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# Products and Services that will help you reach your goals in 2017

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# Out with the Old. In with the Unknown.



As we usher in 2017, we find ourselves at the beginning of a new era. What that new era is exactly, and what it means to DSOs and dentistry, remains to be seen. Signals like the Fed's first interest rate hike in a decade, and the Dow Jones index's 14 percent increase in 2016, point to growth for the U.S. economy.

However, there is uncertainty because of the new administration, and whether they will repeal or dramatically alter the Affordable Care Act. There are also indications that regardless of what occurs with the ACA, Medicaid reimbursement rates will remain stagnant, or even shrink, in 2017. Taking all of this into consideration, we reached out to some of the thought leaders in the DSO space for their take on 2017 in, *A Look Ahead*.

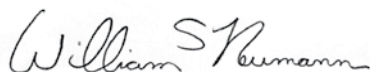
One thing that certain in 2017 is that DSOs and dental groups will continue to expand their footprints. As groups expand, immense pressure will increase on the labor pool. DSO growth will make this year challenging for both staff recruitment and retention. One of the few publicly traded DSOs, Birner Dental Management, made mention of their dentist retention issues when they announced their lackluster 2016 Q3 results. What plan do you have in place to retain and recruit the best dentists and staff members? If you don't have a plan, you undeniably need one.

2017 should also prove challenging for DSOs looking to expand through affiliations. How is your group or DSO going to differentiate itself from the ever-growing number of groups and dental support organizations vying for the same pool of quality dental practices? Will your DSO look to change its affiliation strategy, or focus more on de novo locations?

As we say goodbye to 2016, we say hello to new products and innovations specifically designed for dental group practices. In this issue of *Efficiency*, we highlight some of those new products and services.

This will no doubt be an interesting and exciting year for DSOs and group practice growth, albeit an unknown one. We look forward to guiding you along the way.

Cheers,



Bill Neumann



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# Giving Back

## How DSOs are supporting their communities

**Editor's note:** *When it comes to supporting the community and helping to ensure that patients have access to essential dental care, ADSO members are first in line. Efficiency in Group Practice recognizes those who make community giving a priority. This month: Aspen Dental Management, Inc. and Dental Associates.*

All too often, people lack the necessary transportation to see a dentist, as well as the financial means to pay for dental care and treatment. In response, Aspen Dental offices across the country have helped support the community giving initiative, Healthy Mouth Movement (HMM). The initiative was launched with the support of Danica Patrick, the celebrated racecar driver who has lent her celebrity to help turn up the volume on the conversation about the often-overlooked issue of oral health. Since 2014, nearly 12,000 patients have received free dental care through the HMM, which has spanned more than 34 states and resulted in more than \$6.6 million in free dental care and oral health education to people in need.

The Healthy Mouth Movement delivers care in two ways. The Aspen Dental MouthMobile – a fully-equipped dental office on wheels – visits communities where care isn't readily available to provide free services in partnership with local non-profit organizations. In addition, every year hundreds of Aspen Dental practices open their doors on a select Saturday to provide a free day of care. In its inaugural year, the HMM served close to 3,000 patients with the assistance of nearly 2,000 Aspen Dental volunteers.



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Many of those patients were veterans, a patient population that resonated deeply with the Aspen Dental volunteers because veterans do not receive dental care benefits through the U.S. Department of Veteran Affairs unless they are 100 percent disabled or have a service-related injury to their mouths.

To further strengthen its commitment to veterans, in 2015 Aspen Dental partnered with Got Your 6, a collaborative campaign that works to empower veterans and strengthen communities nationwide by uniting veterans' organizations and engaging civilians to bridge the civilian-military divide. Got Your 6 – meaning I got your back – focuses on six key pillars of veteran reintegration, including leadership, health and education.

Last summer, Aspen Dental dentists and teams from Maine to Washington – and hundreds of practices in between – volunteered their time and talents to give back to veterans in their communities on one big Day of Service on Saturday, June 25. As part of the Healthy Mouth Movement, this marked the third annual Day of Service, where nearly 400 participating Aspen Dental offices donated more than \$2.1 million in dentistry in one single day, empowering more than 4,000 veterans with a healthy smile.

Thousands of stories were shared that day, but one story about Allen Williams, a veteran who has selflessly helped those around him all his life, was particularly moving as the Aspen Dental team in Waterloo, Iowa, surprised him with a healthy and beautiful new

The Healthy Mouth Movement delivers care in two ways. The Aspen Dental MouthMobile – a fully-equipped dental office on wheels – visits communities where care isn't readily available to provide free services in partnership with local non-profit organizations. In addition, every year hundreds of Aspen Dental practices open their doors on a select Saturday to provide a free day of care.

smile. For more information visit [www.aspendental.com/about/healthy-mouth-movement](http://www.aspendental.com/about/healthy-mouth-movement)

### **The Giving Tree**

For Dental Associates' Howard Dental Center in Green Bay Wis., 2016 was a year of giving back to the community they serve. The clinic coordinated a food drive for The Giving Tree, a food pantry dedicated to providing basic items to families in need in the Howard-Suamico School District. It collects and distributes food and clothing donations in an effort to provide its students with the resources to grow into enthusiastic learners and become productive members of the community.

Patients and staff were encouraged to donate nonperishable food items, and on September 29, the Howard Dental Center staff brought the food to the pantry. In total, the clinic collected eight boxes of items

for the local pantry. Along with the food donations, the clinic donated \$500 to The Giving Tree's efforts.

Dental Associates' 14 clinics across Wisconsin regularly find ways to give back to the communities they serve. For instance, each year in February, in support of Children's Dental Health Month, clinic teams travel into their communities to give interactive presentations to children about oral health. In 2016, Dental Associates team members visited more than 100 elementary schools, preschools, daycare centers and YMCAs to teach 14,255 children how to care for their teeth. Dental Associates' Howard clinic opened last August and is the company's 14th dental center. ■

For more information visit [www.dentalassociates.com/dental-associates-news/dental-associates-hosts-food-drive-giving-tree/](http://www.dentalassociates.com/dental-associates-news/dental-associates-hosts-food-drive-giving-tree/).

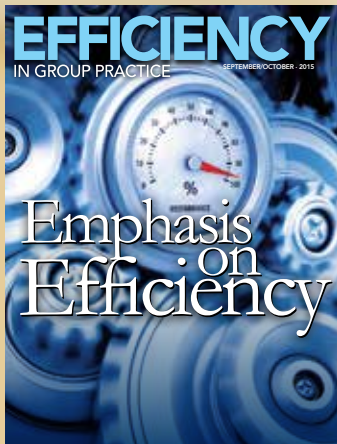




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# Patient Retention



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.

While many practices rely on new patients to fuel their practices, it is equally important to retain the patients you worked so hard to acquire into your practice. But, have you looked at how well you are maintaining your recall system and patient retention?

By tracking your recall and patient retention rates, you can gain a quick understanding of how well your practice is doing to maintain patients for life.

Your Recall Rate shows the percentage of patients seen in hygiene (during an identified time period) who have their next regular hygiene appointment set, whether it be a periodontal maintenance appointment or 3-, 4- or 6-month recall appointment.

## Questions to ask

When the Recall Rate is below goal, ask the following questions:

- Who is scheduling the next hygiene appointment?
- How are the hygienists doing relative to trend and to others?
- Who are the unscheduled patients? Should they be on the list? There may be patients who are justifiably on the missed patients list. Some patients will have benefits remaining that should be leveraged to facilitate reappointments. Others may not have benefits and may be more difficult to reschedule. Target those most likely to reappoint.



Your retention rate is: Retention Rate = (Total Patients from 8 months ago seen by now / Total Patients with an exam from 8 months ago) \* 100

The Retention Rate shows the percentage of patients seen within 8 months of their last exam. For example, if 30 exams were completed in January and only 15 of them had been seen by the end of August, the Retention Rate would be 50 percent.

If the Retention Rate is below goal, ask the following questions:

- How are the hygienists doing relative to trend and to others?
- How high is utilization? (If utilization is high and the Retention Rate is low, there may be an issue with being able to see patients in a timely manner because the hygiene program

is overcrowded with patients. More hygiene chairs or days may be needed to balance utilization and retention.)

- How is the short-term retention rate compared to the long-term retention rate? (If the short-term retention rate is low and the long-term retention rate is high, that means patients are still coming in, just on a delayed basis. This means there is production being lost because patients are being pushed out beyond the standard recare timeline. Focus efforts on reactivating patients if both rates are low.
- What is the Recall Rate from 8 months ago? (If it is low, the Retention Rate may be low as well. If it is high, focus efforts on reactivating patients.) ■

The Retention Rate shows the percentage of patients seen within 8 months of their last exam.



# The best products for your group **now**

## Products and Services that will help you reach your goals in 2017

Few things energize dental practices as much as the opportunity to provide patients with the best possible healthcare. *Efficiency in Group Practice* asked a handful of manufacturers about new products in 2017 that will help practices do so. Here are their responses.





# ACTEON

ACTEON now offers current and new customers a local Clinical Trainer to support their equipment and technology purchases. We not only provide exclusive technology, such as the SoproCARE and NEWTRON piezoelectric scalers, but also solutions to help your practice become more efficient and ensure better outcomes for your patients.

Our Clinical Trainers include expert clinicians, educators, researchers, health advocates and public health professionals. They offer live, in-depth instruction on the proper use of ACTEON technology, such as our NEWTRON piezoelectric scalers, SOPRO intraoral cameras, AIR-N-GO hand-held air polishers, SOPIX2 and PSPIX2 digital imaging.

## Greater efficiency and patient satisfaction

New technology is a significant investment for any office. However, unless the staff understands how to utilize a new device or piece of equipment properly, they may avoid using it. The Clinical Trainer program facilitates increased utilization of ACTEON

technology. It is a value-added service included with any purchase of ACTEON equipment or imaging devices, so there is no additional cost to the office. Clinical Trainers provide real-life feedback and tips, helping your office staff achieve the best possible outcomes for piezoelectric scaling and intraoral camera usage. As your staff becomes more confident, they can provide a more complete and efficient treatment, leading to better outcomes and happier patients.

The ACTEON Clinical Trainer program also offers continuing education credits at no charge, providing additional value to every office.

**Editor's note:** Sponsored by ACTEON



# Ivoclar Vivadent

You may not realize that your offices actually waste more dental bonding agent than they use. Bonding agents are one of the most expensive materials in the practice, and research shows that almost four grams of adhesives in a typical five-gram bottle is wasted, resulting in a loss of thousands of dollars each year.



You will quickly become more efficient and reduce costs by using Adhese® Universal and the unique VivaPen® delivery.

If your group practice is using a bonding agent that is delivered in a bottle, ask yourself, “How often do we use all the adhesive that is dispensed in the well?” You may be surprised to learn your dental assistants are dispensing more adhesive in the well than is necessary. In their defense, it’s not easy to dispense just one drop of adhesive.

If your offices are using single-dose bonding agents, remind

them that most unit-dose vessels contain enough material for three applications. Therefore, they could be wasting two-thirds of the material if they use the single dose on only one tooth.

You will quickly become more efficient and reduce costs by using Adhese® Universal and the unique VivaPen® delivery. Adhese Universal is a universal bonding agent indicated for direct and indirect restorations and any etching technique. The VivaPen is an ergonomic pen-style delivery system that enables the bonding agent to be applied directly on the tooth, simply by clicking a button on the pen. Because you and your colleagues dispense only what is needed, there is virtually no waste. The VivaPen delivers more than three times more applications per milliliter than the conventional bottle, which results in the lowest cost per application of only 63 cents. It’s no wonder that tens-of-thousands of U.S. dentists have switched to Adhese Universal and the VivaPen.

**Editor’s note:** Sponsored by Ivoclar Vivadent

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PDT's Amazing Gracey line has been created with clinicians around the world to provide advanced blade designs, which immediately adapt directly to the tooth for more efficient contact. You can easily see and experience the difference yourself.

It's true, most hygienists learn to use a traditional straight blade gracey in school, with only a third of the blade in contact with the tooth at any given time.

Designed for easier adaptation to the tooth surface, and more efficient contact, Amazing Gracey enables practitioners to use fewer strokes, resulting in less stress for both the patient and the professional, reduced patient chair-time and increased patient trust. Whereas a traditional Gracey blade is straight, and only a third of it actually contacts the tooth, The Amazing Gracey features a continuous curved blade, which hugs the tooth using only a single stroke compared with the

three strokes required by the traditional Gracey.

PDT's Amazing Gracey line is also anatomically color-coded for faster set-ups and recognition and is available in micro-mini and micro-mini titanium. PDT's ultra-light, solid resin handles provide comfort with less hand fatigue and pinch. At only 13 grams, the Amazing Gracey is the lightest and most tactile-sensitive instrument on the market.

If you are looking to increase your efficiency while reducing your







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- ◆ More efficient tooth contact
- ◆ Requires less strokes



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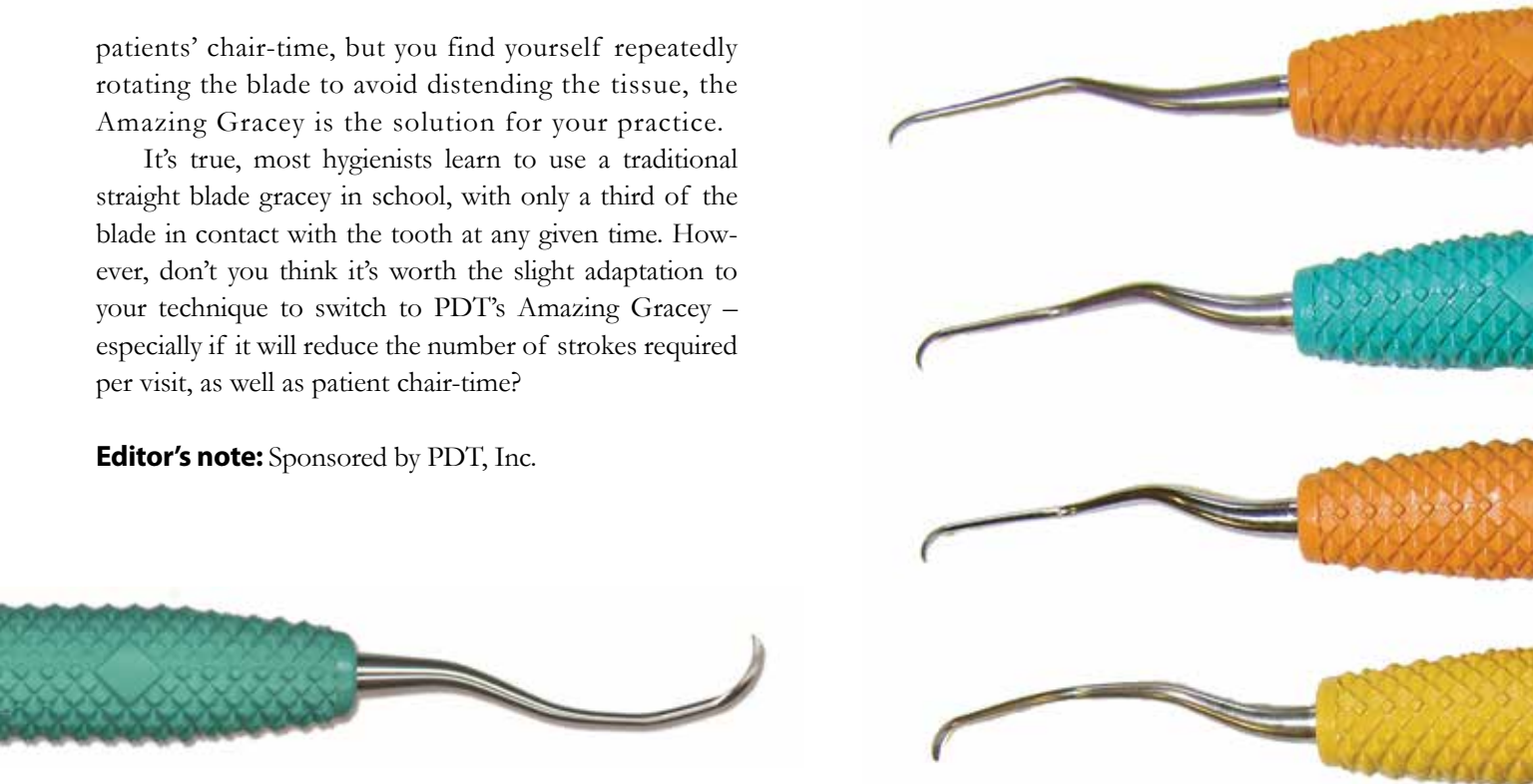
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patients' chair-time, but you find yourself repeatedly rotating the blade to avoid distending the tissue, the Amazing Gracey is the solution for your practice.

It's true, most hygienists learn to use a traditional straight blade gracey in school, with only a third of the blade in contact with the tooth at any given time. However, don't you think it's worth the slight adaptation to your technique to switch to PDT's Amazing Gracey – especially if it will reduce the number of strokes required per visit, as well as patient chair-time?

**Editor's note:** Sponsored by PDT, Inc.



# Royal Dental Group

The growth of the large group practice has led to a minimalist philosophy toward dental cabinetry in the treatment room. The challenge to the staff is how to organize and systemize the flow of materials and instruments to efficiently do multiple procedures on a patient. Office designers and equipment suppliers do a good job of helping the group practice equip the office, but they leave a lot to be desired in helping the staff translate this new environment into practicing dentistry more efficiently.

The Royal Dental Group of companies believes in the philosophy of improving productivity.

The key is to implement systems that can handle the flow of materials and instruments. Integrating these systems into the treatment room will maximize productivity and eliminate much wasted effort.

The large group practice should be designed to use a centralized storage approach for handling instruments and materials. This eliminates much duplication of products and instruments, streamlining the flow of materials and instruments into a system. It typically will reduce inventory on hand, as well as improve cash flow for the practice.

Making decisions to standardize the materials and instruments that are going to be used on each individual procedure will lead to work simplification. It will also contribute to a standard of care that is consistent from patient to patient.



The first step in creating a centralized system is to classify your storage needs into three areas: primary, secondary and bulk. Primary storage is the area in the treatment room. Today's dental treatment room should be designed to utilize a tray or cassette system for the handling of instruments and a procedure tub for the materials that are to be used.

Secondary storage is the area where the backup supplies and

instruments are kept to replenish a tub or replace a contaminated tray. Usually, the steri-center is the most logical area for these items. Depending on the size of the practice, a separate set of cabinets for materials and tub replenishing is needed in conjunction with the steri-center, where the instrument processing takes place.

Bulk storage is the location where big items, like cases of towels, bibs, plaster and other large items, are kept. The lab, a storage closet or the basement can be used for storing items that are too large to be kept in the materials area.

Finally, by analyzing the number of patients to be treated and the types of procedures that are completed each month, the practice can determine a protocol for setting up the materials and instrument flow. When multiple procedures are done on the same patient, all the materials and instruments are brought from the secondary storage area to the treatment room. This keeps the focus on treating the patient and limits interruptions during the procedure.

The Royal Dental Group of companies can assist your practice in accomplishing more efficiency with their custom designed cabinets and mobile workstations.

**Editor's note:** Sponsored by Royal Dental Group



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*Ray Tai, CEO*

# Tuttnauer USA

Tuttnauer EZPlus series fully automatic sterilizers are designed to meet the most current sterilization standards ANSI/AAMI ST55. The EZGlide self-locking door is ergonomically friendly and can be opened and closed effortlessly. The EZView display screen is full color and easy to read, even from a distance. When a cycle is not running, by keeping the door open, the operator can use the EZPad and scroll through to select a program and review all program parameters. When a cycle is running, EZView not only shows the actual temperature and pressure in the chamber, but also each stage of the cycle. As the color wheel moves, the colors change for each stage of the cycle.

EZ9Plus model features a 9-inch chamber and three large trays. For those offices using cassettes, it can accommodate two full-size and two half-size cassettes.

All models feature the dynamic air removal technology and an active closed-door HEPA filtered air-drying system to maintain sterility and ensure efficient drying of packs and pouches. This ensures that the door remains closed throughout the dry cycle, encouraging the staff to leave the pouches/packs in the unit until all items are completely dry. This very important feature helps ensure the safety of patients, staff and doctors.

The EZPlus sterilizers come standard with a USB port to transfer cycle data, a network port to connect a local network and provide remote monitoring of the system and an optional printer.

Tuttnauer is the only manufacturer to offer a two-year warranty on parts and labor and an additional 10-year warranty on the chamber for all of its fully automatic autoclaves. The company's single focus on sterilization and infection control enables it to offer products to help practitioners meet today's challenging workloads and regulatory requirements.

**Editor's note:** Sponsored by Tuttnauer USA.



As a convenience for the operator, the EZFill water reservoir can be filled with distilled water from the top of the unit, as well as through the front fill funnel located inside the door. The EZ11Plus model features an 11-inch chamber and includes five large trays. For those offices using cassettes, it can accommodate four full-size cassettes and four half-size cassettes. The



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& labor warranty

Closed door drying

Available in EZ11Plus with 5 trays  
and EZ9Plus with 3 trays

Designed to meet the most current sterilization standards ANSI/AAMI ST55



# Dentsply Sirona

Dentsply Sirona, The Dental Solutions Company™, recently launched the CEREC® SpeedFire furnace and CEREC Zirconia, an all-ceramic substitute for the traditional porcelain-fused-to-metal (PFM). By combining the CEREC SpeedFire sintering furnace with CEREC Zirconia material, dentists can now deliver full-contour crowns and bridges made of the full-strength, high-quality zirconium oxide in a single visit. Whereas the complicated working steps required to process zirconia previously limited its application to the laboratory environment, CEREC Zirconia and the SpeedFire furnace combine many workflow steps into a reliable, simple process, making chairside production of zirconia possible.

CEREC Zirconia is a pre-shaded translucent zirconium oxide available in 10 classic VITA shades. The material is milled in an enlarged form and densely sintered to its final size in the new CEREC SpeedFire sintering furnace. The over-sized milling facilitates a new level of milling precision, leading to superb fitting restorations. The sintering process takes approximately 10-15 minutes for crowns and less than 30 minutes for bridges. The subsequent glaze firing gives a high-gloss finish to the restoration.

Other benefits include minimal tooth reduction and reduced costs. Not only is zirconia less expensive than alternative materials, it causes less post-operative sensitivity due to the use of traditional cementing techniques. And, with Dentsply Sirona's new wet/dry mill option for our milling units, dentists can



dry mill zirconia, further reducing the overall processing time. Combined with the CEREC SpeedFire's world-fastest sintering cycles, the chairside procedure can be more efficient than ever before.

## Easy to use and neater for patients

The workflow is easy to learn since the CEREC Software 4.4.1 guides the

dentist through the whole process. It even sends the sintering and glazing information to the furnace! No programming of the furnace is required; the process is completely automated. The high-performance material and specially-tailored workflow ensure a simple process and top-quality treatment.

Patients benefit as well. Thanks to CEREC Zirconia and the CEREC SpeedFire furnace, for the very first time, dentists who prefer zirconia can provide crowns and bridges to their patients in a single visit. In addition to enjoying faster, better results, patients avoid the need for messy impression material, they require less anesthetic and they no longer need a temporary crown. The thought of fewer office visits and injections, and an overall more comfortable prosthetic procedure, is sure to convince patients to opt for treatment with CEREC.

For the dental professional eager to learn more about innovations in dentistry, Dentsply Sirona World, the second annual Ultimate Dental Meeting, will be in Las Vegas at the Venetian and the Palazzo Hotel Sept. 14-16, 2017. Visit [www.dentsplysironaworld.com](http://www.dentsplysironaworld.com) to register. Super Early Bird pricing is available through March 31, 2017.

**Editor's note:** Sponsored by Dentsply Sirona

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Hosted by Dentsply Sirona in Las Vegas, Dentsply Sirona World is the second annual Ultimate Dental Meeting and will continue the era of the educational festival.

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Removing biofilm  
is important to  
patient health and  
periodontal disease  
prevention.

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How the best perform



# ACTIVA™ Solves Bulk Fill Issues

Dentists would like to do more Bulk Fill procedures, but traditional composite materials present a number of concerns. Unpolymerized resin and the heat generated by light curing bulk fill materials can irritate the pulp and cause sensitivity. Condensing and layering traditional bulk fill composites can result in gaps and voids. Chipping and cracking at the margins and on occlusal surfaces is a common occurrence due to the brittle nature of traditional materials. Research shows that bonding agents degrade over time resulting in microleakage, staining, and restoration failure. ACTIVA solves these problems.

ACTIVA is dual cure, which ensures depth of cure. Its self-cure mode reduces the exothermic reaction and polymerization stresses, and eliminates sensitivity caused by excessive heat and unpolymerized resin.

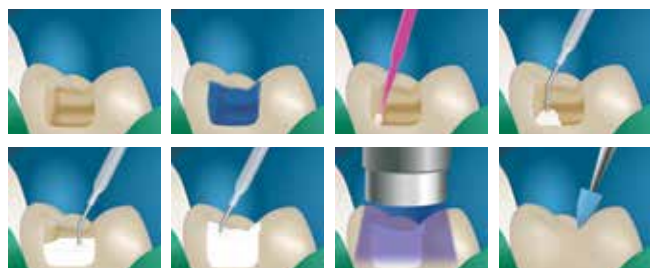
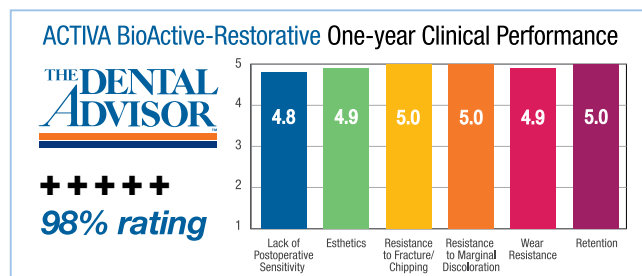
The ACTIVA injection technique eliminates voids common with heavy body composites. Place the mix tip at the floor of the cavity, keep the tip submerged in the material, and allow the material to flow ahead of the tip. This technique back fills the cavity, and together with ACTIVA's intimate adaptation to tooth structure and very low shrinkage, it yields a monolithic restoration without voids or marginal gaps.

Independent studies indicate that ACTIVA is tougher and more fracture resistant than all other direct restorative materials. ACTIVA's patented rubberized-resin

component resists wear, fracture and chipping. University testing shows that ACTIVA's compressive strength is comparable to the leading composites and far superior to glass ionomers and RMGIs.

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A one-year clinical performance report from The Dental Advisor gives ACTIVA BioACTIVE-RESTORATIVE a 5-plus (+++++) rating. Ninety-six restorations recalled after one year were rated for lack of postoperative sensitivity, esthetics, resistance to fracture and chipping, resistance to marginal discoloration, wear resistance and retention. ACTIVA received a 98% clinical performance rating.



While traditional composites are passive in nature and have no bioactive potential, bioactive materials play a dynamic role in the mouth. They are moisture friendly and react to pH changes in the oral environment to help fortify and recharge the ionic properties of saliva, teeth and the material itself.

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# Antibiotic Stewardship

Outpatient settings remain a crucial component of antibiotic stewardship in the United States.

**Improving antibiotic prescribing in outpatient settings** is critical to combating the rise of antibiotic-resistant bacteria. That's because approximately 60 percent of U.S. antibiotic expenditures for humans are related to care received in outpatient settings.

Educating clinicians and patients about the potential consequences of overprescribing antibiotics, as well as the prudent usage of diagnostic tests, are two powerful tools to curb antibiotic resistance, says the Centers for Disease Control and Prevention in its recently released report, "Core Elements of Antibiotic Stewardship."

Antibiotic resistance leads to an estimated 2 million infections and 23,000 deaths per year in the United States, says the CDC. Although antibiotics are life-saving drugs, infections with pathogens resistant to first-line antibiotics can require treatment with alternative antibiotics that can be expensive and toxic. Antibiotic-resistant infections can lead to increased healthcare costs and, most important, to increased morbidity and mortality.

The most important modifiable risk factor for antibiotic resistance is inappropriate prescribing of antibiotics, says the CDC. Approximately half of outpatient

antibiotic prescribing in humans might be inappropriate, including antibiotic selection, dosing, or duration, in addition to unnecessary antibiotic prescribing. At least 30 percent of outpatient antibiotic prescriptions in the United States are unnecessary.

## Steps to stewardship

The CDC defines antibiotic stewardship as the effort to:

- Measure antibiotic prescribing
- Improve antibiotic prescribing by clinicians and use by patients so that antibiotics are only prescribed and used when needed
- Minimize misdiagnoses or delayed diagnoses leading to underuse of antibiotics
- Ensure that the right drug, dose, and duration are selected when an antibiotic is needed

The initial steps toward antibiotic stewardship include recognizing opportunities to improve antibiotic prescribing practices by identifying high-priority conditions, identifying barriers to improving antibiotic prescribing, and establishing standards for antibiotic prescribing.





High-priority conditions are those for which clinicians commonly deviate from best practices for antibiotic prescribing. Examples of types of high-priority conditions for improving antibiotic prescribing include those for which:

- Antibiotics are overprescribed, such as conditions for which antibiotics are not indicated (e.g., acute bronchitis, nonspecific upper respiratory infection, or viral pharyngitis).
- Antibiotics might be appropriate but are overdiagnosed, such as a condition that is diagnosed without fulfilling the diagnostic criteria (e.g., diagnosing streptococcal pharyngitis and prescribing antibiotics without testing for group A Streptococcus).
- Antibiotics might be indicated but for which the wrong agent, dose, or duration is selected, such as selecting an antibiotic that is not recommended (e.g., selecting azithromycin rather than amoxicillin or amoxicillin/ clavulanate for acute uncomplicated bacterial sinusitis).
- Watchful waiting or delayed prescribing is appropriate but underused (e.g., acute otitis media or acute uncomplicated sinusitis).
- Antibiotics are underused or the need for timely antibiotics is not recognized (e.g., missed diagnoses of sexually transmitted diseases or severe bacterial infections such as sepsis).

The practice should identify barriers that lead to deviation from best practices, says CDC. These might include clinician knowledge gaps about best practices and clinical practice guidelines, clinician perception of patient expectations for antibiotics, perceived pressure to see patients quickly, or clinician concerns about decreased patient satisfaction with clinical visits when antibiotics are not prescribed.

Approximately 60 percent of U.S. antibiotic expenditures for humans are related to care received in outpatient settings.

In addition, the practice should establish standards for antibiotic prescribing, including implementation of national clinical practice guidelines and, if applicable, developing facility- or system-specific clinical practice guidelines to establish clear expectations for appropriate antibiotic prescribing.

### Core elements

It is important that all healthcare team members make a commitment to prescribe antibiotics appropriately and engage in antibiotic stewardship.

Outpatient clinic and health care system leaders can demonstrate their commitment by doing any of the following:

- Identify a leader to direct antibiotic stewardship activities within a facility. Appointing a single leader who is accountable to senior facility leaders is recommended for hospital stewardship programs, and this approach also might be beneficial in outpatient settings.
- Include antibiotic stewardship-related duties in position descriptions or job evaluation criteria. These duties can be listed for medical directors, nursing leadership positions and practice management personnel, and will help ensure staff members have sufficient time and resources to devote to stewardship.
- Communicate with all clinic staff members to set patient expectations. Patient visits for acute illnesses might or might not result in an antibiotic prescription. All staff members in outpatient facilities can improve antibiotic prescribing by using consistent messages when communicating with patients about the indications for antibiotics.
- Use evidence-based diagnostic criteria and treatment recommendations, based, when possible, on national or local clinical practice guidelines informed by local pathogen susceptibilities.
- Use delayed prescribing practices or watchful waiting, when appropriate (e.g., acute uncomplicated sinusitis or mild acute otitis media).
- Provide communications skills training for clinicians, so they can address patient concerns regarding prognosis, benefits, and harms of antibiotic



treatment; management of self-limiting conditions; and clinician concerns regarding managing patient expectations for antibiotics during a clinical visit.

### Patient education

Educating patients about antibiotic resistance is critical to a stewardship program, says the CDC.

Patients should be educated about the potential harms of antibiotic treatment. Potential harms might include common and sometimes serious side effects of antibiotics, including nausea, abdominal pain, diarrhea, *C. difficile* infection, allergic reactions, and other serious reactions. Parents of young children, in particular, want to be informed about possible adverse events associated with antibiotics. In addition, increasing evidence suggests antibiotic use in infancy and childhood is linked with allergic, infectious, and autoimmune diseases, likely through disturbing the microbiota (i.e., microorganisms within and on the human body).

Practices can write and display public commitments in support of antibiotic stewardship. CDC points out

that one practice reduced inappropriate antibiotic prescriptions for acute respiratory infections after displaying, in examination rooms, a letter from the clinician to their patients committing to prescribing antibiotics appropriately. This approach also might facilitate patient communication about appropriate antibiotic use.

Effective communications strategies are essential for patient education. For example, patients should be informed that antibiotic treatment for viral infections provides no benefit. They also should be informed that certain bacterial infections (e.g., mild ear and sinus infections) might improve without antibiotics.

Satisfaction scores among patients who expected but were not prescribed antibiotics can improve if the physician provides recommendations for when to seek medical care if conditions worsen or fail to improve.

Outpatient settings remain a crucial component of antibiotic stewardship in the United States. Establishing effective antibiotic stewardship interventions can protect patients and optimize clinical outcomes in outpatient health care settings. ■

To view “Core Elements of Outpatient Antibiotic Stewardship,” go to [www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6506.pdf](http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6506.pdf)

# Facts about antibiotic prescriptions

- Approximately 60 percent of U.S. antibiotic expenditures for humans are related to care received in outpatient settings
- At least 30 percent of outpatient antibiotic prescriptions in the United States are unnecessary, and at least half might be inappropriate (due to inappropriate selection, dosing or duration).
- During 2013 in the United States, approximately 269 million antibiotic prescriptions were dispensed from outpatient pharmacies.
- Approximately 20 percent of pediatric visits and 10 percent of adult visits in outpatient settings result in an antibiotic prescription.
- Antibiotic resistance leads to an estimated 2 million infections and 23,000 deaths per year in the United States
- Antibiotic treatment is the most important risk factor for *Clostridium difficile* infection. In 2011, an estimated 453,000 cases of *C. difficile* infection occurred in the United States, approximately one third of which were community-associated infections (i.e., occurred in patients with no recent overnight stay in a healthcare facility).
- Complications from antibiotics range from common side effects, such as rashes and diarrhea, to less common adverse events, such as severe allergic reactions. These adverse drug events lead to an estimated 143,000 emergency department visits annually and contribute to excess use of healthcare resources

**Source:** “Core Elements of Outpatient Antibiotic Stewardship,” Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, Nov. 11, 2016, [www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6506.pdf](http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6506.pdf)

# Lean Thinking



By Dr. Sami Bahri, DDS

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

Creating systems, dividing appointments into doctor time / assistant time, and establishing arbitrary financial goals are three important concepts that have guided dental management for decades.

Inherently, there is nothing wrong with those three concepts. Nonetheless, advancements in management have led to better results in quality, efficiency, and financial outcomes.

In dental treatment, we easily replace older techniques, like silver points as root canal obturators, with newer ones, like gutta-percha, when we see better results. It is probably time to do the same with the three concepts.

## Improving how we think about systems

Lean thinks about systems differently from the way we were taught. We grew used to creating many systems – hiring, training, scripting, scheduling, leadership, production, new patients, hygiene recall, overhead control, treatment presentation, marketing and customer service, etc. And, if they function as intended, we consider the practice optimized.

These systems orbit around the main provider, the dentist. We like to see the dentist always producing dentistry even when assistants, hygienists and patients are waiting, while salaries and rent are paid for wasted time and space.

When we apply doctor time/assistant time to those steps more than once, all we're doing is producing waste efficiently. In fact, eliminating this redundancy in support functions is probably the main improvement that lean has offered over the current multiple appointment scheduling systems.

In this management system, managers sets the rules; and although employees have little influence on making those rules fit the changing work environment, they are expected to follow them.

In lean thinking, we create one system – the entire business. The systems of the previous section become its subsystems. Practically, it means that if we make a change in our hygiene policies, for example, we measure how much the entire practice has improved as a result of that change, not only the hygiene department. That is very important, because you could worsen the global performance if you focus your resources on helping one department – hygiene in this case – at the detriment of others.

In lean thinking, even if our management works as intended, we know that 90 percent of our activities are wasted; they become the team's target for relentless

improvement efforts. In other words, a well-functioning system is only a start for improvement, not an end.

Why is the difference important? The way we measure performance is different. As we have seen above, in the multiple systems concept, each system tends to be improved separately. This will not necessarily improve the global performance of the practice. In the lean, we separate whole system metrics from subsystem metrics. We make sure that changes benefit the global performance first. The subsystem performance is always at the service of the global performance.

As a consequence, the allocation of responsibilities is different. Paradoxically in the multiple system methodology, employees are responsible for financial performance while they have no authority in changing the environment. In the lean methodology, we think that financial performance is the shadow of process quality. If you want to improve your financial results, you improve processes by removing waste. You relentlessly create consecutive “strategic target conditions,” continuously enhancing production conditions to improve cost, quality, safety and timely delivery. And, you constantly encourage your people improve their knowledge and skills.

## Divide the appointment into doctor and assistant time

This is the second technique in our discussion. It utilizes the “time studies” created by Frederick Taylor and the “motion studies” created by Frank Gilbreth. It seems very efficient, but in reality, it consumes more resources than lean production techniques – more time, labor, space and cost of materials.

To increase productivity we need to understand the following: If we can perform all the patient's treatment in one visit, any additional visit is waste. Excepting the treatment performed on the mouth, everything else is just a duplication of the previous appointment's support functions – preparing the operatory, greeting patients, double





**Deming said that every system is designed to produce a certain amount of treatment, regardless of goals or incentives. Unless we improve the system itself, it will not be capable of producing more.**

checking the treatment plan, writing notes, prescribing medication, collecting, checking and filing insurance, making a new appointment, etc.

When we apply doctor time / assistant time to those steps more than once, all we're doing is producing waste efficiently. In fact, eliminating this redundancy in support functions is probably the main improvement that lean has offered over the current multiple appointment scheduling systems.

### **Establish arbitrary financial goals**

This is the third technique in our discussion. We all agree that management needs to establish financial goals, but as W. Edwards Deming has thoroughly explained, it would be counterproductive to either force or incentivize team members to reach them.

Deming said that every system is designed to produce a certain amount of treatment, regardless of goals or incentives. Unless we improve the system itself, it will not be capable of producing more.

Thankfully, dentistry offers many opportunities for improving systems. The main opportunity is to reduce the number of appointments needed to finish a treatment plan. We can also set what in his book "Toyota Kata", Mike Rother calls "strategic target conditions." For example, instead of asking the team to meet a financial goal, we can ask something like the following: "When the assistant is busy with a patient, I am not able to start

a root canal treatment because the instruments are not available in the operatory. Where can we place them so I can start the root canal without help?"

This new condition improves the system and helps to increase productivity. With some discipline to place instruments and supplies in the new location, the improvement becomes permanent, with no need to constantly motivate people or artificially incentivize them.

### **Strategic target conditions**

Lean management can help to improve all three techniques in the following manner:

- 1.** Creating systems is good practice, but we have to make them work together to serve the main system: the entire practice performance.
- 2.** Using the doctor's time and assistant's time is extremely productive as long as we are not performing more appointments than necessary. In that case, except for the direct treatment, the appointment itself becomes waste.
- 3.** Establishing financial goals is for upper management. As the responsibilities trickle down to hygienists and assistants, they should focus more on improving "strategic target condition" than on financial goals.

I hope that you found this article useful. If you have any question,s please email me at: [sami@bahridental.com](mailto:sami@bahridental.com) ■



# The Bloodborne Pathogens Standard: Compliance is important!



**Editor's note:** *The following is part one of a two-part series.*

Compliance is defined as the act or process of doing what you have been asked or ordered to do: the act or process of complying.<sup>1</sup> No one really likes the word, but in dentistry, compliance to standards, guidelines and best practices forms the basis for maintaining personnel health, reducing the risk of disease transmission and providing safe, high-quality care to patients.

In 1970, when the Occupational Safety and Health Act was established, Congress created the Occupational Safety and Health Administration (OSHA). OSHA's mission has been to ensure safe and healthy working conditions for working men and women by

setting and enforcing standards and by providing training, outreach, education and assistance. OSHA is part of the U.S. Department of Labor; hence, the OSH Act is a federal law.<sup>2</sup>

In the almost five decades since the OSH Act was signed into law, workplace deaths and reported occupational injuries have dropped by more than 60 percent. Yet, the nation's workers continue to face an unacceptable number of work-related deaths, injuries and illnesses – most of them preventable.<sup>3</sup>

OSHA published the final Bloodborne Pathogens Standard (BBP) in 1991 in response to the significant health risk associated with occupational exposure to blood and other potentially infectious materials. At the time, nearly 6 million workers in healthcare and related occupations faced exposure to bloodborne diseases. The standard applies to employees who have occupational exposure to the hazard, the presence of blood or other potentially infectious materials, regardless of whether a needlestick injury has occurred at the worksite.<sup>4</sup> The Standard – also known as Title 29, Code of Federal Regulations 29 CFR 1910.1030, – includes a list of provisions.

Equally important is The Needlestick Safety and Prevention Act (NSPA), which was signed into law in November 2000. It requires employers to evaluate, select and use engineering controls (e.g., sharps with engineered sharps injury protections or needleless systems) to eliminate or minimize exposure to contaminated sharps.<sup>5</sup>

In the daily hustle and bustle of the dental practice, the provisions of the BBP Standard may be disregarded or discounted. Still, it's essential that dental owners and staff be aware of the more important measures to be taken, including ensuring a safe



By Katherine Schrubbe, RDH, BS, M.Ed, PhD

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workplace for the dental team. In fact, dentists should ensure their entire staff understands the importance of these measures, and training should take place annually.

The BBP Standard includes a number of provisions, including:

- 1:** Employers must establish an Exposure Control Plan (ECP), which must be updated annually and accessible to all employees.<sup>6,7</sup> The employer must perform an exposure determination of all staff to determine risk of exposure to BBP.
- 2:** A job classification, including a list of tasks performed by staff that result in their exposure.<sup>6,7</sup> (OSHA offers a template on its web page for practices that need to develop a new ECP or update their current one. [www.osha.gov/OshDoc/Directive\\_pdf/CPL\\_2-2\\_69\\_APPD.pdf](http://www.osha.gov/OshDoc/Directive_pdf/CPL_2-2_69_APPD.pdf) that can assist.)
- 3:** Universal precautions – that is, the treatment of all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens – must be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids should be considered potentially infectious materials.<sup>6</sup> (This is an important, as all patients – regardless of medical history – can be infectious.)

Additionally, The Standard discusses the use of engineering controls and safe work practices. These are two different things: Engineering controls are devices that have been manufactured to help reduce injuries related to sheathing needles and sharps containers. Work practice controls are process practices, such as passing instruments with the sharp end away from the other person and ensuring there

are safe practices for disposing of sharps.<sup>7</sup> Even experienced providers can have a sharps injury, so incorporating these practices are important for reducing this risk.

The BBP Standard also addresses personal protective equipment protocols. According to the Standard, when there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, mouthpieces,

In the almost five decades since the OSH Act was signed into law, workplace deaths and reported occupational injuries have dropped by more than 60 percent.

Yet, the nation's workers continue to face an unacceptable number of work-related deaths, injuries and illnesses – most of them preventable.

resuscitation bags, pocket masks and other ventilation devices. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through – or to reach – the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.<sup>6</sup> There are many options on the market for

PPE to accommodate all staff preferences, so there is no reason for non-compliance.

This represents only part of the BBP Standard, but it's a good place to start if a review is needed in the practice. Remember, OSHA has been put in place to protect the worker, regardless of job type. Healthcare, including dentistry, has its unique hazards, and OSHA has provided sound standards to ensure a safe dental setting workplace. ■

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# A Look Ahead

**A successful 2017 will depend on good strategies and careful planning.**

By Laura Thill

**We like to think each New Year presents an opportunity** for a fresh beginning. But, for dental business owners, who's to say whether the road ahead will be easy to negotiate, or one filled with obstacles? Insurance models, payor-provider relationships and reimbursement rates may change drastically as the year progresses. By educating themselves about the politics driving the industry, and actively recruiting talented team members, providers can help prepare themselves to address (almost) every issue that comes their way.

*Efficiency in Group Practice* polled the experts for their thoughts regarding the evolving healthcare landscape, the impact it will have on dental providers and how best to address these changes.

## **Aligned incentives**

The coming year very well may open the door for a “closer partnership between payors and providers to better align incentives,” says Tom Nance, CEO, Benevis. “These innovative payment models – common in the medical arena for years – will become more prevalent in dentistry. This evolution will move us away from the

traditional fee-for-service model and toward pay-for-performance, such as value based purchasing (an approach by which payors reward providers with increased incentives and patient steerage for superior patient outcomes and cost performance).

“We are also seeing this closer payor-partner relationship leading to vertical integration, where payors and providers merge into one organization, with fully aligned incentives and a goal of efficiently providing improved outcomes to patients,” he continues.

Navigating these changes will require some work on the part of providers, Nance points out. “More comprehensive data and insight on patient outcomes and costs will be required, as practices adapt to an evolving payment model,” he says. “We will see this first in Medicaid-focused DSOs, where there is a much greater concentration of payors; but, eventually the need to improve outcomes and lower costs will drive this change throughout the entire dental industry. Those practices that have focused on providing high-quality, clinically appropriate care, leading to better patient outcomes and lower costs, will be the ones who benefit the most initially. In the long term, the winners will be

the practices that understand what the most efficient drivers of improved patient outcomes are, [and can use this knowledge to] create a culture that is focused on these drivers.”

DSOs, such as Benevis, will be available to support their practices through the transition, says Nance. “DSOs can add value by investing in the systems and processes that provide visibility into the measures that efficiently deliver improved patient outcomes. Furthermore, they can work with providers to create the desired culture based on what is measured, recognized and rewarded.”

Dental practices that have invested in their infrastructure will be more prepared to embrace change and “emerge stronger in 2017,” he adds.

A key move will be to “expand the dental office to a dental home, which offers a full range of services. Dental practices will be tasked with offering a range of services in addition to general dentistry, including oral surgery, endodontics and orthodontics, in order to attract and retain patients, he notes. “Effective scheduling and support to ensure efficient utilization of those specialists will be key to running an expanded dental home efficiently.”

### **Dwindling Medicaid reimbursement**

“Whether the new presidential administration repeals or drastically alters the Affordable Care Act, at a minimum, we should expect changes in the Medicaid program, with the possibility of further reductions in reimbursement rates,” says Quinn Dufurrena, DDS, JD, president and CEO, Avitus Dental Management Solutions. “We also can expect to see drastic changes in the way providers interact with – and patients utilize – insurance.”

These changes – which could likely impact the whole dental practice, including dentists, hygienists, assistants and receptionists – could be significant, particularly for dental groups whose “business model is geared toward acceptance of Medicaid, or [for those] in PPO relationships,” he continues. “With the margins already historically low, further reduction could put a financial strain on their practice. To compensate for these decreased reimbursement rates, the practice will need to increase

efficiencies (productivity), while maintaining quality and improving the patient’s experience.”

To prepare themselves for the transition, group practices need to “streamline their workflow to create more efficient systems,” he continues. In fact, “even if dental insurance policies don’t change and Medicaid benefits don’t reduce reimbursement rates, it still benefits every practice to take a cold hard look at streamlining and simplifying their systems (e.g., marketing, scheduling, recall, hygiene etc.)”

That said, it’s not only important to improve productivity, but to do it in a way that creates a culture of support for the dental staff, notes Dufurrena. A more productive practice does

“As more and more market research comes out, we are learning that the patient experience is what creates loyalty from patients. By focusing on the patient experience and retaining patients, the demand for the practice will change.”

– **Stephen James, CFO, Mortenson Dental Partners**

more dental procedures, which can place additional stress on the dentists and their support staff, he points out. “Providers and their support staff need a culture that supports them.

“Analytics, and understanding what [the data] means, are the first two steps in creating a culture of productivity and resultant profitability,” Dufurrena continues. “You need to understand the problems and potential before you can make appropriate changes. If you make the conscious decision to position your practice to take advantage of the uncertainty and opportunities that change creates, then 2017 could be the start of a stronger, more successful practice.”

### **Top-level talent**

As dental practices continue to expand, and the market becomes increasingly competitive, “providers will need to focus on team member recruitment and development,” says Stephen James, CFO, Mortenson Dental Partners. “The emergence of DSOs lowers the barriers for team members to move between organizations, so it will be critical to recruit top-level talent, and then to invest in that talent to lower turnover.”



Attracting and retaining top talent not only is critical to growth, but to creating “a consistent and rewarding patient experience” as well, James continues. Team turnover and underdeveloped teams impact every aspect of the patient experience, and the patient experience is a key differentiator between dental practices, he points out. “When a patient sees a different provider or team member at each visit, it sends a subtle signal about what is happening at a higher level in the organization and creates an inconsistent experience. Turnover can also create confusion for patients and lead to distrust if different providers make different treatment recommendations. [Conversely], when a team has great chemistry, there is continuity at each touch point in the patient experience, which should lead to higher patient retention, greater patient demand and, in turn, growth.

“As more and more market research comes out, we are learning that the patient experience is what creates loyalty from patients,” says

James. “By focusing on the patient experience and retaining patients, the demand for the practice will change. Loyal patients are more willing to refer friends and family members, who as new patients come through the door with a higher level of trust than patients who have no prior experience with the brand or practice.”

Additionally, practices should focus on communicating the holistic value of what the office provides, he continues. Although many patients claim that cost is a big factor in selecting their dentist, “when you dig a little deeper, what they really mean is value. The ability for the practice to communicate its value to patients will be key.”

At the same time, any changes laid out by the new presidential administration will likely impact many patients’ decisions to seek dental care. And, depending on their priorities, different patients will respond differently. “There are patient segments for which dental care is a priority,” says James. Other patients seek dental care “as needed,” and some base their decisions on what benefits are available. “Depending

“Dental practices that have invested in their infrastructure will be more prepared to embrace change and emerge stronger in 2017. A key move will be to expand the dental office to a dental home, which offers a full range of services.”

– Tom Nance, CEO, Benevis

on what the new administration’s impact is on benefits, this could influence the patient segment that is sensitive to benefits,” he explains. “However, as providers, it will be our responsibility to educate and communicate to individual patients, with regard to which segment they fall into. For patients who make care a priority, it will be important to reinforce that decision. For patients who schedule visits as needed, it will be important to educate them on preventive measures and the economics of prevention. For patients sensitive to benefit availability, the focus should be on how to maximize benefits for restorative needs, and then how to focus on preventative measures and the value of using benefits consistently. As an organization, it is – and will continue to be – our mission and model to operate productively and efficiently, so that high-quality care can be attained by all.”

James anticipates that 2017 will be a strong year for dental providers. “More resources are being dedicated to the development of DSOs and providers,” he points out. “CE opportunities not only are more abundant, but also more diverse. There is a lot of need in dentistry; we know that about half of the population is not seeking dental care. By working together, however, not only will providers come out stronger, more individuals will receive care solutions.”

### Insurance barriers

Present day dental insurance plans rarely cover as much as they once did. “The structure of dental insurance – specifically the parameters of coverage, including exclusions and maximums – result in fewer people seeking needed dental care,” says Dr. Robert Brody, chief clinical officer, Great Expressions Dental Centers (GEDC). “Patients that do come to the dentist are skipping treatment because their insurance covers less. In some cases, patients elect to receive only covered services, ignoring services that are not covered. In reality all these services are needed for the patient’s overall health.”

Indeed, many people don’t recognize the importance of dental care to one’s overall health, Brody continues. “Dentists treat disease that impacts not only your mouth, but your entire body. Taking care of your health – which includes your dental health – is crucially important, but unfortunately, the public does not see it that way.” Not only do patients receive less care, dental practices – both solo and group – are losing business. “This is one reason why Great Expressions Dental Centers accepts all insurances and offers a discount dental plan, Smile

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Protection Plan, for those without insurance,” he says. “Our goal is to make access to dental care possible for all. We want to remove any barriers and get people the care they need.”

Dental professionals should work together “to educate the public, schools, parents and children about the importance of dental care,” says Brody. And, they should do so in a way that’s relevant to their audience. Commercials and presentations at community events or schools are good channels for reaching these groups, he points out.

The dental visit, too, is an opportunity to engage patients. From the moment patients enter the front office, to the time they are seated in the dental chair, dentists and staff should ensure they have a positive, educational experience, notes Brody. This could involve something as simple as installing televisions in the waiting room and playing educational content to help patients understand the benefits of services offered at the practice, he explains. “At Great Expressions Dental Centers, we set up our offices to be a comfortable environment for our patients by communicating education to them in a way they want to be communicated to,” he says. “We design our offices with appealing and comforting art about healthy lifestyles. The televisions in our offices play entertaining content, such as news, sports and weather, and incorporate dental education videos, all with the goal of keeping patients entertained and educated.” In

the end, patients will be more likely to talk about their dental needs when they are in the treatment room, he adds, noting that during the exam, dentists and their staff should communicate with patients about any oral disease they diagnose, as well as treatment plans, “in terms they can relate to.”

In addition to educating the public, Brody suggests that dental professionals contribute to the industry by:

- Working in conjunction with the American Dental Association.
- Conducting appropriate research/studies and then sharing their results with the medical community and the media.

“The goal is to help patients to live healthy, longer lives,” says Brody. “Hopefully the new presidential administration will recognize that dental health is an important aspect of the patient’s overall health, and this will lead to expansion in dental benefits from both a government and private sector prospective. If patients are not covered currently, their overall health will get worse over time. The potential of insurance creating competition would lead to favorable rates, expanded and better coverage, and more financially viable options. I hope in 2017 we will see a bigger focus on making people healthy and making means to pay easier.” ■

# Employee Embezzlement

No dental practice is completely safe from employee embezzlement.

By Stuart Oberman, Esq., Oberman Law

**Editor's note:** *Dentists first and foremost may see themselves as clinicians. Nevertheless, it's important that they and their office managers recognize the signs of embezzlement risks and take necessary precautions to protect their practice.*

**Contrary to what many dental practice owners may believe,** employee embezzlement is rampant and can occur at any practice. There are many different opportunities for employees to embezzle, and few that do are ever caught. When dentists are focused on providing quality patient care, it can be difficult for them to monitor their employees closely. However, as practice owners, they must diligently watch for warning signs and take steps to try and prevent embezzlement from taking place. Following are some prevention steps that dental owners can take:

- **Hire the right people.** The first step in preventing employee theft is to make smart hiring decisions.
- **Screen all potential employees.** It is important for dental owners to avoid hiring relatives or friends of current employees. They should verify that job candidates are not related to their other employees before hiring them. Doing so can lead to conflicts of interest, and allow too much access to their business assets.
- **Conduct background checks on employees.** Before hiring an employee, dental owners should conduct a thorough investigation of the candidate's background, including credit, employment and criminal history.

In addition, dental practice owners should educate themselves and their staff about embezzlement. They should learn to use their computer system, check all daily reports and question any and all adjustments. It's important that owners be visible, vary their schedule, verify all credit card charges and protect their identity and signature.

There are several warning signs that an employee may be embezzling from the practice, including an employee who:

- Has financial difficulty

- Shows a sudden change in personality
- Has newfound wealth
- Is always the first to arrive to the office, and the last to leave
- Is very controlling
- Frequently takes work home
- Is resistant to change
- Frequently works overtime, without sufficient reason
- Never takes vacation, sick or personal days

Other signs of embezzlement include an increase in past due accounts or collections, complaints from staff about a particular employee, and inconsistent financial records.

Because employee embezzlement can be difficult to discover, it is important for dental practice owners to look for several warning signs in individual employee behaviors, as well as at the financial reports and documents they receive on a regular basis. If a warning sign is apparent, there are several things they should – and should not – do. First and foremost, the owner should contact a lawyer – preferably one who specializes in investigating employee embezzlement in dental practices. It is imperative to not alert staff members, as this could tip off the embezzler.

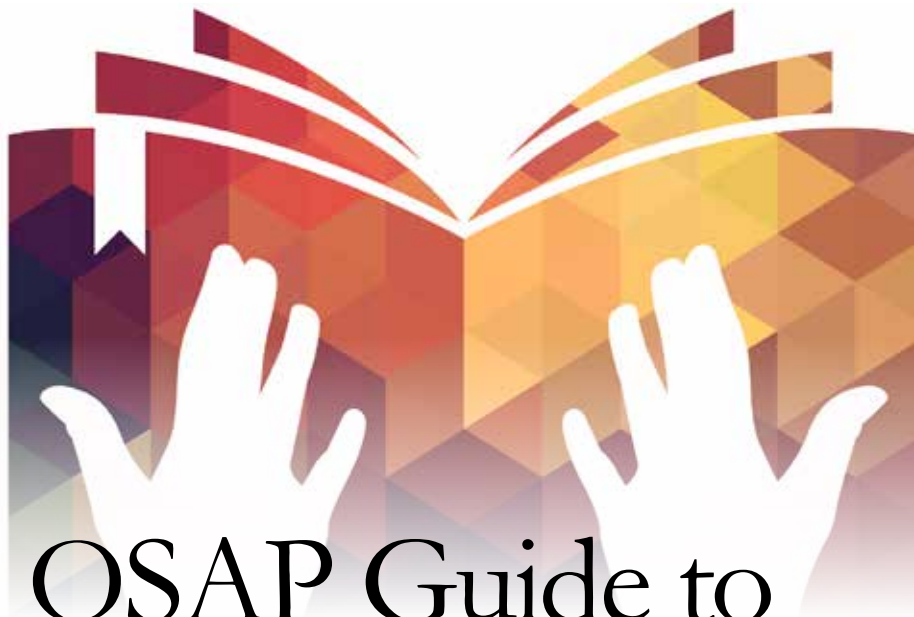
The dental owner might want to enlist the help of experts to assist with the investigation, but these people should not come to the practice during the workday, as doing so would alert the staff members. At the same time, it's imperative to avoid engaging the help of law enforcement officials; this could create panic among the staff members and make it harder to catch the employee who is actually embezzling.

No matter how anxious they may feel, practice owners who suspect embezzlement must keep their emotions in check and refrain from making hasty decisions that could make the situation even worse. ■

**Editor's note:** Stuart J. Oberman, Esq. handles a wide range of legal issues for the dental profession including employment law, practice sales, OSHA and HIPAA compliance, real estate transactions, lease agreements, non-compete agreements, dental board complaints and professional corporations.



# Safest Dental Visit™



## OSAP Guide to CDC Guidelines

**Sharing the dental community's goal of delivering a Safest Dental Visit and understanding the current CDC Guidelines is critical to providing excellent dental care. In this month's Efficiency in Group Practice, the Organization for Safety, Asepsis and Prevention (OSAP) describes its newly updated guide to understanding the CDC's guidelines for infection prevention practices.**

In September 2015, OSAP, the organization dedicated to dental infection control and patient safety, introduced the Safest Dental Visit™, an initiative designed to promote an increased commitment to infection control and safety. Clinicians, educators, speakers and consultants, product manufacturers and distributors, and others are collaborating to help ensure that every patient visit is the safest one. The CDC guidelines are the foundation for the Safest Dental Visit.

In September 2016, OSAP released an updated *From Policy to Practice: OSAP's Guide to the CDC Guidelines*. This comprehensive workbook has been updated to reflect the recommendations from the *CDC Guidelines for Infection Control in Dental Health-Care Settings – 2003* and the *2016 Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*.

*From Policy to Practice: OSAP's Guide to the CDC Guidelines* reaffirms the importance of having a comprehensive infection control program that includes an infection control coordinator and CDC resources for developing, managing and evaluating a site-specific infection control program. The workbook walks users

through the *CDC Guidelines for Infection Control in Dental Health-Care Settings – 2003* and the *2016 Summary of Infection Prevention in Dental Settings: Basic Expectations for Care*.

Each chapter of the workbook contains practical how-to instructions, charts, additional checklists, pictures and captions, and answers to common infection prevention and control questions. In addition, the workbook includes the reprinted 2016 CDC Summary two-part checklist for the dental practice infection prevention coordinator with which he or she can assess 1) the practice's infection prevention "policies and procedures," and 2) the degree to which the dental staff are actually adhering to them.

Incidents involving the transmission of infectious agents among patients and dental clinicians are rare, according to the CDC. However, between 2003 and 2015, they have been documented. By using the CDC checklist, dental practices can evaluate their site-specific written policies, procedures and personnel practices to ensure compliance with CDC recommendations.

The OSAP workbook offers a self-directed continuing education (CE) program (with ten hours of CE credits available). The workbook is available to OSAP members for \$66 and to non-members for \$78. It is an excellent foundation for sales representatives who want to understand the CDC Guidelines. ■

For more information, or to purchase the new workbook, visit <https://osap.site-ym.com/store>.





# INDUSTRY NEWS

## **Anthem names Scott Towers as president of Dental business**

Anthem Inc (Indianapolis, IN) named Scott Towers as president of the company's Dental business, effective November 28, 2016. In his new role, Towers will be responsible for developing strategy and managing the profit and loss for the Dental business. This includes accountability for product development, operations, underwriting, and network development. Towers, who has been with the company for eight years, will be based in Eagan, Minnesota.

## **ChildSmiles Dental, MouthWatch partner on program to bring teledentistry to SC**

ChildSmiles Dental (Marion County, SC), a pediatric public health program, and MouthWatch (New York, NY), dental imaging company are partnering to bring a teledentistry pilot program to schools in Marion County in South Carolina. Through the program, MouthWatch will provide its intraoral scanners and teledentistry software to ChildSmiles Dental, which will then organize for local dentists to remotely screen school kids for oral diseases. MouthWatch will use the pilot program as a case study. It is also looking to create similar programs in other areas.

## **DSO names new agency of record to help improve dentist recruitment**

Clean Design (Raleigh, NC), a branding and advertising agency, was named agency of record for Affordable Care (Raleigh, NC) as the national dental support organization looks to expand and improve its dentist recruitment marketing. Clean Design will provide branding, overall marketing strategy, and creative services to support dentist recruitment efforts within Affordable Care. An integral part of the Affordable Care offering is its practice ownership program, a 360-degree business support system that offers resources to help dentists open and maintain their own successful practices. The company provides support for nonclinical duties, including recruiting and human resources, advertising and marketing, real estate and equipment upgrades, and IT services.

## **Americares and Baxter International Foundation announce project to prevent systemic health issues in low-income patients**

Baxter International Foundation (Deerfield, IL) and Americares (Stamford, CT) are launching a new oral health project to help combat the negative impact poor oral hygiene can have on patients' overall health. The Americares Oral Health Project will give 30 Americares partner clinics across the United States the capacity to deliver oral health education to uninsured, underinsured, and low-income patients. Baxter International Foundation is funding the year-long initiative with a nearly \$75,000 grant to Americares. The Americares Oral Health Project will train partner clinic staff to integrate oral health education and introduce preventive measures for dental health issues in a primary care setting. In the United States, Americares supports a network of 1,000 clinics and health centers serving 5 million patients in need with medicine, supplies, education, and training.

## **Great Expressions achieves federal certification for custom software**

Great Expressions Dental Centers (Southfield, MI) has again achieved governmental certification for its custom dental practice management software. One of the first dental service organizations to obtain this certification, GEDC relies on the software to maintain its customer-focused operations, using the system for scheduling appointments, billing and more. Established by the Office of the National Coordinator for Health Information Technology (ONC) – the Health IT Certification Program, the software certification is part of an initiative to ensure that health software programs conform to specific standards and criteria that have been adopted by the Secretary of Health and Human Services. In order to receive the certification, GEDC passed all government requirements to store, display, transmit, receive and secure all patient health information with its dental practice management software.



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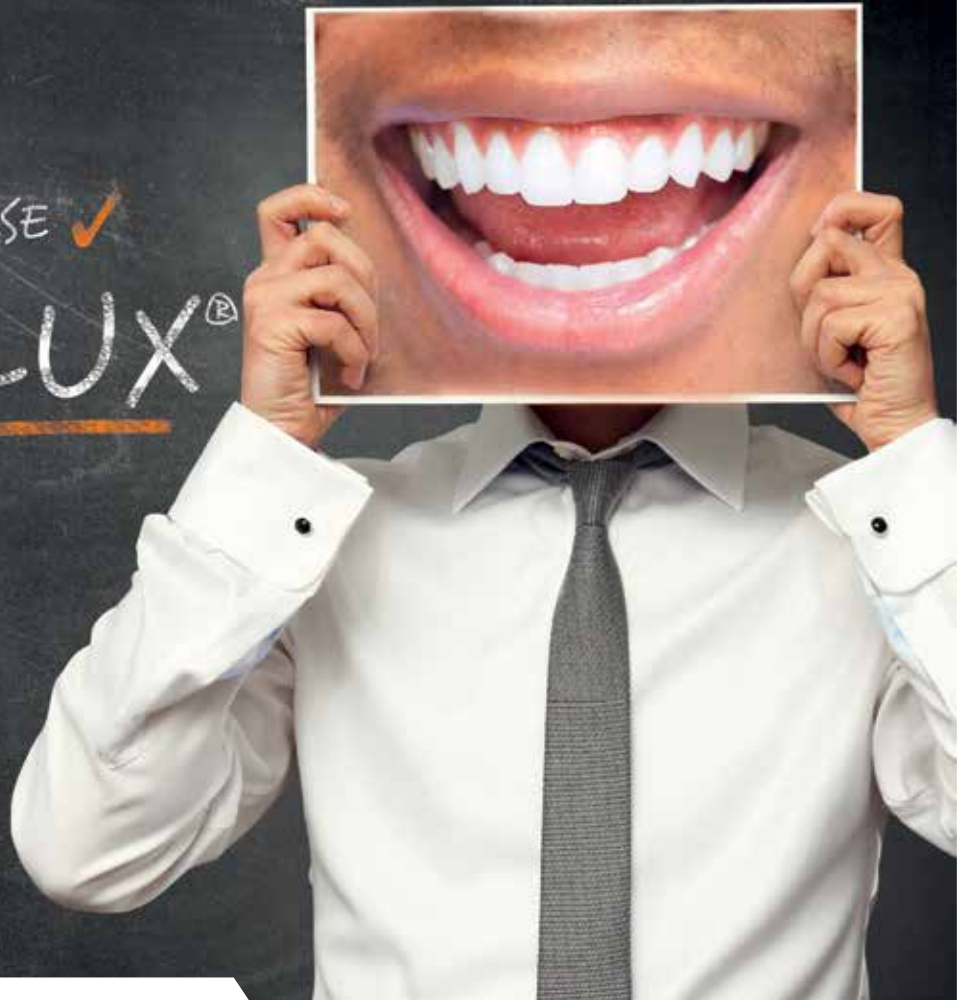
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