CDA PREVIEW EDITION

DENTAL TRIBUNE

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

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Seaweed colloids in your toothpaste?

An interview with dentist and toothpaste collector Dr. Val Kolpakov

Dentist Val Kolpakov has an unusual hobby: he collects toothpaste. His collection is currently recognized as the largest in the world by the World Records Academy. Born in Russia, Kolpakov moved to the United States in 1993 to work as a researcher at the University of Michigan.

For the past nine years, he has been in practice at his own dental offices in Saginaw, Mich., and Alpharetta, Ga. Kolpakov spoke to Dental Tribune International Editor Yvonne Bachmann about his collecting passion, radioactive collectibles and seaweed in our toothpaste.

Dr. Val Kolpakov among some of his estimated 2,000 samples of toothpaste that he has collected over the years. (Photo/Provided by Dr. Val Kolpakov)

When did you get the idea to start collecting toothpaste?
It was 2002 and I was browsing the Internet. This was when I found some information on Carsten Gutzeit, a man from Germany who collected toothpaste. His collection stood at roughly 500 tubes.

This was when I realized what a wonderful hobby collecting toothpaste would be for a dental professional. Imagine the opportunities it offers to learn about other variations of your profession. With this in mind, I decided to start my own collection of toothpaste.

How did you get your collection?
I have friends living all over the world, so I asked them to mail me some of the toothpaste sold in their countries. In addition, I bought old toothpaste on eBay while acquiring contemporary ones in stores.

After putting up the Toothpaste World website, people began finding me on the Internet. There were several people who donated their small collections to me. Companies also donated their old and recent products.

Do you usually buy two samples, one to try and one to keep?
No, I normally just get one sample. I already spend a lot of money on my toothpaste collection and

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'Sunny dental fun' awaits in Anaheim

If you are heading to California for the spring dental meeting, we've got a short list of information about the event itself as well as things to do in and around Anaheim.

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Institute of Medicine issues oral health recommendations

By Fred Michmershuizen, Online Editor

The Institute of Medicine (IOM), an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public, recently issued a report, Advancing Oral Health in America, in which it offers key recommendations to the U.S. Department of Health and Human Services (HHS).

The report, which was commissioned by the Health Resources and Services Administration (HRSA), builds on and supplements the 2000 Surgeon General's Report, Oral Health in America and the National Call to Action to Promote Oral Health in 2003.

"The committee recognizes that bringing disparate sectors together to effect significant change is a

→ DT page 3A, INSTITUTE

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doubling the amount would be too much. Often, it is not even possible in the case of old tubes — which are rare finds to begin with.

If I am tempted to try a toothpaste that I have in my collection, I just open the only sample I have. All my old toothpastes are so dried up that I don't think anybody would be willing to try them in their mouth.

How many items do you have in your collection?

The most difficult part of collecting toothpaste is keeping track of all the samples I get. I estimate that I have 2,000 samples.

However, I cannot tell you the exact number at this time. I have more than 1,700 tubes counted and entered into my database, but there are several big boxes with more samples waiting for their turn.

Where do you keep your toothpastes?

Some of them are displayed in the waiting room of my dental office in Saginaw. However, most of them are stored in boxes. We are currently remodeling our office and planning to build a huge custom-made display for my collection, pretty much making a toothpaste museum of some sort.

Anybody can come to my office and look at the samples displayed. I can also show other samples stored in boxes to interested people.

Do you know any other people who collect toothpaste or dental equipment?

I keep in touch with Carsten Gutzeit from Germany, whose collection inspired me. We have exchanged some toothpaste tubes. Since I started my collection, I have been contacted by several people who have small collections of toothpaste. Some of them have donated their entire collections to me.

There is also a good collection of toothpowder tins at my alma mater, the University of Michigan dental school. They also have a very good collection of various vintage dental items.

Which are the most interesting items in your collection?

I would consider one item to be the oldest, most rare and most expensive: a silver, English antique Georgian toothpowder box from 1801. This was a time when toothpaste had not yet been invented and toothpowders were used instead. I paid over $1,500 for it. The oldest toothpaste I have is dated 1908 and was made by Colgate.

My favorite kinds of toothpaste are alcohol flavored. These range from whiskey, like scotch, rye and bourbon to red wine, amaretto, champagne and many more.

Another passion of mine is chocolate-flavored toothpaste. I have a set of pure chocolate cream packaged in a toothpaste tube with a toothbrush for chocolate lovers. This is more of a gag gift, considering that it is not intended for brushing teeth regularly.

However, there are several real tubes of toothpaste with chocolate flavoring as well. Speaking of unusual flavors, the Breath Palette Company tops them all. They came up with 31 flavors, including some of the oddest kinds such as Green Tea, Pumpkin Pudding and Indian Curry.

My most unusual collectible is Doramad toothpaste, which was dug out of World War II trenches and has an active radioactive compound. At that time, some people believed that radiation could revive dead tissues and that radioactive toothpaste could revive gums.

What do you estimate the value of your collection to be?

I have spent close to $20,000 on all my samples. Considering all the work and time I have spent on my collection over the last nine years, I would estimate it at $30,000. But at this time, I have no intention of selling it. It is my hobby, my passion, the way for me to attract people's attention to my dental practice and spread information about this wonderful topic.

Are toothpastes generally the same? Is toothpaste bought in Japan any different from toothpaste bought in Italy?

The main ingredients of all toothpastes are basically the same. However, there are local differences in flavor and some ingredients. Oriental toothpastes often contain ingredients like bamboo salt or ginseng. Japan is well known for its high-tech toothpastes that rebuild enamel, remineralize teeth and halt the development of caries.

Is there something people may not know about toothpaste?

You may not recognize the scientific names listed on toothpaste packaging, and thus may be surprised to know that ingredients such as seaweed can be found in many fluoridated toothpastes. According to the American Dental Association, thickening materials include seaweed colloids, mineral colloids and natural gums.

Do you collect any other unusual items?

I have a small collection of denture containers — holders of different shapes in which edentulous people place their dentures for the night. I also have a collection of dental movie props, including some fake teeth that actors put over their own teeth to look like vampires or homeless people with rotten teeth.

Do you hold a Guinness World Record?

I've considered applying to the Guinness World Records for a long time, but just can't seem to find the time. Recently, I was contacted by an English journalist who interviewed me and wrote a story about my collection for an English newspaper.

Somebody at the Guinness

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.

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daunting task, but well suited to the mission and responsibilities of HHS," the report states. "Every effort needs to be made by HHS to collaborate with and learn from the private sector; other public sector entities at the local, state and national levels and patients themselves toward achieving the goal of improving the oral health care and, ultimately, the oral health of the entire U.S. population."

The report outlines seven recommendations, which are referred to as the new Oral Health Initiative (NOHI). In addition, the report has been well received by the American Dental Education Association (ADEA).

"The IOM report is a clarion call to action, particularly in areas necessary for successfully maintaining oral health as a public health priority: strong leadership and the sustained interest and involvement of multiple stakeholders," said Leo E. Rouse, DDS, president of the ADEA. "It tackles the challenges associated with health disparities and access to care while, at the same time, demonstrating an awareness of and sensitivity to disputed workforce issues. Likewise, it appropriately emphasizes the important role the federal government has in advancing the oral health of the nation."

The report can be accessed at *www.iom.edu/Reports/2011/Advancing-Oral-Health-in-America.aspx*. DT

These tubes of toothpaste were used in World War II.

World Records Committee came across the article and e-mailed me suggesting I apply for a record. I submitted my application, but as there was no current record involving toothpaste tubes, they had to review whether they could open a new category. Finally, it was approved. Now I have to submit evidence that I possess all this toothpaste.

The evidence must include pictures, a detailed list of all my toothpaste, publications and statements from witnesses. I do not actually hold this record yet, as was mistakenly reported in the media, but I hope to in the near future. DT

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U.S. team establishes dental lab in Tanzania

Miracle Corners of the World (MCW), a U.S.-based non-profit organization, recently sent a team from the United States to Dar es Salaam, Tanzania, to inspect and oversee the installation of state-of-the-art dental laboratory equipment. The initiative was part of a second Memorandum of Understanding (MOU), signed in October 2010 between MCW and the Muhimbili University of Health and Allied Sciences (MUHAS).

The project builds on an earlier MOU, signed in September 2008, devoted to bringing the MUHAS School of Dentistry and MCW together to collaborate on an oral health-care initiative supported by in-kind donations by private sector companies.

Tanzanian President H.E. Jakaya Mrisho Kikwete and leadership from the Ministry of Health have supported the project from the beginning.

Dr. Paulo Sarita, former head of restorative dentistry, made a compelling argument to Dr. Marion Bergman, MCW's director of healthcare projects. In a proposal submitted to MCW by the dental school

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Dentists nationwide offer free oral cancer screenings

By Fred Michmershuizen, Online Editor

April was Oral Cancer Awareness Month, and thanks to the efforts of the American Dental Association (ADA), the Oral Cancer Foundation (OCF) and hundreds of ordinary dentists throughout the country, patients everywhere were able to get screened for the life-threatening disease. In all, more than 1,250 practices across the nation registered their screening events with the OCF.

Although many dentists perform oral cancer screenings as a routine part of examinations, the ADA encouraged dentists to perform community outreach during the week of April 11–15 to provide free oral cancer screenings to people who might not regularly visit a dentist, according to ADA spokesperson Sol Silverman, DDS, a professor of oral medicine at the University of California, San Francisco.

"Early detection is critical in increasing survival rates for patients who have developed an oral cancer, and recognizing and managing precancerous lesions is extremely important in prevention," Silverman said.

One practice, the Gentle Dental Group, with offices throughout of Florida, uses the VELScope Oral Cancer Screening System as a tool in detection of the disease.

The U.S. Food and Drug Administration and Health Canada recently cleared the VELscope System for assisting dentists and hygienists in discovering cancerous and precancerous growths that may not be apparent to the naked eye.

With the VELscope System, a dental professional can screen for oral cancer in one to two minutes during a conventional examination or during a common procedure such as teeth whitening.

Dr. Neal Ziegler, chief dental officer of the Gentle Dental Group, says his practice has always conducted annual comprehensive oral cancer screening as part of the routine dental exam. He said that oral cancer is typically discovered in the late stages of development, when the five-year survival rate is only 22 percent.

"By detecting potential problems earlier, we'll be providing our patients with the best defense against oral cancer currently available," Ziegler said. "Gentle Dental Group is deeply committed to providing the best dental care available for its patients, including the latest technology and techniques."

Brian Hill, the executive director of OCF and an oral cancer survivor, also stressed the importance of early detection and the important role that dentists play.

"Early detection is important because it reduces treatment-related morbidity and improves survival rates," Hill said.

In 2010, the National Cancer Institute estimated that approximately 36,540 people were diagnosed with oral cancer and approximately 7,880 people died of oral cancer. The National Institute of Dental and Craniofacial Research (NIDCR) estimates that the five-year survival rate for people diagnosed early, when the disease has not spread beyond the original location, is approximately 83 percent compared to a 20 percent survival rate for those who were diagnosed when the cancer has spread to other organs.

This year, approximately 37,000 Americans will be newly diagnosed with oral cancer, and one person will die every hour of every day from this disease, according to the OCF. HPV16, one of about 130 versions of the virus, is now the leading cause of oral cancer, and is found in about 60 percent of newly diagnosed patients, the OCF reports.

The VELscope Enhanced Oral Assessment System, manufactured by LED Dental, is one device that can be used to screen patients for oral cancer. (Photo/LED Dental)

In 2010, The Journal of the American Dental Association published "Evidence-based Clinical Recommendations Regarding Screening for Oral Squamous Cell Carcinomas," which was developed by an expert panel convened by the ADA Council on Scientific Affairs. The panel's report concluded that clinicians should remain alert for signs of potentially cancerous lesions while performing routine visual and tactile examinations in all patients during dental appointments.

Risk factors for mouth and throat cancers include tobacco use, heavy consumption of alcohol, particularly when they are used together, as well as infection with the human papillomavirus, which is better known as HPV.

"In a painless, three- to five-minute oral cancer screening, most of the signs and symptoms of oral cancer can be seen with the naked eye, felt with the fingers or elucidated during the patient's oral history interview," said Dr. Ross Kerr, an oral medicine specialist at New York University College of Dentistry.

More information is available online, at *www.oralcancer.org*. DT

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for assistance from MCW in refurbishing the laboratory, Sarita stated, "In 1984 it was decided to shift the dental laboratory of the Muhimbili Hospital to the dental school. Bought in the '60s, the equipment was already old and outmoded."

William Van Vort of Henry Schein's Zahn Dental division assisted in the unpacking of the donated equipment and laboratory supplies and its installation.

The university delivered a newly painted, electrified and air-conditioned lab, outfitted with new benches built by Tanzanian craftspeople in accordance with the drawings provided by Norman Weinstock, chairman of Zahn Dental, a division of Henry Schein, and a veteran in the dental laboratory industry. Weinstock assisted MCW with its needs assessment at MUHAS.

MCW shares the vision of MUHAS and the Ministry of Health leadership for the dental school's laboratory to serve as Tanzania's National Dental Laboratory and become a center of excellence for the region, and to provide dental appliances and prosthetics to all of Tanzania as well as surrounding countries.

MCW was founded in 1999 with the vision: "Local change through global exchange," and its mission is to empower youth to become positive agents of change in their communities by giving them the tools, confidence and networks to pursue entrepreneurial projects in their communities.

Based in New York City, MCW serves youth through leadership training, community center and oral health-care programs and partner initiatives (genocide prevention). DT

(Source: Miracle Corners of the World)

A patient receives dental treatment at a clinic in Tanzania. Thanks to the efforts of Miracle Corners of the World, care will be enhanced with the establishment of a state-of-the-art dental lab. (Photo/Provided by Miracle Corners of the World)

Dental Trade Alliance recognized for outstanding contributions to DDS

The Dental Trade Alliance has been honored with an award for its significant contributions to Donated Dental Services (DDS), a program of Dental Lifeline Network. The award was accepted by Gary Price as DDS celebrated its 25th anniversary during the recent 2011 National Association of Dental Laboratories Vision 21 Meeting in Las Vegas.

Presenting the award was Dental Lifeline Network President Fred Leviton. Formerly known as the National Foundation of Dentistry for the Handicapped, Dental Lifeline Network is a charitable affiliate of the American Dental Association. Through DDS and other programs, the organization provides comprehensive dental care to people with disabilities or who are elderly or medically at-risk and has a nationwide volunteer network of 15,000 dentists and 3,200 laboratories that contribute more than $22 million worth of needed services annually, including nearly $2 million in fabrications.

"Without the outstanding support of the DTA, DDS could never have reached today's milestone of providing dental therapies valued at $187 million to 101,000 people in 50 states," Leviton noted. "The DTA has been instrumental in linking us with the dental trade industry, providing incalculable value in our ability to serve the needs of vulnerable people nationwide. We are profoundly grateful to the alliance, its foundation and to our colleagues in the industry."

In addition to serving vulnerable individuals with disabilities or who are elderly, Dental Lifeline Network has seen a rapidly increasing need for dental services among people who are medically at risk. Dental disease and acute need for care impact people with cancer who cannot receive chemotherapy, those with autoimmune diseases who cannot be administered lifesaving medications, cardiac patients who cannot be treated surgically, candidates for organ transplants and people with crippling arthritis who are prevented from joint replacements.

Gary Price, second from left, accepted an award to the Dental Trade Alliance from Fred Leviton of Dental Lifeline Network, formerly the National Foundation of Dentistry for the Handicapped. The award was presented at the 2011 National Association of Dental Laboratories Vision 21 Meeting. Pictured, left from right, are Kim Solomon, Nobel Biocare; Gary Price; Cathy Bonser, Dentsply International; Kevin Mahan, Jensen Industries; Leviton; Andy Ravid, Argen; Pat Segnere, Ivoclar Vivadent; Wayne Ledford, Ivoclar Vivadent; Katherin Galvin, Biomet 3i and Tate Robb, Biomet 3i. Also recognized was 3M ESPE (not pictured). (Photo/Provided by Dental Trade Alliance)

"For these people, the alternative to dental therapy and subsequent treatment for their medical conditions is a path to progressive illness or premature death," said Leviton. "The DTA is invaluable in providing resources to help us address an increasing need for dental care among vulnerable people with acute medical conditions and dental disease." DT

Non-compete & trade secret agreements

By Stuart J. Oberman, Esq.

Dentists are often concerned about how to best protect their patient base when an associate dentist leaves the practice. The owner of a dental practice must make sure that associates cannot take the practices' patient base or employees with them when they leave.

There are two methods of preventing this type of devastation to a dental practice, which are non-compete agreements and trade secret agreements. Both of these types of agreements should be incorporated into an associate's employment agreement. In order to ensure an employment agreement is properly drafted, you should consult with legal counsel who is familiar with dental employment agreements.

Non-compete agreements

Dentists may have been exposed to a wide variety of terms when contemplating the issue of protecting their patient base, such as non-compete agreements, non-competition clauses, covenants not to compete and restrictive covenants. These are all different terms used to essentially describe a non-compete agreement.

A non-compete provision is typically a section of an employment agreement, however, a non-compete agreement may also be a separate document that an associate may be required to sign as part of his or her employment.

A non-compete agreement allows the owner of a dental practice to limit a former associate from starting his or her own dental practice that competes with his or her former employer, and a non-compete agreement may also prohibit an associate from working for a competitor. Generally, non-compete agreements are enforceable; however, state laws may vary.

The owner of a dental practice should always consult with his or her attorney before entering into any type of non-compete agreement.

In order to ensure that a non-compete agreement is enforceable, there are some general requirements that must be complied with. First, the non-compete agreement must be reasonable in that it protects the legitimate interests of a dental practice.

The dentist's interest in protecting the time he or she has put into training a new associate must be balanced by the associate's freedom to work where he or she chooses, and the public's interest in obtaining the services of a particular dentist.

The second requirement for an enforceable non-compete agreement is that it must have a specific time limit. The shorter the period of time, the more likely the agreement will be enforced. Typically, a non-compete agreement with a duration less than three years will be enforceable.

The third requirement for an enforceable non-compete agreement is that it must contain a reasonable geographic limitation. If a former associate moves to a dental practice within a 10-mile radius of a previous employer, and the former associate has a 10-mile non-compete agreement (depending on state law), the court would likely uphold the agreement as valid and issue an injunction against the former employee.

However, if a non-compete agreement attempts to restrict an associate from practicing within a 50-mile radius of the associates' former practice, it may be considered too broad as to the geographic restriction and, as a result, the agreement may be considered unenforceable.

If a court determines that certain provisions of a non-compete agreement violate state law, the court may utilize the Blue Pencil Rule. This rule allows a judge to modify the terms of the non-compete agreement that may be too burdensome on one party and yet enforce the remainder of the agreement to make the agreement more reasonable.

For example, if the non-compete agreement reasonably protects the employer's legitimate interests and has a reasonable geographic limitation but the agreement states that the non-compete is to be enforced for a period of five years, the court may strike the five-year time period and replace it with a two-year time period, and enforce the remainder of the contract.

However, some particular states prohibit the use of the Blue Pencil Rule, and as a result, the agreement will be either upheld or invalidated in its entirety. For this reason, it is extremely important that a non-compete agreement comply with state law.

Non-compete agreements are widely used in the purchase of a dental practice. If a dentist purchases a dental practice, the purchase price by way of special allocation typically includes the personal and corporate goodwill of the seller and patient accounts. However, without an effective non-compete, the seller of a dental practice may open another dental practice across the street.

A non-compete agreement would prevent the seller from competing with the buyer in a specified geographic location for a specified period of time once he/she sells the practice, which would in turn permit the purchaser of a practice to establish his or her new practice.

Additionally, when hiring a new employee, a dentist should always ensure that the new employee is not subject to a non-compete agreement with his or her previous employer. In some states, a new employer may be held liable for hiring an employee who violates a non-compete agreement with a former employer.

Trade secrets

Trade secret provisions in an employment contract will also help protect the patient base of a practice. A trade secret provision should provide that all patients and their confidential information are trade secrets of the practice and note that sanctions will be enforced against any associate or employee who attempts to use this confidential information for his or her own personal gain.

Generally, trade secrets law has three components, which are: any information that is not generally known to the public, that confers some type of economic benefit on the holder of the confidential information from not being publicly known and to which the beholder has taken reasonable efforts to maintain its secrecy.

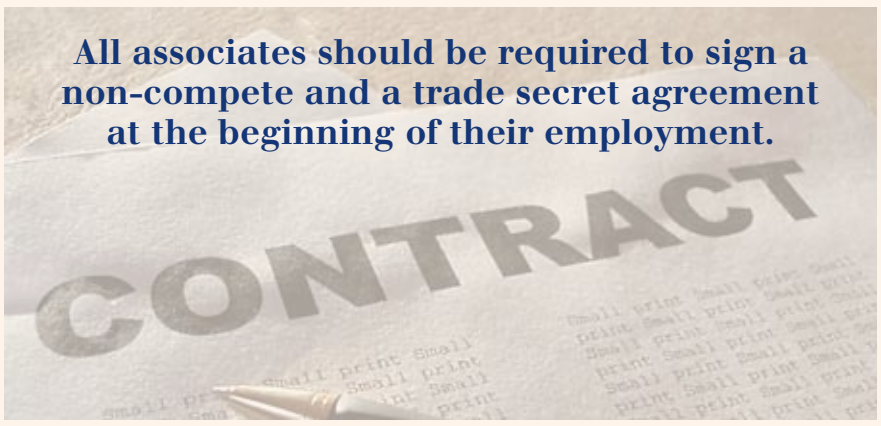
In dental practices, patient lists are clearly not public knowledge and such patient information definitely confers economic benefit on the owner of a dental practice. As long as an owner of a dental practice takes reasonable steps to maintain the privacy of his or her patients, patient information is a deemed trade secret and shall be protected accordingly.

In a dental office, patient lists are probably the most important asset of a dental practice. In determining whether a patient list constitutes a trade secret, courts will generally look at whether the information on the patients — such as the status of their health, the dental procedures the patients have completed and those procedures still needed, the type of insurance the patients carry and amount of insurance the patients have — is not easily ascertained by a competitor.

Although information readily accessible through public records cannot be considered a trade secret, generally patient lists in a dental practice constitute trade secrets and may not be used by a former associate to solicit patients.

While it is true that patient names, telephone numbers and addresses may be a matter of public record, the health records of the patients, the dental treatments they require or the patients' general health insurance information is not accessible to the public. This information would therefore con-

(Image/Cammeraydave, www.dreamstime.com)



(Photo/www.dreamstime.com)

stitute a confidential trade secret and should be protected through an employment agreement.

The owners of a dental practice should be able to prevent an associate from taking valuable assets when he or she leaves the practice. Detailed patient lists are protectable.

Dentists should be familiar with non-compete and trade secret agreements, and they should have these agreements incorporated into their employment agreements.

All associates should be required to sign a non-compete and a trade secret agreement at the beginning of their employment. Without these agreements in place, patient lists are not protected and the dentist is exposed to the risk of an associate leaving the practice and taking patients with them. 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.*

CONTINUING EDUCATION

Prevent fraud in dental offices

Stuart J. Oberman, Esq., who has extensive legal experience in representing dentists, has been invited to lecture at Boston University Henry M. Goldman School of Dental Medicine. Oberman will be one of the featured speakers at a continuing education course, titled "How to Prevent Fraud in the Dental Office," on June 27.

He has lectured extensively on the legal issues facing the dentistry profession, and is also a regular contributor to Dental Tribune.

Oberman has also written articles for dental publications such as Doctor of Dentistry, Woman Dentist Journal and Georgia Dental Practice Solutions. He is on the board of directors for the DDD Foundation, an organization that provides dentistry for the developmentally disabled.

For more information on Stuart J. Oberman, please visit *www.gadentalattorney.com*, or go to the corporate website at *www.obermanlaw.com.*

Six steps to financial solvency

By Sally McKenzie, CEO

Remember the good ol' days? You know, the ones in which your schedule was booked for months, the patients were flowing like champagne from a fountain and you were rolling in the green — or at least you thought you were. Then came the recession; it put a cork in the bubbly, made Swiss cheese of the schedule and as for cash flow, accounts receivables went from so-so to "uh-oh!"

The truth is you probably have little or no idea what your receivables were before the economy hit the skids because you were most likely racing through your days too quickly to give nary a glance at the figure. And after all, enough patients were paying up front and in full. Ah yes, the good ol' days.

By the time 2008 rolled around, practices had come a long way in educating patients about payment expectations. Gone were the days of patient-dictated payment plans, "I would like to pay $50 a month on my $1,200 bill, that way I'll have it paid off in just two years. No problem, right?" Practices put their collective feet down and said goodbye to the banking business.

Polices were not only adopted, they were actually implemented. Business staff became more confident at explaining financial policies to patients and patients were more willing to accept them. Then economic circumstances changed and dental teams panicked.

Three years later, it's time to hit the pause button on practice panic and pay attention to what I'm about to tell you. We all know that the economy has undergone a series of changes and challenges over the last several years. That being said, the expectation remains: practice collections should yield 98 percent for treatment currently being performed.

Should you be sensitive to your local economy? Absolutely, but not at the expense of the practice's financial solvency. It's time to issue a "collections correction" and get your accounts receivable back on track. But before you dig out, you have to dig in — into key practice reports that is. These are your guides to cash in the bank.

Accounts receivable aging report

All credit balances and all debit balances should be included in this report. It is vital to understand how many dollars are outstanding at 30, 60 and more than 90 days. Because practice costs for tracking and collecting old balances can far exceed the actual value of the account itself, this report should be printed monthly.

Outstanding insurance claims report

This identifies how many dollars in outstanding claims there are in each category: current, 30, 60 and more than 90 days. This report is crucial because the longer dollars remain outstanding in claims, the more costly it is to the practice. Print this report monthly. Many of today's software systems allow you to track daily.

Accountant earnings report

This details exactly how many dollars are being written off in each category: accounting adjustments, insurance plan adjustments, professional courtesies, pre-payment courtesies, etc. This report should be monitored daily and monthly.

Production by provider report

This one allows you to track individual provider production for each dentist and hygienist. It is important to track individual production numbers to determine productivity. Typically, hygiene production should produce approximately 30 percent of the total production in an office. However, if exams are not included, the number tends to be lower.

Production by code report

This report gives you an opportunity to track how many times a specific procedure is done. This can be used to determine productivity, treatment acceptance rates and much more.

Also, if the practice is utilizing special techniques, tracking the production by code will help to determine effectiveness, i.e., tooth whitening, periodontal aides, crowns, bridges and implants.

Treatment plan report

This identifies how many dollars are being presented to patients. Using this report effectively can identify your success rate in treatment acceptance. The formula for this is: dollars recommended divided by dollars accepted equals case acceptance rate. Your case acceptance percentage should be at least 85 percent.

Once you've carefully reviewed these key practice financial reports, you'll have a much better understanding of where your practice financials stand, and you are ready to follow the "Six Steps to Solvency."

Step No. 1: Revisit the financial policy

A plan that is too rigid will not be effective in any economy. However, that doesn't mean that you return to the days of patient-dictated financial plans.

Pay attention to what patients are telling you, and if necessary, make adjustments. Consider incorporating the following:

- Establish a relationship with a treatment financing company, such as CareCredit.
- Allow patients to build a balance on their account before beginning major treatment.
- Allow patients to pay for larger cases in two or three installments over a specific period of time.
- Offer a 5 percent discount if the case is over $500, paid in full and will not be submitted to insurance.
- Make arrangements to bill the patient's credit card on a recurring basis until the treatment has been paid in full. Orthodontic practices do this routinely.

(Image/Tasosk, www.dreamstime.com)

Step No. 2: Maximize over-the-counter collecting

Before their visit, patients should be made aware of what is to be done and what fees they will be charged so they'll be prepared to pay.

Your financial coordinator/business administrator should be professional, matter-of-fact, positive and friendly, and should follow a well-rehearsed script in explaining the services, the charges and the payment options.

Additionally, a printout of services provided — along with anticipated insurance payment as well as amount of patient payment — should be given to patients at every visit.

If a patient does not pay, give him or her a return envelope and say, "This will make it easy for you to mail us your check when you get home."

Step No. 3: Send bills daily rather than monthly

Every statement should include a due date that is two weeks after the statement date. Make sure that there is a space for the responsible party to write in a credit card number and expiration date as a means of payment. A self-addressed payment envelope should also be provided.

Step No. 4: Track insurance

More specifically, track available benefits as well as uninsured procedures to calculate the anticipated insurance payment. Collect the patient portion at time of dismissal. After your software performs a validation process on each claim, claims should be sent electronically on the day of service.

Each week generate a delinquent insurance claim report grouped by carrier so that one call can be made per carrier to check on all claims that are 30 days delinquent.

Cash flow can be enhanced by tracking and processing secondary insurance; keeping signatures on file so that after EOB (explanation of benefits) is received, the patient portion may be calculated and a credit card automatically processed; auditing submitted claims and automatically aging them until they are either paid off or written off.

Step No. 5: Follow up on delinquent accounts

Delinquent account calls should begin one day past the due date on the first statement. The manner and tone used will greatly influence the effectiveness of the call. Therefore, set the tone as "working together to resolve this situation." The caller's key question should be, "When can we expect payment?"

Enter highlights of the conversation into the computer to keep a record of collection attempts. On the same day, follow up the phone conversation with written confirmation. Finally, address the most critical col-

lection obstacle, found in Step No. 6 below.

Step No. 6: Train your team

The No. 1 reason for poor collections in nearly every practice is a lack of training. Provide results-oriented training designed to meet the following practice objectives: A 98 percent collection rate should be maintained for treatment being performed currently. For practices accepting assignment, over-the-counter collections should range between 40 to 45 percent of total production.

It is feasible for a hygienist to treat 10 patients in one day from whom the practice will collect zero dollars because insurance will pay 100 percent, thus, it is essential that these measurements be averaged monthly to adjust for the ratio of insurance payment of benefits and patient payment.

Practices that do not accept assignment should strive for 85 to 100 percent of over-the-counter collections. Accounts receivable should be no more than 1x monthly production. Finally, accounts receivable more than 90 days should not exceed 12 percent of total accounts receivable. DT

No. 1: Revisit the financial policy.

No. 2: Maximize over-the-counter collecting.

No. 3: Send bills daily rather than monthly.

No. 4: Track insurance.

No. 5: Follow up on delinquent accounts.

No. 6: Train your team.

About the author

Sally McKenzie is a nationally known lecturer and author. She is CEO of McKenzie Management, which provides highly successful and proven management services to dentistry and has since 1980. McKenzie Management offers a full line of educational and management products, which are available at *www.mckenziemgmt.com*. In addition, the company offers a vast array of business operations programs and team training.

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