SPECIAL CDA EDITION

DENTAL TRIBUNE

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

SEPTEMBER 2010 www.dental-tribune.com VOL. 5, NO. 18

ENDO TRIBUNE
The World's Endodontic Newspaper · U.S. Edition

The root of the problem
Educated guesses become scientific decisions.
▶ *page 1B*

COSMETIC TRIBUNE
The World's Cosmetic Dentistry Newspaper · U.S. Edition

Complex dental reconstruction
See how life changing a reconstruction can be.
▶ *page 1C*

HYGIENE TRIBUNE
The World's Dental Hygiene Newspaper · U.S. Edition

Stepping 'out of the dark'
If you haven't gone digital yet, here are some tips.
▶ *page 1D*

OSA is a 'treacherous and pandemic killer'

By Fred Michmershuizen, Online Editor

In an interview with Dental Tribune, Dr. J. Brian Allman, founder of the TMJ Therapy and Sleep Center of Reno, Nev., discusses obstructive sleep apnea (OSA) and the important role dentists can play in its diagnosis and treatment. Allman, whose mantra is "Airway is king and tongue volume is queen," says he hopes all dentists become proficient dental sleep physicians.

What do dentists need to know about obstructive sleep apnea?

Dentists are first in line to screen patients for OSA and must embrace the responsibility to ask questions regarding sleep issues, understand this disease's craniofacial anatomy by recognizing anatomic clues and, last, learn the signs and symptoms of this treacherous and pandemic killer.

Some of the more obvious clues are actually very simple two- or three- or four-piece puzzles. For example, if a patient — or more likely, the patient's bed partner — harbors complaints of snoring and daytime sleepiness, it is highly likely a sleep breathing disorder patient is sitting in front of you.

If a patient is having difficulty controlling his or her blood pressure, with a third medication imminent, a referral to a medical sleep specialist is recommended. Patients waking several times during the night, having difficulty sleeping or reporting getting up several times during the night to urinate also warrant further questioning.

By beefing up patient questionnaires and adding relevant questions regarding sleep issues, morning headaches, snoring, familial sleep apnea history and discrimina-

→ DT page 2A

Dr. J. Brian Allman of Reno, Nev.

UNE raises funds for new dental college

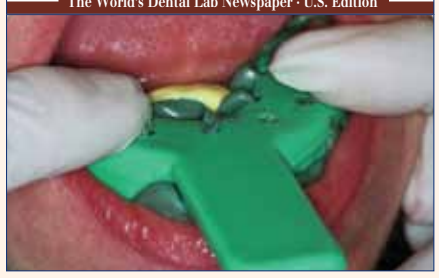
Thanks to the financial support of Northeast Delta Dental and other contributors, a new dental college is on track to be established in the northeastern United States.

The University of New England (UNE) recently announced the lead gift of $2.3 million from Northeast Delta Dental for the UNE College of Dental Medicine.

UNE plans to establish a college of dental medicine that will address both the issue of access to care and the need for more oral health professionals in the region. UNE's College of Dental Medicine will emphasize community dentistry, dental public health and prevention, excellence in clinical dentistry, an integrated health-care

→ DT page 3A

LAB TRIBUNE
The World's Dental Lab Newspaper · U.S. Edition



Correcting bad impressions

As a technician, the next time you see a bad impression, take a step back. Before wasting all that time and work that goes into fabricating a restoration, it's our duty to save us all the future headache and just make the phone call. We've found if you simply ask for a new impression, the dentist will send a new one uncontested.

→ *See page 1E*

← DT page 1A

tively assessing conditions requiring medication — e.g., blood pressure, diabetes mellitus 2, COPD, obesity prescriptions — dentistry can boldly help identify, refer and help mange this deadly disease of head and neck anatomy.

Further, by learning the craniofacial clues such as retrognathic mandibular posture, crowded oropharynx and scalloped tongue, likely sufferers can be keenly identified and referred for medical diagnosis.

How does obstructive sleep apnea differ from ordinary snoring?

Snoring is the thunder and OSA is the lightning. One is annoying, and the other one can kill. We must realize that snoring is an indication of an airway impediment, albeit benign, in the case of primary snoring, but linked to cerebrovascular and cardiovascular sequelae should the cacophony turn in to pathologic airway blockage during sleep. As we proceed through the continuum of pathology, snoring can progress to severe sleep apnea, leading to sympathetic nervous system overload, hypertension, stroke and other serious, life-threatening metabolic consequences.

Why does it make sense for patients to be treated for obstructive sleep apnea in the dental office?

Dentistry is standing on a volcano that has yet to erupt — dental sleep medicine practiced by well-trained dental sleep physicians. Dentistry must become a member of a collaborative multidisciplinary team to help manage OSA. By working together, dentists, sleep specialists, ENTs, allergists, cardiologists, neurologists and other medical specialists can provide the best, most effective therapy that patients will comply with.

For example, the gold standard for treating severe OSA is continuous positive airway pressure [CPAP], whereby air is used to splint open a collapsing airway to maintain a sleeping person's open airway. Unfortunately, while this therapy is very effective, not all patients are tolerant, and oral appliances can effectively be used as an adjunctive alternative.

In our clinic, by working with local medical sleep specialists, we use oral appliances to help improve CPAP compliance rates by stabilizing the mandible, resulting in lower necessary air pressures, which is often the cause of CPAP non-compliance.

In 2006, sleep specialists published OSA therapy guidelines recommending oral appliances be prescribed for patients diagnosed with mild and moderate OSA. One problem is there are not enough trained dentists. Our medical colleagues are often unaware of a competent colleague to refer patients to, but we're working to educate more and more dentists to provide these collaborative services.

What kinds of appliances are available to treat people with obstructive sleep apnea?

There currently are several appliance designs, such as the Somnodent and adjustable Herbst, that are easy to fabricate and adjust. Also, due to the dramatic increase in OSA appliance interest, there are several new appliance designs waiting for FDA approval. I am excited to see so much creative innovative energy aimed at "building a better mousetrap."

Appliances that maximize jaw comfort and hard- and soft-tissue stability and minimize appliance bulk crowding the tongue — two main design issues — are all worth looking at. At this time, there is no one appliance that can do it all

You have developed a seven-appointment oral appliance therapy scheduling and billing protocol. Will you summarize in brief the benefits to dentists in using this protocol?

First of all, dental sleep medicine [DSM] should be practiced, at least in part, by every dentist worldwide. Practicing DSM suggests a wide spectrum of clinical involvement. Dentists, at the very least, should screen and refer for appropriate medical diagnosis those patients identified with obvious signs and symptoms of sleep disorders.

Dentists interested in becoming multidisciplinary members of OSA management teams can learn to provide oral appliance therapy and follow-up with training. My goal is for all dentists to integrate DSM protocol, whether as a referral first line identifier or as a multidisciplinary therapist.

Two of the biggest roadblocks for general dentists are developing dental office infrastructure and medical billing strategies. DSM is confusing for most dental offices and medical insurance companies as a dental service is provided to manage a medical condition.

Dental office billing personnel seeking reimbursement from commercial medical insurance companies for medical procedures is not widely understood and is often a discouraging source of frustration resulting in abandoning DSM practice. In an effort to streamline integration of what should be a routine general dental procedure, a seven-appointment oral appliance protocol was developed.

By applying our seven appointment model, which includes dental procedure recommendations and medical billing examples for each of the consultation, impression, delivery and follow-up appointments, dental offices can hurdle the initial difficulties in DSM startup. Fortunately, the business of dental sleep medicine has been neatly packaged to get offices started on the right track. I'm not implying that medical billing is not without its difficulties and that our protocol is magic, but, by creating an office model that can be duplicated, more offices will be successful and more patients will be successfully managed.

How can TMJ side effects be managed for patients with obstructive sleep apnea?

By avoiding them all together! Historically, OSA appliances were built using arbitrary initial positioning that oftentimes was a little difficult for patients to acclimate to, creating undue tension and strain on their craniomandibular complex — TMJs, muscles, tendons and ligaments.

By using a comfortable or "romanced bite registration" technique, we can increase initial compliance with our oral appliances and reduce uncomfortable side effects. By taking the time to consider what is initially comfortable for our patients and then slowly advancing or adjusting comfortably over a longer period of time, we reduce the likelihood of patient discomfort, inflammation and pain.

Do you have anything you would like to add?

OSA is a deadly disease of craniofacial anatomy and dentists with education can easily learn to recognize OSA sufferers.

With more effort and training, dentists can become members of the OSA multidisciplinary management team. And, considering the high percentage of snorers who are afflicted with OSA and are incorrectly and dangerously mistreated with only anti-snoring appliances with no consideration for the likelihood of deadly OSA, I believe dentistry is now guilty of supervised neglect; unable and untrained to discern snoring from sleep apnea.

Considering how little sleep training is offered in medical and dental schools, we are now at a disadvantage. Let's stop the ignorance and start integrating medicine with dentistry. It ain't just teeth anymore! DT

About the doctor

J. Brian Allman, DDS, DABDSM, DAAPM, FAGD, FASGD, FICCMO, FAACP, FAAFO, FIAO, is the founder of the TMJ Therapy and Sleep Center in Reno, Nev., and is dedicated to the advancement of dental sleep medicine in general dental practice.

He is co-founder of Dental Sleep Digest, a magazine dedicated to clinical DSM practice and The OSA: Online Sleep Academy, a monthly interactive webinar series for dentists serious about advanced patient therapy education.

His journey includes seven fellowship and diplomate awards, Senior International Association for Orthodontics instructor and more than 5,000 hours of continuing education and 25 years of dental practice.

Allman lost his mother due to untreated OSA. You may visit him online at *www.tmjreno.com*.

Dental Tribune
The World's Dental Newspaper · US Edition

Publisher & Chairman
Torsten Oemus
t.oemus@dental-tribune.com

Vice President Global Sales
Peter Witteczek
p.witteczek@dental-tribune.com

Chief Operating Officer
Eric Seid
e.seid@dental-tribune.com

Group Editor & Designer
Robin Goodman
r.goodman@dental-tribune.com

Editor in Chief Dental Tribune
Dr. David L. Hoexter
d.hoexter@dental-tribune.com

Managing Editor/Designer Implant Tribune & Endo Tribune
Sierra Rendon
s.rendon@dental-tribune.com

Managing Editor/Designer Ortho Tribune & Show Dailies
Kristine Colker
k.colker@dental-tribune.com

Online Editor
Fred Michmershuizen
f.michmershuizen@dental-tribune.com

Account Manager
Mark Eisen
m.eisen@dental-tribune.com

Marketing Manager
Anna Wlodarczyk
a.wlodarczyk@dental-tribune.com

Sales & Marketing Assistant
Lorrie Young
l.young@dental-tribune.com

C.E. Manager
Julia E. Wehkamp
j.wehkamp@dental-tribune.com

Dental Tribune America, LLC
213 West 35th Street, Suite 801
New York, NY 10001
Tel.: (212) 244-7181
Fax: (212) 244-7185

Published by Dental Tribune America

‘We believe the establishment of a dental college in Maine will increase access to oral health education and services.’

— Tom Raffio, Northeast Delta Dental

← DT page 1A

approach to dental education and population-based health research.

Kathleen Taggersell, director of marketing and communications at UNE, said the dental college is in its fund-raising stage of planning and that UNE must first secure the funds to make the college a reality.

“Our estimated project start-up costs are $15 million, and hiring of senior faculty and administrators to prepare for accreditation, curriculum, recruitment and clinical affiliations would begin in 2011, with an anticipated first class in 2012,” Taggersell told Dental Tribune.

“Centralized early education of dental students will take place at our Portland campus and third-year practice at the college’s Portland teaching clinic,” Taggersell said. “Students will then have fourth-year extensive community-based clinical experiences in Maine, New Hampshire and Vermont.”

Northeast Delta Dental is the largest provider of dental benefits in Maine, New Hampshire and Vermont. Its gift is the largest to date that UNE has received in support of the establishment of a college of dental medicine, which reflects Northeast Delta Dental’s tri-state commitment to this initiative.

“Good oral health and access to oral health care are two significant public health concerns,” said Tom Raffio, president and CEO of Northeast Delta Dental, announcing the financial contribution.

“Northeast Delta Dental is proud to provide this leadership gift in support of the UNE College of Dental Medicine,” he said.

Delta Dental Plan of Maine has donated $2 million, the Northeast Delta Dental Foundation provided a $100,000 grant and Delta Dental Plan of Vermont and Delta Dental Plan of New Hampshire have recently awarded an additional $100,000 each in support of the college, bringing the total gift to $2.3 million.

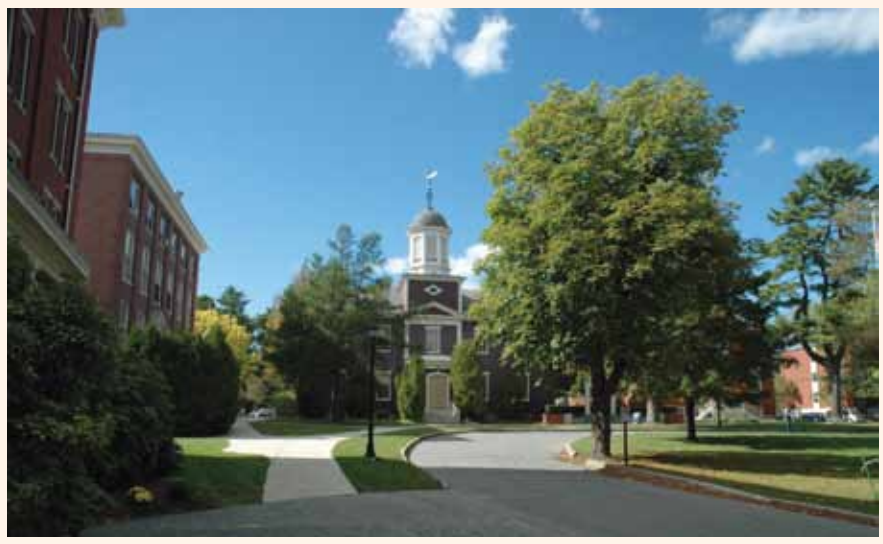
“This substantial and incredibly generous gift from Northeast Delta Dental provides a huge boost to our effort to make the UNE College of Dental Medicine a reality,” said Harley Knowles, UNE vice president for institutional advancement.

The Maine legislature in April approved a $5 million bond package that goes to voters Nov. 2 for the purpose of increasing access to dental care in Maine. Of that $5 million, $3.5 million is to be used for a community-based teaching dental clinic affiliated with or operated by a college of dental medicine to be matched by $3.5 million in other funds.

Another $1.5 million is to be used to create or upgrade community-based health and dental care clinics across the state to increase their capacity as teaching and dental clinics.

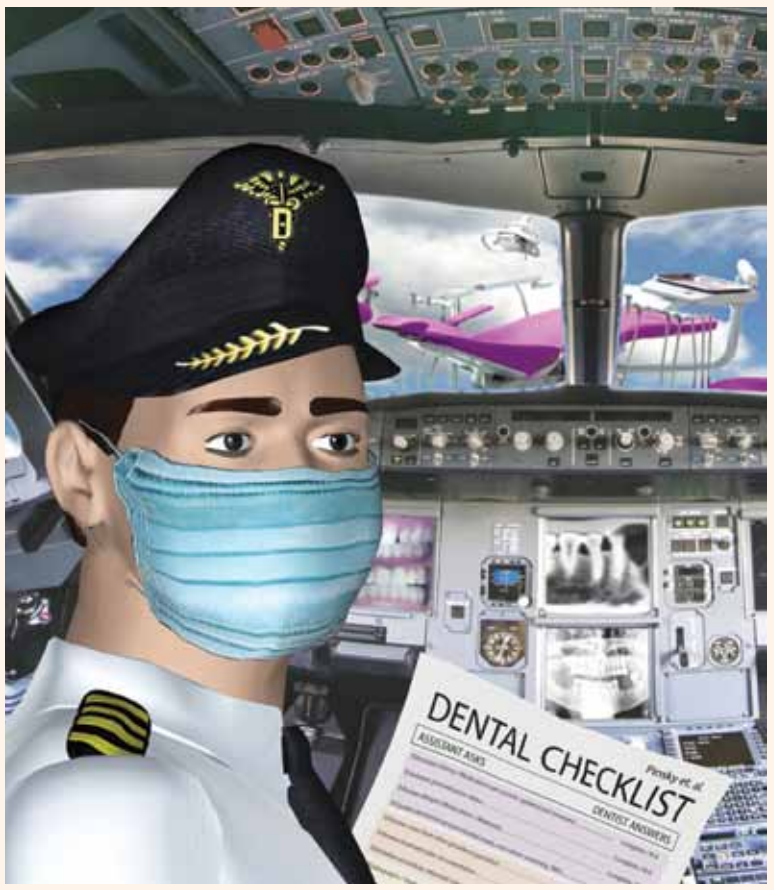
“If voters approve the referendum, UNE will be in a strong position to compete for the $3.5 million to be used for a college of dental medicine clinic,” Taggersell said. DT

— Fred Michmershuizen, Online Editor



The University of New England’s campus in Portland, Maine, is where the College of Dental Medicine will be located. (Photo/University of New England)

Pilot safety protocol could help dentists reduce errors



(Illustration/ University of Michigan)t

Pilots and dentists have more in common than one might think: Both jobs are highly technical and require teamwork. Both are subject to human error where small, individual mistakes may lead to catastrophe if not addressed early.

A dental professor at the University of Michigan (UM) and two pilot-dentists believe that implementing a checklist of safety procedures in dental offices similar to procedures used in airlines would drastically reduce human errors.

Crew Resource Management empowers team members to actively participate to enhance safety using forward-thinking strategies, said Russell Taichman, UM dentistry professor and director of the Scholars Program in Dental Leadership.

Taichman co-authored the study, "Adaptation of airline crew resource management (CRM) principles to dentistry," which will appear in the August issue of the Journal of the American Dental Association.

Airlines implemented CRM about 30 years ago after recognizing that most accidents resulted from human error, said co-author Harold Pinsky, a full-time airline pilot and practicing general dentist who did additional training at UM dental school.

"Using checklists makes for a safer, more standardized routine of dental surgery in my practice," said David Sarment, a third co-author on the paper. Sarment was on the UM dental faculty full time before leaving for private practice. He is also a pilot and was taught to fly by Pinsky.

CRM checklists in dentists' offices represent a major culture shift that will be slow to catch on, but Pinsky said he thinks it's inevitable.

"It's about communication," Pinsky said. "If I'm doing a restoration and my assistant sees saliva leaking, in the old days the assistant would think to themselves, 'The dentist is king, he or she must know what's going on.'" But if all team members have a CRM checklist, the assistant is empowered to tell the doctor if there is a problem. "Instead of dentists saying, 'Don't ever embarrass me in front of a patient again,' they'll say, 'Thanks for telling me.'"

At each of the five stages of the dental visit, the dental team is responsible for checking safety items off a codified list before proceeding. Pinsky said that while he expects each checklist to look different for each office, the important thing is to have the standards in place.

Studies show CRM works. Six government studies of airlines using CRM suggest safety improvements as high as 46 percent. Another study involving six large corporate and military entities showed accidents decreased between 36 percent and 81 percent after implementing CRM.

In surgical settings, use of checklists has reduced complications and deaths by 36 percent.

Many other industries — hospitals, emergency rooms and nuclear plants — look to the airline industry to help craft CRM programs, but dentistry hasn't adopted CRM, said Pinsky.

For the next step, the co-authors hope to design a small clinical trial in the dental school to test CRM, Taichman said.

For more on Taichman, visit *www.dent.umich.edu/pom/faculty/links/rtbio*. For more on UM dentistry, visit *www.dent.umich.edu*. DT

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at *feedback@dental-tribune.com*. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at *database@dental-tribune.com* and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

AGD and AGD Foundation provide free oral health care in New Orleans

Nation of Smiles, One Smile at a Time event provides care for 181 patients

Dentists work with patients during the Nation of Smiles, One Smile at a Time event. (Photos/ Provided by the Academy of General Dentistry)

The Academy of General Dentistry (AGD) and the AGD Foundation recently teamed up with the Louisiana State University (LSU) School of Dentistry to hold an outreach project. The event provided underserved residents of New Orleans with free dental care from volunteer dentists, hygienists and dental assistants from around the nation.

The event, called Nation of Smiles, One Smile at a Time, was the first of its kind for both the AGD and the AGD Foundation. It brought together more than 140 volunteers from around the country and provided care for 181 patients from New Orleans. Patients received a wide range of treatments, from extractions to restorations.

Upon reviewing the procedures that were completed that day, and based on a general range of fees accepted for each procedure, it is estimated that between $70,000 and $100,000 of free oral health care was given, averaging approximately $500 per patient.

"It is difficult to put a price on giving back to a vibrant community such as New Orleans, and it was our pleasure to be there for the AGD's first outreach program," said AGD President Fares Elias, DDS, JD, FAGD. "Our members went above and beyond to ensure that each patient received quality care, and it was an immense honor to treat the patients at LSU's facility."

Patients were scheduled for treatment through multiple charitable New Orleans organizations, including the Ozanam Inn, Grace House and Dream Center and its affiliates. In addition to supplying free care, the AGD is now responding to requests from some patients who are interested in follow-up and postoperative care.

"Being able to provide the residents of New Orleans with a new outlook on their oral health is one of the most rewarding elements of this project," said AGD Foundation Immediate Past President Mark Buczko.

"Some patients reported not visiting the dentist for more than 20 years, and spearheading a project that has opened patients' eyes to quality, accessible care is what the AGD Foundation is all about."

The outreach event in New Orleans was held on July 8. DT

(Source: AGD)

The Red Flags Rule

By Stuart Obermann, Esq.

The Federal Trade Commission (FTC) announced that on Jan. 1, 2011, businesses, including dental offices, must begin complying with the "Red Flags Rule."

Although the FTC has issued numerous extensions regarding the implementation of the Red Flags Rule, it is important that every dental practice understand at least the basic intent of the Red Flags Rule.

This rule is designed to deter identity theft, which is becoming a growing problem in business. Innocent victims have had their credit cards, social security numbers and other personal information used by criminals to rack up huge debts, causing major financial and legal issues for these victims.

Dentists will be required to comply with the new federal regulations, and many are asking what this will entail.

The Act

This act, created by the Federal Trade Commission, was passed in January 2008. Originally, the act was to be enforced by Nov. 1, 2008. However, due to opposition, the deadline has been extended to Jan. 1, to give creditors and financial institutions more time to implement written identify theft programs and to give congress more time to further contemplate the issue.

The Red Flags Rule was based on section 114 and 315 of the Fair and Accurate Credit Transactions Act (FACTA).

The FACTA was enacted to help prevent identity theft, restore credit histories, improve consumer access to credit information, enhance the accuracy of consumer report information, limit the use and sharing of medical information in the financial system, improve financial education and protect employee misconduct.

The FACTA directed financial regulators to enact rules requiring creditors and financial institutions to implement programs identifying, detecting and responding to patterns of activity that could indicate identity theft.

The act defines financial institutions as any entity that holds a "transaction account" belonging to a consumer, and creditors as any entity that extends or renews credit (or arranges for others to do so). The term creditor includes any entity that permits deferred payments for goods or services.

Many dentists may be surprised that they fall under the description of a creditor in this act. The rule employs a broad definition for creditor. Accepting credit cards does not in itself make a business a creditor.

However, if your dental practice receives payment after your service is completed, then you are considered a creditor. In addition, if a dental practice allows installment plans, arranges for the patient to obtain credit to pay for services through a financing company or accepts insurance where the patient is ultimately responsible for payment, the practice will qualify as a creditor.

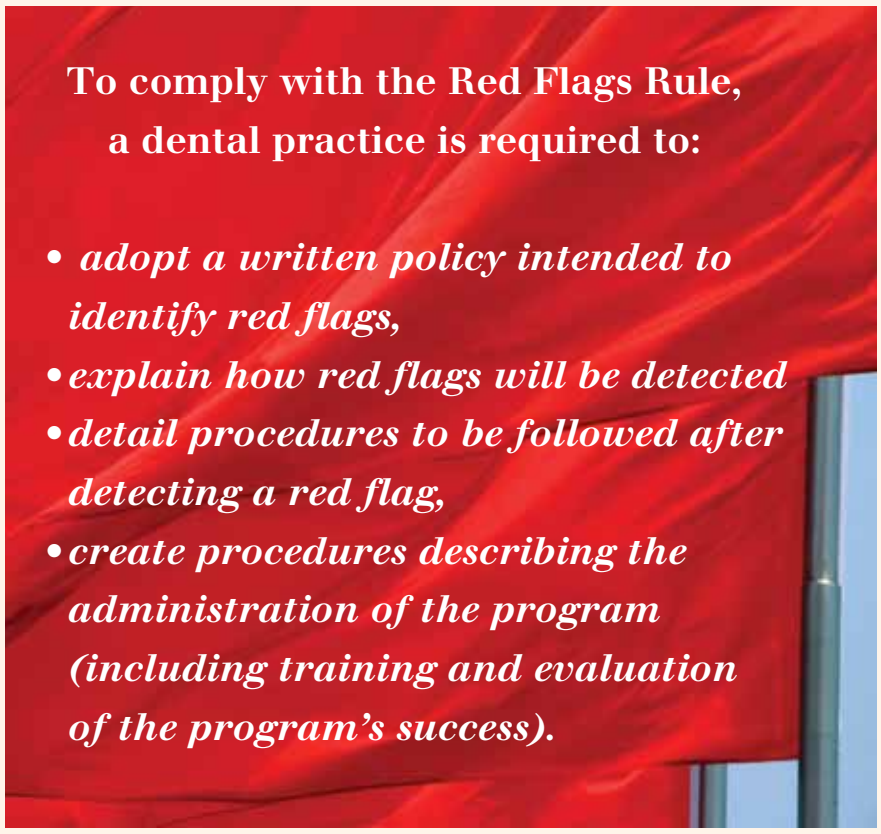
A red flag

A red flag is an event, a document or an attempted transaction that is indicative of a possible identity theft. This red flag should alert the dental practice (or other business) that someone is not who he (or she) says he is.

In the context of a medical facility, red flags may include an individual falsely claiming to be a patient known by the dental staff, an unknown person lacking personal identification or refusing to provide essential information about his/her identity, or someone unwilling to provide contact information.

In addition, discrepancies between the patient's medical records and the patient's physical condition should be a red flag alerting dentists and assistants of a possible identity theft.

Documents that should be considered suspicious include papers that appear to have been altered,



(Photo/www.sxc.hu)

altered or cancelled insurance cards, any notice that a patient's information has been stolen, address discrepancies in credit reports and undeliverable mail.

Finally, any suspicious requests for a prescription or a refill, or a notice that the patient is on active duty in the military (when an individual is claiming to be that patient) should trigger a red flag alert.

How to comply with the act

These regulations require any businesses that provide credit to customers to take steps to prevent identity theft. For businesses with a low risk of identity theft, such as dental practices that know their customers personally, the FTC will release a template to help them comply with the act.

To comply with the Red Flags Rule, a dental practice is required to adopt a written policy intended to identify red flags, explain how red flags will be detected, detail procedures to be followed after detecting a red flag and create procedures describing the administration of the program, including training and evaluation of the program's success.

In order to identify the red flags, the dental practice must be familiar with the circumstances constituting a red flag. Many of the circumstances a dentist may face that should alert the dental practice of the possibility of identity theft are detailed above.

Second, the practice must explain how the red flags will be detected and addressed. Procedures to detect red flags in the day-to-day operation of the practice should be enacted. After a red flag has been detected, written procedures addressing them must be adopted. Procedures for addressing red flags in a dental office may include contacting the patient to verify information, refusing to provide services to the patient, refusing to accept a credit card as a form of payment, monitoring patient accounts for a period of time, immediately calling the authorities or determining that no further action is necessary.

If a dental practice is notified of an actual identity theft relating to one of its patients, it is required by law to cease any efforts to collect the debt against the victim of identity theft.

Furthermore, if a dental office obtains a credit report on a patient that lists a home address that differs from the address on file, the office must make all reasonable attempts to verify the correct home address. If the address is verified and is different from the one listed on the credit report, the office must report this to the credit agency.

The owner of the practice is responsible for implementing the program and ensuring that it is implemented in the practice. An office member may administer the program as long as the owner oversees the operation. Any red flag should be reported to the administrator and should be recorded in a log.

All staff members should be given a copy of the written program and must be trained to spot these issues and to follow the program's steps. The Red Flags Rule does require annual evaluation of the practice's program.

Enforcement

Although no criminal penalties will be imposed on a party for failure to comply with the Red Flags Rule, civil penalties of up to $2,500 per violation will be imposed on dentists who are found to have violated the act.

Conclusion

Many dentists are concerned about the implementation of the Red Flags Rule as they have never experienced an issue of identity theft and would like to avoid the expense of complying with this act.

Dentists do not want implementation to interfere with the personal, trusting dentist/patient relationships that they have worked so hard to foster.

The FTC has responded to these arguments, stating that the Red Flags Rule is intended to be flexible and that a red flags plan for a dental office is only required to address issues that a dental practice encounters in its operation.

At this point, it is uncertain exactly how the FTC will move forward on this issue.

However, rest assured that some version of the Red Flags Rule will be implemented and every dental office (large or small) must be prepared. DT

About the author

Stuart J. Oberman, Esq., has extensive experience in representing dentists during dental partnership agreements, partnership buy-ins, dental MSOs, commercial leasing, entity formation (professional corporations, limited liability companies), real estate transactions, employment law, dental board defense, estate planning and other business transactions that a dentist will face during his or her career.

For questions or comments regarding this article, visit *www.gadentalattorney.com.*

Is the 'silo effect' putting you and your practice out to pasture?

By Sally McKenzie, CEO

Ann does her job, Caroline does hers, Danita always seems to be busy doing hers. Everyone is working independently. So, what's the problem? It's known as the "silo effect," and it occurs in the workplace when individuals are focused almost exclusively on their own areas.

Think of farm silos: they stand next to each other, each performing their individual functions, but there is no link between them. That's not a problem out on the farm; however, in the workplace it's a different story.

This silo effect can occur in the dental practice when there is a lack of communication and common goals among the different areas — the clinical staff and the business staff, the dentists and the hygienists, etc. It is perhaps a new twist on the old workplace problem of the right hand not knowing what the left hand is doing.

Each person is performing his or her job with little understanding of the big picture or how all of the systems are intertwined. Individuals are given tasks to achieve, but there's minimal focus on overall goals or teamwork.

The business employee unknowingly schedules the emergency patient at a time that puts significant strain on the dentist and the assistant. The dentist recommends a patient pursue an extensive treatment plan not realizing that the patient already carries a significant balance on his account.

The collections coordinator is supposed to increase collections, but is frustrated by the dentist's actions. "I can't control accounts receivables, when the dentist is recommending costly treatment to patients with outstanding balances."

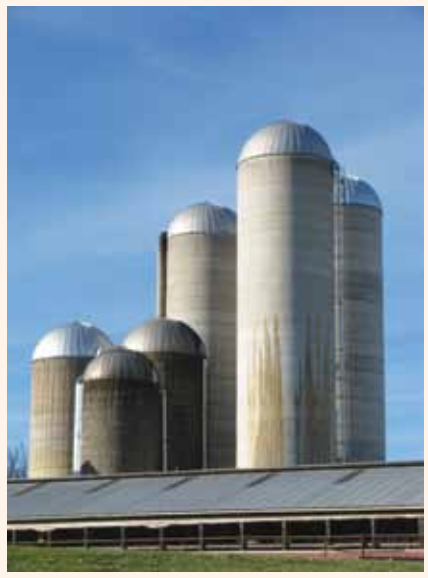
Meanwhile, the dentist wants to increase treatment acceptance and is now offering more elective procedures. Yet, there's no effective communication between the various silos.

The hygienist provides care to the patients who show up, but her production continues to fall short because of cancellations and no shows. She has been told that she needs to see more patients and if she does she will get a bonus, but she can't achieve that without the help of others. No one is willing to help confirm appointments — it's not their job everyone says — making it rather challenging to increase hygiene production.

Resentment builds on all fronts, including with the business staff. "I have enough to do with my own job. I can't be sitting on the phone all day. Let her make those calls." Each person is so focused on his/her individual duties that it seems no one has any concept of the bigger picture. In addition, it appears that in this office, that bigger picture has never been painted.

Clearly, the collective interests of the practice as a whole are suffering. If there are common goals and a common purpose, they don't have a chance in this environment until the silos are torn down and individuals focus on how they fit into the shared success of the entire office.

That begins with the dentist creating and communicating his/her vision and goals for the practice. For some, this is a significant hurdle to overcome. After all, dentists are not trained to create visions or develop goals for systems they scarcely understand, let alone lead teams.



(Photo/www.sxc.hu)

Dentists are trained to treat patients. It's certainly no wonder that for many dentists the sentiment is, "If I'm doing my job and the rest of the staff is doing theirs, what else do you need to do to run a practice?" You need a team, not silos.

Teams are driven by a common purpose, common goals and objectives, and are fueled by mutual respect and trust. They also must be nurtured over time and they must be rewarded for a job well done and redirected when they veer off course. How do you get there? As they say, every journey begins with the first step.

Team development occurs when a team pauses to examine itself, identifies opportunities for improvement and commits to action. Over time the members of the team work through various aspects, including:

- Improving communication skills and establishing dialogue.
- Evaluating strengths and weaknesses.
- Defining staff members' roles and responsibilities.
- Assessing individual roles in the group and understanding how each contributes to the overall practice objectives.
- Developing specific team processes such as decision-making and conflict management.
- Improving problem-solving strategies.

One of the most critical steps toward creating a team is making sure everyone understands his or her role and how he or she fits into the larger practice picture.

Step No. 1: Communicate, communicate, communicate

You simply must express your practice goals and objectives to your staff. It is said that some two-thirds of employees do not know their employers' goals or business philosophy.

Open the lines of communication with your team. Encourage ongoing discussion, feedback and problem solving from everyone. While you're at it, make sure that every employee has a job description and understands his or her role.

Step No. 2: Detail job duties and expectations

Define the job that each staff member is responsible for performing. Specify the skills the person in the position should have. Outline the specific duties and responsibilities of the job. Include the job title, a summary of the position and a list of job duties. This can be the ideal tool to explain to staff exactly what is expected of them.

You'd be amazed by the number of employees who have little more

than a vague idea of what the dentist expects. Too many are out there in their silos trying to figure it out on their own.

In addition, when job duties and expectations are not clearly defined, employees don't take responsibility for their actions. The result is that the practice doesn't have systems in place to solve problems and individuals waste valuable time backbiting, gossiping and wallowing in frustration.

Step No. 3: Ask the difficult questions

Resist the urge to be satisfied with simple answers. Look below the surface. Ask yourself every day what can be improved. Which system is not delivering the results it should? Why? What needs to be changed, adjusted and improved?

Remember, building a stronger team and better practice requires that you routinely question the way you and your staff do things. It is essential to improving problem-solving abilities in yourself as well as your staff.

Step No. 4: Encourage leadership as well as partnership

This may require that you let go of some of the very beliefs and behaviors that enabled you to achieve success in the first place. Where you've insisted on control, you may need to step aside and provide the opportunity for employees to step in and take a leadership role in order to improve specific systems. It likely means that everyone needs to be open to adopting new mindsets and skill sets.

It requires changing and adapting in order to realize the vision that you have for your practice, and it requires encouraging others to take risks and grow as professionals. All of this begins with taking an honest look at each person's strengths and weaknesses.

Encourage each member of your team to identify two or three of his/her greatest strengths and weaknesses. Ask each of them to work with each other in doing this and gather feedback from others on the team who will be honest and constructive.

Next, ask all members of the team to identify the three or four critical activities that are essential for their success in their role on the team and what tools and/or training do they believe they need to achieve that success. Use the information you gather as a cornerstone in developing an ongoing staff development plan.

Step No. 5: Show courage

Insist that employees set an example for one another. Individual employees seldom realize how their actions affect the behaviors of their teammates. Employees both consciously and subconsciously look to each other for positive or negative behavior examples.

If one person continually blames others when things go wrong, so too will others on staff. If one employee routinely comes in late, others will be more likely to do the same.

Negative behaviors reinforce the silos. Don't ignore them; address them. Address the issues that don't make you popular: problem employees, showing up on time, following the dress code and office procedures, treating each other and every patient with dignity, respect and patience.

With time, the silo walls will crumble as individuals discover the satisfaction of reaching goals, realizing a vision and having the pleasure of being a part of something bigger than themselves — namely, your team. DT

About the author

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide.

McKenzie is also editor of The Dentist's Network Newsletter at *www.thedentistsnetwork.net;* the e-Management Newsletter from *www.mckenziemgmt.com;* and The New Dentist™ magazine, *www.thenewdentist.net.*

Reach her at (877) 777-6151 or at *sallymck@mckenziemgmt.com.*