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## Practice Management

Consistency, clear messaging key in effective  
practice management protocols for DSOs



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# Dental Group Meetings Make Their Mark

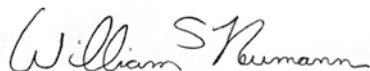


While the presidential election is over, it has left our country polarized, and with a great deal of uncertainty and division. What does a Trump presidency mean to DSOs and dentistry as a whole? There have been promises of tax cuts and more job creation, but we will have to wait and see what changes are made, if any, and how they affect our industry.

While much of the country seems to have spent the past year focused on the election, the dental industry seems to have been focused on dental group practice meetings. At least a dozen live events focused on the dental group practice occurred throughout the year. I attended my fair share of these events. While I am amazed by the sheer volume of DSO and group practice meetings, I am equally impressed with the growth in attendance at each one of the meetings. There seems to be a dental event for every level of dental group or DSO: emerging, mid-market, and large. In 2017, we will certainly see more of these events, and most likely greater engagement and attendance. *Efficiency in Group Practice* will cover many of the 2017 DSO and group practice meetings to keep you informed.

In this issue of *Efficiency in Group Practice*, we focus on dental group practice management. Read Greg Nodland and GEDC's strategy with regards to consistency and how that leads to a culture of excellence. We then take some notes from the COO of Benevis, Lisa Mikkelsen, who talks about payor models and how they are driving change in the dental industry. Quinn Dufurrena DDS, President and CEO of Avitus Dental, schools us on HR management, understanding metrics and the role of office managers in groups. There are a plethora of great tips and words of wisdom from these contributors.

I am hopeful that 2017 will be a great year for our industry and for the patients our group providers serve.



Bill Neumann

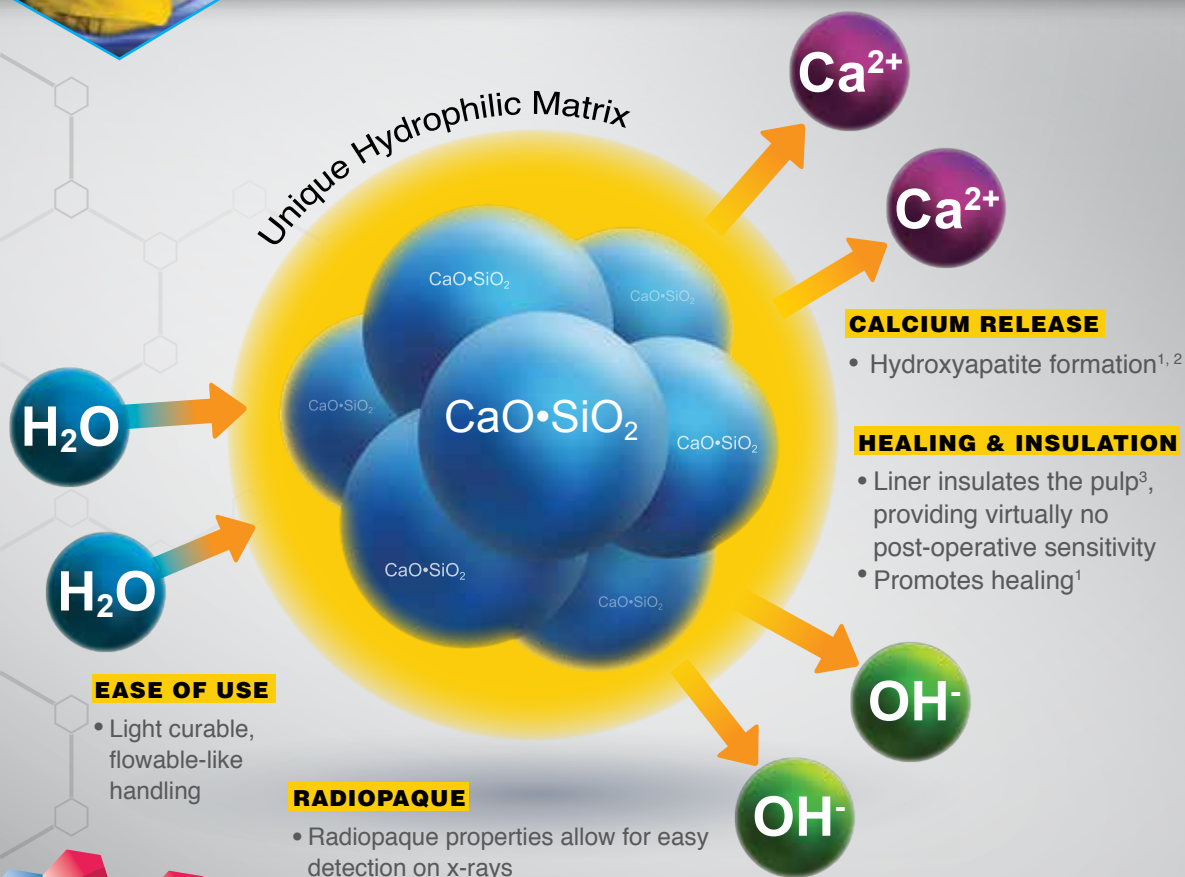


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<sup>1</sup> ADA definitions for direct and indirect pulp capping at <http://www.ada.org/en/publications/cdt/glossary-of-dental-clinical-and-administrative-ter>

<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.



# ADSO gears up for its 2017 Annual Summit

Opportunities for networking and a look at industry trends and developments in the coming year are only a couple of reasons why ADSO members will want to register early for the ADSO 2017 Annual Summit. Scheduled to meet March 7-10, 2017, in Lake Buena Vista, Fla. attendees will benefit from presentations on scaling the DSO model, compliance, public relations, industry growth, law and advocacy, and much more. The latest developments from leading industry partners and insight on the direction of the industry will also be hot topics at the event.

“The ADSO Summit is THE premier DSO event of the year, providing ample opportunity for networking with industry leaders and education on important topics and issues,” says Andrea Watkins, Director of Marketing & Membership. “The 2016 event in Las Vegas was sold out, with nearly 800 attendees partaking in the events, and we anticipate nearly 1,000 attendees at the 2017 event.”





Beginning with the preconference to be held on March 7, 2017, attendees will have an opportunity to engage in face-to-face meetings between Industry Partners and DSO members. Additional events will include:

- **March 8:** CEO and committee meetings, opening general session, and welcome reception for all attendees
- **March 9-10:** Breakout sessions throughout the day with a large networking reception Thursday night at Epcot Center. Additional breakouts and closing ceremonies Friday morning.

The Annual Summit is for members and invited guests only. For membership information, please contact Andrea Watkins at [awatkins@theadso.org](mailto:awatkins@theadso.org) or visit [www.theadso.org](http://www.theadso.org) for registration information. Many thanks to all of the sponsors, including Title Sponsor Dentsply Sirona, for contributing to what will be another record-breaking event in 2017. ■

# The Malware Menace

Taking a proactive stance helps dentists better protect their group practice

By Stuart Oberman, Esq., Oberman Law



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

All types of malware have one thing in common; they try to compromise the security of office computers. Malware is a term used for various types of cyber security risks, such as viruses, Trojan horses, worms, adware, ransomware and spyware. Malware is malicious software that is engineered to allow hackers to search through dental practice data. All practice owners should learn to be proactive regarding a malware intrusion.

Practice owners should be aware of some signs that can indicate a malware problem. Although they might not know how malware has penetrated their device, most of the time, its presence is pretty obvious. Practice owners might notice a few changes on their computer, including strange ads or pop-up windows, or changes to their browser. Their computer may slow down, as well. All signs should be taken seriously, and if one suspects that malware has been installed or has penetrated his or her computer, he or she should turn it off immediately and disconnect it from the Internet.

Malware is usually installed unintentionally or accidentally, simply by clicking on a link. Sometimes seemingly harmless downloads – such as screen savers, toolbars and torrents – are actually malware. It may also be installed on a practice's computer if the antivirus/malware software has not been updated.

Once malware is installed on a computer, it can lead to various intrusions, including additional malware.

The best thing a dental practice owner can do is try and fix the problem as soon as signs of malware are present.

Practice owners can prevent malware from being installed on their computer system by taking the following steps:

- Install antivirus/anti-malware software.
- Run weekly diagnostic scans with the antivirus/anti-malware software.
- Use the Internet cautiously. If something looks suspicious, don't click on it.
- Keep all information safe with encryption firewalls and protect all accounts with complex, unique passwords. ■

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.



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# Ask Yourself

Ways to grow your hygiene department in 2017



As dental groups create their 2017 financial plan, they may be looking for ways to grow revenue and improve cash flow within their group. While there may be many targets, we hope that each group seriously considers how their dental hygiene department can lead them to unbelievable growth in 2017.



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.

Before you look at growth through fee increases or adding hours, it is important to examine where your potential organic opportunities exist within your practices. These are the opportunities that will fuel incredible growth throughout the year.

## Services currently offered

If you are looking to increase revenue, this is likely where your biggest opportunities will be found. In order to analyze this area, you should run a procedure by provider report and look at the following areas.

## What is your periodontal-to-prophy ratio?

Non-surgical periodontal treatment is filled with key procedures that your dental hygiene team provides to your patients. Recently, the Academy of Periodontology and the Center of Disease Control identified that periodontal disease is a significant health concern and is more prevalent than once estimated. Dental practices should track their periodontal percentage as a way to measure how well they are addressing periodontal care in the office. The periodontal percentage is calculated using the following procedures:

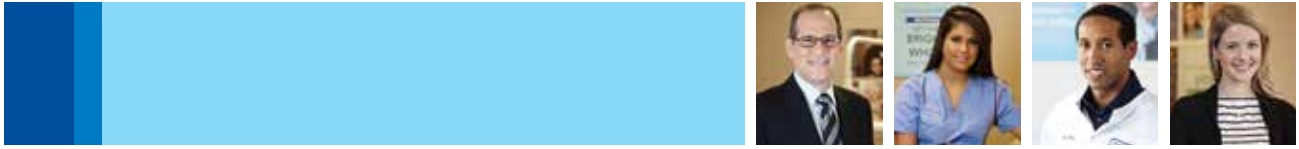
- D1110: Adult Prophylaxis
- D4910: Periodontal Maintenance
- D4341: Scaling/Root Planing – Quadrant
- D4342: Scaling/Root Planing – Localized

$$\text{Periodontal Percentage} = \frac{D4910 + D4341 + D4342}{D1110 + (D4910 + D4341 + D4342)}$$
  
Goal: 60 percent.

The periodontal percentage measures the number of periodontal-related procedures as a percentage of the number of overall definitive dental hygiene procedures completed (D1110, D4910, D4342, D4341)

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## What is your fluoride per patient percentage?

### What is your sealant per pediatric patient percentage?

If you find that any of these areas are lacking, then you should plan now to provide training and execution support with your team. This organic growth is your best opportunity for immediate revenue returns in hygiene.

### Patient demand

What is the hygiene book out in your practice? Are your new patients able to access your practice within two weeks of their initial call into the practice? Are you able to get your periodontal patients scheduled for treatment within two weeks of diagnosis?

If your hygiene schedules are booked solid for more than three weeks, then you should consider adding additional hygiene hours. Growth by hygiene hours is a great way to impact your overall growth, while fueling revenue growth month after month. By increasing patient flow through hygiene, you will also fuel growth for doctor revenue. Today's hygiene patient is tomorrow's doctor's patient.

## What are your hygiene expenses?

Measuring the Dental Hygiene Revenue as a percentage of total compensation is the most accurate measure of the dental hygiene profitability in your dental group. This number is calculated by dividing the total production of your hygiene team (excluding doctor exam fees) by the total compensation of your hygiene team (includes salary, bonuses, payroll taxes, and additional benefits). Your ideal profitability measure should be a 3:1 ratio.

If your percentage is out of sync in this area, it will affect the bottom line of your practice. The problem can be either under-production or over-compensation. This deficiency can be addressed either by revising the compensation formula to a percentage of hygiene production, or increasing production through better scheduling, and increasing the mix of services.

If your hygiene compensation expenses are out of line, it is important to address this immediately. Right sizing compensation will provide an instant improvement in your cash flow and profitability. Be sure to use Adjusted Gross Revenue (AGR) or Collections when calculating.

As you plan for 2017, take the time to analyze each of these areas within your group and plan appropriately for sizeable and sustainable growth in 2017. ■



# Practice Management



**As the dental industry continues to grow more** competitive, increasingly regulated and more complex, dentists must navigate an uncharted set of protocols for running their business. For many, join-

**Consistency, clear messaging key in effective practice management protocols for DSOs**

ing a dental service organization has afforded them with the tools to implement a practice management system that works for all of their offices. However, to ensure efficiency throughout a large group dental practice, DSOs must deliver a clear mes-

sage about the services it can provide; dental owners must give their office managers the authority to make decisions, delegate and lead; and together, DSOs and their providers must decide when it's imperative for all offices to adhere to consistent protocols, and when it's appropriate to deviate.



# Pay for Performance

New – and often more complex – payor models are driving change in the dental industry.

By Laura Thill

**The dental industry has grown significantly in the last 10 years, and** with that expansion comes the challenge of creating a sustainable practice model. “Recent growth in the industry and the growth in dental service organizations (DSOs) have driven the demand for dentists, resulting in a 99.8 percent employment rate in 2015,” says Lisa Mikkelsen, chief operating officer, Benevis Practice Services. “In addition, the payor model was simpler a decade ago, with fewer payors and fewer multistate or large group practices.” As a result, the dental industry is transitioning from fee-for-service to pay-for-performance, which is changing the way providers are reimbursed for patient care, she points out. It also impacts the way DSOs support their practices. “Multistate dental practices and dental service organizations now must provide data and information on patient outcomes and costs, as practices adapt to an evolving reimbursement model.

“Ten years ago, multisite practices faced the challenge of how best to create a growing, sustainable DSO-supported practice model, including educating doctors about the unique opportunities available within a DSO-supported practice,” Mikkelsen continues. “In 2008, about 4 percent of dentists were affiliated with a DSO. In 2016, this number has risen to nearly 15 percent. Today, more doctor candidates recognize the benefits of working for a DSO-supported practice. At Kool Smiles, doctors are able to focus on their clinical skills versus the administrative burden of running a practice; they can experience work-life balance through flexible schedules, and take advantage of multiple long-term career path options, all while earning a great living.”

DSOs support their members and affiliates through a wide array of non-clinical support functions, says Mikkelsen. For example, Benevis’ support enables Kool Smiles doctors to focus on “the mission of improving lives in their communities by providing high-quality dental care in a fun, compassionate environment,” she points out. “Benevis utilizes scale to efficiently provide a wide

range of practice support services, including marketing, IT, supplies, payroll and benefits administration, HR support, finance support and facility management. Benevis is able to provide a significantly higher level of support through our proprietary Boomerang Practice Management (electronic health records) system. With the help of this advanced technology, we offer industry-leading compliance and auditing programs to ensure quality care and transparency, integrated patient relationship management and end-to-end revenue cycle support.”

## Solo vs. group

While solo practices continue to face traditional challenges, such as recruiting and retaining new staff, they are not feeling the impact of the change in payor systems as immediately as do their group dental counterparts. “The payor industry change will first impact those that participate with government-funded insurance programs,” says Mikkelsen. “Ultimately, this will impact solo practices, but they might not feel the impact as quickly or as strongly, particularly for those with mature practices serving predominantly self-pay and traditional commercial insurance patients. However, as the Affordable Care Act (ACA) has shifted cost sharing



Lisa Mikkelsen





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*Ray Tai, CEO*

for medical and dental costs to consumers, promoting more consumerism in dental, it is projected that patients will seek savings through discounts or by favoring in-network providers, thus impacting solo practices.

“Kool Smiles’ dentist owners view the payor model change as an opportunity to better partner with payors, as they lead the way in creating dental access, improving patient satisfaction and outcomes, and lowering costs,” she continues. “It’s because of the support that we [at Benevis] provide Kool Smiles that they are prepared to be a leader in this changing environment. For example, through our integrated practice management system,

**“In 2008, about 4 percent of dentists were affiliated with a DSO. In 2016, this number has risen to nearly 15 percent. Today, more doctor candidates recognize the benefits of working for a DSO-supported practice.”**

**– Lisa Mikkelsen, chief operating officer, Benevis Practice Services**

Benevis provides data and information that helps Kool Smiles’ dental leaders better understand patient outcomes and costs versus other providers. We also provide Kool Smiles’ leaders unique insight into patient experiences based on data analysis of millions of patient visits and thousands of patient surveys.”

Granted, the dental industry is in the early stages of the reimbursement model transition, notes Mikkelsen. But, as the transition continues to play out, she believes it will drive the growth of DSOs. “DSOs are projected to grow rapidly due to the non-clinical benefits they currently provide their clients,” she explains. “DSOs are best-positioned to support dental practices as they navigate these changes.”

### **Consistency vs. individuality**

In recent years, the dental office has become increasingly complex, notes Mikkelsen. DSO-supported dental

practices have expanded their services beyond general dentistry to include such specialty services as oral surgery and orthodontics, she points out, making it more important than ever to develop office protocols that enable staff – particularly office managers – “to lead through the increased complexity of supporting multiple specialties, including additional staff support, patient scheduling, patient flow and patient experience.

“In many cases, consistency throughout a group practice has become “essential to achieve sustained results,” she explains. “For example, when facing increased billing and collections complexities, offices

need to have a clear process and resources to ensure payment. That said, there are times when office teams need to be empowered and take responsibility to address the challenge in the way that is best for the office. The key with the latter is ensuring the office teams are aligned on the issue at hand and understand what success means.”

When consistency throughout a group practice is the best direction, “it is best achieved through creating a culture that aligns teams to focus

on what is most important for the success of the office,” says Mikkelsen. “In a recent initiative, Benevis supported Kool Smiles’ leaders to align with what is most important for the success of their offices; they developed key performance indicator measures and provided tools and resources for office teams to better perform their roles. Kool Smiles’ doctors, office managers and above-office leaders are now able to create a desired culture based on what is measured, recognized and rewarded. When office teams understand – and are aligned with – what is most important, and when they understand and have visibility into the key performance indicator measures of success, and have the tools and resources to perform their roles, consistency in results can be achieved.”

Moving forward, Mikkelsen anticipates that DSOs will continue to provide key support for their providers as they navigate changes and evolving complexities in the industry. ■

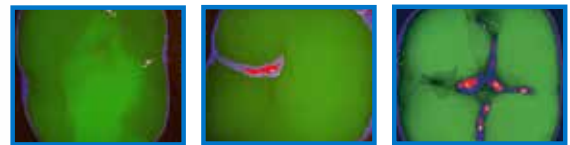
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# Consistency is Key to a Culture of Excellence

**When DSOs provide members with a consistent message and consistent support, providers can offer patients the best possible care.**

By Laura Thill

**As group dental practices continue to develop a strong culture of clinical excellence and an ideal patient experience, while maintaining a solid boundary between their business practices and their ability to deliver quality clinical care, dental service organizations (DSOs) are challenged to deliver a consistent message to their members about the support they offer.**

“As chief operations officer at Great Expressions Dental Center (GEDC), one of my goals is to visit our member offices often to help deliver a consistent message, see that the message we are sending is the right one and, when necessary, tweak that message,” says Greg Nodland. Dentists and patients alike must be educated on the value DSOs offer, he notes. “We make care affordable and allow doctors to focus on dental care, and we enable dental team members to develop business skills, such as the ability to read income statements. We want that message to be consistent, so when a consumer, prospective dentist or employee sees it, they will know it is a good thing.”

The key is to have established procedures to permit the clinical/office team to focus on patient care, while the business team handles those areas not associated with direct care of patients, Nodland continues. “The two must be separate, and at GEDC we go to great lengths to ensure clinical providers report to doctors, providing them the autonomy to focus on the patient and [his or her] needs.”

## Changing expectations

Patients tend to be familiar with the concept of solo practice, notes Nodland. “Solo is what people know, so consumers’ expectations remain the same,” he says. That said, solo practitioners often face similar challenges to DSO

members, he points out. Both must attract quality associates and staff, as well as new patients. And, both must work through the constantly changing maze of insurance plans, increased government regulation and human resource complications, and more. “However, in a solo practice the doctor is expected to care for [his or her] patients AND address these real challenges,” he says. “In a DSO, due to the support we provide and the clear delineation of clinical and business, our providers can better focus on patient care without all of those distractions AND have a more balanced life.”

Slowly, consumers are learning about the value – such as affordability and convenience – that DSOs offer, Nodland continues. They are also discovering that some DSOs, like Great Expressions Dental Centers, invest more in clinical care, including digital technology and hiring an infection control specialist for the practices, he adds.

“Dentists enter this field to care for patients,” says Nodland. Their goal is to restore or maintain their patients’ dental health, he notes. Their ability to do this is contingent on having a strong practice, which

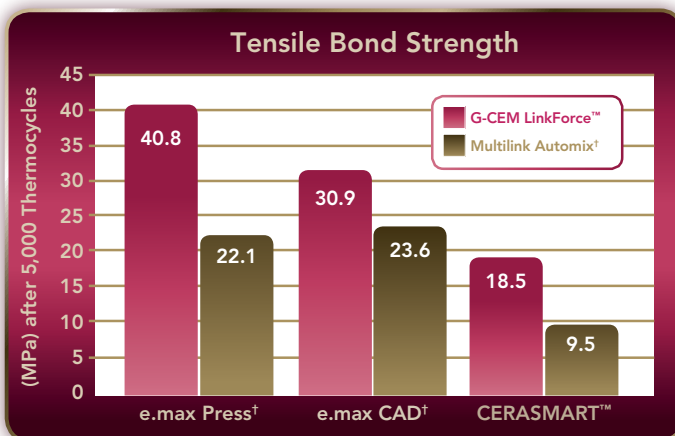




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is possible with the support from their DSO, he explains. “It can be lonely as a solo practitioner. DSOs offer their providers a closer community of dentists, allowing them to interact among peers, coordinate treatment with fellow group specialists, enhance their skills through CE and professional development, and generally thrive within what we call a culture of dentistry. For example, in addition to the internally developed content it offers, GEDC has partnered with dental manufacturers, such as Dentsply and Biomet 3i, to provide customized CE classes. “DSOs also offer IT and facility support, providing the newest and most efficient technology as well as ensuring the practices stay up and running,” Nodland continues. “They offer everything from developing and monitoring a top notch compliance program to providing support through experienced clinical partners who can help mentor and introduce new services, like Invisalign.” DSOs are a team, stepping in with the support functions a solo practice may lack.

### The value of consistency

Dental owners and their staff – particularly the office manager – face greater demands than ever before, as the pace of the dental industry continues to quicken, as patients expect more and better service, and as the insurance and regulatory landscape evolves. In turn, DSOs must help ensure their providers follow consistent protocols throughout their group practice. This can be achieved through training; consistent, frequent messaging; close monitoring; mentorship; and by having clinical partners work closely with team members to ensure their questions are thoroughly answered.

“In a DSO, due to the support we provide and the clear delineation of clinical and business, our providers can better focus on patient care without all of those distractions AND have a more balanced life.”

– Greg Nodland, GEDC

“DSOs are a culture of core principles,” says Nodland. “To achieve that, you want all team members following similar protocols and the same culture.” This is beneficial to patients, who can expect “the same experience from location to location,” he points out. “For example, if I go to the GEDC office near work, but take my kids to the GEDC office near home, the entire family gets the same great care and patient experience.”

In addition, a culture of consistency “allows the DSO management to better leverage training,” he says. “If each office handles management issues in its own way, there is no way to develop a real training curriculum; management – especially monitoring – becomes difficult. By standardizing the manner in which the offices operate business practices (i.e. scheduling, billing and collections, etc.), it is easier to train, monitor and manage. This is key to building a platform.”

Indeed, moving forward, DSOs should continue to play an increasingly vital role for their providers, notes Nodland. Particularly as insurance reimbursement and structure continues to evolve, “We expect to see more smaller DSOs pop up, similar to the emergence of urgent care centers in the medical industry,” he says. “There also will be alignment among DSOs and possibly mergers between large dental groups.

“Dental owners and managers need to be dynamic and stay on top of the ever complicated business climate,” he says. “At the same time, they must develop and improve their clinical skills and processes.” As DSOs become increasingly more established, they will offer better and better tools to help them achieve this, he adds. ■



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# A Winning System

An increasingly competitive industry calls for more efficient practice management systems

By Laura Thill

**You wouldn't recommend that your patients put off treatment until it gets really bad!** The same follows for the health of your practice. Indeed, one of the worst things dental providers can do is to delay creating a practice management system that ensures consistency and efficiency throughout the group practice, note experts.

"The dental environment has become more and more competitive," says Quinn Dufurrena, DDS, JD, president and CEO, Avitus Dental Management Solutions. More dentists are graduating from dental school today, he points out. At the same time, patient spending is – and likely will remain – flat, and reimbursement rates have fallen. In turn, dentists are earning lower incomes.

It is imperative that dental practices "understand their metrics," says Dufurrena. Not only do they need key data to support their protocols, they must have the capacity to analyze and understand what that data means, he adds. "The more employees and dental offices there are in the group practice, the more important this becomes. You can't



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– Quinn Dufurrena, DDS, JD, president and CEO,  
Avitus Dental Management Solutions

To remain competitive in such a challenging environment, dental practices – particularly group practices – must focus on their management protocols, notes Dufurrena. "What they need are integrated, standardized, efficient, quality systems that encompass patient scheduling, billing and insurance claims, accounting, recall, branding, IT and more," he says. "It starts with HR management, including clear job descriptions and expectations, handbooks with clear practice rules and thorough training, as well as an accessible website for patients, scheduling and patient follow-up, and precise treatment plans."

have six different offices with six different management systems, or the practice will lose its efficiency." Indeed, in a multisite practice, "a problem at one location impacts the whole system. Without the proper integration of all sites and offices, the practice becomes more difficult to manage."



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### Addressing the issues

From one practice to the next, providers respond differently to practice management issues. “It often depends on the pain factor, which is interesting, since dentistry is based on preventive care,” says Dufurrena. Whereas larger dental practices have the capacity to incorporate a practice management program, many solo and small

“Let’s say you have four locations in a dental practice. A well-trained office manager can run all four offices efficiently, as long as he or she has the authority to make – and act on – decisions. And, [a system with] one office manager is much more efficient than having four different office managers.”

group practices are either outsourcing their business functions or joining a dental service organization (DSO), he points out. Dentists are looking to free themselves up to focus on patient care, he says.

### The office manager

In today’s increasingly complex dental market, “office managers have more on their plate than ever before,” says Dufurrena. They are expected to be an expert on many of the details associated with running a business,

he points out. But, that’s not practical. “No one can be an expert in every area,” he says.

Nevertheless, “dental owners must give their office managers the authority to make decisions, delegate and lead,” says Dufurrena. “Not only must they turn over authority to their office managers to make these types of decisions, they must support them,” he

says. “Let’s say you have four locations in a dental practice. A well-trained office manager can run all four offices efficiently, as long as he or she has the authority to make – and act on – decisions. And, [a system with] one office manager is much more efficient than having four different office managers. For example, with regard to patient scheduling, if each office uses a different system, they will run into issues when they need to send a patient from one location to another. Particularly if the practice lacks an integrated analytics system, and runs four different management software programs, there will be no consistency for

the patient who is sent to a new office.

Payment systems and regulations continue to make managing a multisite practice more complicated and challenging for dentists and their staff, says Dufurrena. Those dental practices who can retain good, quality staff will have an easier time navigating the transition,” he notes. “This will mean having good, integrated systems in place for recruiting and training, and providing clear job descriptions, expectations and handbooks.” ■

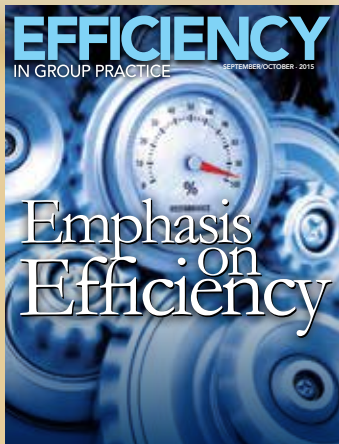




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# Balancing Act

The office manager's role is critical in handling increased complexities with scheduling, reimbursement and customer communication

By Laura Thill

In today's customer-driven dental industry, the success of a practice largely depends on the versatility and passion of the office manager. Particularly in a large DSO-supported practice, where the demands and complexity of the office manager's role tend to be much greater than at a stand-alone practice, strong communication skills and the ability to foster interpersonal relationships can strongly influence patients to return, according to Cynthia Turner, regional business partner, Kool Smiles.

"A successful office manager at a multi-site or DSO-supported dental practice must be an expert multi-tasker, a compassionate people person and a dynamic team leader," says Turner. When hiring office managers, Kool Smiles looks for candidates who prove themselves to be good multi-taskers, effective communicators and have a genuine capacity to serve, she says. "The whole focus right now in a customer-driven business is patient satisfaction. Interpersonal relationships and strong communication skills can really influence patients [returning to the practice]. There are dentists on every corner now – it's important to have a one-on-one relationship with patients, not just provide a service.

"When office manager candidates interview with Kool Smiles, we spend a good amount of time talking about the Kool Smiles mission and dream, and how every patient is a priority for us," Turner continues. "We are very focused on doing right by – and making decisions that are in the best interest of – our

patients. Being able to help those who are often underserved, adding value and service and keeping people healthy is key to everything we do. So we look to hire office managers who really embody that same spirit of service." They also look for office managers who are team players. "One of the great things about working for a multi-site practice is that you have a whole team of people you can reach out to for guidance [and feedback]," she says. "[We don't want our office managers to] feel like they are all alone in their own little world."

## **Better communication, growing responsibilities**

As technology has grown increasingly complex and patients have come to expect more and better service, as well as payment plans and insurance options, DSO-supported practices understand that patient communication is more important than ever before. "There are new ways for patients to communicate with [group practices] beyond the standard telephone call or walk-in appointment," says Turner. "At Kool Smiles, patients can now ask questions via email and social media. They can confirm, cancel or reschedule



Cynthia Turner

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appointments using our proprietary online system and get billing support through our call center. All of this communication is funneled to the office – specifically to the office manager – who manages that flow of information.”

In addition, as DSO-supported practices increase the number and variety of specialized services they offer (e.g., general anesthesia, orthodontics, oral surgery, etc.), they implement additional billing and collection practices, notes Turner. Office managers must ensure a balanced patient flow, where the right patients are scheduled with the appropriate specialists, and that credentialing and licensing protocols are current. Similarly, dental insurance protocols tend to be more complex in DSO settings, she notes. For example, in addition to private insurance, Kool Smiles accepts government plans like Medicaid, Children’s Health Insurance Plans (CHIP) and TRICARE.

“The whole focus right now in a customer-driven business is patient satisfaction. Interpersonal relationships and strong communication skills can really influence patients [returning to the practice]. There are dentists on every corner now – it’s important to have a one-on-one relationship with patients, not just provide a service.”

– Cynthia Turner, regional business partner, Kool Smiles

Medicaid alone offers a variety of plans, and covered and non-covered services are constantly evolving.

“Without a doubt, many of these changes are an improvement in terms of the patient experience and ease of care,” says Turner. “With DSO-supported practices, patients now have multiple ways to communicate and receive information about the dental practice and the care they are receiving. They also have multiple resources at their disposal beyond the office manager. For example, at Kool Smiles, patients have access to a billing center that can pre-qualify them for services based on their insurance plan. It is a much more convenient and well-rounded way to be served.”

### Meeting the challenge

The more complex dentistry becomes, “the more imperative it is for dental leaders to deliver the same message and set the same expectations for every office, even

though the offices may be geographically miles apart and have a different patient base,” says Turner. “We want to make sure that everyone, company-wide, understands the same basic principles and procedures.”

Above all else, dental offices within a DSO must deliver consistently excellent services, according to Turner. “When you visit a Starbucks in California, you expect to get the same service and drink the same latte that you would in New York. This same principle is true for multi-site healthcare practices. As a multi-site practice, Kool Smiles has developed a reporting system designed to help us ensure consistency across all offices. For example, we can generate a report comparing inbound call rates (the percentage of calls answered by the office staff before they are redirected to the call center), as well as a call that helps us ensure patients are scheduled within a certain amount of time.”

Patients who trust that their dental practice delivers safe, quality service, trains its staff on new technology and services, and encourages its staff to interact with patients as well as one another, are more likely to return, according to Turner. “Seeing what the patient sees, feeling what the patient feels and listening to the challenges and successes of individual office managers and doctors help us grow

and develop as a company,” she says.

Indeed, as group practices continue to grow and offer more and more specialized services, office managers will need to become increasingly savvy. “DSOs must be prepared to offer any dental service needed, including orthodontics, general anesthesia, oral surgery and endodontics,” says Turner. The office manager, in turn, will need to learn new scheduling protocols, new ways to track supplies, and become current on a broader array of billing practices. “It will require the ability to balance and manage a lot of different types of patients,” she says.

Patients will continue to look for online scheduling, Turner continues. “They will continue to get all their paperwork via email prior to coming into the office, and have information at their fingertips,” she says. “As an industry, we’ll need to keep enhancing and improving the way we communicate, while also making sure we’re letting each patient know they are a priority.” ■

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# Instrument Processing

**Proper instrument processing protocols help reduce the risk of cross-contamination**

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

Breaches in instrument reprocessing protocol have put dentistry in the news and emphasize the importance of thorough and consistent infection control protocol. Proper instrument processing is one of the most important practices completed in the dental setting to ensure patient safety. This past summer, a New Jersey dentist caused bacterial endocarditis infections in 15 of his patients, aged 16-77, one of whom died. The claims were outlined in a report from the N.J. Department of Health, entitled, "*Outbreak of Enterococcus faecalis endocarditis associated with an oral surgery practice.*"<sup>1</sup> Unfortunately, there have been similar stories of breaches in instrument processing that have led to patient harm.

The dental profession relies predominantly on the Occupational Safety and Health Administration (OSHA) standards and U.S. Centers for Disease Control and Prevention (CDC) guidelines to provide a safe environment for employees and patients. Another key organization for instrument processing standards is the Association for the Advancement of Medical Instrumentation (AAMI). Its Standard 79 (ST79) is a comprehensive guide to steam sterilization and sterility assurance in healthcare facilities<sup>2</sup> that reinforces





frequently used are ultrasonic machines, which rely on cavitation to remove soil from an instrument surface. For group practices, where there may be a need to process large quantities of instruments, a washer-disinfector may be a good choice. Although a washer-disinfector is similar looking to a home dishwasher, it is a specialized medical device. To aid in the process, cleaning monitors are available on the market, which can be used to demonstrate the cleaning process was successful. Also, it's important for dental team members to remember to always wear appropriate PPE during instrument processing.

The second step in instrument processing is inspection. This is a simple, but important, step to ensure all soil has been removed prior to sterilization.

Following CDC guidelines, as well as AAMI ST79, takes the guesswork out of preparing instruments that are safe for patients and providers.

the CDC Guidelines for Infection Control in Dental Health-Care Settings.<sup>3</sup> Although ST79 is not regulatory in nature, it is considered a best practice for steam sterilization, as well as instrument reprocessing and can be helpful in standardizing central sterilization protocols in multiple practice settings.

### Six steps

There are typically six steps in the instrument processing cycle. The first – and most important – step is cleaning. Studies have demonstrated that a soiled instrument cannot be sterilized successfully.<sup>4</sup> Manual cleaning of instruments (scrubbing) is still an acceptable practice, but not highly recommended as it puts the dental team member at risk for occupational injury and cross-contamination. More

After inspection, the third step in the cycle is to ensure that all cleaned instruments are packaged appropriately. Sterilization packages are U.S. Food and Drug Administration (FDA)–approved medical devices, and when cleared by the FDA, they must demonstrate that they maintain sterility for at least 6 months.<sup>4</sup> AAMI ST79 states that the proper sizing and application of pouches allows for adequate air removal, steam penetration and drying.<sup>5</sup> The package should provide approximately one inch of space between the items in the pouch and the sealed edges. Cassettes are often used and must also be placed in a sterilization pouch, or wrapped. In each of these options, chemical indicators are used in packaging to provide a visible verification that certain parameters were met inside the sterilizer; the parameters used are



There are typically six steps in the instrument processing cycle. The first – and most important – step is cleaning. Studies have demonstrated that a soiled instrument cannot be sterilized successfully.

time, temperature and steam. CDC guidelines recommend placing an internal chemical indicator (CI) in each package; an external CI should be used when the internal CI is not visible from outside of the package.<sup>3</sup> Dual indicator pouches are available through many manufacturers. In the case of cassette use, a separate chemical indicator must be placed inside the cassette, and the packaging (pouch or wrap) must have an external chemical indicator.

The fourth step in the cycle is the sterilization process. The CDC states that steam under pressure is the process of choice whenever possible, as it is considered safe, fast and the most cost effective for healthcare facilities.<sup>6</sup>

Sterile storage is the fifth step in the cycle. Sterilized instruments should be stored in closed or covered cabinets, in low dust areas and well as away from areas where they may become wet. The event-related shelf life method is most commonly used to assess how long packages will remain sterile. This method indicates that

the package is sterile indefinitely unless there is an event causing it to be contaminated, such as a tear, brittle plastic, wet packaging or a package that has fallen on the floor.<sup>3,5,7</sup> Any of these compromises call for the package to be reprocessed. Prior to use, packaging should be re-inspected for tears, punctures, open seals or improperly turned CIs. Sterile packages must remain sealed and intact until ready for use.

Quality assurance plays a large role and is the last step in the instrument processing cycle. The quality measures include physical, chemical and biological verification monitoring. All three of these measures are important for patient safety.

Following CDC guidelines, as well as AAMI ST79, takes the guesswork out of preparing instruments that are safe for patients and providers. Regardless of the type or size of the dental setting, a clear understanding of proper instrument processing protocols will reduce the risk of cross-contamination and enhance patient safety. ■

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The Dental Solutions Company™, launched the CEREC SpeedFire furnace and CEREC Zirconia, an all-ceramic substitute for the traditional PFM (porcelain fused to metal) and into the family of Dentsply Sirona products and technology in February of this year.

CEREC now provides a completely new process in the dental practice. Combining the new CEREC SpeedFire sintering furnace and CEREC Zirconia material, dentists can now deliver full-contour crowns and small bridges made of the full-strength, high-quality zirconium oxide in a single visit.

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# INDUSTRY NEWS

## **ADA Foundation names William Calnon as president**

The ADA Foundation's (Chicago, IL) board of directors elected William Calnon, DDS, as its new president. Calnon succeeds Reneida Reyes, DDS. Calnon has previously served as the VP of scientific research on the ADA Foundation board of directors. He has also served as the president of the ADA and a trustee on the ADA board of directors.

## **School dental-sealant programs could prevent most cavities, lower treatment costs in vulnerable children**

The CDC released research showing that dental sealants to shield the back teeth could prevent up to 80 percent of cavities in school-aged children. According to a new CDC Vital Signs report, about 60 percent of children ages 6-11 don't get dental sealants. Dental sealants are a thin coating that is painted on teeth to protect them from cavities. One way to provide sealants to more children is by increasing their access to school-based sealant programs (SBSPs). SBSPs are especially important for children from low-income families because such children are less likely to receive dental care. These programs target schools with a high percentage of children eligible for free or reduced-cost meal programs. As a result, SBSPs provide sealants to children who are at higher risk for cavities and less likely

to receive preventive care, according to a CDC release. The report also said that school-age children without sealants have almost three times more cavities than children with sealants and that applying sealants in school-based programs to the nearly 7 million low-income children who don't have them could save up to \$300 million in dental treatment costs. To read the entire Vital Signs report, visit [www.cdc.gov/vitalsigns/sealants](http://www.cdc.gov/vitalsigns/sealants). For more information on SBSPs, dental sealants, and CDC's work, visit [www.cdc.gov/oralhealth](http://www.cdc.gov/oralhealth).

## **Great Expressions Dental Centers expands Texas footprint with three new affiliations in Austin**

Great Expressions Dental Centers (GEDC) (Southfield, MI) announced its affiliation with three Family Tree Dental Group (Austin, TX) offices. The recent affiliations bring GEDC's footprint in Austin to six offices and a total of 15 offices in Texas. Family Tree Dental Group is a member of The American Dental Association (Chicago, IL), Texas Dental Association (Austin, TX), and the Academy of General Dentistry (Chicago, IL). Patients will be able to enjoy all existing services, in addition to having access to GEDC's Smile Protection Plan – a dental insurance alternative for patients without insurance looking to live a healthy lifestyle, as well as Invisalign, a clear alternative to metal braces.

### **Patterson Dental selected as distribution partner for Heartland Dental**

Heartland Dental (Effingham, IL) selected Patterson Dental, a unit of Patterson Companies (St. Paul, MN), as its distribution partner, effective January 1, 2017. Heartland Dental supports more than 1,100 dentists nationwide. Heartland officials said it will benefit from Patterson's expertise in logistics, technical service, ecommerce, and technology.

"We are extremely excited about this strategic relationship with Patterson and the added value it will bring to the dentists and team members we support," said Patrick Bauer, president and chief executive officer of Heartland Dental. "After a thorough process, we selected Patterson Dental because of their history of market-leading service, which dovetails with our experience in the evolving DSO space. Our partnership will benefit from Patterson's expertise in logistics, technical service, ecommerce and technology, which enables our commitment to mutual growth."

"Innovation is at the center of who we are as an organization and what sets us apart in the DSO space," said Rick Workman, DMD executive chairman and founder of Heartland Dental. "This strategic relationship with Patterson will continue to accelerate that legacy. In addition to this being a critical element in enabling the dentists we support to bring excellent care to their patients, it's also an incredible opportunity for the community of Effingham, Illinois and our respective teams based here."

### **Aspen Dental opens new practices**

Aspen Dental Management Inc (ADMI) (Syracuse, NY) opened a new practice in Winona, Minnesota. The new practice is led by Dr. Phong Ly. Dr. Ly and his team will provide dental services ranging from dentures and preventive care to general dentistry and restoration. The Winona office, located in Winona County, is one of 11 Aspen Dental practices in Minnesota. Aspen also announced the opening of

a new practice in Middletown, Ohio. The new practice is led by Dr. Lindsey Whealton. Whealton and her team will provide dental services ranging from dentures and preventive care to general dentistry and restoration. The Middletown office, located in Butler County, is one of 46 Aspen Dental practices in Ohio.

### **Raynor Dental acquires practice in Peterborough (NH)**

Raynor Dental (Keene, NH) announced the acquisition of the dental practice of Dr. Peter Cerroni in Peterborough. Existing patients of Cerroni will continue to receive the same patient care they are used to. Raynor Dental is a family-friendly, full-service dental group located in Keene and, now, Peterborough.

### **Dental Care Alliance acquires Konikoff Dental Associates**

Dental Care Alliance (DCA) (Sarasota, FL) announced the affiliation of Konikoff Dental Associates (KDA) (Hampton Roads, VA), a group of seven practices in the Tidewater area. There are three practices in Chesapeake, three locations in Virginia Beach, and one practice in Suffolk. With this affiliation, DCA now supports 30 dental practices in the state of Virginia and a total of 248 dental practices across 13 states in the eastern U.S. DCA also announced that, to accommodate its recent growth and enhance support of its affiliated practices, DCA is breaking ground on an additional 12,000-square-foot office building to expand its corporate headquarters in Sarasota. The construction is expected to be complete in mid-2017.

### **Superior Dental Care names Traci Harrell as new CEO**

Superior Dental Care (SDC) (Centerville, OH) named Traci Harrell as CEO. Harrell joined SDC in 1994 as an account executive. Since then, she has held several key roles at the company including director of sales and chief marketing officer. She succeeds founding CEO Rebecca York, who now serves as the company's corporate advisor.



# Psychological safety

By Randy Chittum, Ph.D.



**We talk a lot about trust in our teams and groups. We might soon be talking about psychological safety instead.**

Psychological safety has a fairly practical definition. Amy Edmondson describes it as “the shared belief that the team is safe for interpersonal risk-taking.” Having watched and studied teams for more than 20 years, I suspect we have much less of this than we imagine. Peter Senge has said that the collective intelligence of a group is less than the average intelligence of that same group. I find this, sadly, too often to be the case. And the primary reason for it is this particular source of interference called psychological safety.

## SCARF model

David Rock, a mindfulness and brain researcher, has developed a model that is a summary of the five most common things that our modern-day brains may experience as threats. They are detailed in his SCARF model:

- S** Status
- C** Certainty
- A** Autonomy
- R** Relatedness
- F** Fairness

Our brains are hardwired to notice these. When we experience, for example diminishing status or uncertainty, a loss of autonomy, not being included, or unfairness, our brain experiences this as the type of threat from which it needs to

protect us. In simple terms, this means that the thinking part of our brain starts to shut down. As that happens, we lose perspective, judgment, and eventually performance suffers.

How many times have you heard a leader say “everyone should feel free to share his or her real thoughts”? How many times did it make a difference in what you shared, or didn’t share? Real safety in a team is best measured by how willing team members are to speak up with confidence that they will not be diminished or rejected in some way. The paradox of understanding what is happening in your team is that if you lack safety, by definition no one will tell you. Almost every team I see lacks this type of safety to some degree. It is not binary and virtually every team has room to navigate on this issue.

Psychological safety is not only the absence of something, but the presence of something as well. When safety is present, mistakes are not only tolerated but presented for learning. There is a “lightness” to how people interact. People are not diminished for being an outlier, but instead are rewarded. This is truly one of those times that action speaks louder than words.

It is important to note that none of this means we should have reduced expectations, or lowered desire to achieve. It simply means that our best path to that end is the one that values and acknowledges people for their humanity. ■



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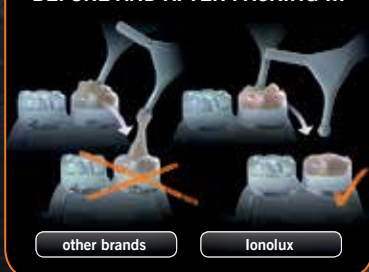
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