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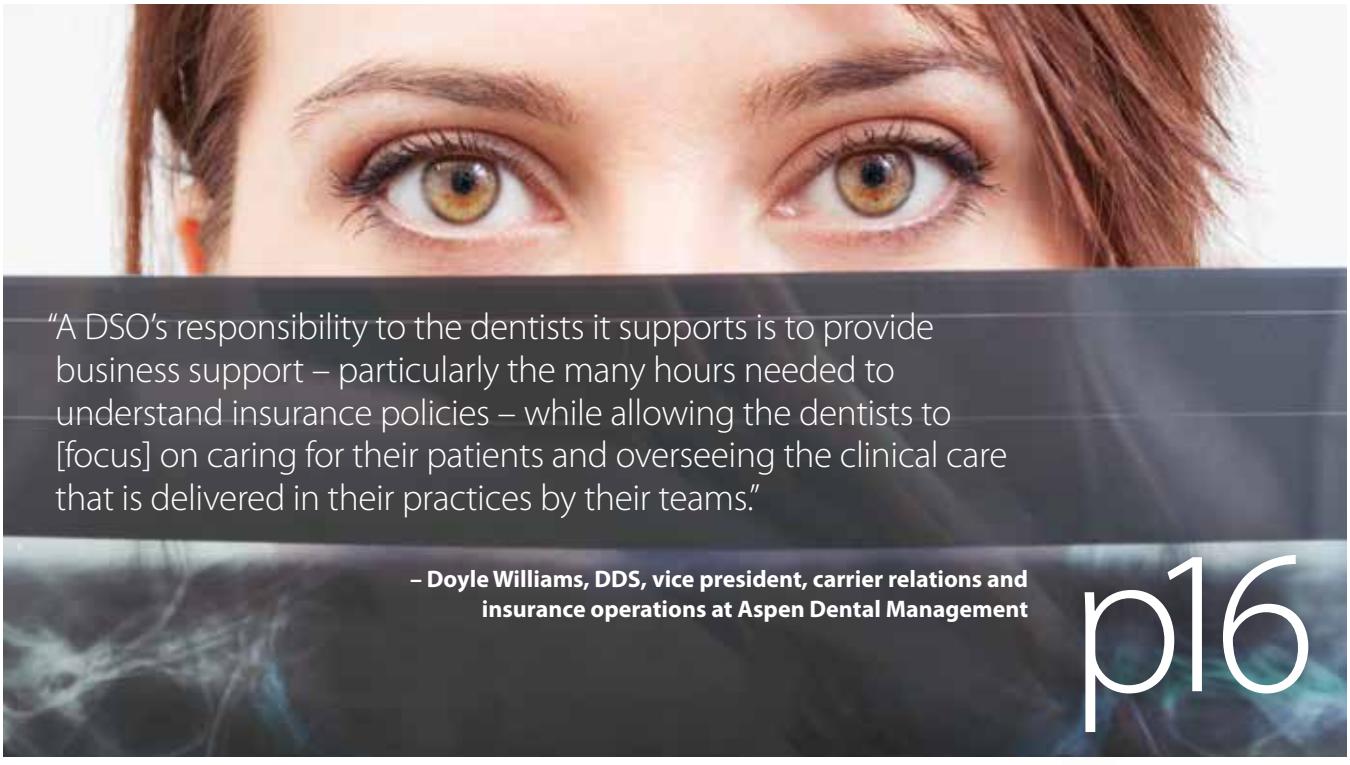

"A DSO's responsibility to the dentists it supports is to provide business support – particularly the many hours needed to understand insurance policies – while allowing the dentists to [focus] on caring for their patients and overseeing the clinical care that is delivered in their practices by their teams."

– Doyle Williams, DDS, vice president, carrier relations and insurance operations at Aspen Dental Management

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All Eyes on Smaller, Emerging Dental Group Practices

We talk a lot about the large groups and DSOs. These "elite" DSOs have big marketing and PR departments, and we tend to hear a lot about what is going on within these organizations. What we do not always know is what is happening with the smaller emerging group practices. Emerging groups are:

- Three-plus location practices, that are clinician managed who are usually quietly growing their presence in their given geographic market
- Multispecialty, full service dental practices that are popping up all over the country
- Smaller DSOs that may be just starting to gain scale.

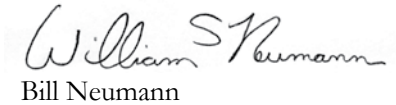
Why do I bring up these emerging groups? It seems like everyone is starting to pay attention to them. According to Dr Kenneth Sadler, President of the AADGP, the AADGP's most recent dental group expo in February had the most exhibitors in the expo's history. Yes, the AADGP dental group attendees and members tend to be emerging dental groups practices. Private Equity has also had their eyes on some smaller group practices that they can acquire and then add a DSO structure to before they then start to scale up. For quite a while, existing large DSOs have focused on group affiliation vs. solo practice acquisitions.

I recently co-hosted a DSO educational workshop with Dr. Anthony Stefanou in New York City. It was our first ever DSO workshop for the dental industry. The audience was made up of dental manufacturers, service providers and distributors. What we determined for many of the attendees was that the best strategy for them was to focus on the smaller, emerging groups, form relationships with them and grow as the group flourishes, rather than a strategy focused on the larger DSOs. In the next issue of *Efficiency* we will provide a full recap of the event.

For various reasons, different players in the industry are now hyper focused on the smaller dental group practices. They are trying to figure out who these emerging groups are, where they are located, and what their model looks like. In future issues of *Efficiency* in Group Practice we will begin to profile some of these emerging dental group practices.

Small, medium, emerging, established, elite, whatever type of dental group you may be, we certainly have some great topics in this issue. *Efficiency* examines dental group legal issues with Stuart Oberman, Esq. We also delve into dental insurance challenges and opportunities with input and advice from Doyle Williams, DDS, VP Carrier Relations and Insurance Operations at Aspen Dental Management, Inc. Great Expressions Dental Centers and the Dental Advisor help us take on the topic of innovations. We determine and define what exactly innovation is and how it can be imperative to a DSO.

Happy Spring,



Bill Neumann
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ADSO Summit

It's 2016 – election year. And the Association of Dental Support Organizations is excited to announce the keynote speaker for this year's ADSO Summit in Las Vegas, April 20-22.

Charlie Cook, editor and publisher, Cook Political Report, and political analyst, National Journal, is one of the nation's leading authorities on American politics. He will speak at the ADSO Summit about the 2016 U.S. presidential elections. Additionally, Mr. Cook writes a regular column for Washington Quarterly, published by the Center for Strategic and International Studies, and is a political analyst for NBC News.

The Summit – to be held at the Bellagio – will feature more learning and networking.

CEO Panel

The CEO Panel, to be held on Thursday, April 21, will provide insights from some of the most successful executives in the dental support organizations industry. The following speakers will share their stories from founding to leading some of the largest and most successful DSOs in the nation, and will provide insights on what needs to be done to continue the industry progress that ADSO promotes:

- **Stephen E. Thorne, IV:** founder, president, and CEO of Pacific Dental Services and ADSO president and Public Relations Committee chairman.
- **Rick Workman, DMD:** founder and executive chairman of Heartland Dental and ADSO immediate past president.
- **Douglas W. Brown:** president and CEO of Affordable Care, Inc. and ADSO vice president and Government Affairs Committee co-chair.
- **Bob Fontana:** president and CEO of Aspen Dental Management Inc. and ADSO member.

Your communication skills

Dr. Paul Homoly, president of Homoly Communications, will lead a presentation entitled, "Just Because You're an Expert…Doesn't Make You Interesting." With more than 20 years of clinical experience, Dr. Homoly now devotes his focus full-time to dental training and practice-building skills. One of the top communication coaches, consultants and speakers in dentistry, Dr. Homoly provides seminars, workshops and consultations focusing on dental case acceptance, practice development, speaking, and practice management. Dr. Homoly is the first and only dentist in the world to earn the highest earned designation in professional speaking – Certified Speaking Professional (CSP) – from the National Speakers Association.

The Triple Aim and dentistry

Dr. David Gesko, dental director and senior vice president, HealthPartners, is passionate about integrating medical and dental care. At the ADSO Summit, he will highlight the "Triple Aim" theory, which focuses on simultaneously improving health outcomes, patient experience, and per capita cost. In addition to his administrative responsibilities, Dr. Gesko is a practicing dentist in the HealthPartners Clinic system. HealthPartners is an integrated, not-for-profit, consumer-governed health system based in Minnesota providing both plan (insurance) services along with the entire spectrum of care delivery including medical and dental care. Presently, HealthPartners serves over 1.5 million members. ■

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.

Creating Service that Sells

What do patients remember and comment on when they visit your practice? What type of experience do your patients have at your practice?

What patients are saying

I recently scanned through several Yelp! Reviews of dentists in San Francisco, and found the patient responses interesting.

"…Everyone there is SO nice – Dr. Smith was personable, Oksana was wonderful and gracious, and April the hygienist was really helpful and informative without making me feel like a complete jerk for not having seen a dentist in over three years (I probably deserved a good scolding, but they focused on making a proactive plan for the future)."

"… I'm pretty much terrified of the dentist but this is definitely the least terrifying dental office I've ever been to. Everyone that I interacted with was friendly and competent. Tiffany has to be the nicest and most informative dental hygienist I've ever met and Dr. Hall is genuine and down to earth, not characteristics that usually come to mind when thinking of a dentist. It was made very clear to me that if I don't want to have crazy procedures I just need to take care of my teeth and at no time did I feel pressured to get any expensive extras. The whole experience was absolutely refreshing!"

The patient is more in tune to the service, experience, and how they were treated. This is what keeps them coming back and referring their friends and family to your practice.

"… Moving to a new town and finding a new dentist, and doctor, etc. is terrifying. I am so glad I lucked into XYZ Dental. Every member of the staff here has been pleasant, efficient, and helpful. I even received a call from my dentist the day after a particularly icky filling. (No, not a girl from the front desk, my actual dentist!)"

Did you notice that not one review talked about the dentist or dental hygienist's schooling, knowledge or their experience? The patient related directly to how the teams made them feel.

The most important thing

Of course your schooling, knowledge and experience is important, but those are not the things a patient will notice when visiting your practice. The patient is more in tune to the service, experience, and how they were treated. This is what keeps them coming back and referring their friends and family to your practice.

But, don't think that creating a dynamic experience is about flatscreen TVs in every operatory, and refreshments at the front office. It is about how you make them feel as a person. Respect, kindness, empathy, listen, encourage, support and guidance to optimal oral health.

Have you been someplace lately where their customer service was top-notch? I recently visited The Phoenician in Scottsdale, Ariz. The Phoenician has the most amazing customer service, and it is a core focus of their business. They realize that a loyal guest who returns again and again is the pinnacle of success. Their commitment to creating the customer-first environment does not come naturally. They send every employee through rigorous customer service training for their orientation and build on it throughout their careers at The Phoenician.

So, I encourage you to take time to focus on how you can provide your patients with the best experience, and ultimately Service that Sells. ■

Training When Time Is Limited

By Dr. Sami Bahri, DDS

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

To stay healthy, a dental group practice needs a solid training program for new and existing employees. But at times, help is needed quickly. We cannot wait for an employee to go through the slower (although more reliable) program. This could happen when we are left with little qualified help to handle the schedule – like when the practice is growing and receiving more demand, or when several employees are absent at the same time.

What can we do in those situations? How can we maximize our existing resources and introduce new members to the team?

Hiring a new or a temporary employee might increase the load

Hiring a temporary employee might be a good option, but we need to plan for it carefully. Let me illustrate with the following story.

In 1998, our practice went through some difficulties. Right after we had moved to a new, larger facility, and as we were getting acquainted with the new environment, various health problems put out of work, simultaneously, for a whole month, two of our three chairside assistants and both our front desk assistants. I was left with Roseann, the newest assistant, to run the front desk and six dental chairs that I shared with two hygienists. The hygienists were nice enough to help with the chair side assisting. And since Roseann was also cross trained in the front desk tasks, she agreed to handle the front desk and to assist chairside whenever the phones were not ringing. To alleviate some of Roseann's burden, we hired a temporary front desk assistant.

To my surprise, at the end of the first day Roseann asked me not to bring the temporary assistant back! I was very puzzled by her request. The load was too heavy for one person. "Why do you refuse the additional help that you so badly need?" I asked.

"Because when I'm by myself I am available all the time," she answered, "but when you bring an untrained person, I have to spend half of my time training her. In other words, when she's here I become half of an assistant."

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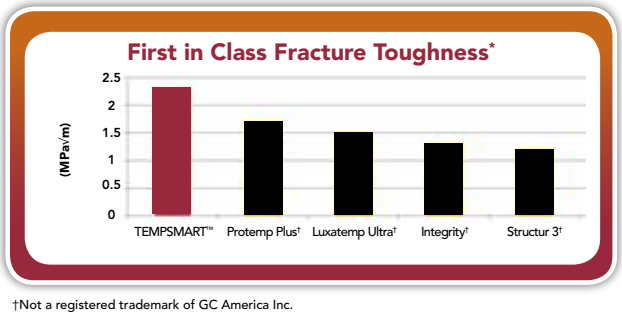

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So, if hiring an untrained temporary employee and fitting her in the existing system was leaving me with less available help, what could we do differently to meet our emergency situation?

Step One: Identifying entry-level skills

"What if she handled only simple tasks that need little training? Would that give you more time?" I asked, "You would be available all the time to perform specialized tasks, and she would be helping you all the time with secondary tasks."

We took a blank sheet of paper and sorted the different tasks into three categories. The first category represented tasks that could be done by anyone right out of dental assisting school. The second category consisted of tasks that needed some training in our systems. The third category had tasks that needed advanced dental training. Our intention was to have the existing staff perform the two last categories and the temporary assistant to supplement them by performing the simple tasks.

Step Two: Distill the tasks down to the most important points

Our goal was not to make an immediate expert out of the temporary assistant, but to make her useful quickly. It was especially important, because time was limited, to distill the job down to the most important points. We gave the new employee less information overall, but we gave her the most critical information. To be most effective, we discussed the different tasks with the employees affected by the presence of the new temporary and came up with a list similar to the one below. You can certainly come up with your own, and preferably before such an emergency hits your practice:

- Act as a messenger between team members
- Greet and seat patients
- Verify personal information
- Clean instruments
- Clean rooms
- Restock supplies in the rooms
- Scan papers
- Help with medical history and update patient file
- Prepare instruments, gauze, gloves, etc., for exam
- Keep top of cabinets free of clutter
- Take/return carts (endo, surgical, or prosthetic) to where needed
- Put away sterile instruments
- Keep sterilization area clean
- Open and sort mail
- Match lab slips
- Straighten the reception area
- Shred paper
- Assist in perio charting
- Answer phone (at least put on hold)
- Check phone messages
- Lock/unlock doors
- Make sure lights, all machines and computers are on/off
- Replenish printer paper

Simple, but not easy

This technique seems simple, but it's really not easy. By creating a full-time job for an employee who would go across functions and help everyone in the office with simple tasks, we are freeing up the rest of the staff and expecting them to perform specialized tasks in many areas of the practice. This in turn will need cross training.

Cross training takes time. It takes the willingness to learn many jobs and not dedicate oneself to being only an assistant, only a front desk assistant, or only a hygienist.

Once cross trained, the staff members need to be willing to move between jobs. Unless the culture of the practice has prepared for that kind of interchangeability between employees, and unless the compensation system has been structured accordingly, this interchangeability can be difficult to achieve.

If the staff members are willing to move between jobs, the next hurdle would be their willingness to communicate with each other frequently. In emergency situations, surprises can arise at any time, pushing us to make quick decisions and to communicate with the rest of the team members in a timely manner.

This method can help if you are short on time to train someone. ■

Writer's note: We created this emergency training method for our practice in 1998. Then, in 2007, Jeffrey K. liker and David P. Meier wrote their seminal book "Toyota Talent: developing your people the Toyota way." On page 265 they described an identical method applied by Toyota managers whenever they are short on time. That gave me the confidence to share the system with you, hoping that it will be useful if you ever find yourself in a hurry to train an employee.

Cosmetic dentistry: By the numbers

Last fall, the American Academy of Cosmetic Dentistry surveyed its membership about the state of the industry and the profession. Three hundred and sixty people responded, 60 percent of whom identified themselves as general dentists, and 29 percent as cosmetic dentists. (To see the survey, go to www.aacd.com/proxy/files/Publications%20and%20Resources/AACD%20State%20of%20the%20Cosmetic%20Dentistry%20Industry%202015.pdf.) Here are some key findings.

Who is the primary individual initiating dialog about cosmetic dental treatments?
(Respondents were able to choose more than one.)

- Dentist: 82 percent
- Hygienist: 42 percent
- Clinical assistant: 28 percent
- Patient: 26 percent
- Treatment coordinator: 16 percent

Is there a particular procedure/treatment that you complete more frequently than others?
(Respondents could check as many as applicable. Top nine responses listed.)

- Crowns: 82 percent
- Bonding: 74 percent
- Whitening: 58 percent
- Veneers: 54 percent
- Bridges: 49 percent
- Implants: 46 percent
- Dentures: 31 percent
- Implant-supported dentures: 25 percent
- Short-term ortho: 23 percent

What is the most popular cosmetic procedure at your practice? (Respondents could check only one option. Listed are the top three procedures.)

- Whitening: 32 percent
- Bonding: 30 percent
- Veneers: 22 percent

Revenue Change for Top Cosmetic Procedures

Respondents were asked to report the approximate number of bleaching/whitening procedures their practice performed in the previous year: Avg. 109

The average cost of a whitening procedure in their practice: **Avg. $357.33**

Compared to the bleaching/whitening procedures in the year previous, this year was	
189 responding	
an increase	29%
a decrease	19%
about the same	52%

Respondents expect bleaching/whitening procedures in the coming year to	
192 responding	
increase	35%
decrease	4%
stay about the same	61%

Respondents were asked to report the approximate number of direct bonding procedures their practice performed in the previous year: **Avg. 663.3**

The average cost of a direct bonding procedure (per tooth) in their practice: **Avg. $358.83**

Compared to the direct bonding procedures in the year previous, this year was	
183 responding	
an increase	40%
a decrease	4%
about the same	56%

Respondents expect direct bonding procedures in the coming year to	
184 responding	
increase	40%
decrease	5%
stay about the same	55%

Respondents were asked to report the approximate number of crown and bridge work procedures their practice performed in the previous year: **Avg. 495.2**

Compared to the crown and bridge work procedures in the year previous, this year was	
185 responding	
an increase	38%
a decrease	17%
about the same	44%

Respondents expect crown and bridge work procedures in the coming year to	
185 responding	
increase	43%
decrease	6%
stay about the same	50%

Respondents were asked to report the approximate number of inlay or onlay procedures their practiceperformed in the previous year: **Avg. 95.2**

The average cost of an inlay/onlay procedure in their practice: **Avg. $917.82**

Compared to the inlay or onlay procedures in the year previous, this year was	
184 responding	
an increase	21%
a decrease	15%
about the same	64%

Respondents expect inlay or onlay procedures in the coming year to	
185 responding	
increase	25%
decrease	8%
stay about the same	67%

WHAT'S THE SAYING?

There's strength in a group committing to its community?

Respondents were asked to report the approximate number of implant procedures their practice performed in the previous year: **Avg. 95.1**

The average cost of an implant procedure in their practice: **Avg. $2,240.74**

Compared to the implant procedures in the year previous, this year was	
183 responding	
an increase	45%
a decrease	10%
about the same	45%

Respondents expect implant procedures in the coming year to	
183 responding	
increase	64%
decrease	2%
stay about the same	34%

Respondents were asked to report the approximate number of veneer procedures their practice performed in the previous year: **Avg. 138.6**

The average cost of a veneer in their practice: **Avg. $1,171.92**

Compared to the veneer procedures in the year previous, this year was	
185 responding	
an increase	27%
a decrease	20%
about the same	53%

Respondents expect veneer procedures in the coming year to	
186 responding	
increase	42%
decrease	7%
stay about the same	51%

The Shield of the Law

DSOs offer greater legal oversight and protection to practitioners than solo practices

By Laura Thill

As DSOs continue to expand, they have become increasingly aware of potential legal issues – including cybersecurity, government regulation and labor laws – and the necessary steps to protect themselves and their members.

That's not to say the growth of these organizations has been accompanied by more – or more serious – legal issues. In fact, it's often the solo practices that must contend with legal conflicts, says Rich Beckman, CEO, Great Expressions Dental Centers (GEDC). Because DSOs manage the bulk of business-oriented tasks, such as marketing, human resources, IT and insurance claims, dental professionals can stay focused on their clinical duties. It is a partnership that facilitates better oversight and greater protection from legal issues.

Still, DSOs today keep taking steps to protect themselves and their members. For example, to address the shifting landscape in the dental industry, GEDC has established a National Doctor Panel – a group of 10 dentists, orthodontists and other licensed specialists who oversee and train the DSO's dental professionals, as well as manage clinical issues that may arise. In addition, GEDC has organized an Enterprise Risk Management committee, which oversees training, education, safety and more. A chief compliance officer oversees infection control and its own education department, GEDC University.

"DSOs are big entities, dealing in big numbers (over $1 billion in some cases)," says Beckman. "So we all have become more sophisticated." Groups such as the Association of Dental Support Organizations (ADSO) help set and maintain industry standards, he adds

Cybersecurity

Large national DSOs are not the only ones at risk for legal issues, says Stuart Oberman, Esq., Oberman Law. Mid-level DSOs face similar issues. "Cybersecurity is the big issue today," he says. When dental practices are purchased by large companies, but fail to put cybersecurity protocols into

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place, they become a target. "Today, we see computers being hacked by people overseas from the Eastern bloc. The challenge for DSOs is to incorporate cybersecurity protocols into their corporate practices, whether they have six, 10 or a 100 practices," he points out.

Another potential legal issue DSOs face is regulation, he continues. The question is, how much impact on clinical care can the DSO have? "As states increase regulations, dental boards are getting more involved."

Equally important are issues related to employee safety and gender, including protocols for pregnant employees. As more women enter the dental industry, DSOs face more gender issues. Employment law (e.g., the Fair Labor Standard Act) is another consideration. "For example, if there is a break in the patient schedule, what is the hygienist's or dental assistant's job," asks Oberman. "Are they being paid fairly? Often their schedule is autonomous to the dentist's schedule. If there is a break in patients, they still want to be paid. We are seeing this issue continuously evolve, especially with regard to hygienists." The bottom line, he adds, is that issues such as these are here to stay, and DSOs must have greater oversight than ever before.

"As a whole, dentists are generally very poor managers of dental practices," says Oberman. DSOs are better equipped to provide more and better protocols, controls and education for their employees. When a dentist receives a complaint – whether from a hygienist or from OSHA – the DSO must step in and handle the issue, he points out. "DSOs must develop, implement and track protocols to manage the dentist, staff and patient matters – particularly as services and technology become more sophisticated and complicated – or these issues could have a substantial negative impact on the operational side of a DSO. I think some DSOs have a great structure in place, with good doctor/staff education and solid standards and compliance."

> "Cybersecurity is the big issue today."
>
> – Stuart Oberman, Esq., Oberman Law

That said, it's not only the DSOs that have their work cut out for them. Just as the DSO must ensure the doctors adhere to standards, so too must dentists joining DSOs make sure their DSO has protocols in place to maintain the highest standards of care, says Oberman. "There must be checks and balances in place." ■

More Growth, More Protection

DSOs provide many services to dentists, says Great Expressions Dental Centers CEO Rich Beckman. By assuming business responsibilities, they help dental professionals lower their costs for patients and live a more balanced life. That's why DSOs will continue to grow, and why participating dentists will continue to enjoy greater protection from a legal perspective.

"Dentists in DSOs do better, and their staff can work part time if they choose and enjoy a better quality of life," says Beckman.

"Today, solo practitioners account for 85 percent of the market," he continues. But, that is quickly changing, he points out. "In the next five years, we will see DSOs take a larger market share. As the states provide more and more [healthcare] services for more people, and this model extends to the dental world, DSOs also will extend more services to more people."

As that happens, "we want to see our doctors become more involved in the dental industry and help shape the change taking place," he says. DSOs may not be for all dentists, he points out, "but this model does appeal to many young graduates coming out of school with huge debt, who face the high cost of starting their own practice."

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The Insurance Learning Curve

DSOs continue to explore how a large number of practices can work as partners within an insurer's network.

By Laura Thill

As more and more dentists join DSOs, business support functions – including insurance issues – are becoming increasingly centralized. Doyle Williams, DDS, vice president, carrier relations and insurance operations at Aspen Dental Management, Inc., has seen the shifting landscape firsthand. Formerly employed on the insurance side of the business, he notes it wasn't long ago that "DSO-affiliated practices were told that they would be treated like any other practice." Today, however, insurers dedicate people to DSO-affiliated practices in order to take care of any issues quickly, he points out.

Still, it can be a source of frustration to DSOs when insurance companies don't recognize that each dental practice within the DSO is unique, with its own set of issues. "Insurers [often] want to treat all offices operating with the support of a DSO in the same way, as if they are all identical," says Williams. "[They] sometimes fail to realize that while dental practices may operate under a common brand or with the support of the same DSO, each practice is owned and operated by an independent dentist. Just as with any other medical profession, dentists operating under a brand will have different treatment patterns based on their personal comfort and expertise."

At the same time, "DSOs need to understand the importance of how a large number of practices can work as partners within an insurer's network," he continues. "Insurers should not be the enemy, nor should they wield an imbalance of power in the relationship." Also, as new dentists join a dental practice with multiple offices, it's important that the DSO track their movement across the practice's offices to ensure their work is paid in network, he adds.

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Better oversight

Belonging to a DSO means dentists can focus more on providing clinical care and less on management issues, including insurance. "The number of dentists who choose to practice with the support of a DSO continues to increase, and ranges from new graduates through dentists who are very experienced and perhaps nearing the end of their professional careers," says Williams.

"A DSO's responsibility to the dentists it supports is to provide business support – particularly the many hours needed to understand insurance policies – while allowing the dentists to [focus] on caring for their patients and overseeing the clinical care that is delivered in their practices by their teams."

– Doyle Williams, DDS, vice president, carrier relations and insurance operations at Aspen Dental Management

"It's a very attractive model to doctors. They maintain the pride that comes with owning their own practice, but also enjoy all of the advantages – whether that is buying power and economies of scale, or simply the camaraderie of being a part of a larger extended network of clinicians – that come with being affiliated with a DSO." Not only that, insurers save money by not having to work with each practice individually, he adds.

DSOs, for their part, have gotten wiser in the way they oversee insurance issues throughout the organization. In fact, compared to the solo practitioner, they are more up to date on regulations, participating agreements, hiring laws, coding updates, patient financing, appeals and grievances and other aspects of a business, according to Williams. "Early DSOs existed prior to National Provider Identifiers, and their affiliated practices operated under one license number," he explains. "This [presented] huge liability concerns in the early days, since insurers could not identify which dentist was performing which treatment. They would then brand an entire DSO as good or bad. Today, DSO-affiliated practices are much more like individual practices using a common vendor partner. The outsourcing of non-clinical support is efficient and desirable for successful DSOs, dental practices and insurers.

"A DSO's responsibility to the dentists it supports is to provide business support – particularly the many hours needed to understand insurance policies – while allowing the dentists to [focus] on caring for their patients and overseeing the clinical care that is delivered in their practices by their teams," Williams continues. "DSOs may watch for trends that identify an individual dentist as an outlier to the norm. They can explore these variances and provide the dentist with comparative data on trends and norms for other doctors, which is something a solo dental practice doesn't have access to. If an insurer activates an investigation, the individual can be considered within a broader picture rather than a single actor."

Looking ahead, Williams predicts that large DSOs will be able to negotiate better reimbursements due to their size and value to an insurer's network. "They should also be able to show better value propositions and quality initiatives to help insurers meet reporting requirements in the future," he points out. "Eventually, a DSO should replace many functions done by insurers today, such as credentialing, recruiting, enrolling, provider directories, fraud monitoring, pricing and more." ■

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"In our 33 years of evaluating products and equipment, we see many great products," says Mary Yakas, The Dental Advisor. "But they're not necessarily all innovations. 'Innovation' means different things to different people." The Ann Arbor, Mich.-based company provides the dental profession with evidence-based and clinically relevant information on dental restorative products, infection control products and dental equipment.

Adds Ken Strohschein, chief information officer, Great Expressions Dental Centers, "'Innovation' is a buzzword commonly used in IT, so we hear it used in the majority of our conversations. However, it is actually rare for something to be truly innovative. Oftentimes, the solution is helpful or has the potential to be helpful, but not many solutions are truly new, advanced and original."

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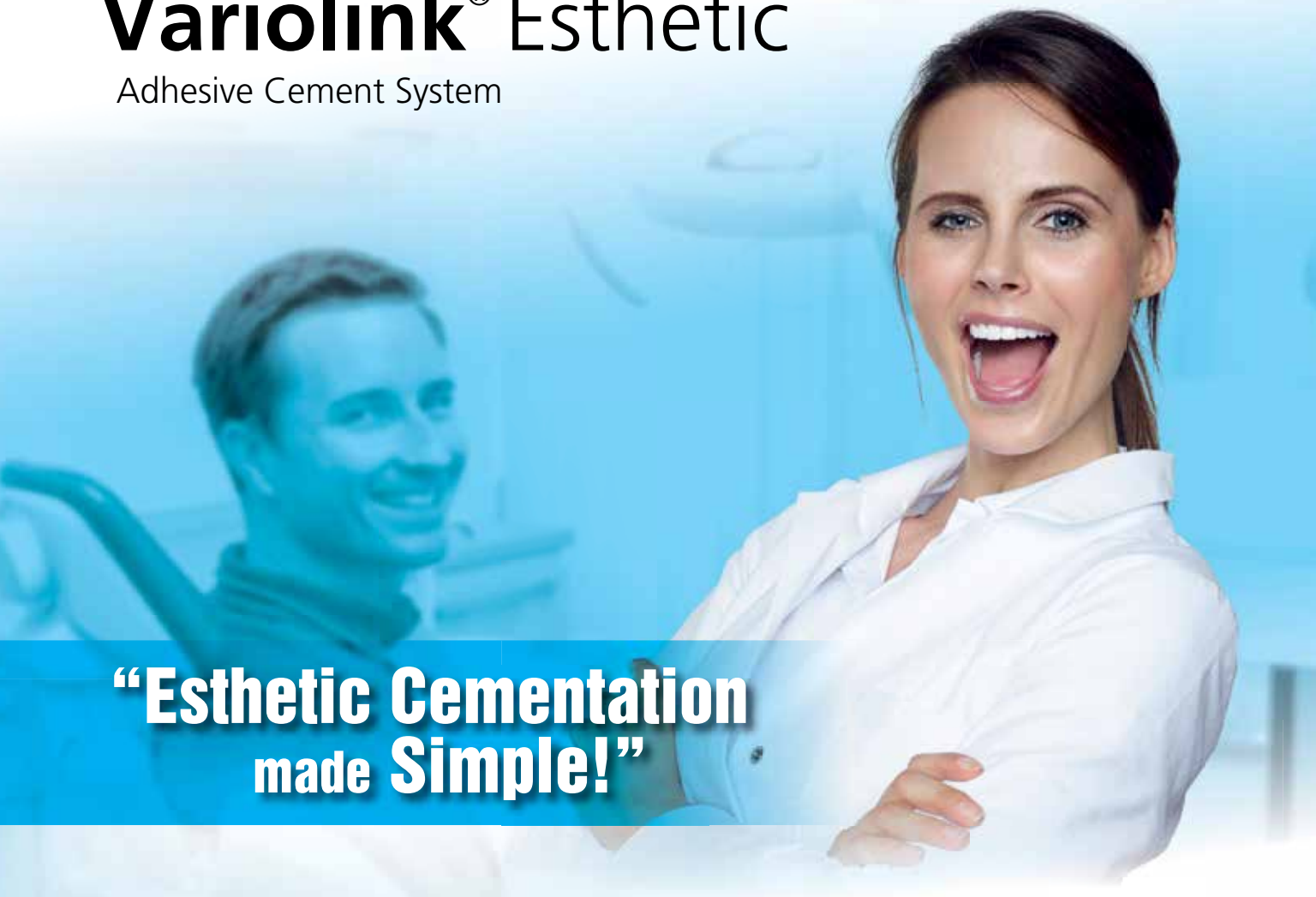

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Definition of terms

"Innovative is when a new or significantly improved solution is provided to an existing problem," says Strohschein. "In many cases, innovation isn't using a new technology or device, but rather, just using existing technologies in a more effective way.

"Uber is a perfect example of this," he continues. "Everyone knows that GPS and online payments have been available on smartphones for a long time. It just took someone to come up with a different way of using the existing technology to come up with a truly innovative solution."

Great Expressions itself has found ways to use existing technologies in more effective ways, adds Strohschein. "Our marketing team launched 'Expressions TV,' a lobby television system that educates patients on medical topics and services offered in our offices, while at the same time playing entertainment segments, such as local news, sports and weather. This is not necessarily 'innovative,' but it is a great way to use an existing technology to better meet the needs of our patients, to educate, and to create a more comfortable and enjoyable experience."

> "In many cases, innovation isn't using a new technology or device, but rather, just using existing technologies in a more effective way."
>
> **– Ken Strohschein**

Says Yakas, "I see innovation as simple as something that changes a technique, viewpoint, or story of anything that is being presented. At The Dental Advisor, we are considered trusted experts. Readers want us to cut through claims and help them identify things that will help them in practice.

"When we really see innovation, we like to explain how it works, why it works, what it improves, and why people should consider it. Each year, we have the opportunity to give an award for both innovative product and innovative equipment. But some years, we really haven't seen anything so innovative that we believe it's a game-changer. A great example of innovation is this year's winner, Monobond Etch and Prime from Ivoclar Vivadent. This product eliminates a step in bonding a restoration, which saves time and avoids handling hydrofluoric acid.

"Our first question was, 'If it eliminates a step, does it cut down on effectiveness?' In this case, we had the opportunity to independently test the product in our laboratory and clinically, and confirmed excellent bond strengths."

Sometimes, The Dental Advisor is presented with products that may be innovative in concept, but not necessarily in clinical practice, continues Yakas. For example, a product or technology that adds extra steps to the dental staff's procedures may be innovative or cool, "but you may be creating a problem where there isn't one, or your solution may be creating an extra step.

"Our experience shows that if you are adding steps, clinical teams need to see the benefit of doing so."

Cost-effectiveness

Like all healthcare providers, DSOs today need technologies that are innovative and cost-effective, according to those with whom Efficiency in Group Practice spoke. They must also balance the need or desire to be an "early adopter" with the need to carefully evaluate new technologies that come their way.

"It may add extra steps, change a traditional process that is working well, or be too cost-prohibitive for practices to adopt," says Yakas. Is it cost-effective, for example, for a practice to replace the impression materials with which they are comfortable, with a $20,000 digital impression unit? "Perhaps. But nothing is a magic wand, especially when it comes to technology integration."

On the product side, disposable items may only cost a few dollars, she continues. "But just because it's disposable doesn't necessarily mean it's cost-effective." That's because in addition to the purchase price, one must figure in additional costs, as well as waste management for these items. The same can be said for reusable, sterilizable items, she says. "Though they can be reused, often, sterilization guidelines are not followed for reprocessing, and this can cause breakdown or cross-contamination issues."

Says Strohschein, "Many times, vendors price themselves out of consideration," he continues. "Five hundred


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"We have a very thorough process for benchmarking, and we have key executives and management who have worked in a variety of industries, so we have a good feel for what a product/innovation should cost. We certainly understand that the vendors need to make a profit, but it needs to be a cost-effective solution and a good partnership for both sides."

Evaluation process

Making the right decisions about new technologies may differentiate successful DSOs from less successful ones. That's why they take the evaluation process very seriously.

"This is where we see most ideas fail: Practices don't put aside time away from patients to allow the staff to learn about proper usage and adoption of new products or read instructions carefully."

– Mary Yakas

At Great Expressions, "the IT department vets the concept initially, and if we find value, our next step is to involve our senior management to get their feedback, as well as the feedback from potential key users in the organization," says Strohschein. "If it is a clinical-specific product, GEDC's National Doctor Panel reviews it and remains involved in decision-making.

"If the product is deemed a viable solution, we will test it in a single location or market to work out any operational concerns and get direct feedback from the end users. We then use this feedback to go back to the vendor and make any needed adjustments, and make adjustments on our end in order to roll it out to all offices, or decline the technology altogether, if it's not a fit."

The key to implementing any new technology or supply is its acceptance by the office and/or clinical staff, he says. Great Expressions uses a variety of methods to obtain feedback, using everything from GoToMeetings to steering-committee meetings, onsite visits for observation, dedicated support phone lines, and continuous open dialogue with team members.

"While called many things, 'evidence-based' solutions are a requirement," Strohschein continues. "The best partnerships are those in which both sides have skin in the game, and both sides are willing to make the test/product successful with ample support.

"Lastly, I want to see a product work in our environment – or talk to another DSO that already has the solution in place."

Sound science

Says Yakas, "As materials and equipment develop, we are forced to stay on top of changes and improvements, so that we can appropriately put them to the test, both in the laboratory, and clinically through practicing dentists, who also want to know about product performance over time – which is where our long-term studies play a role.

"We also need to keep in mind that adults do not typically change unless they see a need and value to do so," she continues. "Our job as evaluators becomes looking at what is and what can be, and providing sound science to back it up, so that readers can make informed decisions based on independent testing.

"We are and have always been a scientifically based company, founded by two PhD dental materials experts," says Yakas. "They taught us to question everything from bond strength to the design of a syringe.

"'Evidence-based' has gotten quite a bit of focus over the years due to transparency laws and consumer knowledge of who funds studies and how they may be skewed

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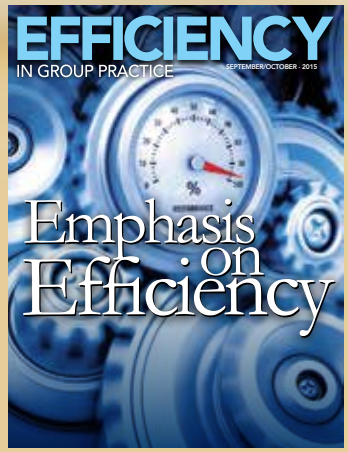

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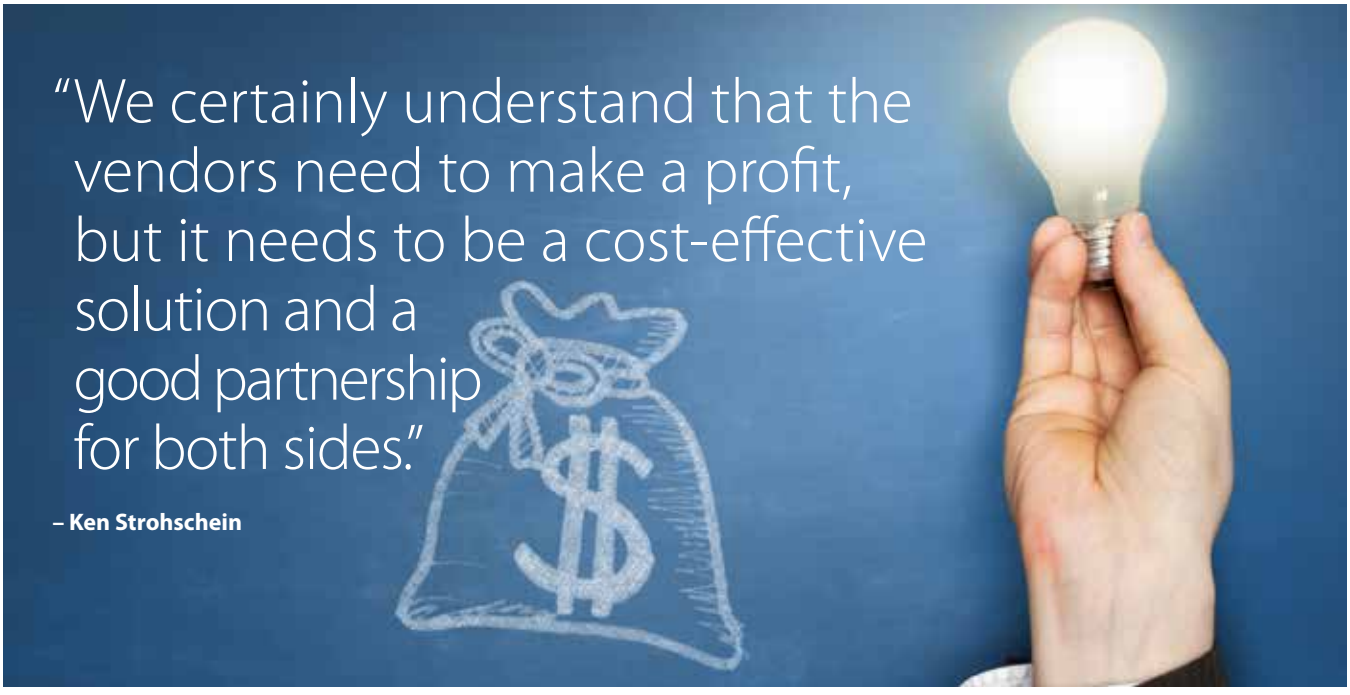

based on who pays for them. We are proud of our reputation of remaining a scientifically based company that provides unbiased, third-party information to the dental profession. That position is not an easy one to maintain, as many times, results delivered are not as hoped.

"Our view has always been that if we use good science along with honest information, it improves patient care in the end. Maintaining our integrity in the process of what we do and assisting manufacturers with development and improvement of products, as well as reporting to dental professionals, is a cornerstone of why we have the trust of the industry."

The early adopter

It's great to be an early adopter of new technology, but one must tread that path carefully, according to experts.

Like many solutions in the dental industry, early adoption doesn't necessarily mean implementing a new technology, but rather, implementing a technology from another industry, says Strohschein. "It is important for Great Expressions to be an early adopter, but only when the impact of the solution or product is thoroughly understood as being of value for the patient and/or our clinical team members. GEDC has the ability and talent to customize technology, or build our technology as needed. This helps us meet the needs of the patient and our clinical team members to help move the office ahead via technology."

Says Yakas, "Many DSOs have a young workforce, as many students exit school and go straight to DSOs to gain experience. The benefits of early adoption are that patients will perceive the practice as being on the cutting edge, and young dentists – who are eager to learn and integrate new equipment and techniques – will be attracted to it.

"On a negative side, any change to process requires time for training and integration," she continues. "This is where we see most ideas fail: Practices don't put aside time away from patients to allow the staff to learn about proper usage and adoption of new products or read instructions carefully."

Doctors fall in love with a new product or device they see at a trade show; buy it; then integrate it with their team, often with little or no training, she says.

"In general dental professionals are perfectionists. They are taught to fix the problem. However, failing to plan ahead means unnecessary stress. You're putting stress on people by not giving them time to make sure they don't make mistakes while working on patients."

That's a high price to pay for innovation. ■

Editor's note: The Dental Advisor is available to train group practices on the latest materials and equipment. For more information, visit www.dentaladvisor.com.

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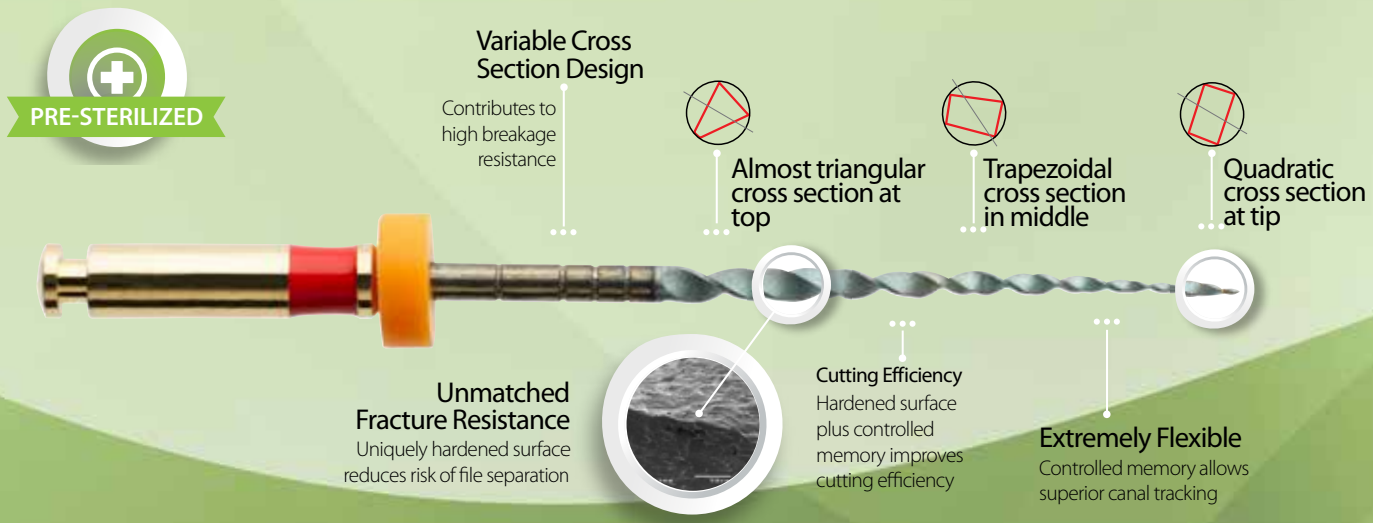

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Boot Camp

The Organization for Safety, Asepsis and Prevention (OSAP), reports that its Dental Infection Control Boot Camp™, held in Atlanta, Ga., in January, set records for attendance, speakers and content. The annual "basic training" program covers all of the core infection prevention fundamentals for dental practitioners.

"We were very fortunate to have a stellar faculty of world-renowned infection prevention experts who contributed their knowledge and expertise to this curriculum," said OSAP Executive Director Therese Long. "The manufacturers and distributors also are generous supporters of the

course, and we recognize and thank them for their commitment to OSAP and dental safety."

This year's meeting featured a record 15 speakers, including five representatives from the Centers for Disease Control and Prevention and the director of the Division of Oral Health at CDC, Katherine Weno DDS, JD. Attendees got a sneak peek at the new *CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care,* which builds on the CDC Guidelines issued in 2003.

One of this year's activities – "Traveling the Instrument Processing Pathway" – provided hands-on training addressing the pre-cleaning, transport, washing, and disinfection of instruments; instrument wrapping and chemical indicators and integrators; and sterilizer loading, unloading and monitoring.

Boot Camp is targeted to dental personnel who desire a strong foundation in infection control, infection control coordinators, educators, compliance officers, federal service employees with infection control responsibilities, federally qualified health center personnel, consultants and sales representatives.

OSAP recognized and thanked the U.S. Federal Services for supporting the course over the past two decades. Dr. Shannon Mills, Col USAF (RET) conceived the OSAP-Federal Services alliance in 1994.

Long also expressed gratitude to the members of the curriculum development committee:

- Dr. David Carr
- Dr. Randy Coffey
- Kathy Eklund RDH, MHP
- Earl Fillmore BAS, BSN, MS
- Dr. Leslie Grant
- Dr. Kelli Mack
- Dr. Chris Miller
- Carol Oeder CDA, LPN
- Dr. Doug Risk
- Dr. Scott Trapp

Special recognition and thanks were given to Dr. Marie Fluent, who spearheaded the entire program.

Keeping Sane in an Election Year

The rule of thumb that traditionally has banned politics from the work place appears to be wearing down, according to a *Chicago Tribune* column by Rex W. Huppke. So, given this is a campaign year, don't be surprised if a debate finds its way into your office.

But, that's not to say the office climate should or will heat up, notes Huppke. If colleagues remain respectful of one another, there's little reason this topic needs to remain taboo. In fact, "If you can't have a tough conversation with a co-worker, how are you going to have tough conversations with clients or customers?" he points out. He references a book written by longtime mediators, Louise Phipps Senft and William Senft – *Being Relational: The Seven Ways to Quality Interaction & Lasting Change.* The authors believe that, contrary to traditional beliefs that certain topics should be considered off-limits in polite conversation, "We need to talk about these topics and learn how to do it well, without having it become a problem."

As with many behaviors that don't come naturally, the more we do it, the better we get, note the authors. "Having these conversations with people who work together will make their ability to deal with issues at work much easier," say Senft and Senft.

Hupke speaks to the authors about the best approach co-workers should take when approached by a colleague who wishes to talk about the presidential campaign. First, determine whether the setting is right for the discussion at hand. Can you give the topic your full attention and completely engage your colleague? "Set the stage for a quality conversation," the authors point out. "A discussion on a controversial subject can't just be a couple of comments in the hallway," adds Huppke. "You need time to listen to each other and show an interest in what the other person is saying." If that's not possible, Senft and Senft recommend meeting over lunch to continue the discussion.

Being truly engaged in a discussion calls for "a little bit of generosity and humility and a willingness to be attentive to the other person, and hope that they're attentive to you," says Huppke, paraphrasing the authors. This means being open to the possibility that we are not always right. According to the authors, "You are really trying to look hard at your own assumptions and beliefs and [ask] yourself, 'Do I really know that to be true? How do I know that? Could there be information that I don't have that I need to be more informed?'"

It's important to remember that this is a conversation or friendly discussion, not a competition, note the authors. "Quality dialogue is not a competitive process," they say. "That doesn't mean you give up on persuading other people. It means you're being open and generally willing to consider other people' arguments.

Quality dialogue is not a competitive process. That doesn't mean you give up on persuading other people. It means you're being open and generally willing to consider other people' arguments.

While there's no guarantee that a political discussion will end well, following the authors' suggestions at least presents a possibility for a positive outcome, notes Huppke. In fact, he points out, you might even learn something. ■

[**Source:** *Chicago Tribune*, December 7, 2015.]

GEDC to relocate HQ to Southfield, Mich.

Great Expressions Dental Centers (GEDC), has announced that it was relocating its headquarters to Southfield, Mich. The new space in the Onyx Building in Southfield will accommodate the organization's continued growth – GEDC, which now has more than 250 practices across 10 states, expects to add 30 new offices in 2016. "Great Expressions Dental Centers looks forward to calling Southfield our new home, as we expand our Practice Support Center to accommodate the continuous growth our organization has seen in recent years," said Richard Beckman, CEO of Great Expressions Dental Centers. "Our Onyx Building headquarters will accommodate the creation of nearly 100 new jobs, will house an on-site training facility and will support our growth as we expand into new markets."

Many GEDC employees live in Metro Detroit, making the new location easily accessible from various nearby cities. The company also hopes that the central location will draw in top tier talent as they look to hire additional support staff.

GEDC expanded its footprint through affiliations with 23 offices in 2015. GEDC's new space will house an on-site training facility for employee onboarding, continuing education and business training. The office space will feature collaborative workspaces and a GEDC showroom, similar to a GEDC dental office.

Iowa could face dentist shortage in near future

A study from the University of Iowa's (Iowa City, IA) Public Policy Center warns that the state could witness a shortage of dentists over the next several years. According to the report, roughly 42 percent of dentists in IA are 55 or older, an almost 100 percent increase from 1997. The rate of eventual retirements could pose significant problems in rural areas that already have relatively few practicing dentists. Urban areas, with larger concentrations of dentists, face less of a risk.

Shofu Dental Corporation releases the instructional video for its EyeSpecial C-II digital dental camera

Shofu Dental Corporation announced a release of the instructional video for its EyeSpecial C-II digital dental camera in multiple languages, including French, Portuguese and Spanish. This video will educate clinicians, dental staff and laboratory technicians how to incorporate EyeSpecial C-II into their operatory or laboratory using the best clinical standards and techniques. Designed exclusively for dentistry, the EyeSpecial C-II is a smart digital camera intended for clinical photography, dental and orthodontic case documentation, lab collaboration, and patient communication and education. Equipped with a 12 megapixel sensor, a high-performance 49 mm close-up lens, and a panoramic LCD touchscreen that allows the user to view and scroll through images with or without gloves, the EyeSpecial C-II offers eight pre-set dental shooting modes along with intuitive one-touch operations. This intelligent camera captures high-quality images with ease and convenience.

Aspen Dental uses mobile lab to provide care for veterans

In light of the difficulty some veterans face accessing dental care, Aspen Dental (Syracuse, NY) offers a mobile dental lab to provide free services to former members of the military. Led by Florida dentist and Aspen franchise owner and Air Force veteran Jere Gillian, the 42-foot mobile office travels to 30 U.S. states and coordinates with local organizations to reach out to veterans needing dental care. The program is one of many Aspen Dental initiatives designed to improve veterans' dental health.

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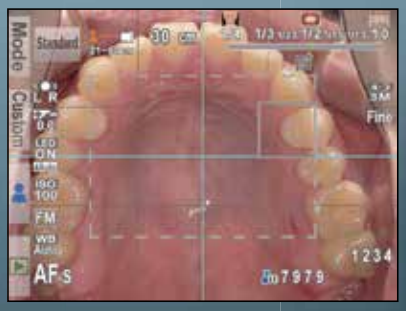

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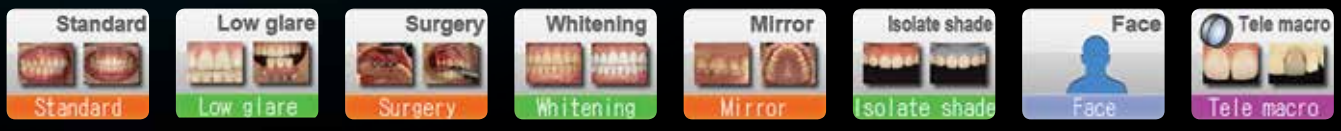

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*Brinker, S. (2015, January). HIPAA compliance and digital photography with personal mobile devices. Dental Products Report, 76-80.

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Why Change Fails

The real reason behind why people find it hard to change

By Randy Chittum, Ph.D.

A company decides to bring in a new warehouse management system. It is a fundamentally different way of operating a warehouse. Our normal move is to explain the need for the change with a heavy emphasis on how much better this new way of operating will be. We then provide training and support to those impacted in the hopes that new habits will soon replace old ones.

Yet there is still something missing.

Consider Ralph, who has been a warehouse employee for 17 years. Ralph is a "go-to" employee because he knows a lot about how to find products and the best ways to navigate the current system. He is a mentor to newer employees. His work identity is that of an informal leader. Now he finds himself facing the same challenges in learning the new system as everyone else. He is no longer looked to for leadership. His identity is moving from leader to employee. We think we are asking Ralph to ***do*** something different. In reality we are asking him to ***be*** someone different. And this is the source of most real resistance to change.

We spend a lot of time in organizations talking about how hard it is to lead change. Change leaders often make a fundamental error in how they think about, and lead change efforts. That error is failing to adequately distinguish between systemic external change and personal internal change, or transition. We define change as that which happens in the environment. Think of it as moving the pieces around the board, creating new structures and processes. We define transition as the internal and psychological shift that occurs inside a person that enables them to adapt to the change. All comprehensive change models have some aspect of both.

We think we are asking Ralph to ***do*** something different. In reality we are asking him to ***be*** someone different. And this is the source of most real resistance to change.

Missing the mark

We are actually pretty good at managing the change process. Our changes to structure and process are often very well thought out and make a lot of sense. And yet McKinsey reports that 70 percent of change efforts fail to achieve their desired result. If you have ever participated in a merger or acquisition, you know this to be true. If you are leading a change effort and do not have a plan for the personal transitions that are necessary, you are likely to be one of the seventy percent.

Rearranging the boxes on the organizational chart is the easier part of change. The personal aspect of change has to create space and allow the letting go that is required for change to "take."

The reality is that this work is emotional. Every individual will go through this process on their own timeline. It cannot be forced. The leader's job is to acknowledge, support, and coach.

Think about the last change that you found it hard to adapt to. What identity shift were you being asked to make? ■

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