Singh, DMD, who also spearheads the Continuum. "We've combined all aspects of a smile design in this one program. It starts with planning the case and continues through the delivery. By defining steps, which are key to a successful case, we're able to create plans that have more predictable outcomes for our clinicians. With these steps, dentists can achieve successful results."

For participating patients, the Continuum can be a life-changing opportunity. Many people need and deserve smile designs but simply cannot afford them. With the Continuum, they receive brand new smiles that enhance both their health and self-esteem – all for a low cost that fits their budgets.

For participating dentists, it's a valuable learning experience. Mentors and mentees meet during the case analysis phase and partner as they work toward case delivery. Transferring their knowledge from past Continuums, mentors shorten the learning curve for mentees. In addition, the relationship formed between the two extends beyond the course and provides the mentee with a trusted colleague to pose questions to and seek guidance.

The Continuum's goal of producing beautiful, natural smiles is attractive for participants. But it's also the program within a program – the knowledge passed from mentor to student – that continually fuels growth in the Aesthetic Continuum and keeps it going strong. ■

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Best Practices in Infection Control

By Dr. John Molinari and Peri Nelson

Editor's Note: Efficiency in Group Practice *is pleased to announce a new feature, 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 m.dentaladvisor.com, under the Ask The Editors tab.*

Q: I work in a large, busy practice where more than 200 patients are seen per day. It is difficult to get everyone on the same page in terms of infection control policies and procedures. There are a lot of team members cutting corners because we are so busy. We don't have a set system and this concerns me. What do you suggest?

A: Having a documented infection control program is critical for any practice, large or small. The key point is that all employees must adhere to clear guidelines that are written down, taught, and periodically reviewed as a team. When infection control procedures are improperly completed, it increases the risk of disease transmission. Have a meeting with personnel, discussing ways to complete tasks in an organized and efficient fashion, using products and equipment that work properly. If any confusion exists amongst team members, clarify as a group and periodically spot check that policies are being followed.

Q: Due to the volume of patients in our practice, I am washing my hands constantly and have developed small red bumps on my hands. Should I be concerned I am developing an allergy?

A: While it is possible that you have developed an allergy to the hand wash agent in your practice, it is more likely that the condition is a non-specific irritation dermatitis. This is not an allergic reaction. Instead, it is a gradual worsening skin condition which is caused by improper washing and/or care of hands. Repeated use of hand hygiene products can occur more than 20-25 times per work day in most healthcare facilities. When water-based soap or antibacterial products are used this can result in excessive removal of skin oils which are essential to keep epithelial tissues lubricated. Products that are too harsh or used inappropriately can cause some healthcare practitioners to experience the scenario you presented. Adoption of a mild, liquid soap (i.e. lotion-based soap) can be helpful in maintaining epithelial integrity. Water-based hand wash agents are not the only potential problem here, as early studies reported the drying effect of alcohol sanitizers. This problem has been resolved to a certain extent by the inclusion of emollients in these alcohol-based hand antiseptics. These specialized hand hygiene rubs are different from the products available at your local grocery store, so ask your sales rep for a list of acceptable options. ■

Dr. John Molinari and Peri Nelson train dental professionals worldwide on infection control products and procedures. The course "What's Bugging The Dentist?" is a popular hands-on, interactive program designed to assist in the selection, assessment, and use of infection control products in practice. Contact mary@dentaladvisor.com to schedule your event.

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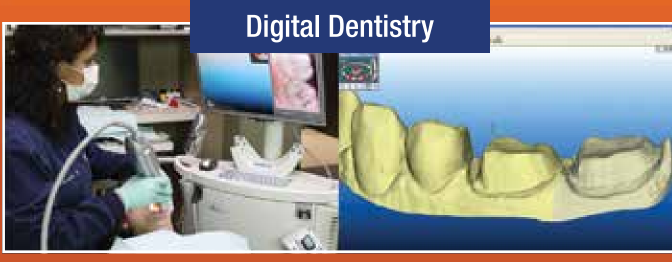

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Are Your Investments Taxing?

Understanding and effectively using Time-Tax Buckets

By Jared Thompson

You can pay taxes now, later and never.

Yes, you can pay taxes "never" and remain a free person.

Before I explain completely, ask yourself this question: Are my investments taxed?

The answer should be "Not always, if you know the strategies."

Are your investments taxing *on you?* The stress and complexities of taxes seem daunting to many. If you're one of those people, you're not alone!

But with the right plan in place, this topic can be simple. Below, you'll discover a simple tool that the savvy dentists use to manage their taxation without peace-of-mind being taxed.

Time-Tax Buckets

Our dentist clients through PersonalCFO learn that taxes can generally be managed in three Time-Tax Buckets:

1. **Taxed Now Bucket**
2. **Taxed Later Bucket**
3. **Taxed Never Bucket**

By properly segmenting your savings and investments strategy with these three Time-Tax Buckets, you may find simplicity and tremendous financial benefits.

Lower Taxation for High Earners

If you earn an income greater than $100,000, which is likely if you're reading this article, chances are you're going to have to pay more taxes now than you ever have. Dentists all over the country are concerned about rising tax rates. Federal and State income tax rates are on the rise. That's no surprise.

What most don't realize, however, is that you can avoid most of those tax increases. But it's not easy… unless you know what you're doing.

My goal is to show you a few of the many strategies we use with our clients by the end of this article.

Fortunately, we have multiple strategies in each of the three Time-Tax Buckets to accomplish the best tax avoidance.

Avoidance vs. evasion

Tax evasion is illegal, but all clients of PersonalCFO learn that tax avoidance can be smart and prudent. We advise our dentist clients how to pay the appropriate amount of taxes and avoid paying taxes that aren't necessary. The problem is that most dentists don't know about the strategies that can help you keep the most in your pocket. The strategies we use are all above board.

While the advice I share is my opinion and used by my dentist clients, any dentist who is not a PersonalCFO

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client should discuss this with their CPA or accountant to see if it is right for your particular situation.

Taxed Now Bucket

The first bucket is used for investment accounts that are taxed on an annual basis.

These accounts may include checking or savings accounts, bank instruments like CDs, or various non-qualified accounts that could be filled with stocks, bonds, or mutual funds. It's easy to spot these accounts: if money grows inside of them over the calendar year and we receive a 1099 for that growth, it's likely a "Taxed Now" account.

I'm often asked the question: "How much money should I keep in my Taxed Now Bucket?"

Great question. Because this money is typically liquid, the funds kept in this bucket are to be used for emergencies and other short-term objectives. This is not money you'll touch for vacations or bills – this bucket is your safety net. Many advisors suggest keeping 3-6 months of living expenses on hand, but I strongly suggest 12 months.

Why so much?

Friends, dentistry is changing. Quickly. These changes demand that dentists have a properly funded Taxed Now Bucket. Twelve months gives dentists a wide safety net.

The overbearing influence of PPOs, the pervasive rise of patient apathy and surely the industry's massive shifts being caused by corporate dentistry are all major reasons to give us pause. Each of these topics create uncertainty and uncertainty in the economy will almost always affect a dentist's income.

Economic conditions are still fragile and health care (including dental care) is full of questions. Countless possibilities of accidents or mishaps threaten our stability. A strange phenomenon I like to call the "Dental Doldrums" also knocks on the door of many of our clients each year – almost every fall season.

In order to be prepared for the unpredictable, have 12 months of living expenses saved in your Taxed Now Bucket. But no more than 12 months. More than 12 months of expenses sitting in your Taxed Now Bucket may be too much. There are two reasons why.

First, you'll likely earn dividend and interest income on this bucket. As a result, you'll be taxed and, as mentioned earlier, taxation is on the rise. Therefore, having too much money in your Taxed Now Bucket may yield more than just a little more money – it may yield issues with taxes. The taxable income that you receive on 12 months of living expenses will become part of your complete tax strategy.

Second, any amount above 12 months of living expenses should be "put to work" on greater wealth building opportunities. You'll capture those wealth building opportunities in the Taxed Later and the Taxed Never Buckets. But beware: missing out on those chances to grow your wealth can be a painful opportunity cost.

Once your Taxed Now Bucket is funded properly, we'll decrease your opportunity cost by putting additional funds to work for you, all in hopes of greater wealth and a higher net worth.

For both of those reasons, keeping too much of our money in this bucket is not advisable.

Now that we've covered your Taxed Now Bucket, you can begin to understand the first step to keeping your taxes low while keeping your safety net high.

In upcoming articles we'll help you understand how you can transform your future wealth with proper strategies in the other two buckets:

a) **The Taxed Later Bucket –** Learn the little known Circular Tax that can cripple your retirement comfort and how to avoid it.

b) **The Taxed Never Bucket –** Uncover the surprising strategy that can propel your wealth more quickly than nearly any other.

The next two buckets may change your perspective and your future net-worth. ■

For an article about all 3 Time-Tax Buckets, email for a free copy: jared@DoctorsPersonalCFO.com

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Please seek specific advice from your tax professional before pursuing any idea contemplated herein.

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Bethany Tuzzolino joins editorial advisory board

Bethany Tuzzolino

Bethany Tuzzolino, manager of recruitment marketing for Aspen Dental Management Inc. (ADMI), East Syracuse, N.Y., has agreed to serve on the editorial advisory board of *Efficiency in Group Practice*.

Tuzzolino joined Aspen in 2010, and supports the recruiting team's efforts to attract dentists by creating educational and marketing materials, and by maintaining Aspen's recruitment brand online, in print, trade shows and dental schools.

"Every day I help dentists make a real difference in the lives of their patients," says Tuzzolino, a graduate of Hobart and William Smith Colleges in Geneva, N.Y., as well as an executive MBA graduate of the Rochester Institute of Technology. "In my position with ADMI, everything I do helps Aspen dentists get the best people on the front line – associate dentists, hygienists and others – helping patients. I'm also lucky to help them attain their dreams and aspirations. Being part of this changing industry and this business model is exciting."

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Smile Source holds The Exchange 2014

The Exchange 2014, Smile Source's annual meeting, provided an opportunity for its practice owners and other team members to come to Boston "to exchange ideas, thoughts and programs that have allowed them to maximize their membership and accelerate practice growth," says Andrew Goldsmith, DDS, DICOI, FIALD, chief dental officer and vice president of vendor relations. The meeting, held in April, was the company's fifth annual event.

The Exchange featured a variety of speakers, including author, speaker and management consultant Tony Jeary; educator, consultant and speaker Mark Murphy, DDS; cosmetic dentist and speaker Tom Hedge, DDS; and Atlanta, Ga., dentist and educator Bernee Dunson, DDS.

The Exchange featured discussion about the Affordable Care Act and accountable care organizations, and the opportunities they represent for dentists, says Goldsmith. And, as in years past, Smile Source members shared ideas about the changing landscape in dentistry, patient acquisition, productivity and profitability. The event's trade show emphasized on-the-floor commerce, not just exhibits.

The Exchange 2015 is scheduled for April 29 to May 2, in Phoenix, Ariz.

Western Dental Donates $50,000 to CDA Foundation for CDA Cares Pomona

The California Dental Association Foundation announced a $50,000 donation from new sponsor Western Dental in support of the CDA Cares volunteer dental program scheduled for Pomona later this year. CDA Cares provides cleanings, fillings, extractions and oral health education at no charge to Californians who experience barriers to care.

The goal of CDA Cares is to relieve pain and infection in patients and educate the public and policymakers about the importance of good oral health and the need for an adequately funded dental safety net, including a state dental director who can develop programs to improve the oral health of Californians, according to the release.

For more information on CDA Cares, visit cdafoundation.org/cda-cares.

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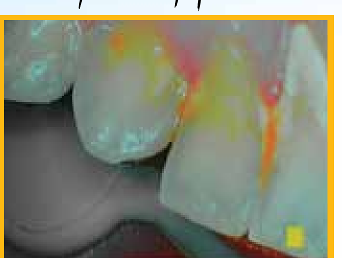
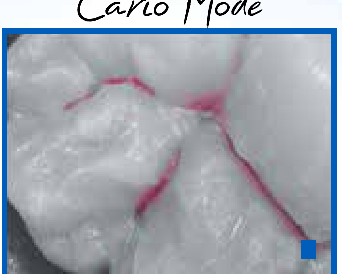


Cario Mode



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