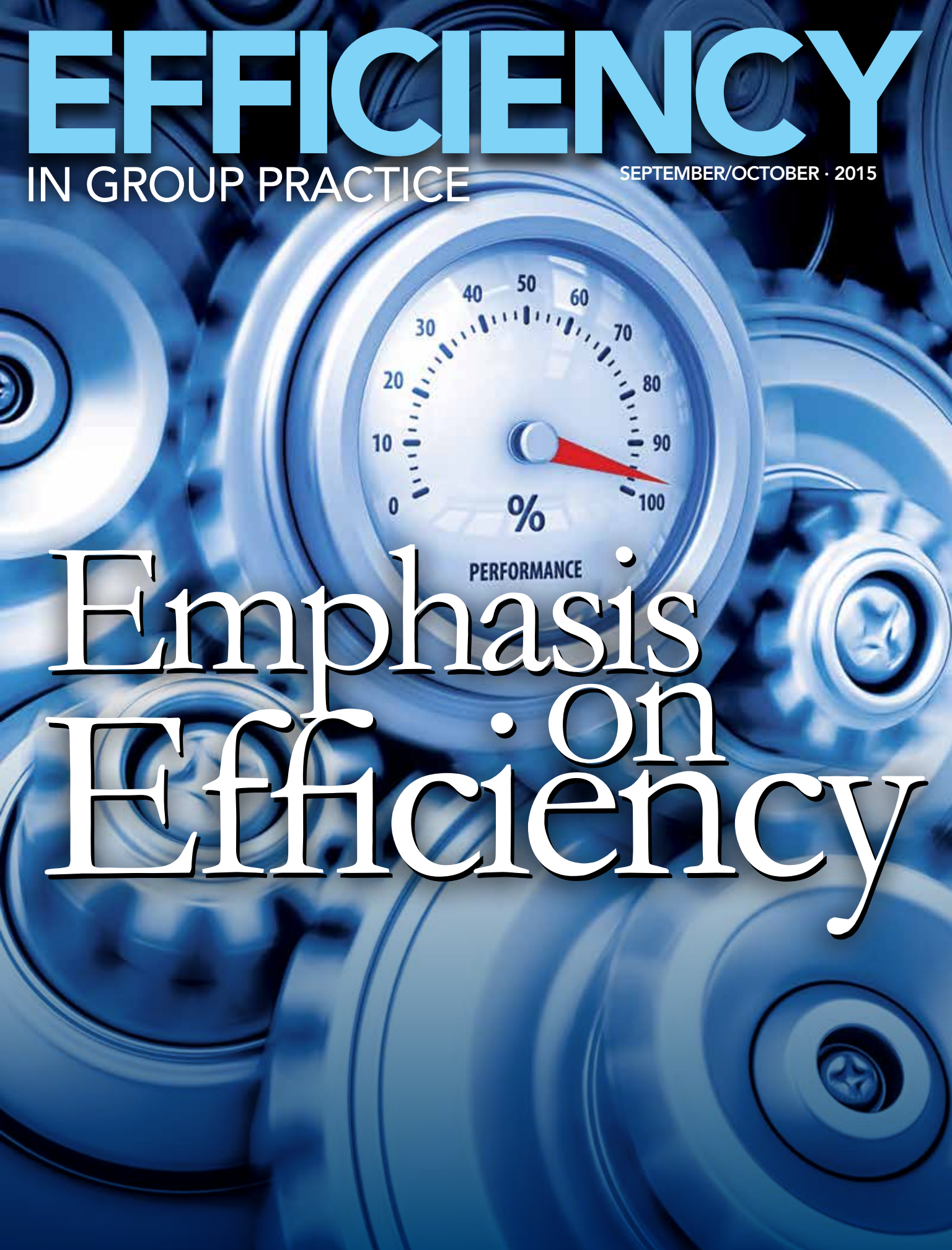
EFFICIENCY
IN GROUP PRACTICE
SEPTEMBER/OCTOBER · 2015



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Addressing Efficiency in a DSO Setting

It was inevitable that we would craft a cover story that addressed the name of our publication. We named our DSO publication, *Efficiency in Group Practice*, for a couple of reasons. We wanted the title to include a description of the audience. We decided on using the term group practice, not dental support organization or DSO. The reason we did this is that our readership encompasses both large and small groups, some managed by dentists, while others using a more formalized corporate structure for the service and support aspects of those practices. Furthermore, when we launched the magazine three years ago, the term "dental support organization" had just started to become part of the dental industry vernacular. Once we had the audience included in the name of the publication, we then incorporated a guiding principal, efficiency, which is essential to the success of today's healthcare providers.

There are four tough questions that our cover story, *Emphasis on Efficiency*, addresses:

1. What is efficiency?
2. How do I get it?
3. How do I measure it?
4. How do I maintain it?

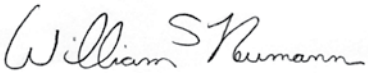
We get help answering these questions from Great Expressions, Heartland Dental, Aspen Dental and a host of other dental industry personalities.

How to define the word "efficiency" may be the most difficult of the four questions to answer. I believe when many people hear the word efficiency, they immediately think of ways to speed up processes and procedures, seeing more patients while reducing costs. What I learned from our cover story is that efficiency means many things to many people. Everything in our cover story ties back to better patient outcomes and superior patient satisfaction. Efficiency is measured in everything, from patient communication, to the use of today's latest dental technologies in order to shorten procedure time and reduce the number of patient visits.

Efficiency in the dental industry should not be looked at from a negative perspective. As pointed out in the cover story, patients don't want to spend any more time at the dentist's office than they have to. If you can shorten patients' time in the chair, and reduce the number of needed patient visits, all while providing a better patient outcome, then you have provided a positive, efficient dental experience.

I am sure that your group practice's view on efficiency will be broadened after reading the input from DSO and dental industry leaders who helped us craft this article.

Efficiently yours,



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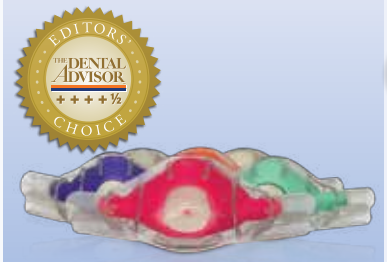

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Creating a Vision

Moving beyond the vision statement into action

By Randy Chittum, Ph.D.

It is pretty common practice these days for organizations (and teams and even individuals) to have a vision statement. These statements are intended to paint a clear picture of the future. Whenever I see one I am reminded of the quote credited to Peter Drucker: "Strategic plans are worthless. Strategic planning is invaluable." While I would not go so far as to say they are worthless, I would suggest that the process of creating a vision is equal to the outcome of having a vision statement.

I like to think of vision as something that is already inside us, whether that is the organization or individual. It is already there and simply needs to be nurtured and called forth. There is danger in looking outward for vision. It can lead us to common solutions that in turn minimize our uniqueness. How many times have you seen vision statements that were indistinguishable from the organization down the street? True vision is about that which matters most to us and for which we are willing to take a real leadership stance.

So how do you get from here to there? It can be helpful to have someone outside your group or team to facilitate these kinds of conversations. Someone who does not have a vested interest in what you create should be able to challenge and prod as needed. Not all facilitators will adopt the same approach of course but many will start with a set of visioning questions. They might resemble these that I sometimes use.

Questions to ask

Imagine your organization at some future point (three years is a common time frame). Further imagine that you are tremendously successful on all the things that matter most to you. Your organization is admired and others may seek to copy your strategy and approach. They may just wonder how you do it and admire you for it. Looking back from that future vantage point:

1. What are we known for? What is our reputation?
2. What do customers say about us and our products or services?
3. Who are your other key stakeholders and what do they say?
4. With whom are you allied?
5. What differentiates us from our closest competitors?
6. What products or services do we no longer provide or have said "no" to?
7. What are we no longer afraid of?

There are many more, of course. Discussions of questions like these often lead to some obvious themes or patterns. These are the things that are emergent and can receive life from declaring them in vision. Once a vision is declared it becomes a very powerful tool for enrolling others. It is similarly powerful as a way of helping people to self-organize and to know how to decide and behave in otherwise unclear circumstances. ■

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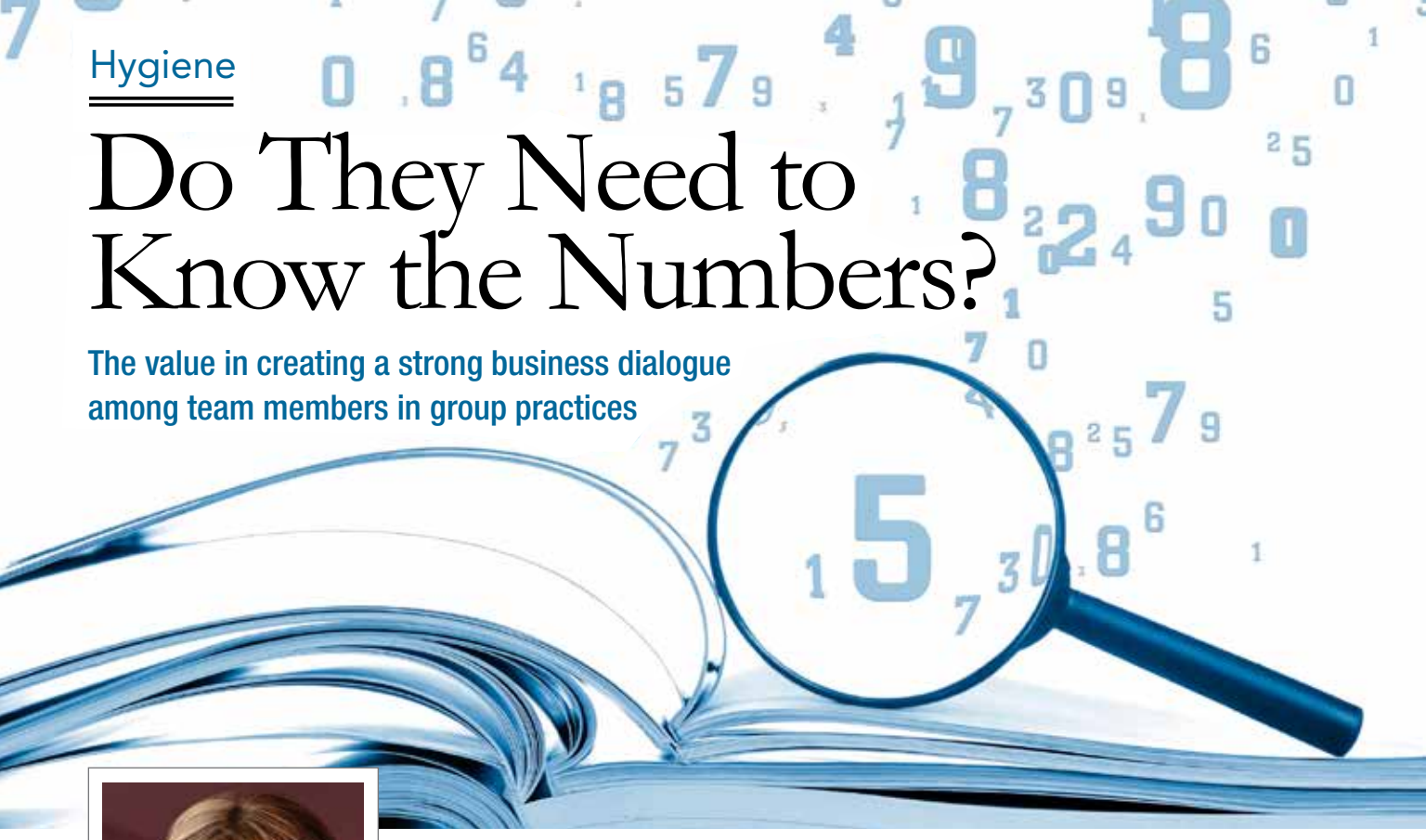
Do They Need to Know the Numbers?

The value in creating a strong business dialogue among team members in group practices



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.

I recently had the opportunity to network with some of dentistry's best office managers. There is no question these office managers realize the importance of dental hygienists. However, there seems to be certain topics that are a continuous struggle between the office manager and hygienist.

During our time together, I asked the group of office managers this question: "Do your dental hygienists understand their production goals, and why they are important to the practice, and to them personally?" A few of the attendees shook their heads agreeing with where I was going with my questions, but then there were a few that said: "No, every time we try to talk to our hygienists about numbers, they get really upset and tell us that we only care about the money." Another participant said: "We have chosen not to talk about numbers or money with our hygienists, because we do not want them to focus on that." Does this sound like your practice? Are you afraid to talk about numbers with your hygiene team, too?

The numbers battle

For as long as I can remember, there has always been a battle within dental practice. The battle of whether the dental hygiene team should know and understand the "the numbers" of the practice.

The dental hygienists working within your practices have likely never been educated on the business of dentistry, and therefore may believe that the numbers are not something they should know or be responsible for.

The numbers and the financial aspect of dental hygiene is crucial for the dental hygienist to understand, as this ties into their accountabilities and responsibilities to the patients, the practice and to themselves. Why? The dental hygienist is a care provider,

a revenue generator, and a business within the business, a profit center. And yes, everything they do can be measured. Just like in any other industry. Here is an example: We know that more than 80 percent of patients have a moderate or high caries risk. Knowing that fluoride varnish is one of the best things we can provide these patients, shouldn't we be seeing 80 percent of the patients receiving it? Yes, numbers like these are important for the dental hygienists to see, to understand and to be accountable too. Numbers tell the real story of how well we are caring for patients.

In order to measure the success of your dental hygiene team, you need to look at patient care metrics, but also the revenue side of the business. Because we know that comprehensive care equals revenue. There is no hiding this fact, and it is a fact your hygiene team needs to know, understand, and be accountable to.

Measuring

Part of understanding the numbers requires the hygiene team to understand what is being measured, why they are measured and what they mean to them as a provider.

If you are just starting to communicate numbers to your hygiene team, start with three basic statistics. Our recommendations would be: Periodontal Percentage, Fluoride Per Patient and Production Per Day. Before discussing the numbers, it is important to help your team understand how the numbers and patient care correlate. No, we are not talking about numbers so your treatment plan meets certain production goals. No, we are not asking you to provide care that is unnecessary. But, we are asking you to understand the needs of the patients based on current research, and understand dentistry as a business. And within every successful business, the team needs to understand how the money comes in and how it goes out. Without a profitable business, there will be no new technology, no staff lunches, no continuing education, no bonuses, etc.

If we continue to waver around whether or not to talk about numbers, we will lose sight of important oral healthcare statistics and how they relate to our patients and the practice. Not only will the patients lose, but the hygienist and the dental office will lose too. The discussion of numbers is not always a comfortable one, but when you use the concepts above, you will be able to create a strong dialogue within your office about why the numbers are important, and how they support quality patient care. ■

By Dr. Sami Bahri, DDS

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

Seeing is Believing

How visual management can enhance every aspect of a practice

Visual management is powerful because it is simple. It has only one function: to report occurrences of abnormalities in a speedy manner, (Shingo, 1989) allowing us to take swift measures that prevent their recurrence (Ohno, 1988). For example, if an assistant has to stop the flow of treatment and go bring a product from the supply room, her walking out of the operatory should be a visual indicator that we need to store the product closer to her; ideally, this change should happen, before she needs to use the product again.

For more clarity, let's define normal and abnormal. Normal conditions are those where work progresses as planned. However, work, patient, and provider conditions vary all the time, making conformity to standards difficult or sometimes even impossible. We call abnormal those conditions that push results away from the standards established by our systems. Abnormal conditions tend to generate problems that lead to poor results. To prevent problems, we can use visual management methods at two different levels: first, to prevent abnormalities from occurring, we make work standards easily accessible to workers. Second, to catch abnormalities when they occur despite our careful planning, we create rapid detection measures that expose them as soon as they deviate from standards. (See Figure 1)

Figure 1: The location on the left is a useful visual tool because it exposes an abnormality: the alcohol bottle is missing.

Focus on the work structure for better improvements

Visual management can enhance every aspect of a practice, front desk, scheduling, maintenance, hygiene, treatment rooms, recall systems, treatment progress, materials ordering, equipment placement – the list is endless. But in the first place, we are interested in visualizing the very fundamental aspect of production, the structure of work. In fact, improvements at that deep level multiply as they trickle to the more superficial aspects of production; just as placing nutrients at the roots of a tree has a better effect than placing them on the branches.

Understanding the structure to illustrate, let's consider the sequence of steps in Figure 2 that could take place when examining a mouth and performing a filling:

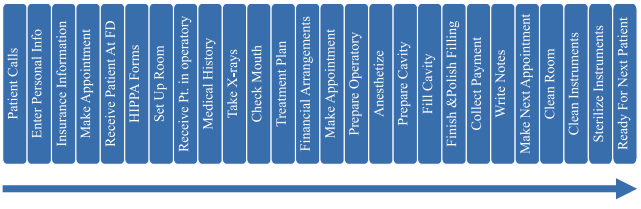


Figure 2: All Steps are necessary, they don't carry the same value to the patient

All the steps in Figure 2 are necessary, but patients are interested in only a few of them as we can see in Figure 3.

It has been believed in the past that improving every step of such a sequence will improve the whole.

In fact, improving the steps independently from the whole process could lead to detrimental effects.

Others think that taking part of the sequence and improving it, then improving a second and a third part will improve the whole. Although that could be partially true, the reasoning that will follow has proven more effective in many lean companies like Toyota, in healthcare organizations like Thedacare and Virginia Mason, and, more relevant to this article, in our dental practice.

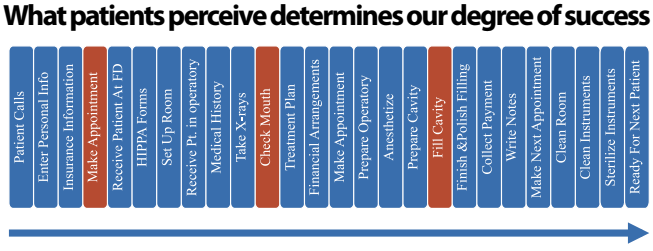


Figure 3: Patients perceive value in the steps in red. They are willing to pay only for those.

If we asked patients about their dental visit, they would probably say that they made an appointment, had their mouth checked and their tooth filled. Those three steps are part of what is called the patient experience depicted in Figure 3.

Figure 4: Patients perceive only the onstage steps. Even at a higher cost, those steps have to happen efficiently to guarantee a good patient experience.

The steps in Figure 4 are called the value stream by some authors, process by others. The better they are delivered the more positive the patient experience. They will determine patient satisfaction levels, and whether they will return and refer friends to the practice.

For visual management to be effective, it needs to help in making the value stream more productive. The single most important factor in increasing productivity is the elimination of wait between steps. The main form of waiting to eliminate is making a new appointment when we can perform the next step in the same appointment. Another form of waiting to eliminate is when the patient is in the dental chair for treatment.

In Figure 3, waiting is represented by the triangles. In order to eliminate waiting, as soon as a provider (hygienist for example) finishes her part of the treatment, the next provider needs to start her part. To that end, we have created a position called flow manager. A flow manager orchestrates the sequence of work, armed with a paper we call Kanban – Japanese for signal.

We know of no electronic device that can be as effective as a colored piece of paper to visualize and synchronize providers' time with treatment flow. As described in a previous article, a Kanban holds all the information needed to ensure the movement of providers between patients.

The team members' view

While the patient is interested in only three steps of the process, we see that staff members perform many more operations. The remaining necessary steps, although representing the majority of the actual work, serve to make the value stream flow smoothly.

> The more we reduce the number of steps needed to make an appointment for example, the more efficient our operations will be.

This distinction between value stream steps and operations seems simple, but it has very important consequences on improving productivity. Sometimes I find it easier to understand when we compare it to a theater play. The steps in the value stream, (making an appointment, checking the mouth and filling the cavity,) would represent what the spectators see on stage. On the other hand, the majority of the steps performed by our team members would represent the offstage training as well as all the preparations happening behind the scenes. All those operations are meant to serve the execution of the value stream, the play. In other words the steps of the value stream are given priority and the rest of the operations are accessory to the value stream.

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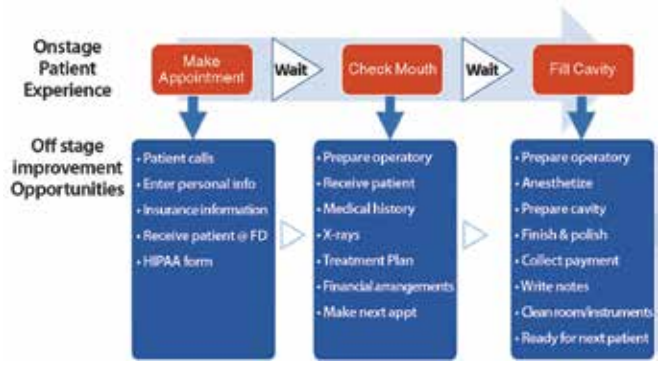


Figure 5: Value Stream and Operations

An opportunity to improve productivity

The operations, represented in the blue boxes can present a considerable opportunity for improvement. The more we reduce the number of steps needed to make an appointment for example, the more efficient our operations will be. That is why operations should always be the subject of continuous improvement.

How we visualized operations

The value streams represent the horizontal axis in the structure of work, comparable to the X axis in a two-dimensional graph; it has been visualized by using a Kanban (signal). The operations are shown in the blue boxes, they could represent the vertical Y axis in the structure of work; we visualized them by assigning a separate card to each step or operation.

Figure 6: These cards allow (1) to observe work standards and (2) to make abnormalities visible

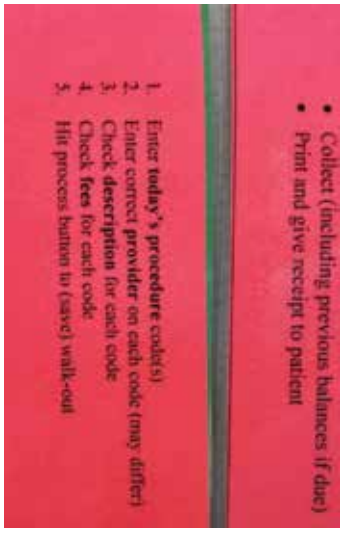


Figure 7: A closer look shows that the standards are on the cards, to make them accessible at all times.

Each card has a green side and a red side. When the card is turned on the red side it means that the step still needs to be performed. And, after it is performed, we turn the card to its green side. That is a very simple visual tool that allows team members to remember every step without any supervisor pressuring them. It also allows the flow manager, as she walks down the hallway, to observe which room needs help, and which assistant can help others.

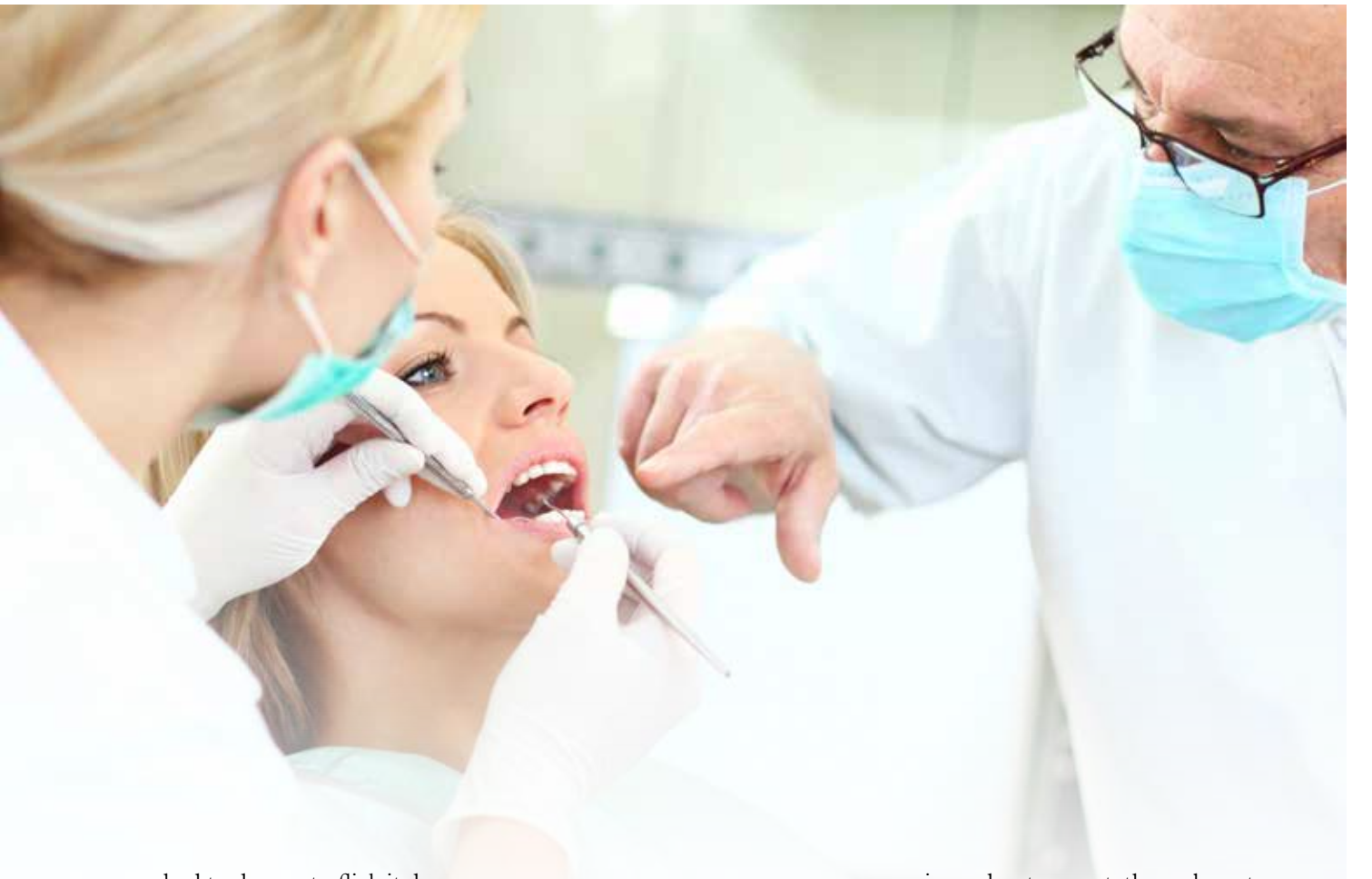
Including the standards

As we have said previously, in order to prevent mistakes we need to make to the standards visible and accessible to employees, instead of hiding them in manuals. For that purpose, we have included on both sides of each card, the name of the step or operation, and the standards that we expect team members to follow. That step not only reduced mistakes, it also reduced the length of training needed for new members to learn each procedure. As a consequence it reduced the cost of operations.

Making it easy encourages people to use it

When we first introduced the card system, we asked assistants and hygienists to flip each card manually from red to green as the steps were executed. Then, for the next patient, they needed to reset by flipping each card separately back from green to red. That was time-consuming and wasteful.

I saw their exasperation every time team members used the cards. Needless to say that they avoided their use every time they could. So, we set as a goal to simplify the procedure and to make the resetting very simple. For that matter, we taped the bottom of the cards to a cabinet next to the computer, and we used Velcro to hold them up right when they were reset for use. To use a card, all a



person had to do was to flick it down; to reset, all she had to do was push the cards up against the Velcro all at once. That simplification reduced the resistance to introducing this new concept into the practice.

Conclusion

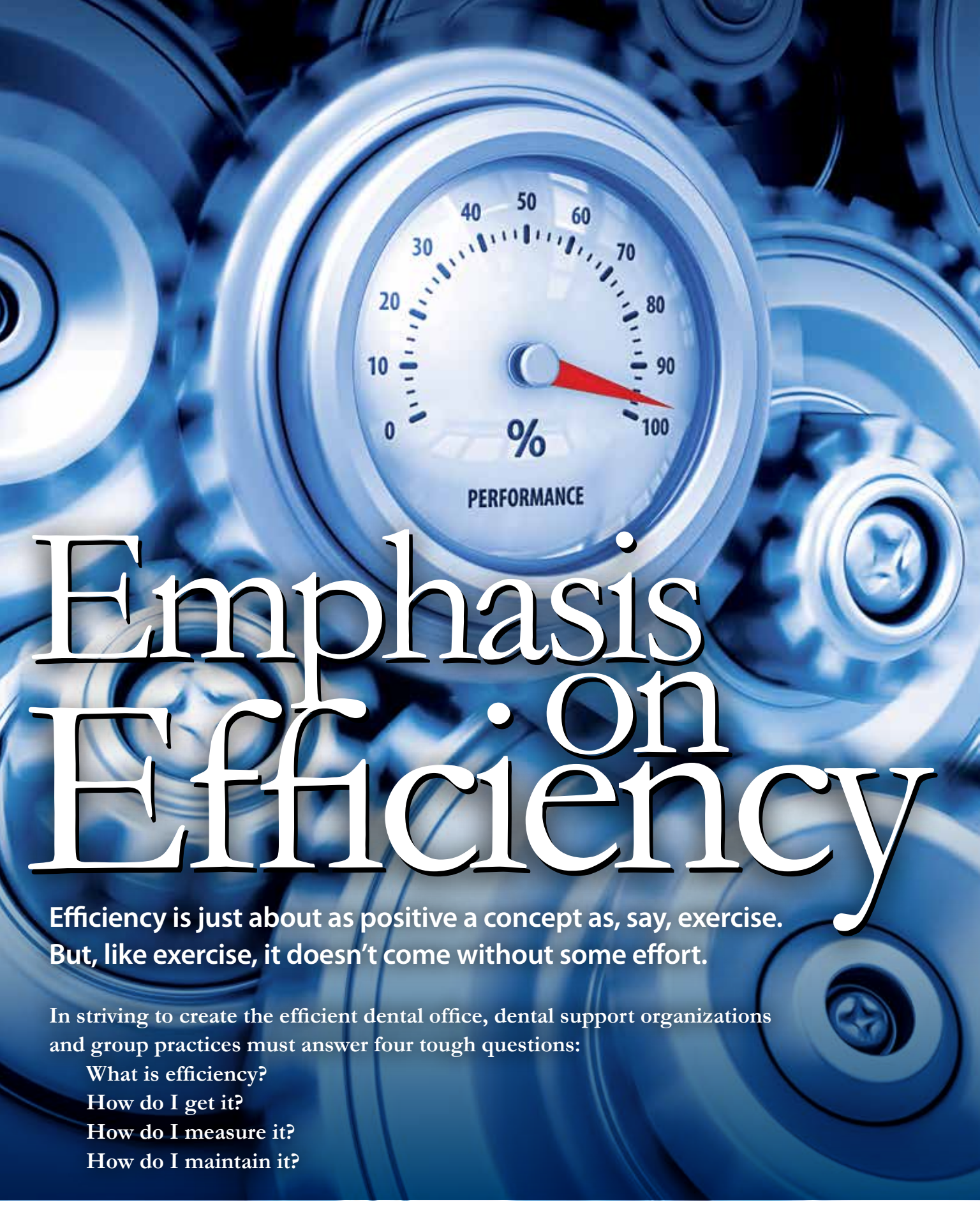
We have benefited from understanding the two dimensions of the production structure. The first one, the X axis, was the value stream, or the onstage steps as perceived by the patient. We visualized that with a Kanban (Japanese for signal). The Y axis represented operations, the work performed behind the scenes by staff members. That part of the work can be the subject of continuous improvement in order to reduce the number and the duration of steps. The steps needed to be performed in order to meet the value stream just at the time they are needed. We have visualized those with a system of cards that have a green side and a red side. The red side indicates that the procedure has not been performed. The green side indicates that the step has been performed. Making the cards easy to reset encouraged people to introduce them into the system.

Using those two visual tools (Kanban and Cards) has allowed us to reduce mistakes by visualizing abnormalities as they happen so we can take preventive measures swiftly.

Using those two visual tools (Kanban and Cards) has allowed us to reduce mistakes by visualizing abnormalities as they happen so we can take preventive measures swiftly. At the same time team members have been able to execute their work without a supervisor breathing down their necks. Productivity has improved and moral has improved as well. ■

Ohno, T. (1988). Toyota Production System, beyond large-scale production. Portland, OR: Productivity Press.

Shingo, S. (1989). A Study of the Toyota Production System from Industrial Engineering Viewpoint. Portland, OR: Productivity Press.



Emphasis on Efficiency

Efficiency is just about as positive a concept as, say, exercise. But, like exercise, it doesn't come without some effort.

In striving to create the efficient dental office, dental support organizations and group practices must answer four tough questions:

- What is efficiency?
- How do I get it?
- How do I measure it?
- How do I maintain it?

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Building blocks of efficiency

A myriad of factors contribute – or detract from – the efficiency of a dental practice, according to those with whom *Efficiency in Group Practice* spoke.

"The key metrics to look at are patient satisfaction, treatment plan acceptance and procedures," say Greg Nodland, COO, and Dr. Robert Brody, chief clinical officer, Great Expressions Dental Centers. An efficient office sees more patients and performs more procedures than an inefficient one – and that's best for patients. Example: Patient comes in for exam; doctor presents treatment plan and renders services the same day. "This will save the patient a second visit, and free up the doctor and staff to see more patients," they say.

Dr. Robert Brody

> "The key metrics to look at are patient satisfaction, treatment plan acceptance and procedures."
>
> **– Greg Nodland and Dr. Robert Brody**

Morning huddles with the team and high-quality in-office communication are keys to allowing the doctor to see patients throughout the day, continue Nodland and Brody. Building the schedule to maximize the doctor(s) based on types of procedure is another. "This keeps the office flowing, allowing the doctor(s) to see more patients and get the patient the care they need," they say. Efficient use of technology is also important.

Anna Singh, DMD, vice president of clinical affairs, Heartland Dental, says, "It's important to know what current industry standards exist and also what your competitors are doing, so that you have benchmarking data to compare your office with. Dentists should also continually evaluate each area of their office – whether monthly or, at least, annually – to determine what's working well and what needs to be advanced. Team member communication is key to this.

"Understanding how patients feel about your office is vital, and there are ways to measure this," she continues. Heartland Dental-supported offices use patient-experience consulting firm Press Ganey to survey patient satisfaction. The results are then shared with the offices, so they can pinpoint areas that need attention.

Today, technology plays a huge role in office efficiency and success, says Singh. "In many areas, this has revolutionized how many dental care processes are carried out, and dramatically altered the success rate of these processes."

Cutting-edge, first-rate technology helps dentists improve their efficiency and reduce patient chair time, says Singh. "More knowledge is available to dentists than ever before as well – more educational opportunities, online opportunities, such as DentalXP, and ways to understand patient need and satisfaction.

"Advanced technology in patient communication and financing options also play a big part in advancing patient convenience," she continues. Dental services organizations can help offices with support, education, vendor relationships and mentor/mentee relationships, all at once.

"Effective communication with patients will help dentists build trusting relationships with them, and the

same can be said for team members," continues Singh. "Without effective communication between dentists and team members, maintaining an environment of trust, efficiency and high morale will be difficult.

"Team training is also an important factor. Just as dentists take the time to improve their clinical and leadership skills, team members should also be exposed to continuing education."

Greg Nodland, COO

Dental practice consultant Jill Nesbitt, Dental Practice Coaching, Nashville, Tenn., says that scheduling, technology and staffing are among the biggest factors affecting efficiency.

"We can go back to the 1970s in dentistry, and the key to efficiency was scheduling, just as it still is today," she says. "Not just filling holes and handling emergencies, but establishing the structure for each column. What type of appointments belong where and how much time is needed?"

Advances in clinical technology (e.g., digital radiography) have helped offices become more efficient, says Nesbitt. "And from an administrative perspective, the ability to visit insurance websites instead of calling carriers has improved our speed of work."

Staffing may be the most important factor of all insofar as efficiency is concerned, she says. "We need to have the right number of team members with the right training to be efficient. In fact, a skilled team member can make the most with a poorly structured schedule or limited technology, but those items cannot overcome struggling staff."

New understanding

Our understanding of efficiency today is different than in years past, says Renee Swank, office manager in the Aspen Dental office in Woburn, Mass. "Measuring efficiency is twofold. It is dependent on the cohesiveness and

Emphasis on Efficiency

happiness of the office team as well as the loyalty and happiness of our patients.

"Fifteen years ago 'efficiency' was based on production, i.e., how much money can the office generate vs. what they are spending, or how many patients can we get in and out in a day," she says. "In this era of online reviews, patient satisfaction is even more important than ever before, and there is a heightened sensitivity to making each experience a positive one. People don't enjoy going to the dentist today any more than they did 15 years ago. Yet today, patients are looking for truth, honesty and understanding about what is going on in their mouths – which is why efficiency has ultimately changed into cohesiveness, making sure the team works together in a way that keeps patients happy but also keeps them engaged and focused on their mission in a productive manner.

"The more we can educate the patient, the more they will believe in the treatment," continues Swank. "This happens by clearly explaining the health of the mouth in laymen's terms and reiterating it throughout the process, as well as providing handouts and brochures from the American Dental Association."

A dedicated, engaged staff can have a huge impact on patient care and efficiency, she says. "If the team does not love their jobs, if they do not have empathy, if they do not acknowledge the fears of the patient and address them in a caring manner, then the practice will not be successful or efficient."

Communication among team members is critical. "Workflow, scheduling, staff meetings, patients charts, accounts payable/receivable, etc., are all intertwined within communication, and work together to make the day efficient. One example is "handoff communication," that is, communication among active team members when transitioning through a series of patients in the varied functions of the office, she adds.

"If the team does not love their jobs, if they do not have empathy, if they do not acknowledge the fears of the patient and address them in a caring manner, then the practice will not be successful or efficient."

– Renee Swank

Technology

DSOs' current understanding of efficiency has been shaped by advances in technology, materials, training and patient education, say Nodland and Brody.

"Technology has allowed offices to better treat patients," they say. For example, the office staff can go digital and have all of their patients' medical histories in one place, vs. flipping through pages. "[Great Expressions Dental Centers] moved our offices to chartless, and it is a huge time-saver, and it avoids the potential loss of patient data should a disaster ever occur," they say. "We have developed our own practice management software and clinical records software. This has allowed our front office to get better tracking of billing, recall reminders, etc., while the clinical side gets easy-to-read digital records, so they can understand everything about a patient's history at one time, leading to the most complete care."

Advances in materials mean there is less need to do multi-step procedures, adds Brody.

Staff training is better today than ever before, due in large part to technology, say Nodland and Brody. "The staff can zone in on specific responsibilities, cross-train and multi-task. This allows the office to perform multiple duties, provide customer service and transition the patient easily from the front of the office to the back of the office." Great Expressions Dental Centers University

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(GEDCU) offers opportunities for employee development and continuing education, they add. "GEDCU gives our staff members more flexibility and frees up more time in the office. Things like webinars, videos, onsite and offsite training and our GEDCU portal help our employees and office become more efficient."

Meanwhile, patient education tools allow the office to regain valuable minutes and improve patient care, they continue. "At GEDC, we help staff educate patients with Expressions TV, which is a TV in the lobby of every office that plays dental education videos plus news, sports and weather, to keep patients engaged while they wait for their appointment."

E-mail, texting and social media help Great Expressions offices reach the patient in a way most convenient for him or her, and increase case acceptance by explaining dental conditions in a consistent way, say Nodland and Brody. Education materials throughout the office help explain dental conditions and the importance of dental care. These materials emphasize non-threatening dental messages, art that promotes a healthy lifestyle, giving back to the community, and oral care products aligned to the patient's condition.

> "Without effective communication between dentists and team members, maintaining an environment of trust, efficiency and high morale will be difficult."
>
> **– Anna Singh, DMD**

Falling short

Building an efficient practice calls for skill and perseverance, according to those with whom *Efficiency in Group Practice* spoke.

Brody says the most common reasons for practices falling short of the goal are poor leadership, poor in-office communication, and poor scheduling.

Poor in-office team communication adversely affects the "pass off" of the patient, he says. "The more time it takes to transfer the patient from front office to back office or from clinical staff to doctor, the more it hurts efficiency."

Poor scheduling also adversely affects efficiency, he continues. Overcommitting doctors not only reduces efficiency, but leads to a poor patient experience, which will likely lead to fewer patient repeat visits. "The office will then become concerned with trying to attract new patients; their time and effort will go into those tasks. This is one of the many reasons why DSOs are so beneficial to making an office efficient. The office does not have to worry about things like marketing or building new technology."

Says Singh, the quality of communication among dentists and team members has a major impact on efficiency. "If no one is on the same page, then maintaining efficiency is next to impossible," she says. "Lack of training can play a role in this. If dentists and team members don't take the necessary steps to create good communication, problems will persist. Maintaining team buy-in at that point most likely will not occur.

"Moving forward, efficiency can be negatively affected by increasing costs for offices, reduction in reimbursements, changes in the [number] of insured patients, lack of access to care in certain areas, and lack of education and training. The costs of education can be another factor. It's important to seek out educational opportunities, but they can be expensive."

Says Nesbitt, government regulations could be a "wildcard influence" in the efficiency of dental practices. "I know an excellent and very efficient office that primarily cares for Medicaid patients and yet was held hostage for over $50,000 of payments due from a private MCO for months," she says. "If part of our definition of efficiency includes being paid for the work we do, this behavior can destroy a practice.

"My largest concern with efficiency in groups is that we lose our way," Nesbitt continues. "Efficiency is

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important, but it's not a vision. Groups need to be careful to avoid sacrificing quality care and relationships to the god of efficiency. Even in a two-dentist group, it is faster for the senior dentist to just hire a young dentist and begin taking more vacation. However, if this young dentist needs training and support handling new patients and presenting treatment, but ends up handling most of the fillings for the practice, this is not only inefficient, but bad news for all involved. Patients may not receive the care they need, staff become critical of the young dentist, the senior dentist hears the negativity and avoids conflict and says nothing to the young dentist, who now is struggling to earn enough money to pay on her student loans."

"As new technology becomes less expensive, dentists will be able to add more tools into their practice and the staff will quickly adapt."

Reason for optimism

All those caveats aside, Nesbitt sees many reasons for optimism. "I am most optimistic that technology will help offices become more efficient," she says. "Teenagers and younger children seem to simply know how to work with technology, so even without specific training, staff just figure it out and make it work. As new technology becomes less expensive, dentists will be able to add more tools into their practice and the staff will quickly adapt."

Group practices, meanwhile, understand the need to help their teams develop new skills, and are investing in organized training programs. "As group practices continue to grow in dentistry, more team members will have access to training, and they will turn around and improve the efficiency of their practice," she says.

"I also see groups having the bandwidth to more efficiently manage the support side of dentistry, especially from a vendor management perspective. Whether it's the administrator for a privately owned group who has the knowledge and time to work with vendors, or the DSO corporate office handling this for several offices, this allows the dentist to care for patients, confident that vendors are being handled effectively.

"With strong clinical leadership for dentists and dental teams, we all can be inspired to care for patients and impact our community, while having the tools to coach and guide our professionals throughout their careers," she says.

Singh says a more educated patient population will ultimately result in more efficient patient care.

"Advanced technology is making it easier to communicate to today's 'dental consumer,'" she says. "Today's patients are more educated than ever before, and expect more out of their dental care. This is causing more and more dental offices to take the necessary steps to meet the needs of modern patients – advanced marketing techniques, patient communication, etc.

"With increased patient expectations and increased access to more providers due to online communication, competition between dental offices will also increase – which will only result in more effective, efficient patient care," continues Singh. "In addition, with more offices being supported by DSOs, they are offered access to advanced technology, vendor relationships and overall relief from non-clinical responsibilities, so they can focus on patient care."

Says Rich Beckman, CEO, Great Expressions Dental Centers, "The ability to better train your staff, more leadership experience [on the part of doctors] and the further

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Emphasis on Efficiency

advances in technology will help provide better care to the patient and make the office even more efficient."

Communication

"Communication hits every level of 'efficiency,'" says Swank. "From scheduling to payments to workflow …. good communication drives it all. If people do not communicate, then the day will fall apart.

"A good practice has morning huddles and monthly touch bases. We do both in our office. Each morning we recap the previous day, share an inspiring word or focus, and go over the schedule. It gets everyone on the same page and prepares us for each patient who will be coming in.

"Monthly touch bases are done with myself and each person, one on one. Each month I give a 'question' to be addressed, like 'What role do you play on our team?' or 'What does 'professional' mean to you?' In the touch base, it allows us to tackle the topic but also opens a safe environment for issues or concerns to be addressed or new ideas to be shared. It keeps the team motivated and cohesive, and it allows me to view the efficiency from each of their points of view.

> "If people do not communicate, then the day will fall apart."
>
> **– Renee Swank**

"The only thing that could hinder efficiency in the next few years would be lack of concern about patient satisfaction and hiring to fill a spot on the team instead of hiring the right person for the job," she says. "Patient satisfaction has to be in the forefront, we cannot lose sight of this."

That said, Swank is optimistic "that the cohesiveness and happiness of teams are truly what will stand out in efficient offices down the road, particularly when it comes to patient education and satisfaction.

"Offices are all aligned and can help the doctor deliver the best care we can to the patient in an efficient way." ■

How efficient is your practice? Questions to ask.

- How visionary is your leadership?
- Do you hold morning huddles with team members?
- How happy are your patients?
- How committed to patient care are your team members?
- How current is your technology? What opportunities are you missing by failing to replace old equipment?
- How good is communication among team members? Among team members and patients?
- Do team members have ample opportunity to receive continuing education and improve their skills?
- How well do your patients understand the treatment they are receiving? How well do they understand the basics of good oral health?
- How frequently does your scheduling lead to "overcommitted" doctors and staff?

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Benevis helps Kool Smiles enjoy the benefits of ScanX Digital Imaging

As a provider of support services to hundreds of dental practices nationwide, Benevis Practice Services prides itself on being able to deliver solutions that enable dentists to do what they do best: practice dentistry. One of Benevis' clients is Kool Smiles, which has over 120 locations dedicated to expanding access to quality dental care in underserved communities.

Kool Smiles needed to purchase 65 imaging systems capable of processing cephalometric images for orthodontic work, and so it asked Benevis for advice. The solution recommended by Benevis – the ScanX® Classic Digital Imaging System.

The ScanX Classic is ideal for practices that work with both intraoral & extraoral images. In addition to processing the cephalometric image size that Kool Smiles needed, it also accepts sizes 0,1,2,3,4, Panoramic and TMJ.

ScanX imaging systems utilize digital photo stimulable phosphor (PSP) technology. ScanX PSP imaging plates are wireless, flexible, and 30 times thinner than wired sensors. As a result, unlike wired sensors, they can be used with all patients, including those with small mouths, large tori and gag reflexes. ScanX PSP plates generally cost less than $40 each, can be reused hundreds or even thousands of times, and do not require costly replacement insurance like wired sensors.

ScanX technology can significantly enhance practice efficiency. With ScanX, a full mouth series of radiographs takes less than two minutes, compared to eight minutes or more with film. In addition, its image area is 17- to 38-percent larger than with wired sensors. This greatly increases the odds of capturing the full coronal-to-apical length and full mesial-distal information. This also means far fewer retakes, which is a big time saver for the practice.

With ScanX, a full mouth series of radiographs takes less than two minutes, compared to eight minutes or more with film.

Equally important, ScanX delivers image quality that is generally superior to film and comparable to wired sensors. For all of these reasons and more, ScanX has been the top PSP imaging system by THE DENTAL ADVISOR for the past three years.

According to Danielle Abeyta-Enriquez, Director of Purchasing & Logistics for Benevis, "Given that Kool Smiles practices focus on underserved communities, it was especially important that we be able to identify an imaging solution that would deliver the image quality and practice efficiency they need at a price they could afford. We determined that digital PSP was the right technology, and that ScanX was the right PSP brand." She added, "Our Kool Smiles practices are very pleased with the performance of the ScanX Classic Digital Imaging System."

Benevis' highly rated comprehensive suite of dental practice support services includes: discounted rates with leading labs & dental supply companies; hassle-free payroll and benefits administration; human resources consulting and support; comprehensive review of recommendations of payer agreements to improve negotiated rates and increase practice profitability; streamlined and expert administration of practice finances; and expert management of facilities.

"Our mission is to do whatever it takes to help our clients practice better dentistry," said Benevis' Ms. Abeyta-Enriquez, "and we could not be more pleased with how our recommendation to purchase the ScanX Classic has worked out for Kool Smiles."

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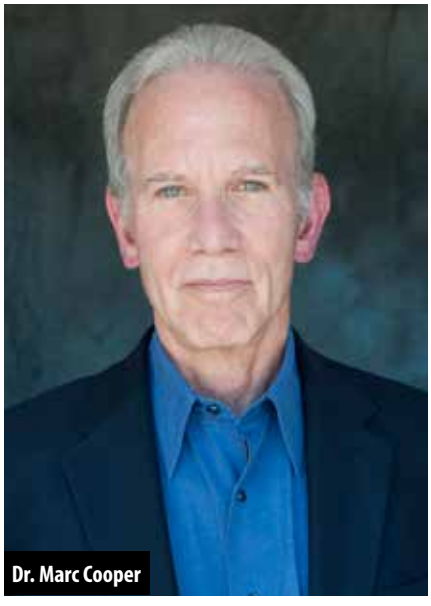
The Group Practice Pull

Industry trends point toward more group practices. How can dentists navigate the change in business models?

For Dr. Marc Cooper, context trumps all. And the context in dentistry is clear: The profession is moving from a large number of small businesses to a much smaller number of large ones. The entire industry is shifting to accommodate that change.

Cooper is founder of The Mastery Company, which produces the Annual SUMMIT conference for entrepreneurial dentists and experts addressing managed group practice. The most recent SUMMIT tackled the topic, "How does a dentist navigate the path from small business model to large corporate model?"

Efficiency in Group Practice talked with Cooper about the reasons for the shift in business models, and how today's dentists are "navigating the path."



Dr. Marc Cooper

The context

"If you look at the statistics, there are far fewer solo practices today than ever before," says Cooper. In fact, fewer than 60 percent of practices today are operated on a solo basis. Nine out of 10 practices take some form of dental plan, and seven out of 10 patients are now covered by a plan. What's more, among all age groups with the exception of children (age 0 to 20), average annual per-patient expenditures are going down.

"A major change is taking place in the dental world, and dentists are trying to figure out what to do about it," he says.

> "A major change is taking place in the dental world, and dentists are trying to figure out what to do about it."

Senior doctors – those in their later 50s and early 60s – who want to continue practicing for a few years, but who are having difficulty finding someone to buy their practices, are moving toward group practice as an exit strategy. Meanwhile, young dentists who are having difficulty finding an associate position – a reflection of decreasing demand for dental services as well as dentists deferring retirement – are doing the same thing. "And the folks in the middle are trying to figure it out."

Many in that middle group are in the grips of denial and/or fear, says Cooper. They believe, "I can make it through this; I just have to keep doing what I'm doing," or "If I just do more of the same thing, but better, I can get through this." And they find plenty of support from a plethora of consultants who point out ways the solo practice can remain a viable business model.

"But my view – and maybe I'm an outlier – is that the movement toward group practice is unavoidable," says Cooper. "It's like gravity; it doesn't matter how you jump out the window, you will hit the ground." He cites Malcolm Gladwell, author of *The Tipping Point*, who believes that when an idea, trend or

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social behavior reaches a threshold – somewhere around 17 percent – fundamental change follows. The percentage of employee-dentists has reached that tipping point, "so now the speed will pick up," he says.

"I'm in the latter part of my career, but I wonder, what if I were 24? 'Do I want to buy a practice for a million dollars when I have $300,000 of debt? Maybe I'll work for someone for five years, then take stock.' But after five years, you get to know the culture and the folks, and you think, 'Maybe I'll stick this thing out.'" And the fact is, many young people coming out of dental school have no desire to own a practice.

"The movement toward group practice is unavoidable. It's like gravity; it doesn't matter how you jump out the window, you will hit the ground."

No surprise

The fact that dentistry is undergoing consolidation shouldn't be a surprise, says Cooper. It's a natural occurrence in many industries – airlines, telecommunications, even the medical profession, given managed care and the rapid acquisition of physician practices by hospital systems. "The system in dentistry has changed," he says. The solo practice dominated when the primary relationship was that of provider and patient. But today, that axis has shifted away from the patient to the employer and/or third-party payer. "When that happens, group practice is the model that succeeds."

And the economics of owning a solo practice don't add up in today's world. Dental equipment is expensive, and the cost of disposables is rising. Nor are staff members going to stop wanting raises and a better standard of living. The practice owner has to stay focused on P&L, marketing, cost containment, HR, new technology – all the while continuing to practice dentistry. "How can you continue to do all that and still run a practice?"

Culture

Building a large group practice isn't for every dentist, says Cooper.

The "classic dentist" entered the profession not only for the love of dentistry, but for economic security, he says. He or she saw dentistry as a low-risk venture. After all, everybody needs their teeth fixed from time to time. "They wanted a job that would give them a good living, allow them to retire, and remain somewhat economically immune to whatever else was going on."

A much smaller percentage have an entrepreneurial mindset. They are risk-takers, who believe the future of dentistry will be much different than its past, and who are willing to risk – within reason – failure.

But simply having the desire and willingness to build a group practice won't ensure success. A dentist might have one successful practice, then two, then three. "And all of a sudden, things aren't working out, because of the complexity and because of a lack of attention to culture," says Cooper.

Culture to a business is like water to a fish or air to a bird, and everything in between, he says. "It is the relationships people have with each other; the way they talk and communicate; the way values live within that particular environment." The difficulty solo practitioners face is changing the culture and leadership style of the solo practice to fit a group practice.

That's because the solo practice is led by "command and control," he says. Typically, the dentist makes the big decisions – equipment purchases, for example – and expects staff to follow. "But when you get to a group

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practice, you can't lead by command and control. You have to learn to lead by influence, and that's a muscle that often hasn't been very well developed."

"Culture is a reflection of leadership," he continues. Solo practitioners tend to think in terms of "I," not "we." But to make the group practice a place where people want to work, instead of a place they have to work, the leader has to think of others, foster strong relationships, and cultivate open and honest communication among the people in the practice.

"You have to learn to lead by influence, and that's a muscle that often hasn't been very well developed."

Opportunity for smaller groups

Although the largest dental service organizations are growing rapidly, given their access to capital and strong reputation among the dental community, they are leaving a broad wake behind them, and that spells opportunity for smaller, regional groups to grow and thrive, says Cooper. The telltale signs? The number of consulting entities, vendors and service providers that are catering to them. "An entire industry is growing up around them," he says. Third parties are building provider networks and approaching employers and payers to offer their services.

Today's aggregators are building companies not to change the way dentistry is provided, but to achieve economies of scale. "But in the future, I see something else emerging," he says. Clinics will emerge that will provide a different kind of dental care, one that is delivered by auxiliaries instead of dentists. And the technology will be much more focused.

"The focus in medicine is shifting from fee-for-service to reimbursement for outcomes and value. Eventually, this will enter dentistry and the way dentistry is delivered. Disease management, risk management, best practices, quality assurance and 'big data' will begin to play a dominant role in dental diagnosis and treatment planning.

"Currently, higher utilization of dental restoration or replacement is the key to success. As the changes mentioned above become more prevalent, how dentists get paid – and what they get paid for – will also shift.

"With all the changes that are occurring, group practice will be in the best position to respond." ■

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Best Practices in Infection Control

By Dr. John Molinari and Peri Nelson

Q: Our doctors have advised us to cut costs and waste wherever possible, but we don't want to compromise infection control. One assistant has started to make her own disinfectant wipes. Is this acceptable?

A: Manufacturers do not recommend making your own disinfectant wipes by using disinfectant liquids in conjunction with "homemade" wipe materials, such as cotton gauze. Manufacturers of disinfectant wipes are required to use specific substrate materials in the preparation of their final products. Many people do not realize gauze that is commonly used for other purposes often has been previously treated with chemicals, including sodium hypochlorite, during processing. Can there be a possible reaction between residual chemicals in the gauze fibers with the commercial disinfectant liquid? It's possible, and since the manufacturers require EPA review and accept claims for their disinfectant wipes, they cannot recommend deviation from how the product was approved by that agency.

Q: We recently had a patient in our office who indicated they had hepatitis C when completing their patient history form. Our staff wants to know what they should be doing for reprocessing that patient's instruments after treatment. Should we keep them separate from other instruments, isolate those instruments in the ultrasonic, and/or autoclave them longer? We follow standard precautions in the practice but some people are confused.

A: If you are practicing standard precautions then you treat all patients as if they are infected with hepatitis B virus (HBV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV). There is a useful phrase which can be applied here: "you don't know whom or what you are treating." That patient told you they have hepatitis C. What about the ones who don't know or do not disclose? The infection control practices and procedures included in standard precautions are designed to protect both healthcare personnel and patients from pathogens that can be spread by blood or any other body fluid, excretion, or secretion. These routinely-used precautions have been shown to be effective in both medical and dental care settings. ■

Air Techniques announces trade-in program for ScanX Digital Radiography Systems

Air Techniques, Inc., has announced a new trade-in program for ScanX Digital Radiography Systems. Air Techniques is offering cash rebates when a dental professional trades in their current film processor or old scanner for a new ScanX system. The rebate amount depends on the ScanX system chosen and ranges from $250 all the way up to $1500. This offer is valid until December 31, 2015. "Air Techniques is committed to improving the way dentistry is performed", said John Scott, Air Techniques' Chief Marketing Officer. "ScanX provides practitioners with a "no limits" approach to digital imaging. We think our ScanX trade-in program will entice those offices who have held off in making the switch from film to digital or need a digital complement to their existing digital sensor system. We can show that switching from film can provide a quick return on the investment, save the practice money, and improve the efficiency of the team." Each system is backed by a two year warranty. Customers can schedule a free, in-office demonstration of ScanX. For more information visit: www.airtechniques.com.

Heartland Dental now supporting additional offices

Heartland Dental announced it now supports existing offices in the following locations: Lakeland, Fla., Picayune, Miss., Fort Worth, Texas, Lorton, Va., and Quincy, Ill. Heartland Dental now supports newly opened offices in the following locations: Seabrook, N.H., Albuquerque, N.M., Virginia Beach, Va., Byron, Ga., The Villages, Fla., Powdersville, S.C., Cedar Rapids, Iowa, and Bettendorf, Iowa

Great Expressions receives governmental certification for custom dental practice management software

Great Expressions Dental Centers (GEDC), a leading dental service organization with more than 230 offices in ten states, has received governmental certification for its custom dental practice management software. GEDC is one of the first dental service organizations to obtain the certification. The custom software is used by Great Expressions to maintain day-to-day operations, from scheduling appointments to billing and more. The certification of GEDC's software is part of an initiative established by the Office of the National Coordinator for Health Information Technology (ONC) – the Health IT Certification Program, which ensures that health software programs conform to specific standards and criteria that have been adopted by the Secretary of Health and Human Services. "The certification of our custom software affirms Great Expressions Dental Centers' position as an innovator and leader in the dental industry and aligns with our commitment to our customers to provide technologies that have their best interest at heart," said Richard Beckman, chief executive officer of Great Expressions Dental Centers. "Top of the line software ensures that our clinical process, from start to finish, is consistent across our wide network of offices across the country."

Aspen Dental named Danica Patrick's primary sponsor for 4 races in 2016

Aspen Dental Management (East Syracuse, NY) will extend its partnership with Stewart-Haas Racing (Kannapolis, NC) as Danica Patrick's primary sponsor for four races per season starting in 2016 according to a new multi-year contract agreement. Along with the Aspen name and logo, Patrick's car also features the names of more than 2,200 veterans being honored by family and friends via a social media campaign. Through its Healthy Mouth Movement initiative, Aspen Dental practices have provided more than $2 million in free dental care to thousands of veterans in 2015.

Blue Cross plans to offer dental products in 2016

Blue Cross and Blue Shield of Minnesota (Edina, MN) announced plans to offer dental products in 2016, the result of a new agreement with United Concordia Dental (Harrisburg, PA). The new dental portfolio, to be called Blue Cross Dental, will consist of a variety of comprehensive and low-cost preferred provider organization (PPO) products for purchase by individuals and businesses. It will offer a range of prices, cost-sharing, and benefits, and provide access to United Concordia's Advantage Plus 2.0 network, which offers deep discounts on services throughout the country. United Concordia will also administer and provide claims administration for the product portfolio in Minnesota.

ADA announces dental school loan refinancing offer

The American Dental Association (ADA) (Chicago, IL) announced its endorsement of DRB (Darien Rowayton Bank) (Darien, CT) to allow ADA member dentists the opportunity to refinance existing federal and private undergraduate and graduate school loans at a lower rate to save tens of thousands of dollars, on average. The DRB low-rate refinance student loan, offered at both fixed and variable rates, will give new dentists one of the lowest student loan refinance rates in the country. The endorsement is effective immediately and only ADA member dentists are eligible for the rate.

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