

**The consumer's POV**

If you put yourself in the consumer's shoes, how would you rate your practice? ▶ [page 10A](#)

ENDO TRIBUNE

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

Calcified canals

Follow along with Dr. Richard Mounce as he troubleshoots a tricky clinical case. ▶ [page 1B](#)

COSMETIC TRIBUNE

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

Botox and dermal fillers

Extending the oral-systemic connection to the esthetic realms. ▶ [page 1C](#)

Better sleep through dentistry

By Robin Goodman, Group Editor

When I was scouring the exhibit floor of the Yankee Dental Congress for new dental products, I had the pleasure of meeting Rani Ben-David, who is the president of Sleep Group Solutions and was featuring the company's Dental Sleep Magazine during the event.

When I expressed an interest in publishing some content on dental sleep medicine, Ben-David kindly put me in touch with Dr. Gy Yatros, who is a diplomate of the American Academy of Sleep Medicine.

Yatros offers a practice that endeavors to be on the cutting edge of technology, but also emphasizes

the importance of dental health.

Aside from the variety of services he offers, the practice motto piqued my interest:

"Smile Better. Eat Better. Sleep Better ... Live Better."

How many dentists had I seen promote better sleep through dentistry? Well, none until Yatros.

What is dental sleep medicine?

Dental sleep medicine is a growing area of dentistry through which dentists can help their patients sleep better and snore less, which helps their bed-time partners sleep better too.

Obstructive sleep apnea [OSA] is one of the most prevalent and increasing medical problems in the

United States, and dentists who are properly trained in dental sleep medicine can help control this life-threatening disease.

How can dentists help treat obstructive sleep apnea?

Obstructive sleep apnea is a condition that occurs when the airway collapses during sleep, primarily due to loss of muscle tone.

When the airway collapses, it prevents air from reaching the lungs, causing a myriad of serious and undesirable health consequences. The primary muscle that contributes to this collapsing airway is the tongue.

Dentists who are properly trained



Dr. Gy Yatros, Holmes Beach, Fla.

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Dentists convene in the Windy City



"Chicago, Chicago, that toddlin' town. Chicago, I'll show you around ... State street, that great street, I just want to stay. They do things they don't do on Broadway ..." Unfortunately, there's no stanza about the Chicago Mid-winter Meeting, but we'd like to help you write one.

→ See pages 22A-28A

Ultradent supports NCOHF mission

Ultradent Products, a developer of high-tech dental and hygiene materials, devices and instruments worldwide, recently donated dental products valued at more than \$22,000 to National Children's Oral Health Foundation: America's Toothfairy (NCOHF) to provide vital dental treatment for underserved children across the country.

"Ultradent is proud to be a part of NCOHF's fight to eliminate pediatric dental disease," said Dr. Dan Fischer, CEO and president of Ultradent. "We are dedicated to improving the oral health of all Americans, including those who cannot help themselves —

→ [DT](#) page 2A

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Survey shows Tooth Fairy is giving more per tooth

By Fred Michmershuizen, Online Editor

The Tooth Fairy is being more generous these days, according to a recent survey. In fact, some are even saying the increased amounts that children are receiving for their teeth point to signs of a recovering economy.

The 2010 Tooth Fairy Poll, conducted by Delta Dental of Minnesota, showed that in Minnesota, children are now receiving an average of \$1.96 per tooth, which increased significantly from the previous year's average of \$1.62 — a 21 percent increase. Nationally, the average is \$2.13, which is a 13 percent increase over last year's average of \$1.88.

"This year's Tooth Fairy Poll average reflects improvements we're seeing in other areas of the economy," said Ann Johnson, director of community affairs for Delta Dental of Minnesota, in a press release announcing the poll results.

"For example, the Dow Jones Industrial Average increased 23 percent during the same time period. The Tooth Fairy may be another indicator that the economy is starting to recover."

The annual Tooth Fairy poll results are derived from a national survey randomly distributed to Delta Dental of Minnesota members and their families across the United States who

are served by Delta Dental of Minnesota. The poll also revealed some other interesting results.

Nearly half of children's first dental visits occur by age 2, which is a move in the right direction, according to Delta Dental of Minnesota.

"For the past few years, the poll revealed the child's first dental visit was closer to age 3, so this is a positive shift," Johnson said.

"The American Dental Association recommends that a child be seen by a dentist as soon as his or her first tooth erupts, but at least no later than the child's first birthday."

Approximately 90 percent of parents surveyed state their children receive a dental exam every six months.

"The frequency of dental visits should be determined by the child's dentist, based on an assessment of the child's unique oral health needs," Johnson said. "This process ensures that each child receives the most appropriate dental care."

The poll continues to show children are consuming fewer sugary drinks and treats. More than half of parents surveyed indicated their children consume an average of one to two sugar drinks or treats per day.

"Encourage children to make healthy choices," Johnson advised. "Teach them to eat a balanced diet and limit in-between meal snacks of foods

containing high levels of sugar. This will help promote good dental health as well as overall health."

The poll also shows most Minnesota children are working hard to keep their teeth clean. According to the poll, 79 percent of parents report that their children brush their teeth in the morning, and 90.5 percent of children brush at night, while only 3.1 percent brush at noon.

"Children should brush with a pea-sized amount of fluoride toothpaste after sugary or starchy meals or snacks to help reduce the incidence of tooth decay," Johnson said.

"Children should also drink fluoridated water after meals to help cleanse the teeth."

Approximately 56 percent did not know that tooth decay is contagious, transmissible and a bacterial infection.

However, Delta Dental was pleased to learn that 60.8 percent of survey-takers changed their toothbrush after the cold or flu.

For the official Tooth Fairy Poll Web site, visit www.theofficialtoothfairypoll.com. It lists current Tooth Fairy rates, statistics, oral health information and Tooth Fairy customs from around the world. **DT**

← **DT** page 1A

like the underserved children benefiting each day from NCOHF programs and services."

In addition to underwriting of operational expenses since 2006, Ultradent has provided more than \$107,000 in donated products to the national NCOHF Affiliate network of nonprofit health care programs working in local communities to combat America's oral health epidemic. Four NCOHF Affiliates benefited from the latest product donation from Ultradent, allowing these facilities to expand and enhance preventive and restorative services for children in their area suffering from pediatric dental disease.

"Millions of children across our country are in dental pain so severe it impacts their ability to eat, sleep and learn," said Fern Ingber, NCOHF's president and CEO. "Ultradent has long been an invaluable partner to NCOHF, and we are honored to work with a corporation that shares our commitment to ensure all children have the necessary building blocks for healthy, happy and productive futures."

The mission of Ultradent, based in South Jordan, Utah, is to improve the level of oral health care and to make dental procedures more predictable and hassle-free. Consistent with its mission, Ultradent works to improve the quality of life and health of individuals through various financial and charitable programs. **DT**

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The World's Dental Newspaper • US Edition

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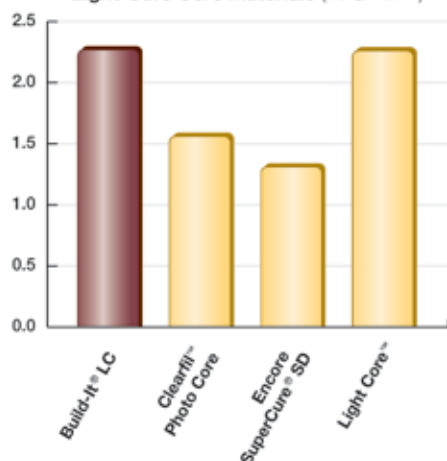


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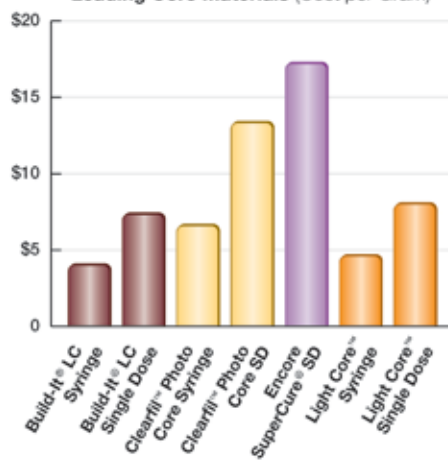
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ADA, other groups petition against FTC 'red flags' rule

By Fred Michmershuizen, Online Editor

Following a recent federal court decision, the American Dental Association (ADA) has joined with three other national organizations representing professional health care providers calling on the Federal Trade Commission (FTC) to exclude health professionals from controversial new regulation intended to combat identity theft.

A letter sent to FTC Chairman Jon Leibowitz by leaders of the ADA, the American Medical Association (AMA), the American Osteopathic Association (AOA) and the American Veterinary Medical Association (AVMA) is the latest challenge to the so-called "red flags" rule.

According to the associations, the FTC's interpretation of the regulation imposes an unjustified, unfund-

ed mandate on health professionals for detecting and responding to identity theft.

"Congress did not intend the original red flags legislation to apply to small businesses, but rather it was intended to encourage large businesses like banks, credit firms and national retailers to implement best practices to protect customers' from identity theft," said ADA President Ronald Tankersley, DDS.

In their petition, the organizations asked the FTC to make it clear that the rule will not apply to their members given the result of recent litigation brought by the American Bar Association against the FTC.

In that case, the U.S. District Court for the District of Columbia ruled that lawyers should be excluded from the requirements imposed by the red flags rule.

The court decision follows wide criticism that the FTC's overly broad interpretation of the Fair and Accurate Credit Transactions Act of 2003 (FACT) led the commission to create a rule that oversteps its authority.

In response to these concerns, the FTC postponed the rule's effective date to June 1, but it has never changed the position that the rule will apply to health professionals.

In its ruling against the FTC, the court said that the application of this rule to attorneys "is both plainly erroneous and inconsistent with the purpose underlying enactment of the FACT Act."

The court also stated that the FTC "not only seeks to extend its regulatory power beyond that authorized by Congress," but also "arbitrarily selects monthly invoice billing as the activity it seeks to regulate."

"The court ruling sends a clear signal that the FTC needs to re-evaluate the broad application of the red flags rule," said AMA President J. James Rohack, MD.

"Our four organizations firmly believe that applying the rule to health professionals, but not to lawyers, would be unfair."

"Postponement of the rule's effective date is inadequate," said AOA President Larry A. Wickless, DO. "Our four organizations need a commitment from the FTC that it will not apply the red flags rules to health professionals if it is not applied to lawyers."

"The burdens of complying with this rule outweigh the benefits," said AVMA President Larry R. Corry, DVM. "The FTC's interpretation of the FACT Act should be redefined to exclude health professionals." **DT**

Eva's Village: Paterson, N.J.-based dental clinic seeks volunteers

Eva's Village, www.evasvillage.org, is a Paterson, N.J.-based comprehensive anti-poverty, social service agency with a mission to feed the hungry, shelter the homeless, treat the addicted and provide medical care to the poor with respect for the human dignity of each individual.

Eva's Village serves a warm lunch 365 days a year, operates shelters for men, women and women with children, operates an inpatient recovery center for men and women, as well

as an intensive outpatient recovery center, and has a free medical clinic.

Yet shelter, food, addiction services and primary health care aren't the only things provided.

Eva's Village also gives residents much-needed free dental care thanks to a program established by Dr. Brian Ullmann, a prosthodontist in Ho-Ho-Kus, N.J. The free clinic operates each Wednesday, staffed by volunteer dentists and a dental assistant.

Funding from the Delta Dental of

New Jersey Foundation helps pay the salary for the dental assistant and a recording assistant. It also helps pay for supplies and prosthodontic laboratory fees.

The clinic provides preventive and emergency dental care, including digital panoramic X-rays, cleanings, fillings, extractions, root canals, oral cancer screenings, stainless-steel crown restorations and dentures.

"Proper dental care is tremendously important for people trying to rehabilitate their lives," said Ull-

mann. "It improves the way they look and the way they feel — and it can help give people more confidence and a positive attitude when looking for work."

Other volunteers at the Eva's Village dental clinic include Dr. Yvonne Callas and Dr. Ed Kim. The clinic is presently in need of more volunteer dentists.

If you are interested in volunteering, call Jennifer Doherty at (973) 523-6220, ext. 248, or e-mail her at Jennifer.Doherty@evasvillage.org. **DT**

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Jumpstart your production with 'Stage III Customer Service'

By Roger P. Levin, DDS

What do patients remember most after visiting your practice? Mostly how you made them feel. If they walked away with a very positive attitude, patients perceive excellent customer service and they will return.

Any practice not exhibiting superior customer service puts itself at high risk for declining production.

In a tight economy, great customer service matters more than ever. Through the following Stage III Customer Service™ strategies, you can build better relationships with patients and increase production as a result.

No. 1: Schedule patients promptly

If a practice fails to schedule new patients quickly, runs late when the patient arrives or isn't prepared for the appointment, patient confidence and trust decreases.

No. 2: Get to know patients

Learn their hobbies and occupations. Establish rapport with them. Patients are more likely to accept treatment from a dentist and a team they trust.

No. 3: Always have the answers

Often times, patients will seek a second opinion regarding recommended treatment, usually from a front desk staff member. Ensure that all team members understand the top three benefits of each treatment and are able to provide responses that reinforce your recommendation.

No. 4: Give patients options

Three of the most powerful ways to "WOW!" patients is by providing them options when it comes to treatment, scheduling and payment.

Treatment options. A strong service mix boosts production. Practices should offer a mix of need-based and elective services. In addition, offering at-home products is an excellent strategy for exceeding patient expectations and increasing production.

Scheduling options. Allow patients the freedom to choose between two different times rather than allowing them to determine the date and time themselves. This way, patients have choices while the practice maintains a productive schedule.

Payment options. Patients have different financial situations, especially today. Provide patients with as many financial options as possible. Levin Group recommends the following four financial options:

payment by credit card; half the payment upfront, half before treatment is completed; 5 percent off when paid upfront; outside financing.

No. 5: Be the educational resource for patients

Be a resource, not just an office that provides a service. Educate patients on proper oral hygiene. Show them how to use certain appliances, such as power toothbrushes or water jets. Provide them with fact sheets and brochures addressing dental health concerns.

Take the time to show your patients how much you care. This kind of above-and-beyond service shows patients you care and helps to instill trust in your team.

Conclusion

Increased production depends on effective customer service more than ever before. New patients, patient retention, recare appointments — they all tie in with strong customer service.

Through the steps outlined above, your practice can exceed expectations and reach Stage III Customer Service. **DT**

About the author



Dr. Roger P. Levin is founder and chief executive officer of Levin Group, a leading dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners.

Since 1985, Levin Group has embraced one single mission — to improve the lives of dentists.

For more than 20 years, Levin Group has helped thousands of general dentists and specialists increase their satisfaction with practicing dentistry.

Levin Group may be reached at (888) 973-0000 and customer.service@levingroup.com.

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Practice transition planning

This is part 1 of a two-part series on this topic

By Eugene Heller, DDS

For most dentists, ownership of their dental practice is the major focus of their energy expenditures, financial situation and professional lives.

Years of blood, sweat and tears, coupled with the relationships formed with both staff and patients, have caused dentists to form a deep-seated emotional attachment with their practice.

For many, the dollar value of that practice represents a significant portion of their financial assets.

For the new dentist, there is a definite value in acquiring the patient base that has taken the transitioning dentist years to develop and will provide an immediate and substantial cash flow.

All experience transition

Whether it is due to a change in career direction, a desire to cut back on the responsibilities of ownership while still enjoying the benefits of clinical dental practice or the desire to retire from dentistry, every practice owner faces an ownership transition.

Ownership transition can be a total sale or a partial sale, that is, the formation of a partnership. The level of success achieved as a result of this practice transition will be directly linked to the amount of detail given to, and the successful execution of, the "Transition Plan."

A buyer's market

Decreased dental school enrollments and other demographic factors have created an imbalance in the numbers of graduating versus retiring dentists.

This trend, which will continue for at least the next 10 years, has contributed to falling dental practice sale prices, and has created a buyer's market.

This dental work force shortage has made finding dentists to serve in more rural dental practices, which are difficult to market, almost impossible. These changes in the marketplace relative to practice transition-



ing have made advance, detailed transition planning mandatory.

Goals of a successful transition

Before discussing the development of a transition plan, a brief discussion of the goals of transition is required. In addition to identifying the actual goals, each dentist will need to assign an order of priority to these goals.

This prioritization will have a significant impact on certain aspects of the transition plan. The most common goals discussed by dentists include:

(1) In accordance with their preferred timetable, a desire to transfer patient care responsibility.

(2) Securing future employment for their staff and giving back to the profession by passing the baton to a new dentist.

(3) Maximizing their practice equity (financial gain from the sale).

There is no right or wrong order to the priority emphasis. The economic health of the transitioning dentist will usually determine the order of the priorities.

If the practice sale proceeds are a significant portion of the dentist's retirement assets, then maximizing the financial return will be at the top of the list.

If the clinician has a well-funded pension plan or other financial resources, and the sale proceeds will enhance the quality of retirement rather than providing the primary support for retirement, the order of importance will typically be the desire to provide continuity of patient care, ongoing employment and pass-

ing the baton, where maximizing the financial gain appears at the end of the list.

Factors affecting successful transitions

Prior to discussing the components of a transition plan, it will be useful to understand what is presently occurring in the transition marketplace. For a successful transfer of ownership, we must first have an interested new dentist.

Subsequently, location is at the top of the list relative to a new dentist's interest in a specific practice opportunity.

As previously discussed, rural practices, although typically more profitable than big city practices, are having serious recruitment problems.

Ninety percent of all practice sales today are in communities with populations of 50,000 or more, and 80 percent of these sales are in cities where the metro population exceeds 500,000.

The second factor is the practice's ability to meet the financial needs of the new dentist. As a result of current levels of dental school-related debt, the new dentist must meet specific levels of production to pay for the practice acquisition, school loans and basic living expenses.

Therefore, a practice needs to provide, on the average, \$300,000 worth of production for an employed dentist, and \$400,000 worth of production if the dentist is purchasing a practice.

It is for this reason that 85 percent of total practice sales involve practices with gross receipts of \$350,000 to \$500,000.

While the highly productive and profitable practices of today frequently exceed \$500,000 in annual receipts, the average new dentist (five years or less since graduation) does not possess the clinical skills required to produce this level of dentistry, and subsequently, sales trend toward the lower grossing practices.

After finding a suitable location and determining that the practice will provide for the financial needs of the new dentist, the new dentist will consider a multitude of other factors in selecting one opportunity

over another.

The major factors considered include:

- (1) the practice's overhead to revenue percent,
- (2) number of active patients,
- (3) new patient flow,
- (4) recall system effectiveness.

In addition:

- (5) quality and length of the staff's prior employment,
- (6) practice history,
- (7) types of procedures previously offered and/or produced,
- (8) involvement in any discounted dental plans,
- (9) appearance of the physical space occupied by the practice, and
- (10) the age, type and appearance of the equipment and furnishings will play a major role in the selection process.

The 10 items listed above represents the major concerns and factors reviewed by the new dentist.

However, the owner dentist is concerned with:

(1) the ability of the new doctor to pay for the practice — obtain financing with all the school debt, the tax implications and subsequent net proceeds derived from the sale,

(2) the personality and ability of the new dentist to relate to patients and staff,

(3) the amount of post-sale relationship required between the seller and buyer, and of course,

(4) the new dentists' clinical competence.

With the exception of the final concern, the other factors can be readily determined and resolved.

Today, 100 percent owner financing is readily available, the tax implications can be calculated and, typically, several meetings with the new dentist will address the communication skills and personality of the new dentist. **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 the national director of transition services for Henry Schein Professional Practice Transitions. For additional information, please call (800) 730-8883 or send an e-mail to ppt@henryschein.com.

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Phoenix—4 Ops - 3 Equipped, GR \$515K+, 3 Working Days #12113
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CONTACT: Dr. Thomas Wagner @ 916-812-3255
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CONTACT: Thinh Tran @ 949-333-8308

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Fairfield Area—General practice doing \$800K #16106
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New Bedford Area—8 Ops, \$628K #30119
CONTACT: Alex Litvak @ 617-240-2582

MICHIGAN

Suburban Detroit—2 Ops, 1 Hygiene, GR \$213K #31105
CONTACT: Dr. Jim David @ 586-530-0800

MINNESOTA

Crow Wing County—4 Ops #32104
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Central Minnesota—Mobile Practice, GR \$730K+ #32108
Twin Cities—Move in & practice immediately GR \$800K #32110
CONTACT: Mike Minor @ 612-961-2152

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CONTACT: Marty Hare @ 315-263-1313
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CONTACT: Richard Zalkin @ 631-831-6924

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CONTACT: Barbara Hardee Parker @ 919-848-1555

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CONTACT: Dan Slain @ 412-855-0337
Lackawanna County—4 Ops, 1 Hygiene, GR \$515K #47138
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Philadelphia County (NE)—4 Ops, GR \$500K+, Est 25 years #47142
CONTACT: Sharon Mascetti @ 484-788-4071

RHODE ISLAND

S Rhode Island—4 Ops, GR \$750K, Sale \$486K #48102
CONTACT: Dr. Peter Goldberg @ 617-680-2930

SOUTH CAROLINA

HHI—Dentist seeking to purchase a practice producing \$500K/year #49103
CONTACT: Scott Carringer @ 704-814-4796
Columbia—7 Ops, 2200 sq ft, GR \$678K #49102
CONTACT: Jime Cole @ 404-513-1573

TENNESSEE

Elizabethton—GR \$353K #51107
CONTACT: George Lane @ 865-414-1527

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Houston Area—GR \$1.1M w/adjusted net income over \$500K #52103
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