ADHA SPECIAL EDITION

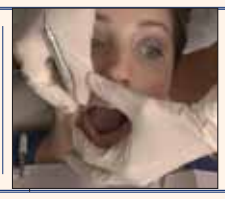
DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

MAY/JUNE 2009 www.dental-tribune.com VOL. 4, NOS. 13 & 14

Cosmetic perio surgery
A healthy periodontia is essential to achieving and maintaining restorative esthetics.
▶*Page 10*

New smile, new life
Modifiying a straight abutment with porcelain to create a custom abutment for minimal cost and improved esthetics.
▶*Cosmetic Tribune*



Instrumentation strategies
Today, scaling is about calculus removal *and* protection from injuries that can ruin a career.
▶*Hygiene Tribune*

A new test for gum disease

Ahmed Khocht, DDS, an associate professor of periodontology at Temple University's Maurice H. Kornberg School of Dentistry, led a team that studied the efficacy of a colored strip to detect gum disease by changing color in response to the levels of microbial sulfur compounds found in saliva. The strip changes from white to yellow, and the darker the shade of yellow the more severe the gum disease.

Khocht and his team looked at 73 patients divided into three groups — those with gingivitis, those with periodontitis and those that were healthy. A color chart formed the basis of scoring for the changes in the color strip, and were compared to scores for traditional assessments such as attachment levels, bleeding on probing, gingival index and plaque index. Using a color strip would be quicker and easier than using those traditional assessment methods, and would cause no pain to the patient.

Associate Professor Dr. Ahmed Khocht of Temple University

Given that 80 percent of adults have some form of periodontal or gum disease, a quick and painless method to identify the diseases would save the dental practice time and money as well. A growing body of research supports the links between gum disease to blood infection, cancer, diabetes, heart disease, low birth-weight babies and obesity. Thus, early detection of periodontal or gum disease is paramount to a patient's overall health. DT

(Source: Temple University, www.temple.edu*)*

OSAP offers resources for dentists to help prevent spread of swine flu

The Organization for Safety and Asepsis Procedures (OSAP) is providing special online resources to help dental professionals protect themselves and their patients from swine flu. The Swine Flu Resources section of the OSAP Web site, *www.osap.org,* includes an overview of the disease, up-to-the-minute reports on the current outbreak and tips for prevention. The site is a one-stop shop for current information on the swine flu epidemic.

According to OSAP, dental professionals should be vigilant as this potential pandemic emerges. The site is being updated as new information is received. DT *(Source: OSAP)*

White wine can increase tooth staining

Researchers from New York University presented their findings about white wine and tooth staining during the recent International Association for Dental Research annual meeting in Miami, which took place April 1–4.

Using two sets of cow teeth, study results showed that soaking the teeth in white wine for one hour before exposure to black tea produced significantly darker stains than when the teeth were soaked in water for one hour prior to exposure to black tea.

The one-hour soak in white wine, which is the equivalent of sipping the wine during dinner, allows wine acids to create grooves and rough spots on the teeth that grant tooth-staining beverages deeper tooth penetration. However, red wine causes significantly greater tooth staining due to the chromogen it contains, a highly-pigmented substance that is not found in white wine. DT

(Source: New York University, www.nyu.edu*)*

ADA names Dr. Kathleen O'Loughlin executive director

Kathleen T. O'Loughlin, DMD, MPH, has been selected by the Board of Trustees of the American Dental Association to serve as the next ADA executive director/chief operating officer, effective June 1. O'Loughlin becomes the first female executive director in the ADA's 150-year history. The announcement marked the end of an 11-month search for a new executive director.

"Dr. O'Loughlin's background represents the right mix of experiences we sought in an executive director," said ADA President John S. Findley, DDS. "She has 20 years in private dental practice and public health dentistry plus 10 years experience in dental education and a decade of key leadership roles in management, strategic planning and business operations."

"I am incredibly honored to accept this position," O'Loughlin said. "It represents the pinnacle of my professional career. What a great opportunity to serve the profession I have loved for 30 years and what a tribute to my deceased father, who as a socially conscious practicing dentist was my role model and inspiration."

From 2002–2007, O'Loughlin served as president and CEO of Dental Services of Massachusetts (d.b.a. Delta Dental of Massachusetts) where, through her leadership, the company doubled its reserves, increased membership by 400 percent and executed a successful five-year growth plan. DT

GWU researchers crack the mystery of resilient teeth

After years of biting and chewing, how are human teeth able to remain intact and functional? A team of researchers from the George Washington University and other international scholars have discovered several features in enamel that contribute to the resiliency of human teeth.

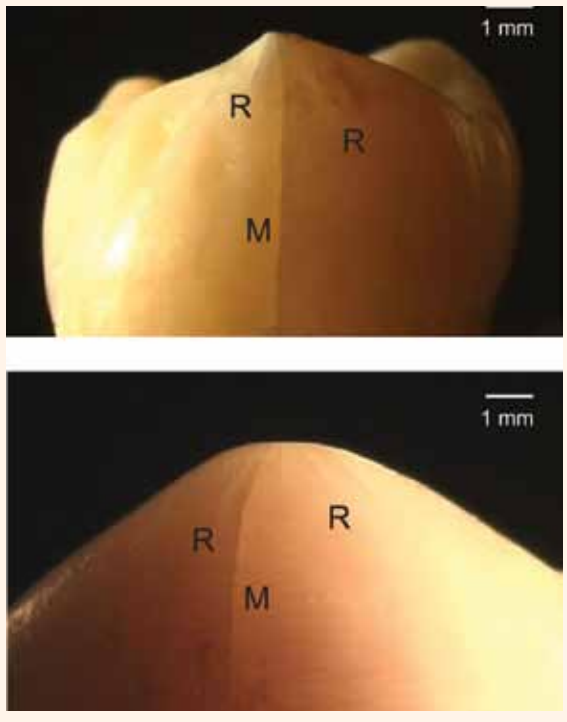
Human enamel is brittle. Like glass, it cracks easily; but unlike glass, enamel is able to contain cracks and remain intact for most individuals' lifetimes. The research team discovered that the major reason why teeth do not break apart is due to the presence of tufts — small, crack-like defects found deep in the enamel. Tufts arise during tooth development, and all human teeth contain multiple tufts before the tooth has even erupted into the mouth. Many cracks in teeth do not start at the outer surface of the tooth, as has always been assumed. Instead, cracks arise from tufts located deep inside the enamel. From here, cracks can grow toward the outer tooth surface. Once reaching the surface, these cracks can potentially act as sites for dental decay. Acting together like a forest of small flaws, tufts suppress the growth of these cracks by distributing the stress amongst them.

"This is the first time that enigmatic developmental features, such as enamel tufts, have been shown to have any significance in tooth function," said GW researcher Paul Constantino. "Crack growth is also hampered by the 'basket weave' microstructure of enamel, and by a 'self-healing' process whereby organic material fills cracks extended from the tufts, which themselves also become closed by organic matter. This type of infilling bonds the opposing crack walls, which increases the amount of force required to extend the crack later on."

This research evolved as part of an interdisciplinary collaboration between anthropologists from the George Washington University and physical scientists from the National Institute of Standards and Technology in Gaithersburg, Md. The team studied tooth enamel in humans and sea otters, mammals with teeth showing remarkable resemblances to those of humans.

The article, "Remarkable resilience of teeth" appears in the April 2009 edition of Proceedings of the National Academy of Sciences.

Located four blocks from the White House, the George Washington University was created by an Act of Congress in 1821. Today, GWU is the largest institution of higher education in the nation's capital. The university offers comprehensive programs of undergraduate and graduate liberal arts study, as well as degree programs in medicine, public health, law, engineering, education, business and international affairs. Each year, GWU enrolls a diverse population of undergraduate, graduate and professional students from all 50 states, the District of Columbia and more than 130 countries. DT



(Source: George Washington University, www.gwu.edu)

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The World's Dental Newspaper · US Edition

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Leadership essentials for the 'rookie'

By Sally McKenzie, CMC

Upon entering your first "real" dental practice either as an associate or as an owner, with the dental degree in hand and requisite experience on your resume, it's likely that one thing became abundantly clear very early on: The learning process had only just begun. There is a whole lot more to a career in dentistry than most young dentists ever imagine.

Almost without warning, many are tossed into leadership roles seemingly overnight. And it's that part of the job requirement that often leaves new dentists shaking their heads in bewilderment. Certainly, there is a lot to learn as a leader, but here are a few essentials to follow from day one as "The Boss."

No. 1: Never assume

This is the most common pitfall in leading employees: assuming that your staff knows what you want. Spell out your expectations and the employees' responsibilities in black and white for every member of your team from the beginning. Do *not* convince yourself that because they've worked in this dental practice for X number of years that they know how *you* want things done. They don't, and they will simply keep performing their responsibilities according to what they think you want unless they are directed otherwise.

'your success is dependent upon your ability to lead your team'

For example, your scheduling coordinator may be very experienced in scheduling according to how other dentists want their days structured, which may, in fact, be very different from how you want your days scheduled. Most good employees want clear direction, and it's tremendously frustrating for everyone when staff are forced to guess at what you want. So speak up.

No. 2: Staff success = your success

Recognize the strengths and weaknesses among your team members because all employees bring both to their positions. The fact is that some people are much better suited for certain responsibilities and not others. Just because Brittany has been handling insurance and collections for the practice doesn't mean she's effective in those areas. Look at results. Brittany may be much more successful at scheduling and recall and would be better suited for those duties. Don't be afraid to restructure responsibilities to make the most of team strengths. Invest in training early and often to build loyalty and ensure excellence.

No. 3: Give feedback often

Along with clear expectations, direction and guidance, employees crave feedback. Don't be stingy. Give praise often and appraise performance regularly. Employees want to know where they stand and how they can improve. Verbal feedback can be given at any time, but it is most effective the moment the employee is engaging in the behavior that you either want to praise or correct.

If the assistant emphasizes to Mrs. Patient just how much she is going to absolutely love her new veneers and steers the patient clear of second guessing this investment she is about to make, tell her! Express your sincere appreciation and emphasize the value of the assistant's contribution to the practice. Similarly, if employees need constructive feedback, don't be shy with that either. If the front desk helper is talking about how gross she/he thinks that whole implant thing is, she/he needs education and constructive direction.

Nip problems in the bud or you'll suffer numerous thorns in your side. If an employee is not fulfilling her/his responsibilities, address the issue privately and directly. Be prepared to discuss the key points of the problem as you see it, as well as possible resolutions.

Use performance reviews to motivate and encourage your team to thrive in their positions. Base your performance measurements on individual jobs. Focus on specific job-related goals and how those relate to improving the total practice. Used effectively, employee performance measurements and reviews offer critical information that is essential in your efforts to make major decisions regarding patients, financial concerns, management systems, productivity and staff in your new practice.

Know the numbers

Certainly, it doesn't take long for every new dentist to realize that just as important as your role as dentist is your role as CEO. It is critical that you understand completely the business side of your practice. There are 22 practice systems, and you should be well versed in each of them. If not, seek out training for new dentists. The effectiveness of the practice systems will directly and profoundly impact your own success today and throughout your entire career.

Overhead. For starters, routinely monitor practice overhead. It should break down according to the following benchmarks to ensure that it is within the industry standard of 55 percent of collections.

- Dental supplies 5%
- Office supplies 2%
- Rent 5%
- Laboratory 10%
- Payroll 20%
- Payroll taxes and benefits 3%
- Miscellaneous 10%

Salaries. Keep a particularly close eye on staff salaries. These can mushroom out of control and send overhead into the 70–80 percent range in record time. Payroll should be between 20–22 percent of gross income. Tack on an additional 3–5 percent for payroll taxes and benefits. If your payroll costs are higher than that, here's what may be happening:

- You have too many employees. More staff does not guarantee an improvement in efficiency or production. It does, however, guarantee an increase in overhead, unless you are hiring a patient coordinator who is going to make sure the schedule is full and production goals can be met.
- You are giving raises based on longevity rather than productivity/performance. If production is going down and overhead is going up, payroll cannot be increased. Establish a compensation policy stating that raises will be given based upon employee performance and only if the practice is making a profit.
- The hygiene department is not meeting the industry standard for production, which is 33 percent of total practice production. If the dentist steps back and takes a closer look at what is happening, he/she will find that the hygienists have far more down time than

they should, patient retention is seriously lacking and periodontal treatment is minimal at best. The recall system, if there even is one, needs immediate attention to ensure that the hygiene schedule is full, the hygienist is scheduled to produce three times his/her salary and cancellations are filled.

Production. Hand-in-hand with practice overhead is production, and one area that directly affects your production is your schedule. Oftentimes, new dentists simply want to be busy. Sure you want to be busy, but more important than being busy is being productive. Take the following measures to get your schedule on the path to productivity.

Start by using your schedule to meet production objectives. First, establish a goal. Let's say yours is to break the million dollar mark. Taking 33 percent out for hygiene leaves the dentist with $670. This calculates to about $13,958 per week (taking four weeks out for vacation). Working 32 hours per week means the dentist will need to produce about $436 per hour.

A crown charged out at $950, which takes two appointments for a total of two hours, exceeds the per hour production goal by $39. This excess could be applied to any shortfall caused by smaller ticket procedures. Unfortunately, you are probably not doing crowns every hour on the hour.

'determine the rate of hourly production'

Use the formula below to determine the rate of hourly production and whether you're meeting your own personal production objectives.

1) The assistant logs the amount of time it takes to perform specific procedures. If the procedure takes the dentist three appointments, she/he should record the time needed for all three appointments.
2) Record the total fee for the procedure.
3) Determine the procedure value per hourly goal. Take the cost of the procedure — for example $215 — and divide it by the total time to perform the procedure, 50 minutes. The production per minute value is $4.30. Multiply that by 60 minutes to arrive at $258/hour.
4) The amount must equal or exceed the identified goal.

Now you can identify tasks that can be delegated and opportunities for training that will maximize the assistant's functions. You also should be able to see more clearly how setup and tasks can be made more efficient. Thus, you'll be well on your way to achieving your own production goals, whatever those may be.

In your practice, every system directly affects your success, as does every member of your team. Each is an extension of you. Your systems and your team will affect whether you have enough money to pay your bills. They will keep your schedule on track or off. They will tell you what you don't want to hear when you don't want to hear it. They will be a source of great joy and satisfaction, as well as anger and frustration. But no matter what, your success as a dentist is dependent upon your ability to lead your team effectively and manage your systems efficiently. DT

About the author

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dentistry nationwide. She is also editor of The Dentist's Network Newsletter, *www.thedentistsnetwork.net*; e-Management Newsletter from *www.mckenziemgmt.com*; and The New Dentist™ magazine, *www.thenewdentist.net*. She can be reached at (877) 777.6151 or sallymck@mckenziemgmt.com.

Informatics and IT in dentistry: a look forward

Recently, Dr. John O'Keefe, the editor of the Journal of the Canadian Dental Association, interviewed Dr. Titus Schleyer, associate professor and director of the Center for Dental Informatics, University of Pittsburgh, about the development of health information technology in the context of the dental profession.

Dr. O'Keefe: What are the main developments you see in the areas of informatics and information technology (IT) as applied to dental practice?

Dr. Schleyer: We have gone through a tumultuous period of change and development in informatics and information technology over the last 15 to 20 years, so I think many of these trends will continue to roll on. For instance, the way the Internet has influenced dental practice and life in general. I think we have seen changes that we could barely imagine 20 years ago.

The trends in how we use electronic technology in our lives and in managing information have emerged with the stark reality, and I guess they will continue to mature and generate new surprises. In terms of concrete examples, we see that data and information are much more accessible and available than previously, and they are much better connected. We see patients having access to their medical records, looking at what physicians write about them and what they diagnose, and sometimes arguing about it, and thus taking a much more active role in their care. I think that is a development that will definitely influence dentistry.

We have almost ubiquitous information access. There are dentists who access their practice schedules through their Blackberrys, cell phones and other devices. Some physicians write prescriptions from their hand-held computers. So I think ubiquitous information access will be a strong trend in the future.

Another big development I see accelerating is the move toward paperless practices, paperless being somewhat of a euphemism for "mostly computerized practices." Paper never really goes away, even in the most highly computerized settings. Our research has shown that we seem to be standing at the beginning of a rapid acceleration of computerization of dental practice with respect to pretty much everything: patient records, supply ordering, electronic communication with patients, and so on. Based on historical trends, we expect that there'll be a rapid acceleration of dentists who will adopt these technologies in the future. You can either sit on the fence or jump off. I think times are right for more people to take the leap and jump into the fray of computer-based patient records in their practice.

What do you think are the main implications of the electronic patient record, and is there a difference between that and the electronic health record?

Typically, people consider the electronic health record as something global that has everything related to a patient's health in it. An electronic patient record is often used in specific reference to a health care area, for instance, as in an "electronic medical record" and an "electronic dental record." I prefer the term, "electronic dental record," for us because that identifies the dental component of the patient's health. In general, the impact of electronic health records will be very significant.

As you know, the United States is targeting 2014 as the year when most Americans are supposed to have access to electronic health records. This now has been the stated goal of two successive presidents from different political parties, no less. Through this national goal and mandate, so to speak, we will come to a much more transparent way of managing patient information.

As I mentioned earlier, patients now do take a look at their own health records and sometimes argue with the physicians about what's in them. They detect errors that are in pretty much every patient record, and I think that will have a big impact. I think we will move away from patient records as incidental documents that we mainly create in order to protect ourselves from lawsuits. In the future, they will be a central tool that informs and guides how we care for patients.

When you look at how the United States conceptualizes electronic patient records, we're not pursuing that concept as a goal in of itself. The idea is to fundamentally improve patient care, as several reports from the Office of the National Coordinator for Health Information Technology have described. How do we do this? Number one, you give caregivers who need access to patient information the ability to access it. Number two, you connect personal health information with evidence-based resources in order to make sure that patients get the most appropriate care. And third, as I mentioned, you get the patients involved in their own health care through electronic access to their data.

So I think dentistry is a little bit behind here, but that is not necessarily a bad thing. However, we shouldn't wait until a wave of patients washes over us when people march into our offices and demand the same kind of access to dental records that they have to their medical records.

Do you think that the patients having access to an electronic health record would have any impact on the relationship of a particular patient with a particular provider? Would it make patients more mobile?

In theory, patients' mobility will be enhanced by easy access to their health information. But of course, we have to temper that view by asking whether, and to what degree, the difficulty and effort in obtaining records influences a patient's decision to move to another dentist right now. Typically, if people are unhappy with their dentist, they'll "pack up and go" to a new dentist. Maybe that will be slightly easier for them if they do not have to worry about getting their radiographs or particular pieces of their patient record to their new dentist. But I've never really felt that patients I talked to who switched dentists were particularly inhibited by the fact that they had to get a copy of the latest radiographs, for instance. So in the grand scheme

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Five of the top 10 reasons why associateships fail

By Eugene W. Heller, DDS

The "American Dream" is still to own a home. The "Dentist's Dream" continues to be the ownership of a practice. Thirty years ago, the dream was to graduate from dental school, buy equipment, hang out a shingle and start practicing. Today the road to ownership is a little different.

Due to extensive debt, most new graduates enter practice as associates to improve their clinical skills, increase their speed and proficiency, and learn more about the business aspects of dentistry. Most hope the newfound associateship will lead to an eventual ownership position. Instead, many find themselves building up the value of their host dentist's practice, only to be forced to leave. This forced departure is the result of a non-compete agreement when the promised buy-in/buy-out doesn't occur.

The following reveal the first five of the top 10 reasons many associateships fail to result in ownership or partnership.

Reason No. 1: purchase price

If the purchase price has not been determined before the commencement of employment, the parties find themselves on different ends of the spectrum as to what the practice is worth and what the buy-in price should be.

When purchase price is established before the commencement of employment, three out of four associateships lead to the intended equity position. Conversely, if the purchase price has not been determined, nine out of 10 associateships lead to termination without achieving the ownership intended or promised.

Reason No. 2: the details

The more items discussed and agreed to in writing beforehand, the better the chance of a successful equity ownership occurring as planned.

The written instruments should be two specific documents — an Employment Agreement detailing the responsibilities of each party for employment and a Letter of Intent detailing the proposed equity acquisition.

Reason No. 3: insufficient patient base

Approximately 1,000–1,200 active patients are required per dentist in a dental practice. If the senior dentist does not intend to restrict or cut back on his/her number of available clinical treatment hours, then the conversion from a one-dentist to a two-dentist practice requires an active patient base of approximately 1,400–1,800 patients and a new patient flow of 25 or more new patients per month.

Many senior dentists count their number of active patients by counting the number of patient charts on a wall. However, the best way to estimate the active number of patients involves utilizing the hygiene recall count.

Insufficient numbers of patients and/or an insufficient new patient flow signals that all expenses relating to the new dentist are coming directly out of the bottom line. The practice then begins to experience financial pressure.

Creation and maintenance of a sufficient patient base is an extremely important aspect of the business. If the senior dentist is nearing retirement with the intent that, within one to two years, the senior dentist will turn over total ownership of the practice and intends to cut back shortly after the beginning of the second dentist's employment, this problem is not as critical.

Often the senior dentist brings in an associate dentist as the answer to increasing business. A practice with insufficient new patient flow that experiences the addition of a new practitioner may result in termination of employment for the associate.

Reason No. 4: incompatible skills

The incompatibility in clinical skills between practitioners may include the possibility of one practitioner's skill level being below standard, but it may also include different practice philosophies. On the surface, it would appear that having different skill levels and philosophies might be desirable. In reality, the patient base available to the younger practitioner may not lend itself to various types of dentistry.

Reason No. 5: timeframe

The failure to identify when the buy-in or buy-out is to occur and when to execute it can result in failure to achieve an ownership status. The Letter of Intent may have stated that the buy-in was to occur in one to two years, but certain behaviors and signs during the continuing employment relationship might give an indication that the senior doctor is having difficulty honoring the intended buy-out or that the associate does not feel ready to consummate the transaction within the original outlined timeframe. Either position might result in the demise of the buy-in as involved parties lose patience over such delays.

Summary

This article has been aimed primarily at a one-dentist practice evolving to a two-dentist practice; however, the issues apply equally to larger group practices. One-to-two-year associateships with the senior dentist retiring at the end of the associateship and a three-to-five-year partnership ending with the new dentist purchasing the remaining equity position of the senior dentist at the end of five years can also benefit from the insights provided in this article.

Unfortunately, nothing can guarantee a successful outcome will occur. However, by identifying the potential pitfalls at the beginning of the relationship, chances of success can be greatly improved.

Look for the remaining five reasons in the next edition of Dental Tribune. DT

About the author

Dr. Eugene W. Heller is a 1976 graduate of the Marquette University School of Dentistry. He has been involved in transition consulting since 1985 and left private practice in 1990 to pursue practice management and practice transition consulting on a full-time basis. He has lectured extensively to both state dental associations and numerous dental schools. Heller is presently the national director of Transition Services for Henry Schein Professional Practice Transitions. For further information, please call (800) 730-8883 or send an e-mail to hsfs@henryschein.com

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of things, I think there will be only a minor effect.

You might think this is a leading question but, could it make it easier for a patient to be seen independently by a dentist and an independent hygienist?

I guess it could if the independent hygienist had access to the full record and would have less work in doing the work-up and all the data collection. It would probably make that easier, but I think one thing to think about is that this capability could enhance overall efficiency of our dental care system. Right now, we spend a lot of time duplicating information that's already somewhere else in the system. Also, I think with this more transparent access, we'll focus on hopefully more important things and we'll start from information that's already there. We might update it, we might verify it, but we don't have to spend 25 minutes going through the whole health history again from scratch.

When you look out five to 10 years, what are practical applications of the trends you see now for the dental office of the future?

Well, we've discussed the impact of informatics and IT a little bit in terms of what it means for patients and practitioners already. I'm hoping to see the day when computers can contribute to helping practitioners keep up-to-date more than that is currently the case. Currently, computers don't help much, in my opinion, because you as the practitioner have to do all the work. In order to update yourself on a topic or look up a clinical question, you have to sit down at a computer, you have to search Medline or Google, or you fire off a message to an Internet discussion list. I'm looking for computers to do more of this *for us.* For instance, you could tell the computer the topic you are interested in, and it would retrieve and sift information for you. This form of information retrieval is not that hard computationally.

What is hard is that we have to separate the chaff from the wheat. We have to separate valid from invalid information. And, that's a job that humans and dentists are very well qualified for, but I think a lot of the grunt work should be done by computers and there's no reason why we can't make them do that. Also, for dental offices, it means that the sophistication with which people look at the computer infrastructure has to rise significantly. One thing that we have to acknowledge is that dentists are the "chief information officers" for their businesses. They are in charge of managing all information technology, whether they do it themselves or outsource it. But most dentists don't have that much training in that and the number of dental schools who provide that training is relatively small.

Look for part two of this interview in the next edition of Dental Tribune. DT

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You Need A Partner On Your Side

ALABAMA
Birmingham- 4 Ops, 2 Hygiene Rms, GR $675K #10108
Birmingham Suburb- 3 Ops, 3 Hygiene Rooms #10106
CONTACT: Dr. Jim Cole @ 404-513-1573

ARIZONA
Shaw Low- 2 Ops, 2 Hygiene Rms, GR in 2007 $645,995
CONTACT: Tom Kimbel @ 602-516-3219

CALIFORNIA
Alturas- 3 Ops, GR $551K, 3 1/2 day work week #14279
Bakersfield- 7 Ops, 2,200 sq ft, GR $1,916,000 #14290
Central Valley- 4 Ops, 2,000 sq ft, 2007 GR $500K. #14266
Dixon- 4 Ops - 2 Equipped, 1,100 sq ft, GR $132K #14265
Fresno- 5 Ops, 1,500 sq ft, GR $1,445,181 #14250
Fresno- In professional park. Take over lease. #14292
Lindsay/Tulare- 2 practices, Combined GR $1.4 Mill #14240
Madera- 1,650 sq ft, 3 Ops, GR $449K #14269
Madera- 7 Ops, GR $1,921,467 #14283
Modesto- 12 Ops, GR $1,097,000, Same loc for 10 years #14289
Oroville-3 ops 3 days of hygiene 2005 GR $338K #14178
Porterville- 6 Ops, 2,000 sq ft, GR $2,289000 #14291
Red Bluff- 8 ops, GR over $1Mill, Hygiene 10 days a wk. #14252
Redding- 5 Ops, 1950 sq. ft. #14229
San Francisco - 4 Ops, GR 875K, 1500 sq. ft. #14288
San Marino- 6 Ops, 2,200 sq ft, 2008 GR $762K #14294
South Lake Tahoe- 3 Ops, 647 sq ft, 2007 GR $534K #14277
Thousand Oaks- General Prac, New Equip, Digital #14275
CONTACT: Dr. Dennis Hoover @ 800-519-3458

Grass Valley- 3 Ops, 1,500 sq ft, GR $714K #14272
Redding- 5 Ops, 2,200 sq ft, GR $1 Million #14293
Santa Rosa- Patient records sale - Appox 245 patients. #14286
Yuba City- 5 ops, 4 days hyg, 1,800 sq ft, GR $500K #14273
CONTACT: Dr. Thomas Wagner @ 916-812-3255

Sunnyvale- 3 Ops - Potential for 4th, GR $271K #14285
CONTACT: Kelly McDonald @ 831-588-6029

CONNECTICUT
East Hartford- 2 Ops, GR $450K #16109
Fairfield Area- General practice doing $800K #16106
New Haven- Perio practice-associate to partner #16107
New Haven Area- Associateship general practice #16102
Southburg- 2 Ops, GR $250K #16111
CONTACT: Dr. Peter Goldberg @ 617-680-2930

FLORIDA
Miami- 5 Ops, Full Lab, GR $835K #18117
Ocala- Associate buy-in #18113
Pensacola- 4 Ops, GR approx $550K, large lot #18116
Port Charlotte- General practice for sale #18109
Port Charlotte- 3 Ops, 1 Hygiene Room, GR $295K #18115
Southern- General practice for sale #18102
CONTACT: Jim Puckett @ 863-287-8300

GEORGIA
Atlanta Area- 2 Ops, 2 Hygiene Rms, GR $480K #19114
Atlanta Suburb- 3 Ops, 2 Hygiene Rms, GR $861K #19125
Atlanta Suburb- 2 Ops, 2 Hygiene Rms, GR $633K #19128
Atlanta Suburb- 3 Ops, 1,270 sq ft, GR $438,563 #19131
Dublin- Busy Pediatric practice seeking associate #19107
Mabelton- 6 Ops, GR $460K, Office shared with Ortho #19111
Macon- 3 Ops, 1,625K sq ft, State of the art equipment #19103
Near Atlanta- 2 Ops, 2 Hygiene Rms, GR $700K #19109
North Atlanta - Spacious Oral Surg. Office, GR 518K #19123
Northeast Atlanta- 4 Ops, GR $750K #19129
Northern Georgia- 4 Ops, 1 Hygiene, Est. for 43 years #19110
NW Atlanta Suburb- GR $780K, Upgraded Equip #19113
Savannah (Skidaway Island)- 4 Ops, GR $500K #19116
Savannah- Group practice seeking associate. #19108
South Georgia- 4 Ops, 1 1/4 acres #19121
South Georgia- 1,800 sq ft, GR 400K #19124
CONTACT: Dr. Jim Cole @ 404-513-1573

IDAHO
Boise- Dr looking to purchase a general dental practice #21102
CONTACT: Dr. Doug Gulbrandsen @ 208-938-8305

ILLINOIS
Chicago-3 Ops, Condo available for purchase #22108
Chicago-3 Op practice for sale #22108
Chicago- 14 Ops, $2 Mill specility office, On site lab #22121
Chicago- Established Practice Looking for Dentist #22122
1 Hr SW of Chicago- 5 Ops, 2007 GR $440K, 28 years old #22123
CONTACT: Al Brown @ 800-668-0629

Kane County- 4 Ops, building also available for purchase #22115
Rockford Area-5 ops solid practice. Very good net #22118
CONTACT: Deanna Wright @ 800-730-8883

INDIANA
St. Joseph County- GR $270K on a 3 1/2 work week. #23108
CONTACT: Deanna Wright @ 800-730-8883

KENTUCKY
Eastern Kentucky-3 Ops, Good Hyg. Program, Growth Potent.#26101
CONTACT: George Lane @ 865-414-1527

MAINE
Auburn- Looking for Assoc.GR $2 Million #28111
Lewiston- GP Plus real estate, state of the art office #28107
CONTACT: Dr. Peter Goldberg @ 617-680-2930

MARYLAND
Southern- 11 Ops, 3,500 sq ft, GR $1,840,628 #29101
CONTACT: Sharon Mascetti @ 484-788-4071

MASSACHUSETTS
Boston- 2 Ops, 2 Hygiene, GR $650K. #30113
Boston- 2 Ops, GR $252K, Sale $197K #30122
Lowell- GR $400K #30106
Middlesex County- 7 Ops, GR Mid $500K #30120
Somerville- GR $700K
Sturbridge- 5 Ops, GR $1,187,926 #30105
Western Massachusetts- 5 Ops, GR $1 Mill, Sale $512K #30116
CONTACT: Dr. Peter Goldberg @ 617-680-2930

New Bedford Area- 8 Ops, $650K #30119
CONTACT: Alex Litvak @ 617-240-2582

MICHIGAN
Suburban Detroit- 2 Ops, 1 Hygiene, GR $325K #31105
Grand Rapids Kentwood Area- 3 Ops, Building available. #31102
CONTACT: Dr. Jim David @ 586-530-0800

MINNESOTA
Crow Wing County- 4 Ops #32104
Hastings- Nice suburban practice with 3 Ops #32103
Minneapolis- Looking for associate #32105
Rochester Area- Looking for associate #32106
CONTACT: Mike Minor @ 612-961-2132

MISSISSIPPI
Eastern Central Mississippi- 10 Ops, 4,685 sq ft, GR $1.9 Mill #33101
CONTACT: Deanna Wright @ 800-730-8883

NEVADA
Carson City- 5 Ops, 2 Hygiene, 2,200 sq ft, GR $1 Mill #37105
CONTACT: Dr. Dennis Hoover @ 800-519-3458

NEW HAMPSHIRE
Rockingham County- 2 Ops, Home/Office #38102
CONTACT: Dr. Thomas Kelleher @ 603-661-7325

NEW JERSEY
Jersey City- 2 Ops, GR $216K, 2 days a week #39107
CONTACT: Dr. Don Cohen @ 845-460-3034
Marlboro- Associate positions available #39102
CONTACT: Sharon Mascetti @ 484-788-4071

NEW YORK
Bronx- GR $1 Million, Net over $500K #41105
Brooklyn- 4 Ops, 2 Hygiene rooms, GR $1 Million, NR $600K #41108
Dutchess County- 80% Insurance, GR $200K #41106
CONTACT: Dr. Don Cohen @ 845-460-3034
Oneonta- 3 Ops, Approx 1200sq ft. #41101
CONTACT: Deanna Wright @ 800-730-8883
Putnam County-6 Ops, GR $1.7 Million #41102
CONTACT: Dr. Peter Goldberg @ 617-680-2930
Syracuse Area- 6 Ops all computerized, Dentrix and Dexis #41104
CONTACT: Donna Bambrick @ 315-430-0643
Syracuse- 4 Ops, 1,800 sq ft, GR in 2007 over $700K #41107
CONTACT: Richard Zalkin @ 631-831-6924
New York City - Specialty Practice, 3 Ops, GR $400K #41109
CONTACT: Marty Hare @ 315-263-1313

NORTH CAROLINA
Charlotte- 7 Ops - 5 Equipped #42142
Foothills- 5 Ops #42122
Foothills- 30 minutes from Mtn. resorts #42117
Near Pinehurst- Dental emerg clinic, 3 Ops, GR in 2007 $373K #42134
New Hanover Cty- A practice on the coast, Growing Area #42145
Raleigh, Cary, Durham- Doctor looking to purchase #42127
Wake County- 7 Ops, High end office #42123
Wake County- Beautiful Cutting Edge Digital Office #42139
Wake County- 4 Ops #42144
CONTACT: Barbara Hardee Parker @ 919-848-1555

OHIO
Akron- Excellent Opportunity, 2,300 Active Pts, 6 days of Hyg. #44141
Columbus- 4 Ops, FFS practice for sale #44125
Darke County- 35 yrs, 1200 Act. Pts, GR $330K #44139
Dayton- 10 Ops, Associateship with buy-in option #44121
North Eastern- 2 Yr. Old Facility, State of Art Tech. GR $830K #44143
North of Dayton- 6 Ops, 15 days of hygiene/wk #44124
South of Dayton- 6 Ops, 4,000 sq ft, GR $3 Million Plus #44145
Toledo- 2 Ops, GR $225K, Est in 1988 #44147
CONTACT: John Jonson @ 937-657-0657

Medina- Associate to buy 1/3, rest of practice in future. #44150
CONTACT: Dr. Don Moorhead @ 440-823-8037

PENNSYLVANIA
Beaver County- Ortho practice for sale. #47118
Mon Valley Area- Practice and building for sale #47112
Pittsburgh Area - High-Tech, GR $425K #47135
Pittsburgh- 4 Ops, GR over $900K #47114
70 Miles Outside Pittsburgh- 4 Ops, GR $1 Million #47137
Northeast of Pittsburgh- 3 Ops, Victorian Mansion GR $1.2+ Mill #47140
Robinson Township Area- GR $300K #47108
Somerset County- 3 Ops, 2006 GR $275K+ #47122
Southside & Downtown Pittsburgh- 2 practices for sale. #47110
CONTACT: Dan Slain @ 412-855-0337

Dauphin County- 6 Ops, GR over $1,100K, Sale price $718K #47133
Harrisburg- 3 Ops, GR $383K, Listed at $230K #47120
Lackawanna County- 4 Ops, 1 Hygiene, GR $515K #47138
Lancaster County- Associate positions available #47116
West Chester- 3 Ops, 10 years old, asking $225K. #47134
CONTACT: Sharon Mascetti @ 484-788-4071

RHODE ISLAND
Southern Rhode Island- 4 Ops, GR $750K, Sale $456K #48102
CONTACT: Dr. Peter Goldberg @ 617-680-2930

SOUTH CAROLINA
Charleston Area- 8 Ops fully equipped #49101
Columbia- 7 Ops, 2200 sq ft, GR $678K #49102
CONTACT: Dr. Jim Cole @ 404-513-1573

TENNESSEE
Chattanooga- For sale #51106
Elizabethon- GR $400K #51107
Loudon- GR $600K #51108
Spring Hill- 4 Ops, Good Hyg. Program, Fast Growing Town #51103
Suburban Knoxville- 5 Ops #51101
CONTACT: George Lane @ 865-414-1527

VIRGINIA
Burgess- General practice #55101
Danville Area- 3 Ops #55105
Newport News- 2 Ops, GR $804,433, Est 1980 #55109
CONTACT: Bob Anderson @ 804-640-2373

For a complete listing, visit www.henryschein.com/ppt or call 1-800-730-8883