

# DE◊MAGAZINE

DENTIST ENTREPRENEUR ORGANIZATION

## The Aspen Model

Aspen Founder & CEO on building a consumer health care platform that empowers both providers and patients across health care industries.

Bob Fontana, Founder & CEO  
Aspen Dental

**The Mouth-Body**  
Connection

**Integrating**  
Specialties

**Aligning the Associate**  
and DSO Mindsets

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**PUBLISHER**  
Jake Puhl • jacobpuhl@deodentalgroup.com

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# See You this Summer!

By Jake Puhl

**When you look around the dental industry landscape, you can see a shift. Traditional models are making way** for new, innovative models of delivering care to consumers who are beginning to expect more from their health care providers.



“Consumer expectations continue to change at an increasingly rapid pace,” Bob Fontana, Founder & CEO of Aspen Dental, and chairman and CEO of TAG – The Aspen Group told us for this issue’s cover story. “Because of this dynamic, the gap continues to widen between health care and most other customer-centric industries.”

Fortunately, many DSOs are working to bridge that gap by integrating other aspects of health care into their offerings of care. TAG is one of the organizations leading the way, taking what they have learned in the dental industry and turning that into a consumer health care platform to support independently owned practices across multiple healthcare verticals.

Another leading organization, Pacific Dental Services (PDS) believes closer collaboration between dental and medical professionals is not only the future of the dental industry, but also what will drive growth for dental practices while improving systemic health outcomes for patients. “Dental-Medical Integration, or DMI, is an initiative supported by the CDC and should be a top priority for the entire oral health community,” Jeremy Jonckheere, Vice President, Plan Partnerships at Pacific Dental Services writes in an article on the Mouth-Body Connection. “At PDS we have invested heavily in training, technology, and equipment to assist supported clinicians with access to relevant data so they can provide more holistic care to their patients now and in the future.”

Even within the dental space, DSOs are finding ways to successfully integrate more care that blends general dentistry with specialists on the same team and under the same roof. And some organizations don’t even need a fixed location. For instance, Floss Bar works with local dental practices to provide care opportunities for employers by offering pop up locations, equipping dentists with out-fitted vehicles, or establishing a more permanent on-site option at an employer.

This is an exciting time to be in dentistry. We’re looking forward to celebrating that and equipping dentist entrepreneurs with best practices at our upcoming Summer Summit. As of press time, the DEO team was making the final preparations for this exciting event. You can learn more about our lineup of speakers and workshops at: <https://deodentalgroup.com/summit-summer>. We look forward to seeing you there!

Cheers!





**Jake Puhl**



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# Dental Support Organizations are Leading Healthcare Integration

BY ANDREW SMITH

**It's a pivotal moment for the dental industry, and the integration of healthcare presents an immense opportunity to prioritize holistic care and support the patient's journey.** Dental support organizations (DSOs) are leaders in this evolved, patient-centered, healthcare and have been partnering with other healthcare providers to adapt care and extend resources to best meet each patient's broader needs.



Those of us at the Association of Dental Support Organizations (ADSO) see this holistic approach as the next frontier in dental care, which is why our strategic, programmatic, and organizational pillars include elevating dentistry in the broader healthcare arena, promoting increased access to care, especially for underserved communities, and advancing dental-medical integration. One of the primary functions of the ADSO is to be a forum for information-sharing and advocacy, bringing DSO members

and industry leaders together to collaborate and respond to the rapid growth and needs facing the industry.

As part of that work, the ADSO hosted its annual 2022 Summit in Austin, Texas, in March. During our week together, I sat down with industry leaders to discuss dental-medical integration and the value DSOs and the ADSO bring to the changing landscape. The direction is clear: the ADSO and its members must continue to leverage our core capabilities and learnings to

advance dentistry's contribution to the overall healthcare sector.

While at our event, DSO leaders from across the country shared many ideas on how we can collectively elevate dentistry and promote dental-medical integration – here are strategies from three of our members.

First, optimal integration requires an understanding of the Mouth-Body Connection. Chronic diseases including diabetes, cardiovascular disease, and early-onset dementia can be detected earlier with proper oral healthcare, which can lead to a patient being treated more effectively. When asked about dental-medical integration, Stephen E. Thorne IV, founder and CEO of Pacific Dental Services, said, “Oral health means better health. Your mouth is the gateway to the rest of your body, and it plays a critical role in improving and maintaining whole-body health. This is especially true when it comes to chronic disease management, which represents roughly 80% of annual healthcare costs in the United States.” The opportunities for dental staff to engage in the broader healthcare system are crucial, and ultimately improve community health and the patient experience.

At Westwind Integrated Health, CEO and Co-Founder Maryam Beyramian believes in starting with the idea that her DSO will serve the community that serves them by

advocating for preventative health-care. “Systemic health contributes heavily to your oral health, and our organization focuses on the links between oral and systemic diseases,” said Dr. Beyramian at the ADSO Summit this year. “As a practicing dentist, you can never get your patients to a high level of health unless you address their systemic clinical problems first.” By partnering with schools and churches in the area, this Arizona-based multi-specialty practice prioritizes its patients’ needs and takes a community approach to treatment.

Another path to dental-medical integration came from TAG – The

Aspen Group. Their approach focuses on partnering with organizations that believe in the patient journey. Bob Fontana, chairman and CEO of TAG, recognizes the drivers for the growth of dental-medical integration in healthcare, as he explained that patients seek alignment between care, costs, and convenience. Practices can effectively build their brand and values by remembering patients are consumers too. When a DSO recognizes the needs of providers and patients, it creates a care-centric, synergistic, and efficient system that attracts both groups to the practice.

As for what comes next, professionalism and integrity continue to

be at the core of our work together, as Bob Fontana summarized, “All we need to do is what’s right, and what’s right for the patient. If we can have a practice that does great things for the providers by improving the health of the communities that we’re in, what an important business to be in.”

The ADSO looks forward to working with its members to chart the course ahead by creating better environments for dental staff, addressing the specific needs of the communities in which they operate, and implementing innovative strategies that enhance access to care and better health outcomes for patients. ■

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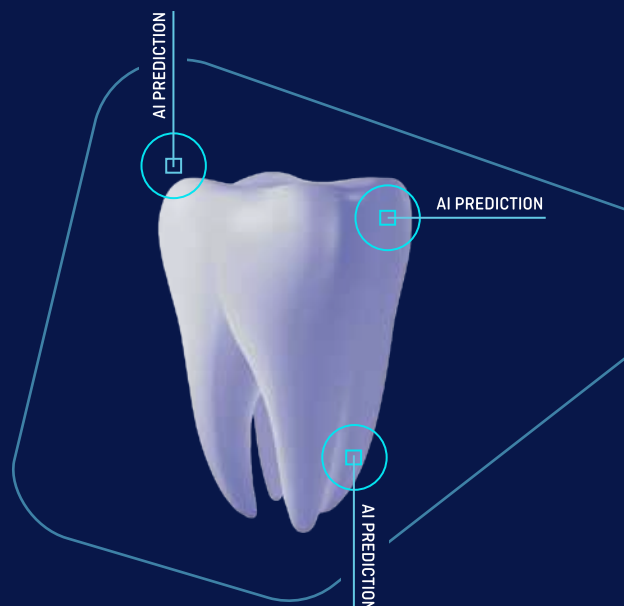
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# “Dread-Free” Dentistry

How the patient experience is central to Renkin Dentistry’s success. : BY PETE MERCER



**Dr. Joshua Renken opened his first practice in 2003. Since then,** Renken Dentistry has grown into a multi-state operation focused on providing the very best patient care possible. Starting out, Renken wanted to create a model that reflected a shift that he saw coming in how dentistry was practiced and how the patient experience was evolving.



Dr. Joshua Renken

Over the years, Renken Dentistry has continued to provide that “dread-free” patient experience. Renken’s approach to leadership, professional development and inclusivity makes the journey of Renken Dentistry worth watching.

## What makes Renken Dentistry different

Renken Dentistry works to provide patient-centered experience that utilizes the entire team, from the front office to the doctors. The idea

is that if the entire chain of operations is built to streamline that patient experience, then there are no weak links. Renken said, “We hope that the experience we offer is a smoother, more comfortable, and more tailored support model to getting to health and staying there.”

The shift that Dr. Renken perceived had a lot to do with how the patients connected to the team. Is the front office greeting people with the kindness that they expect from the Renken brand? Is the hygienist practicing with the level of care that protects the patient? Is the dentist on the same page as everyone else in the continuity of care? These are the sort of ideas that Renken was hoping to address with his model.

He said, “The thing with dentistry is, in a lot of ways, the model for the way we welcome and engage our patients and support them over time hasn’t changed a whole lot. In the old days, it was just one dentist and maybe one person who sat on the other side of the wall to welcome people in the reception area. We’ve taken that about as far as we can take it.”

The Renken brand became associated with the sort of patient care outlined in the Patient Partnering Promise, which is a set of 10 organizational guarantees that put the patient first. These 10 ideals, listed fully on their website, outline a sort of mission statement that not only

sets the standard for any of the work done in the chair, but promises to contribute to and invest in the community as well.

This ideology is so engrained into the DNA of the culture that the walls of each practice are adorned with the Renken Path to Health, a six-step ethos that align the mind-sets of everyone in the organization, whether they operate in the same building or not.

Renken explained, “No matter which doctor, hygienist, assistant, patient, or even which state they are in, they are all commonly observing that path. It’s what keeps us centered as the focal point of our mission.”

### **Creating an inclusive work environment**

Renken has a daughter with a rare genetic abnormality. While she’s 20 years of age, she has a lower level of cognitive ability. Renken remembers hoping that, despite her disability, she would be able to find employment somewhere.

Since the beginning, Renken Dentistry has strived to create an accessible and inclusive work environment for individuals of all abilities, backgrounds, ethnicities, perspectives, and ages. They partnered with the Hope School Vocational Program in 2013 to help pilot the development of a vocational opportunity

for people with developmental differences to work in the dental practices in Springfield.

“What we do vocationally gives us esteem and self-worth,” Renken said. “It makes us a part of the community. People see us and we see them. When it comes to people with disabilities, a lot of times they aren’t seen, and they aren’t represented in our day-to-day lives.”

Renken’s desire for his daughter to be seen and represented in her community inspired the partnership with the Hope School. He wanted to provide a space for those that are developmentally different to meaningfully participate at their own level.



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He explained, “We were a pilot program for their vocational transition. The Hope School supplied a job coach, and we organized our work environment in a way that someone who couldn’t even read or write could meaningfully support a lot of work on the backend.”

His team developed a shape and color system to represent the procedural organization, so that someone could help build out trays for procedures with this system. They also developed a container system that is universal to all their procedures. By implementing these systems and an unconventional workforce, Renkin Dentistry created a significant amount of efficiency within the care delivery model that helps the dentists provide better care to the patients.

### A unique work culture

When he started Renken Dental, Renken noticed that cosmetic dentistry had become immensely popular, and many of the general practices were pushing towards cosmetic procedures. He decided to forge a different path. He said, “I wanted people to smile because they felt good, confident and healthy, and had felt supported by our organization.”

Instead of adopting the “hero dentist” model, Renken’s focus was to provide the kind of care that the entire organization can be a part of. One of the things that Renken is most proud of is that a lot of the online reviews of his organization specifically praise the entire team, “from the doctor to the assistant, to the hygienist.”

His team developed the Smile From Within Way, a value system used to empower the team, measure



their impact, provide better care, and encourage them to become servants and leaders in the community.

“We have a level-by-level development program where people can learn to express our values in more advanced, mature, and effective ways as they grow in their professional development with our organization. We have really tried to embed all the kinds of intentions of that idea that I had 20 years ago into a real deployable, transferable methodology.”

### **Investing in professional development**

After Renken graduated from the University of Illinois at Chicago, he quickly learned what his limitations were. Once you hit a period of

success, you start to realize you can only go so far before you burn out.

“Your own personal development and your own personal success only goes so far,” he said. “Ultimately, you have to flip that mindset and find ways to help other people find success.”

Developing the six stages of health was a huge turning point for his team. Because the patients need to go through the six stages of health in their journey with Renken Dentistry, the team members need to understand how to care for people in a way that leads them through those stages.

He said, “What I found is that no one really can grow unless part of the growth process is turning around



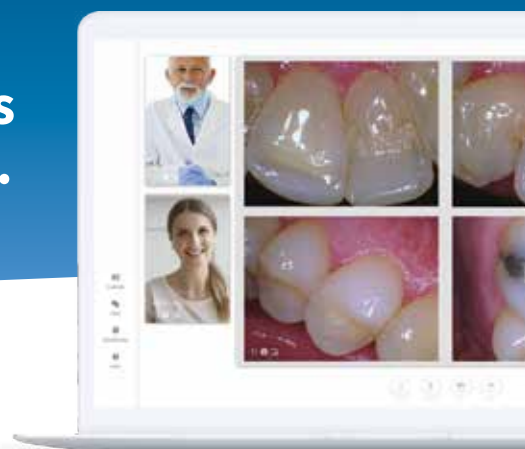
and helping the next person come along. That's where we are right now in our organization. If we want to help our patients move towards health, we need to better understand the journey ourselves.” ■

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LOCATION

TREATMENT TYPE

PROGRAM TYPE

FROM

TO

All ▾

All ▾

All ▾

12/26/2021

1/27/2022

FUNDED LOANS AMOUNT

\$2,203,650

FUNDED LOANS

897

AVG. LOAN SIZE

\$2,456

APPROVAL RATE

90%

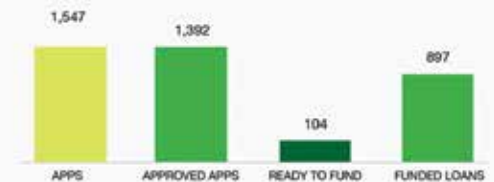
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# Changing the Face of the Industry with Mobile Dentistry

How we've been able to provide service to a community that was in desperate need of dental care. : BY DR. KWANE WATSON

**There are 63 million people that live in areas that are considered dental deserts.** Dental deserts are communities where there are not enough providers to meet the needs of the community. West Louisville is one of these communities. I acquired my first dental practice in West Louisville in 2000, and it was the largest practice in West Louisville for over a decade.



At that time, there were at least 10 thriving practices on West Broadway. Now, there is one practice left that is owned and operated by a dentist. The other is a federally qualified healthcare center. With the combination of fixed financial costs of a brick-and-mortar, maintaining payroll, and the low reimbursement rates of Medicaid, it became difficult to remain profitable.

Kare Mobile was created as a solution to meeting the needs of communities like dental deserts. With our dental vans, we provide

comprehensive dental services at your home, your office, or anywhere that we can park the van. By investing in an innovative method to practice dentistry, my team has been able to significantly cut down operating and staffing costs.

## The early days of Kare Mobile

When Kare Mobile first started, we were a software company. We started creating our first application in 2018, right after I sold both of my practices. I took on an additional role

with DentaQuest as a state dental director, on the care delivery side. In that role, I had to drive two and a half hours one way to Madisonville, Kentucky to service the unmet needs of the population there. Little did I know it was a significantly underserved community, with only one provider that would take Medicaid in the entire community.

On top of that, there were young providers working in the offices who could not do more difficult procedures like root canals and surgical extractions. We had people waiting two months for an appointment, and I was not there to perform these procedures, forcing them to wait longer. Kare Mobile created an application that connected patients to dentists for same-day treatments.

We took into consideration the location of the patient, the insurance that the patient had, the procedure they needed, the ability of that provider to successfully complete the procedure, and the availability of the doctor at that moment. Due to the low reimbursement rates, most providers do not like to see Medicaid patients. Even if they are not making a lot of money off these patients, we thought it would be a viable option for some providers to see these patients that would not be seen otherwise. It worked, but I could not sell the application. After sinking a



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significant amount of money into the application, I had to start over.

Eventually, we created our first mobile dental van. Instead of sending these patients for free to a practice, we decided to send them all to the mobile dental van. We had 30 to 40 patients a month, even while I was still working my full-time job. I was doing this in the evenings and on weekends, with people lining up and contacting me through our social media pages and the app.

### How the van works

Early iterations of our van included a hydraulic chair that I pumped with my leg, and two generators on the back of the van that we filled with gas between visits. People loved it. I knew that we were onto something special and unique. In the second iteration, I adapted an inverter power system.

The inverted power system uses the alternator to create energy for the vehicle while you are driving around. The power of your vehicle is effectively powering your dental office. I collaborated with someone who was familiar with installing inverter systems to other vehicle-based businesses like mobile pet groomers, and we built the second iteration of our van right before COVID hit.

While many companies experienced challenges during the pandemic, it presented us with an opportunity. Before the PPP and EIDL loans were available, we had over 200 inquiries in a month from people that were looking for an alternative to their brick-and-mortar dentist. We added extra features to our vans to make this the safest way to receive dental services in



**While many companies experienced challenges during the pandemic, it presented us with an opportunity. Before the PPP and EIDL loans were available, we had over 200 inquiries in a month from people that were looking for an alternative to their brick-and-mortar dentist.**

this environment. We filed a design patent on the unique layout and features the vans we create possess. We manufacture these units with all the unique features described in Springfield, Kentucky.

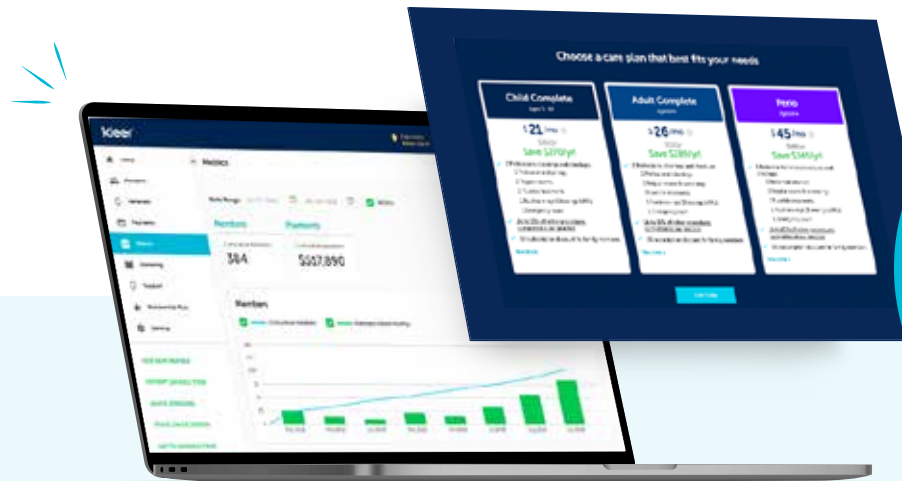
Some additional added items include UV lighting. As I drove around, the assistant or hygienist can

close a black reflective curtain and use the UV light to sterilize the inside of the van, killing 99% of all the bacteria and viruses. We also added an air filtration system to properly circulate and filter the air. We added a hard HDMI connection so that we can display the laptop screen on the mounted wall television, allowing



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us to utilize synchronous and asynchronous teledentistry. Additionally, we hardwired the chair, decreasing the likelihood that me or my assistant would trip over or kick any cables. Overall, we made it more efficient.

### **How Kare Mobile can change the industry**

When we started, we were just focused on delivering better access for the patients. From there, it became an enormous opportunity for providers. We don't know what tomorrow is going to bring, so it's important to invest in an opportunity that has some longevity to it. Kare Mobile gave us the opportunity to service a neglected patient population, while also being an efficient price point for those that are just starting out.

We began to launch the opportunities for others to mimic this model in 2020, and we got to a point where we were starting a new van every month. We have partnerships

with several insurance companies that are giving us money to build these vans out and give them away to providers that are willing to service some of the dental deserts. We are also trying to do more with the technology of the vans from an IoT standpoint. We want to integrate all the different components of the software, computers, and TVs to streamline all our processes.

Our goal and mission are to empower dentists and hygienists with ownership. We want to provide access to communities that others do not pay attention to or represent. But it is important to understand that this does not have to be a Medicaid van that only services those communities. Make this asset something that fits the needs of the community you want to serve. We provide providers the opportunity to lease these mobile units to increase revenue for individual providers or traditional practice owners that would like to expand their serviceable area. ■



#### **Dr. Watson**

After graduating 20+ years ago from the University of Kentucky as a Doctor of Medicine in Dentistry (DMD), Dr. Watson owned and operated multiple dental clinics where he treated thousands of delighted patients. Then, after successfully selling his practices a few years ago, Dr. Watson set out on a mission to help improve access to oral healthcare in America. From his journey to fulfill that mission, Kare Mobile was born.

# Tips for Selecting Your Next Site

**Over the years, we've noticed** the lack of support dental businesses have in identifying the right location. We've developed tools that can help small and large DSOs alike in providing the numbers behind the "feeling," including a white paper with tips on selecting your next site. The following are five of the ten tips.

## No. 1: Target Demographics

Through analyzing your current portfolio's demographics or portfolios of other similar successful businesses in your industry, you can ascertain the correct variables that make the most sense for your next location. Use these variables to avoid areas that may present populations that do not have the propensity to utilize your services. The two most important demographics are population density and income. These numbers vary widely from region to region, so the best method is to compare these numbers between your potential target sites

## No. 2: Competition

Sometimes it seems as though competition is overwhelming, or that it's difficult to find a site because an area seems oversaturated. Competition analysis goes beyond a location and a name.

Understand your competitors' services, hours, convenience of location, and reputation in the community. Factors like these allow you to analyze the quality of competition and find ways you can either avoid

legitimate competitors or out-position poorly positioned or poorly operated locations.

## No. 3: Trade Areas

Who is your audience and what specific area/s are you servicing? If you hope to reach the neighborhoods two miles to the east of your proposed location, verify you are located in the best geographic trade area for that neighborhood by checking for the following:

- › Natural or man-made boundaries discouraging that population from traveling to your location. Examples include bodies of water, mountains, interstates, and sometimes railroad tracks.
- › Other retail or industry options between you and the population that may have an impact on how well you can provide services. Examples include other grocery anchored shopping centers offering similar services between your target customer and the subject location.

## No. 4: Anchor Tenants

It's tempting to take advantage of a good deal when it comes to rent rates or buildout costs. However, your major traffic generators are a primary factor in the consistency of your customer traffic. As an example, you may be able to save 10% of your total operating costs by not leveraging an

anchor, but it can cause you to miss out on 50% of the potential revenue.

Anchor tenants include:

- › Grocery Stores
- › Big Box Gyms
- › Hospitals (in certain cases)
- › Walmart/Target style retail stores

## No. 5: Physical Site Characteristics

Sites that are easily accessible are not only convenient for your customers, but also for your staff.

Other things to be wary of:

- › Obstructions to visibility from the roadways
- › Parking limitations
- › Obstructions to signage visibility
- › Walkability

Direct access to traffic lights and neighboring shopping centers all promote brand identity and future recognition by potential customers. ■

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# Mobile Dentistry for Practice Growth

How Floss Bar partners with employers to provide better dental care for employees without losing productivity. : BY PETE MERCER



**Mobile dentistry is one of the newest innovative practices in the dental industry.** By providing the same level of patient care, but with the added convenience of bringing that care to the patient, mobile dentistry companies are set to be significant disruptors in how the dental industry operates.



Eva Sadej

Eva Sadej started Floss Bar because she saw the inherent limitations of operating a brick-and-mortar dental practice. She was working at a hedge fund, an environment that made it difficult to leave her desk for a three-hour period to visit the dentist. Sadej said, “My preventative care was dragging, and I was frankly starting to suffer. I cared about that and saw a market opportunity to start a business.”

Floss Bar is a USI management service organization taking a dental-first

approach to healthcare. What makes Floss Bar’s approach unique is that it is not a dental company or a dental practice. They work with local dental practices to provide care opportunities for employers by offering pop up locations, equipping dentists with outfitted vehicles, or establishing a more permanent on-site option at an employer.

## Enabling the dental industry

While Floss Bar works to disrupt how the dental industry operates, Sadej is not interested in taking business away from dental practices. Her vision is to work hand-in-hand with the dental community by providing more opportunities to treat patients outside of the practice.

Sadej said, “We generate these dental teams from the ground up, which is more scalable, so we end up being able to service employers everywhere. But we also want to be friendlier to the dental community. When you are shaping change, you cannot just be a complete rebel and rub everyone the wrong way. You need to have an approach that is palatable to people.”

Even though this approach is essentially creating partnerships with dentists and local businesses, there have been plenty of skeptics along the way. Dr. Ryan Lee, a practicing dentist from the northeast,



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was one of the many vocal skeptics of Floss Bar.

Dr. Lee said, “I was one of the many echoes that were verbally attacking Eva as she was trying to share the concept of Floss Bar when it was in its initial stages. I was attacking Floss Bar with the notion that you cannot do mobile dentistry without compromising the standard of care.”

Eventually, Sadej was able to convince Dr. Lee of the opportunity that Floss Bar presented to employers and dentists alike. Dr. Lee says he realized that there is an incredible growth opportunity for himself, as an owner of four practices, as well as a large DSO or any practicing dentist. Recently, Dr. Lee won awards for his own mobile dentistry efforts.

“We want to enable people to go to the dentist, so we enlist the local experts,” Sadej explained about Floss Bar’s process. Floss Bar uses local dentists and hygienists for dental appointments, keeping the routine preventative care appointments and the treatment appointments on separate days. This is designed to maintain the standard of care at every patient interaction, while giving the patients the breathing room to discuss treatment options with the clinician.

When the appointments are scheduled, Floss Bar provides the “dental trucks” for the mobile visits, or they equip the facility with the onsite technology they will need to conduct the appointments, whether it is in a pre-existing clinic or conference room. Floss Bar works with the needs of employers, adapting their approach based on what the company requires.

## Partnering with employers

While many mobile dentistry startups are focusing on the patient convenience model, Floss Bar is working to partner with employers to provide better dental care for their employees without losing productivity.

Sadej says that the American Dental Association does an excellent job of telling patients that they should visit the dentist twice a year for cleanings and preventative care. Even when patients are surveyed, there is an overall understanding of the importance of dentist visits. So why aren’t they going?



Dr. Lee noticed the disparity between the statistics that say the general public understand the importance of dentist visits and those that actually go to the dentist. Dr. Lee says “59% are stating that the reason for not visiting the dentist with more frequency is because of cost, 22% are afraid of the dentist, and 19% find it inconvenient in terms of location or time. It can be difficult to take a day off just to get your checkup and cleaning, let alone your treatment.”

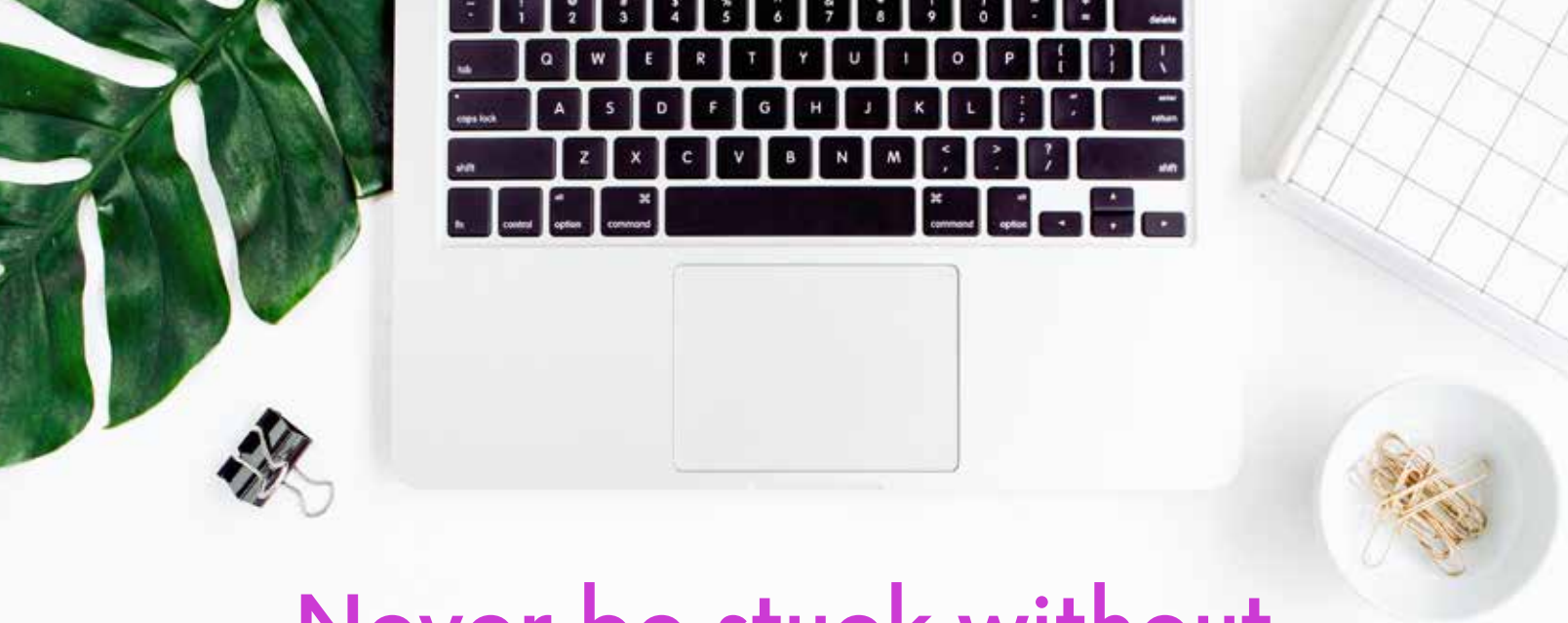
Aside from general hygiene, it is no secret that oral health plays a significant role in the overall health of

an individual. Sadej found that the solution to getting more people to make appointments to visit the dentist is to partner with the employer. By providing dental services as a pop-up event or mobile service, employees can get the dental care they need without worrying about the appointment taking such a substantial chunk of time in the middle of the workday.

According to Dr. Lee, it takes everyone to fix the crisis. Employers obviously need their employees to take care of themselves, and employees realize the overall health benefits of visiting the dentist. In order for something like Floss Bar to truly work, it needs the cooperation of everyone involved.

Sadej said, “Employers are suffering. Employers are the new ally because the price to provide dental coverage is rising, as well as the risk levels of various diseases. There’s a huge surge for new talent in the workplace, and employers are having to weigh the cost of salary and great benefits to attract and retain the right people for the company. So, they are naturally looking at health services that are offered onsite as a key way to provide employees work-life balance, to be able to bring their families into the office, to see it as a care center for those employees.”

Sadej is eager to speak with anyone who needs regarding the practical obstacles and solutions to starting and running a mobile dental practice – from logistics, operations, sales, marketing and more – as well as those who would like to collaborate on the general supervision of hygienists and on orthodontic treatment plans. ■



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# Analytics on In-House Specialties Drive Significant Profits for Practices

Complete Specialty Solutions taps Jarvis Analytics platform to advise DSOs.

Two years ago, Complete Specialty Solutions (CSS), the leading provider of turn-key in-house specialty solutions for DSOs, partnered with Jarvis Analytics, the powerful dental analytics dashboard that helps diagnose problems, strengthen decision-making, and improve business performance, to help amplify its leadership as an all-in-one business intelligence platform. Two years later, practices are using actionable insights by Jarvis Analytics and CSS solutions to identify in-house specialty opportunities, including oral surgery, orthodontics, periodontics and endodontics.

“Our company’s sole mission is to provide in-house specialty services to a general group practice or DSO model,” said Santosh Patel, co-founder and president of CSS. “We ask if a practice is positioned so that specialty can be successful. Patient retention and continuity of care through specialty retains profit opportunities for those practices.”

Patel comes from the medical side and has seen analytics drive change. He says they still find a lot of manual reporting and different codes with different procedures being offered in dental practices. “But the story behind the numbers must be told,” he explained. “And that’s where Jarvis has done a great job of tying in analytics.”

The CSS partnership with Jarvis Analytics helps identify specialty opportunities at DSOs, gathering information and data to help make



Melissa Marquez

assessments on the right time to add a specialty, which specialty to add and at what frequency. “This provides a clearer look for determining if the practice is ready today or in six months’ time,” Patel said.

CSS runs the data through an algorithm based on its history working with practices that have integrated specialties successfully. This can be based on various figures like the number of implants a practice refers out or the age demographics of its patient base.

“It can be wisdom teeth removal or orthodontic needs,” Patel said. “But a practice must determine which procedures it can measure that present the best opportunities.”

That’s where the Jarvis Analytics’ services module steps in. It shows data on which procedures are missing from a practice, and it can determine if any root canals performed in a specific location are posting a transaction when referred out. It also gathers how many referrals are made outside of that practice.

A practice can learn a lot about itself from its data. “Not only are a practice’s demographics important, but its data also shows the right volume of patients coming in to continue supporting its existing

GP doctors,” said Melissa Marquez, COO of Jarvis Analytics. “The doctor that’s going to be referring patients to new in-house specialists cannot be starving. They must feel comfortable referring to a new specialist.”

Patel says they speak to current associates and owners about their data when there’s concern about volume. “There’s always been that concern when specialists go into a practice,” he said. “So, presenting data and real information for including specialties is just presenting the facts, just like a practice would when it hires a new associate.”

The Jarvis Analytics platform provides transparency to a practice and new specialists about procedures and production opportunities, including specialist income and how they are compensated.

So, once a practice has decided to add a specialty, the Jarvis Analytics platform can help it understand what a successful day looks like. “The team might have thought an \$8,000 day was productive before, but you might need to shoot for a \$20,000 day for some lines of specialty,” Marquez said. “A week before a practice’s specialty day, Jarvis’ forecasting model can help make sure it’s confident it can pull off a great day.”

The platform includes specialty KPIs like conversion rates. For example, if 10 consults are sent over and only three of them are converted, it can help determine why that happened. Measurables can include:

- Were these qualified consults?
- Were these the right type of patients that can benefit from this care?

- Who oversaw the financial conversation?
- How were visual aids used to help patients understand their options?

A specialty can instantly improve a practice’s production by up to 30%, according to Marquez. “Our job at Jarvis Analytics is to help identify those opportunities through the data. Adding a specialty can be gratifying and it’s one of the fastest ways to grow a practice,” she said.

“Patients already have anxiety about going to a dental office,” Patel

added. “And we’re asking them to go to multiple dental offices when being referred out. But they’ve established trust with their GP’s office, so let’s take the opportunity to do it all there. Consumers want a one-stop shop.”

Patel believes the future is in-house specialties as more than 50% of specialty services are expected to be rendered in the GP’s office during the next 10 years, according to CSS. “Integrated specialties will be the key to remaining competitive,” he said.

For more information visit [www.jarvisanalytics.com](http://www.jarvisanalytics.com) ■

## Orthodontics

Orthodontics is the strongest practice building specialty. Most practices that add orthodontics have a strong adolescent patient population base that can also typically bring in parents and siblings, capturing the entire family for hygiene, fillings and other general procedures.

“It’s a long-term relationship. You have patients for 12 months to 24 months in orthodontics,” Patel said. “All other specialties are transactional, only seeing the patient one or two times.”

But orthodontics is a commitment for a practice, and it must do its due diligence before making it. Based on a practice’s adolescent patient population, is it strong enough to help sustain eight to 10 consults per month? If it can be successful there, then adding adult aligners and patients aged 20-plus is a bonus and an added opportunity.

Jarvis Analytics has a set of orthodontic KPIs specific for identifying the strengths and weaknesses for an orthodontic team. It also helps with workflow.

“You might refer a patient at age 7, but they need to be watched for a year or two from a developmental standpoint,” Marquez said. “In your practice management system, you can indicate that and assign a follow up for six months or 12 months to get the patient back in at the right time.”

That’s important because some practices use anything from binders to sticky note reminders for patients who need to be seen again. An automated system with a tool like the Jarvis Analytics platform helps build upon those first-year orthodontic results.

# Leveraging Teledentistry

6 ways dentists are increasing income, efficiency, and practice value with teledentistry. : BY DR. WILLIAM JACKSON



**Are dentists ready to integrate teledentistry into their routine delivery of care?** “Yes,” according to a CareQuest survey. Last year, on the heels of the pandemic, 85% of respondents agreed they saw the value.

But that survey was from over a year ago with pressure from the pandemic. What about now?

Understandably, most dentists want to put the shutdown behind them, and the mention of teledentistry is an uncomfortable reminder of a painful time, from which many are still trying to recover. One recent comment seems to sum up a widespread industry feeling: “Teledentistry keeps patients OUT of the office. Right now, I want them IN.”

Nonetheless, the genie is out of the bottle, and the change is inevitable. Even if most dentists would rather

it disappear, patients will drive the change. Consider:

- > **52%** of patients said they would have gone to another city to see a dentist if they hadn’t used teledentistry.
- > **42%** of patients said they were able to avoid unnecessary time off from work because of teledentistry.
- > **28%** said they would have needed to find childcare to go to an unnecessary in-office appointment.

In other words, patients are attracted to offices offering teledentistry. Whether teledentistry is the initial point of contact or the avoidance of unnecessary travel or a myriad of other reasons, practices offering a coordinated teledentistry strategy will have a competitive advantage. In fact, early adopters are already seeing advantages over waiting or ignoring.

There are many, but here are 6 ways dentists are using teledentistry today to increase revenue and operational efficiencies.

To start, though, it is important to point out that there are inexpensive, comprehensive solutions for the following. Don’t make the mistake of trying to reinvent the wheel by cobbling together a series of ineffective approaches.

**1 Combining asynchronous (recorded) and synchronous (real time) communications to send the right communication at the right time.** For example, for a patient who is reluctant to come to the office (maybe COVID, maybe anxiety, maybe procrastination), send a link to an empathetic, personalized recording of the dentist, office manager, or treatment coordinator, etc. stating you understand the concerns, and if the patient is more comfortable, allow him or her to schedule a short videoconference for a quick



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evaluation or discussion. This is convenient and easy for the patient and may require almost no dentist time. Six out of ten individuals who had a teledentistry visit subsequently had a problem-focused evaluation at their next in-person visit, i.e., a high return on a small investment. This approach works equally well on potential new patients and overdue existing patients.

**2 Eliminate unnecessary office visits.** The best example of this is a post-op appointment. Aligner visits (and other ortho services), which can take just minutes if there is no problem, also fall into this category.

**3 Minimize unnecessary in-office waits.** How many patients have become irritated waiting for the dentist, who is perhaps behind schedule, to do a quick exam when no further treatment is required? Especially if no detailed discussion is required, why not schedule a later video-conference or send a secure link to a video recording? Technology exists that allows you to embed images, etc. into a video recording “postcard.” Current oral health status can be reviewed and illustrated within minutes, and the patient can review the results at their convenience. Besides a patient who is appreciative of your respect for their time, other benefits include a more efficient use of PPE and more open operatories.

**4 Participate in a virtual network.** Several dentists have picked up a side-gig doing virtual consultations in their spare time.

**5 Expand your presence within the community.** An inexpensive imaging device and the appropriate teledentistry software can remotely connect you to local senior facilities, school nurses, home health-care workers, etc., i.e., anyone who works with patients remotely. The most common

**Technology exists that allows you to embed images, etc. into a video recording “postcard.” Current oral health status can be reviewed and illustrated within minutes, and the patient can review the results at their convenience.**

question is, “Is this a problem?” Remember, 6 out of 10 individuals who had a teledentistry visit subsequently had a problem-focused evaluation at their next in-person visit.

**6 Better ROI than the expense of a 2nd practice.** Virtual dental home (VDH) is a name given to the mobile care delivery model of hygienists delivering preventive services and gathering diagnostic records for later review by a dentist at workplaces, senior homes, schools, etc. Patients requiring in-office work are referred. In one example, just before the shutdown, a hygienist, employed by a local dentist, set up a mobile “pop-up” operatory on-premises at a nearby business. With minimal advertising, two full days of hygiene were easily booked. The dentist, via secure live streaming, briefly introduced herself to each patient. “I’m Dr. Shamar. I’ll review your X-rays and records later today and let you know what I see. My office is only two blocks away from where you work, and if you have any friends looking for a dentist, please let them know.” Two full days of hygiene and 20 new patients with very little marketing effort.

Besides these 6 examples leveraging teledentistry to increase their income and practice value, dentists have begun to recognize how teledentistry is much more than one-on-one video conferencing. It is a new way to communicate with patients – and even colleagues – that can broaden the scope and convenience of interactions. ■



**William Jackson, DDS,** is the cofounder and COO of Virtual Dental Care Inc., a telehealth technology company founded in 2016. The company’s flagship software, Teledentix, helps clients such as Onsite Dental, Virtudent, and Arch Orthodontics increase patient participation and streamline communications. Online appointment booking, virtual visits, referrals, and networking capabilities are some of the tools offered by Teledentix. For more information about Teledentix or to contact Dr. Jackson, visit [get.teledentix.com](http://get.teledentix.com) or email [bjackson@virtualdentalcare.com](mailto:bjackson@virtualdentalcare.com).

# Q&A with Dr. Marc Ackerman: What's next for teledentistry?

The benefits of adopting a hybrid model.

In the following Q&A, Dr. Marc Ackerman, DMD, MBA, FACD, and Executive Director of the American Teledentistry Association (ATDA), discusses the latest research on teledentistry and shares insights for implementing a hybrid approach.

**Q: Teledentistry is a relatively new concept in dentistry. What does the latest research tell us about telehealth dental services?**

**A:** Teledentistry enables doctors to deliver convenient and affordable oral care to patients. Even prior to the pandemic, 98 percent of Americans saw value in teledentistry, and 70 percent of providers had already adopted telehealth solutions of some sort. The research tells us teledentistry will increasingly play an important role in oral care.

**Q. Why are dentists and patients opting for teledentistry services?**

**A.** While standard in-person appointments can take hours of a person's day with travel time, only 17 percent of that time is actually spent seeing the doctor. Teledentistry allows us to optimize time for the patient while offering flexible scheduling and easy access to providers. For doctors, Teledentistry can reduce chair time, so you can see more in-office visits per day.



Dr. Marc Ackerman, DMD, MBA, FACD

**Q: How can dental practices take advantage of telehealth opportunities?**

**A:** Simply put, by embracing a hybrid care model.

Offering traditional in-office services and providing synchronous or asynchronous teledentistry for other services has emerged as one way to deliver on patients' rising expectations and achieve the best of both worlds.

**Q: Are leading-edge teledentistry solutions that provide therapeutics, like tele-orthodontic treatment,**

**as clinically effective as in-office treatment?**

**A:** Absolutely. It is clinically proven that telehealth, for things like the treatment of mild to moderate crowding with clear aligners, is just as effective in correcting as when conducted in office.

Teledentistry has emerged as an innovative way to overcome hurdles while providing convenient, affordable dental care. The hybrid approach continues to be the recommended plan for comprehensive dental care. A range of hybrid oral care solutions are available to dentists, including clear aligner treatment from telehealth leaders such as SmileDirectClub's Partner Network. ■

## Telehealth Partnerships in Action

Loray Spencer, DDS, and Harvey Spencer Jr, DDS, strive to provide a one-stop-shop practice for all of their patients' dental needs. But some services and treatments — like teeth straightening — were out of reach for many patients due to cost and accessibility, which is why they joined the SmileDirectClub Partner Network.

"SmileDirectClub's Partner Network gives us the ability to offer a best-in-class option to those who have mild-to-moderate misalignments without sacrificing profitable chair time or in-office production," they said. "The marketing expertise from SmileDirectClub gives us an advantage in attracting new patients to our office for clear aligners as well as other orthodontic, restorative and hygiene procedures."



# The Mouth-Body Connection

Breaking down the silos between dental and medical care to deliver better growth for practices and improved clinical outcomes for patients.

BY JEREMY JONCKHEERE, VICE PRESIDENT, PLAN PARTNERSHIPS AT PACIFIC DENTAL SERVICES®

**One of the main growth drivers** for dental practices in the near future – and beyond – involves the integration of medical care. In 2000 (and later updated in 2021), the Surgeon General's *Oral Health in America* report stated, "You cannot have good general health without good oral health." This ignited over two decades of research efforts to study the link between bacteria and inflammation in our mouths and their impact on the rest of our bodies. Through those efforts, we now understand that what happens

in the mouth can indicate and even cause systemic conditions throughout the body. At Pacific Dental Services (PDS), we call this The Mouth-Body Connection®.

Periodontal disease has been connected to systemic health conditions such as cardiovascular disease, diabetes, Alzheimer's disease, pre-term/low-weight births, cancer and more. Conversely, the link is often bi-directional. Many systemic diseases, conditions and even medications can affect a patient's oral health. Some studies show that

even the most basic dental intervention can positively impact a patient's overall clinical outcomes.

Closer collaboration between dental and medical professionals is not only the future of the dental industry but is also what will drive growth for dental practices while improving systemic health outcomes for patients. Dental-Medical Integration, or DMI, is an initiative supported by the CDC and should be a top priority for the entire oral health community. At PDS we have invested heavily in training, technology and

equipment to assist supported clinicians with access to relevant data so they can provide more holistic care to their patients now and in the future.

Further building upon whole-body health, PDS opened several supported practices where general dentistry and medical care are available in the same convenient location. This innovative concept increases access to integrated, comprehensive health care by offering primary medical care, oral health care, blood and salivary testing, chronic disease management and more – all under the same roof. These dental-medical concept practices seek to treat the whole person, not just specialized

treatment related to teeth or medical, as is generally the case in health care.

Given the linkages between oral health and certain chronic diseases, increasing collaboration between the medical and dental fields is key to our growth. There are many benefits to reimagining health care built around each patient with clinical collaboration between provider silos, including reduced medical costs and annual hospitalizations. But the biggest benefit is the improvement of overall patient health.

In the past, one of the main challenges was compartmentalized health data, where records are only accessible to providers in the same



Sahara Health Group owner Dr. Elena Garcia poses with PDS Founder and CEO Steve Thorne during the grand opening celebration.



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office or on the same platform. Comprehensive and collaborative health records shared between medical and dental providers will be a critical part of improving and maintaining a patient's whole-body health. Health care practices must have access to integrated health records that paint a complete picture of a patient's health allowing them to better map out a targeted plan for each patient's well-being.

To overcome the data fragmentation, PDS implemented Epic®, the most widely used comprehensive health records system, into our supported dental practices. This powerful tool gives clinicians the ability to access relevant patient health history so they can provide comprehensive, coordinated care while also giving medical caregivers the ability to access their patient's dental records. I believe this data transparency is a model of what is to come.

### Changes we can make today, and tomorrow

While offering dental-medical integrated practices may not be something



PDS-supported practices Union Village Medical Group, Union Village Modern Dentistry, Union Village Kid's Dentistry in Henderson, Nev.

every DSO can invest in currently, there are things that every dental practice can do today to improve their patients' overall care. First, my hope is that every dentist and every hygienist will get more comfortable having the conversation about inflammation with their patients. We need to make it a top talking point to show the link between periodontal health and chronic conditions like diabetes, cardiovascular disease and dementia. Patients really appreciate the conversation and like to understand why the dentist or hygienist is concerned.

Another simple operational change can be taking the patient's blood pressure and measuring their heart rate at every visit. We've had several instances where a patient came in for an appointment and after having their blood pressure and heart rate checked, discovered they were in the beginning stages of a heart attack. These simple procedures can save lives.

We've also seen an increasing portion of patients indicate that they do not have a primary care physician. That trend is concerning

## Three Things Every Dentist (or Hygienist) Should Know About The Mouth-Body Connection®:

1. Gum disease is the sixth most prevalent health condition worldwide and the CDC reports that 47% of adults over the age of 30 have some form of periodontal disease.
2. Have the conversation about inflammation with your patients. As oral bacteria enters the bloodstream through the gums, it can travel to organs throughout

the body and lead to serious health conditions such as heart attacks, stroke, diabetes, Alzheimer's disease, pregnancy complications and even cancer.

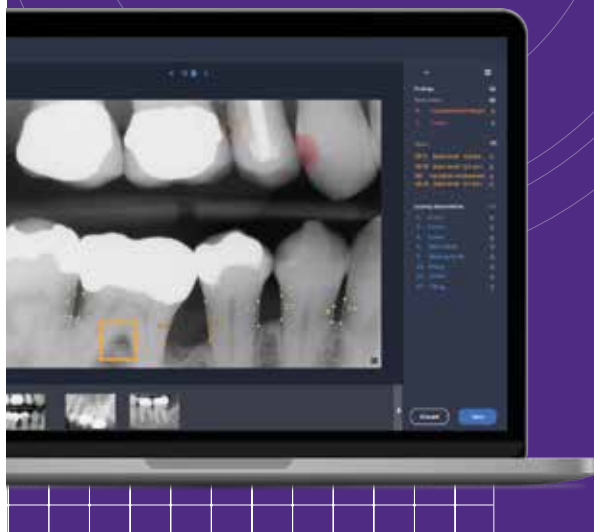
3. Oral health doesn't just mean better overall health; it means better financial health, too. Simply treating gum disease has been shown to significantly lower annual medical costs.

and makes the role of a dentist as a frontline caregiver even more important. We need to think of ourselves more as oral health care providers and less like tooth mechanics. With the knowledge we have today, we remind our whole office team that they are treating infections and diseases in the mouth and improving their patient's health, not just fixing their teeth.

When clinicians work together to make patients healthier and happier, patient satisfaction improves, acceptance of clinical care improves, and clinical outcomes improve. Whole-body care is truly a driver to a healthy, growing dental practice. ■



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# New Technology in Sleep Medicine Breaks Down Barriers to Treatment for DSOs

Improving sleep apnea in patients can directly impact DSO bottom lines

**EBITDA is important. Even a small increase at a practice level can translate into millions of dollars for owners, boosting potential valuation. So, how can a DSO improve it and increase market value through the patients it already serves?**

Technology like modern sleep medicine can generate significant revenue from these patients and help DSOs keep up with private practices expanding into this patient-demanded treatment. Nearly 54 million U.S. adults have obstructive sleep apnea (OSA), a chronic condition that occurs when muscles relax during sleep, allowing soft tissue to collapse and block the airway.<sup>1</sup>

While DSOs have been hesitant to break into sleep and airway treatment, many barriers to this bottom-line boosting treatment can be addressed with several new technologies introduced by Vivos Therapeutics.

Recently, 56% of patients tested positive for OSA – mild, moderate or severe – in a test of 12 independently trained dental offices. 50% of the patients that tested positive opted in for treatment and were treated with The Vivos Method.

“This is an untapped market for a practice,” said David Howard, Director of Practices overseeing DSO business development for Vivos

Therapeutics. “We’ve been testing for many years now and have found that between 45% and 60% of existing patients in a dental practice will test positive for sleep apnea.”



Howard explains that a DSO will improve its market value by treating patients with OSA with a dental solution through The Vivos Method. “As patients are shown to need treatment and it’s executed, revenue will be earned by the practice through one of the most profitable procedures offered in dentistry,” he said. “This will equate to an improved EBITDA and a greater market valuation.”

The Vivos Method, the company’s multidisciplinary treatment protocol, is combined with Vivos Therapeutics’ proprietary oral appliance technology that leads to higher case acceptance rates. A properly

executed dental sleep medicine program could add tens of millions of dollars in value for DSO ownership.

“The increased business already sits in the DSO patient base and in new patients being seen,” Howard said. “A DSO can increase its revenue and EBITDA simply by offering these treatments to these patients.”

This allows dentists to deliver both sleep and dental care simultaneously without additional marketing efforts or costs.

Patients are tested with a Sleep-Image ring sensor, featuring proprietary cardiopulmonary coupling (CPC) technology cleared by the FDA to provide diagnostic quality assessments of a patient’s sleep quality, including the ability to diagnose OSA. It is 98.9% accurate.<sup>2</sup> Vivos Therapeutics’ proprietary oral appliance technology is then used to treat patients.

Sleep medicine in dental practices could be the greatest opportunity for growth in DSOs since implants. By adapting these technologies, DSOs will find the opportunity for high levels of untapped revenue.

The Vivos Institute in Denver can provide advanced training and education to support DSOs with these technologies in both clinical and administrative settings. ■

<sup>1</sup>American Academy of Dental Sleep Medicine: Obstructive Sleep Apnea & Snoring

<sup>2</sup>HealthTech Insider: New Smart Ring Diagnoses Sleep Apnea at Home



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# Rules and Regulations

Why a credentialing backlog can lead to compliance troubles for new dentists. : BY ANDREW SOLINGER

**Imagine this all-too-common scenario: A new dentist joins** your practice – whether from out-of-state, residency, or another practice. Your practice is contracted with a multitude of payors including Medicare, Medicaid, TRICARE, managed care organizations (MCOs) that administer some of these programs, and various commercial payors. Your practice is already busy, and you want your new dentist to start seeing patients immediately. Before you can bill any of these payors, the dentist needs to be credentialed and enrolled with each of them. It's a time-consuming and convoluted process, different for each payor and full of many hurry-up-and-wait moments.

Dentists, like other healthcare providers, must be credentialed by their respective payors in order to bill for the services they provide. Some applicants are waiting 30 days to as much as a year for MCOs and other payors to verify documentation, review applications, and make approval decisions. Unfortunately, this growing backlog for government and private payors can lead to the temptation to cut corners when submitting claims



during the gap between application submission and approval, but by doing so they may ultimately create significant civil, and possibly criminal, liability.

How can a practice bill for a new dentist's services after a credentialing application is submitted but before it has been approved? There is risk when a practice bills for services rendered during that period because the application could ultimately be denied. Any claims submitted by the still-un-credentialed dentist may either be denied or, if already paid, may lead to overpayments. If such claims are submitted to government healthcare programs, there is the added

risk that they may result in false claims or "reverse false claims" if the provider retains any overpayments.

Some practices opt to hold claims for services rendered by new dentists. Then, once credentials are approved and retroactively applied, the practice submits all claims for services provided during the gap period. This can delay payment, especially for payors with lagging credentialing processes, but it is the safest way to bill for new dentists.

Most payors – including federal healthcare programs, MCOs, and commercial payors – retroactively approve providers' credentials back to the date of application. This presumes, however, that the application is ultimately approved, and that the provider complies with all other requirements set forth by the payors. If a credentialing application is denied for any reason, whether it's incomplete data, failure to meet the payor's standards, or on any other basis, a new application must be submitted, and the retroactive approval date will typically be the new application date. This means that the period between the first application and the application denial is lost for purposes of submitting claims, and any claims submitted by that new dentist during that period run the risk of either being denied or resulting in potential overpayments.

Regardless of how a practice decides to handle new providers' claims, it is imperative to understand each payor's rules and regulations. Medicaid payors have increased their focus in this area. If a practice participates in government healthcare programs, additional attention must be paid to ensure that all claims are accurate and submitted for properly credentialed providers. Buyers considering the purchase of a dental practice or practice management company would be wise to verify that no claims have been billed for non-enrolled/non-credentialed providers under another provider's number. Failure to exercise due care in this area can lead to significant liability. ■



#### **Andrew Solinger**

is an associate at Waller where he assists clients in responding to investigations, audits and other inquiries brought by federal and state government agencies and regulators. He can be reached at (615) 850-8062, or [andrew.solinger@wallerlaw.com](mailto:andrew.solinger@wallerlaw.com).



Bob Fontana



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# The Aspen Model

Aspen Founder & CEO on building a consumer health care platform that empowers both providers and patients across health care industries.

**When it comes to delivering world-class customer experiences,** Bob Fontana believes health care has traditionally lagged other industries. “Consumer expectations continue to change at an increasingly rapid pace. Because of this dynamic, the gap continues to widen between health care and most other customer-centric industries,” said Fontana Founder & CEO of Aspen Dental, and chairman and CEO of TAG – The Aspen Group.

But with the right focus – this can be changed, said Fontana.

“We’re proving that every day with our various businesses.”

In an interview with The DEO, Fontana shared his thoughts on what it took to build his company from a single location to more than 1,000, building strong cultures, Aspen’s entry into different health-care verticals, and more.

**The DEO: You’ve grown Aspen Dental from a single location to nearly 1,000 independently-owned Aspen Dental branded locations. As the organization has expanded, what key tenants have you worked to instill a sense of continuity between that single location team and now your 3,800+ provider workforce?**

**Bob Fontana:** To us, it’s critically important that doctors and owners feel empowered to do what they need to do to meet the unique needs in their communities and understanding their needs has been critical to our success from day one. But, understanding

patients’ needs and focusing on delivering truly differentiated customer experiences is equally important.

When I started Aspen Dental nearly 25 years ago, I knew I wanted to focus on solving customer pain points in the health care space. And that has been my driving mission ever since. Today, we’ve built what I see as the only consumer health care platform that empowers both providers and patients across a growing number of health care industries. Each of the businesses within the Aspen Dental, ClearChoice Dental Implant Centers, Chapter Aesthetic Studio, and WellNow Urgent Care obsessively looking at their business through the lens of both practitioner and patient as customers and providing best-in-class experiences for both of those audiences.

For customers, we use data science and predictive analytics to build better outcomes; we have a comprehensive product and digital roadmap based on what we have modeled as the ideal customer journey; and technology and making investments in technology is central to our core.

We pressure test this every day and strive to get better.

We take the same approach to serving the practitioners. We've built best-in-class functional capabilities to support practitioners so they can focus on delivering for their patients, but our support doesn't stop there. We're hyper focused on understanding and delivering on our practitioners' needs. From building comprehensive learning and development opportunities at our new corporate offices in Chicago to building deeper relationships and camaraderie between clinical teams. We know that practicing dentistry can be a lonely business. We've heard that loud and clear. So we've listened to our clinical teams and built solutions based on that feedback.

We also believe in the power of brands and continue to invest in not just marketing those brands, but putting an emphasis on what it means to represent one of our health care brands. For example, while each Aspen Dental office is independently owned by a state-licensed dentist – our mantra is AspenOne – which brings the culture of the organization to the forefront, and allows providers to have, arguably, the most extensive network of peer-to-peer and professional support in the dental industry.

We're intentional about reminding the doctors and teams who we support and why we do what we do. Through annual events like Aspen Dental's Day of Service for veterans, and the Overseas Outreach Program, we make a point to invest time and

resources in giving back and bringing care to underserved populations.

**The DEO: In today's increasingly chaotic marketplace, how do you build a strong culture? How do you maintain that culture amid an era of The Great Resignation?**

**Fontana:** As an entrepreneur, I'm passionate about fueling the creativity and success of other entrepreneurs. That's why TAG – The Aspen Group was built: to take all that we have learned and built organically in the dental industry throughout the past quarter of a century – and turn that into a consumer health care platform to support independently owned practices across multiple healthcare verticals. We're committed to making providers feel supported at every phase and through every opportunity and challenge – from hiring and talent acquisition, to finance and operations, to education and professional development, to technological innovation and training.

By creating a value proposition that clearly defines our purpose – we can further serve the intrinsic motivations of current and prospective employees. And by investing in our employees – our purpose, values and core beliefs can be brought to life.

Earlier this year, we announced the upcoming grand opening of the TAG Oral Care Center for Excellence – a center that truly brings our purpose to life – bringing value to patients and providers. The new state-of-the-art facility is designed to facilitate world-class training for doctors and dental care teams within the TAG network across the country, while also providing comprehensive dental





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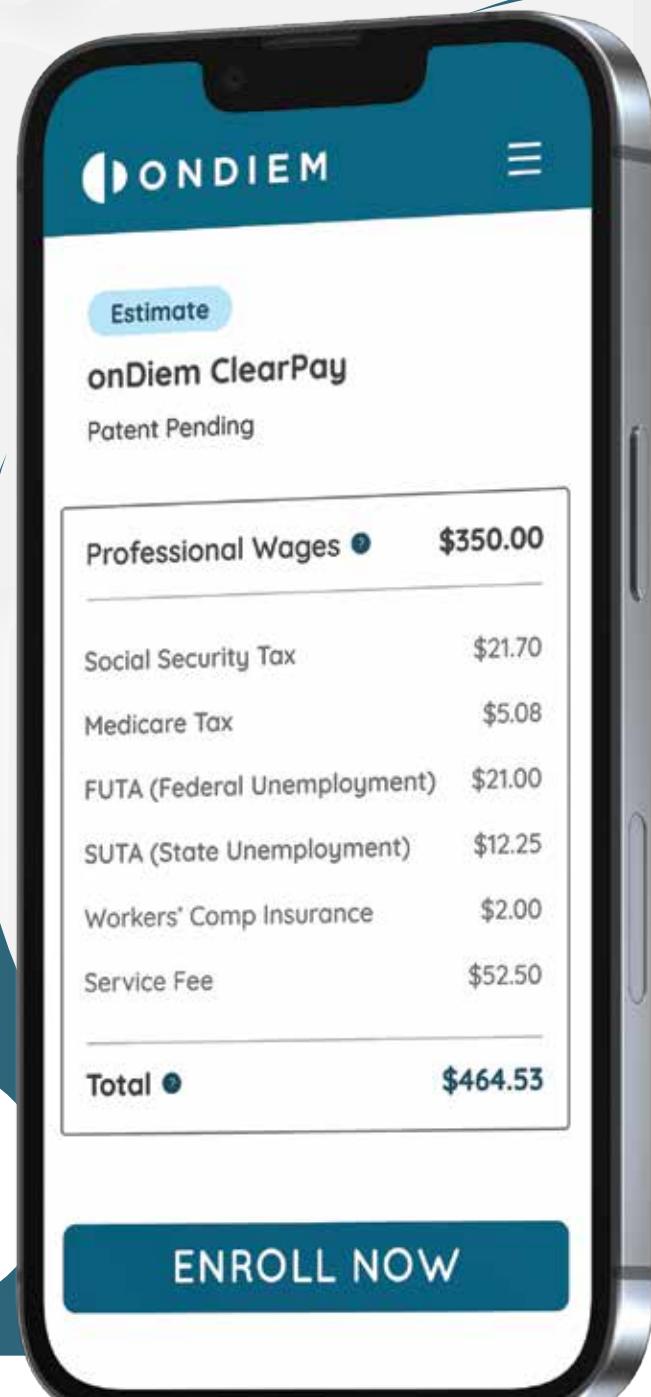
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care at no cost to approximately 2,500 underserved Illinois residents every year. The TAG Oral Care Center is a true sense of pride for all of us, and it brings to life our mission – delivering better care to more people.

We start from square one, building relationships and showcasing our culture before we even make a hire. For example, we host an annual VIBE event where we bring hundreds of dental students together to meet our leadership team, engage with other doctors and practice owners, to learn more about the Aspen model and approach. At the heart of everything we do is making care more accessible and affordable – that’s what inspires doctors to join our team, and that’s what keeps them here.

Just this year, we also moved into a new corporate headquarters designed to facilitate a culture of collaboration and learning, empowering every member of the team to embrace ownership in the business and their own personal growth.

**The DEO: Can you talk a little bit about the healthcare verticals you are taking Aspen’s business model into? Specifically, what spaces are they? Why those spaces? And why do you believe Aspen’s model will be successful?**

**Fontana:** When I started Aspen Dental nearly 25 years ago, I really set out to try and take a more ‘customer-centric’ approach to dentistry. Over the years, we have really learned a lot and fine-tuned that approach. I say we’ve created a consumer health care platform because we really have built expertise in so many ways that serve the needs of both practitioners



and customers that we feel like we can apply to almost any adjacent and new health care verticals. We’ve really proven it already and continue to look at other businesses where we can leverage the platform for growth.

**The DEO: As we are two years past the initial disruptions caused by COVID, what innovations do you think occurred to the market that may otherwise not have?**

**Fontana:** COVID woke people up to the importance of preventative care. Because of COVID, people are now thinking about their health status on a daily basis. At the same time, COVID has changed the marketplace – schedules are more flexible than ever, people are more empowered to ask for the accommodations they

need for themselves and their families, and there’s a greater demand for digital health care. These changes are pressing providers to prioritize transparency, digitization and accessibility. Technology is a part of that, but so much of it comes back to your culture, training and patient communication.

**The DEO: How will the dentist office of the future (5, 10 years from now) differ from what we see in the marketplace today?**

**Fontana:** The future of dentistry and health care – for those who want to succeed – will be obsessively customer-centric, with a deep understanding of customer’s needs. I mentioned before how rapidly changing consumer needs are today. That’s not going to change.

We’re seeing a greater shift to support models in general. I don’t see that changing either. There is a real advantage in scale, whether that’s in procurement or any other sort of support like training, technological support, administrative back-up, and access to experts and resources so that the doctors and their teams on the ground can focus on the patients in front of them. Personally, I’m excited about this trend because I think The Aspen Group is really differentiated here as mentioned before.

The need for true digital advancements will also continue to grow. This year, we announced that we will be working closely with all Aspen Dental practice owners to convert to digital operations by 2023, and you’re going to see more of that with respect to digital products, AI, telehealth and more – not just now, but continually as we move into the future. ■

# The Next Evolution in Dentistry

How reconsidering the strategic design of patient experience can lead to growth for DSOs.

**The dental landscape is constantly changing, whether in treatment techniques and diagnostic technologies, operational design, or marketing strategies.** These focus on how providers attract and deliver the best, most consistent care for their patients, but value is most effectively created at the patient interaction. The next evolution in dentistry will be explicit focus on the strategic design of patient experience and how it generates greater case acceptance and value per patient.

Strategic design of the patient experience involves reviewing the earliest point a patient interacts with the office and continues through the appointment, even once they return home. Impressions, positive or negative, are created when your practice is first known. The same is true for the process of scheduling, case presentation, and even in treatment follow-up. Building on these interactions is where value for the patient, and therefore the practice, is created.

Stepping back and designing the patient experience boosts the likelihood of case acceptance and total value of treatment. Skytale has seen practices increase case acceptance from 43% to 96% by reconsidering the strategic design of their patient experience. Key performance indicators show greater production per patient and greater utilization of assets and overhead expenses.

The reason for this re-thinking the entire flow of the patient from beginning to end is to make it as easy as possible for the patient to say yes to treatment. This includes



all interactions and the transitions between those interactions. Even the hand-offs need to be considered – most often staff handle their duties well, but the breakdown happens in the handoff. The typical office is used to discussing handoffs from clinical to admin staff at check-out. Alternatively, consider the transitions between presenting a treatment plan and the acceptance of that case. What happens in that process?

The typical practice's case acceptance hovers around 45% and does not employ a system of follow-ups on open treatment plans. Employing a

cadence of specific communications dramatically boosts case acceptance. It's not enough to simply have a great environment, or only follow-up with patients after case presentation, both must be present. This is the entire strategic design.

Addressing how “warm” the patient is toward accepting treatment creates the basis for future communications. Consider the following:

- › **A:** Accepted immediately
- › **B:** Patient expresses commitment but wants to confer with a spouse
- › **C:** No information is provided, patient wants to think about it
- › **D:** Represents a flat “no”

These “codes” written on the back of a printed treatment plan allow for tracking and uniquely tailored follow-up communications. Each with their own cadence for delivery using all means of contact (email, text, phone, and letters) generate quicker acceptance or remove patients that will not be proceeding with treatment.

Committing to the patient experience before, during and after the appointment will help create more value for each patient and the whole practice. If you would like assistance in re-thinking your office's strategic design, operations management, or financial system, contact the team at Skytale at [info@skytalegroup.com](mailto:info@skytalegroup.com). ■

# Clean Water & Best Management Practices

The importance of managing wastewater safely to protect patients and the environment.

## Clean Vacuum Lines

Best management practices are important for every successful dental group practice. When it comes to proper water line cleaning, the best practice is to do it daily. Daily line cleaning is heavily suggested by the EPA and the ADA's Best Management Practices.

Clean lines foster greater air-flow through the vacuum lines and prevent clogs. You never want to have anything back flow into a patient's mouth. It's extremely unpleasant, and will ultimately cost you repeat patients.

Water safety is a big initiative for Solmetex, an environmentally conscious company that produces green products that are safe for the environment and patient, such as the PowerScrub Vacuum Line Cleaner.

PowerScrub by Solmetex releases specific enzymes to dissolve vacuum line debris on contact. This eco-friendly, 100% biodegradable formulation remains in your lines overnight for continual cleaning action and rinses clean when the job is done. PowerScrub has a neutral pH between 6 and 8, meeting the EPA Dental Rule requirements. It is the only vacuum line cleaner that contains

Mereduce™, which is scientifically proven to inhibit the release of harmful mercury.

## Compliance with the EPA

The EPA Dental Rule that went into effect in July 2020 mandates that most dental practices in the U.S. install an ISO 11143 certified amalgam separator to capture harmful methyl-mercury from the wastewater, greatly reducing the amount of mercury that eventually ends up in our oceans, our drinking water and the fish we consume.

Solmetex's NXT Hg5 Amalgam Separator captures all waste, coming from the vacuum lines, preventing it from entering our waste stream and pass the filtration systems within the local POTWs (Publicly Owned Treatment Works).

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The PowerScrub Vacuum Line Cleaner, NXT Hg5 Amalgam Separator and NXT DryVac Tankless Dry Vacuum by Solmetex, offers dental group practices a complete solution for maintaining safe and clean water lines.

PowerScrub's unique formula condenses the solids within the NXT Hg5's Amalgam Separator, maximizing the life of the collection container. When the amalgam separator is well maintained the less likely for the practice's vacuum to fail.

The NXT Hg5 captures all waste with a grit so these solid materials and particles do not flow into the wet or dry vacuum system, saving the life of the practice's vacuum by approximately 5 years. The vacuum is an expensive piece of dental equipment, and properly maintaining it is cost effective for the practice. Solmetex recently launched the NXT DryVac Tankless Dry Vacuum, which is 100% water free and designed to provide superior operational performance with low acquisition costs and virtually no maintenance.

Solmetex has designed each of its products to complement each other in a way that benefits both the practice and the environment.

For more information, visit [solmetex.com](http://solmetex.com). ■



# Goodbye mercury. Hello compliance.



## PowerScrub™ Vacuum Line Cleaner

- Contains Mereduce™ — scientifically proven to inhibit mercury release
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- The *only* vacuum line cleaner recommended for NXT Hg5 Amalgam Separators

## NXT Hg5 Amalgam Separator

- Compact design for simple, flexible installation
- Available in three sizes to suit your practice
- Compatible with all wet and dry vacuums
- Simple mail-back recycling program
- Meets or exceeds EPA "Dental Rule" requirements
- ISO 11143 certified
- Certificates of Compliance available 24/7

# The Ultimate Customer

General dentists are specialties' North Star at Community Dental Partners. : BY DANIEL BEAIRD

## Community Dental Partners has pediatric dental offices across Texas.

Its pillars of culture define its foundation – how its people think, act and communicate. Each pillar supports how Community Dental Partners creates its experiences for doctors, patients and staff.

This culture drives everything Community Dental Partners does, including how it incorporates specialties into its practices. Orthodontists and oral surgeons have been integrated into its DSO model to help general practitioners (GPs) be successful and help these specialists expand their own clinical capabilities to reach their goals. Community Dental Partners provides practical leadership to orthodontists and oral surgeons that supports these specialists' needs and focuses on building relationships.

"We focused on the general dentist and specialties have taken off,"

said Dr. Craig Copeland, chief dental officer of Community Dental Partners. "This has been our most effective route. The general dentist is our North Star."

For Community Dental Partners, that helped create the alignment necessary for introducing specialties. The more educated their GPs are on specialty types like orthodontics, the more they refer. "Our ortho points to this," Dr. Copeland said. "The more education they get, the better."

Dr. Copeland says they previously struggled with orthodontics without the right leadership in place. "We thought about being done

with it, but we couldn't do that. It's a hard transition out of it. Once you're committed to it and put metal on someone's teeth, you're committed to it for a long time," he said. "But we've had more success with the right leadership in place that creates better alignment."

## Organizational and facility alignment

Addressing facility space is the top priority to organizational alignment. "If the specialty has a dedicated space, especially ortho, it works much better," said Jodi Evans, former COO of Community Dental Partners. "We overlooked facilities in the beginning but now we understand what needs to be in place for that specialist to come in and work better together."

Working in the same space limits the GP's ability to see patients and can affect their ability to produce. Community Dental Partners provides orthodontics its own bay. "It's brought so much more alignment," Dr. Copeland said. "If ortho takes the GP's space, the GP doesn't want to refer to them."

"And ortho could leave the facility a mess for a general team coming in the next day and that's a constraint that bogs down a practice," Evans added.

The orthodontic bays for Community Dental Partners are 1,000 square feet and include five chairs, a lab, an ortho office for the doctor





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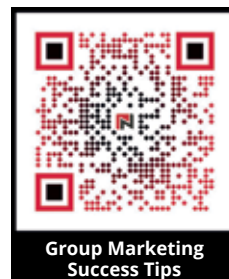


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and front desk space. Its general pediatric offices are 6,000 to 7,000 square feet overall.

“We tried to get patients to drive to other facilities to get specialty care,” Evans said. “But that didn’t turn out as smooth as we thought it would, especially with ortho, and it complicated the operational side quite a bit. It can be confusing for the patient, and it wasn’t our strong suit.”

### Oral surgery schedule

For oral surgery opportunities, Community Dental Partners typically offers it on Mondays before GPs work their Tuesday-to-Saturday schedules. “If the patient has to come in another day, we take chairs away from GPs. We’ve had issues with that, so ideally, we’re doing it when the GPs aren’t there,” Dr. Copeland said.

“We don’t want friction between the GPs and specialists,” he continued. “We want to make it so easy for the GPs that they don’t think about it. They see the patient, they tell their assistant what the patient needs, and they take them to the specialist.”

They created an organizational chart for their GPs to make sure patients were being referred to their specialists. They also created small steps in the process to reduce friction after feedback from their GPs.

“A general doctor who wasn’t referring to our oral surgeon called me,” Dr. Copeland said. “That doctor said, ‘I never know if the patient gets treated, but I always get a letter back from this outside oral surgeon saying the patient was treated and thank you for the referral.’ So, we had to create things like that in our process.”



“We needed to clean it up, but that became our superpower,” Evans added.

### Practice ownership

The practice manager owns everything happening in the practice, including both general and specialty. The specialty manager is the assistant manager. “We make sure they understand that when they’re in that practice,” Evans said. “They’re serving that practice manager and general doctor.”

“Our oral surgeons have done so well that they’re referring their friends,” Dr. Copeland explained. “We show them our presentation and start with our culture – who we are, who we want to serve and how we want to serve them. We walk through our pillars of culture, our clinical constitution and our expectations of our employees.”

“We let them know they need to treat GPs as their customers because they’re going to be referring to them,” he continued. “For example, if a GP gets stuck in an extraction, the oral surgeon needs to help the GP. They need to do it for them.

Then they will think of the oral surgeon when they’re referring.”

Dr. Copeland says Community Dental Partners creates the vision for their oral surgeons with an aim of up to six offices, 12 or more patients per day and production around \$12,000. “But typically, our oral surgeons are producing \$15,000 to \$20,000,” he said.

They have three chairside assistants and two front desk employees checking in patients and handling insurance claims. Community Dental Partners pays for the front desk employees and splits payment with the oral surgeons for the chairside assistants. Oral surgeons earn 50% of billable production, while orthodontists earn a daily rate.

“The general side has felt so much support knowing that the specialty side is there to guide them and insure they don’t fail,” Evans said. “There are follow ups telling them what happened to the patient or to the lead. We provide proper support in specialties so that patients become long-term patients for both the general side and specialty side.” ■

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# Our Solution to Reduce the Stress of Paying for Dental Care

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**People are understandably protective of their discretionary spending.** “Our founder and CEO, Dr. Michael Riccobene, often says, ‘If money was never an issue, there would rarely, if ever, be any dental treatment declined,’” says Lorri Detrick, Chief Operations Officer at Riccobene Associates Family Dentistry, a dental service organization with about a thousand employees, including 120 dentists, across 50 locations in North Carolina and Virginia. “Financing is an important piece.”

Which means financing has become key to providing access to care. Riccobene recently sought a vendor that could provide financing options for patients, without burdening the organization with administrative tasks in order to do so. The DSO ultimately chose Sunbit, a buy now, pay later (BNPL) technology company that reduces the stress of buying everyday needs for everyone, everywhere. Sunbit’s technology is offered in-store and online at more than 12,000 locations, including 1 in 3 auto dealership service centers, optical practices, dentist offices, and specialty healthcare services.



Lorri Detrick

Detrick says Sunbit’s solution was attractive because it offers an easier user experience for both staff and patients. The patients love it because there is no hard credit check to apply. Plus, they’re able to choose from flexible payment plans, anywhere from 6 to 72 months for dental care. All loans are made by Transportation Alliance Bank, Inc., dba TAB Bank, which determines qualifications for and terms of credit. The fact that over 85% of patients are approved—and in Riccobene’s case, 89%—makes the financing conversation a lot more comfortable for everybody, Detrick says.

Sunbit’s system was easy to train on and implement for Riccobene, Detrick says. “Sunbit did a great job of scheduling and coming out to every office to do the training in person.” Sunbit also has a unique rewards program to recognize team members for their engagement. “That keeps the staff excited,” Detrick says. “That’s done at Sunbit’s expense, not ours. Most of our offices have jumped on board and have been using it a lot.”

Indeed, Sunbit’s platform has had a big impact on Riccobene’s 2022 results through Q1. “We have been able to provide care to many more people,” Detrick says. Using the Sunbit platform, Riccobene closed 600 cases through the middle of March, with an average case amount of about \$1,500. “It’s not that we wouldn’t have converted any of those,” says Detrick, “but we certainly wouldn’t have converted them all.”

For more information about Sunbit visit [sunbit.com/dental](https://sunbit.com/dental). ■



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# A Unique DSO/OSO Model

Corus Orthodontists doesn't acquire practices; it takes on doctor-partners as shareholders who are part of the decision-making.

BY DANIEL BEAIRD

**Corus Orthodontists was founded in 2019 across Canada and the U.S.** as an all-orthodontic DSO model, known as an OSO. Based in Toronto, it's one of the largest and fastest-growing orthodontist partnership networks in North America, and it's owned and operated by doctor-partners focusing on the patient experience and the evolution of the specialty.



"Our founder and CEO, Dr. Paul Helpard, wanted to create a model focused on an infinite business to service our grandchildren and our grandchildren's grandchildren," said Nick Korhonen, CFO of Corus Orthodontists. "It's focused on creating a home for doctors and our teams. It's also a great environment for our patients."

Dr. Helpard was the principal orthodontist of Shoreline Orthodontics, a five-office group of practices, where he honed his skills as a business leader. He convinced Korhonen

to join Corus Orthodontists in 2019. Korhonen had represented over 3,000 dentists in Canada as a partner with national accounting firm MNP and had witnessed many dentists selling to DSOs. He carved out a niche helping establish DSOs across Canada and advising doctors who wanted to create their own model.

"It was purely about the financial engineering of the structure for a lot of groups I helped establish," Korhonen said. "We would acquire as much EBITDA as we could and as quickly as we could, and sell the whole thing for a quick buck. But that didn't drive me."

Korhonen says it's a great business model and it works well, but Dr. Helpard didn't want to create a model focused on profit and exit. "It was his focus on people, culture and values that caught my attention and I wanted to be a part of it," Korhonen said.

Corus Orthodontists has close to 50 practices across Canada and the U.S., including four Canadian provinces and 12 states in the U.S.

"All of our success goes back into the hands of our doctors," Korhonen said. "We're 100% doctor-owned and financed through a senior credit facility with our lending institutions to support our growth and ongoing expansion. We don't have any sort of equity sponsor or strategic partner."

That financial and legal structure is one of the most unique things

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about the organization, according to Korhonen, because when expansion grows to 40, 50 or 100 practices, it's easy to slide into a metrics-driven management style. But Corus Orthodontists centers itself on what its people are experiencing on the ground.

"We want to build this platform with the right mission and vision supporting our people, while also managing our growth," he said. "Our biggest challenge is finding the right balance between culture and growth. I tell my team that growth is the enemy of culture, but we're a high-growth organization focused on culture. It's front and center to every decision we make."

The orthodontists of Corus are doctor-partners who have invested in each other and are committed to the quality and long-term success of the organization. Practicing orthodontists participate in every aspect of Corus' business. They help shape the network and the specialty.

Corus is rigorous in finding the right partners for its partnership model. It's been designed by like-minded orthodontists with shared values to create a positive and supportive environment for orthodontic team members and doctors.

Its affiliation model allows the practicing doctor to maintain ownership and custodianship over the

professional assets and patient records. "We don't have one entity per jurisdiction like the standard DSO structure. If we have 20 practices in one state, then we have 20 entities and doctors we're working closely with to manage," Korhonen said.

"We take a different approach to front-end negotiations with our partners," he said. "We reach out to doctors that already have a connection to us. That's usually our starting point – whether they're referred to by a doctor in our network, we know them from a study club or we have one to two degrees of separation." Korhonen says they have three or four conversations with potential doctor-partners before getting into a financial discussion.

"Groups who are heavy into M&A and growth often send a letter to a large swath of practices saying, 'would you like a practice evaluation,'" Korhonen explained. "They open by providing evaluation and they put a letter of intent on the table that says, 'this is our starting point for negotiations.' It's transactional from the beginning. We don't do that."

He says 30% to 40% of Corus' initial conversations don't move forward to financial modeling discussions. "It's usually a mutual decision, but we maintain very good relationships," he said. "But for those discussions that move to the financial modeling process, we continue to evaluate culture. We also like to work with doctors who are innovative and like to try new things. We look at their treatment methodology, timelines and their willingness to collaborate."

At the heart of the Corus partnership model is the concept of "buying



in” versus “selling out.” Orthodontists partner with Corus through a cash and stock transaction, becoming shareholders in the company, and start participating in equity growth with Corus from day one. They gain access to business management and operational support related to the ongoing management of their practice. This includes clinical operations, marketing, HR, accounting, IT, team training and development, and transition planning.

“If we as a network do well, then all of our doctors do well,” Korhonen said. “It creates that sense of true partnership that drives shared success.”

Corus Orthodontists has an all-doctors meeting on a monthly

**“If we as a network do well, then all of our doctors do well. It creates that sense of true partnership that drives shared success.”**

basis to share ideas and how to implement them. These meetings include every doctor from across the network – both owner-doctors and associates. “It’s a mastermind and we’ll ask one doctor to share one of their best practices,” Korhonen said.

It also has five doctor-led subcommittees to address clinical administration, marketing and communications, and technology and M&A growth. Doctors who have a

particular subject interest can participate in these smaller groups, helping to guide the direction of the DSO.

Collectively, Corus Orthodontists treats over 50,000 patients in North America. “The mentality of sharing and growing together is imperative to being a good fit with the Corus network,” Korhonen said. “It shares in the success both financially and operationally.” ■

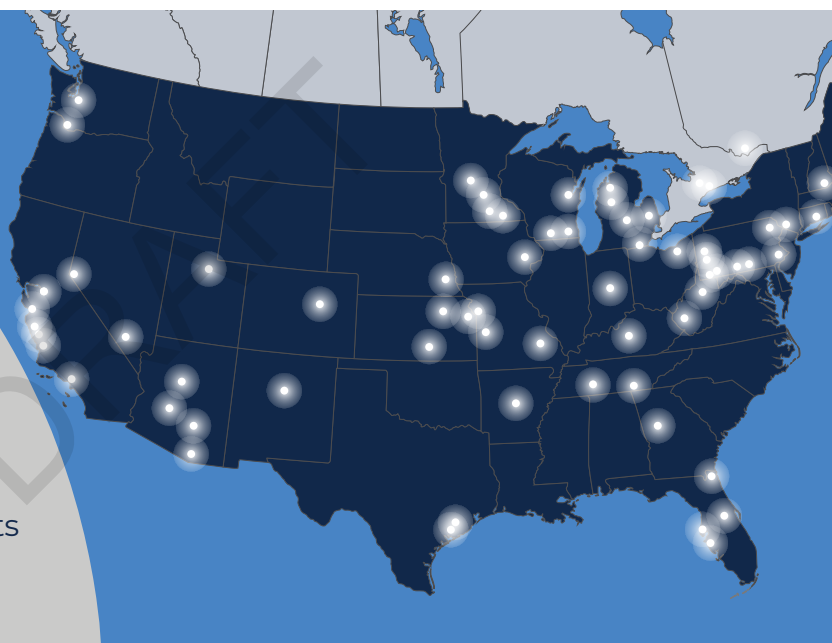


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# Specialty Integration in Style

OrthoDent Management implements orthodontics into its practices. : BY DANIEL BEAIRD

**Integrating specialties in DSOs is a hot topic. Everyone's schedules are busy, and people enjoy modern conveniences.**

"They want a one-stop shop," said Dr. Tarek Aly, COO of OrthoDent Management, a DSO based in Austin, Texas. "It's a natural progression to have different types of services in a DSO."

OrthoDent was founded by pediatric dentists, Drs. Kyle Raymond and Niekus Manshadi, in 2012 on the basis of delivering superior dental care to rural and suburban communities with limited access to high-quality care. When orthodontics was added to its mix, Dr. Dustin Roden-Johnson, an orthodontist from Austin, provided specialty leadership as CFO and clinical director of operations and Dr. Aly led the team's administrative and management mettle to maintain consistency and quality assurance throughout the DSO. OrthoDent is ingrained in its local communities, giving it a sense of identity rather than a corporate feel and allowing each practice to maintain its own character.



"If patients already love your practice, you are their comfort zone," Dr. Aly said. "They're used to everyone at the front desk and to their dentist. Why not continue that service instead of making another appointment at a different place? The team's already there. You're giving away all of this potential service to someone else and you can do it in house. Maximize the real estate and the skills of your team."

OrthoDent's specialty is pediatric dentistry and orthodontics.

"Orthodontics is an unusual beast relative to most other specialties," Dr. Roden-Johnson said. "A mistake often made is trying to put orthodontics into a practice with the same tools used for other specialties. But it isn't like the rest."

Orthodontics is contractually based and built through long-term relationships with patients. "Most of what we do in dentistry is transactional," Dr. Roden-Johnson said. "But in orthodontics, there's a higher level of commitment. If you open an ortho practice within your facility, you must be committed to it for years. It's a train and it has a lot of momentum, and once that momentum's going it's hard to shut it off."

## It takes a village

"It takes a village to get an orthodontic patient to start because there's a high level of commitment on the team's part to deliver this



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care over several years,” Dr. Roden-Johnson continued. “We spend a lot of time making this specialty a part of our culture and building it out from the front desk.”

Misalignment can be common. “When you bombard your team with different aspects like the mission, the operational components and the financial components, they can feel misaligned,” Dr. Aly said. “There’s a lot they’re thinking about. You must spend significant time aligning the mission, the core values and the objectives. Why are we doing this? Remember the patients we’re serving. Remember the community. You go from there.”

Delivering KPIs to doctors, team members and practice managers is important to gain that alignment. Expectations and training must come to the forefront because pushing specialties onto a practice is like a big Labrador dog coming in and sitting on your lap while you’re trying to work, according to Dr. Roden-Johnson. “If practice managers don’t know how to manage this thing, it all falls apart,” he said.

### **General dentists and specialists**

The general dentist must always remain the specialist’s customer. “It’s very important for a specialist not to take their position in the practice for granted,” Dr. Roden-Johnson said. “If the general dentist doesn’t see themselves as the customer, they’re not going to want to refer to the specialist. But the more the specialist educates the person who’s referring to them, the more referrals the specialist gets and the more successful the relationship.”



Dr. Tarek Aly

**If the general dentist doesn’t see themselves as the customer, they’re not going to want to refer to the specialist. But the more the specialist educates the person who’s referring to them, the more referrals the specialist gets and the more successful the relationship.**

“It should be on Autopilot,” Dr. Aly added. “Everyone works on habit. We all make a lot of decisions every day and our brains are trying to conserve energy. There’s nothing wrong with that. But let’s ingrain the core mission on Autopilot, which is serving the patient and providing quality of care. If we’re 100% focused on coordinating the team, it eliminates a lot of misalignments.”

Dr. Aly recommends a book called “The Checklist Manifesto: How to Get Things Right” by Atul Gawande. It shows what the simple idea of the checklist reveals about the complexity of life and how to deal with it.

“We implement checklists in almost all of our daily lives,” Dr. Aly said. “Pilots use checklists. So do surgeons and construction workers. All of the industries that have a limited number of failures use checklists. They are the epitome of Autopilot.”

Yet according to Dr. Aly, many dental offices don’t use checklists. “They should. You’re saying, ‘I know if I follow this, the patient is going to have the ultimate experience,’” he said.

“It’s about simplicity,” Dr. Roden-Johnson added. “Any time you get someone out of their comfort zone, you need to establish a protocol like a checklist. We love them. They make it easy and clean to carry on a referral.” ■

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# Creating a Thriving General Dentistry Practice by Adding Specialty Services

So many general practices refer their patients out to specialty dental practices, but what if you could keep your patients in-house?

BY SANTOSH PATEL, PRESIDENT OF COMPLETE SPECIALTY SOLUTIONS

## Adding specialty dental services

to general practices is a trend that is quickly gaining interest in the dental industry due to its significant potential. For some, this might seem like a passing fad, but our experiences and observations over the past several years prove that it could present your organization with a unique opportunity to drive significant improvements in patient satisfaction while also representing the largest single revenue growth opportunity that requires no investment. In our experiences, most general practices and DSOs can increase overall revenues and profits by over 25% within 3 months, but we've also seen practices where specialty is over half of all production. So many general practices must refer their patients out to specialty dental practices, but what if you could figure out how to keep your patients in-house?

My wife is a dentist with a solo practice, so I understand how difficult it is to compete with the larger DSOs and group practices. Many of them offer a variety of support services, including some limited assistance enabling specialty services, but we've seen a gap in the market to enable in-house specialty services. Therefore, I decided to build a company that could help general practitioners offer specialized services for their patients through a turn-key



combination of clinical, business, operations and technology support.

At Complete Specialty Solutions (CSS), we are committed to driving enhanced collaboration between general dentists and specialists by bringing a turnkey approach to managing the numerous complexities of in-house specialty services. For many DSOs, the target customer is the dentists who own and operate in general practices. Our primary customer is the specialist. We work to attract the best specialists to our organization so that we can source them out to general practices in long term partnership models, building up solutions to make their lives as simple and easy as possible.

## The challenges of adding specialties to your practice

One of the biggest challenges to adding specialties to your general

practice is understanding that adding a specialty is essentially starting a business within a business. Although there are some similarities to running general dentistry operations, most of the workflows, equipment, supplies, staffing, scheduling, communications and billing operations are different for each specialty, and traditional dental PMS systems aren't designed to support in-house specialty management. In addition, there is a level of management commitment, ongoing recruitment and resource allocation required to create and manage the various aspects of specialty program from start-up, to scaling and (eventually) specialist transition management.

When you have the same general practice resources focus on building and managing specialties while maintaining general practice operations – without recognizing the unique skills and extra efforts

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**“Aligned Dental Partners were true partners with us in forming and launching our DSO. They offered insight, options, and information in a manner that felt like they were supporting the individual dentist partners’ best interests, but also nurturing the vision of our company.”**

– Dr. Shane Ness, CoFounder,  
Evident Alliance

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required – we’ve found this is often a recipe for failure. This is a huge part of the learning curve and how many dentists are forced to evolve through trial and error. Many dentists will say they jumped in and tried it, but it’s a huge distraction to their core business and they often weren’t following best practice protocols, so many dentists give up.

Another challenge is finding specialists and support team members that have the right cultural fit for your practice. Culture fit, including excellent communication skills and responsiveness, are critical to maximizing success. Having an effective onboarding and mentoring program can also be helpful in ensuring better cultural fit and team dynamics.

### **Starting the process**

The first step is to assess your ability to appropriately diagnose specialty referral opportunities and discuss the treatment options with patients and track how many of those patients you are referring to outside specialists. Track those referral numbers for at least 90 days to get an accurate estimate of the number of patients who need referrals by specialty. As you’re going through those 90 days, engage your team to be a part of the process and a part of the conversation as to why you are attempting to capture this data. Ideally, you should be capturing all relevant details regarding the patient and their treatment needs in a concise manner that is easy to eventually share with a specialist. Without successfully capturing referral information in an easily shareable format, it will be more difficult to recruit and retain an experienced specialist.



Santosh Patel

One of the questions that my wife would often hear when her patients were being referred out was, “Well, why can’t I do that here?” Have your hygienists, clinical teams, treatment coordinator and the front office make a note of each patient that asked that question. This will not only give you a better idea of how many patients you are referring out for specialty procedures, but also the kind of specialty services that you are referring to the most.

While recruiting your specialists, it’s important to simultaneously plan for recruitment and onboarding of specialty support staff, procurement of specialty equipment and supplies and development/implementation of protocols to ensure appropriate scheduling, preparation, treatment and follow-up.

Understanding the patient education component is critical to this process. It’s all about collaboration, and your ability to effectively educate patients as referrals are being made will ensure that your specialist team is in the best position to convert those referrals into successfully treated patients. From there, it’s critical to manage the progression of referrals and appropriate follow-up at various stages in the cycle.

### **Why you should add specialty services to your general practice**

When we first started out, we had a network of specialists and provided some supplies and equipment, but we were dependent on the offices to build the schedule for the specialists. We quickly realized that it took a lot of bandwidth and specialized knowledge for a growing practice to maintain these operational responsibilities. Our clients began to ask if we could help with things like contacting the patients, scheduling, billing, and even coordinating all the different functions around marketing for certain procedures. My team has taken on a comprehensive role by listening to what these practices need to be successful.

Complete Specialty Solutions isn’t a staffing agency. We want to join general practices for a long-term partnership where our specialists are seen as associates within the practice. There are a lot of dentists out there getting training on implants and working to the top of their license. We are big believers in the idea that the more you can do as a dentist, the more you can diagnose. For practices looking to build their own in-house specialty programs, CSS also provides technology solutions to hardwire best practice workflows and communications, combined with consulting and virtual on-demand support solutions.

When you have a specialty service built into your practice, it benefits patients, general dentists and specialists. Everyone wins. ■



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# Aligning the Associate and DSO Mindsets

Creating great partnerships isn't a one-size-fits-all scenario. : BY JD STACEY, CHIEF GROWTH OFFICER, COMMUNITY DENTAL PARTNERS



**A truly great partnership requires both parties to be aligned in their vision and goals for the organization.** This is no less true for DSOs. Bringing associate dentists into a DSO presents a unique opportunity for the associates to enter a partnership with the DSO, giving the associate the tools and resources they need to provide better care for their patients. But this isn't a one-size-fits-all scenario. More often than not, it requires both parties to be flexible to each other's needs.

I didn't start my career in the dentistry field. I graduated from Brigham Young University with a degree in Behavioral Sciences and got my Master's degree at the University of Georgia in Clinical/Medical Social Work. My dream was to be a therapist, and I did marriage and family therapy.

Along the way, I met Emmet Scott. We stayed in touch for years, and a lot of our discussions would be about the ins and outs of the

psychology of owners and the daily challenges that entrepreneurs are facing. Scott and his friend Dr. Chad Evans brought me into their new venture, Community Dental Partners.

At Community Dental Partners, we partner with dentists, allowing them to preserve, grow, and enjoy their practice even more than they do today. Our model includes clinical and business guidance, technology, resources, and relationships that enable our clients to focus on

their passion, while we take care of the areas of the business that don't give them energy.

## The early challenges of forging partnerships

One of my responsibilities from the very beginning was to help recruit dentists. I get asked all the time when we start talking to associates about partnerships. My answer every time is that it starts during the recruiting process. When I recruit dentists, I am already asking myself, "Is this someone I would eventually partner with?"

At Community Dental Partners, we want to create a partnership that feels engaging and exciting for everyone. We have a couple of different routes that our partners can go. Generally, they're bringing money to the table for the partnership, but we try to make it a 50/50 split at the practice level.

Our very first partnership was with Dr. Craig Copeland, our Chief Dental Officer. He was one of the first associates we hired at Community Dental Partners, but I like to joke with him that he was a "false positive." The partnership was amazing, and a lot of that is due to him and his personality. He is a very smart and humble guy, and he understands the big picture. Because it went so well, we went forward thinking, "Hey, we're pretty good at this."



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To learn more about RISE or invest in this new fund, email [info@risehealthvc.com](mailto:info@risehealthvc.com)

However, our second partnership changed the way we think about partnerships. In all honesty, it did not go well. As a DSO, your primary responsibility is to support doctors. We took that same approach in the partnership, where we help to support around the pain points so that they wouldn't have to deal with certain things if they didn't want to. Ideally, that would allow them to go be the superstar dentists and lead their teams.

Unfortunately, that approach backfired on us. Anyone who has owned or run a business understands that it's like a stock market. It can trend in one direction, but there's a sort of roller coaster that you have to ride when you own a business. There are so many things outside of the control of the business owner, like regulatory bodies and staff not showing up to work. There are so many pain points. We thought we would try to insulate them from that, and it actually blew up on us.

That partnership taught us so much about what this process should look like. More importantly, it showed my failings as a leader. I did not properly prepare them for what business ownership is. Dentists are obviously smart people, but there isn't a lot of business education that happens in dental school. You need a very different set of skills to make a practice successful. There is so much to learn about running a practice that isn't taught in dental school.

As difficult as it was, I'm grateful for how poorly the second partnership went. That experience helped to build the foundation of what we call our MBA program for our associates to become owners.

### What it takes to align the mindsets

I remember listening to Dr. Evans talk to a patient about a root canal. The patient was very nervous, and Dr. Evans was great at managing his fears and expectations. He instilled their confidence, saying that this was a procedure he's done many times before. The

root canal went very well, and it was largely because of all the work he did before even putting the drill in the patient's mouth.

I took that same concept, positioning it as "what would I want our doctors to know before we help them find funding?" Funding is a huge pain point, and a massive barrier that we face. Before we start that process, I work to manage their expectations and help them to understand what makes a business owner successful.

I start by teaching the dentist about investing. I have never seen a better return on investment than when you know how to build out the proper culture, hire the right doctors, and engage the right support. So, it's important for them to understand that investing requires that solid foundation of culture and support.

Next, I want them to understand what a dental practice is. I walk them through a pro forma up front, and I help them to understand what ramp up looks like. We do both de novos and acquisitions at Community Dental Partners, so I make sure that they understand both of those concepts. We also walk them through a practice lifecycle, the ups and downs of the business. At this stage, you're helping them to understand what they might encounter and what sorts of situations might be out of their control.

Essentially, we help them to understand that when you're a dentist, 80% of what you do is tactical. The other 20% is going to be managing some of your emotions. But for ownership, they need to understand that it's flipped 80% emotional, 20% tactical. Which means that you need to learn to manage your emotions, and lead from that spot.

Finally, we walk them through the big picture. We don't just look at the first few months; we also look at the first five years. We know how to start, and we might know what happens when you get to the five-year mark. But how do you get there? How do you manage your organization during year one, year two, or year three?

These concepts are essential to your success as a young associate of a dental practice, but they may not be the obvious things to know when you're starting out. That's why developing partnerships early on can be so instrumental to your success down the road. ■



### JD Stacey

As Chief Growth Officer, JD Stacey is responsible for organizing and managing the company's growth, from deciding where to establish CDP's newest supported locations to bringing in new partners. He believes there's no greater capital than investing in people, and some of his proudest moments center on the work he does to help CDP's partners learn, grow, and achieve their goals in work and in life.

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# Crash Course: Developing Great Managers for Growing Dental Organizations

BY THE DEO

**Chances are if you want to grow, the only way you will be really successful is by having really great managers surrounding you within your organization.** When you have a great manager who can maximize the potential of every team member, you drive production, improve patient experience, and build team engagement.

As such, we're excited to share with you our 5 Segment Crash Course: Developing Great Managers for Growing Dental Organizations, presented by Josey Sewell. A former dental hygienist, Josey is Head of Implementation and Coaching / Partner at The DEO. She is co-creator of the DEO Map, a curriculum teaching a business operating system for growing dental companies. She has been in the industry for 15+ years including being the COO of a rapid-growth, multi-location dental group. She is a sought-after expert with over 1,500 hours of direct coaching and facilitation. Those she teaches comment on how relatable she is, how valuable and practical her content is, and how hopeful and inspired they are to lead their teams.

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# Books and Training Recommendations

**Editor's note:** **The DSO Secrets:** *Dentist Entrepreneurs Growing Dental Organizations Facebook page is a place to find resources, networking opportunities, information about upcoming industry events, and a forum to ask fellow dentist entrepreneurs questions you may have about running your business. The following was a recent discussion among DSO Secrets Facebook page members.*



**Praveen Gudipati asked:** What three books would you suggest I recommend for my office manager? Also, any training courses you suggest how to be a leader.

**A few of the DSO Secrets Facebook page members responses:**

**Nick Roy:** “Emotional Intelligence,” “Extreme Ownership,” and “Gung Ho! Turn On the People in Any Organization.”

**Bobby Hansen Jr.:** “Start with Why.”

**Char Watson:** For books I would suggest the following based on soft skills needed.

**1. “Crucial Conversations:** Tools for Talking When Stakes are High,” Third Edition

**2. “The Future is Trust:** Embracing the Era of Trust-Centered Leadership”

I would further suggest strength assessments with Dr. Norton for the whole team so your OM can meet/coach/lead team members individually and collectively better.

Furthermore, I would gauge the need from the perspective of your vision for the organization as well as the phase your organization is currently at. Meaning, if your organization is in more of a growth phase but you have

a vision to scale, there is likely the need to have further development of internal infrastructure. (Consider the needed roles and support at a higher level)

**Tim Richardson:** We have two required reads for everyone (not just leaders), plus one for non-doctor leaders. Doctors have a couple more on their Partnership Pathway.

**1. “Leadership and Self-Deception:** Getting Out of the Box.” This increases self-awareness (where any change begins). It is a very easy read because it is in story form.

**2. “Crucial Conversations:** Tools for Talking When Stakes are High.” Helps nip drama in the bud quickly. (We also do training specifically on “Radical Candor” but don’t require it to be read). What makes this an easy read is that it is very actionable and fairly short (replaced 7 Habits with this one because 7 Habits was over a lot of people’s heads).

**3. “Easier:** 60 Ways to Make Your Work Life Work for You.” Required for leadership. Also written in story form which helps non-readers. Helps leaders understand the difference between coaching and managing and how that conversation sounds very different.

For higher-level thinkers, “Tribal Leadership” is a fantastic read but it is much heavier than the others. Helps understand group human nature and what leaders can do to help the collective group to improve.

Having had required and recommended reads for quite a while now, book reads are only productive if there is some follow-up discussion and/or training on the principles. If nothing else, doing a book share / presentation with the team is helpful. Most helpful is them reviewing the content with their leader and a discussion on how to implement the principles. ■



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