

# EFFICIENCY

IN GROUP PRACTICE

MAY/JUNE · 2016

## Alleviating HR Headaches

**What does it take for  
group practices to  
make a great hire?**



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\*Int Endod J. 2015 May 22. doi: 10.1111/iej.12470



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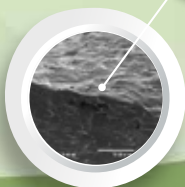
Trapezoidal cross section in middle



Quadratic cross section at tip



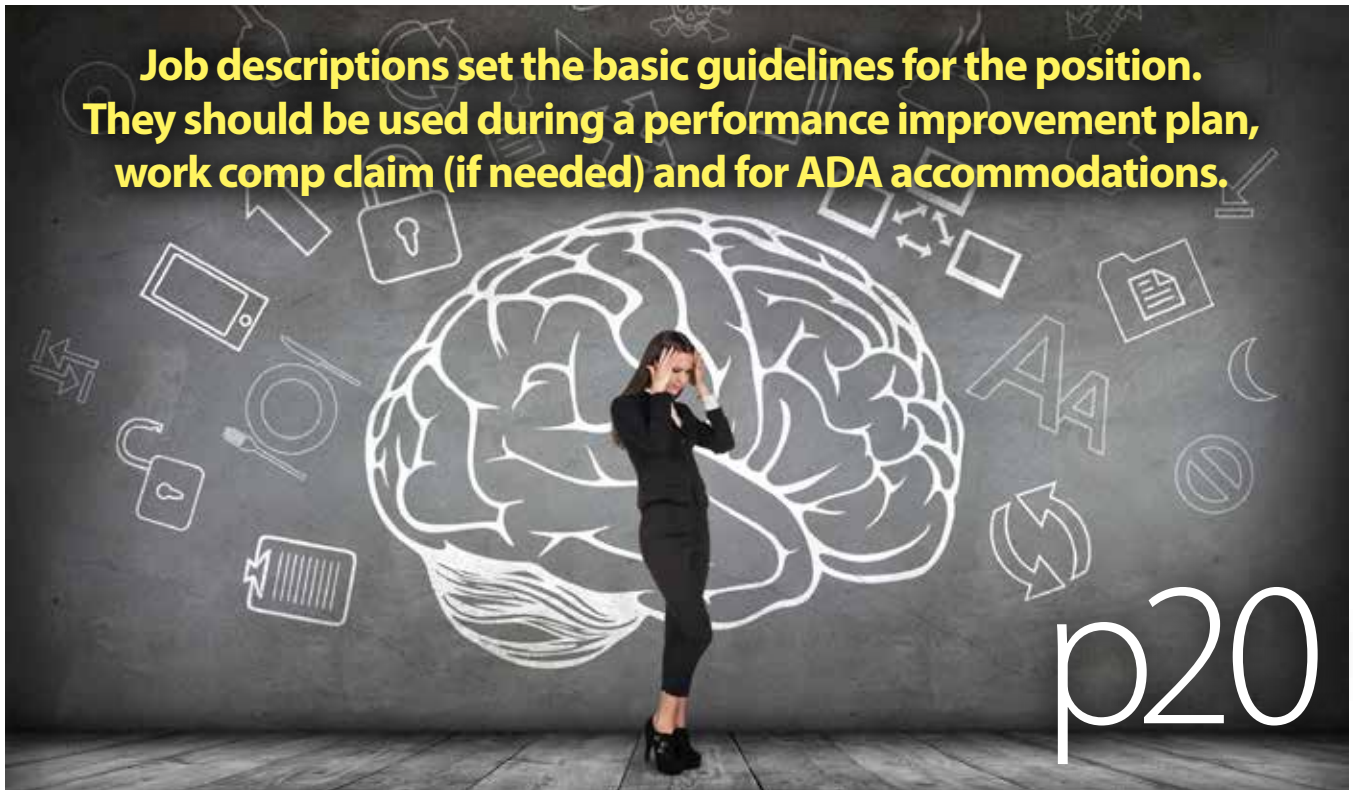
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p20

<b>From The Publisher</b>	
Human Resources, a non-profit DSO and more .....	4
<b>ADSO Summit a Success</b> .....	6
<b>The Importance of People Skills</b>	
Yes, there is a person attached to that crown.....	8
<b>Getting into the Flow</b>	
How production methods shape your group practice .....	12
<b>Cutting Through the Noise</b>	
Great Expressions Dental Centers' marketing plan is designed to benefit both patients and clinicians.....	14
<b>Alleviating HR Headaches</b>	
What does it take for group practices to make a great hire?.....	20
<b>Dental Practice Management: Discussion of Salary and Benefits</b> .....	30
<b>Heartland Preparing Tomorrow's Leaders</b>	
Doctor Mastery Program intended to enhance clinical and non-clinical knowledge .....	36
<b>DSOs Are Moving Forward. Are You?</b> .....	38
<b>A Delicate Balance</b>	
The Venn diagram can serve as a reminder for how to achieve excellence in the dental practice.....	40
<b>News</b> .....	43
<b>The Problem with our Plans</b> .....	46

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**PUBLISHER**  
Bill Neumann  
wneumann@mdsi.org

**EDITOR**  
Mark Thill • mthill@mdsi.org

**SENIOR EDITOR**  
Laura Thill • lthill@mdsi.org

**MANAGING EDITOR**  
Graham Garrison • ggarrison@mdsi.org



**ADVERTISING SALES**  
Diana Craig  
dcraig@mdsi.org

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**CIRCULATION**  
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**ART DIRECTOR**  
Brent Cashman • bcashman@mdsi.org

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# Human Resources, a non-profit DSO and more



Like many of you, I attended the ADSO Summit in Las Vegas at the end of April. I was impressed with the growth in attendance on the DSO member side, as well as the addition of more industry partners.

The total attendance this year was close to 800 people, compared to 550 attendees in 2015. The summit was held at the Bellagio and as you can image, it was first class. Not only was the venue incredible, but more importantly the content was timely, relevant and thought provoking. I noticed a mix of DSOs attending this year's Summit. There were the larger DSOs, but there were also many emerging or mid-sized groups attending. In 2017, the event moves to Florida, and there are predictions that it will hit 1,000 attendees. Refer to the ADSO's column in this issue for a full recap of the summit.

After you've read the recap on the ADSO Summit, take some time to read our story, *Alleviating HR Mistakes*. One of the biggest challenges for both small group practices and large DSOs is human resource management. We tackle the subject with input from Great Expressions, Heartland, Aspen, and the newly formed Avitus Dental. Find out what these leading organizations do to make a great hire.

After you are finished sharpening your HR skills, put your marketing hat on and "cut through the noise" with Great Expressions. Take an adventure with Ryan Torresan and the rest of the GEDC marketing team as they chart a course of rebranding and marketing to both clinicians and patients. I have been fortunate enough to spend time with Ryan and his marketing team on several occasions and I been able to follow this marketing journey as it has evolved.

Recently, I also had the pleasure of speaking to another contributor in this issue of *Efficiency*, Gregory Heintschel, DDS, MBA President and CEO of My Community Dental Centers. My Community Dental Centers operates 26 practices in Michigan and is one of the few not-for-profit dental support organizations. In *A Delicate Balance*, Dr. Heintschel discusses the use of the Venn diagram in dentistry and how it can help dental groups to achieve excellence.

Enjoy this issue,

A handwritten signature in black ink that reads "William S. Neumann". The signature is written in a cursive, slightly slanted style.

Bill Neumann

*Publisher*

EGP

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How the best perform





# ADSO Summit a Success

**A packed house, a new executive director, and** plenty of networking and education marked this spring's ADSO Summit in Las Vegas. Close to 800 people attended, compared to 550 in the prior year. In addition, 56 industry partners participated as sponsors in various capacities.

## **New executive director**

At the Summit, ADSO introduced newly appointed President and Executive Director Michael Bileca, who comes to the association from Dental Care Alliance. He has served on the ADSO executive and government affairs committees.

Bileca was president and founder of Towncare Dental Partnership, Inc., which merged with Dental Care Alliance in 2013. He was also managing partner of a consulting company that specialized in organizational alignment and performance based heavily on Dr. Stephen Covey's work. In that capacity, he worked with many national DSO organizations.

He is a leader in the community and has devoted a good portion of his time to service. In 2011, he was appointed to the Jackson Health System's emergency Financial Recovery Board in Miami, Fla., formed to turn around one of the country's largest public hospitals, which was approaching insolvency. Within two years, under the Board's and management's leadership, Jackson went from a \$400 million loss over the previous three years to earning profits.

Bileca was also elected to the Florida Legislature in 2010 and currently serves in Florida House of Representatives. He received his business degree from Tulane University with a minor in philosophy, and an MBA from the Kellogg School of Management at Northwestern University.

Next year's Summit is scheduled for March 7-10 at The Swan, Orlando, Fla. ■



Educational sessions included:

- CEO panel discussion with Stephen E. Thorne, IV, Pacific Dental Services; Dr. Rick Workman, Heartland Dental; Doug Brown, Affordable Care; and Bob Fontana, Aspen Dental Management.
- 5 Healthcare Trends that Dentistry Needs to Take Seriously, by Marko Vujicic, American Dental Association Health Policy Institute.
- Emerging Integrated Care Models, Dr. John Snyder, Permanente Dental Associates.
- Private Equity Panel, with Rich Agabs, Jefferies; Jim Momtazee, KKR; Merrick Axel, Cressey & Company; and Jon Santemma, Jefferies.



## Impressions from the ADSO Summit

**“Great job and one of the best annual meetings yet!”**

– David Drzewiecki,  
Absolute Dental

**“The Summit was awesome. We were pleased with the format and look forward to next year's meeting!”**

– Scott Gross, 3M

**“AMAZING annual Summit this year. Truly the BEST ever! Kudos and thank you for allowing DDS to participate.”**

– Kelly Rivera, DDS Lab

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By Deena J. Ali, RDH, BS, MBA

Deena is a Registered Dental Hygienist and business leader with over 15 years of clinical and leadership experience. Her depth of knowledge expands from private practice settings to acquisitions, to larger groups within the DSO environment. Deena earned a Bachelor of Science in Dental Hygiene from the University of Missouri, Kansas City- School of Dentistry and her Masters of Business Administration from The Lake Forest Graduate School of Business. Deena is a national speaker, known for holding her audiences engaged with her enthusiastic and dynamic style. Deena J. Ali, RDH, BS, MBA [Deena@enhancedhygiene.com](mailto:Deena@enhancedhygiene.com)

# The Importance of People Skills

**Yes, there is a person attached to that crown**

No matter what position we hold in the dental environment, we are in a position to serve people. Every task or responsibility comes back to foster a better, or worse, environment for someone – in most cases that someone is a patient. This simple concept is critical to our profession, yet it is often the one we don't routinely think about.

It's easier to focus on growing career skill sets. Dentists might strengthen their endo performance by learning a technique with some newly invented files. Hygienists might learn new ways to battle periodontal disease using adjunctive aids. Office managers might discover a new use for a report that uncovers more information to help the practice continue to grow. These are all extremely important technical skills, but what about strengthening "people" skills? Without people, we are not taking advantage of what our new educations are bringing to us. Without a person to receive these skills, these skills are merely concepts that never become attained actions.



# WHAT'S THE SAYING?

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



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## The power of interactions

When you stop and think about how much weight we actually have on impacting another person, it is pretty powerful. With a simple interaction, we have the power to make someone's day, or ruin it. I often find we all have the right intentions, and many times we want to do more, but sometimes we miss the small things that add up to make the biggest impact.

Patients won't remember the finite details about the crown prep. Instead, they will remember their experience during the process. Patients will think back to how the appointment was scheduled. Did the receptionist have a pleasant tone, or did the phone call feel rushed? People don't remember your credentials, but they recall how you used those credentials to help them. The emotional and psychological side of interacting with people is critical, but often forgotten. It is not uncommon for the "tasks" to overpower the more important outcome of what we are trying to accomplish, such as capturing the patient for a lifetime.

## Treat the patient, not the diagnosis

I recently had a medical procedure that required staying in the hospital for a few days. No one was rude, everyone was

Find a role model. Role models are a great source of inspiration, and their stories can make us feel strong when times get tough.

cordial, and my life was never at risk ... yet, the entire time I was a patient I never felt I was being taken care of.

The nurses were often rushed and distracted as they gave me my pain medications. When they walked in, they would ask how I was, but never really listened to my response. I was in pain, but too embarrassed to admit it. Yet no one picked up on the non-verbal cues. Nurses and attendants would come in and complete their task, whether it was

changing bed sheets, cleaning the room, or taking my blood pressure, but no communication happened beyond the task. Even my doctor fell into this category. Even though I was not put in harm's way, I will never go back to that hospital. I actually have changed my primary care provider to one that is affiliated with an entirely different hospital.

I made a mental note that when I returned to work, I would do my best to care for the patients as people, and not just their individual diagnosis such as the crown, the root canal, or the localized scaling and root planning. It also made me realize that patients are not looking at our competencies only by the procedures we can accomplish, but also how we are able to complete these procedures while building meaningful relationships and bonds.

## Commit to people

I have put together a simple list of things that have helped me try to reach the commitment I made to myself, and I hope you find these useful.

## Become more self-aware.

The first step toward becoming a better person is learning to notice your current behavior, whether it is how you react to stress, how

Show people that you care. Do this genuinely. Don't tell people what they want to hear just to make them happy, or to get something in return.

you cope with loss, how you manage your anger, or how you treat the people you love. The only way to make an improvement in any of these departments is to first take note of your current behavior, then reflect on how it can be improved, and finally, make the necessary changes

**Set goals for yourself.** If it helps, write some goals down on a piece of paper, or better yet, start a journal. This will open up your introspective side, and allow you to better understand yourself from an objective standpoint. Find a role model. Role models are a great source of inspiration, and their stories can make us feel strong when times get tough. Your role model might be your favorite singer, artist, politician, television personality, philosopher, religious figure, and so on. You might want to choose somebody whose story you can relate to.

**Practice empathy.** This is about standing in the other person's shoes and realizing what place this person is coming from (pain, fear, loss, etc.). Remember that everybody has his or her own struggles and insecurities; understanding this will help you be more sensitive toward other peoples' feelings, learn to bond with others,



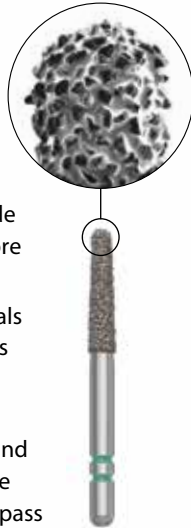
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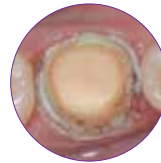
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and feel less isolated. And practicing empathy will help you to treat others as you would like to be treated.

**Show people that you care.** Do this genuinely. Don't tell people what they want to hear just to make them happy, or to get something in return. When I think back to all the patient concerns I have helped resolve, most of the time the patient just wanted to feel that someone cared. It was often this lack of care that made people feel unhappy and begin the complaint process.

**Be appreciative.** Count and appreciate the things you do have and the people you have helped. You might be surprised if you actually focus on what is already good and helpful in your life. I am appreciative of having a career that allows me to help people, and I have a great opportunity within Enhanced Hygiene to allow me to do this daily. Practice gratitude. I once read those who do feel grateful tend to experience less stress, feel more optimistic and have more energy. I believe this to be true.

Patients have choices. Most of the time it isn't the price, or the types of materials we have used, or the location of the practice that makes them choose to come back for all their dental needs – it is you. Patients choose the friendly, caring, and trustworthy environment you give them. Remember, we all have the ability to create this feeling in every interaction. ■

# Getting into the Flow

## How production methods shape your group practice



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)

According to literature, if you want to produce anything, there are two methods you can use. (Figure 1). Both methods apply to dentistry, but one is perceived to be almost four times more productive than the other.

Historically, the first method, "batch and queue," surfaced in the beginning of the 20th century. It relies on breaking down a product or service into components. Each component is created in a dedicated area, by a dedicated function. In dentistry, this would look like making an appointment for composite fillings, a separate appointment for veneers, and in a separate area, a hygiene appointment.

The second way of doing things, one-piece flow, is based on producing all the pieces that belong to one product (the mouth, in our case) and assembling them as soon as they are produced, until the product is totally formed. Quadrant dentistry could represent the first step toward one-piece flow. When taken to its full extent, however, one-piece flow goes beyond quadrant dentistry to treat all quadrants in one sitting. Although that is not always possible, the more procedures we add to the flow, the more productive our practice.

One-piece flow is more productive than batch and queue. However, until we learn how to do it, one-piece flow is more complicated to apply. After we learn it, it becomes very simple, but until then, do we keep practicing in a batch and queue mode because we're used to it, or do we step out of our comfort zone and learn flow because it is more productive? The answer is certainly personal.

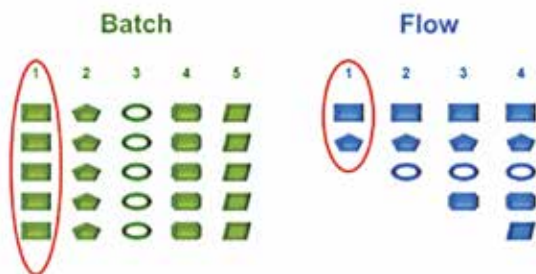


Figure 1: The only known production system to date.

### Two different approaches to management and leadership

The space of this article would not allow to describe the details of the two production systems. Instead, we aim at describing a more profound issue: How each of the production systems affects your management and leadership style. (See Figure 2)

## Batching

Batching seems easy because we divide the functions in a logical hierarchy: hygienists will do hygiene work, assistants, assistant work and dentists, dentist work. Patients come to hygiene appointments separately from dentistry appointments. Functions are specialized, such as treatment plan coordinator, appointment coordinator, etc. If tasks become more complex we can divide the work further and hire more people. Batching seems to apply to everything from simple to complex situations. The problem with batching is that, as experience shows, it is less productive than one-piece flow. Again, do we stick with what we know because it is comfortable? Or, do we stretch our comfort zone and learn a more productive way?

Batching	One – Piece Flow
Seems to Apply to Everything	Applies to Limited Conditions
Seems Easy	Seems Complex
Sorted by Components of Functions	Sorted by Value Stream
Less Efficient	More Efficient
Hides Problems	Exposes Problems

**Figure 2: Two different production systems require two different leadership**

In an ideal world where one-piece flow would be totally possible, the whole treatment is finished in one sitting. In the real world, however, you will find that at the beginning, one-piece flow applies to a limited number of conditions like simple cleanings or simple fillings. Then, if you want to apply it to more complex conditions, as you should, the requirements become increasingly complex. That is probably why, managers have not been able to figure out how to apply it. I am as guilty of abandoning it as any other manager. Back in 1984, I tried to apply one-piece flow to dentistry, and was so discouraged by its complexity that I gave up. Then in 1996, some 12 years later, when I read lean thinking, I realized that a group of Toyota engineers had spent 20 years going through the maze of obstacles and solutions until they figured it out. Their results were so groundbreaking – their system is at least four times more productive than batch and queue – that I

spent the next 10 years studying the system until I was able to apply to dentistry.

## The differences between batch and lean leadership

In batch and queue, we think that by breaking systems down into easy-to-understand, smaller pieces, we gain more control over our work. We keep perfecting the model, and in a way, dictate to our employees, new and improved methods. In this model, managers think and employees execute. We think that the closer employees

conform to the standards we establish, the better the results – quality, cost, safety, and timely delivery. Unfortunately, in many cases employees are not supposed to think or help improve the way things are done.

In flow management, managers know that applying “One-piece flow” is like navigating in uncharted territory. It will uncover many problems along the way. We do not know what problems we will face and we are aware that, when confronted with the problems, we do not know how

to solve them without further investigation. In contrast with the batch model, lean managers approach work from a learner’s perspective. In batch management, the manager owns the questions and their answers. In flow management, the managers have the right questions. The answers will come from the common experience of the whole team. If you want to include the patient, the solution would be even better.

The flow management approach has many advantages. It engages managers and employees in a constant dialog, allowing to build a coherent team. The learning perspective encourages mutual respect. But the most significant gain is the utilization of everyone’s intelligence, an invaluable asset, to improve every aspect of the business. ■

Do we stick with what we know because it is comfortable? Or, do we stretch our comfort zone and learn a more productive way?

# Cutting Through the Noise

Great Expressions Dental Centers' marketing plan is designed to benefit both patients and clinicians

When Ryan Torresan came on board three years ago at Great Expressions Dental Centers as VP of Marketing & Public Relations, he and his team were charged with the task of rebranding. Not an uncommon goal of any new marketing team. But here is where it got tricky. The rebranding and marketing efforts would need to be coordinated to two very unique audiences – internal clinicians, and outside customers.

It's a challenge for dental service organizations that want to grow both their practices and provider affiliations along with a patient base in new markets.

“Marketing can execute and get our ‘customer’ what they need, whether that customer be a patient or internal customer like doctors, dental office team members, HR, affiliations, etc.,” says Torresan. “Many marketers make the mistake

of trying to hit the home run or have the ‘next great idea.’ We would rather execute and drive results for the patient and prove that we can impact patient volume and retention.”

## Identifying patients' likes and dislikes

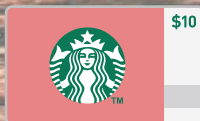
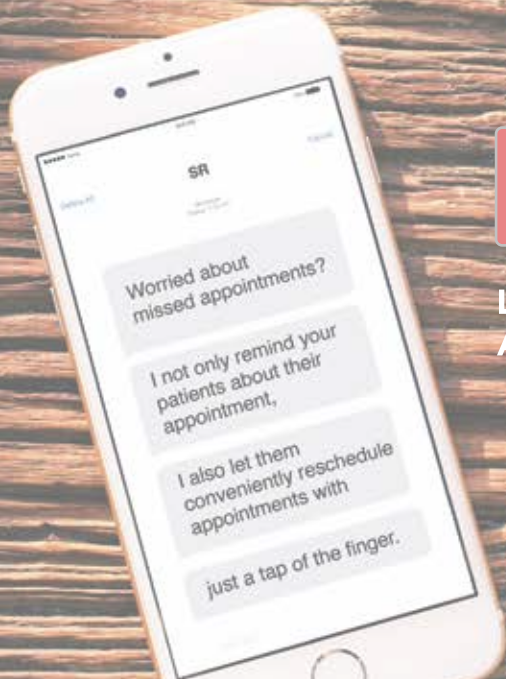
GEDC partnered with Proctor & Gamble to assess patients' likes and dislikes. After analyzing more than 700 surveys, a marketing plan with return on investment accountability was created to enhance the patients' dental experience, whether from an acquisitions or loyalty standpoint, says Torresan.

To attract new patients, GEDC uses traditional approaches, digital, social media and community outreach. “GEDC does television advertising in our larger markets,” says Torresan. “But our strategy changes a little bit in areas where GEDC has fewer offices. There, we have a higher concentration of community outreach and leverage the strength of online marketing, like pay-per-click, social media, and email and mobile marketing – which we do in every region, because that's how people interact with businesses today.”

In smaller markets, GEDC also does more grassroots community relations as part of their marketing. Office staff might order GEDC



Ryan Torresan and Don Klacking (CFO) visiting an office by the Smile Solution Center.



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Josh Cusenza (marketing coordinator) and Torresan.

branded events kits and materials from the GEDC Store to work with the local fire department on their big charity fundraisers, health fairs or volunteer at a food bank to increase visibility.

GEDC encourages its offices to cultivate vibrant community service. Several regions have launched Free Dental Care Days in their communities. Employees visit schools to talk about the importance of oral health. Every office participates in “Feeding the Children Everywhere,” making meals for underprivileged families. By 2015, they had made 200,000 meals, and counting, according to the company. They also work with women’s shelters, homeless shelters, orphanages, and large community events, distributing dental products, answering questions, and booking patient appointments. Staff can also join mission trips.

### **Patients are welcome**

Torresan says GEDC makes things as convenient as possible for existing patients by communicating via email, sending text reminders, etc. GEDC sends out an

electronic newsletter informing patients what’s going on in the community, dental education and news about GEDC. For instance, February was National Children’s Dental Health Month – so patients were reminded to brush and floss, and offered a chance to win movie passes for their family through GEDC’s Grin & Win Facebook promotion.

GEDC practice layout and decor are also designed to deliver a message: It’s welcoming – from the smiling logo design, to window clings depicting happy patients, to the positive mood set by the front desk/waiting area, patient bathroom art with core messaging, community giving art in hallways and clutter-free operatories.

Direct-but-subtle messaging is provided in the hallways and waiting area, where patients are educated via GEDC’s Expressions TV. The TV plays GEDC-filmed educational content GEDC, which loops along with news, weather, and other features. Dental partners, P&G, Under Armour, and CareCredit also run video messages. If patients see a story on implants, they’re more willing to



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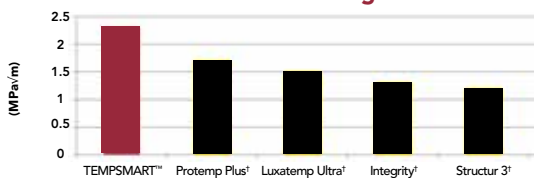
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Half the Time**

**GC**

broach the subject with the clinician, says Torresan. Or a story on periodontal disease may help raise awareness.

“The office marketing is very strategic, patient research shows people do not want to see medical images as art, it can be intimidating and uncomfortable to the patient. We reinforce the patients’ ideal lifestyle with people celebrating everyday moments to bring an uplifting tone to the office,” says Torresan. “It enables us to be transparent and to highlight charity work and services we provide while communicating with the patient the way they want to be communicated to,” Torresan says. “We want to help that conversation happen.



Torresan, Josh Cusenza (marketing coordinator) and Theresa Gorelick (marketing coordinator).

In the end, the whole experience is designed to put the patient at ease and educate the patient so when they are in the chair they will be comfortable talking about their dental needs.”

Part of that ease comes in accessibility, not just in terms of location, but of cost too. GEDC’s 250 offices accept most insurance. For those without insurance, GEDC created the Smile Protection Plan, which has more than 15,000 members. For an annual fee, patients get free cleanings, exams, and discounts on additional dental care, as well as vision, Lasik, prescriptions, and hearing exams. Each office also has a Smile Solution Center, offering oral products at prices below retail.

“The GEDC program allows you to network your overall health,” says Don Klacking, CFO.

### For doctors

GEDC’s growth has created regional networks of GPs and specialists. New dentists are teamed up with a mentor, and all team members are encouraged to confer with each other for clinical and professional advice. GEDC’s chief clinical officer and National Doctor Panel meet quarterly to discuss clinical protocols, treatments, and share the information with their teams.

“We have a really strong network within the Great Expressions community when it comes to mentorship or referring patients,” says Rich Beckman, CEO.

To keep clinicians current, GEDC pays their member-

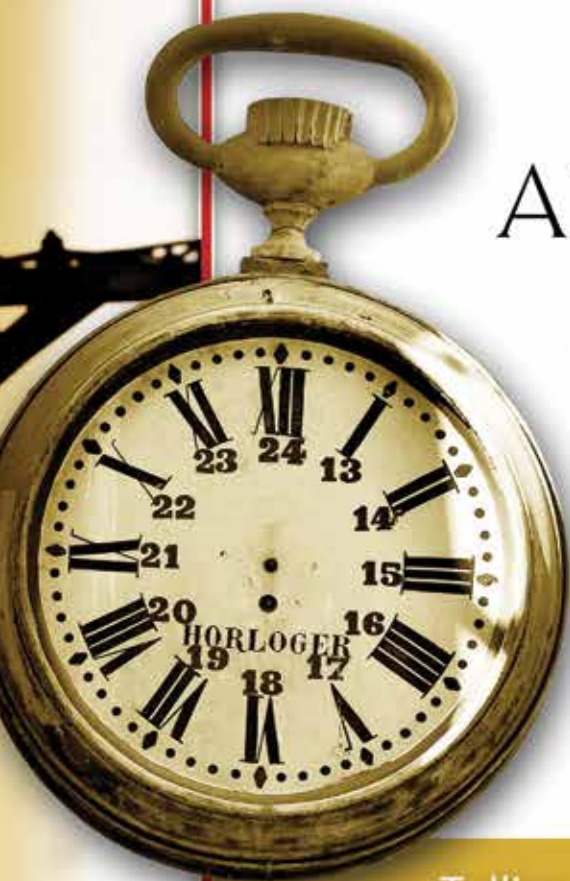
ships to the ADA and AAO, and created the GEDC University, which provides web-based CE content and training programs. Each region has a study group and a career growth and training program for all clinical and administrative staff members. GEDC also supports dental education by making annual donations to dental schools for scholarships and buying equipment.

GEDC recently launched a program called the “Power of One.” The internal rewards website and newsletter run stories about staff who have made a difference in a patient’s or coworker’s life. In addition, the kind deeds of fellow employees can be

acknowledged in a reward center on the internal website.

### Staying top-of-mind

The overall intent of GEDC’s marketing campaigns is to maintain top-of-mind awareness with the consumer, offer great in-office education marketing, and make the brand more accessible, Torresan says. “GEDC and its partners together are reaching the audiences they need to, while building the power of their brands,” he says. “The return on investment is steady patient and employee acquisition, retention, and loyalty. This multilayered approach to external and internal marketing more than pays for itself when operatory chairs are full, clinicians and office staff feel good about the care they provide, love what they do, and appreciate the way they are rewarded in return.” ■



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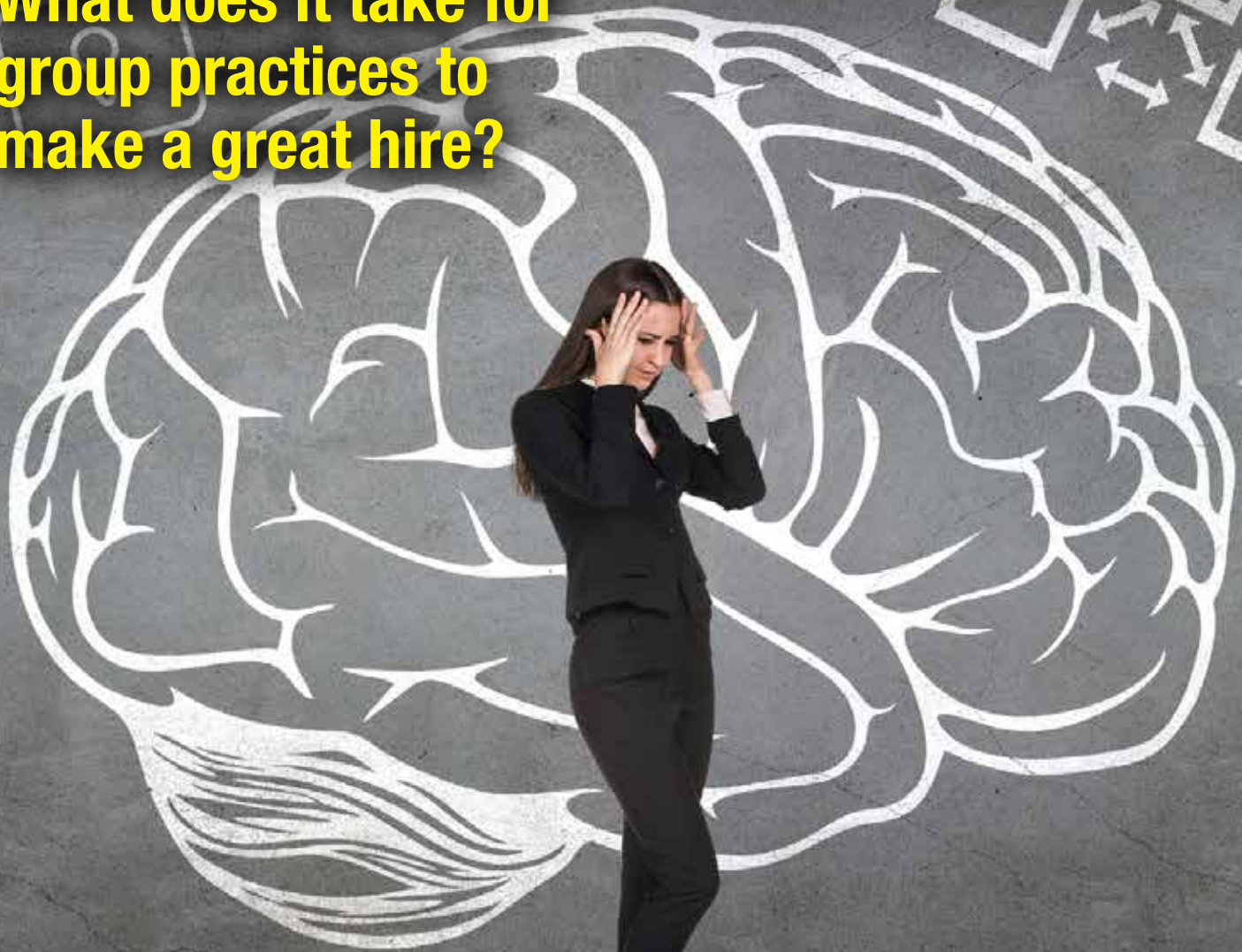
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# Alleviating HR Headaches

**What does it take for group practices to make a great hire?**



Dentists are spot-on when it comes to providing great dental healthcare. But, hiring and managing office staff often is outside their area of expertise – particularly when they are new to the industry. As business owners, however, it's imperative that they hire the right people who will support the office culture and mission, and dental service organizations offer their members the support they need to accomplish this.

*Efficiency in Group Practice* reached out to several DSO executives to discuss what dentists should – and should not – do to ensure they hire a staff they can depend on.

**Efficiency in Group Practice (EGP): What are some of the biggest mistakes dentists (and their office managers) make when hiring new staff?**

**Aspen Dental Management Inc. (ADMI) (John Murphy, director of talent):** Often times, dentists and dental office managers move too quickly when hiring new staff, particularly in a busy practice, where there may be a tendency to fill the need as quickly as possible. To simplify, they should evaluate for strength, motivation and fit. This means asking questions like:

- “Does the person have the skills to do the job well?”
- “Are their motivations in line with the values of the practice?”
- “Can this person assimilate into the culture of the office?”

**Avitus Dental Management Solutions (Quinn Dufurrena, DDS, JD, president and CEO):** Some of the biggest mistakes include not providing new employees with a job description and clear expectations of the job; not completing the I-9 correctly and obtaining required documentation; not giving new employees a handbook outlining the practice rules on their first day; and not providing adequate training.

**Heartland (Jayme Schultheis, director of human resources, Sabrina Sennett-Eveland, vice president of operations; Kim Urso, vice president of operations):** At times, dentists and dental office managers tend to hire candidates too fast, without focusing on their technical, commitment and personality

skills. In addition, they sometimes pay lower wages to new team members.

**Great Expressions Dental Centers (GEDC) (Kristy Loomis, vice president of human resources; Rich Beckman, CEO; Greg Nodland, COO; Dr. Robert Brody, chief clinical officer):**

Dental offices sometimes make the mistake of selecting someone to plug a hole when the candidate does not show a pattern of past work success or stability. Additionally, this can be a side effect of waiting for turnover. Once it happens, offices scramble to put someone in place, even though that person might not be the right fit for long-term success. We encourage practices to build a pipeline of great people so they improve their chances at filling that position when turnover occurs. Other hiring mistakes include:

- Some dentists are not willing to train, especially dental assistants. This is one reason we launched a dedicated training department called GEDCU. We want to set up the candidate for success, and it saves us money in replacing employees, job postings, etc. So it is truly beneficial for both parties.
- Focusing solely on experience. Many practices only interview candidates with a lot of years of dental experience. Experience in some roles is a positive thing, but dental practices should also focus on natural talent and ability to learn, as a lot of things are teachable in a dental office. If you find a great new practice administrator who comes from the outside with one year experience, and [he/she] is also hungry to grow, picks up on new materials quickly, is willing to adapt to your culture and has managed a team, it may be worth bringing that person in for an interview. At Great Expressions Dental Centers, we have some of the best

# Alleviating HR Headaches

dental software in the industry, and a dedicated training department (GEDCU), so that when we find the right person, we can get them trained and set up for success at GEDC.

- Not being clear on what you want from the candidate. The dental office is a busy environment, so writing down what you are looking for in a candidate helps you evaluate candidates and set expectations for both parties.
- Hiring people for the office who are not into providing care/customer service. They are there for the steady paycheck – not to take care of and interact with patients.

DSOs offer supported dentists training and access to bonus programs. DSOs also focus on helping dentists grow as leaders, so they can build and lead strong teams.

## **EGP: What direction can the DSO provide for its members as they look to hire new staff?**

**ADMI:** This is a critical service of any DSO. The DSO should be able to help the practice owner clarify its employee value proposition (EVP) and recognize the importance of building a strong team. The DSO should also provide them with the tools, systems and support to identify and select the right person. Dentists in the Aspen Dental network, supported by ADMI, recognize that it takes a cohesive team with a shared purpose to make a difference and to achieve great results. The collective belief is that the patient experience will never exceed that of the team experience.

**Avitus Dental Management Solutions:** DSOs can assist with taking the burden of recruiting off of the dentist's plate. They can ensure that staff is on-boarded correctly from a federal document perspective.

**Heartland:** DSOs can offer supported dentists information on market rate value, as well as help them utilize a thorough interview process to identify candidates who are at least an 80 percent match for the position.

**GEDC:** We can provide the most cost effective solutions by utilizing synergies due to volume, with advertising on job boards. In addition, our talent database has become very strong over the years and we have a large volume of resumes and candidates to call.

## **EGP: What ongoing support can the DSO offer to help dentists retain good staff?**

**ADMI:** It starts with the tools and mindset to make the right decision in hiring. From there, it continues with strong on-boarding and training programs, ensuring the new team member understands what the values of the practice are and that there is a vision for their continued growth. ADMI and the practice owners we support have developed learning journeys for the office staff so they have clarity on the skills required to grow professionally and what they need to do to ready themselves for the next step. Interestingly, of the nearly 600 office managers in the Aspen Dental network, the vast majority has been promoted from within.

**Avitus Dental Management Solutions:** We offer benefits that the practice doesn't [necessarily] provide. We assist with training dentists and their staff on HR best practices to ensure employees are being treated fairly. We also help with standardization of HR documents so that everyone is treated fairly.

**Heartland:** DSOs offer supported dentists training and access to bonus programs. DSOs also focus on helping dentists grow as leaders, so they can build and lead strong teams.

**GEDC:** We encourage the doctor to partner with the practice administrator on hiring and termination decisions. The

doctor and the PA need to be in sync, and the doctor needs to be a visible leader in the office, just as if it was his/her very own practice. In addition, good team members are hard to find, and even harder to replace. We talked to our employees and the things they wanted most were positive, caring relationships; recognition of achievement; pride in the dental group; and opportunities for growth and advancement. The factors above led to our development of the Leadership Development Program, which is a program designed specifically to help team members reach their career goals. We also launched our Power of One Rewards site, which allows doctors and office team members to electronically recognize an employee for a job well done, or for going above and beyond. We see positive comments posted and we want to share that with others in the organization through the Rewards site, our internal newsletter and more.

**EGP: How can dentists and office managers ensure that the staff they hire supports the mission and vision of the practice?**

**ADMI:** This is harder than it sounds. Talking about the mission and vision of the practice frequently, and embracing the values and using them to guide attitudes and daily decision-making, will ensure each new hire is aligned. The support team at ADMI has created a BLUE Health Check to help practice owners recognize and reward their teams when they exhibit the behaviors that reflect the office's mission. This is quite helpful in leading their teams effectively.

**Avitus Dental Management Solutions:** They can do so by conducting in-depth telephone screening and in-person interviews. They should shape their interview questions around the practice, while keeping them job-specific. In addition, dentists should include background checks and include the practice's mission and vision in the employee handbook.

**Heartland:** Dentists must continually communicate the mission and vision of their office, as well as the why behind it. This can be shared at weekly meetings, huddles,

etc. Dentists must relate the work of their team members to that mission and vision, in order to truly gain buy-in from team members.

**GEDC:** They need to set clear expectations upfront in the interview; explain what are – and are not – allowable standards of patient care; explain how we have higher expectations; and ensure that they are comfortable following more stringent procedures in order to take their career and patient care to the next level. In addition, they need to put it in writing: let [the staff] see things like your dental group's mission and vision written on paper, in the art in your office, etc. One of the best things we can do for future and current employees is set the expectation.

Dentists must continually communicate the mission and vision of their office, as well as the why behind it. This can be shared at weekly meetings, huddles, etc.

**EGP: What does it take to provide a rewarding work environment and retain office staff? Good benefits package? Education opportunities? Immediate feedback about performance? Up-to-date technology? Office culture?**

**ADMI:** All of the above are certainly helpful and play a role. But the key is, without a doubt, creating a culture that empowers team members to fulfill the purpose of their practice: helping patients get the care they need.

**Avitus Dental Management Solutions:** All of the above are important.

**Heartland:** All of these items can make a positive impact for team members. There's not just one thing that retains office staff. All of these things need to be implemented. Appreciation must be shown.

# Alleviating HR Headaches

**GEDC:** All of the above, really. Each item may have a different weight of importance to each employee. It's up to the manager and doctor to understand and flex their style with each person. In addition:

- We perform performance reviews, offer benefits and are constantly looking to add additional benefits. We also offer GEDCU, our own training department with hundreds of courses and classes. Our offices are continually adding new technology and moving to 100 percent digital offices.
- Culture is important to all dental groups, as well as companies, for that matter. Creating the right culture and finding candidates that can thrive in your culture is essential to a rewarding work environment. We want employees to be happy, while at the same time be the right fit for us.
- Another way GEDC helps provide a rewarding environment is through charity work and giving back to our communities. In dental, that is part of the employees' DNA – they help people on a daily basis. So we donate to certain charities every year, and we have created avenues where employees can get involved, like participating in GEDCs partnership with Feeding Children Everywhere, where employees come to a GEDC location and make meals for hungry children; providing oral care products should an employee go on a dental mission trip; and hosting community events with our Smile Center tent in each market (e.g., Tampa Ribfest, Atlanta Dogwood Festival, Detroit Winterblast, etc.), where employees can educate the public about oral care and interact with the public.

Job descriptions set the basic guidelines for the position. They should be used during a performance improvement plan, work comp claim (if needed) and for ADA accommodations.

**EGP: What is the dentist's responsibility with regard to assisting with the cost of his/her staff's continuing education? What is the DSO's responsibility?**

**ADMI:** It's the practice owner's responsibility as the leader of the practice to encourage continued learning and development of skills; to engage with the team in dialogue about their learnings and experiences; and to champion collaboration with their peers. It's also the practice owner's responsibility to identify specific areas for continued improvement, whereas the DSO's role is to make continuing education available to the owner dentists and their staffs.

**Avitus Dental Management Solutions:** Most practices offer some sort of training or certification reimbursement. If it's training

at the request of the practice, the practice should pay. If it's something the employee elects to do, the practice can choose to reimburse at a rate they wish.

**Heartland:** Both the DSO and supported dentists take responsibility for the cost, and [they should] expect the knowledge team members' gain to make an impact in the practice.

**GEDC:** You can go in many different directions in regards to staying current and up-to-date on your CE requirements for license renewals. At GEDC, we have thousands of online courses for our clinical staff, which meet the requirements needed to get their licenses renewed. We provide these online courses at no cost. In addition, our doctors can participate in other leadership programs and pod meetings. Pod meetings are when a group of doctors get together to study cases and learn from each other or from a specialty doctor in our group. GEDC offers in-office CEs designed to train the entire staff,



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# Alleviating HR Headaches

which are conducted by GEDC doctors or experts in a particular field.

## **EGP: How important are job descriptions?**

**ADMI:** They are critically important. Accurate job descriptions help create a realistic preview of the job for a prospective new hire, clarify expectations and communicate how the respective employee will be evaluated.

Job descriptions provide some function in regards to workforce planning and job evaluations for work accommodations. They also are good for setting expectations. However, on a daily basis, a job description should not really play into the day-to-day business.

**Avitus Dental Management Solutions:** They are very important! Job descriptions set the basic guidelines for the position. They should be used during a performance improvement plan, work comp claim (if needed) and for ADA accommodations. They should be accurate and include the verbiage, “other duties as assigned.”

**Heartland:** For DSO support positions, job descriptions are important, but they do change as the company changes. Starting with the goals of the position will help define the overall focus for the role. Even if tasks and responsibilities fluctuate, the overall focus of a position should stay relatively [constant]. Descriptions are important for producing guidelines for the team member to work toward.

**GEDC:** Job descriptions provide some function in regards to workforce planning and job evaluations for work accommodations. They also are good for setting expectations. However, on a daily basis, a job description should not really play into the day-to-day business.

## **EGP: How important is it for job descriptions to be consistent throughout the DSO?**

**ADMI:** The job description typically spells out the responsibilities of the job. From practice to practice, these responsibilities may shift based on the direction of the owner dentist or regulations in a particular state. The DSO, in an effort to build efficiencies, should at the very least have a template for jobs, which the practice owner can amend to fit his/her individual direction.

## **Avitus Dental Management**

**Solutions:** We provide customized job descriptions, as well as template job descriptions. It is important that everyone have job descriptions so that things are consistent across the board, and certain employees aren't treated differently. This can quickly lead to a legal claim.

**Heartland:** At Heartland Dental, we do provide consistent job designs. This helps us stay consistent to our systems. If job designs

become more and more customized, that consistency can become difficult to maintain.

**GEDC:** To have a meaningful training department and onboarding, a certain level of consistency is required. Otherwise, training cannot be developed. At the same time, you must have flexibility within the office to ensure the office staff adapts to patient needs. We have a job description for all key titles and job families. However, just because we have job descriptions doesn't restrict us – or the dental office – from modifying what each person must do in order to make that office successful. The job description probably covers 85 percent of the responsibilities; there are another 15 percent that are not always captured.

## **EGP: How often should dentists and office managers hold staff meetings, and what important points should be covered at these meetings?**

**ADMI:** Daily. At Aspen Dental practices, most doctors hold a morning huddle that brings together every



# Alleviating HR Headaches

member of the team. In addition to reviewing the schedule for the day, they also talk about what went well the day before, celebrate successes, and recognize members of the team.

## **Avitus Dental Management**

**Solutions:** Weekly staff meetings are important, either at the start or at the end of the week. Any new treatments, education, policies, procedures, situations, etc. should be discussed at these meetings.

**Heartland:** Communication is key in a practice, and the relationship between the dentist and office manager is very important. Dentists should be clear on what the office goals are and what their expectations are. A road map to achieving these goals should also be created and communicated. Specifically, teams should huddle every morning and have a team meeting one time per week. There, patients, the team and the business should be discussed.

**GEDC:** At GEDC, our model teaches to have morning huddles and afternoon strategy meetings from an operational standpoint to ensure the team is serving the patients the best. However, from an employee relations standpoint, it really depends on each office. If there are a lot of changes or new employees, you may want to hold them more frequently, say weekly. If everything is business as normal, then probably monthly would be fine for that team.

**EGP: How important is it for the office to be a fun place to work? How can dentists and office managers create a fun, yet professional office environment?**

**ADMI:** It's important that people know why they come to work every day and that their values are aligned with

It is definitely possible to create a fun and professional office environment. It takes teamwork and everyone doing their part for this to be successful. The team's attitude in the office can make or break how successful it can be.

those of the practice and the team. When you have a strong team and strong leadership focused on delivering great service, the fun just sort of happens organically! And that benefits the patients.

## **Avitus Dental Management**

**Solutions:** Fun is subjective. I could be having fun, and someone else could be hating [the task]. I think a clean and safe practice is the #1 priority. Lining the walls with attractive pictures and colors is also important. Dentists should have regular (monthly) employee lunches and openly acknowledge good ideas with [everyone in the office]. Respect for one another is mandatory; employees need to feel comfortable talking about issues with their supervisors.

**Heartland:** It is definitely possible to create a fun and professional office environment. It takes teamwork and everyone doing their part

for this to be successful. The team's attitude in the office can make or break how successful it can be. It is a game changer when an office becomes a fun place to work. The impossible becomes possible. Goals are met and retention is often achievable. People want to have fun at work.

**GEDC:** We believe the workplace is what you make it. When you join a team, it is not about yourself and what your needs and wants are. Teams will truly have FUN when they put themselves aside and put a smile on their face. Fun is winning; treating patients and seeing patients smile due to great service is winning. Setting team goals and taking a moment to celebrate those successes keeps it fun, and gives the employees the recognition they want. Additionally, creating the understanding of the value of the service makes for a more enjoyable work environment. ■

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# Dental Practice Management: Discussion of Salary and Benefits

Stuart J. Oberman, Esq

Many dentists unknowingly violate federal law by attempting to prevent employees from discussing salary and company benefits with other employees. The law surrounding this issue is often misunderstood. However, the lack of knowledge surrounding these laws can be costly and can lead dental employers straight into disputes with labor boards.

Many dental practices have a corporate policy similar to this:

*Confidentiality of Salary and Benefit Information: Employees are prohibited from discussing their salary or wage levels and company benefits with other employees. Such information is confidential and may not be discussed in the workplace. Any employee violating this policy will be considered to have committed a breach of confidentiality and will be subject to disciplinary action, up to and possibly including termination of employment.*



A 2011 survey from the Institute for Women's Policy Research found that about half of workers "report that the discussion of wage and salary information is either discouraged or prohibited and/or could lead to punishment." Those same companies would likely be surprised to learn that such policies violate federal labor law. Indeed, the National Labor Relations Act, which applies to most private sector employers (including health care facilities), contains a provision, Section 7 (29 U.S.C. § 157), that gives all employees the right to "engage in concerted activities", including the right to discuss their terms and conditions of employment with each other.

Over the years, the National Labor Relations Board has resoundingly sided on behalf of employees' rights to discuss salary and wages, and courts have uniformly supported that position.

Section 8(a)(1) of the NLRA (29 U.S.C. § 158(a)(1)) makes it an unfair labor practice for an employer to deny or limit the Section 7 rights of employees. Based upon those two provisions, the National Labor Relations Board has taken the position for decades now that employers may not prohibit employees from discussing their pay and benefits, and that any attempts to do so violate the NLRA. Over the years, the National Labor Relations Board has resoundingly sided on behalf of employees' rights to discuss salary and wages, and courts have uniformly supported that position.

Even if an employee signs a nondisclosure agreement, the employee would still be protected when talking about salary. An employer cannot declare information about employees' pay to be confidential information that cannot be discussed. However, an employee whose job function involves access to company wage and payroll information may not disclose employee pay information to other employees unless directed by the employer or an investigating agency.

The National Labor Relations Board has routinely heard cases regarding an employee's right to discuss wages. In one case, an employee noticed a document containing wage increase information in a supervisor's office, copied

the wage information concerning each employee and then shared the information with several employees. The National Labor Relations Board found that the employee did not commit trespass to access the payroll information, and that the employee was even within his rights to distribute the information.

Finally, it makes a difference under the law as to how employees obtain the salary and benefit information they are discussing. Employees discussing their own information are protected, as are employees discussing the pay and benefits of others if they obtained that information through ordinary conversations with others. However, if in order to get the pay and



benefit information they discuss with others, they access offices or files known to be off-limits to them, or cause others to break access restrictions and give them confidential information, and the company has clearly taken steps to restrict the information and uphold its confidentiality, then they may well find themselves unprotected by the National Labor Relations Act if they are disciplined, even discharged, for participating in the access violation.

Many employers use sample policies that they have found on the Internet or in collections of policies in popular office software, and some employers simply draft their own policies. With some areas of

A 2011 survey from the Institute for Women's Policy Research found that about half of workers "report that the discussion of wage and salary information is either discouraged or prohibited and/or could lead to punishment." Those same companies would likely be surprised to learn that such policies violate federal labor law.

employee relations, that can work. However, when the policies concern pay and benefit discussion, it may not be a good idea. This area of the law is so little-known by most employers and employees and so fraught with potential problems that any employer considering writing or enforcement of a policy restricting discussion of pay and benefits should definitely consult an employment law specialist who is knowledgeable about National Labor Relations Act issues before taking any actions.

The clear message for employers: do not prohibit workers from discussing pay and compensation. The law errs on the side of protecting employees' right to concerted activity. ■

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.

For questions or comments regarding this article please call (770) 554-1400 or visit [www.obermanlaw.com](http://www.obermanlaw.com)

If you would like Stuart J. Oberman, Esq. to speak at an event to your organization, please contact Katharine Drum, Marketing Coordinator ([kath@obermanlaw.com](mailto:kath@obermanlaw.com))



# The road to better patient care

## Palodent® Plus Sectional Matrix System found to offer predictable, efficient clinical outcomes

**When DentalOne Partners selected Dentsply Sirona's Palodent® Plus Sectional Matrix System as its primary sectional matrix system, it was confident its choice in products would ultimately lead to better patient care. "DentalOne Partners began using Palodent® Plus Sectional Matrix System four years ago as the primary sectional matrix system within our offices because we believe the product leads to more predictable and efficient clinical outcomes," says Dr. Charles Zasso, DDS, FAGD, MBA, chief clinical officer, DentalOne Partners. "We are always looking for products, techniques and strategies to provide better patient care, and Palodent® Plus is clearly a product that helps us deliver better results for our patients.**

"We tried other systems, but the Palodent® Plus system took the lead time and time again."

– Dr. Charles Zasso

"Our affiliated providers were especially impressed with the system's ability to help create realistic anatomic interproximal areas with the contact point in the middle third of the tooth and marginal ridges," Dr. Zasso continues. And, given the proper training, his staff



Dr. Charles Zasso

found Palodent® Plus Sectional Matrix System to be user friendly and reliable. "We tried other systems, but the Palodent® Plus system took the lead time and time again," he points out. "Our clinical team discovered it was the most intuitive sectional matrix system to use, and by far it had the shortest training time."



Palodent System

In no time, Dr. Zasso and his clinical staff were creating more efficient restorations, leading to more effective care and greater patient satisfaction. “Palodent® Plus is faster and easier to use, but most importantly, it provides superior patient outcomes,” he says. Additionally, it offers the following, he notes:

- Better contacts.
- Outstanding isolation of the proximal box.
- Stability of the ring.
- Proper contouring.
- Tight seal of the matrix band, minimizing flash.

“A secondary benefit is the ease of finishing and polishing, since the system places the composite in the right anatomic spot,” Dr. Zasso points out. “Therefore, you do not need to perform as much finishing to make the restoration look great.”

### Meeting the gold standard

“Palodent® Plus Sectional Matrix System works by creating efficiencies throughout the most difficult part of a Class II procedure,” Dr. Zasso explains. “The rings, matrix bands, and hollow wedges help to easily recreate the proper contacts.”

In the case of Class II composite restorations, isolation of the completed preparation with a matrix system that provides tight contacts and accurate contours is essential for successful placement. Not only does the selected matrix system need to seal the preparation to help achieve marginal integrity, it needs to mimic natural tooth contour and facilitate interproximal contact.

The three main parts of the Palodent® Plus system include:



- A nickel-titanium ring capable of separating the teeth and sealing the matrix.
- Palodent® Plus EZ Coat matrices that offer a micro-thin, super-curved form and a non-stick finish to ensure easier matrix removal.
- Wave-shaped wedges.

Traditionally, the wedge has worked to separate the teeth and seal the gingival margin of the preparation by adapting the matrix to the tooth.<sup>1</sup> Palodent® Plus wave-shaped wedges have wings that compress during placement and then flare when inserted to help adapt and seal the matrix, leading to improved marginal integrity and anatomic proximal contour of the restoration.

Additionally, the Palodent® Plus Matrix System includes a wedge guard, which attaches a thin piece of metal matrix to the top of a wedge, preventing unintended damage to adjacent teeth during preparation. Once the preparation is complete, the metal guard is easily detached, leaving the wedge available for adaptation of the final matrix and ring placement. ■

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Dr. Charles Zasso D.D.S., F.A.G.D., M.B.A., DentalOne Partners, Chief Clinical Officer. Dr. Zasso graduated from Northwestern University Dental School with honors and received his General Practice Residency training at the VA Medical Center in Bay Pines, Florida. The VA hospital residency focused on multi-specialty training in areas of Oral Surgery, Fixed and Removable Prosthodontics, Endodontics, Geriatrics and the treatment of medically compromised patients. In 2001, Dr. Zasso received his Fellowship in the Academy of General Dentistry and in 2009, his Master's in Business Administration from Northwestern University's prestigious Kellogg School of Management with a Dean's commendation for outstanding academic achievement. Dr. Zasso is still treating patients and has a special interest in cosmetic dentistry and is committed to quality comprehensive care. With over 1,000 hours of accredited continuing education, he is currently chairman of the formulary committee and is a founding Board member of the DOHI (Dentists for Oral Health Innovation), a national group with over 8,000 members representing the interests of group practice dentists nationally.

<sup>1</sup>Shuman I, Excellence in class II direct composite restorations. Dent Today 2007; 26(4):102, 104-5.



## SEAL THE DEAL ON ISOLATION.

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# Heartland Preparing Tomorrow's Leaders

## Doctor Mastery Program intended to enhance clinical and non-clinical knowledge

More than 500 dentists have signed up or are in the process of signing up for Heartland Dental's recently launched Doctor Mastery Program. The five-year program, comprising face-to-face as well as online courses, is designed to help participants achieve a Fellowship with the Academy of General Dentistry.

"Clinical growth is only one aspect of the program," says Samson Liu, DDS, executive vice president of clinical affairs, Heartland Dental. "Participants will also gain knowledge on non-clinical topics that can help them be a leader in and out of their offices – things they may not have learned in dental school."

As part of the FAGD requirements, educational opportunities are designed to enhance participants' growth in key areas, from fundamentals to more advanced areas, such as IV sedation, oral surgery, implants, restoration, occlusion, orthopedics and orthodontics, says Liu.

"Personally, the program will help participants set goals, minimize taxes, create personal finance plans, maintain fiscal responsibility at home and work, plan for reality and eventualities, know the difference between good debt and bad debt and invest in themselves," he adds. "In terms of management, this program will help participants learn the relationship between revenue, expenses and profits; understand variable expenses vs. fixed expenses; compare their office results with peers; and discover opportunities for their offices to thrive."

The Doctor Mastery Program is designed to help participants become definitive dental leaders in their communities, adds Liu. "Using a transformative approach, participants will advance their knowledge and

skills, making them more effective and proficient. As a result, their offices (and most importantly, their patients) will experience the benefits. In addition, this program addresses a vital component of the dental industry – continuing education.

"As the dental industry continues to evolve, along with evolving patients and technology, advanced education is essential now more than ever. Dentists who do not stay up to date on their education will not be able to meet the needs of modern dental patients, who expect more from their treatment, and will ultimately fall behind other dentists who can meet these expectations."

The program will have a positive impact on dentists of all experience and career levels, says Liu. "Certainly, it is a valuable program for young dentists just entering the industry who are saddled with large debt. Many new grads come out of school with upwards of \$300,000 in debt, making it extremely difficult to open and grow a solo practice. The Doctor Mastery Program

offers young dentists entering the industry an extraordinary opportunity to overcome this challenge and start off on the right foot. In just five years, young dentists can achieve true clinical and leadership mastery. On top of that achievement, they will receive a significant 'mastery bonus' upon completion of the program, which can be used to completely eliminate their student loan debt or at least minimize it considerably.

"For experienced dentists, the opportunity is valuable as well. They can take the skills they have accumulated in their career to the next level, as well as help mentor others." ■

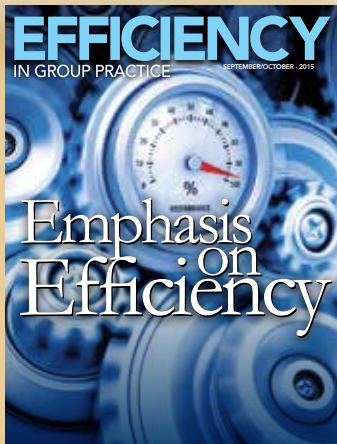
The Doctor Mastery Program offers young dentists entering the industry an extraordinary opportunity to overcome this challenge and start off on the right foot.



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# DSOs Are Moving Forward. Are You?

By Anthony Stefanou DMD, Founder, Dental Sales Academy

It's no surprise: The demographics in dentistry are changing quickly. No one knows that better than readers of *Efficiency in Group Practice*.



Over the past few years, it is estimated that dental support organizations have grown at a 20 percent to 25 percent rate compounded, and that by 2020, only about one-third of dental offices will be solo private practitioners. Some experts believe that approximately 20 percent of the dentistry performed today in the United States is performed within DSO-affiliated practices.

There are approximately three dozen large or major groups (50+ practices) and literally hundreds of mid-size or emerging groups. Many dental manufacturers and dealers are restructuring to add special markets directors or full teams to service them.

In March, the Dental Sales Academy hosted an interactive workshop in New York City entitled “The DSO Movement: What’s Going On & How to Get Your Share of Business.” Hosted by DSA Founder Dr. Anthony Stefanou and *Efficiency in Group Practice* Publisher Bill Neumann, the one-and-a-half-day workshop was intended to provide content from all

angles of the industry, including what practitioners, the financial industry and the DSOs themselves are thinking. The program was attended by manufacturers, dealers, and industry consultants.

Guest speakers included past ADSO Executive Director Dr. Quinn Dufurrena, Steve Raymond of DAK Group (an investment banking firm), and Rhonda Mullins, CEO of Entrepreneur Solutions. Agenda topics included:

- The DSO landscape: An explanation of DSO/group practice business models.
- Survey results & statistics: Exclusive, up-to-date information to assist manufacturers, dealers and service providers in understanding the DSO impact on their business and the dental industry as a whole.
- Competition: Analysis of what distributors/manufacturers/service providers are doing.
- DSO case studies: An in-depth evaluation of several DSOs, including their origins, executive teams and financial backing.
- Strategy: Determining which DSOs to focus on, considering procurement and clinical evaluation, and how to better sell and market to them.
- Important considerations: How to transition/re-evaluate your existing company/sales structure.

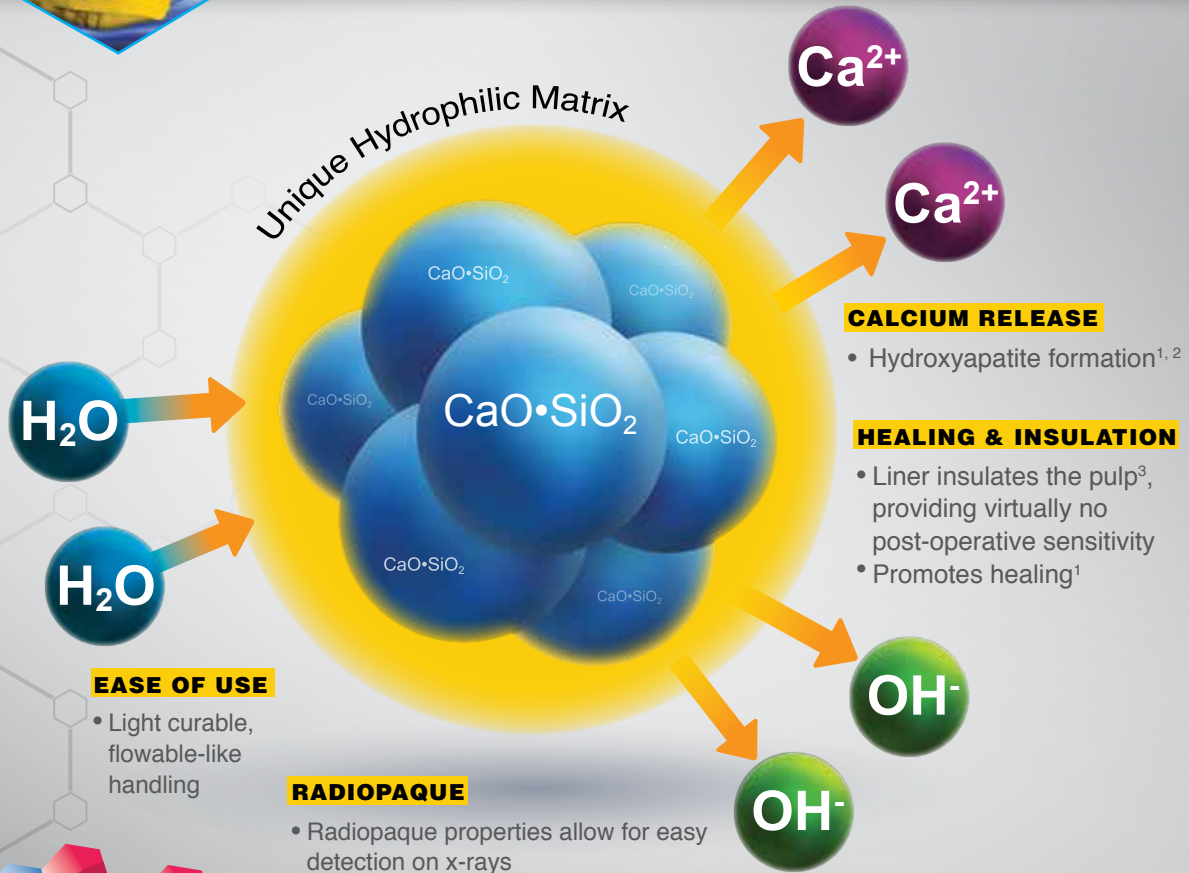
More workshops are planned. Information on future dates can be found at <http://dentalworkshops.weebly.com/dso-group-practice-workshop.html>. ■

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<sup>1</sup> ADA definitions for direct and indirect pulp capping at <http://www.ada.org/en/publications/cdt/glossary-of-dental-clinical-and-administrative-ter>

<sup>2</sup> Apatite-forming Ability of TheraCal Pulp-Capping Material, M.G. GANDOLFI, F. SIBONI, P. TADDEI, E. MODENA, and C. PRATI J Dent Res 90 (Spec Iss A):abstract number 2520, 2011 ([www.dentalresearch.org](http://www.dentalresearch.org))

<sup>3</sup> Selcuk SAVAS, Murat S. BOTSALI, Ebru KUCUKYILMAZ, Tugrul SARI. Evaluation of temperature changes in the pulp chamber during polymerization of light-cured pulp-capping materials by using a VALO LED light curing unit at different curing distances. Dent Mater J. 2014;33(6):764-9.

# A Delicate Balance

The Venn diagram can serve as a reminder for how to achieve excellence in the dental practice



By Gregory P. Heintschel, DDS, MBA

Dr. Heintschel is the president and chief executive officer of My Community Dental Centers (MCDC), a not-for-profit dental service organization in Boyne City, Mich. He has consulted, lectured and written extensively on issues related to continuous quality improvement in a patient-centered environment. He welcomes your comments and can be reached at [gheintschel@mydental.org](mailto:gheintschel@mydental.org)

The “pursuit of excellence,” “continuous improvement” and “patient-centered care” are catch phrases used with ever-increasing frequency within our profession. The questions for dental teams become, “What are we pursuing in becoming excellent?” “What are we improving?” “And just what does ‘patient-centered’ mean?”

To answer these questions, the dental office operation needs to be broken down into four basic parts. The first three – the core components – are clinical competency and standards, patient satisfaction, and margin (profitability). Overlaid on these is the fourth component, that is, the underlying ethos practiced in the pursuit of the first three.

These four parts are often presented as disparate entities with little interaction among them. Some presenters have gone so far as to say it is improbable that an office can achieve all four. Their message: “Determine which of the two you want to achieve.”

But I believe dental practices can – and should – strive to achieve all four components. The concept of Venn can help dental industry stakeholders, dental professionals, practice owners, and patients understand how to do that.

## Venn diagram

John Venn introduced the Venn diagram in 1880 to show all possible logical relations between a finite collection of sets. For our purposes, a Venn diagram provides a framework in which we can define and balance the components of excellence in dental operations. The Venn diagram can help the practice identify which aspects of the operation to emphasize or de-emphasize in order to obtain balance. It also provides a method to evaluate and monitor ongoing operations, and to minimize unintended consequences.



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Venn also is used as an intentional play on the word “Zen.” When we achieve Venn, we often achieve Zen, that is, peace, harmony, enlightenment and balance. These are all highly desirable qualities in the practice and administration of a dental practice. Figure 1 illustrates a Venn diagram using the three vital components of a dental operation.

While each component – patient experience, clinical quality and margin – is an independent variable, a picture starts to materialize as we overlay each component onto each other. At the epicenter is the “sweet spot” of the operation, where balance and harmony among the three components is achieved. It is also in this area where our office Zen can be fully realized.

As you study the diagram, you can imagine the nearly infinite set of logical relations between these components. As an example, consider a dental office that strives to incorporate the highest standards of technical and clinical quality. What happens to profitability and the patient experience?



According to Venn, over-emphasizing clinical quality could come to the detriment of both the patient experience and office margins. Think back on that absolutely perfect crown that you attempted to achieve on that central incisor of a family member or other loved one. How much more time was involved than a traditional preparation? Did that not affect margin? Did that extra time you took in attempting the perfect restoration make the patient a little more uncomfortable with the procedure? Did that extra time also negatively impact the patient experience and satisfaction with the procedure?

No one is arguing that we shouldn’t always strive for a highly desirable clinical process or outcome. But stressing clinical competency without regard to the other components of Venn can lead to disastrous results. Most of us know, or know of, an exceptional clinician with equally exceptional clinical competency who failed in maintaining the sustainability and viability of the office.

At the same time, overly stressing or emphasizing profitability might negatively impact the clinical standard of care and patient satisfaction. If left unchecked, this could result in disastrous consequences for the office and likely, the patient.

The Venn model can be used to determine the culture, policies, and processes within a practice. It helps minimize surprises and negate unintended consequences of our actions.

The Venn approach also helps the practice define just what is meant by “excellence” in the dental office. The word is defined differently by the doctor and patient. For example, patients don’t talk about numbers or outcomes, but of their own experience. Thus, really two parameters exist – that of the patient and that of the learned health professional. A Venn approach encompasses and balances the expectations of each.

## Underlying it all: Ethics

In our model, the ethos of the practice – the thing that guides its beliefs, behaviors and morals – overlays the three core components. Without a strong moral character, all actions can come into question and scrutiny. Figure 2 demonstrates how an organization’s ethos is to be ingrained in all actions.

Virtually all actions and decisions have some layer of ethical consideration attached to them. Contemporary dental ethics often calls for beneficence. We are called upon to not inflict harm, prevent harm, remove harm, and do or promote good. To put it in a patient perspective, that means do the right thing, for the right reason, and at the right time. With this in mind, actions and decisions become less parental in nature, and more aligned with advocacy on behalf of the patient. As balance and advocacy for the patient becomes commonplace, their response is highly favorable.

By maintaining Venn with the patient experience, patients are more likely to abide by office policies such as keeping appointments, paying their bills, and accepting



No one is arguing that we shouldn't always strive for a highly desirable clinical process or outcome. But stressing clinical competency without regard to the other components of Venn can lead to disastrous results.

recommended treatment. They are more likely to take responsibility for their oral health and in maintaining the dental services they received. Finally, patients who feel satisfied have fewer complaints and increased loyalty. As patient satisfaction rises, employee satisfaction commonly does as well. We all feel better about ourselves when patients are satisfied and show their appreciation. This sentiment is contagious, and can lead to office staff feeling more appreciated and more highly engaged. Staff turnover drops. Over time, the caliber of the dental team increases.

As we pay heed to appropriate and high clinical standards of care, our individual patient’s health will improve over time. Fewer incidents occur in their treatment. Our personal benchmarked standards, and those of the profession, improve over time. Costs for required treatment decline. As their patients’ dental health improves, the team can focus more on complex rehabilitation,

cosmetic enhancements, and other advanced procedures. Remaining costs shift from treatment to prevention. On a larger scale, as individual health is improved, so too does the health of the communities in which we live and work.

Not to be minimized is our ability to do all this profitably. Profitability allows us to provide for a better life for our family and the families of our employees. It adds comfort to the viability of our operations and our livelihood. It helps us make needed investments to maintain our technological edge, and to provide a world class environment for our care to be rendered in.

With higher margins, some level of mission can be incorporated. “No margin, no mission,” said the late Sister Irene Kraus, CEO of the Daughters of Charity National Health System (now Ascension). The dental profession is blessed with many people serving a higher purpose. With improved financial results we can increase our ability to provide care for those without the financial ability to do so. ■

# NEWS

## **North American Dental Group joins OSAP**

North American Dental Group (NADG) has joined the Organization for Safety, Asepsis and Prevention as a Professional Practice II (Group) member. NADG is the first large group to join OSAP in that capacity. The Professional Practice II member level allows large, multiple-location group practices to give professional staff at all their sites full access to OSAP's resources a single rate. NADG decided to join OSAP after their compliance officer attended the 2016 OSAP Boot Camp in Atlanta.

## **Sage Dental to open three new locations in Florida**

Sage Dental (Boca Raton, FL) announced it would open three new patient care centers. The new locations are Wekiva Springs (Apopka, FL), opening June 27, 2016; Altamonte (Altamonte Springs, FL), opening July 18, 2016; and Downtown Doral (Doral, FL), opening August 10, 2016. The three locations will join Sage Dental's network of 42 locations throughout Florida.

## **Marquee Dental Partners makes first Alabama acquisition**

Marquee Dental Partners (Nashville, TN) entered into an affiliation agreement with Signature Smile (Florence, AL), a multi-specialty dental practice with locations in Florence and Huntsville, Alabama. This is Marquee's first acquisition in the state of Alabama. Signature Smile's practice and staff will remain in place. Dr. L. Don Wilson and Dr. Kristen Bentley will continue to remain actively involved in the practice. Marquee Dental, which formed in 2015, now operates 11 practices across Tennessee, Alabama, and Kentucky.

## **FDA emphasizes added sugars on new nutrition labels**

The FDA's new design of the nutrition label included on packaged food in the U.S. will spotlight added sugars

among other changes. According to officials, the updated label makes improvements so consumers can make more informed food choices, which the agency hopes will reduce the risk of heart disease, obesity, diabetes, and tooth decay. The new label design also will highlight calories and servings with requirements for serving sizes that more closely reflect the amounts of food that people actually eat. These habits have changed since the last serving size requirements were published in 1993. The daily values for nutrients like sodium, dietary fiber, and vitamin D also have been updated to be consistent with Institute of Medicine recommendations and the "2015-2020 Dietary Guidelines for Americans." Calories from fat have been removed, because research shows that the type of fat is more important than the amount.

## **Aspen Dental opens new location in Conway, South Carolina**

Aspen Dental (Syracuse, NY) last week opened a new practice in Conway, South Carolina. The new practice is led by Dr. Derek Hayes, who with his team will provide dental services ranging from dentures and preventive care to general dentistry and restoration. The new location is one of 18 Aspen Dental practices in South Carolina.

## **Great Expressions Dental Centers adds new location in The Villages, FL**

Great Expressions Dental Centers (Southfield, MI) recently affiliated with Your Gentle Dentist (The Villages, FL). Run by Dr. Frantz Brignol since 2013, the location provides general dentistry, teeth whitening products and services, endodontists, prosthodontists and denture centers, and cosmetic dentistry. The affiliation will offer access to Great Expressions Dental Centers Smile Protection Plan to new and existing patients. The addition of this location brings Great Expressions' Florida footprint to 105 offices.

## Delta Dental of Washington donates \$2M for dental education clinic

Delta Dental of Washington (Seattle, WA) made a donation of \$2 million for a new dental clinic that will serve low-income and uninsured patients in Seattle. The 20-chair Dental Education Clinic will serve Medicaid and uninsured patients on a sliding-fee scale and train 40 - 60 dental hygienists and the same number of dental-assisting students each quarter. The clinic will open in June 2016 and is expected to provide 19,000 visits for 6,300 patients annually. It will offer annual exams, cleanings and fluoride treatments, emergency dental care, and restorative treatments. The clinic will be managed by Neighborcare

Health (Seattle, WA), Delta Dental of Washington, Seattle Central College (Seattle, WA), and the Seattle Vocational Institute (Seattle, WA).

## Halifax Group invests in Familia Dental Group

The Halifax Group (Washington, DC) completed an investment in Familia Dental Group Holdings LLC (Schaumburg, IL), a suburban dental support organization. Familia Dental provides affordable dental care to underserved populations in smaller markets across five states. Familia has 31 dental practices across Illinois, Indiana, Wisconsin, New Mexico, and Texas with several new practice locations slated to open this year.

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## Solutions Spotlight: Sponsored by Porter Instrument

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# Nitrous Oxide For Group Practices

**Nitrous oxide has been one of the most commonly** used analgesics and anxiolytics in the dental industry for over 100 years. With a wide safety margin, fast onset and short duration of effect, nitrous oxide has obvious benefits for a busy dental practice.

Many dentists have gotten away from using nitrous in recent years, often citing: “My patients don’t ask for it”. Even in today’s world of instant access to information, *patients don’t always know what to ask for!* Patients need to be educated on what is recommended, whether it is a treatment plan, service, or something to help make them relax and feel more comfortable (like nitrous).

No practice has a 100% case acceptance. Oftentimes the reasons for non-acceptance include time and money. A high percentage also avoid treatment due to fear and anxiety. Offering nitrous oxide is an excellent way to address fear and anxiety – and improve acceptance. Once the patient is in the chair and relaxed, how does working more efficiently (not having to start and stop as often) and performing longer procedures sound?

Other practices have gotten away from using nitrous because it “gets in the way.” New nasal mask technologies

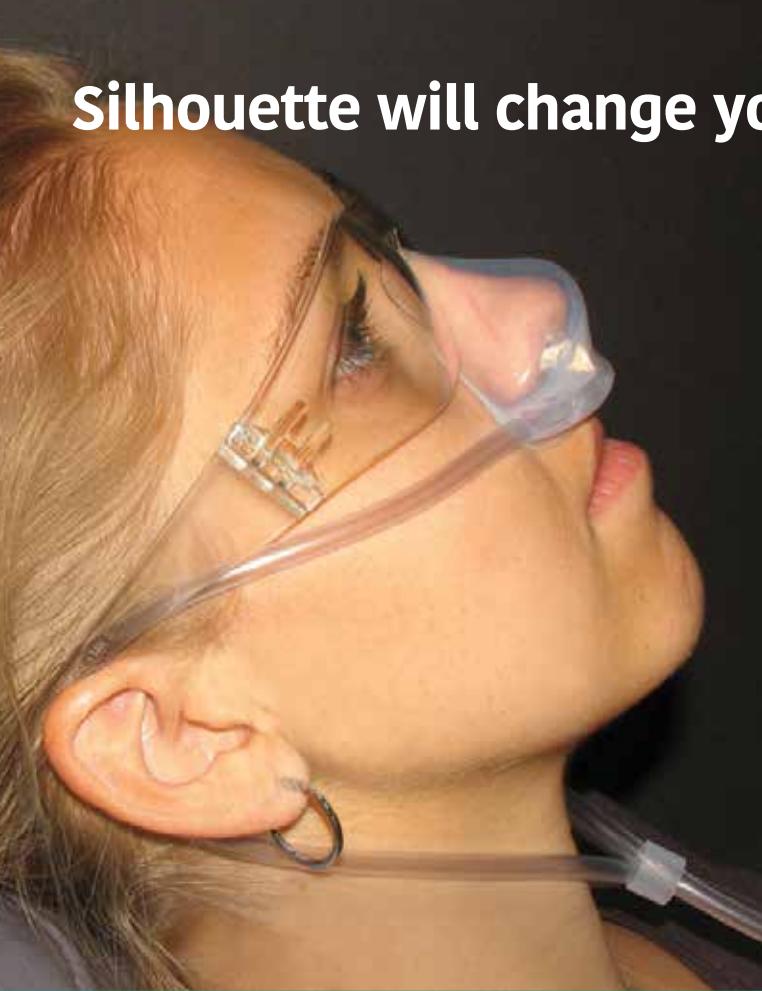
such as the Porter Silhouette™ now alleviate that pain point. Using nitrous is now easier than ever!

Nitrous oxide can also be a profit center for the practice. While cost per use is minimal, patient fees average about \$75 (in addition to improving the case acceptance and productivity levels). Often times we have discussions with offices trying to decide between a “portable cart system” vs. a “centrally plumbed system.” A centrally plumbed system does require a larger investment up front, but provides substantially larger benefits in the long run:

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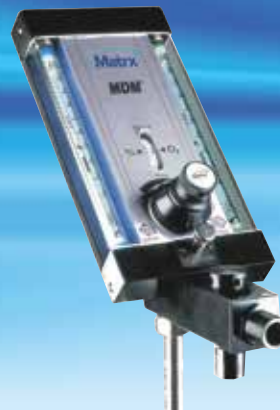
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# The Problem with our Plans

By Randy Chittum

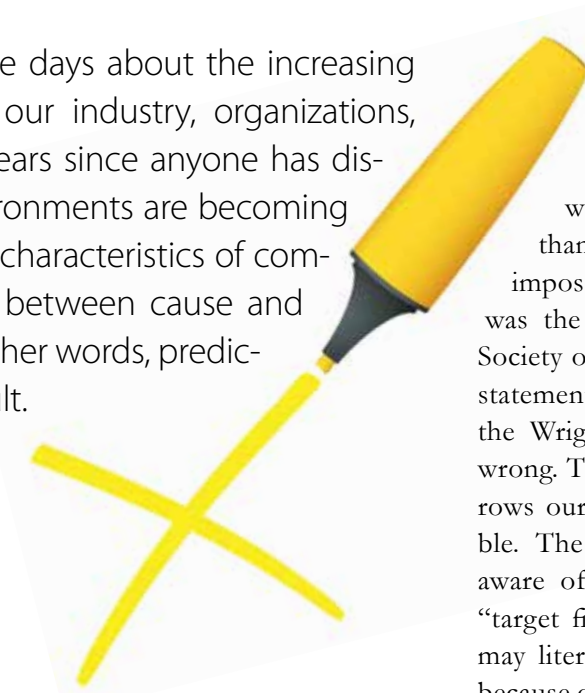
I talk with a lot of leaders these days about the increasing complexity that characterizes our industry, organizations, and even teams. It has been years since anyone has disputed the notion that our environments are becoming more complex. One of the key characteristics of complexity is that the relationship between cause and effect starts to breakdown. In other words, prediction gets more and more difficult.

Paradoxically, this may be even more true for experts. Witness the tech quote, often linked to Bill Gates from 1981 – “640kB (of RAM) ought to be enough for anybody.” Or better yet, Charles H. Duell, the Commissioner of the U.S. Office of Patents in 1899 – “Everything that can be invented has been invented.”

We do not have a great track record of outstanding prediction!

We are poorly calibrated in this area because we tend to remember those instances when we were right and forget those when we were not. Research from behavioral economics suggests that our predictions are about in line with chance.

Most plans are predicated on some level of prediction. The belief that we have some idea of how things will turn out is the foundation of most plans. While that belief may be primarily unconscious, it is still present. Dwight Eisenhower said “Plans are worthless, but planning is everything.” I have always assumed he meant that the process of planning was more valuable than what it produced. In the context of complexity, he may also have meant that we should beware our attachment to our plans.



Dwight Eisenhower said “plans are worthless, but planning is everything.” I have always assumed he meant that the process of planning was more valuable than what it produced.

The opportunity may lie in how certain we are about our plans. Lord Kelvin was certain when he said that “Heavier than air flying machines are impossible.” At the time he was the President of the Royal Society of England. He made this statement just eight years before the Wright brothers proved him wrong. This level of certainty narrows our range of what is possible. The military has long been aware of what is referred to as “target fixation” in which a pilot may literally steer into the target because of how focused he was on that one thing. What is your form of target fixation that keeps you from seeing?

And just how do we function in organizations where planning, and plans, guide our thinking and actions? I don’t think the goal is less planning. I think the goal is less attachment to our plans. Practically, this means more frequent conversations that start not with how are we doing relative to our plan, but with whether are we pursuing the right plan at all. It means bringing new and broader perspective to our plans. It means asking different questions such as “What is trying to emerge here?,” “What keeps popping into our frame that we continue to ignore?”

Finally, it means having more humility about our plans and our certainty. ■



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