Here's what you need to know about dentistry's most important trend
30-page special feature

6 tips to improve Facebook engagement
Dentists' love-hate relationship with money
The IDS 2017 pre-party
EDITOR’S NOTE
Politics, religion, and 'corporate dentistry'

SPECIAL FEATURE
‘CORPORATE DENTISTRY’ 2.0

INTRO: REEXAMINING OPINIONS
ERIN ROBINSON
DEPUTY EDITOR

‘CORPORATE DENTISTRY’ DEFINED
KEVIN CAIN, PhD, MBA
ASSISTANT PROFESSOR OF MANAGEMENT,
AUGUSTA UNIVERSITY

HOW MY LIFELONG PURSUIT OF CLINICAL AND PERSONAL GROWTH LED ME TO ‘CORPORATE DENTISTRY’
LISA C. WADSWORTH, RDH, BS

DSO PROFILES: WHAT THESE 4 DSOs HAVE TO OFFER

15,000 PATIENTS A DAY: EXCLUSIVE INTERVIEW WITH BOB FONTANA,
CEO OF ASPEN DENTAL MANAGEMENT INC.
ZAC KULSRUD
CHIEF EDITOR

EXECUTIVE ROUNDTABLE: ON THE VALUE OF DSOs
R. J. ADOLFI, DENTALSENSE
TOM NANCE, BENEVIS
RICK WORKMAN, HEARTLAND DENTAL

MY EXPERIENCE AS A DSO-SUPPORTED DENTIST
RICHARD H. NAGELBERG, DDS

AUDIENCE FORUM
SOUND OFF: THE DENTAL COMMUNITY TALKS ‘CORPORATE DENTISTRY’
NEW YORK,
27.–30. NOVEMBER 2016

JACOB K. JAVITS
CONVENTION CENTER

Special German Show
and 100th anniversary of the Association
of German Dental Manufacturers (VDDI)

For more information please contact: GNYDM2016@koelnmesse.de
MARKETING FOCUS

ASK JESS

5 THINGS EVERY DENTAL PRACTICE WEBSITE NEEDS

JESSICA LALAU
DIRECTOR OF MARKETING COMMUNICATIONS, PUBLIC RELATIONS, AND SOCIAL MEDIA, POSTCARDMANIA

INDUSTRY MARKETING

3 TRENDS AFFECTING THE DENTAL INDUSTRY TODAY

NAOMI COOPER
CEO, DOCTOR DISTILLERY
PRESIDENT, MINOA MARKETING

FINANCIAL FOCUS

FINANCIAL VITALS

5 REASONS DENTISTS HAVE A LOVE-HATE RELATIONSHIP WITH MONEY

REESE HARPER, CFP
CEO AND FOUNDER, DENTIST ADVISORS

SOCIAL MEDIA FOCUS

6 TIPS TO IMPROVE FACEBOOK ENGAGEMENT WITH DENTISTS:
STUDY OF OVER 600 DENTAL COMPANIES’ FACEBOOK STRATEGIES
RACHEL MELE
GENERAL MANAGER, VENNI

INDUSTRY FOCUS

THE IDS 2017 PRE-PARTY:
DENTAL TECHNOLOGY FROM GERMANY IN NEW YORK
ZAC KULSRUD
CHIEF EDITOR

PROOFS
INDUSTRY UPDATES

APEX INSPIRATION
DR. JAMES E. MCINTOSH DENTAL SERVICES DEPARTMENT
HARLEM HOSPITAL
NEW YORK, NEW YORK
EDITOR’S NOTE

POLITICS, RELIGION, AND ‘CORPORATE DENTISTRY’

Welcome to our issue on “corporate dentistry,” where you will see “corporate dentistry” in quotes over and over and over. That’s because the term “corporate dentistry” has taken on so many meanings that, in our opinion, it’s hardly a meaningful term anymore. The quotation marks indicate a disconnect between what people talk about and what “corporate dentistry” actually is.

Oh, you know what I’m talking about. “Corporate dentistry” is the subject you don’t bring up with relatives at dental dinner table. Just like “politics” or “religion,” when the dental world talks about “corporate dentistry,” there isn’t a lot of critical thinking, just a lot of blustering and tired opinions.

Yes, it’s time for a “corporate dentistry” refresher—a reexamination of “that which we think we know.” It’s time for us to see if familiar ground is, in fact, still friendly.

In putting together this issue, we’ve found that the “corporate dentistry” of two years ago isn’t what it is today. There are more business models. Some of the old business models have gone away. There are more players in the market, and not all of them want world domination. Dentistry has changed. Patients have changed. What dentists want has changed. In fact, everything has changed... except, perhaps, what most of us think we know.

I’m keeping this editor’s note short and sweet so you’ll dive into the issue. Here are the highlights: You’ll find an executive brief on “corporate dentistry” by Kevin Cain, PhD, MBA, perspective from people on the inside, reader survey results, and an exclusive interview with one of the most scrutinized CEOs in the biz. In short, we’ve given you an “easy button” for reexamining your opinion about one of the most contentious issues in dentistry. I hope you take advantage.

PS. Special thanks to Erin Robinson, who did the heavy lifting on this issue. Now go get some sleep, Erin.

P.P.S. There are other goodies in this issue, too. For example, IDS is one year away. Get ready on page 45.
“CORPORATE DENTISTRY”: IT’S A CONTENTIOUS TERM. WHAT DO YOU THINK YOU KNOW ABOUT IT? WHATEVER THAT MAY BE, WE HOPE YOU’LL JOIN US IN TAKING A 360-DEGREE LOOK AT “CORPORATE DENTISTRY” AND HOW IT’S CHANGING THE INDUSTRY AS WE KNOW IT.

AN INTRODUCTION
We begin our special feature by breaking it down: What is “corporate dentistry,” anyway? How do dental support organizations (DSOs) fit in? And what’s at stake for private practitioners? Kevin Cain, PhD, MBA, answers these questions and more in our feature opener, “Corporate dentistry”—defined.

FROM THE INSIDE
Next, we hear from a dentist and dental hygienist who have lived it: Richard H. Nagelberg, DDS, details his experiences as a DSO-supported dentist, and Lisa C. Wadsworth, RDH, BS, tells of her decision to transition from practicing clinical dental hygiene to a director of hygiene position with a DSO.

FROM THE LEADERSHIP
In our “DSO Profiles,” Benevis, DentalSense, Heartland Dental, and Pacific Dental Services (PDS) chime in to share, in their own words, what they have to offer and what sets them apart. After that, you’ll hear directly from some of the people in charge: Catch our exclusive interview with Bob Fontana, CEO of Aspen Dental Management Inc., then read our “Executive Roundtable” piece, which features opinions from R. J. Adolfi, founder and managing director of DentalSense; Tom Nance, CEO of Benevis; and Rick Workman, founder and active executive chairman of Heartland Dental.

FROM THE DENTAL COMMUNITY
We wrap up the feature with an audience forum. We collected roughly 500 printed pages of responses from you in a reader survey conducted a few months ago, and while you won’t find all of them here, you will find data and a diverse range of opinions from dentists, dental hygienists, industry professionals, and students.

ENJOY THE CONVERSATION!
While most individual or small group practices are corporations in a legal sense, the term “corporate” dentistry has come to be colloquially understood within the profession as referring to multilocation, multidisciplinary dental practices.

Corporate practices can be organized in numerous ways, and the DSO-affiliated practice is a specific type of practice among the most common that a patient or practitioner may recognize, particularly when that corporation uses a common brand name across all of its office locations (e.g., Aspen Dental).

The DSO is a very specific business structure designed to comply with limitations on practice ownership found in most states. In those states where a licensed dentist is the only satisfactory owner of a dental practice, the DSO is not the technical owner of the clinical practice. As the DSO is not the owner, it operates as a contracted service provider for a professional corporation (PC) that employs the clinical staff of multiple practices (hence the term “dental service organization”).

The typical PC (the licensed “owner”-dentist) that contracts with the DSO is incorporated under the name(s) of the first dentist or dentists in the state who “sell” their practices to the DSO. Those sales result in DSO ownership of all equipment, leases, and nonclinical employment agreements for those practice locations. Additionally, the DSO assumes operational control of the practices. The only aspects of the business that must remain under the control of the PC are clinical decisions, which are made by the licensed principals and their clinical “employees” across all DSO-supported locations.
A LOOK AT DSOs’ COMPETITIVE STRATEGIES: HERE’S HOW TO TELL THEM APART

Most DSOs are structured similarly—holding a long-term, or even perpetual, service agreement with the PC—but they tend to vary in how they compete. DSO competitive strategies range from a focus on specific geographies to a focus on common marketing, and some even focus on specific specialties.

Many of today’s larger DSOs launched in and expanded from specific regions of the country (e.g., Pacific Dental Services, Heartland Dental, and Midwest Dental). Geographic strategies allow for centralization of operations and efficiencies in distribution (supplies and management), much like the hub-and-spoke model that allowed Walmart to become ruthlessly efficient and exceed its competitors’ operating margins.

Other DSOs (e.g. Aspen Dental, Great Expressions, and Birner Dental Management Services’ Perfect Teeth) are marketing-focused and use a common practice name across all locations to build brand awareness. This strategy allows for individual practice locations to benefit from a top-down marketing approach and allows “de novo” locations to benefit from an established brand reputation.

Finally, DSOs that focus on specialties or niche procedures (e.g., Dentistry for Children, Affordable Dentures, and Onsite Dental) benefit from their perceived expertise in a segment of the market and from the limited scope of the procedures they perform, which can make forecasting easier and increase bargaining power for obtaining supplies and materials necessary for those procedures or specialties.

Each of these DSO strategies conceptualizes the dental marketplace and how to best achieve success differently. Despite these conceptual differences, at a fundamental level all DSOs try to achieve efficiencies through economies of scale, a relentless focus on controlling costs within practice operations, and ensuring maximal employee productivity.

INDUSTRY CONSOLIDATION IS HAPPENING—HERE’S HOW

Traditionally structured dental practices—and their owners, partners, and employees—will continue to see increasing competition with DSO-“owned” practices for the foreseeable future. Macroeconomic changes in the dental insurance marketplace are going to result in declining insurance reimbursements. Likewise, regulatory changes may increase the scope of procedures that midlevel providers (MLPs) may perform and the issuance of government contracts. These macro changes will favor the larger organization that can both afford to meet the regulatory burden of insurers and governmental purchasers and profitably leverage the expanded practical scope of the MLP. Being the largest organizations in the industry, DSOs may be in a prime position to exploit these changes.

Aside from these changes, well-documented changes within the industry will also drive consolidation, including the growth of a new “type” of dental student and the impending retirement of baby-boomer owners. Among dental students, there is a noticeable shift from a “clinician” mentality to a “provider” mentality. This shift, in a way, represents a complete change in the normative expectations for a profession. It looks very similar to the shift in the role of the pharmacist, who was once a clinician and likely a business owner but who is now most likely a provider under the employ of large retail and mail-order pharmacies (e.g., CVS/Caremark). The graduating “provider” is more likely to see employment via “corporate” dentistry as an attractive option than his or her predecessors. Established individual practices may even find it difficult to compete against DSOs for talented associates because of both the normative shift and the DSOs’ abilities to offer higher guaranteed compensation.

Another factor, the retirement of baby-boomer dentists, will contribute to consolidation in dentistry because successful practice owners may face a paucity of potential acquirers—due to both increased student-debt loads and the “provider” mentality decreasing entrepreneurial
activity among younger dentists. In exploring potential practice exit strategies (i.e., for retirement), established dentists might find that DSOs offer the only practical exit strategy for larger independent practices because their access to capital (and debt) is more advantaged than that of most individuals.

THE OUTLOOK FOR PRIVATE PRACTITIONERS: IS COMPETITION POSSIBLE?

Couple increased competition against consolidated practices with, on average, flat or declining earnings (net income) in private practices over the past 15 years, and the outlook for private practice dentistry may seem bleak. However, for private practice owners, there are lessons to be learned from DSOs and opportunities to excel where DSOs are weak.

DSOs excel at practice operations, which can maximize the utility of fixed practice costs (e.g., rent, labor, equipment, and marketing). Most also employ experts to negotiate contracts with vendors (e.g., suppliers, landlords, and media) because their scale affords them more bargaining power and, typically, lower costs than are achievable for private practices. By emulating the DSOs’ relentless focus on costs, private practice owners can achieve meaningful savings and a healthier bottom line.

DSOs also excel at business intelligence. DSOs use simple metrics, such as patient acquisition cost and patient lifetime value, to increase the efficiency and efficacy of their marketing strategies. Through easy data collection (by using phone numbers specific to each campaign or type of media, or better referral tracking) and analysis (simple math), private practices can build knowledge about their competitive environment and develop more successful marketing strategies.

Despite DSOs’ advantages in scale, negotiations, and business intelligence, practices built on the traditional model can still be successful competing with DSOs. Independent practices can differentiate themselves from “corporate” practices by focusing on quality of care and customer satisfaction. Relationship building and word-of-mouth marketing will be more critical than ever for the private practice. Likewise, the employment and retention of quality associates, hygienists, assistants, and support staff can help differentiate the private practice. Spend time assessing the quality of the workplace environment you provide those employees, and set aside your ego in inviting constructive criticism and ideas from your staff.

A bright man once said, “Enlightened trial and error succeeds over the planning of the lone genius.” Ideas from your employees related to marketing and operations may help you more quickly figure out what works for your practice, patients, and location.

If you are an owner-dentist, you have the greatest advantage of all: control. For over 100 years, some of the greatest minds in business have tried to resolve the problem of the owner versus the manager. Owners (think shareholders) have different goals than managers (think CEOs) in situations where management controls but does not wholly own a business. How many CEOs have crippled companies, wiping out significant shareholder value, yet have walked away with millions in personal remuneration? DSOs are not immune from this problem, which is one that Nobel Prize–winning economists have failed to solve. The greatest leader of an organization is one whose ultimate success and fulfillment comes from that organization. An owner who is educated and who has the right team will always outperform a “hired gun.”

DSOs will be a factor in the dental industry, whether private practitioners are prepared to compete with them or not. In order to remain viable, private practitioners must be open to learning from DSOs and emulating what makes DSOs so successful, while leveraging their idiosyncratic advantages as owner-dentists.

Kevin Cain, PhD, MBA, is an assistant professor of management in the James M. Hull College of Business at Augusta University. He teaches strategic management and entrepreneurship courses at the undergraduate and graduate levels and guest lectures in the Dental College of Georgia. His research focuses on the impact of social approval and impression management on organizational performance. He also focuses on dentistry, with interest in industry consolidation and the determinants of entrepreneurial intention in dental students. Outside of academia, he consults with and provides continuing education for dental practices and organizations. He currently serves as a strategic adviser to the Georgia Dental Association and is active in the corporate governance of a couple of companies focused on the dental market, including Save Dentists Inc. He can be reached at kevin@kevinwcain.com.
MY EXPERIENCE AS A DSO-SUPPORTED DENTIST

RICHARD H. NAGELBERG, DDS

AFTER 30 YEARS IN PRIVATE PRACTICE, THE DECISION TO AFFILIATE WITH HEARTLAND DENTAL WAS AN EASY ONE. ITS REPUTATION FOR PROFESSIONALISM, OVERARCHING CONCERN FOR SUPPORTING CLINICAL EXCELLENCE, AND COMMITMENT TO CONTINUING EDUCATION, AMONG MANY OTHER ATTRIBUTES, ARE SOME OF THE REASONS WHY I HAVE NEVER SECOND-GUESSED THE DECISION TO AFFILIATE. FOR STAFF MEMBERS, THERE ARE MANY OPPORTUNITIES FOR ADVANCEMENT.

When a dentist has his or her own private dental practice for an extended period of time, the administrative responsibilities consume significant amounts of time and money. Since affiliating with Heartland Dental, my administrative responsibilities have been reduced by about 90%. They take care of payroll, taxes, OSHA and HIPAA compliance, hiring and training staff members, unemployment and workers’ comp issues, regulatory and marketing requirements, and on and on. I am back to spending the lion’s share of my time treating patients in a beautiful, ultramodern, new office that patients love to visit. Dentists retain 100% clinical and operational autonomy. They still lead their practices.

For new dental school graduates, excellent opportunities are few and far between. Opening an office upon graduation is also not feasible with enormous education debt levels and the difficulty of obtaining financing today. When I borrowed the money to open my first office in 1986, I spoke with the banker for 30 minutes about fishing and then he asked me how much money I wanted. Any amount was fine. I borrowed $90,000 and was able to build out, furnish, and equip my first office, with working capital left over. Those days are far back in the rear-view mirror.

There is a plethora of continuing educational course offerings for the doctor and all staff members. There are many opportunities to expand one’s knowledge, clinical skill set, communication skills, and leadership skills. Guidance on scheduling, patient flow, and transitioning new employees is essentially unlimited. Heartland Dental also provides layers of administrative resources and regular meetings to enhance practice success. The doctors from different practices are generous with advice and input to provide information, ask for input on dental materials, assistance with difficult cases and procedures, and so on.

In short, affiliating with a DSO offers stability and a network of dedicated clinical and administrative individuals committed to the success of every practice. Heartland Dental is truly interested and invested in supporting the success and satisfaction of all team members.

Richard H. Nagelberg, DDS, has practiced general dentistry in suburban Philadelphia for more than 30 years. He is a speaker, advisory board member, consultant, and key opinion leader for several dental companies and organizations. He lectures on a variety of topics centered on understanding the impact dental professionals have beyond the oral cavity. Contact Dr. Nagelberg at gr82th@aol.com.
HOW MY LIFELONG PURSUIT OF CLINICAL AND PERSONAL GROWTH LED ME TO ‘CORPORATE DENTISTRY’

LISA C. WADSWORTH, RDH, BS

AFTER 25 YEARS IN THE TRENCHES OF HYGIENE FOLLOWED BY NONCLINICAL ENDEAVORS, MY SIMPLE GOAL IS TO HELP ALL DENTAL TEAM MEMBERS UNDERSTAND AND REACH FOR “BEST PRACTICE” PROTOCOL AND PHILOSOPHY.

Working with teams in diverse locations from rural to urban, I realized that the financial and clinical success of a practice and the stability and happiness of the team can be increased by addressing two topics—appreciation and accountability.

An article I found while researching the topic helped cement that I was on the right track. The two topics atop the list were “full appreciation for work done,” and “feeling ‘in’ on things.”

Enter my opportunity—I am now director of hygiene for a fast-growing corporate dental group, also known as a dental service organization (DSO). One of the main factors that makes this setting different in a positive way is state-of-the-art technology for the entire team. This includes digital radiography, panoramic x-ray machines, intraoral cameras, DIAGNODent, VELscope, chemotherapeutics, and more.

Learning how to use and implement all of this can be a challenge. That is where my role begins. Lifelong learning and adapting research to guide our dental teams and improve patient care keep me busy.

Since becoming director of hygiene for a DSO, most days my phone begins to ring before 7:00 a.m. Why? I’m here to help hygienists with clinical questions, provide support for dentists and team members, and resolve challenges in locations far away.

I cover 19 practices in Pennsylvania, and I mentor practices in two other states. However, I am not alone—within my DSO we have a built-in safety net to share ideas and solve puzzles that ultimately creates the utmost professional patient experience.

Beyond technology, my days include assessing the talents of our RDH team, mentoring and fostering professional growth, and working to increase productivity. Input from the hygienists allows us to outline a professional improvement plan (PIP), complete with clinical productivity goals, professional development aspirations, and periodontal therapy proficiency standards. What does this provide? It fosters a sense of appreciation and accountability, otherwise known as feeling “in” on things.

As I get to know my rapidly growing team, they count on my ability to draw on my skill set from working chairside and lecturing to create and deliver PowerPoints on relevant clinical hygiene topics. Topics include the oral-systemic link and the importance of periodontal health. My passion is mentoring hygienists to become true health-care providers, influencing the overall health of the patients they serve.

At the start of this journey, the DSO setting seemed so structured, but isn’t that how businesses outside of dentistry thrive? Historically, dental practices tracked the number of procedures performed, but not necessarily the quality of care provided to the patients. Working within a DSO, I am tasked to ensure that the hygienists on our team are committed to raising the standard of care for our patients.

If you are new to the profession, or looking to become jazzed and accountable by being appreciated and “in the know,” consider working for a DSO-managed practice. I’ll be there!

REFERENCE


Lisa C. Wadsworth, RDH, BS, is the director of hygiene at a DSO. She is a key opinion leader for Philips Sonicare and has served as a dental hygiene educator for OraPharma. She can be reached at lisa@lisawadsworth.com and (215) 262-6168.
DSO PROFILES: WHAT THESE 4 DSOs HAVE TO OFFER

WE TAKE A QUICK LOOK AT FOUR DIFFERENT DSOs, AND THEY EXPLAIN, IN THEIR OWN WORDS, WHAT THEY OFFER AND WHAT SETS THEM APART.

BENEVIS

QUICK FACTS

Founded: As NCDR LLC in 2002; renamed as Benevis in 2014
Headquarters: Marietta, Georgia
Leadership: Tom Nance, CEO
No. of affiliated practices: ~150

IN THEIR WORDS

Benevis provides high-quality, nonclinical practice services to dentists and dental practices. We partner with dentists who are looking to transition their existing practices to our affiliate network, as well as with dentists who are looking for practice ownership.

For dentists looking to sell or transition their practices, we provide a cash-based investment in the practice with ownership transferred upon a mutually agreed date. The dentist sets the terms of the affiliation agreement and runs the practice until he or she is ready to leave. For dentists pursuing practice ownership, buying into a Benevis-supported practice allows for many of the financial and administrative burdens of building or buying an office to be avoided.

If you affiliate with Benevis, you will have access to a range of support services—including accounting, payroll administration, facilities management, marketing, and human resources—that will help you manage and grow your practice. We also offer discounted rates with labs and dental supply companies, as well as comprehensive review and recommendations of payor agreements, which help to lower practice costs and increase profitability. You’ll also have access to our compliance and auditing programs, built around our proprietary Boomerang practice management systems.

Simply put, affiliating with Benevis allows you to spend more time doing what you do best: practicing high-quality dentistry.

DENTALSENSE

QUICK FACTS

Founded: 2014
Headquarters: Charleston, South Carolina
Leadership: R. J. Adolfi, founder and managing director
No. of affiliated practices: ~7

IN THEIR WORDS

Your desire is to own your own dental practice and provide quality dentistry. But managing a dental practice can involve an overwhelming myriad of tasks and business processes that make it feel like dentistry is the last thing on your list.

DentalSense gives you the power to achieve the dream of practice ownership while enjoying your work and maintaining the lifestyle that you deserve. DentalSense is not corporate dentistry. Nobody will tell you how to practice dentistry. We are simply a support structure that allows you to own your practice without your practice owning you.
HEARTLAND DENTAL

QUICK FACTS
Founded: 1997
Headquarters: Effingham, Illinois
Leadership: Rick Workman, DMD, founder and executive chairman; Patrick Bauer, president and CEO
No. of affiliated practices: ~725

IN THEIR WORDS
The impact Heartland Dental has on supported dentists and team members extends beyond the nonclinical support we offer. Certainly, support in areas such as marketing, information technology, human resources, and accounting is a vital part of our mission, but this mission also includes supporting continuing education opportunities, offering mentorship, and creating an open and collaborative environment.

For new dentists, we offer the chance to start a career out on the right foot. For dentists looking for work-life balance, we offer the support necessary to achieve that. For dentists looking for the right exit strategy, we offer the means for them to control their careers on their terms.

We offer supported dentists and team members the opportunity to not only focus on dentistry but to advance themselves in every aspect of their lives. This has been the motivation of our company from the start and continues to drive us today.

Heartland Dental’s vision is to become the leader in dentistry. We look to accomplish this by helping all supported dentists and team members become definitive leaders themselves, to help them reach the ultimate goal: providing the highest quality of care possible.

PACIFIC DENTAL SERVICES (PDS)

QUICK FACTS
Founded: 1994
Headquarters: Irvine, California
Leadership: Stephen E. Thorne IV, founder, president, CEO
No. of affiliated practices: ~500

IN THEIR WORDS
Pacific Dental Services (PDS) has been a leader in the dental industry for more than two decades and has become one of the largest DSOs in the nation, operating in 17 states and providing business support services to almost 500 locations. This growth has been due, in large part, to PDS’s culture of service—service to the ~1,500 dentists they support, the communities they practice in, and to those in need of dental care around the world.

Founder, CEO, and President Stephen Thorne IV, as the son of a dentist, has a history of working for and serving clinicians. The PDS Owner-Doctor/“Private Practice +” business model provides dentists who have chosen to contract with PDS with autonomy and support where and how they want and/or need it. The business support services provided by PDS allow practitioners to focus more of their time on their patients and patient care.

Dentists, similar to other health providers, have an innate desire to care for people—it’s why many got into the health field. PDS, through its “We Serve” department and the Pacific Dental Services Foundation, provides opportunities and a platform for supported dentists to connect with community partners and to give back using their skills and talents. ▶
15,000 PATIENTS A DAY: EXCLUSIVE INTERVIEW WITH BOB FONTANA, CEO OF ASPEN DENTAL MANAGEMENT INC.

ZAC KULSRUD
CHIEF EDITOR

IT’S DIFFICULT TO WRAP YOUR MIND AROUND THE SUCCESS ASPEN DENTAL HAS EXPERIENCED IN THE PAST FIVE YEARS. TODAY, THERE ARE NEARLY 550 AFFILIATED PRACTICES, WITH A NEW PRACTICE BEING ADDED, ON AVERAGE, EVERY SIX DAYS. THAT AWESOME GROWTH PROVIDES ASPEN DENTAL THE OPPORTUNITY TO SHAPE THE FUTURE OF DENTAL PRACTICE IN AMERICA—SO HOW WILL IT?


PART I: THE GROWTH OF ADMI AND ASPEN DENTAL

Mr. Fontana, how did you come to the dental business?
The early part of my career was spent as an office manager, working for a dentist in New England. For a time, I actually considered going to dental school myself.

When did you realize the growth potential for ADMI (Aspen Dental Management Inc.)?
I realized the potential for growth pretty early on. I looked at the success of businesses like LensCrafters—one of the first truly consumer-centric models in health care. It was reshaping the eye care industry and doing something that no one else was doing. I wondered whether we, as a dental support organization (DSO), could do something similar: supporting practices that provide value and benefits to patients while operating under a common brand.

While DSOs weren’t necessarily new when ADMI was founded, I believed that there was a pretty clear opportunity to innovate within the dental industry. Over the past two decades, we’ve been able to do just that. Today there are nearly 550 independently owned Aspen Dental practices in 33 states, and we’re adding an office every five or six days.

The growth trend of Aspen Dental is astonishing. As you say, there are nearly 550 affiliated practices today. But only three years ago there were “just” 300. That rate of growth seems much more rapid than other DSO-affiliated practices in the market. What are Aspen Dental offices doing differently that explains this growth?

It’s hard to comment on how our growth strategy differs from that of other DSOs, but I’m a firm believer that market forces always prevail, and they are reshaping health care as we know it.

Our strategy has always been about trying to find a different way of doing things—a better way that is consistent
with what we believe consumers want. When I say “consumers,” I mean both patients and dentists. Our focus has always been on those two key stakeholder groups. We’ve wanted to break down barriers and create opportunities for patients to pick up the phone and call ADMI-supported practices, as well as for doctors to raise their hands and say, “Yes, this is a brand I believe in and an organization I want to be affiliated with.”

I read a story in *The New York Times* a couple of years ago that quoted Dr. Ateev Mehrotra at the RAND Corporation as having said, “We expect to do our banking 24 hours a day, seven days a week, and to shop 24/7. So now we want our health care to be 24/7.”

The delivery of health care is changing because consumers are demanding it. Just think about the proliferation of urgent care centers, which are popping up on every corner, or health clinics within traditional retailers like CVS or Walmart. This rise in consumerism means that patient-centric models like ours are better positioned for long-term growth and success than traditional delivery models.

Let’s face it. Dentistry has traditionally been an industry full of “no” and “can’t.”

The reason we have been able to grow and be successful is because we understand the changes that are happening and what consumers want from their health care. The Aspen Dental brand has always been about doing things differently, and we at ADMI have partnered with doctors who believe in a patient model that is built to break down barriers and make it easier for patients to be able to get the care they need.

**[II] What about the dentists joining these practices? What makes ADMI different from other DSOs?**

At ADMI, we look at dentists much in the same way that the dentists we support look at patients: Dentists are our consumers.

Our mission at ADMI is to care for the people who care for the patients, so we’ve worked hard to build a model that puts dentists’ wants and needs at the heart of everything we do. On a daily basis, that means supporting Aspen Dental practices with best-in-class business support that is essential to building a successful practice, which in turn allows dentists to focus on caring for their patients and building their clinical teams.

But what really differentiates us is our culture. When I get together with a group of Aspen Dental practice owners, I’m always so proud to see the community and camaraderie that exists between them. They collaborate with one another. They consult with one another about tough cases. They mentor one another. They support one another. And they enjoy one another immensely. It’s incredible to see and almost impossible to put into words.

**PART II: GROWING PAINS**

**[II] Growth brings opportunities and challenges. Describe some of the growing pains ADMI has had, and how you’ve addressed them.**

Dental support organizations have been around for decades, yet there continues to be a lot of misinformation and misunderstanding of the model itself, even within the dental community. It’s a challenge we share with other DSOs, but because the practices we support share a common brand, we are probably the most visible.

That means that we devote a lot of time trying to overcome misperceptions, clarifying that all Aspen Dental practices are independently dentist-owned and operated and that dentists have 100% clinical autonomy.

What’s interesting is that the criticism we’re seeing today is not without precedent. Health care underwent similar changes during the 1980s when LensCrafters revolutionized the eye care industry by offering consumers something that wasn’t being offered anywhere else: retail locations that offered custom-crafted eyeglasses in about an hour with a money-back guarantee. That caused a lot of pushback within the ophthalmology community involving concerns about clinical autonomy and patient care.

Today we’re on the other side of that debate, and eye care is probably one of the most successful sectors of health
care. It has lower costs, better access, and more choices for consumers, and we’re starting to see it more broadly across the health-care industry as a whole. That kind of innovation is reshaping dentistry, too, and we believe we’re leading the change in dentistry.

**One of the alleged difficulties DSO-affiliated dentists face is a pressure to place business goals, or profit, ahead of patient needs. Since Aspen is a DSO that works with nearly 1,000 dentists, how do you tackle that problem?**

There’s some irony here. There is an erroneous belief that just because the team at ADMI is not comprised of dentists, we can’t care about people. The fact is that we share a common belief with the doctors we support about doing the right thing for patients. It’s paramount. And if it wasn’t a cornerstone of our values and central to what we believe, the Aspen Dental brand wouldn’t have been around for very long.

To answer your question, this is one of the most frustrating misperceptions out there about our business and the DSO industry as a whole. There is this great myth that there is a huge difference between a dentist who owns his or her practice under the “traditional” model of ownership versus one who owns his or her practice with the support of a DSO.

The truth is that there is not. Dentists practicing within the DSO model graduate from the same schools as those in traditional private practices. They uphold the same professional and ethical standards as their private practice brethren. Under both models, dentists deploy capital, buy practices, and hire and manage their own employees. They own their patient records and have 100% clinical autonomy. Practice owners pay their employees, including associate dentists, hygienists, and dental assistants, just like traditional private practitioners would.

The fact of the matter is that the practice owners we support are highly engaged and active leaders of their practices. Together, they employ thousands of people—dentists, hygienists and dental assistants—and those team members look to the practice owners to lead. If you were to ask any one of those practice owners, they’d tell you in no uncertain terms that they and they alone are responsible for what happens in their practices and the patient care that gets delivered. It’s the same as in a traditional private practice.

What’s unique with Aspen Dental is that the dentists choose to own their practices under a common brand and take advantage of all of the benefits that come along with that.

**Because all Aspen Dental practices share the same name, but not the same doctors, the potential exists for one bad practice (or bad dentist, or bad office manager . . . ) to give a bad name to the Aspen Dental brand. If I were an Aspen Dental-affiliated dentist, I would want to know my reputation was...**
being protected by ADMI. What safeguards have you put in place to protect the Aspen Dental brand and Aspen Dental–affiliated dentists?

We’ve done a lot in this area over the last several years, and I believe we’ve made progress, though there’s still a long way to go.

It boils down to actively telling our own story, rather than letting others tell it for us. That means educating the media and stakeholders on what the DSO model is, and it means building relationships and bridges within the industry. The good news is that the dentists we support believe wholeheartedly in not only the DSO model, but also what the Aspen Dental brand stands for. In addition to the work being done through groups like the Association of Dental Support Organizations (ADSO), Aspen Dental practice owners have been getting more and more involved in advocating for the way they’ve chosen to practice, doing things like meeting with their state dental associations to clarify any questions and look for common ground.

We also have a responsibility to contextualize any issues that may arise. Collectively, Aspen Dental practices can see between 15,000 and 20,000 patients a day. Because those experiences happen under a common brand, we and the dentists and teams we support are highly sensitive to ensuring that every patient who walks through our doors has a positive experience.

And the fact of the matter is that between online reviews and social media, consumers today have access to more information than ever before when choosing a dental care provider. They have the ability to go online and read from an almost endless number of sites about the brands and services that they choose to do business with. Any large brand or organization faces the same things that the Aspen Dental brand does in this area. If an experience is less than positive, the dentists and teams we support are committed to doing whatever they can to make it right for the patient. We receive an average of more than 10,000 calls from new patients every single day, which tells me that patients are receiving quality care, having great experiences at Aspen Dental practices, and telling their families and friends.

PART III: REDEFINING “CORPORATE” DENTISTRY

It is no secret that “corporate dentistry” is a polarizing term. On the one hand, some believe that DSOs signal the death knell of the dental American Dream. They feel that affiliating with a DSO is akin to “selling out” and relinquishing the autonomy needed to run a successful, profitable, and ethical practice. Yet others believe the DSO model holds great promise for stakeholders—from freeing dentists of business demands, to improving health-care delivery to underserved populations. Does this divisiveness have any affect on the decisions ADMI makes when charting the future of the company?

There’s a reason that almost 12,000 dentists are associated with DSOs. Clearly, we’re meeting dentists’ needs and helping them fulfill what they want in their careers. Based on the increasing number of doctors choosing to practice in this model, I’d argue that the DSO model is actually helping dentists achieve their goals. Between rising levels of debt from dental schools and tightening credit markets, the dream of owning a traditional private practice has slipped further and further out of reach for many dentists. Choosing to practice with the support of a DSO like ADMI, and particularly with the benefit of a well-recognized brand like Aspen Dental, gives doctors all the benefits of traditional private practice with fewer risks and a better track record of success.

The divisiveness you describe speaks to the very nature of competition disrupting a once-stable marketplace.
Whether it’s the optometry industry or in ride-sharing services like Uber, change in a marketplace can be tough for incumbents.

What’s interesting about the patients who are served by Aspen Dental practices is that they have often been left behind by traditional dentistry—they don’t have a regular pattern of care because life has gotten in the way. And unfortunately, they are often waiting until they can’t stand the pain any longer or have a dental emergency. Understanding that patient base and meeting their unique needs is the foundation of the Aspen Dental practice model, and it is what drives and motivates the dentists we support. That’s what drives our decision making.

[1] Aspen Dental is not a member of the Dental Trade Alliance (DTA), but neither are many of the other major DSOs. Have you considered joining? If not, how do you think companies like Aspen Dental should influence the political landscape of health care and the dental industry as a whole?

For the time being, we’ve chosen to focus our efforts in a couple of areas, such as working in partnership with our peers through the Association of Dental Support Organizations (ADSO).

At ADMI, we’re working in conjunction with the doctors we support for meetings with state dental associations as well as the American Dental Association to have an ongoing, open dialogue about the future of this industry.

[1] What are your hopes for the next five years for ADMI and the dentists you work with? Put another way, how do you think Aspen Dental can positively impact the dental industry as dentistry continues to change in dramatic ways?

Let’s face it: Despite the health-care debate that rages in this country, dental care is an overlooked issue. It’s just not a part of the national conversation.

The incredible thing about Danica is that her appeal extends far beyond NASCAR, and she’s been a really great partner to us and the Aspen Dental brand. In 2014, she helped us launch the Healthy Mouth Movement, a community-giving initiative supported by Aspen Dental practices that has delivered nearly $4 million in free dental care to people in need, particularly our nation’s veterans.

Last year Danica helped us raise awareness about the long-term consequences of delaying dental care. We created a humorous hidden camera video, called “Taste of the Future,” that featured Danica behind the grill of a food truck, going undercover to serve up classic food truck fare like fish tacos, burgers, and pulled pork sandwiches, which she blended into smoothies. We were blown away by how much engagement that generated, particularly on social media, among both consumers and dentists alike.

Efforts like these are critically important. More than 155 million American adults didn’t visit the dentist last year, and generating awareness and encouraging patients to take control of their oral health is key.

[1] MARCH–APRIL 2016 APEX360

[1] What are your hopes for the next five years for ADMI and the dentists you work with? Put another way, how do you think Aspen Dental can positively impact the dental industry as dentistry continues to change in dramatic ways?

From my perspective, the future is very bright for the Aspen Dental brand. Trends in consumerism will continue to drive fundamental shifts in health care as patients demand more choices and better access to quality care on their own terms. We have a history of consistent growth, and we’re leading a change in dentistry that is consistent with the consumerism that is happening elsewhere in health care.

For ADMI, the outlook is equally positive: We’re on track to add a new supported office every five or six days over the next several years, which creates an abundance of opportunities for the dentists we support to build and grow their practices in communities where they are needed. We have a unique, highly aligned dentistry strategy, and I believe that we’ll continue to see more and more dentists choosing to join Aspen Dental practices and enjoy all of the benefits that this model has to offer. [1]
R. J. ADOLFI, FOUNDER AND MANAGING DIRECTOR OF DENTALSENSE:  

Amazing as it seems, dentists complete four years of dental school amassing as much as (and sometimes more than) $300,000 in student loans to become licensed . . . but they are not required to take a single business class.

In the 1970s, the DSO industry was born of an idea to “divide and conquer.” Dentists realized that with the right support team, they would be able to concentrate on providing quality dental care for their patients, and their practices would thrive. While a DSO can be a valuable asset to a dental practice, it is vital that business is not mixed with dentistry.

Over the years, DSOs have notoriously “crossed the line” between the hallway and the operatory. Many DSOs believe that the dentists should give up both financial and clinical control to promote the “business” part of their practice. Specifying time allotments and instituting production-based compensation is unethical. Dictating how a dentist should diagnose and plan treatments is unequivocally unethical. The control of a patient’s dental health should always be left to the licensed dentist without interference from the practice’s “business” department.

Some DSOs imply that the dentist has to be “a team player.” This is a huge mistake. The dentist is the owner and, more importantly, the coach of the team. The auxiliary staff should do whatever it takes to enhance the doctor-patient relationship and the hygienist-patient relationship. They should provide the clearest possible picture to the dentist, enabling them to focus on providing the best care for the patients.

A good DSO should provide the dentist and the key staff members with a clear and concise summary of factors that affect the practice’s sustainability. In fact, there are six key indicators that should be available to the dentist on a “daily dashboard.” These indicators will enable the dentist to remain abreast of the financial health of the practice and focus fully on the dental health of the patients.

Business methods can help a dental practice stay in “business,” but dentistry cannot be managed in the same way. Performing dental procedures has nothing to do with business, and business people have not been trained in dental procedures. Dentists who truly understand this concept will be successful, and their patients will be much happier with their experiences.

The most important question to any member of your team—including DSO staff—must be, “What is in the best interest of the patient’s dental health?” If at any time you feel that this question is not top-of-mind with a person involved in your practice, it’s time to reconsider that relationship.
TOM NANCE, CEO OF BENEVIS:

“Dental service organization”: It’s a buzzword that has rocked the dental industry in recent years, transformed the way many dentists do business, and sparked prolific commentary with regard to its impact on the profession.

In my role as CEO for one such dental service organization, I’ve talked with hundreds of our affiliate dentists about why they decided to partner with a DSO and what they like about it. Some common refrains I hear:

- “Affiliating with a DSO has helped me strike a better work-life balance.”
- “It has helped me realize my dream of doing meaningful work and helping those who need it most.”
- “I can focus my time and attention on what I spent all those years (and money) training to do: being a dentist.”

Most dentists are not trained in administrative work like accounting, human resources, or payroll—nor do they particularly enjoy it. Yet owning a successful dental office requires mastery of all these things. Partnering with a DSO gives dentists the best of all worlds: it removes all the administrative headaches, it allows dentists to focus on their patients, and it lets dentists grow as practitioners.

Our affiliate dentists are not the only ones singing the praises of DSOs. According to health-care advocates such as the National Minority Quality Forum (NMQF) and National Hispanic Medical Association (NHMA), the DSO model has played an important role in increasing access to dental care among historically underserved populations. Indeed, most of the Medicaid dental coverage gains seen since 2000 can be attributed to the emergence of DSO-supported practices. In Texas, DSOs cover at least 30% of Medicaid beneficiaries. In Virginia, DSOs provide a dental home to 32% of Medicaid enrollees, according to a recent NHMA report.¹

Increased efficiencies, including assistance with complicated Medicaid filings and the ability to accept lower reimbursement rates, allow DSO-affiliated dentists to provide more cost-effective care to a larger proportion of Medicaid beneficiaries, which means reduced costs to the system. One study in Texas found that DSOs, on average, charged 32% less per patient per year than non-DSO dentists.² This is likely an effect of more robust compliance and auditing programs within DSOs, as well as prevention-focused treatment plans that lead to the improved oral health of patients who have found a dental home with DSO-affiliated practices.

In summary, DSOs are revolutionizing the way dental care is delivered. I, for one, am proud to be part of the shift toward modernizing dental care delivery in America.

REFERENCES


Identifying the support needs of dentists has certainly been one of the main reasons why DSOs have come into existence, but it is not the only reason. DSOs have become more prevalent, in large part, because of the establishment of this new reality. Modern dentists are encountering a multitude of challenges—such as new technology, increased costs, diminishing patient visits, government regulation, legal issues, third-party payment changes, and more.

DSOs help dentists meet these challenges. For new dental school graduates, it’s hard to start out in private practice these days. Currently, only 50% of new dental graduates enter private practice upon graduation, according to the ADA. Some dental school graduates are simply unwilling or unable to take out loans in order to finance a new practice on top of already-significant student loans.

Furthermore, the decreasing number of solo practitioners seems to correlate with an increase in group practices. The ADA Health Policy Resources Center has concluded that the rate of solo practitioners is falling. In 2010, 69% of dentists were solo practitioners, compared to 76% in 2006. By comparison, group practices, many of which are supported by DSOs, increased by 25% between 2009 and 2011. I don’t think this points to the extinction of the solo practitioner, but I do think—because of the reasons I’ve discussed and other developing trends—that more and more dentists are turning to DSOs for support.

Meeting the needs of today’s dental patients is not as simple as it used to be. Today’s “dental consumers” have more options, information, and education at their fingertips than ever before. People can identify hundreds of clinicians online who can provide the service they are searching for at the price they want. As patients are now more knowledgeable and savvy than ever before, it’s necessary for dental offices to adapt to their needs. Dental support organizations are equipped to help dentists succeed in these areas by providing support in areas such as marketing, public relations, social media, and communication, for example.

No matter what level of experience you possess, I’m sure you have felt the effects of these new industry trends. Dental support organizations have set themselves up in the industry to be an advantageous option for many who are trying to overcome these challenges. 

---

**REFERENCE**

WHEREVER YOU CALL "HOME"—CANADA, ENGLAND, INDIA, PAKISTAN, TURKEY, THE UNITED STATES, OR SOMEBODY ELSE ENTIRELY—YOU’RE SEEING THE INDUSTRY’S CONSOLIDATION. SO WE THOUGHT WE’D ASK: WHAT DO YOU THINK OF DSOs OR “CORPORATE DENTISTRY”?

And oh, did you answer!* 292 of you shared personal experiences, triumphs and woes, outlooks for the future, and musings about what it means to work in dentistry. Representing a broad range of occupations, ages (from 20 to 70-plus), and geographic areas (all of the aforementioned countries and then some), the perspectives you shared are as diverse as you are.

Here’s a look at what you told us . . .

Got a comment or question about DSOs or “corporate dentistry”? Find us on Facebook or Twitter to join the conversation!

*As a matter of fact, you shared in so much detail that we would have needed to turn this issue into a 500-page book to fully do your thoughts justice. Since we were unable to do that (hey, we’re only three editors and one art director!), we invite you to keep an eye on our website for more perspectives.
**WE SAID:**

“Tell us about your perspective on dental support organizations or ‘corporate dentistry.’”

**DENTISTS SAID:**

“In today’s world of high-cost education, many young recent graduates are fortunate to have somewhere to practice. Yes, there are ‘problems’ with corporate dentistry, but the great majority of [DSOs] offer what consumers want, or they would not be in business. Corporate dentistry knows that they have an almost an endless supply of dentists, especially recent graduates, and older dentists who do not want the responsibility of private practice but still want or need to practice.”

“They are in a position to provide care to underserved and low-reimbursement policyholders, but at the same time, they provide quality of care [that is lower than the standard]. They help drive down the cost of supplies, but I believe they hurt the image and quality of dentistry more than helping.”

“Both provide an ‘outlet’ option for recent dental graduates, many of whom come out of school [with] debt loads. These options are tempting and often the last resort for those graduates who need immediate income. However, the structure of some of the contracts they enter into are an additional weight they must tug along. Many of them are not business-savvy and sign onto contracts they later come to regret. Most current dental school curriculums fail at imbuing their students with [the] necessary business acumen to make informed, intelligent decisions in this expanding new market. The age-old axiom of ‘let the buyer beware’ is, many times, learned too late.”
I WORKED AT [A DSO-AFFILIATED OFFICE] for six months and left after growing very uncomfortable with the practice model. The best way for me to include all of my perspectives is in a list format: (1) It seems that the business model in a corporate setting is to exploit/marginalize a patient’s insurance and collect as much cash as possible for treatment, often without the proper informed consent. (2) Patients came to the office not understanding their insurance and a good majority of them would leave after a new-patient encounter wrought with confusion about their treatment plan—why it costs so much, what portion their insurance covers, what the alternatives and options are, etc. (3) Providers are asked to upsell everything at every opportunity and not to offer some lower-cost alternatives. (4) The quality of lab work is exceptionally poor; I was encouraged to use any lab of my choosing, although I would have to pay my own lab fees [to] use any lab other than the one owned by [the DSO]. Such lab fees would effectively negate my entire personal profit for a procedure. (5) Filling appointments are booked [in a way that] providers are expected to finish every filling on a patient’s plan in a single visit due to the low production. Exams and emergency visits are usually done without pay, and providers are asked to set a personal goal of starting two same-day high-end crowns on new patients each day, regardless of any other variables. (6) Proper scheduling and time management is not apparent, especially for patients who see dental specialists [who] travel between offices. Some patients wait several hours routinely to see a particular specialist despite their scheduled appointment times. In the end, I left because I was being asked to ‘play the game’ of upselling treatment and taking the human components out of the dental equation. I refused to compromise my ethics or patient-centered treatment model, so I was effectively encouraged to leave the company if I did not ‘improve’ my practices.

I LEFT BECAUSE I WAS BEING ASKED TO ‘PLAY THE GAME’ OF UPSELLING TREATMENT AND TAKING THE HUMAN COMPONENTS OUT OF THE DENTAL EQUATION.

THE ORIGINAL, PURPORTED TASK of the dental support organization was to help dentists run the non-dental, administrative tasks of the dental office. However, in reality, the structure of the typical DSO is a phony shell used by a large corporation to own and operate dental practices in violation of state laws, which mandate that a dental practice can only be owned by a properly educated, degreed, licensed dentist. The rationale behind the requirement that only licensed dentists can own dental practices is clear: In order to obtain a license, the dentist must first have a fully accredited dental education, must show an understanding of professional ethics, and must pass an examination that focuses upon the dentist’s skills and ability to practice in an ethical manner that puts the health and welfare of the patient first. A corporation has no dental education, no license, no ethics, and no reason to defer to the patient’s best health if a profit can be obtained by ignoring it. Legislators were wise to limit dental-office ownership to licensed dentists. Corporations answer to their shareholders, who only want profits and have no knowledge of what is best for the health of patients. The owners of corporate dentistry don’t know the patients treated by their corporation. They don’t care about the patients’ families, the growth of the patients’ children, and the triumphs and trials of all the family members as time goes by. The corporate owners do not interact with the patients and don’t care about anything but rapidly increasing corporate profits. If a cheaper treatment is actually better for the patient’s health, the [corporation] will still try to sell the patient a more expensive (profitable) alternative. Corporate dental offices are in a position to evade responsibility for their actions. An individual licensed dentist, on the other hand, is completely responsible for all of [his or her] actions. A real dentist is a member—for life—of the community and is actively interested in the welfare of many diverse patients. A corporate dental office is not a real, flesh-and-blood member of the community. It is only a storefront that exists to obtain the greatest profit possible from the people who actually form the local community. It is unfortunate that most patients do not understand these important differences. They tend to look upon all doctors as impartial experts who strive for patients’ best health. They don’t understand that a corporate dental office exists only to provide monetary profits for a faraway corporate headquarters that is interested in immediate monetary profit, not in the ultimate long-term health of the patient.
THE ADVERTISING IS IMPRESSIVE AND ALMOST CONVINCING UNTIL YOU SEE SOME OF THE TREATMENT PLANS!

[...] I HAVE A DRAWER FULL OF TREATMENT PLANS [for] major treatment on conditions that don’t exist. Sad. Some of them don’t even have the doctor’s name on them—just the corporate logo! The doctors are all just interchangeable parts without faces. The corporation is the only thing that matters. The advertising is impressive and almost convincing until you see some of the treatment plans! Sadly, this is the future because new dentists are too lazy to make a private practice work. You have to get involved in the community, not just advertising, to get your name and image out there. That’s too much effort for a lot of them. Eventually oral health practitioners will take over these clinics just like [physician assistants] and [nurse practitioners] have in medicine. A [general practitioner (GP)] in medicine is overpaid and worthless; GPs in dentistry will be the same. Pay a midlevel practitioner half, and they will do all of a GP’s treatment in corporate dentistry. We are about 15 years behind medicine in this. It’s coming fast.

[...] DENTISTRY IS A VERY LOW-OVERHEAD PROFESSION. If you want a bare bones office, all you need is a building, a dentist, and an assistant. And you can have the assistant answer phones when you don’t need them, like during extractions. So what does this mean? Patients reap the benefits of this type of practice. You can do things much more inexpensively then in a [...] megalithic office with four assistants, two front-desk [employees], two hygienists, a dentist, and every high-tech gadget available. (Let’s not even get started on the electric bill.) Let’s take this a step further. How about four [...] megalithic offices with four assistants... blah, blah, blah—all owned by the same dentist (a dentist that has been chosen by peers in his [or] her profession for a caring attitude, strong willpower, and curious mind). But even this isn’t too bad for the profession. Actually this is good—if a patient moves across town, they can still stay in the office, they won’t have to fill out paperwork, and they may even see familiar faces. Now, here’s where things get more complicated: Imagine 20 [...] megalithic offices owned by a non-dentist who only cares about the bottom line and paying for the staff and dentist and investors. Who pays for these [...] megalithic offices? Investors—investors who want a return on their investments. I don’t blame them; I would, too. But with that, you add a huge profit motive. The investors are putting pressure on the investment firm, the investment firm is putting pressure on the managers, and the managers are putting pressure on the staff. Goals and incentives for pay are put into place to make [employees work] harder and treatment plan more aggressively. And this hurts the patients, but it still isn’t even what keeps me up at night.

All [of] that is the short game for corporate dentistry, once they finish buying up all the smaller group practices after the owners fail to find a young dentist to secure financing for $3 to $10 million. Once they finish securing enough territory, they have the upper hand on the insurance companies. [Until] now, insurance companies have been able to to bargain with individual dentists, making us more efficient and slightly less wealthy then our predecessors. This isn’t all bad. The free market says that, as long as there [is] someone willing to do a job for a certain price, that is the market value. At some point, dentists will decide that the risk of HIV or hepatitis B infection via high-speed drill transference, the angry [and] combative patients, the high volume of patients, the stress of perfectionism, the stress of malpractice, and everything else isn’t worth the price. But ’til then, I think that all insurance companies have done [is bring] balance to the profession. But at some point, ‘corporate dentistry’ will have taken a lot of territory and will have the upper hand on the insurance companies. They will demand that they will only take certain insurances that pay certain amounts—amounts that will pay for their investors and their doctors who demand certain wages for the risk they take every day. Then who will suffer? The patients. They will have to pay higher premiums to pay the insurance company, the management company, the investors, the staff, and the dentist. What I have described is exactly what happened in the medical field. I beg you to look at the overhead of hospitals versus the salaries [of hospital staff]. Wasn’t health care cheaper and overall better when there was just a doctor and a nurse? Now patients have to pay the insurance company, the management of the hospital, the investors for the hospital, the staff, and the doctor. Sounds familiar, doesn’t it? Who will suffer the most for this? Patients and their pocketbooks.”
I MAY NOT LOVE THEM, BUT I CAN LIVE WITH THEM AS NEIGHBORS. I’ve been in my current practice for 13 years now, and several corporate entities have opened within my demographic base. Although they have encroached on my potential new patient base, I seem to get a lot of ‘second opinions’ or just transfer patients who seem to be dissatisfied with the lack of customer service and heavy-handed consultations and case presentations for [ . . . ] what ends up being [unnecessary] or elective treatment. Although they promote patient-centric practices, they are not. Well-managed fee-for-service practices may be under attack by DSOs, but practices that are well managed and have systems and team members who have been trained and offer real ‘patient-centric’ experiences will survive. There will be enough patients [who] will gladly pay the extra fees for a more personal, if not better, experience. I can live with them. Let them keep doing a lot of expensive marketing, and trust me—they will [anger] enough patients to support my practice, and I will be just fine with them as ‘ugly neighbors!’

HAVING WORKED IN ‘CORPORATE DENTISTRY’ and as a private practice owner, I found that both models worked well for me. Private practice offers more control, business-ownership tax benefits, and ego fulfillment, along with long hours (essentially working one and a half jobs), lots of stress, and tons of liability. In corporate dentistry, on the other hand, you are essentially an employee (in most cases), who can be let go at any time. In other words, you’re just like an employee in any other industry. However, all the stress of running the business is someone else’s problem, you can work much less time [with] all of it focused on patient care, and the pay is just as good. When I was a younger, more energetic, more ego-driven man, private practice ownership was great. But now that I’m older (and wiser?) and place more value on work-life balance, corporate dentistry is a godsend.

I WORK FOR [A DSO]. I am in their practice ownership program. I am very well compensated. I see a lot of denture patients, and I have a lot of patients with very unhealthy mouths that need extensive restorative work. It is a very similar patient base to what I saw at the dental school. I enjoy it. It is not for everyone. The denture patients can be difficult, and dealing with the extensive treatment plans can get overwhelming for new dentists [ . . . ]. But I find it very rewarding, and I am very well compensated for it. I am not sure what the average general dentist makes, but I definitely believe I am in the top 1%.

I WORKED IN ‘CORPORATE DENTISTRY’ 2.0 AUDIENCE FORUM MARCH–APRIL 2016

THERE WILL BE ENOUGH PATIENTS [WHO] WILL GLADLY PAY THE EXTRA FEES FOR A MORE PERSONAL, IF NOT BETTER, EXPERIENCE.

I STARTED OFF MY DENTAL CAREER in a corporate dental office after completing my [general practice residency]. In the beginning, it was a great experience, but over the course of five years, the quality of ‘support’ vastly deteriorated as the push to produce increased exponentially. In the end, it was the drafting and distribution of a comprehensive list of all the dentists and how much they produced for the company, divided by region, that was the last straw for me. We all knew that the level of compensation for each doc was based on the amount of collections based off of the production, so seeing my name in the bottom third of the list didn’t encourage me to seek out the advice of the high-producing dentists in my region. It actually had the opposite effect and further humiliated me to the point where I had simply had enough. Now I am three years post-corporate, and I own two practices of my own. [I am] looking to purchase a third soon. [I] also have requests from another country asking me to set up an ‘American-style’ dental practice. All I can say now is that the publication of that list was the best thing that ever happened to me.

I WORK FOR [A DSO]. I am in their practice ownership program. I am very well compensated. I see a lot of denture patients, and I have a lot of patients with very unhealthy mouths that need extensive restorative work. It is a very similar patient base to what I saw at the dental school. I enjoy it. It is not for everyone. The denture patients can be difficult, and dealing with the extensive treatment plans can get overwhelming for new dentists [ . . . ]. But I find it very rewarding, and I am very well compensated for it. I am not sure what the average general dentist makes, but I definitely believe I am in the top 1%.
"OUR OFFICE IS SUPPORTED BY [A DSO]. Working with a DSO has many advantages over being a solo dentist. We are leaders of our practice, involved in many managerial decisions while our primary focus is on delivery of dental services and patient care—no worries about payroll, taxes, government compliance, or the many cash-flow struggles individual practices endure. Dental supplies and labs are paid on time, allowing us to receive better pricing for lab and dental supplies. [...] Because of our aggregate buying power, we receive further price reduction and value-added considerations. These increased efficiencies add to our profitability, which we share with our DSO, in addition to our salaries and monthly bonuses. We also have the option to purchase stock, which has performed above-market returns in the past 15 years. Purchasing stock also gives us additional monetary monthly benefits, as well as capital gains as the value appreciates. We have access to many continuing education opportunities which are paid for by [the DSO] and our offices, including travel expenses. We have many sought-after dental speakers, workshops, and leadership training. This past year, for example, we had an Aesthetic Continuum where docs received hands-on training, one-on-one with a mentor on a 10-unit veneer case.

In 2016, [the DSO] is developing a growth program to further encourage doctors to be actively engaged in continuing education and to improve their clinical, communication, and leadership skills.

As reimbursement for dental services demands more efficiency, DSOs will partner with dentists to improve access to quality patient care and experiences. This also gives dentists the opportunity to practice in a state-of-the-art facility without any personal capital investment and the opportunity to earn income equivalent to private practice with overall improved benefits. With stock purchases, it is possible to see returns that cannot be attained in a private practice setting, as many of our long-term doctors have accomplished. DSOs will continue to manage more practices over the next 10 years. Having a solo practice with a building, equipment, and staffing that is opened only 35 hours a week is not an efficient or highly profitable business model for many doctors. This leaves the doctor with little saved for retirement and having to shoulder all the problems of owning a practice. In my opinion, most dentists partnering with a DSO—and especially the DSO I affiliate with—will enjoy a more satisfying career. More time for family, less stress, and greater financial compensation. Also [...] the personal and leadership training skills transcend into an improved quality of life and better life choices. I am so grateful and blessed to be part of our wonderful profession. I am very satisfied with my decision to join [the DSO I affiliate with]."

"Corporate dentistry is slowly eroding the public opinion of dentistry. Providers in this structure are pushed to do more procedures in less time. Patients feel this. One of my patients went to a local DSO said that she felt like she was ‘in the Walmart of dentistry.’ As DSOs accept more and more fee schedules that are ridiculous, dentists are making less and less money with more and more liability. One of my colleagues complains that he is asked to run two to three chairs at a time and is almost always running more than an hour late by the end of the day. This type of practice doesn’t give the dentist the opportunity to manage the minutiae of dentistry—not only the minutiae of the actual dentistry but the nuances of helping people. [Dentistry] used to be one of the most respected health-care professions. Not any more. I believe that DSOs are at the heart of this. While I believe that group practice can allow for dentistry to be more affordable and accessible than it has been in the cottage industry that dentistry has historically been, DSOs are not the answer."
DENTAL HYGIENISTS SAID:

“FROM MY EXPERIENCES working for a corporate dental office for six years, there are many positives and negatives. Positives [include] benefits [as well as] support and mentoring from others in the company. There are many people up the ladder who can help or give advice. The negatives [include] always finding ways to cut corners and make more money, and those working in management [are] always so busy with having multiple offices that things don’t get watched or done in a timely manner as they should. Our offices are basically left to do as they want for long periods of time, and then management swoops in later on and comes down on us for not doing what they want.”

“I WOULD COMPARE THEM TO ASSEMBLY LINES in factories. I worked in factories prior to becoming a dental hygienist, so I truly see the similarities. I have been a dental hygienist since 1993, so I am not new to the profession. I also manage my husband’s pediatric dental practice. He is a solo practitioner and started the practice from zero patients. It is a very long road to establish your reputation in a community. After 12 years he is known in the area for his ability to treat difficult children and his fun personality. However, in recent years with insurance companies paying at such low rates, it is not possible to remain in-network while still maintaining competitive pay for our employees, preparing for our own retirement needs, and meeting our overhead expenses. Due to this, we have been changing to out-of-network status with many insurance companies so we are paid our full fees. We cannot compete with a high-volume corporate dental facility. My husband is not going to change how he operates his office to see more patients in a day and provide care in a rushed and impersonal manner, which is necessary in a corporate-run practice. (He joined such a practice early on and left after only one year.) It is sad that some patients do not see the value in personalized care. Fortunately, some patients do stay with our office [after] they go elsewhere to ‘save money’ and are not happy. Others never leave, knowing from past experiences how large practices operate. We can only hope that our community continues to value the personal care their children receive. We are proud that our staff members have been with us for long periods of time, as they are also happy with how we run the practice. Many people value the fact that their children can see the same hygienist year after year. Two of our best hygienists temped at corporate dental practices prior to coming on board with us, and they are so happy to work in my husband’s practice now. There’s something to be said for actually having the time to get to know what your patients are doing in their lives—not just their dentitions. I think that if our health system continues on the path it is on now, private practitioners in all specialties will find it more and more challenging, especially [when] starting a solo practice. I suppose that was a really long answer to state that I do not like corporate dentistry for many personal reasons!”

“APPOINTMENT TIMES are short, and equipment is not the best, but I believe corporate dentistry fills a need for a large population of people. They are the chain restaurants of dentistry. Yes, mom-and-pop eateries can be nice with better-quality food, but sometimes people want the reassurance of [a] recognizable brand with a menu and pricing structure that they feel more comfortable [with].”

“THERE’S SOMETHING TO BE SAID FOR ACTUALLY HAVING THE TIME TO GET TO KNOW WHAT YOUR PATIENTS ARE DOING IN THEIR LIVES—NOT JUST THEIR DENTITIONS.”
I HAVE WORKED FOR TWO DIFFERENT DSOs. I was very fortunate for the offices that I had worked in. At the first, I was an office manager. I was in the dental field for many years prior to working for a DSO. The dentist in this office sold his practice to the DSO and was working for them. We managed this office like private practice, not overselling dentistry or products. It was a very successful office, and our production was up in the top, compared to other offices in the corporation. At the second office that I was in, I was a dental hygienist. It was a new office to the corporation and had several issues that needed to be addressed. The front office staff had little (if any) training, which meant the office did not run smoothly. The patients were frustrated before they even got in the dental chair. When we did start working as a team, the patients became comfortable with the practice. Then the corporation started pushing numbers. It was no longer what the patients needed for their dental health; it was how much money we needed to produce each month. I didn’t feel I could ethically work there anymore. I was told I needed to do four quadrants of periodontal scaling on patients who had one to three four-millimeter pockets [. . .] who had not had their teeth cleaned six months prior, just to meet a quota. Then I was told I had to place so many Arestins per month. To meet that quota, I was told to place 23 Arestins on a patient who had implants that had no bone and were so exposed and loose in his mouth. I quit. The concept of the DSO and providing good dentistry is great, but when they push numbers without thinking of the patients’ dental health and financial situations, there is a problem. So I have seen both situations with DSOs.

I WORKED AS A HYGIENIST in ‘corporate dentistry’ for almost two years. There are benefits and negatives that I will share. I will begin on the negative, so I can end on a positive note! Negative: All is geared on production and is visible on a central computer for all to see—production numbers and goals. To have high production, assisted hygiene is necessary. On paper, this is great. However, everyone has to work as a team for this to flow. Many things get overlooked due to the fast-paced schedule. There is a bonus system, which is awesome, but that brings competition among the employees that I have seen divide the team [. . .]. [There is an] increase in the workday hours and weekdays open for operation, which is great for the patients but difficult for the employees. All these result in a turnover in employees that affects the ‘team’ and the flow of the office. Positive: Cutting-edge equipment and training. Nice offices. Bonus system and benefits. I am not against ‘corporate dentistry,’ and on paper, it is a wonderful system for employees and patients. Implementing this is altogether different, and I felt as if the patient care was not optimal like you find in a general practice!
There are pros and cons to corporate dentistry. Keep in mind when you use the word ‘corporate’ that it equates to a profit-driven company. Here are some of the pros: (1) They will give you everything you need to be successful in the way of making profit. This includes all equipment, [personal protective equipment], and training. Everyone can stay on the same page if everyone is given the same training, and office protocol is standard from one office to another. (2) They’ve ‘got your back.’ Because of the litigious society we live in today and the fact that they are successful, they make all amends to keeping patients in the right-to-know [about] consequences if they don’t follow recommended treatment [or if they refuse] to allow full diagnosis with regards to using radiographs and other diagnostic tools [. . .]. They [keep] patients informed and follow through with written and verbal consents. Everything is documented! (3) Job security: While the previous dentist decided to take a few weeks off during the year, without regard [for] keeping the staff fully employed during those breaks, the office now remains open with set time off for the dentist and/or refusal to allow the current dentist (‘employee’ now) to take extra time off since it reduces the profit for the office. Also the office is driven to secure new patients on a regular basis to keep the practice growing continuously [. . .]. (4) Employee benefits: If you received minimal benefits or diminished benefits due to the economy ‘tanking’ in the last decade, the corporation gives a full benefit package to those who meet full-time requirements. [. . .]

Cons: (1) Because the office is now strictly profit-driven, [. . .] insurance is utilized for maximum profit to the business in the guise of helping the patient achieve optimal dental care. This doesn’t mean unnecessary treatment, per se, but getting the most from the patient in regard to treatment options. This may include offering whitening treatments, implants, Invisalign, and other procedures that may not be necessary but would increase overall income to the company for profit-making purposes. The fact that it may not be a covered expense for the patient is secondary to meeting financial goals for the office. (2) Don’t expect to receive any compliments about your work or patient rapport. Small talk or social chit-chat is frowned upon [for] slowing production and being meaningless unless it produces results (profits). (3) If you think you had a good, productive day, think again. They are never satisfied and will continually expect you to reach higher levels in regard to the dollar amount. Meanwhile, you will not see any increase in salary. [. . .] They will put the hygienists on production-based pay to drive you toward [producing] more income for the office, [so] your hourly rate will suffer if you do only the basics. You don’t derive profit from educating the patient through the whole ‘time equals money’ appointment crunch. Your patients will be questioned if they learned anything, and you will be questioned if you offered them other ‘services.’ ‘Would you like fries with that?’ is what made McDonalds increase their revenue, and this isn’t much different. (4) Stress: If you are a competent hygienist, you will want to be thorough. Your allotted appointment time must be completely guided [by] getting the patient in and out exactly on time. This can be a frustration as you await the clinical exam by the dentist.

These are just a few of the pros and cons off the top of my head. On a daily basis, it has its frustrations, as it seems as if every minute is tracked for production. I often feel like I should be wearing a GoPro [camera] on my head as corporate staff will visit the office to see if we are complying with the company’s policies, and of course, [if we] are on goal with production endpoints. And don’t let me forget, the whole process of tracking and documenting everything takes time away from your clinical treatment of the patient—either that, or you will not have time to thoroughly document your treatment, and they will be checking on that, too.”

“I currently work for a corporate dental office and find that I have a consistent patient base that offers greater job security than when I worked in private practices. I have also found that I no longer have to worry about providing supervised neglect, as I was made to do prophies on patients with active periodontal disease. I make my own schedule and can see patients for the amount of time I need.”
“OUR EMPLOYER (A DDS) MADE THE DECISION TO SELL HIS PRACTICE to a corporate administrative organization. We were told that, aside from seeing a different signature on our paychecks, we would not notice any differences in the way the office was run. In the months since the changeover, we have upgraded our OSHA practices, had long-overdue reviews and raises, hired another DDS and RDA, switched computer programs, had some change in employees, and had actual marketing done to bring in new patients. Overall, the results have been positive so far. The negatives are the way the change was presented to us and the fact that we had to switch 401(k) programs, and there is a one-year wait for the employer match to take effect. I am grateful for my job; my dedication is to my patients, and I understand it [was] my employer’s choice to do what he did.”

“I THINK IT’S RIDICULOUS that one of the largest corporate dentistry groups consistently breaks Colorado law, and nothing gets done about it. Assistants are doing prophies, and the patients have no idea [about] the substandard care they receive. Everyone in dentistry knows about this!”

“OUR COMPANY WAS ‘DIFFERENT’ because the dentists owned part of the practices. I was being triple-booked and pushed to doing minimal work on the patients just to get them in and out the door. I was told not to worry about perio charting and oral cancer screenings when I didn’t have time. Patients put so much trust in our knowledge and professionalism and deserve more than that. Also, I value my knowledge more than letting it go to waste.”

“I WAS TOLD THIS COMPANY WAS ‘DIFFERENT’ because the dentists owned part of the practices. I was being triple-booked and pushed to doing minimal work on the patients just to get them in and out the door. I was told not to worry about perio charting and oral cancer screenings when I didn’t have time. Patients put so much trust in our knowledge and professionalism and deserve more than that. Also, I value my knowledge more than letting it go to waste.”

“OTHER INDUSTRY PROFESSIONALS SAID:

“DSOs HAVE GOTTEN A BAD RAP, largely due to some bad apples. There are bad apples in every industry, including among solo practitioners. I do think many dentists will greatly benefit from the support DSOs provide in managing the business which is becoming ever more complex. There are increasing pressures on revenue from insurance carriers and increasing pressures on costs as practices become more reliant on expensive technologies. Managing the revenue and expenses is becoming much more critical to being successful in this industry, and most dentists do not receive any training in these areas. The larger dental groups also generally look to provide total patient care and often are able to introduce specialty services at the patient’s local practice, making it a more comfortable, efficient experience for the patient but also providing direct interaction between the GP and the specialist. In addition, most dental groups have quality assurance programs ensuring quality care is being delivered. If you are operating as a solo practitioner, who judges your quality?” —A consultant

“DSOs SEEM TO MAKE SENSE from a business perspective, but [I hope] the dental industry will learn from the medical industry and not repeat the same ‘mistakes’ that occurred there during the similar consolidation. It is important to keep the patient at the center of everything that we do. When a ‘corporate’ office can offer a patient services and efficiency that [are] not available in an individual practice, consolidation is working. When the corporate office becomes impersonal and just another medical professional looking out for themselves, the system is broken.” —A strategy lead

“DSOs ARE THE FUTURE FOR DENTISTRY, as stated by Wall Street in 2012 . . . and the future is now. How can a new dentist fresh out of school, loaded with six-digit debt, [who has] virtually no business experience expect to service their debt and have enough money left over for a new ground-up dental practice? Or [how can this new dentist] have strong enough credit or the skillsets required to purchase an existing practice? If nothing else, DSOs will provide great pay, an opportunity to build clinical speed and expertise, and the opportunity to increase dental business acumen, which at some point, will allow [new dentists] to have their own practices.” —A consultant
Regardless of how we ‘feel’ about it, the dental industry is following in the footsteps of the medical industry, and DSOs will soon be the norm. Overhead costs, battling with insurance companies, and even increasing regulations are driving solo practitioners and graduates into group practices with the hopes of less stress, [less] responsibility, [and] maintaining a decent income. We have a generation coming in [that cares] more about immediate access than ‘that personal touch,’ and a group practice can accommodate that more easily with extended hours, including specialists in the group, and accepting most insurances. Additionally, the practice management decisions are made by either investors or a core team of doctors who understand they are running a business, while providing the best health care according to their standard of care. This means they can set fee schedules that are more balanced, which could potentially streamline the reimbursements (although I’m less sure about this than anything).

There are, of course, downsides to DSOs, including but not limited to the ability for the doctor to set their own schedule and make practice management decisions—and in fact, all the entrepreneurial benefits that come with owning your own business. As I stated earlier, as a patient, going to a corporate practice can seem more like going to Trader Joe’s than your market down the street; the experience can be less personal. When the practice is run by investors rather than doctors, there is a thin line between ‘what’s best for the patient’ and ‘what’s best for the business.’ This could cause ethical doctors to question their standard of care, doubt in the patient’s eyes when it comes to necessary treatment, and dissent [among the staff] if goals are not achieved. I think it’s important these ‘corporate’ dental offices take the route of most corporations today by making sure they’re being socially responsible and giving back to their communities. By educating the public on subjects like the oral-systemic health link, they can ensure compliance within a patient base that is becoming more cognizant. There is a sensitivity that comes with adding business to health care, and these offices must ensure that they are ultimately seen as [being] here to do good. Regardless of how we view these businesses, they are here and will continue to expand. We must commit to their success to ensure the future of dentistry progresses in a way beneficial to the patient first and the doctor second. After all, isn’t that what it’s all about?” —A sales representative

For many reasons, Corporate Dentistry has a place in today’s market. Due to the high cost of education, [new] dentists find it difficult to start a business. Corporate dentistry provides an environment that allows [new dentists] to meet their financial needs while learning to run a business. Dental schools have little interest in teaching students the process of starting a business or teaching sound business practices. Dentists looking to slow down but not retire are perfect for the corporate dental environment. Many see corporate dentistry as a threat. It can be a threat unless the private practice dentists realize that developing lasting loyal relationships with patients, the community, and professional referral sources is an absolute necessity.” —A consultant

In my opinion, dental support organizations are actually a great way to start a career if one just finished dental school. Corporate [offices] provide more training for the new graduate, which is a very essential factor for the first year or two after graduation. On the other hand, the infrastructure of a DSO is made with the mentality to make money and grow. Regardless of patient focus and care, DSOs are there to sell, sell, sell, which could make it very difficult for a dental professional. Fifty minutes to assess, take radiographs, present the dental hygiene care plan, debride, polish, apply Arestin, and/or fluoride treatment [ . . . ] is just not enough time for a dental hygienist. And this is not even mentioning the dentist’s interaction with the patient yet! Fifty minutes [is] simply not enough to time to be able to do it accurately and with patient care in mind. Fifty minutes with each patient is absolutely a disservice. We, as dental professionals, need to get together as a strong group and change this approach. It is not healthy [and] not ethical to rush through the whole appointment just to satisfy ‘sales production.’ DSOs are not designed by dental professionals. The infrastructure was put together by a whole bunch of investors, [whose] only focus is to increase the money invested by decreasing patient care. DSOs need to be reshaped with patient care in mind.” —A dental hygiene student
Numerous respondents wrote in “the experiences of patients,” and many wrote in “all of the above” or indicated that more than one of the multiple choice selections applied. Additional write-in responses included experiences with involvement in professional bodies that address the subject of DSOs and conversations with DSO representatives.

“I needed a job with a ready-made patient base when I moved to the area.”

“I saw the competition of corporate dentistry and saw that over time, the corporate dental companies would be squeezing out the individual dentists. Also, a corporation allows me to touch more patients than I ever could as a solo practitioner.”

“No other opportunities were present at the time. I hope to leave as soon as possible to start my own practice. Student debt doesn’t allow me to open my own practice at this time.”

“Loan debt”

“Opportunities to focus on patient care, earn a great income, benefits, [continuing education], and stock ownership”
DENTAL HYGIENISTS SAID:

“I wanted to keep my job with people who provided great quality care for everyone. The practice was sold, but the primary DDS stayed—influencing the decision of most of us to stay in the practice.”

“Because my private dentist took full advantage of me [and] my work skills and kept me underpaid without benefits for eight years”

“I was offered a full-time job with benefits.”

“It was the job available at the time. But over time I have grown to love working here. The patients are in need of my services and for the most part [are] very grateful. Plus, I get to see a wide variety of patients.”

“Commission-based salaries which pay higher than general dentists”

“Not much choice. Boss is retiring and sold practice. In our rural area, employment is very limited.”

“I was laid off for a year during the recession, and despite negative feedback from what people felt about corporate dentistry, I needed a job.”

“There aren’t many jobs available. I applied for the job, but all the while, I was looking for another.”

“It was an involuntary decision based on my employer.”

“I had no other opportunity.”

“It was my first job out of school. I needed experience.”

IF YOU DON’T WORK FOR/WITH A DSO, WOULD YOU EVER CONSIDER IT? WHY OR WHY NOT?

DENTISTS WHO WOULD SAID:

“If I am desperate for a job”

“If [a] DSO had zero influence on [my] practice of dentistry”

“I would only consider it if I could truly decide on treatment plans in consultation with the patients, [unaffected] by the corporate headquarters’ drive for bigger profits.”

“If I were [able] to treat patients as I do now, I would consider the possibility.”

“If the market was headed that way, I would consider selling to a DSO and work to my retirement.”

“If it allowed for some improved quality of life (e.g., more money, more free time)”

“I would want some control.”

“Maybe just to see if it’s as bad as I thought it would be”

“Yes, I would consider it.

No, I wouldn’t consider it.

Not applicable—I already work for a DSO.”
DENTISTS WHO WOULDN’T SAID:

“I am a fee-for-service dentist, and the patient’s health is between the patient and [me]. My job is to help my patients afford the best dentistry for them. I will not extract teeth that I can save. Ways can be found over time to keep patients’ teeth in maximum health, [comfortable], and [functional], [without having] them sign financing to shuck teeth and give them a plastic removable partial or stick them in full dentures and turn them into a dental cripple. So, how do I really feel about this?”

“I would rather quit dentistry than become a dental [sell-out] for these organizations.”

“I’d retire first!”

“Why would I want to give up all the freedoms I enjoy to work for someone else? Why would I want to give up 10–14% of my profit to a corporate group? Uncle Sam (20%) and practice brokers (10%) will take a good share of what remains if I sell to a corporate group. When I retire, I will hire an associate, give them much better pay than corporate dentistry, practice one day a week doing Fastbraces and implants, and be able to make more money than if I sold my practice.”

DENTAL HYGIENISTS WHO WOULD SAID:

“They are the only ones offering jobs now.”

“If it were a location that was well reviewed and appreciated by its patients and care-driven as a means to a profitable end, rather than solely profit-driven”

“I would love to get health insurance as a benefit.”

“DSOs usually offer benefits, [paid time off], 401(k), and bonuses that most private practices don’t, so unless you have insurance from another source, it is a huge perk. Sometimes you pick benefits over happiness and doing what is taught in school.”

DENTAL HYGIENISTS WHO WOULDN’T SAID:

“I do not think that the level of care is what it should be. I feel like the need to meet quotas and make so much money can lead to not considering the patients and their needs as a top priority. I also do not feel that employees are valued or treated as well as I have been in the private practices I work for. The doctors I work for know me [and] my work ethic and take an interest in my life. I know that I’m a valued employee. I feel that, in corporate dentistry, we are viewed as easily replaceable because there is not as much of a personal connection.”

“I believe all health care (including oral care) is personal and should be administered by a trusted professional provider. I prefer to work and provide personal caring service, not mandatory services mandated to enhance corporate profits.”

“I actually was considering a ‘corporate’ dental position at one time. I wanted to keep an open mind, but the more I learned, the faster I ran in the opposite direction—mostly due to the level of dentistry and professionalism that I believe every patient deserves. I was not willing to be a part of anything less.”

WHY WOULD I WANT TO GIVE UP 10—14% OF MY PROFIT TO A CORPORATE GROUP?
5 THINGS EVERY DENTAL PRACTICE WEBSITE NEEDS

JESSICA LALAU
DIRECTOR OF MARKETING COMMUNICATIONS, PUBLIC RELATIONS, AND SOCIAL MEDIA, POSTCARDMANIA

A PROFESSIONAL, MODERN DESIGN
You know what they say about first impressions: They matter. A clean, professional website tells visitors your practice is reputable. Credibility research from Stanford University found that 50% of consumers say they make judgments about a company’s credibility based on its website design.¹

Not only should it be designed well, your website should tell visitors immediately that it’s a dental website. Use an appropriate color scheme—white, blue, light green—that gives it a clean, fresh feel and use images of people with beautiful, white smiles.

A WAY FOR PROSPECTS TO REACH YOU
Your contact information should appear in the upper right-hand corner of your website on every single page. That’s where visitors expect to see it—don’t make them hunt it down! Include a call-to-action, as well. Don’t assume your prospective patients know what to do. Your call-to-action can be as simple as “Call today for an appointment.” You should also include your office hours, a map showing your location, and an appointment request form.

FLAWLESS PROGRAMMING
Programming isn’t sexy, but it’s so, so important. Just like design, it determines your credibility with the visitor in a big way. If a prospective patient is browsing your website and the photos are loading slowly or not at all, or if the links don’t work, what

ЭЛЕМЕНТЫ, КОТОРЫЕ ПОСТРОЯТ ДОЛЖНОСТЬ ВАШЕЙ ПРАКТИКИ
Город и дентисты взаимосвязаны очень интимно. Люди не хотят, чтобы случайный незнакомец поглядел в их рот. Они должны почувствовать комфорт, прежде чем сделать запись. Фотографии докторов и биографии — отличное средство к этой цели. Эти фотографии показывают, что вы человек и профессионал и помогают им понять, что ожидать, когда они вас увидят. (Вы также должны включить фотографии вашего персонала.) Ваш биография не должна включать всю вашу жизнь; попробуйте использовать информацию о вашем образовании, хобби и семье.

ОТЗЫВЫ И ТЕСЕМАНИАЛС ПОЛЬЯВОЗВИЗЕСТРОЙЕСТВО
Отзывы и рекомендации также важны для построения доверия. Когда вы меняете дентиста, 70% пациентов учитывают оценки или отзывы. ²

ANSWER: A dental practice website has exactly one purpose: To get prospective patients to make an appointment. In order for it to do that, it needs the following five things.

ELEME ETNS THAT BUILD TRUST IN YOUR PRACTICE
The patient-dentist relationship is very intimate. People don’t want some random stranger poking around in their mouths. They need to establish a level of comfort with you before they’ll make an appointment.

Doctor photos and bios are an excellent means toward that end. These show your prospective patients you’re human and professional and help them know what to expect when they meet you. (You should include photos of your staff, too.) Your bio doesn’t need to include your entire life story; try using information about your education, your hobbies, and your family.

Reviews and testimonials are also important to building trust. When choosing a new dentist, 70% of patients take customer ratings or reviews into account.²

What are the basic facts about dental websites and SEO that every dentist should know?
does that say about your practice? The patient will think you don’t have your act together and leave. And you can forget about an appointment!

Your website also needs to be mobile-responsive, as 60% of Internet searches are now conducted on smartphones. That means the design adapts to fit the smaller screen of a mobile device. If you aren’t sure if yours is responsive, use Google to search for the phrase, “mobile-friendly test tool” and then enter your URL. Have you ever tried to read a nonresponsive website on your mobile device? It’s so frustrating!

But it’s not just a frustrating user experience. Last year, Google implemented a new algorithm that gives preference to responsive sites (so if yours isn’t, you’ll miss out on a ton of search engine traffic).

SEARCH ENGINE OPTIMIZATION

Search engine optimization (SEO) is the process of making your website more visible to Google and other search engines, so when people search for dentists in your area, your site will appear in the search results—the better your SEO, the higher your ranking.

This is not insignificant. 59% of consumers use Google every month to locate local businesses. 75% of those people never scroll past the first page of results, and 60% of organic clicks go to the three top-ranked sites.

Here are four tips for improving your SEO:

1. **Add your practice to local listings:** Did you know that the major search engines offer free local business listings? When someone searches for “dentist” and “[your city],” these listings are what comes up, along with a map with red arrows pointing to the practices’ locations. It’s an easy and free way to generate traffic to your site.

2. **Use keywords:** Using keyword-rich content is a reliable way of letting search engines know what your website is about. Think about the phrases people might use while searching for a dentist online: “[city] dentist,” “dental implants,” “family dentist,” etc.

3. **Add a blog:** Blogging is a good way to use your keywords and show search engines you have valuable information to offer. You’re too busy taking care of patients and running your practice to blog? I get it! If you can get someone on staff—or hire a freelance writer—to update your blog weekly or even more frequently, do it. Businesses that blog get 97% more backlinks (which are links to your website posted to other websites).

4. **Use backlinks:** Speaking of backlinks, sites that get them rank higher in search engine results, according to online marketing expert Neil Patel. A good way to generate these backlinks is to participate in online industry forums or spend a few minutes answering questions on Quora or Help a Reporter Out (HARO). Another way is to link to other relevant businesses and ask them to link back to you.

It’s a lot; I know. But spending even just 30 minutes per week on SEO will pay dividends!

**Do you have a dental marketing question? Send it to me at JessicaL@PostcardMania.com, and you might be featured next!**

**REFERENCES**


Jessica Lalau is the director of marketing communications, public relations, and social media at PostcardMania, a $22-million marketing company specializing in direct mail. Since its founding in 1998, PostcardMania has delivered results-driven marketing campaigns for more than 4,600 dental professionals across the nation. To request free dental industry postcard samples (with postage included), visit PostcardMania.com.
3 TRENDS AFFECTING THE DENTAL INDUSTRY TODAY

NAOMI COOPER
CEO, DOCTOR DISTILLERY
PRESIDENT, MINOA MARKETING

THE TIDES OF THE DENTAL PROFESSION ARE SHIFTING IN MAJOR WAYS. THOSE WHO SELL TO DENTISTS NEED TO BE AWARE OF THESE CHANGES. HOWEVER, AT THE HEART OF THESE TRENDS REMAINS ONE CONSTANT: THE IMPORTANCE OF PROVIDING THE BEST CUSTOMER EXPERIENCE POSSIBLE. WHETHER YOUR POSITION AS DENTAL MARKETER IS ON THE MANUFACTURING OR SUPPLIER SIDE, THERE’S NO DENYING THAT A POSITIVE, MEMORABLE CLIENT EXPERIENCE IS STILL THE KEY TO LASTING SUCCESS.

To help keep you in touch with today’s changing industry, let’s review three influential trends that can help ensure a strong, personal connection with your target audience.

1. THE CONTINUED PREVALENCE OF ONLINE INFLUENCE

The idea of having a website is certainly not new, but that doesn’t diminish the importance of having a modern and dynamic website. Your business’s website is often your customers’ first impression of you, so make it count.

For example, if your site currently doesn’t utilize responsive design, then it definitely deserves atten-
tion and warrants an upgrade. What is responsive design? It’s the most common and preferred way of ensuring that a website functions properly across all devices (computers, smartphones, tablets, etc.). Did you know Google hides websites that aren’t optimized for mobile devices from any search conducted on a those devices? With almost two-thirds of Americans now owning smartphones, having your website optimized for mobile devices is a must.

To see if your site is mobile-friendly, simply cut and paste your URL into the search bar at this site.

If your website isn’t up-to-date, you risk missing out on new prospects. Make sure that your website gives the best first impression possible and makes every page view count.

2. THE RISE OF COMFORT-CONSCIOUS DENTISTRY

Cosmetic dentistry has been a boon to our profession. Patients today view dentists as the people who can help them get the smiles they’ve always wanted. However, dentists still
continue to fight an uphill battle to remove the negative stigmas typically associated with visits to the dental office. That’s why more and more dentists are choosing to focus on the concept of patient-centric dentistry. Anything that can be done to make patients more comfortable while in the chair will enhance the patient experience and help them view dentistry in a more positive light.

As a result, if your company has a product that helps dentists appeal to patients, dentists will take notice. Dentists flock to clinical courses that teach new techniques for the procedures patients want most. Similarly, they rave about innovative patient communication technology that enhances the patient experience. Here are some examples: Weave Communications’ VOIP (Voice Over Internet Protocol) service comes with software that provides patient-centric front-desk prompts, and Dental Sesame from Sesame Communications simplifies, automates, and facilitates patient communication via e-mail and text messaging.

The bottom line? If your product makes dental treatment more comfortable or makes the dentist-patient relationship more secure, dentists are more interested than ever.

3. THE NEED FOR INNOVATIVE FINANCIAL PATIENT SOLUTIONS

As dentists become increasingly aware of making patients more comfortable, they’re also in need of new financial solutions to offer their patients so that they can move forward with the treatment they want and need.

One innovative company is turning out to be a game changer for dentists: Comprehensive Finance is an in-house patient-financing plan that professionalizes the approval process, automates monthly payments, and outsources soft collections. As a result, it helps greater numbers of patients afford comprehensive care, especially on high-ticket items like implants, CAD/CAM restorations, and multiple units, without burdening the dentist with large amounts of risk.

Industry innovations like this one demonstrate that the more a company can provide value to patients, the more valuable they are to dentists.

THE BOTTOM LINE

What’s a dental marketer to do? First, identify your unique selling proposition and home in on exactly how it helps your dentist customers provide a higher level of patient care while maintaining a personal touch. When marketing your products and services to dentists, always remember to keep the patient’s comfort top of mind!

REFERENCE

5 REASONS DENTISTS HAVE A LOVE-HATE RELATIONSHIP WITH MONEY

REES HARRER, CFP
CEO AND FOUNDER, DENTIST ADVISORS

“NEW CAR, CAVIAR, FOUR-STAR DAYDREAM, THINK I’LL BUY ME A FOOTBALL TEAM. I’M IN THE HIGH-FIDELITY, FIRST-CLASS TRAVELING SET AND I THINK I NEED A LEAR JET.”

If you like Pink Floyd, you probably recognize these Roger Waters lyrics. He wrote “Money” in 1973, part of The Dark Side of the Moon, which became the third-highest selling album in music history.

Most dentists can relate to these lyrics. The more you earn, the more complicated your financial picture becomes. As the late Notorious B.I.G. reminds us, “Mo money, mo problems.” (I’ll stop quoting songs now.)

In 2011, BBC Labs partnered with some very experienced professors to conduct research on the relationship between people and money. Surveys were compiled on 109,472 people—one of the most extensive surveys ever issued on this subject.

The most insightful takeaway I got from this research was a list of the most common emotions people associate with money. Respondents said that when they think of money they feel “anxiety, depression, anger, helplessness, happiness, excitement, envy, resentment,” in that order.1

Wow. Read this list again. First, I smiled because it sounds a lot like how I feel when I go to the dentist. But jokes aside, money is one of the most emotionally complex subjects people deal with.

Before founding Dentist Advisors and narrowing my focus to dentists, I spent several years working with a cross section of wealthy individuals, most of whom still remain close friends. The emotions listed in the survey are common to many people, but I’ve seen them at an exaggerated level among dentists. I attribute this to a few notable factors.

First, as a dentist, you’re a very high achiever. That’s just what it took to get into school and pass your boards. You’re aware of the success of your peers, especially those from dental school, and you probably have a tendency to compare yourself to them.

Have you ever looked at a friend’s practice, car, house, or vacations and thought, “Wow, they must be doing well?” I worry that many dentists equate nice cars, vacations, and houses with being wealthy. You are inherently competitive, and sometimes it’s easy to compete with others by spending like they do, even if it doesn’t make sense for your situation.

Real financial independence is about accumulating a net worth that outgrows your spending. It gives you peace of mind and great flexibility to live how you want. In order to achieve that end, it requires making hard trade-offs during your career.

Second, you delay income while the people you grew up with are making money. This creates a pent-up demand for spending and improving your quality of life. You have obtained more education, and are waiting longer than your peers to enjoy the payoff.

When you see other people with a lifestyle you want and think about all you’ve sacrificed to get where you are, you give yourself permission to live the life that you feel you deserve.

Third, you experience a sudden boost of significant income. Despite what most dentists would report, they really don’t experience a gradual climb (from below average, to average, to above average income). Instead, they start at above average, and grow to well above average.

The psychology is not that different from professional athletes who go from making $30k–$40k in the minors or D-leagues to six-figure or multimillion-dollar salaries in the pros.

Fourth, you don’t have a financial background or experience with money, budgeting, or business—and yet your career demands that you be a manager in all of these areas. It’s pretty unreal if you think about it. MBA students go to school for two years to become experts on finance and business strategy. In fact, they narrow their focus even further by pursuing a specialized track such as marketing or supply chain management because they know it’s difficult to be competent in all areas. But dentists are expected to just figure it out. No wonder it’s so challenging for dentists to manage their wealth.

Finally, being a dentist means you need more to retire than others. Everyone gets used to spending more as they make more, and you’re no exception. Your above-average income gives you a huge opportunity to achieve extraordinary wealth, but a high income can make it even harder to retire successfully.

Why? People are happy with their retirement when they maintain or increase their standard of living. They are dissatisfied when their standard of living declines. Dentists, more than most people, have to worry about this.

The quality of your vacations, food, hotels, houses, and cars are all based on your income. We spend more liberally as we earn more, even though we know we shouldn’t let it get out of control. During your career, you have one of the best incomes, and arguably, one of the best lifestyles.

Your lifestyle expenses steadily increase over time, and consequently, you need more for retirement than many of your peers in order to feel like you aren’t downgrading your life when you hang up the drill.

But there are two huge problems—you pay more in taxes, and you don’t have an employer who puts together a nice retirement package for you. So you really need to get your act together early in your career when it comes to financial planning; perhaps even more than other people do.

CONCLUSION
Fortunately, in the same study I cited above, the research revealed that financial success is more of a personal problem than it is a financial problem. In other words, as Dave Ramsey puts it, “Personal finance is about 80% behavior. It is only about 20% head knowledge.”

With one of the highest average incomes in the world, dentists have an amazing financial canvas to work with. There are very few restrictions that cannot be overcome. The trick is to adopt a set of habits that prevent you from becoming a victim of your fortunate circumstances and help build your wealth over time.

In my next article, I will explore this concept further by describing financial personality types among dentists (e.g., gamblers, independents, family stewards, and VIPs) and provide suggestions on how each type can avoid mistakes that delay retirement.

REFERENCE

Reese Harper, CFP, is the founder and CEO of Dentist Advisors. He lives in Salt Lake City, Utah, with his wife and four kids. Sign up for the DentistMoney newsletter at dentistadvisors.com, or tune into the DentistMoney Show on iTunes to learn more. To book him for your next event, call (800) 890-8095.
YOU WON'T GET A PUBLIC CONFESSION FROM ME ON THE AMOUNT OF TIME I SPEND ONLINE, BUT I WILL SAY IT'S SIGNIFICANTLY MORE THAN THE AVERAGE PERSON'S 40 MINUTES PER DAY.

After individually reviewing and tracking the social media strategy of 671 dental companies, it became clear that adhering to some basic best practices can make a big difference when it comes to the success of your Facebook presence. With over 1 billion daily active users, Facebook is one of the best ways to build loyalty with your dental customers and increase awareness. This study includes median results as some companies were outliers with more than 1 million Facebook likes. Here are six tips to improve Facebook engagement with dentists:

**LINK TO FACEBOOK FROM YOUR WEBSITE**
To increase recognition, include a link from your website to your Facebook page and other social media sites. Surprisingly, only 47% of the dental companies in this study included a direct link. This is a missed opportunity to encourage your website visitors to connect! It is common to place social links in the header or footer of your website. Doing so will help increase traffic to your social media presence.

**CREATE A FACEBOOK VANITY URL**
Facebook allows businesses to create what is called a “vanity URL,” a web address branded for your company. For example, Vennli’s vanity URL is facebook.com/Vennli. If you don’t request a vanity URL, Facebook automatically assigns an address that includes a series of long numbers at the end. Having a vanity URL is important as it serves as a direct, clean, sharable link that can be used to drive traffic to your page. Of the dental companies reviewed in this study, 79% have a Facebook vanity URL. (To request a vanity URL, go to facebook.com/username.)

**INCREASE YOUR LIKES**
The average number of Facebook page likes of the dental companies reviewed in this study was 1,755. While likes can be purchased to make you look more popular, you can’t grow true engagement via a purchased list—you need to grow your audience of real customers organically.

There are many ways to grow your audience. One way is to add a Facebook link to your employees’ e-mail signatures. Another way is to upload a list of your customers’ e-mails to Facebook so that your page is suggested to them. (For instructions, go to goo.gl/fQRTTk.)

**INCREASE THE AMOUNT OF CONVERSATION ON YOUR PAGE (“PEOPLE TALKING ABOUT THIS”)**
The number of likes you have tells only part of the story. Perhaps even more important is the “People Talking About This” metric. This tells you (and your fans) how much conversation is happening on your page (i.e., how many people are engaged). It is calculated using data from the prior seven days and includes the number of page likes, posts, comments, and shares.

The average number of people engaged for the companies in our study was 10. Then, if you divide the number of people talking (10) by the number of page likes (1,755), you’ll get an engagement rate. Most experts recommend aiming for between 1%–2% engagement. The engagement...
rate for dental companies was 0.56%. In other words, the
dental manufacturers, dealers, and professional services
companies have quite a bit of room for improvement. (To
determine the number of People Talking About This, go to
your Facebook page and click the link where you see your
number of page likes.)

One way to get more people talking is to improve the
number of fans who have turned on the “Get Notifications”
feature on your Facebook page. Doing so ensures your fans
see all of your posts. Start by asking all your employees,
partners, and company fans to enable this feature. Then,
ocasionally remind your dentists that if they want to be in
the know about the latest innovations, sales promotions,
and company happenings, enabling this feature will ensure
they are the first to get announcements. I once received
a brilliant e-mail from a company promoting a Facebook
contest similar to that in Figure 1. The promotion gave
away 10 Apple Watches to the first 10 fans to comment
on Facebook. It encouraged their customers to like and
enable notifications.

POST ENGAGING CONTENT
The mantra these days is that “content is king.” Developing
and sharing content that engages your Facebook audience
is probably the most important part of your strategy. If
your content is boring, too promotional, or too long, then
fans won’t engage with your brand (i.e., they won’t like,
comment, or share your posts).

Some general best practices include keeping your
content short, using appealing images, linking to stories
that your target audience cares about (ideally on your site),
and posting videos. People don’t want to be directly sold to
on Facebook. They want to receive value from the brands
they engage with on social media. So, if you’re trying to self-
promote your offerings and services on Facebook, your
attempts are likely to be unsuccessful. Try educating and
entertaining them instead. In our study, dental companies
had two likes per post. If your company has more than two
employees, you should be able to grow that number just
by engaging your staff! To increase engagement beyond
your employees, try boosting your exposure with a paid
Facebook ad.

POST OFTEN, BUT NOT TOO OFTEN
Believe it or not, 25% of dental companies post on Facebook
less than once per month. Nearly 22% post something
nearly every day.

While the ideal frequency depends on your audience
and strategy, it’s important to strike a balance between
overwhelming and underwhelming your audience with
content. Unfortunately, with an overabundance of Face-
b ook business pages filling up users’ feeds, the likelihood
of your posts showing up in your dentists’ news feeds is
less and less. To help increase your chances of posts ap-
ppearing, post a variety of content often, but not so often it
causes a drop in your engagement rate.

BRINGING IT ALL TOGETHER
One might argue that dental companies’ target customers
(dentists) are simply not engaged on social media, but I beg
to differ. Some companies are on the forefront of this grow-
ing trend, but there is still significant opportunity for the
remainder of the dental industry. If your company develops
an effective strategy to engage dentists on Facebook, you
will differentiate yourself from your competition.

REFERENCE

Rachel Mele is a dental executive, author,
and international speaker. She runs the
dental division at Vennli, a cloud platform
for creating and executing growth strategy
by understanding customer choice. She can
be reached at rachel.mele@vennli.com or at
rachelmele.com.
AMERICAN DENTISTS ARE SHOWING INCREASED INTEREST IN THE INTERNATIONAL DENTAL SHOW (IDS), THE WORLD’S LARGEST DENTAL TRADE SHOW. IDS ORGANIZERS HAVE TAKEN NOTICE AND PLAN TO MAKE A BIG SPLASH THIS FALL AT THE 2016 GREATER NEW YORK DENTAL MEETING (GNYDM). HERE’S WHY YOU SHOULD CONSIDER BOOKING TICKETS TO GERMANY—AND THE BIG APPLE—NOW.

This time next year, the dental world will descend upon Cologne, Germany, for the biennial IDS, the world’s largest dental meeting. (Last year, IDS attracted just fewer than 140,000 people.) But even now, in the “off year” of this ginormous event, there is good reason to turn your eyes to the German dental market.

Why’s that, you ask? Here are two good reasons for starters:

First, the German dental market matters, both in terms of its size ($5.17 billion) and its importance to the US dental market, as the United States is Germany’s second largest trading partner following Europe.¹ German dental companies are doing more than holding their own in the relationship: Exports to the United States totaled $249 million in the first half of 2015 (according to the most recent data available), while dental exports from the United States to Germany totaled $125 million. That’s a sizable gap, but consider this: While German exports to the United States increased by 5.2% over the year prior, US exports grew by a whopping 26%.

Second, 2016 marks the 100th anniversary of the organization behind IDS, the Association of German Dental Manufacturers, or, as it is commonly known, VDDI (which stands for Verband der Deutschen Dental-Industrie). As part of VDDI’s centennial celebration, the association has partnered with Germany’s Federal Ministry for Economic Affairs and Industry to prepare a 600-square-meter (6,540-square-foot), state-of-the-art exhibit for dentists and the dental

“THE GERMAN DENTAL INDUSTRY IS A SIGNIFICANT PART OF OUR COUNTRY’S GROWING HEALTH-CARE MARKET. THE GROSS VALUE […] OF THE HEALTH-CARE BUSINESS IN GERMANY IS APPROXIMATELY €280 BILLION TODAY.”—VDDI EXECUTIVE DIRECTOR DR. MARKUS HEIBACH
industry that will be displayed at the 2016 GNYDM. The exhibit is named, straightforwardly, “Dental Technology from Germany,” but it promises to be anything but ordinary. Imagine a mini-museum the size of two tennis courts, 30 presenting companies, a science lab, a hands-on demonstration area, and loads of new German tech that’s arrived straight from university research programs, and you’ll start to get the picture. VDDI is even giving two lucky winners a trip to IDS 2017—all expenses paid. How’s that for a trade show giveaway?

VDDI announced its latest economic data and its plans for a special exhibit in a press conference during the 2015 GNYDM. The announcement was made by VDDI Executive Director Dr. Markus Heibach, BEGO Managing Partner Christoph Weiss, and German Federal Ministry of Economic Affairs and Energy representative Dietmar Schmitz. With their shared goal of strengthening dental exports, the three speakers represented a fortified partnership between German dental manufacturers and the government. According to Weiss, who spoke on behalf of the 30 companies participating in the planned Dental Technology from Germany exhibit, 62% of all German dental products manufactured today are exported. Most of these exports have been increasing or holding steady across the globe, apart from Eastern European exports, which have suffered due to the ongoing political crises in the region.

“NORTH AMERICA (THE UNITED STATES AND CANADA) IS AN ESPECIALLY IMPORTANT MARKET FOR US BECAUSE […] ITS LEVEL OF HEALTH CARE, ESPECIALLY IN THE AREA OF DENTAL CARE, IS VERY HIGH. IN THIS MARKET WE ARE DEALING WITH A STRONG AND INNOVATIVE INDUSTRY AND COMPANIES THAT ARE JUST AS LONG-ESTABLISHED AND INNOVATIVE AS THOSE IN GERMANY.”
—BEGO MANAGING PARTNER CHRISTOPH WEISS

—DIETMAR SCHMITZ, HEAD OF DIVISION TRADE FAIR POLICY/EXPO PARTICIPATIONS, GERMAN FEDERAL MINISTRY FOR ECONOMIC AFFAIRS AND ENERGY

FACT SHEET

**Association of German Dental Manufacturers**

Verband der Deutschen Dental-Industrie (VDDI)

- Established in 1916
- Represents 200 primarily small- and medium-sized German dental companies, 30% of which are more than 90 years old
- Organizes IDS, the world’s largest dental show
- Led by Executive Director Dr. Markus Heibach
- Represents German interests and shared dental industry interests all over the world at the national, European, and international levels
- Works on technical issues, legal issues, and the standardization of medical products
Schmitz noted that the German Federal Ministry of Economic Affairs and Energy, which supports German companies in various industries at 250 trade shows each year, will contribute to funding the Dental Technology from Germany exhibit at the 2016 GNYDM. Schmitz also gave attendees of the conference a teaser, saying that “a high-ranking industry spokesperson” will be making a formal presentation during the event. Although no names were given, speculations are that the mystery guest will be a high-level member of the German government.

**NOTE**

1. Statistics in this paragraph were presented by the Association of German Dental Manufacturers (VDDI) at the Greater New York Dental Meeting, New York, New York, December 1, 2015.

*Editor’s Note:* Look for continuing coverage of this topic in our May–June issue.

“Around 139,000 trade visitors from 152 countries attended the world’s leading trade fair of the dental industry, which corresponded to an increase of almost 11% compared to the previous event. IDS also achieved new records in terms of the number of exhibitors and the exhibition space sold. 2,198 companies from 59 countries presented a wealth of innovations, product developments, and services on a gross exhibition space covering 157,000 square meters.” —IDS press release

**VIDEOS**

**ASSOCIATION PERSPECTIVE:** Interview with Dr. Markus Heibach, Executive Director of the Association of German Dental Manufacturers (VDDI)

**COMPANY PERSPECTIVE:** Interview with BEGO Managing Partner Christoph Weiss.
NEW PATENT ON SYNTHETIC MOLECULES BRINGS RESEARCHERS CLOSER TO NEW PERIODONTITIS TREATMENT

Donald Demuth, PhD, and Frederick Luzzio, PhD, receive patent for biochemical structure that could provide a promising periodontitis treatment

University of Louisville researchers recently received a patent on a synthetic biochemical compound and its variants, moving science closer to a treatment for gum disease. This discovery could lead to the formulation of a mouth rinse or tooth varnish to prevent the pathogen Porphyromonas gingivalis from colonizing in the mouth and establishing itself orally.

Dr. Donald Demuth, associate dean for research and enterprise, University of Louisville School of Dentistry, and Dr. Frederick Luzzio, professor, University of Louisville College of Arts and Sciences, Department of Chemistry, developed and tested 40 different molecular compounds, and the three most potent compounds are being further developed.

This patent builds on the previous work of Demuth and other University of Louisville dental school researchers who developed a series of peptides, the building blocks of protein in a cell, that prevent interaction between P. gingivalis and Streptococcus gordonii.

“When P. gingivalis enters the oral environment, it initially interacts with the bacterium S. gordonii—an otherwise benign organism—in order to lay the groundwork to propagate and ultimately gain a foothold below the gum line, leading to periodontal disease,” Dr. Demuth said.

Dr. Demuth found that administering the peptide in an animal model prevented P. gingivalis-related bone loss (i.e., the clinical symptom of periodontal disease) and prevented the spread of the bacterium in the mouth. He says creating peptides is expensive, but synthetic compounds that mimic the active peptides are easier to formulate and less costly to produce on a large scale.

Dr. Luzzio and Dr. Demuth hope to improve the potency and stability of the three synthetic molecular structures, and eventually gain approval for a clinical trial.—University of Louisville press release 14 December 2015

HHS AND USDA RELEASE NEW DIETARY GUIDELINES ADVOCATING DECREASE IN ADDED SUGAR INTAKE

Edition is the first to recommend a quantitative limit for added sugar intake

The HHS and USDA have released updated nutritional guidelines that encourage Americans to adopt a series of recommendations to improve how they eat to reduce obesity and prevent chronic diseases such as Type 2 diabetes, hypertension, and heart disease.

The newly released 8th edition of the Dietary Guidelines reflects advancements in scientific understanding about healthy eating choices and health outcomes over a lifetime. This edition recognizes the importance of focusing not on individual nutrients or foods in isolation, but on the variety of what people eat and drink—healthy eating patterns as a whole—to bring about lasting improvements in individual and population health.

Based on a review of current scientific evidence on nutrition, the 2015 edition includes updated guidance on topics such as added sugars, sodium, and cholesterol and new information on caffeine. For example, the 2015–2020 Dietary Guidelines is the first edition to recommend a quantitative limit to consume less than 10% of calories from added sugars.—HHS press release 7 January 2016

SEPTODONT ACQUIRES INJECTABLE DENTAL ANESTHETIC MANUFACTURING PLANT FROM DENTSPLY INTERNATIONAL

Septodont announces its acquisition of DLA, an injectable dental anesthetic manufacturing plant located in Brazil, from Dentsply International

Septodont (Lancaster, Pennsylvania) has announced that it has acquired DLA, an injectable dental anesthetic manufacturing plant, from Dentsply International. The plant is located in Catanduva, São Paulo, Brazil, and the acquisition was done through Septodont’s Brazilian affiliate, TDV.
Septodont currently owns manufacturing plants in Brazil, France, the United States, Canada, and India. Annually, Septodont produces more than 500 million dental injectable anesthetic cartridges, which are distributed to dental professionals in more than 150 countries. DLA produces injectable dental anesthetics under the brands of Lidostesim (lidocaine), Mepivalem (mepivacaine), and Citanest (prilocaine).

This acquisition is Septodont’s second in the Brazilian market. In 2014, Septodont acquired TDV, which is based in Pomerode, Santa Catarina, Brazil. With this new investment in DLA, the company plans to strengthen its presence throughout the Latin American region and beyond.—Septodont press release 1 February 2016

**UNITED STATES DISTRICT COURT RULING SETS STAGE FOR EXPANSION OF ‘DENTAL SPECIALTIES,’ PRACTITIONER INDEPENDENCE FROM ADA RESTRICTIONS**

Federal court rules dentists in Texas can advertise as ‘specialists’ in anesthesia, implantology, and non-American Dental Association (ADA) specialties. Decision will likely shape the future of dental practice in the United States.

In late January, the United States District Court for the Western District of Texas, Austin Division, ruled that the Texas State Board of Dental Examiners could not prohibit two dentists, Drs. Jay E. Elliot and Monty Buck, from advertising themselves to the public as “specialists” in implant dentistry. Although Drs. Elliot and Buck had received credentials from the American Academy of Implant Dentistry (AAID), the Texas State Board, citing Texas Administrative Code §108.54, had prohibited them from advertising as such because implantology was not among the nine officially recognized specialties of the American Dental Association (ADA). The court found §108.54 to be unconstitutional, as it violated the defendants’ First Amendment rights to engage in truthful, nonmisleading commercial speech.

The ruling was particularly significant in that it potentially weakened the scope of authority held by the ADA, the United States’ largest and most prominent dental association. The Texas State Board had invoked the authority of the ADA to differentiate between legitimate and illegitimate specialties, but in his decision, Judge Sam Sparks found the dental board had an obligation to consider the authority of other associations representing non-ADA specialties.

In his ruling, Sparks wrote: “While ostensibly promulgated to protect consumers from misleading speech, it appears from the dearth of evidence that Rule 108.54’s true purpose is to protect the entrenched economic interests of organizations and dentists in ADA-recognized specialty areas. Indeed, Defendants have presented little more than industry bias in favor of the ADA to support the argument [that the] Plaintiffs’ desired speech is deceptive, false, or misleading or that the State Dental Board can trust the ADA to carve out specialty areas without the need to make any substantive determination of whether the Plaintiffs’ dental organizations are actually bona fide.”

In addition to Drs. Elliot and Buck, plaintiffs in the case were the AAID, the American Society of Dentist Anesthesiologists (ASDA), the American Academy of Oral Medicine (AAOM), the American Academy of Orofacial Pain (AAOP), and three private dentists. The plaintiffs provided evidence that their represented groups required significant standards for membership credentialing, all seemingly equal to other ADA-specialty groups.

Defendants in the case included members of the Texas State Board of Dental Examiners and the Texas Society of Oral and Maxillofacial Surgeons (TSOMS), which intervened as a party defendant. TSMOS, a private organization representing the interests of oral surgeons in an ADA-recognized specialty, held that the elimination of §108.54 would harm its members and do a disservice to patients, who would be misled in their understandings of treatment quality.—Article by Michael W. Davis, DDS, and Apex360 editors 25 January 2016. Full article available at DentistryIQ.com. Search “independence.”

**BIOFILMDNA ORAL MICROBIAL SALIVARY TEST LAUNCHED BY ORAVITAL INC. DURING 2016 CHICAGO MIDWINTER MEETING**

During the 2016 Chicago Midwinter Meeting, Oravital Inc. (Toronto, Canada) launched its BiofilmDNA oral microbial salivary test, which detects the presence and thresholds of specific pathogens via collected salivary, subgingival, and tongue biofilm samples.

BiofilmDNA is a sensitive DNA test that detects both the presence and thresholds of specific pathogens via collected salivary, subgingival, and tongue biofilm
samples. This advanced and accurate biofilm analysis provides the dental clinician with a detailed, multipanel, whole-mouth picture of the patient’s oral health.

Oravital's new BiofilmDNA test is a complement to its BiofilmGS test, which uses site-specific Gram-stain analysis to determine the exact type and location of oral infection. Both the BiofilmDNA and BiofilmGS tests are analyzed in Oravital's on-site, state-of-the-art lab facility. Reports are available within two days of Oravital's receipt of the samples. Used together, the two biofilm tests will help the dental clinician accurately identify periodontal disease pathogens, opportunistic parasites, caries pathogens, yeasts, and inflammatory response.—Oravital press release 18 February 2016

KERR RESTORATIVES LAUNCHES MAXCEM ELITE CHROMA SELF-ETCH/SELF-ADHESIVE RESIN CEMENT WITH COLOR CLEANUP INDICATOR

Kerr Restoratives (Orange, California) has announced the launch of Maxcem Elite Chroma, the first self-etch/self-adhesive resin cement offering a color cleanup indicator.

Maxcem Elite Chroma from Kerr Restoratives is a new “smart” self-etch/self-adhesive resin cement featuring a color cleanup indicator.

The smart cement initially has a pink color that fades at the gel state to indicate the optimal time for the clinician to clean up excess cement. The pink color disappears after both self cure and tack cure, allowing for maximum flexibility in its use. In addition to the color cleanup indicator, Maxcem Elite Chroma also features “One-Peel” cleanup, an automix delivery system, no-refrigeration storage, and compatibility with all indirect restorations.

Maxcem Elite Chroma forms a strong and durable bond with a wide variety of dental substrates and is compatible with all indirect restorations—including anterior or posterior ceramics, porcelain-fused-to-metal crowns (PFMs), metal restorations, and CAD/CAM materials.

Radiopaque for easy identification on x-rays, the cement is available in a dual-barrel automix syringe system, and it is supplied with single-use automix tips and optional curved dispensing tips to allow the user to deliver the desired volume of cement directly onto the restoration and/or tooth preparations.

For more information, visit kerrdental.com.—Kerr Restoratives press release 12 January 2016

PERSONNEL UPDATES

CONVERGENT DENTAL APPOINTS DAVID GARABEDIAN AS VICE PRESIDENT OF MARKETING

Garabedian brings more than 15 years of medical device marketing experience

Convergent Dental (Boston, Massachusetts), a privately held dental device company, announced that David Garabedian has joined the team as vice president of marketing. In this role, Garabedian will own all aspects of marketing for Convergent Dental's flagship product, Solea, the first US Food and Drug Administration-cleared CO₂ 9.3 micron dental laser for hard, soft, and osseous tissue procedures. In addition, he will drive the company's many upcoming innovations from concept to commercialization.—Convergent Dental press release 27 January 2016

GLIDEWELL LABORATORIES NAMES NEIL PARK, DMD, DIRECTOR OF CLINICAL AFFAIRS

Dr. Park to oversee company’s clinical research and development efforts, advise on dentist training and education programs for implants and restorative solutions

Glidewell Laboratories (Newport Beach, California), a provider of dental products, implant solutions, and lab services, announced the hire of Neil Park, DMD, as its director of clinical affairs, a new position created to oversee the clinical aspects of product research and development. In addition to coordinating the activities of the company's clinical staff, Dr. Park will help guide the company's training and education efforts to meet the needs of dentists and enhance knowledge and awareness of new techniques, materials, and procedures.—Glidewell Laboratories press release 19 January 2016

Look for news, opinion, and industry updates delivered to your inbox each week in the Apex360 newsletter. Not a subscriber? Sign up for free at dentalApex360.com.
The following have met Patterson Dental sales training requirements at the Patterson Companies corporate office in Saint Paul, Minnesota.

—Patterson Dental press release 23 February 2016

Zachary Babbitt
Raymond Barmore
Jason Bates
Ben Chittenden
Bret Emerson
George Fitkowski
Tracee Gluhaich
Amir Gordji Dooz
Derek Hunter
Jill Lawyer
Harris Lieberman
Jeff Mullens
Cameron Otto
Maurice Pacheco
Kelly Richman
Blaine Rush
Florindo Sanchez
Shawn Selasky
Kaitlyn Winn
Jason Young
Looking for Employment? Searching for your next business opportunity? Want to Discover Products and Services?

Apex360, the top resource for industry news, proudly brings you the Apex360 Classified Marketplace.

Visit the Apex360 Classified Marketplace Today!

http://classifieds.dentistryiq.com/
In May 2015, Harlem Hospital opened a state-of-the-art dental clinic to expand dental services offered to residents of the Harlem community. The new clinic was designed for the dental team to work around the patient, providing X-rays and other services in one location. It is capable of treating pediatric, adult, geriatric, wheelchair-bound, and hearing- and visually-impaired patients. As the only hospital in Harlem, Harlem Hospital is in a unique position to serve some of New York City’s most underserved residents.

Often overlooked in underserved communities is oral health care, but that has slowly changed in Harlem. As an emphasis on oral health became more recognized in the community and dental patient visits increased, Dr. James R. King, chair of dentistry at NYC Health + Hospitals | Harlem, had a vision to build a state-of-the-art, patient-centered dental practice at Harlem Hospital.

After receiving a grant, he was still $350,000 short. Dr. King decided to call on the Friends of Harlem Hospital Center. Made up of a group of dedicated and compassionate individuals, the Friends of Harlem Hospital Center is a nonprofit, tax-exempt 501C3 Auxiliary organization with a mission to enhance and promote quality patient care in the northern Manhattan area and to assure high quality and efficient services at Harlem Hospital Center. Under the leadership of Corwin Breeden, the Friends of Harlem Hospital Center donated $350,000 to assist Dr. King in seeing his vision come to life.