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Bethany Tuzzolino, manager of recruitment marketing, Aspen Dental Management Inc.



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
 Monica Lynch
 mlynch@mdsi.org

ASSOCIATE EDITOR
 Alan Cherry • acherry@mdsi.org

CIRCULATION
 Laura Gantert • lgantert@mdsi.org

ART DIRECTOR
 Brent Cashman • bcashman@mdsi.org



ADVERTISING SALES
 Diana Craig
 dcraig@mdsi.org

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Closer to a Tipping Point



As we close out 2015, we reflect on events that occurred in the DSO/group practice dental market to try to best forecast 2016.

There never seems to be a lack of dental meetings, and 2015 proved to be no different. However, most of the traditional dental meetings offer very little, if any, dental support organization focused education and content. These traditional dental trade shows serve mostly as recruiting and acquisition opportunities for DSOs, and not much else. Furthermore, traditional tradeshow attendance is noticeably lower given the CE opportunities available online and at smaller, niche events. Several of these smaller, niche events focus solely on DSOs, multi-location practices, and small groups.

The Association of Dental Support Organizations presents one of those niche meetings. I've attended this meeting for several years and the growth of attendees is noteworthy. That growth is not strictly limited to DSOs, but also includes a growing list of industry partners. As you work on your calendars for 2016, make sure you reserve April 21 and 22 to attend this meeting in Las Vegas. *Efficiency in Group Practice* is also happy to announce that the ADSO will be contributing to our publication with a column in each issue. Their first contribution is in this issue, an article titled, 'Needed: More DSO-supported dentists on state dental boards.'

Another notable meeting is *The Summit*, which was held this past summer in Scottsdale, Ariz. Organized by the Mastery Group, *The Summit* caters to smaller dental group practices and emerging groups. Steve Bilt, former CEO and Co-founder of Smile Brands, presented at *The Summit*. Bilt, who is now the CEO of OneSmile LLC, had much to say about DSOs, the Smile Brands philosophy, and starting a new DSO. Bilt said, "We've gone from violent opposition to, 'Yeah, this is where the industry is headed.' I personally don't think we are quite there yet, as I still hear much opposition and also a lot of denial. However, I have seen in 2015 that we are getting much closer to that tipping point and quite possibly it could occur in the next year or two."

2015 has been a pivotal year for dental support organizations and 2016 will be equally, if not more important and positive for groups!

Have a successful 2015 holiday season,

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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Thinking Differently

The value in recognizing and managing through complexities

By Randy Chittum, Ph.D.

A differentiating characteristic of great executive leadership is the capacity for seeing what others cannot. This is not exactly magic, though it may look that way to those who can't see. It turns out that "seeing" differently is predicated on "thinking" differently. A key characteristic of thinking differently is the ability to hold opposing thoughts and not feel an overwhelming need to choose one or the other. This article is about that ability.

Roger Martin refers to this capacity as having an opposable mind. In other words, do we possess the ability to hold opposing thoughts? Doing this requires an unwillingness to settle for an "either/or" when a "both/and" is still possible. And yet, as humans, we are drawn to the certainty we feel when we choose. Holding out on prematurely solving a dilemma requires a comfort with ambiguity that many of us lack. Of course we cannot settle in this ambiguity forever. At some point we will have to make the call and get into action.

In my experience with leaders, what animates this process is the recognition that certainty is not the same as truth, or right. Certainty is in principle an emotion. Uncertainty is a primary fear. We will often make poor decisions in the service of certainty. Marilyn Ferguson wrote; "we are more certain that ever, but less informed and far less thoughtful." I believe that sums it up very well. My simpler advice to leaders is to "beware certainty." Certainty is



likely a false promise. What it actually delivers is comfort.

You may also notice how often in meetings the victory goes to the person who seems most certain about his or her position. Again, beware certainty!

What would it look like instead if we "sat with the questions" rather than immediately try to answer them? How would things be different if we took time to explore underlying assumptions? What would be the advantages of not leaping to a conclusion?

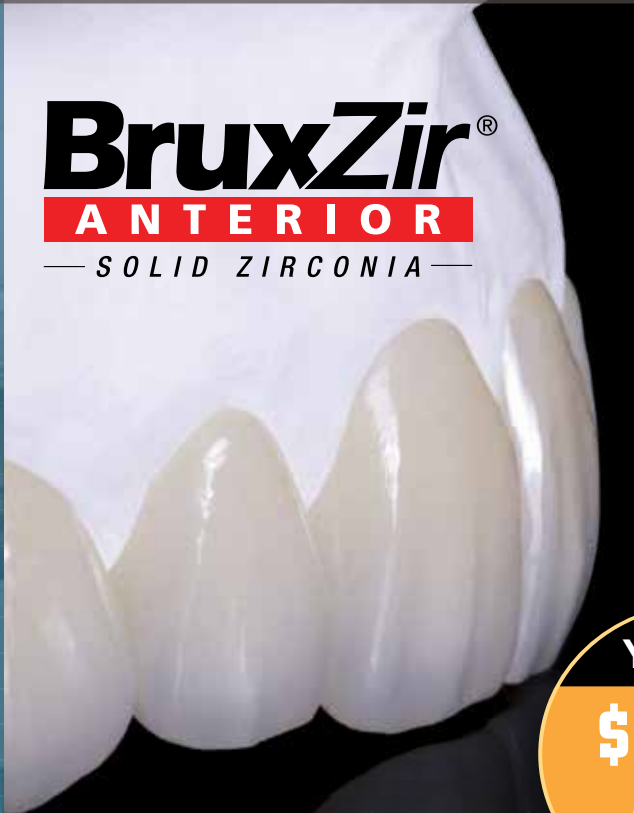
What if, instead of seeing complex issues as problems to be solved, we saw them for what they probably are – polarities to be managed? Polarities are interdependent "opposites." In truth, polarities are a huge part of organizational life. We just don't recognize them for what they are. This is in large part because we prefer the certainty of a problem solved.

Examples of common polarities include flexible and clear, relationship and task, and emergent and structured. In all three cases an argument can be constructed for both "sides." It is when we see the polarity as choice that we create risk. For example, you cannot really choose between relationship and task. An over-focus on relationship to the exclusion of task brings with it both upside and downside.

The poet Rainer Maria Rilke wrote "be patient toward all that is unsolved in your heart and try to love the questions themselves." ■

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Do You Have a Grand Challenge?

By Lisa Earle McLeod



If you could wave a magic wand and solve one big world problem, what would it be?

Perhaps you're ready for a Grand Challenge. A Grand Challenge is more than just a moniker; it's an official designation. WhiteHouse.gov provides a definition:

"Grand Challenges are ambitious but achievable goals that harness science, technology, and innovation to solve important national or global problems, and that have the potential to capture the public's imagination."

Organizations, and individuals, tackle Grand Challenges to move the needle forward on important issues. For example, the American Nurses Association recognized that, due to among other things, challenging work hours, family responsibilities and an ethos of putting the needs of other

"Take bold, visible action toward the betterment of humanity and your organization will organically generate forward movement that includes: favorable public sentiment; advantageous new partners and stakeholders; media appearances that underscore your contributions to society; and of course, greater financial rewards in the medium-term, in exchange for a bit of cost up front."

- Seth Kahan

above their own, many nurses are leading unhealthy lives. An unhealthy nurse compromises not only his/her own future but also the future of their family, and by extension, their community. Their goal is to "increase the personal wellness of 3.4 million registered nurses and by extension members of their family, community, co-workers and patients."

Grand Challenges aren't limited to big non-profits. Mother's Against Drunk Driving (MADD) was founded by a single person, Candace Lightner, after her 13-year-old daughter was killed by a drunk driver. MADD changed public perceptions about drinking and driving, according to many; they cut drunk driving in half. Corporations launch Grand Challenges to bring their organizational purpose to life. When CVS Stores gave up selling

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cigarettes and launched their Let's Quit Together campaign, they made national news.

Seth Kahan is an expert in Grand Challenges. Kahan is the Washington, DC-based consultant who works with Associations like the American Nurses Association and The American Geophysical Union to implement their Grand Challenges. When CVS kicked their cigarette habit Kahan said, "With that one decision, they shifted their public identity one giant step toward becoming a trusted source of health and well-being, and

Grand Challenges
open up new
career and learning
opportunities,
establishing new
connections
and expanding
professional
networks.

an equally giant step away from being seen as a money-drive-all retail outlet. They were gambling on what every Grand Challenger knows; take bold, visible action toward the betterment of humanity and your organization will organically generate forward movement that includes: favorable public sentiment; advantageous new partners and stakeholders; media appearances that underscore your contributions to society; and of course, greater financial rewards in the medium-term, in exchange for a bit of cost up front."

Key returns

Kahan says taking on a Grand Challenge often brings seven key returns:

1. The business return –

Grand Challenges grow profitable revenue and other resources, which can be used for organizational wealth-building.

2. The mission return –

Grand Challenges amplify and scale your mission, improving your impact in both size and quality.

3. The public sentiment return –

Grand Challenges dramatically improve public sentiment, garnering press and other visible accolades.

4. The stakeholder return –

Grand Challenges attract new, powerful stakeholders aligned with your mission and goals.

5. The engagement return –

Grand Challenges provide greater engagement for volunteer leaders and are exceptional for attracting next-gen-minded members.

6. The relevance return –

Grand Challenges establish beyond the shadow of a doubt your organization's relevance to your members, potential members, and every beneficiary.

7. The customer and member return –

Grand Challenges open up new career and learning opportunities, establishing new connections and expanding professional networks.

Margaret Mead once said, "Never doubt that a small group of thoughtful committed citizens can change the world. Indeed it is the only thing that ever has."

The world is ours for the changing. What's your Grand Challenge? ■

Lisa is a sales leadership consultant, and author of *Selling with Noble Purpose*. Companies like Apple, Kimberly-Clark and Pfizer hire her to help them create passionate, purpose-driven sales forces. She has appeared on *The Today Show*, and has been featured in *Forbes*, *Fortune* and *The Wall Street Journal*. She provides executive coaching sessions, strategy workshops, and keynote speeches. Visit www.LisaEarleMcLeod.com



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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.

Maximizing the potential of your hygiene team by spotting opportunities

Having a top-notch hygiene team is a wonderful thing, but assuming everything is being taken care of is a big mistake many practices make.

“We already do that,” is a common phrase heard in dental practices across the country. Have you heard this from your hygiene team? This phrase may send some people to believe it, while others may need facts to prove if it is legitimate or not.

The real challenge is how to get the team to see the opportunities that exist, even when they say they have everything perfected. There are two foundational steps

you need to take to enter into a conversation of opportunity. Without these steps, you will continue to get hit with – “We already do that”, and never able to tap into the ultimate potential of your hygiene team.

Data-driven

First off, you need to have data. If you are not measuring and tracking the performance of your hygiene team through tangible data,

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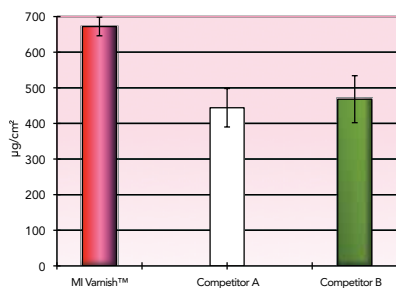
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you will never be able to understand what gaps exist within your hygiene department. Your data can comprise of performance-based information, also known as KPIs. These KPIs must include a wide range of information, so you can look at all aspects of your hygiene department. The most important statistics are:

1. Schedule Utilization: How well is your hygiene schedule utilized? In other words, how much open time do you have in your hygiene schedule? Set a goal, and measure your success based on that goal.



Your hygiene team may believe they are doing everything they should, but when they see the “real” data they will firmly agree in the opportunities that exist within the practice.

2. Mix of Services: In order for your team to be productive and provide comprehensive care, you need to look at the mix of services they are billing out. Are they providing services above and beyond the standard prophylaxis? A few statistics you will want to measure is the periodontal percentage, and the fluoride per patient. These two areas cover the two key cornerstones of dental hygiene care – Periodontal & Prevention.

3. Treatment Acceptance: Your hygiene team may hit you with the comment: “We recommend treatment, but the patients never come back.” Again, is this a smoke screen comment? You can easily find out by

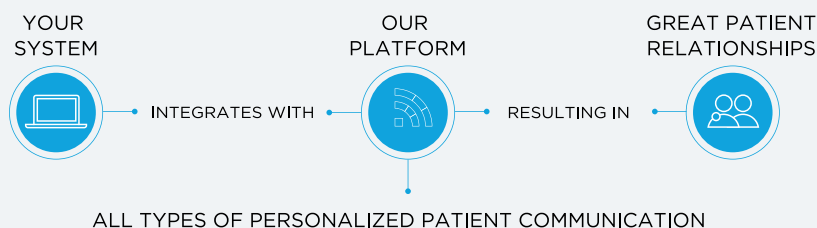
tracking the treatment plans made in hygiene and the success of those patients coming back for the recommended treatment.

In addition to looking at statistics, you need to dig deeper by looking into the patient records. Each month you should sit down and do a record audit on your hygiene team. The record audit should include looking at 8-10 patients per RDH. During this record audit you will look at the following items and can identify specific examples of where your team is succeeding or falling short.

- 1. Radiographs:** Are all radiographs up to date and consistent with the protocols of your group?
- 2.** Has a caries risk assessment been completed on the patient? If so, were the appropriate therapies provided and concurrent with your protocol?
- 3.** Was a comprehensive periodontal assessment completed and consistent with your protocol? If there were signs of disease, did the team make the appropriate recommendations for treatment?

If you want to improve the performance of your hygiene team, then you will need to look further than their feedback. Digging deeper into the details will help you identify the gaps that exist that may be fueling your lagging revenue numbers. These details are the items you should focus on in your conversations with the team. Your hygiene team may believe they are doing everything they should, but when they see the “real” data they will firmly agree in the opportunities that exist within the practice. These steps are crucial in the development and the mentoring of your hygiene team, and will help you create strong providers within your group. ■

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Taking Care of Business

DSO membership allows dental specialists to do what they do best.

By Laura Thill

Dentists – including dental specialists – appreciate the need to market their business and grow their patient base. But, that’s not necessarily what attracted them to the industry. Specialists, like their general dental counterparts, foremost seek to provide quality patient care. And, as more and more dentists join dental service organizations, which oversee much of the patient referral and marketing responsibilities, dental specialists can get busy doing what they do best: taking care of patients.

it is necessary to help with patients’ completion of orthodontic care, such as oral surgery.”

Indeed, prior to joining a DSO, Hricko experienced typical small-practice challenges, such as having to report to a doctor with limited business expertise, who ignored well-founded recommendations. “There was no career path,” she recalls. In contrast, “at GEDC we have a doctor career path and receive support from various departments. For instance, the human resources department



“Great Expressions puts a premium on continuing education to ensure that doctors and dental care professionals stay on the cutting edge of our fields.”

– Dr. Gabriela Hricko

Dr. Gabriela Hricko, a New York-based orthodontist, regards her role as an orthodontist to “provide outstanding orthodontic treatment to our patients.” As a member of Great Expressions Dental Centers (GEDC), she can count on a lot of orthodontic referrals from other offices within the DSO. “That way, I don’t have to depend on my local general dentists as much as a small specialty orthodontic practice would,” she points out. “I am also able to refer to other specialists in the GEDC network when

screens, orients and provides benefit support to our staff. The information systems department provides and maintains our practice management system. The accounting department pays the bills and writes the payroll. And the marketing department helps tell the community about the great services we provide and helps us create a relaxed office environment.

“One thing that makes us unique at GEDC is the organization’s National Doctor Panel – a nationally recognized doctor panel,” she continues. “Each person on

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the panel is a dentist, orthodontist or specialist with years of clinical experience. They set the standards for clinical excellence and develop GEDC's philosophy of care, which allows us orthodontists to ensure we are giving the best care to our patients, while ensuring complete autonomy." Likewise, if a dental specialist is interested in a product that is not available through an approved vendor, specialists can work directly with their clinical leaders to ensure "our patients are getting the absolute best when it comes to their care."

For Dr. Sharlene Yap Starkman, a Florida-based pediatric dentist, her membership in GEDC allows her to "focus on the quality of care and entire dental health of each and every patient," rather than investing time marketing her practice and building and maintaining a referral base. In addition to being able to practice dentistry without having to worry about the financial climate,

working within a DSO provides her with "the opportunity to practice true, multi-specialty, comprehensive dental care by working with all facets of dentistry," she says. "I can ensure that each of my patients have continuity of treatment, and I can follow my patients to different specialties, from beginning to end. I am able

to travel to several different offices and build a much wider global practice instead of limiting myself to one office and one patient base.

"Great Expressions Dental Centers is a unique DSO because of their ladder of leadership and opportunities presented to specialists," Starkman continues. "As I continue to grow with GEDC, opportunities become available to assume a larger leadership role and become an active member in the dental and neighborhood community.

"Great Expressions puts a premium on continuing education to ensure that doctors and dental care



Dr. Starkman with a patient.

THE ROLE OF SPECIALISTS IN DSOs

“I can ensure that each of my patients have continuity of treatment, and I can follow my patients to different specialties, from beginning to end. I am able to travel to several different offices and build a much wider global practice instead on limiting myself to one office and one patient base.”

– Dr. Sharlene Yap Starkman

professionals stay on the cutting edge of our fields,” says Hricko. “As an orthodontist, I want to be up to speed on the newest clinical advances. A while ago, we were introduced to Invisalign. GEDC’s National Doctor Panel reviewed the service and then introduced it to the doc-

wrong dental professionals, notes Hricko. “If for some reason a rep’s product is declined by GEDC’s national doctor panel and chief clinical officer, he or she will get valuable clinical insight as to why it was declined,” she explains. “Once a product is reviewed and approved by



Dr. Hricko

tors with in-person meetings, training, certification and more. This has allowed me to offer the best service to my patients to address their specific needs.”

Sales reps and DSO specialists

For sales reps building a relationship with dental specialists, dental service organizations can offer a source of support. “Suppliers can look forward to a large acceptance rate of quality supplies that translate to a global acceptance of their product on hundreds of offices as opposed to just a few,” says Starkman.

At GEDC, there are specific decision makers sales reps can contact, helping them avoid reaching out to the

the clinical team, it can be introduced to all offices that need it through Great Expressions Dental Centers University, leading to network-wide acceptance.” Finally, GEDC has built-in protocols for educating patients on good oral care solutions. “This is based on the way the patient prefers to be communicated with, such as an in-lobby TV service, a digital patient newsletter and community events and in-office art. This helps sales reps because the same, consistent message is delivered to all doctors, dental professionals and patients.”

Looking ahead, Hricko anticipates seeing more and more solo practice orthodontists – as well as other dental specialists – join DSOs. Not only do DSOs offer specialists a built-in referral network, they often provide a diverse range of patient referrals as well. “The referrals I receive from the GEDC network range from 7-year-old kids to teens and adults,” she says. In fact, more dental schools today teach students about DSOs, she notes. “I expect more dental schools to build stronger relationships with DSOs. It is a great way for dental students to have mentorship straight out of school, step straight into clinical care and have a career path that can grow into a clinical leader role.” ■



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A Team Effort

When DSOs, their specialists and distributor sales reps work together, patients receive better care.

By Laura Thill

As the number of dental specialists continues to increase nationwide, more and more look to their dental service organizations (DSOs) for support. Currently, about 22.5 percent of dentists are specialists, according to Connie Snyder, director of operations, Heartland Dental.¹ And, to a great extent, they face similar challenges to those of general dentists, including rising costs, growing competition, heightened patient demands and quickly evolving technology, she notes.

“New specialists entering the industry are looking to start off on the right foot and advance themselves, but many are hindered by student loan debt,” Snyder points out. “Many experienced specialists are finding success, but at the cost of having to manage both the business and clinical aspects of a dental practice. Many specialists at the end of their careers have difficulty finding the right transition option.

“Because of these challenges faced across all experience levels and situations, more and more specialists are turning to DSOs for support,” she continues. “As more specialists enter the field and more challenges surface, this trend will likely continue into the future.”

Customized solutions

In spite of the fact that many specialists today look to DSOs for support, they continue to act autonomously. They continue to make all clinical decisions regarding their patients, as well as leadership decisions affecting their teams, says Snyder. “At Heartland Dental, supported specialty offices have complete autonomy in the supplies used and clinical decisions made within the office,” she explains. At the same time, the DSO works hard to ensure a good match between specialists and the practices they join. “We look for the right fit so that the specialist and dentist can collaborate on all purchasing decisions and outline office protocols in a way that they are both comfortable with,” she says.

At the same time, it is important for the DSO to recognize that each of the specialists it supports comes with a unique set of needs. “Every supported specialist has a different situation with different needs, so customized solutions for each must be created and offered,” says Snyder. “In doing so, DSOs can ensure these specialists are receiving the necessary level of support to achieve their goals, whether that be gaining administrative support, developing an effective transition strategy, advancing their clinical and leadership skills, or more. Although

it’s a little different for each specialist, these customized plans ensure that the same level of support is consistently provided to all of them. In terms of company goals, values and culture, each DSO also consistently delivers the same message to all supported doctors, including specialists.”



Connie Snyder

The role of the sales rep

For sales reps, servicing DSO-supported specialists is much like working with general dentists in the organization. Typically, the DSO’s supply and procurement teams act as the first point of contact for supply and technology reps. “Certainly, specialists choose which supplies they wish to use,” says Snyder. “But, the procurement team acts as the point of contact for vendors and will help specialists obtain the most effective – and most cost effective – materials possible.”

Supply and procurement teams manage accounts with all vendors and labs for supported offices, she continues. “They help facilitate and process office orders for all clinical supplies, office supplies, large dental equipment and service technicians for the offices. They also negotiate fees and terms, and troubleshoot any issues related to procurement partners.” By working together, the specialist, the DSO and the sales rep can ensure the right solutions are available to deliver the best possible care to patients. ■

¹www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/10_sdpc.ashx



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Built to Last

Value is the bedrock of successful DSOs

The good news for dentist/entrepreneurs looking to expand their practices? The industry is more accepting of DSOs today than it was 20 years ago.

The bad news? Dentistry is not an easy business. Never has been. Never will be. Providing custom diagnoses to each patient and delivering service in volume is even more difficult.

Steve Bilt, CEO of OneSmile, LLC, made the comments at this summer's SUMMIT conference for entrepreneurial dentists and experts.

All truth passes through three phases, said Bilt, who co-founded and was president and CEO of Smile Brands Inc. from 2000 until 2014, as well as a founding member and former director and president of the Association of

Dental Support Organizations:

- **Phase 1:** The truth is initially ridiculed and ignored.
- **Phase 2:** It is violently opposed.
- **Phase 3:** It is accepted as self-evident.

“In 1998, the concept of group practice was widely ignored and ridiculed,” he said. “There was a lot of inertia in the system, which at the time was largely solo practices. In fact, in some states, it was illegal to be a multisite practice for a long time.

“In the past five to six years, we saw violent opposition to what was building up, but today we’ve reached the tipping point. We’ve gone from violent opposition to, ‘Yeah, this is where the industry is headed.’

“It’s a neat place to be.”

Creating, building value

The driving force for the successful dentist/entrepreneur is the desire to build something of value, said Bilt. The owner should look at the company as if he or she were an archeologist, he advised SUMMIT attendees. “What will the ‘ruins’ of your company be 50 years from now? Incredible retail facilities? Incredible pictures of patients on the walls? Rave reviews from employees and patients? A place where patients returned for generations and employees stayed their entire careers? What kind of business have you set up for the next guy?”

Often, the best way to build value is to do the little things well, he said. “Dentistry is an embarrassment of opportunities. There are so many areas to go into, so many procedures to add.” But the entrepreneur must ask himself or herself, “How am I doing with my business today?”

“The thing that beats up companies in this sector is doing too many new things,” he continued. “You can sit in the board room and decide to add something that you’re not ready to do. It may sound great, but when you go to execute, it’s hard. So be judicious in introducing services, and be voracious doing the things you already do well.”

In a successful group practice, all the cogs line up. Goals are agreed upon, and everyone works to achieve them. “Don’t invest in a bunch of retail facilities or do a lot of TV advertising if you’re not chasing new patient flow,” he said. If the practice relies on patient recall, doctor turnover has to be addressed, but if it is aiming for new patient flow, turnover may not be quite as important.

Institutionalizing good patient care

Another characteristic of the successful practice, regardless of size? Making patients feel comfortable and in charge. “Different things make people comfortable, but somehow, some way, you have to let them feel in charge,” said Bilt.

Smile Brands practiced what Bilt called the “G3,” standing for greeting, guiding, gratitude:

- **Greeting:** Every person encountering a patient gives him or her a nice greeting.
- **Guiding:** Staffers take time to explain to patients what procedure will be done, why, and how long it will take. The patient then decides whether to proceed or not, and how.
- **Gratitude:** Staff thanks the patient for trusting the practice to care for him or her.

OneSmile, a DSO supporting general, pediatric and specialty providers, focuses on three words in its mission: One Smile Matters, said Bilt. The statement reminds employees and dentists to focus on the patient or teammate or vendor who is in front of them, and to work to create an equitable exchange where both parties can leave with a smile.

“We’ve gone from violent opposition to, ‘Yeah, this is where the industry is headed.’”

“This is ‘culture,’ and these are the kind of things you have to go back to the well and do over and over again,” he said. “It really is the repetition that makes it work – reminding people that we have a purpose.

“It’s critical to institutionalize these things.”

A winning strategy

Three strategic principles drive Bilt and the OneSmile team, and might be of use to other entrepreneurs as they grow their business, he said.

First, when making tough decisions, ask, “How will this feel in the light of day?” If a patient is dissatisfied, will the provider redo the work, provide a refund, admit the mistake? “Are you building something where you feel good about the decisions you make? If you don’t, I assure you, your business will crash.”

Second, remember that healthcare remains a local business. It’s true that the DSO can effectively provide some services – e.g., clinical information systems, purchasing systems – on a national basis. But the manager at the local practice is the ultimate decision-maker on all else.

Third, keep in mind that the low-cost provider always wins. “I didn’t say the ‘low-price’ provider,” said Bilt. The low-cost provider is the one who provides the highest level of care with the lowest cost structure.

“The best thing about the dental business is that a mistake can’t hurt you,” concluded Bilt. What can really hurt you is repeating mistakes.” So build a culture that doesn’t hide mistakes, but rather, views them as learning opportunities. ■



APPROVED

Satisfaction. Guaranteed?

More than ever, DSOs are paying attention to what patients think and say about their care.

Anthony Vastardis's father, George, was a chef at Pappas in midtown Manhattan. "He'd say, 'The customer may not be qualified to judge our food, because they don't know good food,'" says Vastardis, CEO of Milwaukee, Wisc.-based Dental Associates. "Then he would add, 'But it's the customer who pays to eat the food, so we have to make it so they like it.'"

So it is with dental care today.

In years past, the dentist was king of the lair. His staff recognized it. So did his patients, who came to expect very little in terms of decorum, office comforts (except the occasional ragged Highlights magazine for the kids), or even pain control.

Today is a different story. "Consumerism has become an industry-changing thing, not only in dentistry, but anywhere the consumer is involved," says Vastardis, whose firm has 12 dental locations in Wisconsin and will open up two more next year.

In such an age, listening to the patient is all-important. Monitoring his or her perceptions of the practice, quantifying that data when possible, and responding to issues raised on social media, are necessary for success.

The real competitors

Successful dental practices today recognize that "patients are more likely to pay for dentistry they want

than what they need," says Naomi Cooper, president, Minoa Marketing, and CEO of Doctor Distillery, Marina Del Rey, Calif.

Consumers may have a limited budget for what they might regard as traditional dentistry, but they will spend money on goods and services that make them feel good or look good...and young. "As dentists start to think of themselves as being more in the wellness and beauty category, they begin to understand their competition is not MDs, but spas, plastic surgeons and dermatologists," says Cooper.

Patient satisfaction begins with the little things, she says. When answering the phone, for example, does the staff tacitly acknowledge that pursuing oral health care is the patient's choice, rather than treating that patient's visit as a foregone conclusion? Does the office smell fresh? Is the waiting room ("call it a reception area," says Cooper) comfortable and clean? Does the front desk welcome visitors, or do they give them the typical doctors' office experience – glass window, the clipboard over the counter, etc?

Pay attention to the senses – touch, smell, feel and first impressions, she says. How about the ceiling tiles? That's something patients notice, as they recline in the operatory. "The doctor pays attention to fancy equipment and clinical details, and meanwhile, the tiles are nasty."

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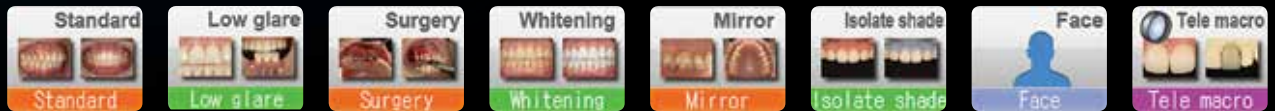


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*Brinker, S. (2015, January). HIPAA compliance and digital photography with personal mobile devices. *Dental Products Report*, 76-80.



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Most important is the staff's attitude. "They shouldn't regard patients as a disturbance in their day, but rather, as the reason they're all there, and they should treat them accordingly," says Cooper.

The good news is, today's dentists are becoming more focused on providing comfort-conscious, patient-centric dentistry, and less on doctor-centric care, she says. Successful practices are emphasizing things like crowns in an hour, laser dentistry as a way to eliminate drilling, digital radiography as a way of reducing radiation exposure, and technologies for faster numbing and less time spent in the office.

Word of mouth

"When a patient perceives that their needs and desires have been met in a reasonable fashion, they communicate their experience to those around them," says David

"Consumerism has become an industry-changing thing, not only in dentistry, but anywhere the consumer is involved."

Schirmer, DDS, a practicing dentist in New York and a member of the American Dental Association Council on Access, Prevention and Interprofessional Relations. "They tell family, friends, neighbors, and co-workers, especially if their expectations have been exceeded.

"If the practice is able to maintain, improve and evolve this patient satisfaction, a growing network of positive momentum develops. This momentum drives the practice to ever higher levels of success."

While it's true that smiles and laughs might be good indicators of patient satisfaction, today's dental professionals are looking for more objective indicators.

Metrics

"There has developed a paradigm shift toward data-based measurement of the patient experience," says Schirmer.

The best measures are standardized, validated, tested, and then endorsed by a recognized accreditation organization; and then reviewed regularly, he says. "This is the process that is followed in most industries, including healthcare, and is appropriate for dentistry as well. In fact, it is already the process followed by the Dental Quality Alliance (DQA), which develops quality measures and educates those in the dental arena."

Vastardis believes that by conducting scientific patient satisfaction surveys, Dental Associates can more clearly hear the voice of the patient, and then use that information to plan for the future and figure out how to meet – and exceed – patients' expectations.

Since 2003, the firm has conducted ongoing patient surveys with the help of patient-experience firm Press Ganey. In 2014, Dental Associates began posting patient evaluations of its dentists and clinics on its website, based on the surveys. In fact, each dentist has a profile page on the company's websites, which includes a five-point rating for the doctor and patient comments from the preceding 18 months.

– Anthony Vastardis

Follow the leader

Meeting and exceeding patients' expectations is all about communication and education, and making sure patients know all that you're doing for them, says Cooper. The mindset must be apparent on the website, social media and, of course, in the office.

"Look at your online reviews," she says. "Be aware of what patients are saying about you, or what is being said in the web sphere. And we're not just talking about patient satisfaction. That's Step 1. Rather, it's, 'Are they thrilled?' At the end of the day, it's the difference between 'My dentist is all right' vs. 'I love my dentist, and I'm willing to post that on Facebook.'

"I always tell my clients to fish for compliments," she continues. "Ask, 'How was your visit today?' And don't be afraid of the answer. If they're not happy, better to find out then, when you still have a chance to address it, rather than seeing a negative review online." ■



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Ray Tai, CEO

The millennial dentist: Great expectations

Today's millennial dentists have many of the same desires as their older counterparts – family time, good job, friends. But their emphases are different.

“[Millennials] saw their parents sacrifice, many working two jobs,” says Sheri Doniger, DDS, Lincolnwood, Ill. “Whereas the over-45 or over-50 crowd may have made work the center of their lives, the under-30 believes the opposite. They would like to spend time at home with their families.” In addition to her practice, Doniger is an educator and consultant, and is currently president of the American Association of Women Dentists and editor of the association's newsletter.

Millennial dentists seek the same schedule or time off that more mature practitioners have earned through years of work and cultivating patient relationships, but they don't want to wait until they are in their 50s to get it, she says. “I may be able to take some time off to see my daughter's play or soccer game; they expect the same privilege.”

Today's young dentists are highly competitive, and they don't like to fail, says Doniger. New tasks that require independence may challenge them. “Coming from parents who constantly praised them, had high expectations, allowed flexible supervision and over-programmed their time, they are not used to failing,” she says. And though they may have been punished rarely as kids and teenagers, they enjoy constructive criticism and peer feedback. “They prefer not to be micromanaged, though.”

Millennial dentists enjoy relationship-building and reinforcement. “They are a very collaborative group,” says Doniger. “But their preference in communication is definitely electronic. Webinars available 24/7, communication via video and electronic messages in short bursts of information are helpful.

“The urban legend may be that millennials do not lead,” she says. “However, they are leadable.

They will have to learn how to deal with the plethora of management issues in a dental office and become strong leaders. Mentorship from senior practitioners will be important in developing these characteristics.”

Under-30 dentists are very mobile-centric, says Doniger. “Their smartphones are always on, so connecting may be easier. Connections via a mobile introduction or text message may work well.

“They prefer not to work after five, so scheduling may be an issue,” she says. “Any interaction may be used as a mentoring moment, with potential management tidbits.” ■



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With these efforts and relationships VOCO has been able to act as a technological forerunner in several areas. As a leader in nano-technology, VOCO's products have received high praise and recognition here in the United States with 4 and 5 star ratings from The Dental Advisor, REALITY and other independent institutions.

Today the U.S. division of VOCO boasts a professional service team of 55 Field Representatives, six Regional Managers and three Special Markets Managers as well as

a corporate support team handling North American marketing, sales, operations, customer service, human resources, accounting, benefits and more. VOCO has partnered with the two industry leaders in Patterson Dental Inc and Henry Schein Inc, to provide their users with next day delivery in most U.S cities.

VOCO believes their success in the U.S. market has largely been built by offering innovative high quality products supported by high quality service at prices that equal a noticeable higher value when compared to their competitors.

Increased impact within the group practice

Over the past three years VOCO has increased its impact within the Group Practice arena. With a focus on price points, added value

services and supported by product quality, VOCO has created an effective approach at grabbing the attention of large dental service organizations as well as mid-market group practices that continue to search for manufacturing partners that will offer more than just a product at a discounted price.

For example on the Restorative side, VOCO has introduced several advancements and solutions to increase customer's clinical efficiency and profitability. This can best be seen within their adhesive and composite restoratives. VOCO's Futurabond line of adhesives has a long history of success through innovation. Today their universal adhesive Futurabond U is a product whose innovation has more and more group practices turning to it.

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GrandioSO Heavy Flow (5 Star Editor’s Choice Award – Dental Advisor) offers a good example of VOCO’s innovated solutions within composite restoratives as the highest filled flowable composite on the market that comes in an NDT® (Non-Dripping Technology) syringe with specific solutions that speak to group practice challenges. As an 83% filled flowable composite – GrandioSO Heavy Flow can do more due to its elevated physical properties that includes indications for Class I – V restorations and use as a base or liner. The NDT® syringe eliminates unnecessary waste and minimizes the creation of air bubbles that can potentially undermine restorations never mind a dentist’s or practice’s reputation.

On the hygiene side, VOCO offers Profluorid Varnish, a thin, great tasting, transparent 5% sodium fluoride varnish that comes in a non-messy *SingleDose* delivery system with flavors such as caramel that aid in patient compliance. Profluorid Varnish has a high immediate fluoride release to relieve hypersensitivity, and adheres well to moist surfaces setting quickly in seconds after contact with saliva. Additionally, Profluorid Varnish contains

no Saccharin, Aspartame or Gluten and is naturally sweetened with Xylitol. The newest innovation to this product has been the introduction of an operator dispenser pack which sits neatly on your countertop and is available when ordering the 200 pack. This makes grabbing a *SingleDose* application fast and easy in high volume practices.

To support VOCO’s product offering to their group practice clients VOCO also provides an added value service in the way of continuing education that has received a strong positive response. The programs are designed to provide more knowledge about clinical procedures and



material application that involve the type of products that VOCO offers. These programs can run anywhere from 1 hour to 4 hours and can be specific to Hygienists, Assistants, Dentists or any combination of the office staff. VOCO’s dedicated special market management team is able to quickly create these customized programs with efficiency and effectiveness.

VOCO’s expansion with the U.S. Group Practice market directly correlates with their commitment to maximize value to their customers via products and services that elevate quality, save time and reduce costs. Learn more about VOCO and their full line of products at www.vocoamerica.com.

Measuring the Day-to-Day

Survey of dental office managers shows pain points, opportunities

What's on the minds of the dental office managers?

Interacting with patients, training staff, acquiring new patients and maintaining a full daily schedule, for starters.

Those were the key activities identified by at least 80 percent of dental office managers surveyed by Futuredontics®, the dental marketing company and parent of 1-800-DENTIST®. Fred Joyal, founder of Futuredontics, reviewed the results of the online survey, titled “The Changing Role of the Dental Office Manager,” at this summer’s American Association of Dental Office Managers (AADOM) conference in Nashville, Tenn.

More than 1,000 office managers responded to the online survey between Sept. 1 2014, and Oct. 31, 2014. Consistent with previous research, more than 90 percent of office managers surveyed were female. The majority – 58.6 percent – were over 45 years old. Only 15.4 percent were 35 or younger.

Practice business activities

The area that has grown most in perceived importance is online reviews, with 63.4 percent ranking this activity as “very important,” compared to only 45.2 percent in 2013.

Social media is the area with the biggest reported increase in time spent, with more than half of the respondents saying they spend more time on this than they did two years ago. Even so, more than 10 percent of respondents said they spend no time on social media or online reviews.

“[S]ocial media is revealed as a major pain point,” reports Futuredontics. “Office managers show the least consensus about the importance of this activity – but at the same time, they are increasing the amount of time they spend and yet still feel it’s not enough.”

Staff training has also emerged as a major area of concern for office managers, and is overwhelmingly rated as a “very important” task to which too little time is devoted, according to Futuredontics.



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More than 20 percent of the respondents reported spending less time on appointment reminders than they did two years ago, presumably due to the increased usage of automated services.

New patients and appointing

Dental practices are finally catching up with patient preferences by offering immediate appointment availability and scheduling new patients within the first two days of contact, according to Futuredontics. Over two-thirds of respondents (67.8 percent) reported that they block out at least one hour per day specifically to accommodate new patients, and close to 40 percent follow the best practice of seeing new patients within 48 hours, an increase of 17 percent from two years ago.

That said, dental practices may be missing a major opportunity by failing to offer an online option for scheduling appointments after office hours, says Futuredontics. Only 17 percent of respondents indicated that they currently offer an online option for scheduling appointments after office hours. More than 70 percent reported that after-hour calls are sent to voice mail and returned the following business day (although almost half at least provide an emergency number). “This represents a huge lost opportunity, as many consumers will continue searching for another practice who can accommodate them immediately, and others will simply hang up and fall back into procrastination,” according to the authors.

About 21 percent of practices have adopted a system where after-hours patients can speak with someone immediately – either by forwarding calls to a staff member’s phone or using a third party appointing service.

Practice marketing, social media

Office managers rate marketing as “very important,” yet they also identify it as one of the top four areas where not enough time is being spent. In fact, 34 percent of respondents said they spend less than one hour per week on marketing activities, and 91 percent spend four hours or less per week. Four of the five most-used marketing

activities were online approaches – websites, social media, SEO (search engine optimization) and online yellow pages.

Futuredontics calls “troubling” the fact that 49 percent of practices neither interact with Yelp, the online review site, nor plan to do so in the future. This despite surveys showing that the majority of patients use Yelp reviews to influence their choice of dentists. What’s more, 49 percent of managers report that too little time is being spent on social media.

The office manager is far and away the most likely to bear responsibility for social media and online reviews. Yet in 12 percent of practices, no one has responsibility for social media, and in close to 14 percent, no one is responsible for online reviews.

Other findings

- **Appointment reminders.** Close to 96 percent of office managers feel appointment reminders are “important” or “very important” to the practice, and respondents consistently reported that they are spending the same amount or more time on this task than in previous years. More than 76 percent reported using patient communication software, representing a moderate increase from 2013. Text messaging, previously the least-used method, has increased by nearly 15 percent over the last two years. This is also the medium office managers indicated that they plan to increase most in the coming years.
- **Dormant patient reactivation.** Close to 40 percent of respondents reported that they have increased the amount of time devoted to reactivation of dormant patients, that is, those who haven’t visited in a year or more. “While this improvement is encouraging news, when asked about their specific time usage, a surprising 11 percent of office managers said they devote zero hours to reactivation each week,” says Futuredontics. “This represents a huge missed opportunity, particularly in light of studies that show that in the typical practice, 20 percent of patients are dormant.”
- **Staffing.** Close to 59 percent of respondents reported adding staff since 2013, and 62 percent said their practice has enough staff to support the number of duties they are asked to perform. ■

“Social media is revealed as a major pain point.”

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OneMind Health Helps DSOs and Groups Create Simplicity out of Complexity

Group practices and Dental Support Organizations

arose from an industry-wide need to reduce the complexity around running a dental business. By definition, DSOs were created to support dentists by taking on the complex, non-clinical aspects of practice such as accounts receivable and insurance management. Group practices find economies of scale by centralizing, automating and sometimes outsourcing time-consuming manual tasks.

OneMind Health is helping DSOs and group practices create efficiency by automating the process of verifying insurance eligibility and benefits. A surge in PPO participation marked by increased variability among plans is a major trend in the dental industry. This is creating urgency to find more efficient ways of dealing with insurance. Patients count on their insurance as a primary funding source for dental care. Practices that help educate patients about their benefits and assist them to maximize their insurance dollars will score important customer service points with patients. But that's not always easy.

As a whole, in 2014, the dental industry spent over \$25 billion on administrative costs related to claims adjudication, eligibility verification, payment collections and staffing. That's a lot of dental office team members placing verification calls to insurance companies, sending claims, posting EOBs and mailing collection letters. And it's a lot of people at the insurance companies churning out inconsistent and complex information and rules. Though this takes a lot of the team's time, patients are putting the onus of what their insurance covers directly into the hands of practices. In a recent survey conducted by OneMind Health, we asked why practices verify eligibility and benefits – many responded by saying that patients expect dental teams to know what's covered and are unsatisfied if the team can't help them understand their insurance plan.

To download the results of OneMind Health's Why Verify survey, visit onemindhealth.com/whyverify

Our goal at OneMind Health is to deliver performance, visibility, and efficiency to dental practices where complexity, inefficiency, and lost opportunities abound. We do that by removing work from payer-provider relations, especially in the area of eligibility and benefits verification. By automating the process of obtaining eligibility and benefit data, staff is freed up to use the information in the following ways:

- No. 1:** Reduce eligibility denials. Industry data shows us that 20 percent of all dental claims are denied at the insurance company. Of those, 80 percent are denied for an eligibility reason. Verifying coverage before the patient arrives and service is provided will greatly reduce these denials and the associated rework and write-offs.
- No. 2:** Increase production by maximizing benefits. Another result of verifying benefits is to be aware of production opportunities. Knowing a patient's history, frequency and coverage details can directly impact production and help the patient get the most out of their plan. For example, if you know a patient has coverage for a FMX on this visit, you can provide it instead of just a bitewing and increase hygiene production each time you catch that opportunity.
- No. 3:** Improve treatment estimates and reduce write-offs. Having complete benefit details at hand allows the team to create an accurate cost estimate for recommended treatment. Patients are less likely to hesitate to make a commitment when clinical and financial information can be presented together. Additionally, creating more accurate estimates lessens the need for write-offs when an unhappy patient gets a bill they didn't expect.

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The Silent Epidemic

Dental practices need effective infection control protocols to guard against Hepatitis C

The chances of group practices encountering patients with the hepatitis C virus (HCV) – sometimes referred to as the “silent epidemic” – is high. In fact, public health experts estimate that about 1.6 percent of the U.S. population is either currently infected or has been infected with HCV in the past. Most don’t even know it. All this is reason why practices must strictly adhere to infection control protocols at all times.

That was the message from a group of experts from the Centers for Disease Control and Prevention during a recent webinar on hepatitis C sponsored by CDC, the Academy of General Dentistry, and the Organization for Safety, Asepsis and Prevention (OSAP). The webinar was part of OSAP’s Safest Dental Visit™ campaign.

What is hepatitis C?

Hepatitis C is a contagious liver disease that ranges in severity from a mild illness lasting a few weeks, to a serious, lifelong illness that attacks the liver. There is no vaccine for HCV.

Symptoms are often non-existent – or at least not recognized – in adults with acute HCV (that is, short-term illness usually occurring within six months of infection), and are rarely present

during chronic disease until liver inflammation is severe, said Anne Moorman, BSN, MPH, Division of Viral Hepatitis, CDC.

While the incidence of HCV has declined over the past 25 years, currently, at least 2.7 million people in the United States are estimated to be HCV-infected. Seventy-five percent are estimated to be baby boomers (born between 1945 and 1965). Of infected persons, only about half are estimated to have had their infection diagnosed, and of these, only up to one-third have been referred for care. Data from 2012 showed that at that time, only 11 percent had been treated, and only 6 percent cured.

Since testing to screen blood and blood products for HCV became available in 1992, new hepatitis C infection rates have declined dramatically. Even so, an estimated

Because the adverse effects of liver disease take decades to develop, the number of people with manifestations of acute hepatitis illness – and resulting hospitalization – is still rising.

30,000 new acute cases were contracted in the United States in 2013, with new cases among all age groups, but the greatest increase among young, non-urban adults injecting drugs.

Because the adverse effects of liver disease take decades to develop, the number of people with manifestations of acute hepatitis illness – and resulting hospitalization – is still rising. The rate of HCV-related hospitalizations in the United States more than doubled between 2004-5, and 2010-11. The number of deaths from HCV increased between 1999 and 2007. But even that may be under-reported. In one study,

Safest Dental Visit

only about one-third of people known to be infected with HCV who died from end stage liver disease had HCV reported on their death certificates.

How is it spread?

The primary mode of HCV transmission is blood to blood, e.g., through an injection or break in the skin. In the environment, HCV in plasma can persist in an infectious state for 16 hours or longer, and in water at low temperatures for up to five months. In vitro studies have shown that HCV may remain infective on dry surfaces for up to six weeks. Disinfectants that inactivate hepatitis B virus will also kill HCV virus on environmental surfaces, and commercial hand antiseptics are effective in inactivating the virus on hands.

Bloodborne pathogen transmission in healthcare settings can occur from patient to patient (e.g., because of improper infection control practice), from patient to provider (e.g., as a result of needle sticks), or from provider to patient (e.g., during surgery or because of provider drug diversion). Note that approximately 60 percent of dentists are baby boomers, and so may have undetected past or current infections themselves.

Reports of transmission of hepatitis B (HBV) or C in the dental setting are rare. That said, many cases are no doubt missed by routine surveillance, given the long incubation period of HCV. In fact, only three reports of patient-to-patient transmission of HBV or HCV in the dental setting have been reported.

- In 2002, a case of patient-to-patient transmission of HBV was reported. Investigators believe that an elderly woman, who had no traditional risk factors, contracted the virus following oral surgery.

Of infected persons, only about half are estimated to have had their infection diagnosed, and of these, only up to one-third have been referred for care.



It turns out that a patient with a high viral load had had a procedure earlier in the day. Presumably, a lapse in cleanup procedures following the earlier case was the cause.

- In 2009, transmissions of HBV were reported among patients and volunteers attending a portable dental clinic (a gymnasium setting). Investigators identified several infection-control breaches, including failure to heat-sterilize handpieces following use, failure to package instruments prior to sterilization, failure to adequately train volunteers on infection control protocols, and more.
- The only documented case of HCV patient-to-patient transmission in a dental setting occurred in a dental surgery practice in Oklahoma in 2013. Unsafe injection practices, improper dating and storage of multidose vials of controlled drugs, and a lack of autoclave monitoring and maintenance were all cited as potential causes.

Post-exposure management

About one person in 30 (ranging from 0 to 7 percent from various studies) whose blood has come into contact with that of an HCV-infected person is likely to contract



HCV, said Jennifer Cleveland, DDS, MPH, a dental officer and epidemiologist in the Division of Oral Health within CDC. (Contrast that with HBV infection, where the risk is between 6 percent and 30 percent, or as many as one person in three; and HIV, where the risk is about 0.3 percent, or one person in 300.)

The elements of an effective post-exposure management program include:

- Clear policies and procedures
- Education of dental healthcare personnel
- Rapid access to clinical care, post-exposure prophylaxis, and testing of source patients

If the practice determines that a patient or dental healthcare worker may have been exposed to HCV, the practice should:

- Discard or sterilize the instrument or needle.
- Provide “first aid” to the exposure site, such as wound management or eyewash for blood exposures. The wound should be washed with soap and water, but not with bleach or caustic agents. Neither should the caregiver squeeze or milk the wound, or apply a tourniquet.
- Fill out an exposure report, including date and time of exposure, details of the procedure (where, how,

with what device), exposure details (route, body substance involved, etc), and information about the source patient.

- Refer worker to a qualified healthcare personnel.
- Request source patient testing.
- For the exposed person, perform baseline and followup testing for HIV, HBV surface antigen, anti-HCV and liver enzyme activity.

For more information about HCV, visit the “CDC Viral Hepatitis – Hepatitis C Information” website at www.cdc.gov/hepatitis/HCV/index.htm. ■

Editor’s note: Introduced in September 2015, OSAP’s Safest Dental Visit program is an initiative designed to promote an increased commitment to infection control and safety. Clinicians, educators, speakers and consultants, product manufacturers and distributors, and others interested in patient safety are collaborating to help ensure that every patient visit is the safest dental visit. For more information, go to www.osap.org. *Efficiency in Group Practice* readers can view the hepatitis C webinar at www.agd.org/olc.

Improving the Patient Experience

The JawDropper Multi-Functioning Dental Device from Awestruck Dental

“Open wider, please!” Dentists and dental hygienists probably say that to their patients dozens of times a day. Every practitioner, and every patient, knows that holding the mouth open throughout a 45-minute appointment is uncomfortable, stressful, and for many, difficult to maintain even with a few short breaks. It can be especially painful for patients with temporomandibular disorders. The jaw muscles are some of the strongest in the body and they naturally want to bring the teeth and lower jaw back into occlusion. Numerous bite-block, mouth-prop, and isolation devices have been developed to aid in keeping the mouth open, but they do not address the predilection of the jaw joint and muscles to resist being open for long periods, the associated muscle and joint fatigue, or the anxiety a patient may be struggling with just to keep the mouth open.

rest that arm on his or her chest and support it gently with the other arm during treatment. The original JawDropper attaches to slow speed suction, which enables the patient to control fluid evacuation as needed. The new 1.5 version, which can be preordered now, features an additional fluid evacuation attachment made of soft, pliable plastic that extends to the molar area, making it ideal for use during ultrasonic cleaning.



The benefits of patient control

The JawDropper offers an added benefit – the patient is in control of the device and more engaged in the procedure. This has been found in several studies and beta testing to reduce some of the pain and anxiety patients experience during their appointments. Participating in their comfort level gives them a sense of control that they are otherwise lacking in the dental chair. It feels less invasive and results in fewer breaks to relax the jaw. It also provides the dentist and hygienist with the “third hand” they really need and enables them to focus more on their tasks with better access and efficiency.

In terms of patient acceptance, using the disposable, multifunctional JawDropper during hygiene and appropriate dental procedures shows patients that the dental practice is taking forward measures to improve the practice and their customers’ experiences. It stands to reason that when patients are comfortable and have a more relaxed, positive experience, they are more likely to be receptive to future recommended treatments. Introducing patients to the JawDropper during hygiene visits may increase case acceptance as well as patient retention.

The JawDropper was invented by Dr. Dick Fulton, a retired interventional radiologist and prolific inventor with numerous medical device creations. Dr. Fulton was experiencing difficulty keeping his own mouth open wide enough during a procedure at his dentist’s office. As his jaw became fatigued, which resulted in reduced opening over the course of an appointment, it occurred to him to hook his index finger over his mandibular teeth and pull his lower jaw down. He found that he experienced greater comfort while helping to create a wider mouth opening.

This led Dr. Fulton to develop a tooth-engaging, plastic, wand-type of device that is shaped with a hook at one end to secure the lower teeth and a loop on the other end for the patient to grasp with an index finger or thumb. The patient can

The new 1.5 version can be preordered now. It features an additional fluid evacuation attachment made of soft, pliable plastic that extends to the molar area, making it ideal for use during ultrasonic cleaning. It’s the “third hand” hygienists have been looking for with their ultra-sonic scalers!

rest that arm on his or her chest and support it gently with the other arm during treatment. The original JawDropper attaches to slow speed suction, which enables the patient to control fluid evacuation as needed. The new 1.5 version, which can be preordered now, features an additional fluid evacuation attachment made of soft, pliable plastic that extends to the molar area, making it ideal for use during ultrasonic cleaning.

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Best Practices in Infection Control

By Dr. John Molinari and Peri Nelson



Washing hands very well immediately after the accident is important, and I assume that was what was done. After that, follow up that same day with the medical facility your practice is contracted with for post-exposure evaluations would be able to determine what type of treatment and/or temporary barrier was needed for the finger (i.e. stitches, antibiotics)

Q: I poked myself with a sterilized Cavitron tip yesterday and got a very deep cut on my hand. What is the proper procedure for working with patients when I have this type of injury? I am a hygienist and constantly wash my hands and don gloves all day. Is there a risk of staph infection?

A: The fact that the accident occurred with a sterilized tip suggests that the risk of subsequent infection from the tip itself is very low, depending on the efficacy of the sterilization cycle. As for what to do after the accident, your practice should already have a post-exposure management plan in place as component of the larger infection control plan. This may be labeled as “Exposure Incident Protocol” or something to that effect in the compliance manual.

Washing hands very well immediately after the accident is important, and I assume that was what was done. After that, follow up that same day with the medical facility your practice is contracted with for post-exposure evaluations would be able to determine what type of treatment and/or temporary barrier was needed for the finger (i.e. stitches, antibiotics). The medical professional who saw you may also give their opinion about whether you should practice immediately depending on the extent of the wound.

As for practicing, the routine hand hygiene procedures (i.e. hand washing and alcohol-based hand sanitizers) used as a component of your standard precautions work well. Remember also you are wearing gloves for every patient and these serve as a good barrier to protect skin. ■

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Ho, ho ho...

Oh, no, no!



to feel sadness and grief. You can't force yourself to be happy just because it's the holiday season.

- **Reach out.** If you feel lonely or isolated, seek out community, religious or other social events. They can offer support and companionship. Volunteering your time to help others also is a good way to lift your spirits and broaden your friendships.
- **Be realistic.** The holidays don't have to be perfect or a repeat of past holidays. As families change and grow, traditions and rituals often change as well. Choose a few to hold on to, and be open to creating new ones.

If the holidays fill you with a sense of dread, you are not alone. From gift shopping and wrapping to office parties and family get-togethers, for many, it's a season of stress. Particularly for those coming off the heels of a personal tragedy or battling clinical depression, December is not the cheery month it's made out to be.

Learn to recognize your holiday triggers, such as financial pressures or personal demands, advises the Mayo Clinic, and "combat them before they lead to a meltdown." With a little planning and some positive thinking, almost anyone can find peace and joy during the holidays. Mayo Clinic recommends taking the following steps:

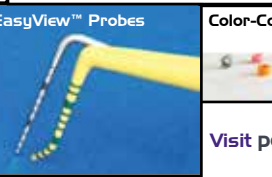
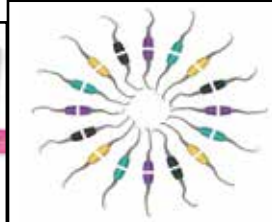
- **Don't ignore negative or sad feelings.** Acknowledge them. If someone close to you has recently died or you can't be with loved ones, realize that it's normal

- **Set aside differences.** Try to accept family members and friends as they are, even if they don't live up to all of your expectations. Set aside grievances until a more appropriate time for discussion. And be understanding if others get upset or distressed when something goes awry. Chances are they're feeling the effects of holiday stress and depression, too.
- **Stick to a budget.** Before you shop for gifts and food, decide how much money you can afford to spend. Then stick to your budget. Don't try to buy happiness with an avalanche of gifts. (Some alternatives to gift shopping include donating to a charity in someone's name, making homemade gifts, or starting a family gift exchange.)



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Plan your menus, and then make your shopping list. And, when hosting parties, ask for – and accept – help with preparations and cleanup.

- **Plan ahead.** Set aside specific days for shopping, baking, visiting friends and other activities. Plan your menus, and then make your shopping list. And, when hosting parties, ask for – and accept – help with preparations and cleanup.
- **Learn to say no.** Saying yes when you should say no can leave you feeling resentful and overwhelmed. Friends and colleagues will understand if you can't participate in every project or activity.
- **Don't abandon healthy habits.** Don't let the holidays become a free-for-all. Overindulgence only adds to stress and guilt. Some healthy suggestions include:
 - Eat a healthy snack before holiday parties to avoid going overboard on sweets, cheese or drinks.
 - Get plenty of sleep.
 - Incorporate regular physical activity into each day.
- **Take a breather.** Make time for yourself. Even 15 minutes alone, without distractions, can refresh you enough to handle everything you need to do. For example:
 - Take a nighttime walk and stargaze.
 - Listen to soothing music.
 - Get a massage.
 - Read a book.
- **If necessary, seek professional help.** If in spite of all efforts, you find yourself feeling persistently sad or anxious, plagued by physical complaints, unable to sleep, irritable and hopeless, and unable to face routine chores, talk to your doctor or a mental health professional. ■

For more information visit www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/stress/art-20047544?pg=1.

Needed: More DSO-supported dentists on state dental boards

By Lauren Rowley

The ADSO Government Affairs Committee was formed this summer. The committee, chaired by John Pantazis, Heartland's vice president, general counsel and secretary, with representatives from six other ADSO member companies, meets monthly and is charged with providing the ADSO with strategic guidance on state and federal legislative and regulatory issues. Among the committee's top priorities is promoting DSO-supported dentists for appointments to state dental boards.

Board appointments are a top priority for the ADSO government affairs team because many of the state issues the DSO industry faces grow out of dental board actions. We believe that having one or more DSO-supported dentists or strong public sector members on the board involved in discussions and rule-making will go a long way in mitigating state legislative and regulatory issues, like those the industry has faced in recent years.

With few exceptions, dental board appointments are made by the governor of the state. Dental boards generally consist of dentists, hygienists, public sector (non-dental-related) members and sometimes academics. All states have rules around the appointments and can include: how long the term of service lasts; requirements on how long the candidate has been a resident of the state; how long the dentist/hygienist has practiced in the state; what area of the state the appointee needs to be from; as well as many other possible requirements. Since the appointments are made by the governor of the state, often political preference will also apply to the candidate's selection process. ADSO

assists our members in understanding these requirements when requesting candidates for appointment.

While ADSO is happy to promote candidates in any state, we recognize that we are much more likely to have success in those states where we have a contract lobbyist on the ground to assist in shepherding the candidate(s) through the process. The lobbyists are able to meet with the governors' appointment staff and follow up throughout the decision-making process. They can also assist the dentist in getting letters of support from state legislators or other recognized leaders in the state to support their nominations.

ADSO requests that our members make a committed effort when openings come up to reach out to their supported dentists for potential candidates. To make sure our members are informed, we include in our Government Affairs Weekly Round-up – distributed every Friday to our DSO members – the list of states with lobbyists where we need our members help to promote candidates. (For membership information, e-mail membership@theadso.org).

In the past year, the ADSO has helped get DSO-supported dentists on the dental boards in Colorado, Iowa, Indiana and Florida, and is actively working on appointments in every other state where we have lobbyists. ■

“We believe that having one or more DSO-supported dentists or strong public sector members on state dental boards will go a long way in mitigating state legislative and regulatory issues.”



Lauren Rowley is senior vice president of government affairs and COO, Association of Dental Support Organizations, a non-profit organization representing dental support organizations to the public, policy-makers and the media. For more information, go to <http://theadso.org>.

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NEWS

Aspen Dental to help more veterans access dental care

Aspen Dental- (Syracuse, NY) branded practices launched “A Smile for Your Service,” a limited-time 25 percent discount offer on dentures and general dentistry for those serving in the military, veterans, and their spouses, designed to help expand access to dental care. Additionally, each time the offer is shared via Facebook (Smile-ForService.com/Share), Twitter, or Instagram, using the hashtag #HealthyMouthMovement, Aspen Dental will donate \$1 to Got Your 6, a veterans’ organization that helps strengthen communities and empower veterans nationwide. This new program is part of Aspen Dental’s larger commitment to veterans, which has included more than \$2 million in donated dental care to nearly 4,000 veterans in 2015 through a volunteer effort called the Healthy Mouth Movement.

Heartland Dental opens new offices in FL, SC, and IN

Heartland Dental (Effingham, IL) announced a new affiliation with existing dental offices in: Lehigh Acres, Florida; Sarasota, Florida; Camden, South Carolina; and Plantation, Florida. The company also announced newly opened offices in: Davenport, Florida and Greencastle, Indiana. Heartland Dental provides support services, including education, staffing, procurement, marketing, and IT services, to more than 1,000 dentists who operate out of 675 dental offices in 31 states

ADAA foundation changes name to Dental Assistants Foundation (DAF)

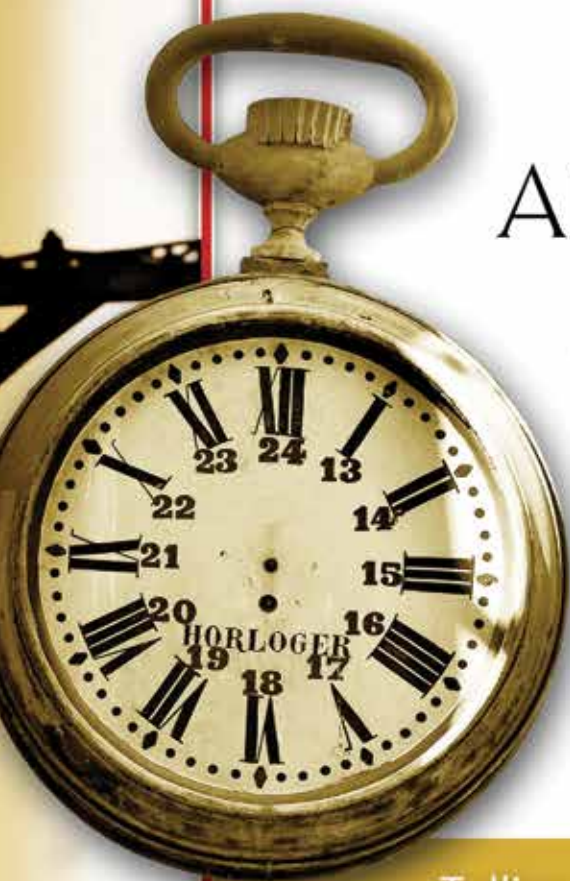
The American Dental Assistants Association (ADAA) (Bloomington, IL) changed its name to the Dental Assistants Foundation (DAF). The announcement from foundation chair Ellen Landis, director of operations, training, and development for Affordable Care Inc (Raleigh, NC), clarifies the intention to re-focus

and re-brand its support to all constituents of DAF. Dental assistants with expanded functions, as well as clinical and administrative assistants, will benefit from the fundraising efforts of the organization. The DAF will continue its commitment which began in 1993 as a 501(c)3 not-for-profit to enhance the standards and skills within the dental assisting profession. Beginning in 2016, new initiatives will include a robust social media campaign with a new website (DAFoundation.net), and research to determine the needs of the foundation’s members, both professional and personal.

ACTEON North America announces the release of the PSPIX phosphor plate scanner; initiative to add clinical trainers to assist sales force

ACTEON North America has announced the release of its next generation phosphor plate scanner, the PSPIX. The PSPIX features a very small footprint, high quality and contrasted images, incredibly fast acquisition times and removable parts for easy sterilization. Tightly integrated with Sopro Imaging software, the PSPIX is available for both the Windows and OS X operating systems and can be shared across a local area network. “The PSPIX provides exclusive advantages to our practitioners,” said Tim Long, VP and COO of ACTEON. “The reduced footprint is 3 times smaller than any other plate scanner and the PSPIX can be placed chair side providing a marked increase in productivity and improved patient experience...” continued Long. “By providing offices with a small and affordable scanner that has ‘Click and Scan’ functionality, practices can now be dedicated to patient care and comfort” said Long.

ACTEON North America has also announced an initiative to add clinical trainers to assist their existing sales force. Clinical trainers are dental professionals who will provide product training, product in-service, continuing education, and clinical expertise in the dental offices, conferences, and trade shows. These clinical trainers will be available at no



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additional cost to any new, existing, or potential ACTEON customer. “ACTEON products help provide superior clinical results, and we will be offering value added services that assure each existing or potential customer receives proper training and education from one of their peers.” said Tim Long, VP and COO of ACTEON. “For example, our clinical trainers can help educate an office that is transitioning from analog film to one of our digital radiography solutions like the PSPIX imaging plate scanner.”

ACTEON clinical trainers are available for immediate scheduling through your ACTEON Manufacturer Representative. For contact information visit www.acteonusa.com/find-a-rep

Ivoclar Vivadent announces executive team promotions

Ivoclar Vivadent’s (Amherst, NY) CEO, Robert Ganley, announced the promotions of several members of the company’s North American executive team. Sarah Anders, who joined the company in 2003, was promoted to the newly established position of chief operating officer. George Tysowsky DDS, who joined the company in 1985, was promoted to SVP technology and professional relations. Michael Gaglio, who has been with Ivoclar Vivadent since 1999, will become SVP marketing and digital communications. And Pierre Lamoure, with the company since 1985, will be SVP clinical sales.

Midmark announces corporate leadership changes, expands Emerge Stronger® Advanced Education Series for dental customers

Midmark Corporation (Dayton, OH) appointed Anne Eiting Klamar MD as its chair of the board (COB) of directors. Klamar has served as the company’s president since 2000 and added the role of chief executive officer in 2003, making her the fourth generation of the Eiting family to hold a leadership position. John Q Baumann was appointed to the position of president and chief executive officer. Baumann is currently serving as chair of the board of directors for Midmark. As COB, Klamar, along with other board members, will work with Baumann to set the overall direction for the company’s continued growth and long-term health. She also will provide leadership for the company’s gover-

nance structure as well as the company’s regional and industry commitments. Klamar and Baumann will assume their new roles by January 4, 2016

Midmark Corporation also announced the expansion of its advanced education series, Emerge Stronger®, to meet the increased demands of dentists who wish to design an office that will take their business to the next level. To accommodate dentists from various locations, Midmark has increased the number of Emerge Stronger seminars at its Versailles, Ohio location, and in cities throughout the U.S. To address the growing trend of dentists who want to deliver an inviting and captivating overall patient experience, the Emerge Stronger



Educational Series program was designed to help them understand what it takes to enhance their office space for optimal economic benefits and an improved patient experience. Starting in 2011, Emerge Stronger two-day seminars were crafted to assist dental professionals in the renovating, expanding or building of a new dental practice. The seminar focuses on design, zoning, construction and several other key topics led by notable speakers, Pat and Dr. Jeff Carter of Practice Design Group. The Carters, a licensed interior designer and registered dentist duo, formed Practice Design Group in response to dentists seeking a more collaborative and innovative design resource than was available through



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NEWS OF THE WEIRD:



Astronauts use toothbrush to fix stubborn bolt during spacewalk

In 2012, when a problem cut the amount of electrical power available to the International Space Station, spacewalking astronauts triumphed over a stubborn bolt and installed a critical power switching box with the use of a blue toothbrush. Thanks to out-of-the-box thinking, electrical systems were restored. Engineers on the ground and the astronauts in orbit scrambled to devise makeshift tools to clean metal shavings from the socket of the troublesome bolt.

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the dental supply houses and other formula-driven dental office design companies. For more information regarding the Emerge Stronger Educational Series, please visit midmark.com/emergestronger or call 1-800-MIDMARK, ext. 8923.

UMKC awarded HHS grant to examine oral health disparities among children in KS

University of Missouri-Kansas City (UMKC) (Kansas City, MO) School of Nursing and Health Studies and School of Dentistry were awarded up to a \$4.38 million National Institutes of Health (NIH) (Bethesda, MD) grant to study disparities in oral health among Kansas schoolchildren. UMKC said in a news release that the funds will be used to examine the oral health of pre-kindergarten- through high school-aged children in mainly rural communities who get school-based care from dental hygienists. UMKC investigators will collaborate with the Kansas Bureau of Oral Health School Sealant Program (Topeka, KS). Since 2003, Kansas has allowed dental hygienists who meet certain criteria and have a sponsoring dentist to deliver care directly to children.

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- ONE adhesive for ALL your adhesive dentistry
 - Self-etch, selective-etch or total-etch
 - For all direct or indirect materials / no extra activator
 - Bonds to all light-, dual- and self-cure resin materials
 - Bonds to metal, zirconia, aluminum oxide, silicate ceramic without any extra primers
- VOCO's new patented *SingleDose* System eliminates the solvent evaporation problem that is a known problem with bottle systems – this ensures reliable high bond strength with each application.
- Fast and easy one-coat application (apply, dry and cure in 35 sec.)
- Over 30MPa of adhesion to dentin and enamel with LC composites while reaching high total-etch adhesion levels with DC and SC composites.

Futurabond U

Dual-Cure Universal Adhesive

The **ONLY** bond for **ALL** your adhesive dentistry, without the need of any extra primers or activators.



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