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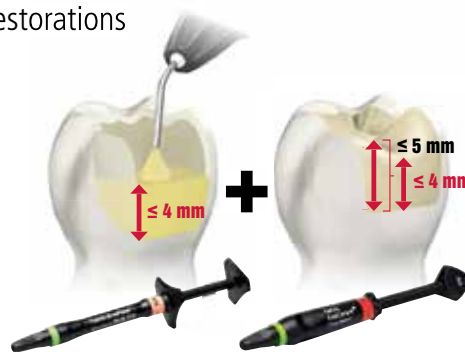
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Raising the Level of Care



I am often questioned by dental support organizations and dental industry partners about our readership in this publication. Some are asking from an advertiser's perspective, while others are just plain curious as to who may have an interest in reading what group practices and DSOs are up to. We have a unique mix of readers here at *Efficiency in Group Practice*. Large dental support organizations make up a chunk of our readership, as you may expect, but we also have hundreds of smaller [4-10 office] dental group practices enjoying the publication as well. Dental industry partners, solo practitioners, and private equity firms round out the rest of our subscribers.

Let's focus on the smaller dental group practices, or as I'd like to refer to them, emerging DSOs or emerging dental groups. Emerging DSOs seem to be the focal point of everyone in the dental industry as well as those beyond its borders, like private equity. There are various reasons for the interest.

Dental industry partners are seeking access to these emerging groups as they look to sell products and services and grow their business as these groups grow. Access can be easier; the sales cycle may be faster and the relationship can be less transactional than with larger DSOs. The largest DSOs are also very interested in connecting with these emerging groups. Obvious reasons include simply paying attention to what your competition is doing, looking for potential acquisition / affiliation partners and monitoring industry-wide as well as geographic specific dental group trends.

Targeting these emerging dental groups and DSOs, the Association of Dental Support Organizations is holding its first ever Partnering for Growth event in National Harbor, Md., at the end of September. Beyond the obvious reasons already stated, the ADSO is also conducting this event to help educate emerging groups on everything from setting up the correct legal structure as your group scales up, to putting together a compliance program that will protect growing DSOs and their patients. While this meeting is not the first meeting geared towards emerging groups this is certainly the first meeting of its kind where the largest DSOs in the industry will help mentor these emerging groups. The philosophy behind this strategy is that sharing best practices and proven strategies which have worked for larger DSOs will help improve emerging groups' chances of success, the patient experience, and will raise the level of care for the entire DSO movement. We will have a full recap of the Partnering for Growth event in the next issue of *Efficiency*.

In this issue of *Efficiency*, as always, there is must-read content. This time of year we focus on new technology and equipment which feature specific advantages for dental groups and DSOs. Get insight from DSOs such as Benevis as their CIO talks about their process of evaluating new technologies for their dental support organization.

Enjoy this equipment and technology issue,



Bill Neumann

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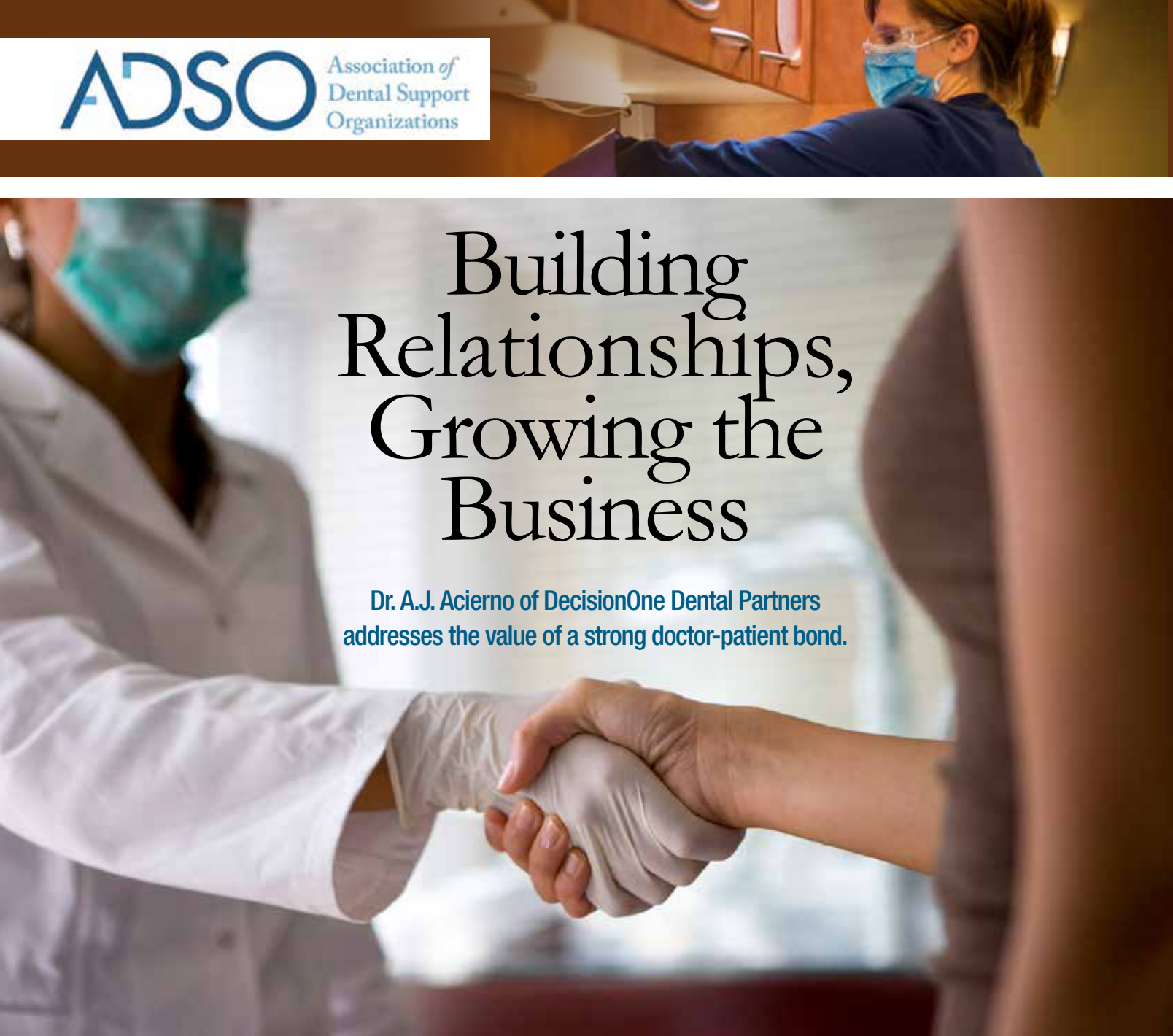
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Building Relationships, Growing the Business

Dr. A.J. Acierno of DecisionOne Dental Partners addresses the value of a strong doctor-patient bond.

More often than not, healthcare professionals join their industry to “make a positive impact and help others,” says Dr. A.J. Acierno, CEO, DecisionOne Dental Partners and a member of the Association of Dental Support Organizations (ADSO). “Unfortunately, uncontrollable elements, like insurance and government policy, have made this extremely difficult to do,” he says. “Developing relationships with patients is challenging and takes time. If you overwhelm healthcare professionals with financial pressures and hoops to jump through, inevitably the doctor-patient relationship is going to suffer.”

Dentists are at a crossroads, he continues. With greater government regulations and increasingly complicated insurance issues to contend with, they are faced with limited options for ensuring the success of their practice. “They can either perfect their business skills and office systems so they can survive in private practice, or they can join a dental group that fits their needs,” says Acierno. “The reality is that group practices are growing, and they will

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continue to do so moving forward.” He envisions DecisionOne as becoming the dental group that doctors want to join – not have to join.

Efficiency in Group Practice recently spoke to Dr. Acierno regarding how dental professionals have been impacted by industry regulations, and what that inevitably means for patients.

Efficiency in Group Practice: What attracted you to dentistry?

Dr. A.J. Acierno: I always looked up to the healthcare worker and the relationships they had with their patients. I knew right away what I wanted to do as a profession.

Most dentists have small businesses, and the tax issue has really hurt their sustainability and growth. In some cases, such as in Illinois, the lack of government budgets has created a major problem for dentists who are paid by the state.

Medicine was my first choice, but I felt physicians were no longer able to consistently focus on building relationships with their patients. This did not appear to be the case in dentistry, which is how I ultimately chose that profession.

EGP: How have government regulations and insurance protocols influenced the dental industry?

Acierno: We are more fortunate than medicine because, while government has impacted our business, it has not affected not our clinical standard. Most dentists have small businesses, and the tax issue has really hurt their sustainability and growth. In some cases, such as in Illinois, the lack of government budgets has created a major problem for dentists who are paid by the state. It’s not a great business practice to tell a vendor, ‘Hey I will pay you next year.’ You can’t do that and expect them to thrive. Also, our government has done very little to help doctors battle issues they face with insurance companies.

The patient is really the only thing we should focus on. Patients want providers who actually care about them getting better. They are begging for relationships with their healthcare providers. They also want an affordable quality product that’s available when they need it.”

EGP: How have the above changes impacted doctor-patient relationships, and how should dentists respond?

Acierno: The result is no different from what has happened in corporate America. Reimbursement has decreased, and overhead has increased. Most people have expected that physician, dental and hospital groups would accept this, along with a lower salary. But – as with any corporation – physicians and dentists have

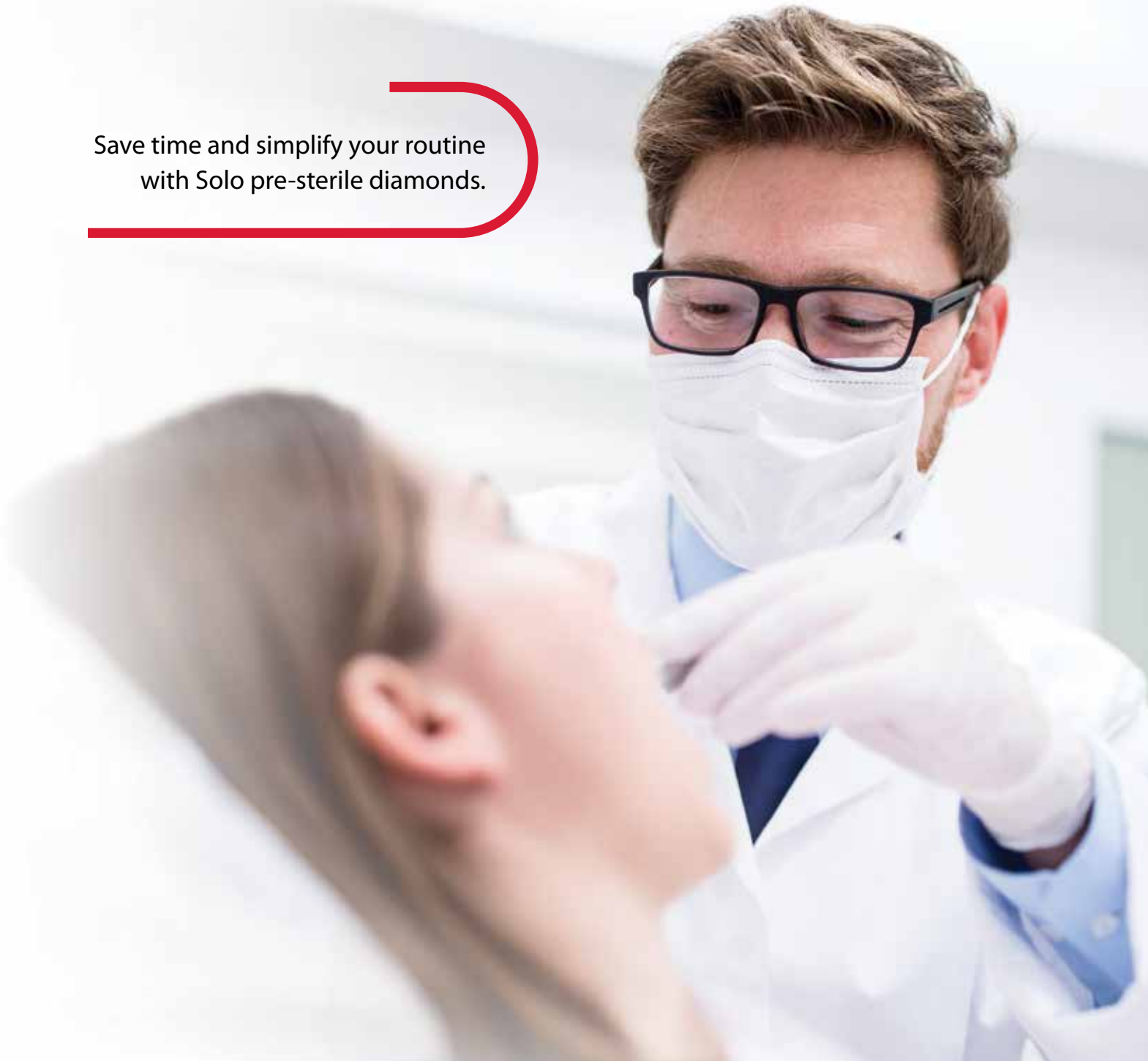
had to find ways to reduce the cost of the product, while seeing more patients. This has created longer wait periods and the use of cheaper products. Longer wait periods have meant doctors and dentists have less time to spend with their patients and fewer opportunities to enhance the doctor patient bond. Ultimately, when patients ask for an affordable product, they do not realize that lower-price products often mean

lower quality. There is no possible way individual dentists can fight insurance or government influence. We have to band together and solve the problem as a profession. For all of the reasons I outlined above, I started DecisionOne Dental Partners. By learning from one another, we have taken best practices to establish, teach and implement business systems and customer service principles across our offices, enabling each office to be financially successful, while at the same time allowing the clinical staff to provide patients with exceptional care and quality products.

EGP: What can be done to make dentistry more affordable for patients?

Acierno: One strategy we have implemented in our offices is an in-house, monthly discount plan. While a number of patients have dental insurance, many do not. We offer our uninsured patients a great alternative – Complete One Dental – a plan we have designed to meet

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the specific needs of our offices. Complete One Dental has been very successful. Our offices love it because it's much easier for them to work with than corporate dental insurances plans, and patients love it because there are no exclusions, maximums, etc. Another strategy is for dentists to continue to control costs by forming group dental practices. Group practices have great buying power and are able to maximize the efficiencies of HR, marketing, operations, accounting, insurance, IT, training, etc., across a numbers of offices. With greater buying power and efficiency, dentists can accept lower reimbursement while continuing to use great products. That said, if reimbursement falls too low, it will be increasingly difficult for dentists to find ways to ensure their financial stability.

EGP: How has DecisionOne Dental Partners created an environment that's attractive to dentists and staff, and ensures they have the tools they need to provide excellent healthcare and develop a sustainable business?

Acierno: We have partnered with doctors and team members who share [our] vision and values – altruism,

Our doctors and staff value the importance of patient relationships above all else. It doesn't matter how good our model is, If we didn't maintain the mindset that we are patient advocates, we'd fall short every time.

teamwork and excellence – which will continue to be our roadmap for the future. Our doctors and staff value the importance of patient relationships above all else. It doesn't matter how good our model is, if we didn't maintain the mindset that we are patient advocates, we'd fall short every time.

EGP: How has the above approach impacted your relationship with patients?

Acierno: The first step is to put the right individuals and successful systems and business practices in place. The next step is to train your teams on why it's so important to do so. When they understand our systems are in place to ensure we can provide patients with both a great experience and quality care, they will be more likely to follow our best practices and follow them

well. Patients can see and feel when they are in a positive, caring environment. There is an unmistakable, amazing feel patients get the first time they walk into a great practice. These are the types of practices clinicians want to work at and patients want to visit. In this day and age, with technology and social media, word of a great practice travels fast. ■



Dr. Alan J. Acierno is the CEO of DecisionOne Dental Partners, headquartered in Schaumburg, Illinois. After receiving his D.D.S. from Creighton University, he practiced dentistry in both corporate and private environments, where he discovered the benefits and challenges of each practice. Compelled with a vision to make a difference in the way dentistry is practiced, Dr. A.J., together with his brother and fellow dentist, Dr. Michael Acierno, founded DecisionOne Dental Partners in 2011.

Over the past five years, DecisionOne has grown to 19 dental practices. As the company continues to grow, DecisionOne remains dedicated to the mission of changing the way dentistry is done to improve lives.



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Creating Same-Day Opportunities in Hygiene



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.

Have you ever wondered how to grow your hygiene and doctor revenue based on the schedules that you have on your books today? Is it reasonable to believe you can capitalize on same-day care in hygiene?

When the hygiene appointment is well orchestrated, it will present big opportunities for same-day care. And, it is not all about the dirty word 'upselling.' In fact, it is quite the opposite. When every dental hygiene appointment starts with a strong comprehensive assessment, it allows the patient and the hygienists to identify the needs and wants of the patient, and then for the team to create immediate action to help the patient receive necessary care.

Today's dental patient is busier than ever. They want convenience, they want immediate appointments and they want to minimize the amount of times they need to return for additional appointments. Anything that makes life easier is welcome for today's over-scheduled, time-constrained patient.

FutureDontics (www.futuredontics.com) recently completed a survey asking dental patients what they want. In the survey, 33 percent of the patients want a dentist that offers immediate appointments. And that convenience rang true as 1 in 4 patients said they would leave their current dentist if the practice hours or ability to schedule an appointment was inconvenient.

To capitalize on same-day treatment, your team must be trained and focused on the following items.

Have a clear understanding of same-day treatment options

The entire team needs to understand what same-day treatment looks like, and how to adequately integrate them without creating bottlenecks or disruptions to the schedules. There are several same-day options the hygiene team should focus on:

- Fluoride varnish when a Caries Risk Assessment has been completed and indicates moderate or high risk.
- Sealants for pediatric patients, and for those with moderate – high risk for caries.



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- Desensitizing treatment for the patients who are struggling with sensitivity.
- Radiographs when necessary. Why do I mention this? We see it frequently where dental hygienists are not updating radiographs unless it has been listed on the appointment. The hygiene team must be responsible for identifying when the patient is due and updating.
- Whitening, whitening, whitening. Why has this become a thing of the past? Are we not making it convenient for our patients? If the patients is asking about whitening, we need to offer them an instant solution, or they will be at the drug store or the salon getting the services we failed to offer them.
- During scaling/root planing and periodontal maintenance, the hygienist should consider if there are any adjunctive services that would support a strong

The entire team must be flexible and focused on providing same-day care when possible. Each team member will play a role in the process and everyone needs to be on the same page.

treatment outcome. This could be the use of Arestin, Atridox, PerioChip or Lasers. Each one of these are simple services that when planned by the doctor can be added to the appointment without adding more time into the schedule.

In addition, your team should always be looking for ways to optimize the schedule. Consider the last-minute appointment cancellations most hygiene schedules experience daily. We should always be asking ourselves: “How can I serve the patients I have in the practice currently with the open time available?”

Here is an example: A patient has just been treatment planned for Scaling/Root Planing. With the current openings in your schedule, is there a way to accommodate the patient and start treatment today? Consider all providers’ schedules when looking for opportunities. This may mean swapping patients between hygienists to accommodate same day treatment for the patients.

The entire team must also be focused on how to move a patient from the hygiene room straight into the

doctor’s schedule for procedures such as a filling, crown, impressions for night guard, whitening, etc.

In fact, the team should always be looking for opportunities to serve the patients with convenience. When a diagnosis and treatment plan are made in the hygiene room, how soon can the patient get them into the doctor’s chair for treatment? The team should always start looking for same-day options.

Be flexible

The entire team must be flexible and focused on providing same-day care when possible. Each team member will play a role in the process and everyone needs to be on the same page. The front office needs to be prepared to present the financial close in the treatment room. In some cases, the hygiene and assistant teams should also be trained on the financial close, as they will be responsible for presenting the smaller adjunctive services. (Example: Fluoride varnish, Sealants, Desensitizing, etc.)

The assistants and hygienists must work together to ensure treatment rooms are clean and prepared to accommodate a same-day treatment opportunity.

Plan

The morning huddle needs to be efficient and focused on how to create patient opportunities without creating chaos for the team. Identify areas where same-day treatment can be facilitated. Starting the day on the same page will help the team navigate the day with ease.

Track and reward

With Dental Intel (www.dentalintel.com), you can track the amount of same-day treatment presented and accepted by each providing team. We recently watched a team go from presenting only \$172,000/month in same-day treatment with a 34 percent acceptance rate, to \$466,500/month with a 65 percent acceptance rate. This was a game changer for the practice. And guess what, they did it without feeling like they were crunched for time. They just had to shift the way they looked at their work day.

Convenience is the top priority for patients. Consider how to create convenience for your patients while helping your team and your practice win with big returns. ■



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New Technology: Sorting Through the Hype

DSOs rely on careful evaluation to adopt technologies that maximize value for both patients and the practice.

By Laura Thill



Dental providers today have no shortage of technologies and new equipment to choose from. But, sorting through the many clinical and non-clinical solutions – many of which are backed by positive testimonials – can be overwhelming, according to Mark Blomquist, chief technology officer, Benevis.

Not only is it impractical to latch on to every new solution, it's unwise, he points out. "If a disruptive technology becomes available in dentistry that has positive, evidence-based impacts on patient outcomes and a positive business case, it behooves the dental group to invest in and provide this technology to their supported practices and patients," he says. "The evaluation of these two criteria is complex, and industry-supplied information is likely to have a significant proportion of hype included."



Mark Blomquist

"A group of qualified clinical, business and technology professionals at the DSO should monitor the industry for developments and proactively perform these evaluations on an ongoing basis, in order to [ensure better outcomes] for the patients and [maximize revenues and minimize costs for] the business."

– Mark Blomquist, chief technology officer, Benevis

"Adding technology for technology's sake has the risk of creating poorer patient outcomes (such as overuse of CBCT) or increasing costs," Blomquist continues. "For example, the lab savings and payer-approved incremental revenue from CAD/CAM-provided services may not offset the ongoing asset costs," he points out. "A group of qualified clinical, business and technology professionals at the DSO should monitor the industry for developments and proactively perform these evaluations

on an ongoing basis, in order to [ensure better outcomes] for the patients and [maximize revenues and minimize costs for] the business.

"To sort through the hype, we evaluate the technologies based on whether they positively or negatively impact patient outcomes or provide a positive business case for investment," says Blomquist. "Patient outcomes can be evaluated by reviewing published, peer-reviewed studies and by using data analytics on longitudinal patient data in the practice management system. For example, we might evaluate using dental microscopes versus caries detection systems in the operatory setting for better outcomes. A positive business case for technology investment could be illustrated by team members' productivity enhancements or ongoing cost reductions." Converting from film x-rays to digital x-ray sensors, for instance, might reduce patient cycle time and supply costs, he says.

In Blomquist's experience, the general dentistry offices that Benevis supports have not expressed a high interest in performing implants or same-day restorative procedures supported by CAD/CAM. "We would need to evaluate the restoration longevity, patient outcomes, cost effectiveness

and ongoing demand for such services before considering investment,” he explains. “Boutique dental offices are likely satisfying the premium demand for these services, but until the procedures become commonplace and frictionless with payers, [it’s difficult to make a] business case.”

For now, Benevis has focused on bringing several other technologies to its dental customers, including:

- Electronic reminders and confirmations using email and SMS texting.
- Online appointment setting and rescheduling.
- Active management of online presence and online reviews.
- Reliable and secure computing infrastructure to protect patient data and privacy.
- Data analytics for finding outliers.

Standardization

It makes good business sense for large group dental practices to employ the same equipment, software and standard operating procedures throughout the organization, notes Blomquist. “There are significant benefits to [doing so], particularly if there is any level of best practices sharing or centralization of business functions and support,” he says. “There are cost and service advantages for both the DSO and the dental practice, [including greater] group leverage with equipment manufacturers, suppliers and service organizations to ensure the reliability and performance of a known set of equipment.

“The overall organization also has much better peer and DSO support, since [all of its] locations are running similar configurations and getting answers to questions on gear, equipment behavior or workflow issues,” he continues. “Supporting a standardized technology environment is much more efficient than attempting to support one-off configurations.”

Additional benefits of standardization include establishing:

- A common set of known best-practice standard operating procedures using common software for appointment setting, recall management, appointment confirmations and reminders, and incomplete treatment plan recall.
- The ability to compare effectiveness of different offices and find best practices that can enable some offices to improve their performance (i.e., using specific scripts or techniques to facilitate

higher collections, higher payer rates or greater patient treatment plan acceptance).

- The ability to leverage patient-engaging technologies, such as email and SMS text reminders and confirmations, using a common integrated eCRM provider.
- More consistent adherence to HIPAA regulations and PCI compliance, based on common standard operating practices that have been developed and provided by the DSO.
- Interchangeability of equipment between offices (i.e., fewer spares issues).
- Faster ramp-up of personnel, given that common standard operating practices are in use and shared training materials can be leveraged (particularly for personnel transferring between offices).
- Volume pricing with vendors and negotiating leverage (including that for new technology and releases).
- An extended useful life for equipment (i.e., by passing to one office a piece of equipment that another office is removing).

DSO support

Dental service organizations can help ensure the success of their dental practices by playing a supporting role in evaluating emerging technologies and training clinicians and staff on new technology and standard operating procedures. “The DSO should [provide] a number of clinical, business and technology professionals [who are responsible for] evaluating emerging technologies for possible inclusion in ongoing operations,” says Blomquist. “This group should also have a forum to keep their dental customers informed and to field questions and recommendations for ongoing research.”

In addition, the DSO should offer its dental practices the necessary expertise, training and support required to integrate new technology with minimal disruption to workflow. “Centralized support with trained technology and workflow specialists is one of the key benefits of having a professional DSO for a partner,” he points out. “These support professionals have detailed knowledge of all the standardized workflow standard operating procedures, technology integrations and knowledge of common problems and resolutions across the family of DSO-supported practices.” ■

Smart moves to grow a practice

Growing a dental practice has its share of challenges. Duplicating practice management efforts – and, in turn, eroding profitability – doesn't have to be one of them. "A main reason to grow a practice to multiple sites is to increase efficiency and profitability by creating economies of scale," says Nate Nelson, product manager, Henry Schein Practice Solutions. "One way to achieve economies of scale is by centralizing administrative functions, such as billing and scheduling, which increases efficiency and reduces costs as an organization grows."



When dental offices within a group practice run disparate practice management systems or databases, they risk duplicating efforts and eroding profitability, Nelson continues. "In many cases, failure to centralize data can mean they actually spend more money on each practice as they grow.

The most efficient way to centralize administrative functions is to implement a single patient record for all offices within a group practice, Nelson explains. "And, a single patient record is not possible if a large

group practice does not use the same software system across all of its locations," he says. "If an organization uses many different software systems, staff is required to log into each one separately to perform each task. In addition, standardizing workflow is not possible since workflow can vary widely from system to system."

When billing and scheduling for all locations take place in one location, "the centralized staff can specialize in a particular task and increase its efficiency in that task," Nelson points out. "Staff in the individual offices can focus on activities that increase profitability, such as treatment plan acceptance.

"The key to taking advantage of a practice management software system for a large group practice is in centralizing the patient record to centralize administrative tasks," Nelson continues. "And, strong reporting capabilities are essential to track the performance of each location, as well as the organization as a whole." ■

Dentrix Ascend and Dentrix Enterprise

A comprehensive practice management solution typically includes clinical, scheduling, accounting and billing functionality and centralized data management according to Nate Nelson, product manager, Henry Schein Practice Solutions. For complete practice management, Henry Schein offers Dentrix Ascend and Dentrix Enter-

prise. Designed to integrate a dental practice's business and front-office tools with its clinical tools, these group practice management solutions provide a single solution for improving patient care and practice profitability across multiple locations. The systems offer a path to a completely paperless office, including such features as:

- Clinical efficiency, including periodontal measurements and 3D clinical charting.
- Business management, including business operations and monthly goals.
- Billing, collections, reimbursement and claims management.
- Centralized control.
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Single-visit restorations

Large group dental practices today are privy to technology that surpasses past generations in terms of precision and efficiency, enabling them to offer more in-house services than ever before. Chairside Economical Restoration of Esthetic Ceramics – or CEREC – is one such example. While the technology has been available through Dentsply Sirona since the mid-1980s, refinements in imaging, including a move from 2D to 3D and expanded materials including zirconia, have made it possible for general dentists to offer high-end restorations in a single visit, as well as implant and orthodontic services.

Particularly for large group practices and DSOs, CEREC affords clinicians and staff at the practice complete control of the entire restorative process, leading to enhanced efficiency and effectiveness, according to Louis Vodopivec, director of marketing for clinical CAD/CAM, Dentsply Sirona. In addition, CEREC:

- Enables practices to incorporate single-visit dentistry as a service to their patients.
- Reduces outsourcing costs associated with restorations.
- Eliminates second visits, permitting the practice to accept additional patient volume.
- Permits guided implantology as well as custom abutments for implants, both possible in a single visit.
- Provides clinicians with complete control of the entire restorative process.

“Final restorations are delivered during the same visit, ensuring patients don’t need to take additional time off of work,” says Vodopivec. “And, dentists can evaluate esthetic results immediately, without having to request remakes from laboratories.” In most cases, implant and

restorative outsourcing can also be avoided, he adds.

An impactful ROI

As with any technology, adding CEREC to a multiple-site dental practice requires an investment. To offset the initial cost, some clinicians opt to purchase only the scanning component. “However, an impactful return on investment is only realized by incorporating milling and providing single visit dentistry within a practice,” Vodopivec points out.

The good news is the system comes with a brief learning curve, and Dentsply Sirona offers “multiple tiers of support,” he notes. “CEREC requires about 1½ days of training on average for clinicians to understand the system and begin utilizing the technology,” he says. “As clinicians and staff members complete more cases, they naturally become much more efficient. Additionally, the launch of Omnicam has eliminated the need for powder and made scanning much easier to learn.

“There are multiple tiers of support available through our dealer and training partners, including online learning, training centers and on-site training,” Vodopivec continues. “With such a large community of professionals utilizing the technology, many study clubs also exist locally.”

It may be common for larger organizations to face multiple external obstacles to adding new equipment, such as an IT department’s requirement to onboard new technology, as well as purchasing protocols, committee evaluations, training curriculums, quality control, etc. But, “if organizations wait too long to begin implementing technology, they could be late to adopt what is quickly becoming routine care.” ■



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The QuickClean™ Ultrasonic Cleaner



Providing powerful, effective cleaning and consistent results, the QuickClean™ Ultrasonic Cleaner is a piece of equipment you can't be without. The QuickClean's cutting-edge technology can help clinicians create a safer, more efficient work environment by decreasing worker exposure to contaminants and potential sharps injuries while reducing the time and effort needed for cleaning.

Powerful technology

The QuickClean unit cleans thoroughly and consistently throughout the entire bath using Frequency-Leap technology. This advanced software helps ensure all instruments in the dental practice are fully cleaned the first time, every time, no matter where they are placed in the basket.

Simple to operate

The QuickClean is easy to use right out of the box, so you can get your offices up and running with minimal training time. Features like a digital LCD control panel that displays prompts, options for preset or customized settings, intelligent software that remembers the last cycle settings, and a fluid sensor that ensures the bath always has sufficient water levels help simplify processes and increase productivity.

Range of sizes and design options

The QuickClean comes in three tabletop sizes (1.2, 3.3 and 6.6 gal.) and two recessed options (3.3 and 6.6 gal.), so your clinicians can choose the option that best fits their configuration and workflow. And the stainless steel finish and attractive design coordinates well with any décor.

Important points to consider

Is now the right time to replace your old system? Ask yourself the following:

- “What type of receiving, cleaning and decontamination processes are in place at my practice?”
- “Am I having a hard time keeping up with instrument processing?”
- “Am I looking to clean instruments faster?”
- “Am I looking to run customized cycle times?”
- “Am I considering a recessed or tabletop ultrasonic cleaner?”

The QuickClean is 150 percent more effective than the SoniClean unit and includes a full-size basket. Customized cycle times range from 1-99 minutes. QuickClean comes with a 3-year warranty. ■

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What's Eating Into Your Profits?

Analyzing the financial health of your practice is a good time to look beyond the obvious at the hidden costs that impact your profit margin. Here are some considerations that may be under the radar.

1. Ongoing maintenance

When your equipment isn't working efficiently, neither is your team. Unreliable equipment that's constantly breaking down or out of service not only cuts into the profit margin, but it frustrates doctors and dental teams – and it's no secret that retaining top-notch doctors is an important factor in the success of group practices.

2. Patient perception

Growing your patient list is top of mind for increasing profits. But what about how patients (current or potential) feel when they visit your facility? If your practice is dated compared to the one down the street with the brand-new office and state-of-the-art equipment, it's hard to compete. A calm, modern environment communicates a level of comfort and reassurance that your dentists are also high caliber. Environment drives perception. (That explains why patient treatment plans tend to be congruent with facilities.)

3. Physical discomfort

Ergonomics is a tough concept to grasp since it's not a tangible concept: Yet the cost of a physical disability that originates from the dental occupation is quite real in terms of worker's comp and downtime. The most common

injuries in dentistry (tendonitis, pinched nerves, ruptured discs in the neck and lower back, or carpal tunnel) develop slowly over time, and if not addressed properly, become debilitating and career

ending. The only way to prevent injury is by selecting the right equipment and practicing ergonomic positioning as much as possible. Equipment that places everything at the fingertips allows doctors to sit properly and work comfortably decreasing stress and fatigue, and increasing overall productivity.

4. Ownership costs

Distinguishing between products to make confident purchase decisions in the first place is challenging. But have you followed the total cost of the equipment beyond the acquisition phase? The major component that separates superior quality from low quality is what A-dec coined the Total Cost of Ownership. Because these costs are not always quantified, they are often overlooked. The cost of ownership concept is truly about value – not only the value of the product, but also the value of a customer's time and productivity:

$$\begin{array}{r}
 \text{Cost of acquisition} \\
 \text{Cost of operation} \\
 + \text{Cost of maintenance} \\
 \hline
 \text{TOTAL COST OF OWNERSHIP}
 \end{array}$$

Whether it's physical discomfort and exhaustion that have affected the dentist, or down equipment that's out of service waiting for parts, all mean not having patients in the chair. And zero dollars from the treatment room, mean zero dollars in revenue. If you would like to talk about ways to remedy the hidden costs that are eating into your profits, feel free to reach out to the Adec Special Markets team at 1.800.547.1883, or email DSOcustomerservice@a-dec.com. ■

The only way to prevent injury is by selecting the right equipment and practicing ergonomic positioning as much as possible.

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Smart Solutions for Dental Group Practices

Informed and educated patients seek treatments that are aesthetic, functional, and beneficial to their overall health. To address the growing needs of patients, Shofu has developed a score of smart solutions, including the world's first digital dental camera, bioactive restorative materials, adhesive systems, and minimally-invasive abrasives. These products are not only clinical problem-solvers; they also have the ability to help the clinicians and team members expand the range of treatment techniques in a simple and cost-effective manner, elevating the practice's growth and profitability.

The EyeSpecial C-II Digital Camera

A third-time recipient of the prestigious BEST IN CLASS TECHNOLOGY AWARD by CELLE-RANT CONSULTING GROUP, the EyeSpecial C-II delivers predictable and consistent clinical photographs for case documentation, diagnosis and treatment planning, patient communication and education, insurance verification, legal documentation and dental laboratory collaboration.

Furnished with a 12 mega-pixel sensor and a proprietary system of ring and dual-point flashes, the EyeSpecial C-II demonstrates true-color reproduction with an exceptional depth-of-field range. The panoramic LCD screen of this camera is larger than displays and viewfinders of SLR and point-and-shoot cameras and can be operated with a gloved hand. It also employs gridlines that facilitate a proper image alignment, thus reducing the risk of photographing objects at an incorrect angle. Designed to provide predictability and functionality, the heavy-duty yet extremely ultralight (weighing ca. 1lb) EyeSpecial C-II complies with stringent infection control protocols. The camera is OSHA-compliant, water-, chemical- and scratch-resistant, and can be swiftly disinfected with a disinfecting towelette.

Figure 1: The EyeSpecial C-II digital dental camera.



Figure 2: Beautifil II LS (Low Shrink).



Figure 3: Beautifil II Gingiva.



One of the most notable advantages of the EyeSpecial C-II is its ability to efficiently achieve predictable and consistent images. Accomplishing photos with Shofu's camera is virtually stress free and not dependent on the photographer's technical knowledge or experience with photographic equipment. The camera features eight pre-set dental shooting modes (standard, surgery, mirror, face, low-glare, whitening, tele-macro and isolate shade) that are highly intuitive to navigate and do not require retrofitted equipment or software add-ons to function.

Giomer Chemistry

The Giomer chemistry is a proprietary component of Shofu's restorative materials. It combines clinical benefits of bioactivity with superior physical, mechanical and aesthetic attributes. This innovative technology has been clinically vetted in 8- and 13-year recall studies and proven to sustainably release and recharge fluoride and other beneficial ions and to inhibit plaque formation to help establish a stable pH in the oral environment.^{1,2} Inclusive of the Giomer chemistry is Beautifil II LS (Low Shrink), a universal direct restorative designed to minimize polymerization shrinkage and shrinkage stress, and Beautifil II Gingiva, a system of nanohybrid composites formulated to provide general practitioners with the means to optically improve gingival aesthetics. These versatile materials allow general practitioners to offer functional and aesthetic treatment options that are minimally invasive and cost effective. ■

1 Gordan VV, et al. A clinical evaluation of a self-etching primer and a Giomer restorative material: Results at 8 years. JAM Dent. Assoc. 2007;138:621-627

2 Gordan VV, et al. A clinical evaluation of a Giomer restorative system: 13-year recall. Presented at IADR General Session; March 23, 2013; Seattle, Washington

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0.85%



Beautiful II LS (Low-Shrink) composite provides dentists with the means to reduce polymerization shrinkage and shrinkage stress while creating predictable and functional aesthetics.

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Overcoming the obstacles

Their longstanding relationship has enabled Kerr Endodontics and Midwest Dental to provide patients with high-quality root canals in a familiar office setting.

For Kerr Endodontics and Midwest Dental, having the right tools in place and educating dentists are only part of what it takes to ensure the success of a large group practice. The two organizations have worked closely to stay focused on a common goal: *Always do what's best for the patient.* For the past 20 years, Kerr's high-end solutions, clinical education programs and field support have enabled Midwest Dental's clinicians to perform cutting-edge endodontics with confidence that their patients will be pleased with the results.

Building confidence and skills

Most patients prefer receiving their endodontic treatment at their dentist's office whenever possible, according to Dr. Elizabeth Rydell, chief dental officer, Midwest Dental, a group practice with over 190 locations. Yet, dentists often lack the experience and confidence necessary to offer these services. In fact, many newer dentists graduate having completed as few as 4-6 root canals. "This doesn't help build their confidence in their skills," she says. In addition, as implants have become more mainstream, a growing number of treatment options have become available, and dentists have had to become more

knowledgeable and better adept at helping patients determine the treatment that's right for them. "A tooth that at one time may have been treated with root canal therapy and a crown may now also be treated by extraction and implant placement," says Dr. Rydell. "This detracts from a doctor's ability to gain skills and confidence, thereby minimizing the number of root canals he or she performs.

Kerr Endodontics offers a full-service approach designed to remove any doubts or concerns clinicians may have.

"Providing support and ongoing training for our doctors and teams allows them to have the skills and experience to provide endodontic services to their patients, resulting in fewer referrals and a better patient experience," Dr. Rydell continues. This is especially important, as many of Midwest Dental's offices are single-doctor practices in smaller communities, creating some unique challenges, she points out. "Kerr Endodontics has

The right stuff

Dr. Elizabeth Rydell, chief dental officer, Midwest Dental, depends on her clinicians to offer patients the best possible service and treatment. Kerr Endodontics makes this possible by providing Midwest Dental with a number of important and ongoing tools, including:

- Regularly scheduled clinical education programs led by key clinicians and opinion leaders.
- Active field support for Midwest Dental clinicians and their teams, including training, encouragement and – in the case of emergencies – a new piece of equipment set up on short notice to accommodate a patient.
- A video library of continuing education resources, providing clinicians with ongoing exposure to key areas, such as diagnosis, access and instrumentation.

Does Your Practice Comply with the New CDC Guidelines?

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New CDC Guidelines state:

“Dental handpieces and associated attachments, including low-speed motors and reusable prophylaxis angles, should always be heat sterilized between patients and not high-level or surface disinfected. Studies have shown that their internal surfaces can become contaminated with patient materials during use. If these devices are not properly cleaned and heat sterilized, the next patient may be exposed to potentially infectious materials.”

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taken the time to truly understand our doctors and our organization,” says Dr. Rydell, noting the company has been instrumental in creating and supporting ongoing clinical education programs for their dentists and auxiliary staff, enabling their offices to offer routine endodontic procedures. “Kerr’s programs recognize that hands-on training is an important aspect of learning. As Midwest Dental has continued to grow, Kerr Endodontics has enhanced their support to match our needs.”

“Collaboration has been the key element in our relationship with Midwest Dental,” says Andrew Audley, Regional Manager, Kerr Endodontics. “We have spent many hours with Midwest Dental’s leadership, clinical educators, recruiters and purchasing department members to create a program that meets the needs of their growing population of doctors, assistants and patients.”

Root canals involve many critical steps, Audley continues. When clinicians struggle with just one step of the procedure, such as access or diagnostics – which is often the case – this alone can discourage them from performing in-office root canals. Kerr Endodontics offers a full-service approach designed to remove any doubts or concerns clinicians may have. “We provide supplies and equipment, and manage implementation,” says Audley. In addition, Kerr Endodontics works with industry experts, such as Dr. Gary Glassman and Dr. Brett Gilbert, who educate, train and guide the clinicians at Midwest Dental through each step of the procedure. “Kerr Endodontics’ full-service approach permits us to focus on potential hurdles the clinicians at Midwest Dental face and guide them to ultimately perform efficient and highly successful root canals for their patients,” he notes.

Staying focused on positive patient outcomes and satisfaction has strengthened the relationship between Midwest Dental and Kerr Endodontics, as well as the dental group’s relationship with the communities it serves. “Midwest Dental provides their doctors with the latest endodontic supplies and equipment that Kerr Endodontics offers,” says Audley. “They work with us to provide continuing education for their clinicians to maximize the effectiveness of the entire root canal procedure.” Ultimately, Midwest Dental clinicians are able to offer their patients high-quality root canals in a familiar, trusted office setting, he adds. ■

Tools & training

Root canals can be anxiety-provoking for patients, particularly when they must have the procedure done by a specialist in an unfamiliar setting. In order for dentists to perform the procedure in-office, however, not only do they require the right tools, they must be trained to use them confidently and correctly.

Dr. Gary Glassman, a consultant for Kerr Endodontics, works with the dentists at Midwest Dental to ensure they can offer patients high-quality root canals in a familiar office setting. “Each tooth is different and the anatomy of the root canal system differentiates one case from another,” says Dr. Glassman. “Quality endodontics begins by making a proper diagnosis and determining whether root canal treatment is the most practical solution.” Once the clinician determines that root canal treatment is the best option, he or she must address the entire root canal anatomy to ensure the procedure is successful, he points out. “That means locating all of the root canals and negotiating them to their respective apices. Next, the smear layer and biofilm need to be removed; the root canal system needs to be obturated in three dimensions and subsequently restored back to function.”

“In addition to live lectures and hands-on workshops, I am a big believer in sustained learning – or ongoing, continuing education in the form of online webinars and accessible videos, designed to reinforce and sustain endodontic excellence through best practices and an excellent patient experience,” says Dr. Glassman. Kerr Endodontics makes it possible for Midwest Dental to hold such programs, he notes. Besides providing high-quality equipment and consumables, and ongoing support from sales reps, Kerr Endodontics brings in key opinion leaders and offers top-of-the-line continuing education, he adds.

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– an optimal patient experience is equally important to achieving excellent results. The Isolite® Systems patented mouthpiece systems, including the Isodry® isolation system and Isovac® isolation adapter, have enabled their dental teams to work efficiently and effectively, while ensuring optimal comfort for their patients.

“We often apply multiple sealants in one visit, which traditionally involves moving a rubber dam around. This is very inefficient.”

– **Dr. Michael Rosenbaum**

“We have seven dental partners, six associates, four clinical attendees and 20 residents, and they all use the Isolite isolation system,” says longtime partner Dr. Michael Rosenbaum. “Without use of this system, our hygienists face typical oral suction challenges, such as keeping the teeth dry using cotton rolls, working



around the patient's tongue and protecting the airway." The mouthpieces help keep the mouth open, protect the airway and ensure patient comfort. Often, patients complain of a bad taste associated with suctioning and must take frequent breaks to sit and spit, he adds. "The Isolite isolation system enables us to work much more efficiently and effectively, and our patients don't taste the medicaments we use."

The Isodry® isolation system and Isovac® adapter are particularly advantageous when applying sealants, according to Dr. Rosenbaum. "We often apply multiple sealants in one visit, which traditionally involves moving a rubber dam around," he says. "This is very inefficient." With the Isolite isolation systems, patients don't require constant suctioning, rubber dams or cotton rolls. Dual-vacuum controls enable the hygienist to focus continuous hands-free vacuum suction in either the upper or lower quadrant, permitting better control over moisture and oral humidity and speeding up the process. Sealants tend to remain in place longer and the overall prognosis is much better, notes Dr. Rosenbaum.

The hygienists at Pediatric Dental Associates are not the only ones who appreciate the easy-to-use Isolite isolation systems. "We've seen a direct correlation between use of the Isodry system and Isovac adapter and increased patient visits," says Dr. Rosenbaum. "Any time we can offer patients a better, more comfortable experience, they are more prone to return. And, parents appreciate that we care enough to use a high-end product that offers so many unmatched benefits." ■



Isodry®

Lightweight, yet durable, the Isodry® dental isolation system boasts two channels of continuous hands-free vacuum suction. The dual-vacuum controls enable hygienists to focus suction in either the upper or lower quadrant, permitting more precise control over moisture and oral humidity. The 2.5-ounce Isodry Control Head Assembly is constructed of titanium and features a 6-foot silicone hose designed to easily connect to most standard high-volume ports in the operatory.



Isovac®

The Isovac dental isolation adapter – designed to easily attach to an available HVE line in the operatory – features ultra-lightweight Control Head Assembly and easy-to-clean autoclavable polymer construction. Dual-vacuum controls permit hands-free vacuum suction in either the upper or lower quadrant, enabling hygienists to better control moisture and oral humidity.



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Patient Safety: The value of protective eyewear



Infection prevention and patient safety are essential to providing high-quality dental care. While most dental healthcare providers are educated about proper protocols and procedures around patient safety, many patients do not realize that protective eyewear can ensure their safety during what may appear to be a routine dental procedure. As Noam Chomsky says, “People not only don’t know what’s happening to them, they don’t even know that they don’t know.”

With the infrastructure to promote standards and guidelines and ensure they are followed, large group practices and DSOs are in a position to be industry role models.

From routine to nightmare

On July 8, 2013, Jennifer Morrone – a young mother of two daughters – visited her dentist for root canal therapy; the appointment quickly dissolved into a disaster. After giving Morrone an injection, her dentist made the mistake of passing the syringe over her face without first recapping the needle. Neither the dentist nor a member of his team had offered Jenn a pair of safety glasses.^{1,2}

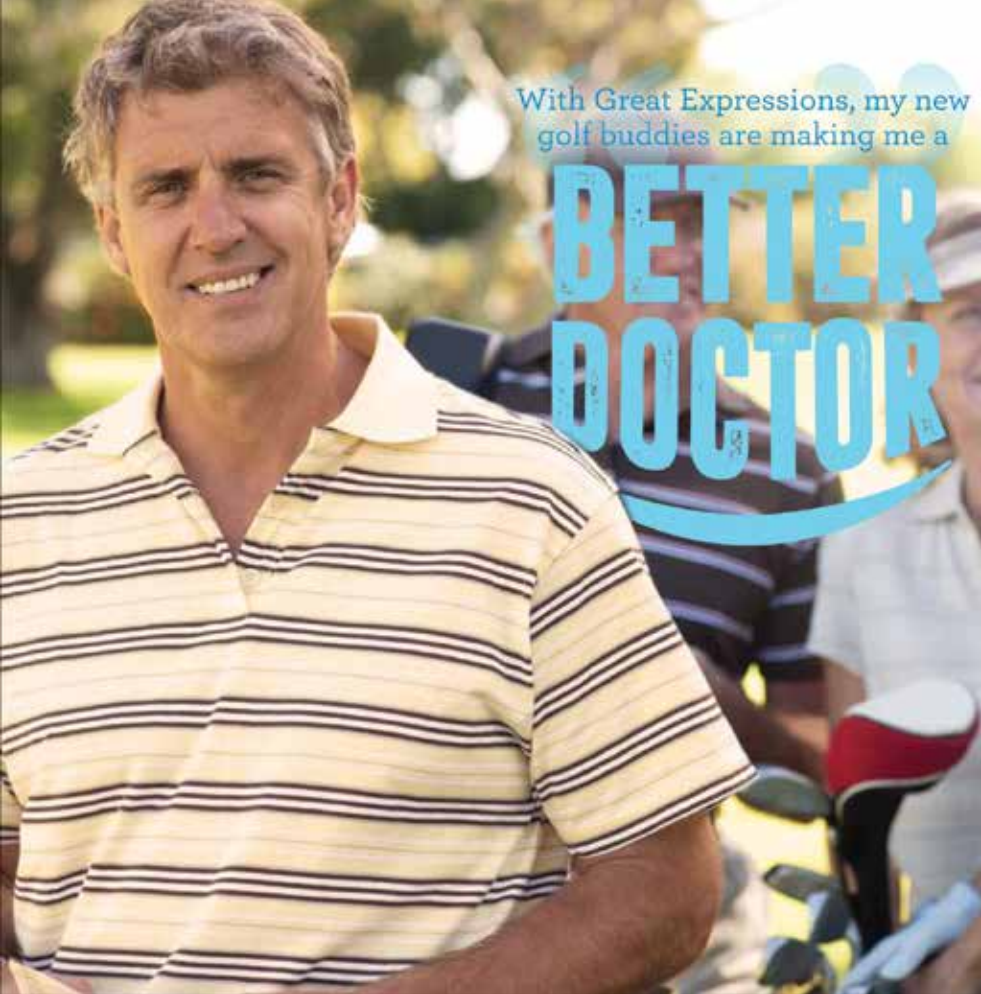
“He dropped [the needle] directly in my eye,” reports Morrone. “The needle with the *streptococcus* bacteria punctured my eye, injecting the bacteria into it. I was not wearing eye protection.”² To make matters worse, the dentist did not follow the protocol for an eye injury in the dental setting. Instead of leading Morrone to the eye wash station, he offered her a wet tissue and completed the root canal without addressing her injury.²

This past June, at the OSAP Annual Conference in Atlanta, Ga., I had the opportunity to meet Ms. Morrone – a guest speaker at the conference – and hear her story firsthand. She told the audience that after she left the dental office, she went home,



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

Katherine Schrubbe, RDH, BS, M.Ed, PhD, is director of quality assurance at Milwaukee, Wisc.-based Dental Associates.



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only to wake up the next day with excruciating eye pain. She went to the emergency room, where a team of doctors cleaned her eye and gave her antibiotics. In addition, she required steroids injected directly in her eye. But, nothing resolved the infection and she had to be admitted to the hospital for treatment. Morrone explained to the OSAP audience that the infection caused her retina to completely detach. After multiple fruitless surgeries, the doctors had to remove her eye lens. The story is heart-wrenching, and has affected her entire being, including her personal and professional life and those close to her. Her dentist's poor practices and careless behavior led to a horrific patient injury, which could have been totally prevented with an inexpensive pair of protective eyewear.

Eye protection for the patient is just as critical as for the provider. And, it's important to remember that large group practices and DSOs can be role models for patient safety

Morrone is not the first dental patient to sustain an ocular injury at the dental office; there are many other similar cases. Even general dental treatment can generate spray and splatter, and the use of numerous instruments throughout treatment can pose a risk as well. For instance, a 2007 case report recounts the story of a female patient with contact lenses who was not wearing safety glasses during a dental appointment to have a bridge replaced. During the treatment, a stream of water was directed from the handpiece into her right eye. Because she suffered from subsequent pain in the eye, she consulted several ophthalmologists, who discovered inflammation and abrasive lesions on the cornea. Despite antibacterial and anti-inflammatory treatment, the patient's visual acuity

gradually declined over a period of several days. A microbiological examination nearly two months later revealed amoebae (*Acanthamoeba* spp) in corneal samples, which had caused a serious infection in the patient's eye, leaving symptoms that persisted for years and later led to a lawsuit against the dentist.³

Clinician vs. patient

Clinicians appear to wear protective eyewear somewhat routinely. The same can't be said for their patients. In a study of dental offices in the metro Detroit area, 75 participants responded to a survey, 61.3 percent of whom were hygienists; 36 percent dentists; and 2.66 percent dental assistants. Of the 75 survey participants, 61.3 percent had been practicing in the dental field for 20 or more years;

The Centers for Disease Control and Prevention (CDC) recommends eye protection for all dental patients. The Occupational Safety and Health Administration (OSHA) requires employers to provide protective eyewear or face shield protection for employees.

13.33 percent had worked in the field between 1-4 years; 12 percent had 15-20 years of experience; 9.33 percent had 5-10 years of experience; and 4 percent had 11-15 years of experience. When asked how often clinicians wore their safety glasses, 88 percent responded that they always wear them; 6.66 percent responded that they wear them most of the time; 6.66 percent responded that they wear them sometimes; and 0 percent said they never wear them.⁴

When it came to patients' use of protective eyewear, however, the responses differed greatly: 54.66 percent said they sometimes wear safety glasses; 20 percent said they never do so; 18.66 percent responded that they always do so; and 6.66 percent said they do so most of the time. At the same time, 10.66 percent of participants said their dental office has no safety glasses for patients to wear during dental procedures; 42.66 percent said their dental office has a few pairs for patients;

and 46.66 percent said their dental office has many pairs available for patients.⁴

The Centers for Disease Control and Prevention (CDC) recommends eye protection for all dental patients.⁵ The Occupational Safety and Health Administration (OSHA) requires employers to provide protective eyewear or face shield protection for employees. This eyewear should be made of impact-resistant plastic in compliance with ANSI standards.⁶ Side protection must be included in the design of the protective eyewear and should not be removed; it should also be impact-resistant to deflect potential airborne debris – whether hard or soft – during procedures.⁷ One study found that the compliance rate for routine use of protective eyewear was only 60.3 percent for dentists and 34.1 percent for hygienists.⁸

Although OSHA is in place for the safety of all workers, including dental healthcare, shouldn't we provide the same level of protection for our dental patients?

Empowering patients

Jenn Morrone is a vivid reminder of the importance of only one aspect of patient safety: eye protection. She has decided to turn her personal injury into a campaign to promote patient protective eyewear at dental visits. In spite of what she has endured, she

has a positive attitude. To learn more, visit her Facebook page at www.Facebook.com/JennsVision (#JennsVisionSunglassSelfie) and view her YouTube video at www.youtube.com/watch?v=7r0jVgHx2do. In her live presentation, Jenn told the OSAP audience that she designated July 8, 2017, as the *Annual Worldwide Day of Eye Protection Awareness at the Dentist*.

Empowering patients to be their own advocates is one of the best things the dental team can do in infection control and prevention, and treating patients as part of the dental team will keep them safe.⁹ Clinicians should focus on the following:

- Educate patients about why they need eye protection. Empower them to ask for eye protection if the dental office forgets to offer it.
- Educate patients about why it is vital in fourhanded

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dentistry to never pass items over a patient's face. Have them remind clinicians who do not follow this protocol how important it is to do so.

- Educate patients about recapping needles, and empower them to remind staff if the protocol is not followed.⁹

Eye protection for the patient is just as critical as for the provider. And, it's important to remember that large group practices and DSOs can be role models for patient safety. Regardless of the practice setting, all clinicians must make patient safety a priority. ■

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Make it Happen

The Organization for Safety, Asepsis and Prevention (OSAP) – a growing community and membership association of clinicians, educators, policy makers, consultants and industry representatives who advocate for the Safest Dental Visit™ – held its annual conference in Atlanta, Georgia, June 22-25, 2017. With a focus on the Safest Dental Visit™ and strategies central to the conference theme, “Make it Happen,” the organization conducted a one-of-its-kind event focused exclusively on infection control and patient safety in dentistry.

Over 300 participants – including over 100 first-time attendees – convened at the Grand Hyatt Atlanta in Buckhead Atlanta to participate in the OSAP 2017 Annual Infection Control Conference, marking a record attendance. Attendees traveled from Brazil, Canada and the United States to attend plenary sessions and workshops, learn best practices, share ideas with colleagues and more. In addition to 30+ companies and dental publications that were represented, attendees were comprised of:

- Consultants.
- Practitioners from mid-size and large group practices.
- Representatives from every U.S. federal service, federal and state agencies, state dental boards, state and national dental associations, and nonprofit institutions and foundations.
- Educators from almost 50 schools.
- Managers from hospitals and health centers.

Meeting highlights

Plenary sessions and workshops by over 30 nationally recognized infection control experts covered emerging trends and late breaking information on infection control requirements specific for today’s healthcare landscape. The robust educational program also featured several skill-building sessions for dental infection preventionists. The keynote address with Dr. Ruth Carrico reimaged the



future of infection control, and a late breaker session addressed pathogens, policies and politics, with an update on the Amalgam Separator Final Rule reinstated by the Environmental Protection Agency. Regulatory and guidance agencies including the Food and Drug Administration, Occupational Safety and Health Administration and the Centers for Disease Control and Prevention provided useful updates on current issues. The conference also offered several timely sessions on policies and procedures regarding dental waterlines, an infection control certification initiative, the new definition of oral health, a global panel on infection control from international experts from Brazil and much more.

Standing strong in front of a packed house, Jenn Morrone from Jenn’s Vision shared her story and mission for patient advocacy during the session, “I am the Patient, Don’t Forget about Me.” Following a preventable accident at a dental visit in 2013, which caused the loss of her

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right eye, Morrone has worked to promote and deliver the message of best practices in dental safety and the use of protective eye wear.

Throughout the conference, event-goers were encouraged to share best practices and ideas with colleagues. The Pecha Kucha session allowed attendees to hear five-minute presentations from subject matter experts and then break into deep-dive roundtables for further discussions. Topics included safe injection practices, bar code instrument tracking to processing, infection control in nontraditional healthcare settings, top infection control resources and the CDC checklist implementation strategies.

Awards

The OSAP Dental Infection Control Leadership Awards were presented on June 23 and made possible through a grant from Henry Schein Dental. The new Exhibitor Award was voted on during the conference and



was awarded to the exhibitor with the best educational presentation. Awards included:

- **20th Annual Dr. James J. Crawford Award:** Margaret Cottrell. This award recognizes lifetime achievement in the field. Cottrell was one of the Founders of OSAP and has been affectionately referred to as the mother of the organization. She has supported the organization by serving on both the Association and Foundation boards of directors. She has contributed her business expertise through strong financial stewardship as the organization’s treasurer and through active participation on key strategic committees.
- **16th Annual Dr. Milton Schaefer Award:** Douglas Risk DDS, ABGD. This award celebrates superior service to the organization, recognizing either continuous contributions over a period of time or singular accomplishments. Dr. Risk has been an integral part of the OSAP educational programming for several years, involved with both Annual Conference and Dental Infection Control Boot Camp™ planning sessions. He has served as a speaker and key liaison between Air Force, other branches of the federal services and OSAP, promoting infection control education, policies, practices and dental healthcare personnel/patient safety initiatives.
- **10th James Cottone Award for Excellence in Investigative Research: Peter Arsenauld DMD, MS and Amad Tayebi ScD, Esq.** Dr. Arsenauld and Dr. Tayebi have advanced evidence-based research in eye safety in dentistry and bottom-gap exposure protection recommendations. Their publications and presentations have been recognized by the OSAP, ADA, NIOSH and OSHA as an improvement to the current eye safety standards in the healthcare industry.

Notable quotes

- “The OSAP Annual Infection Control Conference serves as an education and networking hub of energy, collaboration and idea sharing,” says Mike Smurr, OSAP immediate past chairman of the board. “From the interactive workshops, agency updates, late-breaking information and spontaneous meetings and moments that happen in between sessions, the conference continues to combine world class education and inspire those who attend.”
- “We could not deliver this education program without the support of our sponsors, exhibitors, members, volunteers and committee members,” says Christina Thomas, OSAP’s executive director. “We plan to take the momentum, excitement and success from this year’s conference and carry it through to Dental Infection Control Awareness Month in September, the upcoming OSAP Dental Infection Control Boot Camp™ and next year’s Annual Conference held on May 31-June 3 in Dallas, Texas.”



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- **3rd Annual Emerging Infection Control Leader Award: Kandis Garland RDH, MS.** The Emerging Leaders Award identifies outstanding new infection control advocates and develops next-generation stars in the field of dental infection prevention and safety. Garland has conducted research focused primarily on infection control and has presented her research at regional, national and international meetings. She serves as a manuscript reviewer and as an infection control Ask the Expert columnist.
- **15th Annual Bette & Paul Schwartz Award: Peggy Spitzer RDH, MAEd.** Named in honor of a couple who personify the spirit of volunteerism for the organization, the award recognizes an outstanding

Anchor support

Over 30 infection control companies and sponsors participated in the annual conference, providing an opportunity for the OSAP community to network, engage and discuss the latest developments in products, services and technology related to infection control and global health. OSAP super sponsors, including Air Techniques, Coltene, Crosstex, Dentsply Sirona, Henry Schein, Hu-Friedy, KaVo Kerr, Midmark, Patterson and SciCan, provided anchor support.

volunteer from the previous year's conference. Ms. Spitzer was unanimously voted to receive this award for her dedication, can-do attitude and tremendous support throughout the 2016 conference.

- **Chairman's Citation Awards.** OSAP's Immediate Past Chairman, Mike Smurr, presented special citations to the following individuals who enriched the organization by contributing a unique blend of talents, skills, hard work and unwavering commitment to the advancement of dental safety.
 - Suzanne Bauman.
 - Cynthia Durley, MEd, MBA.
 - Hudson Garrett, PhD, MSN, MPH.
 - Pamela Head.
 - Therese Long MBA, CAE.
 - Regina Robuck, CAE.
 - Susan Runner DDS, MA.
 - Jean Wolff, RDH, MEd.

A look ahead

OSAP's conference was marked by the transition of OSAP leadership. Therese Long MBA CAE, former executive director, retired into the position of emeritus executive director and Christina Thomas now serves as executive director.

In addition, association and foundation boards of directors were announced, as well as future initiatives, including:

- Dental Infection Control Awareness Month in September.
- OSAP Dental Infection Control Boot Camp™ January 8-10, 2018 in Baltimore, Maryland.
- The OSAP 2018 Annual Infection Control Conference, scheduled for May 31-June 3, in Dallas, Texas.

A premier infection control and patient safety education and networking event in dentistry, the OSAP Annual Conference delivers the latest updates on evolving guidance and emerging infection prevention and safety issues. One of the organization's key strategic goals is to "identify, foster and build a strong community of recognized infection prevention and safety experts/facilities within oral healthcare." OSAP believes EVERYONE has a role to play in ensuring safe, infection-free delivery of oral healthcare and encourages the dental community to view more information about membership and the organization at osap.org. ■

Exhibitor award

Crosstex International, Inc., a Cantel Medical company, received the Exhibitor Award. Crosstex manufactures a wide array of unique and innovative infection prevention and compliance products for the global healthcare industry. The award was voted on by conference attendees and based on several criteria:

- Demonstration of a clear purpose for infection control.
- Application of the product or service in a work setting.
- Providing a memorable presentation from company personnel.

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U.S. Healthcare at a Glance

Health, United States, 2016 is the 40th report on the health status of the nation and is compiled by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS).

The Health, United States series presents an annual overview of national trends in health statistics. The report contains a Chartbook that assesses the nation's health by presenting trends and current information on selected measures of morbidity, mortality, healthcare utilization and access, health risk factors, prevention, health insurance, and personal healthcare expenditures. This year's Chartbook focuses on long-term trends in health. The complete report and related data products are available on the Health, United States website at: www.cdc.gov/nchs/hus.htm.

Here are several charts from Health, United States, 2016.

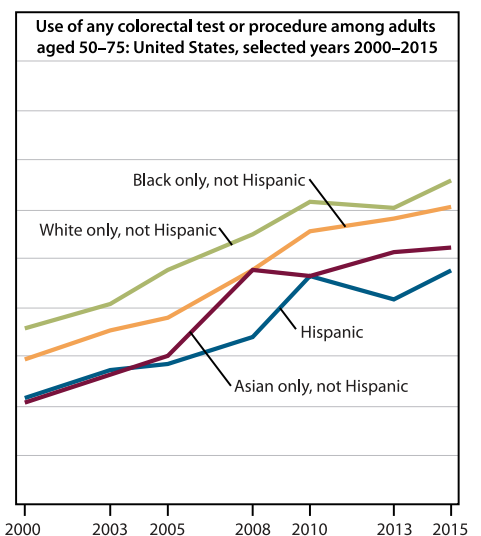
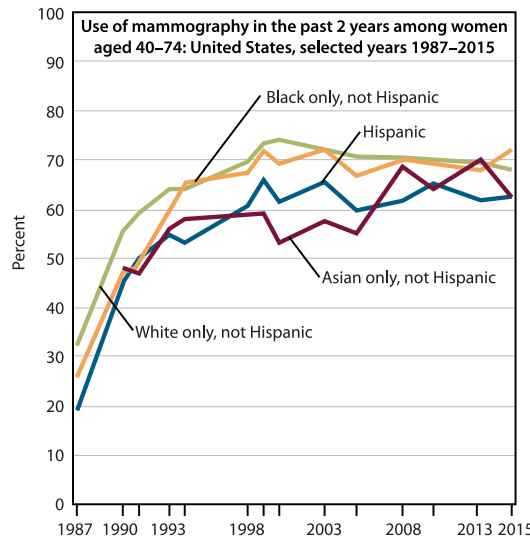
Leading causes of death in 1975 and 2015: United States, 1975–2015

Top 10 leading causes of death, 2015

Rank order	Cause of death ¹	Deaths	Percent
Rank	All causes	2,712,630	100.0
1	Heart disease	633,842	23.4
2	Cancer	595,930	22.0
3	Chronic lower respiratory diseases	155,041	5.7
4	Unintentional injuries	146,571	5.4
5	Stroke	140,323	5.2
6	Alzheimer's disease	110,561	4.1
7	Diabetes mellitus	79,535	2.9
8	Influenza and pneumonia	57,062	2.1
9	Nephritis, nephrotic syndrome, and nephrosis	49,959	1.8
10	Suicide	44,193	1.6

SOURCE: NCHS, National Vital Statistics System: Final Mortality Statistics, 1975. Monthly Vital Statistics Report, 25(Suppl. 11). 1977. Public-use 2015 Mortality File. Murphy SL, Kochanek KD, Xu JQ, Curtin SC. Deaths: Final data for 2015. National vital statistics reports. Hyattsville, MD: NCHS; 2017.

Mammography use and colorectal cancer testing use, by race and Hispanic origin: United States, selected years 1987–2015



SOURCE: NCHS, National Health Interview Survey (NHIS).

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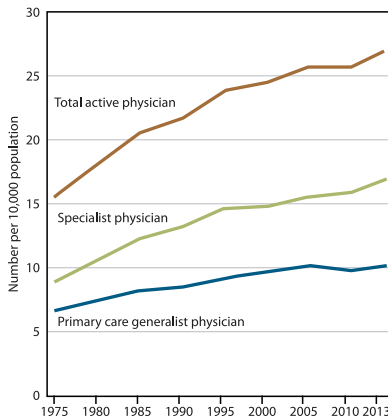
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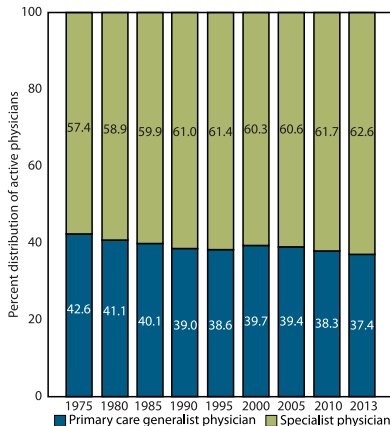
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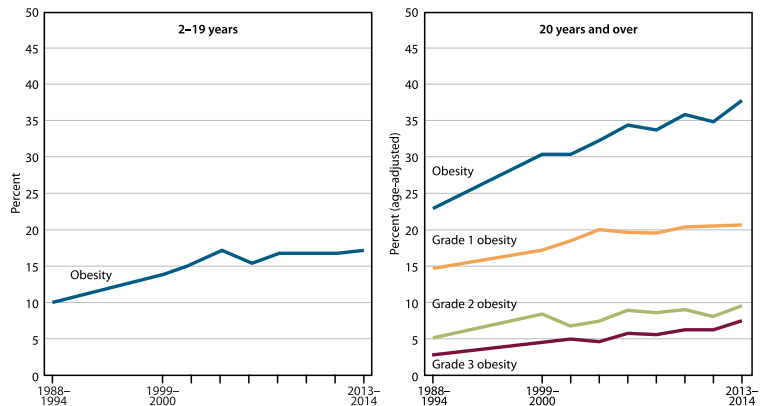


Active primary care generalist and specialist physicians, by self-designated specialty: United States, selected years 1975–2013



SOURCE: American Medical Association (AMA) [Copyright 1976, 1982, 1986, 1992, 1997, 2003, 2007, 2012, and 2015]

Obesity among children and adolescents aged 2–19 and adults aged 20 years and over: United States, 1988–1994 through 2013–2014



NOTES: For children and adolescents aged 2–19, obesity is defined as a body mass index (BMI) at or above the sex- and age-specific 95th percentile of the CDC growth charts. For adults, obesity is defined as a BMI at or above 30; grade 1 obesity is a BMI from 30.0 to 34.9; grade 2 obesity is a BMI from 35.0 to 39.9; and grade 3 obesity is a BMI greater than or equal to 40.0. Estimates for adults are age-adjusted.

SOURCE: NCHS, National Health and Nutrition Examination Survey (NHANES).



INDUSTRY NEWS

Medicaid dentistry and the group practice

The merits of comprehensive dental healthcare – especially for the tens of millions of children covered by Medicaid – cannot be overstated. According to a 2016 Pew Charitable Trusts report, tooth decay is the most common chronic disease among U.S. children – five times more prevalent than asthma – and dental care is one of the nation’s greatest unmet health needs among children, especially in low-income, minority, and rural communities. In 2012, more than 4 million children did not receive needed dental care because their families could not afford it. Even when controlling for insurance status, low-income and minority children remain less likely than higher-income children to receive preventive dental care, according to the report. An article in the July-August 2017 issue of *Efficiency* explored the need for Medicaid dentistry, some of the access challenges that currently exist, and solutions that will help ensure dentists build upon the Medicaid dental access gains that are already demonstrating improved health outcomes and increased cost savings in a number of states. Visit www.dentalgrouppractice.com/is-medicaid-dentistry-sustainable.html

Affordable Dentures & Implants opens practice in Kissimmee, FL

Affordable Dentures & Implants opened a new practice in Kissimmee, Florida. This practice opening marks Florida’s nineteenth practice in the Affordable Dentures & Implants affiliated network. The practice is led by Anthony Graham, DMD. The Kissimmee practice aims to increase local patient access to critically-needed tooth replacement services by offering free consultations and X-rays for new patients.

New DSO formed in Hawaii

A new dental service provider was established in Hawaii with the acquisition of four existing dentist offices on three islands, funded by Tradewind Capital Group (Honolulu, HI). Premier Dental Group Hawaii has offices in Aiea and Pearl City on Oahu, Kapaa on Kauai, and Hilo on the Big Island. Premier Dental allows the convenience of visiting one dental office for multiple services, such as routine exams and teeth cleanings to specialized dentistry such as oral surgery, endodontics, orthodontics, pediatric dentistry, implant surgery, cosmetic dentistry, and teeth whitening. The company plans to invest in state-of-the-art dental equipment, including three-dimensional digital imaging technology, computer-aided design and manufacturing technology for same day crowns and laser technology to give its clients the most advanced service package available.

Aspen Dental to open new office in Alabama

Aspen Dental will open a new office in Mobile, Alabama. The new dental office is led by Dr. Harry Houston. Dr. Houston and his team will provide dental services ranging from dentures and denture repairs, to preventive care, general dentistry, and restoration. The new office is the one of 15 Aspen Dental practices in Alabama.

Crosstex International strategically strengthens marketing, sales teams

Crosstex International Inc (Hauppauge, NY), a subsidiary of Cantel Medical Corporation, strategically strengthened both its marketing and sales teams in anticipation of the retirement of SVP Andy Whitehead. This process was started nearly 4 years ago by adding additional talent to the top levels of sales and marketing with Whitehead transitioning to M&A/business development. Crosstex



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International's sales department is headed up by Ken Plunkett, SVP of global sales. The marketing team is headed by Jackie Beltrani, VP of global marketing.

Kool Smiles donates \$8,000 to Indiana University Dental Student Outreach Clinic

Kool Smiles recently donated \$8,000 to the Indiana University School of Dentistry (IUSD) to expand service offerings at its Dental Student Outreach Clinic. The donation will help the clinic provide free root canals to local adults in need. Many of the clinic's patients who required root canals were previously unable to receive them due to cost barriers. The IUSD Dental Student Outreach Clinic opened in 2009 and is run by volunteer dentists, faculty, and students from the dental school. The clinic helps an average of 20-25 patients every other Saturday and remains open for 11 months of the calendar year.

Zirc launches new color-code guide

Zirc (Buffalo, NY) launched its new and improved color-code guide. The new guide features simple, step-by-step recommendations to set up a color-code system for one, or all, of your procedures. According to the company, having a color-code system in place will allow users to save at least 5 minutes per procedure and minimize the time and stress of trying to find instruments and materials. You may request your own hard-copy of the Color Code Guide to achieve optimal

efficiency and organization in your dental practice. To download Zirc's Color Code Guide, visit zirc.com/colorcode

Air Techniques launches new shopping cart web platform

Air Techniques Inc (Melville, NY) announced a new shopping cart feature is available on the company's website. The new "Shop" platform allows dental practitioners to place "order requests" with their preferred dealer via the Air Techniques website. Currently, the online order requests are limited to the following products: Monarch infection control products, chemistry, processor cleaners, CamX accessories and ScanX accessories. Dental practitioners will receive a complimentary Air Techniques shopping bag with their first order placed – while supplies last. For more information on Air Techniques, visit www.airtechniques.com.

Great Expressions Dental Centers makes donation to Transracial Journeys

Great Expressions Dental Centers (GEDC) (Southfield, MI) donated \$14,000 to Transracial Journeys, an educational and social organization designed to support multicultural families. The funds provided to Transracial Journeys were the result of individual GEDC employee donations with matching donations from GEDC and the family of Kurt Harvey, GEDC's chief business development officer. www.greatexpressions.com/

The Root of Productivity

A simple first step can significantly boost production



By Dr. Sami Bahri, DDS

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

When looking to improve productivity, we often think about low-hanging fruit, like selling more accessory treatments or choosing the right service coding.

The approach is not wrong, but while it improves productivity, it also increases the workload on the staff. In the lean approach, we like to do the opposite. We want to reduce the non-value added work to create more free time for the staff to handle new tasks, like selling more whitening or selling more sealants. To that end, we use a variety of process analysis tools, like diagrams.

The Spaghetti diagram would be a good starting point. It is simple, doesn’t take a lot of effort, yet it will go beyond the low-hanging fruit to the root of productivity improvement.

Why the Spaghetti diagram is so important

At the beginning of the 20th century, dentistry started applying the division of labor created by Adam Smith, the time studies created by Frederick Taylor, and the motion studies created by Frank Gilbreth. That is when the different dental management functions were created – dentist, hygienists, assistant, etc.

Viewed from a productivity point, the division of labor allowed us to treat patients faster – shorter processing time, but created, among others, the problem of transportation. This mainly involves the transportation of patients between different



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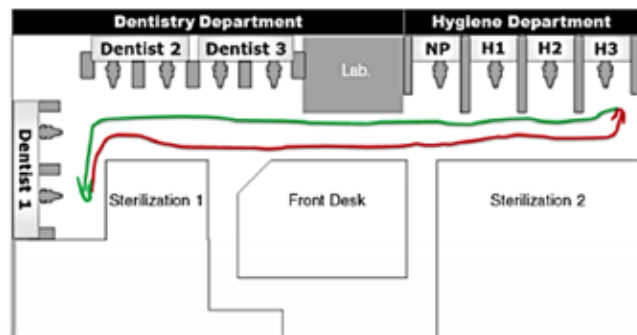
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areas in the practice: from the waiting room to the x-ray room, to the treatment room, to the hygiene room, to the treatment plan coordination room, etc. There's the challenge transporting materials to the storage area, then to the work area.

Treating faster makes money, but increased transportation spends it on unnecessary work. That is why in his book *Fundamental Principles of Lean Manufacturing*, Shigeo Shingo wrote "[I]f the benefits of the shorter processing time (meaning faster treatment) does not overcome the disadvantage of transportation, it is better not to introduce the division of labor."

The Spaghetti diagram reduces transportation

Transportation is then the waste we need to remove. The easiest way is to visualize it. That is when the Spaghetti diagram becomes very important. It is simple, because all you need is a floor plan of your facility and color pencils. With the pencils you trace the movement of either providers, patients, or materials. The resulting tracings resemble what the name suggests, Spaghetti.



Practice Organized By Functions

Figure 1: When the practice is organized by departments, transportation increases.

Figure 1 shows us our floor plan when we were still thinking departments. On the left wing of the office, we placed the department of dentistry where three dentists utilized two chairs each. On the right-wing, we had one chair dedicated to new patients and three chairs occupied by three hygienists.

To draw the Spaghetti diagram, we took a floor plan of the practice and followed the movement of the doctor working in Chair 1 when she was called for an exam in Chair 10. The red and the green line show she had a long walk – 110 feet

to reach Chair 10 and another 110 feet to go back to Chair 1. This is the simplest form of the Spaghetti diagram because it traces one trip for the exam. Usually, to build a Spaghetti diagram, you trace the movement of a patient or a provider for a longer period of time (see Figure 2). You could trace it for two hours, half a day or even a whole day. It would be even more interesting to trace the movement of multiple employees or patients for a long period of time.

The diagram could look very chaotic, and the need for improvement would become more obvious. One manager in a manufacturing plant in Jacksonville traced the movement of all the employees for one year. “Cumulatively, we walked a full circle around the globe in one year” he commented. Can you imagine how much effort is lost in all that walking?

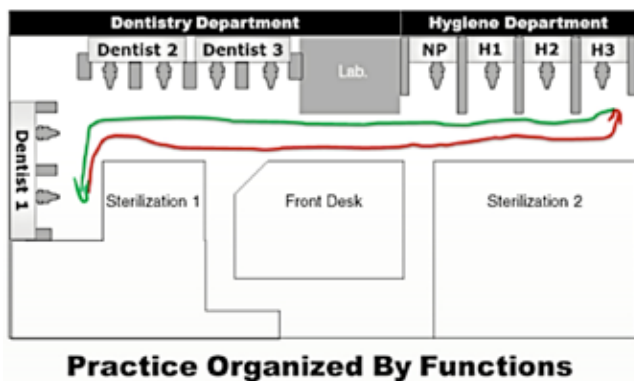


Figure 2: This is what the Spaghetti diagram looks like when the dentist has to examine one patient in each hygiene chair

Change the layout to reduce transportation

Our goal is to reduce the number and the length of the lines in the diagram in Figure 2. Ideally, we would change the layout of the office to bring Chair 10 closer to Chair 1, but that change would be too expensive. As a compromise, we moved the providers around as shown in Figure 3.

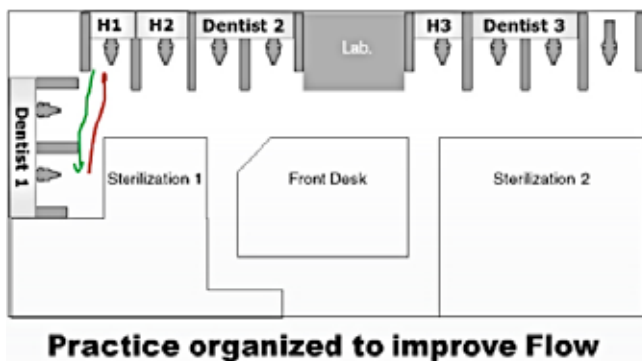


Figure 3: Dentists and hygienists were moved closer together in order to reduce transportation

As you can see in Figure 3, we have moved the providers around to where dentists and hygienists were using adjacent chairs. If you check the lines traced by hand, you would see that the dentist is now walking a total of 20 feet instead of the 220 feet she walked in the first diagram. The savings in walking efforts are remarkable, and they would be even more remarkable if we multiply them by the number of trips to do an exam in every treatment room, as seen in Figure 4. For four exams, the Flow-oriented layout allowed her to walk around 200 feet instead of nearly 800 feet imposed by the department-oriented layout.

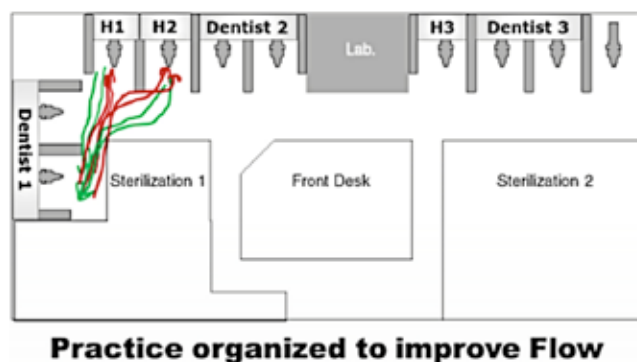
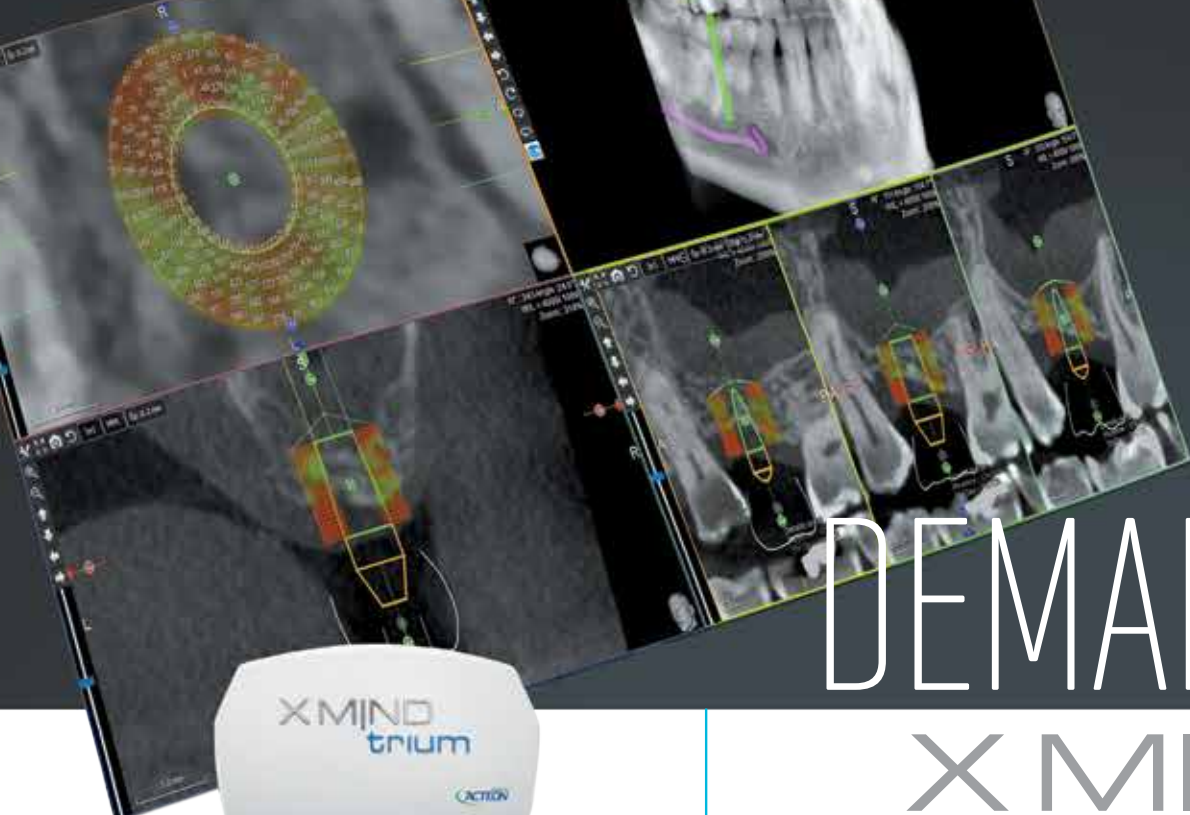


Figure 4: When we trace a Spaghetti diagram for all the trips over a long period of time, the need for improvement becomes clear.

Add to that all the trips that could be saved for the rest of the staff, transform those efforts into treating patients instead of walking, and you would see how powerful the Spaghetti diagram can be in improving productivity

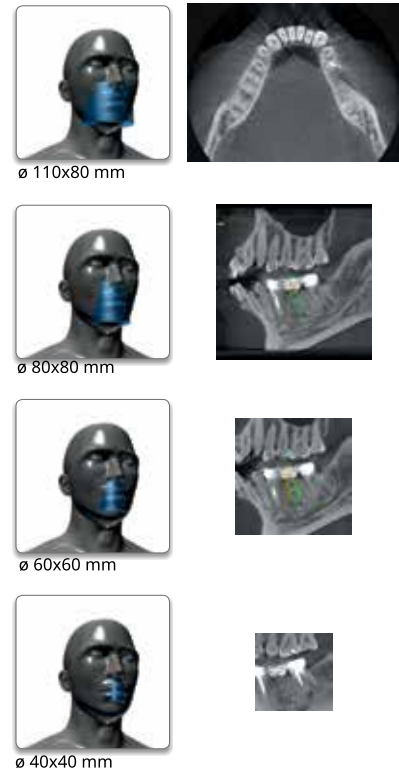
Controlling transportation

It is very important to be conscious of the advantages and the disadvantages of every management decision we make. Since we have adopted the division of labor, we need to be mindful that transportation of patients, materials and staff, if not controlled, can overcome the benefits of the shorter treatment times afforded by the division of labor. To control transportation, the easiest way is to make it visible. The Spaghetti diagram is a simple yet powerful tool that allows us to reach our goal. It can be drawn by anyone with very little training and tremendous results in productivity improvement. ■



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