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

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How ICOI can help you invest in your practice.
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Shading technique
Natural teeth are difficult to imitate.
▶ *Section 1D*

Managing the practice micromanager

By Sally McKenzie, CMC

It is said that the No. 1 fear for most people is public speaking. That may be true unless you happen to be a dentist/practice owner. In that case, I would argue that for many of these types, what they fear the most is loss of control.

They are accustomed to doing it all themselves, and handing over responsibility for even seemingly insignificant tasks can be a struggle.

Consequently, these micromanaging dentists are stressed out, working and working, yet never able to actually get ahead.

Forget quality of life, forget balance, forget dreams ... these practitioners are living their jobs.

Meanwhile, the employees working in these practices are operating in misery mode. They are treated like children; therefore, they act like children. They've learned that the dentist won't be happy unless he/she does it his/her way.

"Don't do anything unless you're told. Don't make a decision on your own. Don't take the initiative to address an issue yourself. And, if possible, please don't think unless directed to do so."

It's not an environment that quality employees will tolerate for long; so this is why they seem to change

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Adding fluoride varnish to your armamentarium

Fluoride varnishes have been used in Europe, Canada and Scandinavian countries since the 1980s, but are relatively new to the United States.

→*Hygiene Tribune, page 1E*

FDA action on amalgam

The American Dental Association (ADA) agrees with the U.S. Food and Drug Administration's (FDA) decision not to place any restriction on the use of dental amalgam, a commonly used cavity-filling material.

The FDA ruling issued categorizes encapsulated dental amalgam as a Class II medical device, placing it in the same class as gold and tooth-colored composite fillings.

The ADA has supported a Class II designation for dental amalgam since 2002, when it was first proposed by the FDA.

"The FDA has left the decision about dental treatment right where it needs to be — between the dentist and the patient," states ADA President Dr. John Findley. "This decision underscores what the ADA has long supported — a discussion between dentists and patients about the full range of treatment options

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Nominations sought for Office Manager of the Year Award

By Fred Michmershuizen, Online Editor

With its annual Office Manager of the Year Award, the AADOM recognizes excellence in office management.

Does your practice have an exceptional office manager? Someone who makes your workday fly by with ease, someone who takes care of you, your associates and your patients with incredible skill and talent? If so, the American Association of Dental Office Managers (AADOM) wants to hear from you. The AADOM is holding its fifth annual Office Manager of the Year Award, and it is accepting nominations through Sept. 14

Behind every successful practice is an office manager who displays innovative thinking, business acumen and leadership qualities. Just ask Melanie Duncan, the 2008 winner of the AADOM Office Manager of the Year Award.

"I love problem solving, whether it be computer issues, scheduling problems or helping patients find a way to pay for care," Duncan said. "I truly love helping people achieve the best oral health possible."

Each year at its annual conference, the AADOM recognizes exceptional individuals such as Duncan and highlights their accomplishments. The annual Dental Office Managers Conference will be held Oct. 16 and 17 in Las Vegas.

The AADOM is the country's largest professional organization for office managers, practice administrators and other practice management staff. The AADOM is committed to creating and maintaining a network of dental professionals to share resources and information, helping all members achieve the highest level of professional and personal development.

The 2009 AADOM Office Manager of the Year will be featured on the cover of The Observer, AADOM's publication for dental office managers; will receive free registration in 2010 to the annual Dental Office Managers Conference; and a check for $1,000 courtesy of CareCredit, AADOM's founding partner.

"We're delighted to support the AADOM in recognizing the valuable contribution these professionals have made, and support their professional and personal growth," said Cindy Hearn, CareCredit's senior vice president of marketing.

For nomination details and information about the conference, visit *www.dentalmanagers.com.* DT

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to help patients make educated decisions regarding their dental care."

Dental amalgam is a cavity-filling material made by combining mercury with other metals such as silver, copper and tin. Numerous scientific studies conducted over the past several decades, including two large clinical trials published in the April 2006 Journal of the American Medical Association, indicate dental amalgam is a safe and effective cavity-filling material for children and others.

And, in its 2009 review of the scientific literature on amalgam safety, the ADA's Council on Scientific Affairs reaffirmed that the scientific evidence continues to support amalgam as a valuable, viable and safe choice for dental patients.

"Dentists are doctors specializing in oral health care," Findley states. "We encourage people to talk with their dentists if they have any questions about their oral health."

Additional information about dental amalgam and other cavity-filling materials may be found on the ADA's Web site at *www.ada.org.* DT

(Source: ADA)

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Courageous & determined: Dr. Tilda Loew

This is one in a series of articles devoted to recognizing extraordinary individuals who overcame great adversity to practice dentistry

By David L. Hoexter, DMD, FACD, FICD, Editor in Chief

Heart pounding, nerves on edge, tension and pressure mounting ... do you remember taking the dental practical examination for licensure? Everything you have been working for the past four years culminates in this practical test.

Even though you have passed all the written and oral exams given to you for the past four years, everything depends on passing this practical exam now.

To practice the art of dentistry, to earn an income, to provide a living, to pay off debts incurred these past years, to feed your family, to pay the rent ... all depends on this test. Compounding the strain are questions such as: Will the patient that you need to produce the specific restorations show up? Is the grading instructor going to be in a bad mood?

Now imagine taking this exam three different times at 10-year intervals, each time in a different country and each in a different language. This is what Dr. Tilda Loew had to do to continue to practice dentistry.

Living in Bulgaria and a mother of two, Loew dreamed of being a dentist. To achieve her dream, she attended dental school, passed the arduous practical exams and opened her own clinic. She continued her practice through Germany's invasion of Bulgaria during World War II and afterward. Then the Russians had taken control of Bulgaria, executing political dissidents in the name of Communism.

Suddenly, Loew's husband was arrested, accused and sentenced to death as a dissident. Loew walked 20 miles to the police station, stood tall (all five feet of her), shook her finger at the police officer and in a persuasive diatribe, earnestly convinced him that her husband was innocent. Incredibly, he was released on the spot.

Fleeing Bulgaria, Loew and her family found themselves in Israel. Not speaking the language, she immediately acquired a job as a dentist in a clinic and found living quarters for the family. She quickly learned Hebrew and passed the exhaustive and strenuous dental licensure examination once again so that she could practice dentistry privately.

'Imagine passing the dentistry exam in three different countries'

Years passed and Loew's children moved to England and then to America. She followed to be close to her children in the United States. Again, the yearning to be independent and practice dentistry beckoned. She not only learned English and attended dental classes, but she passed her licensure exams and opened a successful practice in Manhattan. She continued to take continuing education courses, always keeping abreast and up to date, even before regulations were enacted mandating this.

Loew has recently retired at the age of 90. Yet, she volunteers as she always did, to participate in the Greater New York Dental Meeting (GNYDM), a meeting that consistently draws more than 50,000 people each year.

She also continues to take dental education courses to keep herself informed about her chosen passion. You can recognize her each year at the GNYDM; she is the one with the bright contagious smile.

Her daughter and son-in-law have represented the United States as ambassadors to Romania, and her son, Dr. Anton Loew, and his family have settled in New York as well. Recently, Dr. Tilda Loew was honored at an elaborate 90th year birthday party. People came from all over the world to celebrate with her. One could hear her conversing in several languages to numerous adoring people. It was quite a tribute for this remarkable woman.

Dr. Tilda Loew is a woman whose burning desire to practice dentistry overcame political burdens and language obstacles. She fiercely defied adversity to save her husband and practiced dentistry in three different countries. She is a brilliant and vibrant woman who felt privileged to have the opportunity to be a dentist and felt it a privilege to be allowed to take a dental licensure exam. She truly deserves our tribute and appreciation. DT

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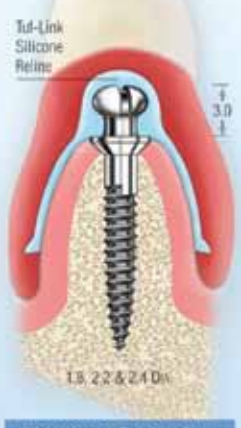

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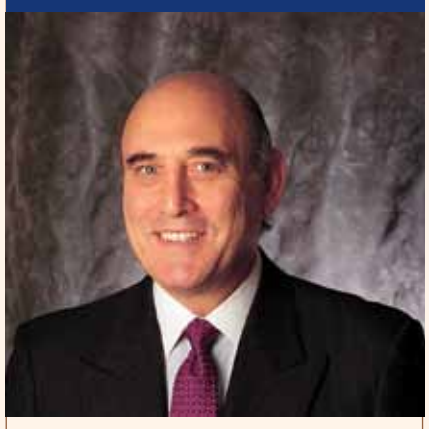

Dr. David L. Hoexter is director of the International Academy for Dental Facial Esthetics, and a clinical professor in periodontics at Temple University, Philadelphia. He is a diplomate of implantology in the International Congress of Oral Implantologists as well as the American Society of Osseointegration, and a diplomate of the American Board of Aesthetic Dentistry.

Hoexter lectures throughout the world and has published nationally and internationally. He has been awarded 11 fellowships, including FACD, FICD and Pierre Fauchard. He maintains a practice at 654 Madison Ave., New York City, limited to periodontics, implantology and esthetic surgery.

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with the seasons.

By nature, dentists are high achievers, and thus more likely to be micromanagers. They didn't get through dental school by leaving the details to someone else. Most are intense, focused perfectionists. In fairness, oftentimes the micromanaging dentist feels a strong sense of responsibility. He/she may well have built the practice from the ground up and may feel that he/she must control all aspects of it.

However, like most micromanagers, they tend to confuse activity with accomplishment and, consequently, create bottlenecks of inefficiency. Even more frustrating for these dentists and their staffs is the fact that they are quite capable of thinking strategically, but they simply cannot bring themselves to relinquish control.

They will not allow others to problem solve, and they consistently second-guess decisions. Yet, if the practice is going to grow and truly succeed, the dentist simply must let go.

So how do you help a micromanaging dentist to relinquish a few of those tightly held responsibilities? Read on.

Strategies for staff

Don't try to change your micromanaging dentist — only he/she can do that. Instead, work with what you have. One of the greatest needs your micromanager has, outside the need to feel needed, is the need to know. Try to understand where the dentist is coming from.

How can you help your dentist achieve the goals and objectives that he/she has for the entire practice? Where does he/she want to take the business? What matters most to this person in terms of goals? What can you do to help?

For example, perhaps your micromanaging dentist really wants more time for treatment planning to encourage greater case acceptance, but at the same time insists on giving all patients their post-op instructions, which only puts everyone behind schedule.

Develop a detailed, step-by-step plan that outlines how you could help the dentist with this duty. Explain to the dentist that you would like to handle this in a way that he/she will be completely comfortable with and confident that patients receive the post-op information they need.

Trust is critical to the micromanager. Take steps to build it by keeping him/her informed from the beginning and at every step along the way. Even though you are perfectly capable of completing the task without direction from the dentist, be open to his/her input and suggestions.

Most importantly, be completely dependable. If you drop the ball on responsibilities that you've committed to, your micromanaging dentist will not feel that he/she can trust you and will swoop in and take over

yet again.

Stay one step ahead of your micromanaging boss by updating him/her regularly. You cannot communicate too much with this type of person, but it is very easy to fall into the trap of thinking that you've done everything you need to keep him/her informed.

If the dentist has to ask you about the status of something you have agreed to complete on her behalf, you're not holding up your end of the bargain in her eyes.

'Dentist, live and let go of the minutia.'

How do you spend your days in the office? I know it sounds like an obvious question, but I suspect that many of you dentists would be surprised if you took a close look at what actually consumes a fair amount of your time. Certainly, you're diagnosing and treating patients, but just how many of your working hours are spent on other less important tasks?

Carry a notepad with you for three to five days and write down everything you do relating to your practice, including reviewing patient records, restocking paper products in the bathrooms, talking to patients, directing staff, calling in prescriptions, completing forms, evaluating prices on supplies, straightening the magazines in the reception area, cleaning out the refrigerator, etc.

After you've gathered your data, take a good look at the list. Is it full of items that only the dentist can do? Or do you have a multitude of duties that the staff, whether it's the assistant, hygienist, associate dentist, scheduling coordinator, business manager, etc., could and should be doing?

Lastly, are there items on that list that no one should be doing because they should be outsourced or because of a lack of technology or broken systems?

You know all too well that there are only so many hours in a day. You want to ensure that yours are spent wisely, not squandered away on activities with little or no return to your practice. And this requires that you invest some of that time learning the art of delegation.

'Dentist, delegate, delegate, delegate ... and communicate.'

From the list that you created, choose the top items that directly affect the growth of your practice, specifically diagnosing and treating patients. Most everything else on that list, such as giving post-op instructions, developing the agenda for the next staff meeting, mediating the latest staff tiff, changing the light bulbs, etc., should be delegated.

Now, before you panic at the thought of relinquishing those duties that you feel only you can do, develop a plan to ensure that this transition of tasks goes smoothly and methodically.

Start by sharing your vision with your staff. Are you the only one who knows where you want to take your practice? Being part of a team means understanding the ultimate goals and being vested in achieving those goals.

Next, assess the strengths of those you've surrounded yourself with. No, they are not you. No, they didn't go to dental school. But, if you've done your job and hired effectively, chances are that your employees will not only welcome the opportunity to grow as professionals, they will excel as a result of it.

Consider the fact that professional training for some may be necessary to ensure that they have the opportunity to successfully meet your expectations. Your objective in delegating is to provide the resources to ensure that those charged with these new responsibilities will succeed.

That also requires you to clearly communicate your expectations. Perhaps no one has been able to meet your standards because no one really knows what or how it is that you want something done. Effective delegation requires that the employee knows exactly what outcome you want him/her to achieve.

For example, if you are going to delegate delivering post-op instructions to your assistant, presumably you want patients to leave fully understanding which homecare steps they will need to follow.

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ADS

Five more of the top 10 reasons why associateships fail

By Eugene W. Heller, DDS

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

Due to extensive debt, most new graduates enter practice as associates to improve their clinical skills, increase their speed and proficiency, and learn more about the business aspects of dentistry. Most hope the newfound associateship will lead to an eventual ownership position.

Instead, many find themselves building up the value of their host dentist's practice, only to be forced to leave. This forced departure is the result of a non-compete agreement when the promised buy-in/buy-out doesn't occur.

The following reveal five more of the most common reasons many associateships fail to result in ownership or partnership.

Reason No. 6: access to patient base

Insufficient access to the patient base by the associate can take different forms. Perhaps the senior dentist never intended to turn over existing patients, but rather to give the associate new patients or patients obtained only by the associate's own efforts. Under such circumstances, the productive capability of the associate would be greatly compromised.

If the intended result is a partnership between the dentists, one of the most important things that the associate is buying is "equal access" to the existing and new patient base.

The patient base comprises the goodwill value of the practice and typically constitutes 70 to 80 percent of the value of a practice.

If the senior dentist fails to recognize the need to turn over existing patients to the associate, then the associate will be frustrated by his/her efforts to produce dentistry, earn a salary and improve skills.

It is common for the senior dentist to be concerned about turning over existing patients; however, this must occur if the relationship is to blossom into ownership.

Reason No. 7: letting go

This problem is related to the senior dentist's unwillingness or inability to "let go" and turn treatment responsibility over to the new dentist. In the case of a senior dentist who is close to retirement, this may be a very emotional decision. When the senior dentist has identified retirement pursuits, there will be a greater ability to turn over practice responsibilities to another dentist.

The new dentist who is considering an associateship should investigate the senior dentist's outside interests and activities in support of an easier transition. Good signs indicate that the senior dentist will have no problem "letting go."

Conversely, the senior dentist who is proud of the number of hours "lived" at the office or who has no other interests in life should raise serious concern on the part of the new dentist as to whether or not this dentist is willing to let go.

Reason No. 8: philosophically speaking

Different business and/or practice philosophies may reveal incompatibilities that may retard successful completion of the practice sale. This particular problem deals with integrity issues as well. It is important for the new dentist to ascertain the attitudes and philosophies demonstrated by the senior dentist.

A senior dentist who is willing to share his/her practice numbers, profit and loss statements and tax returns with the new dentist generally indicates a dentist who is open and honest. A dentist who is unwilling to share numbers and personal financial information will probably not change.

One important question to ask a dentist who has been in practice for more than 20 years is the status of that dentist's retirement plans. If the senior dentist is having financial stresses after 20 years of practice, the partnership will probably not occur.

A dentist who has a well-funded pension/profit-sharing plan and is proud of personal financial accomplishments provides a strong indicator that the practice will be strong enough to launch the new dentist into a similar state.

Reason No. 9: a good match

Unfortunately, personality conflicts are a frequent reason for associate-

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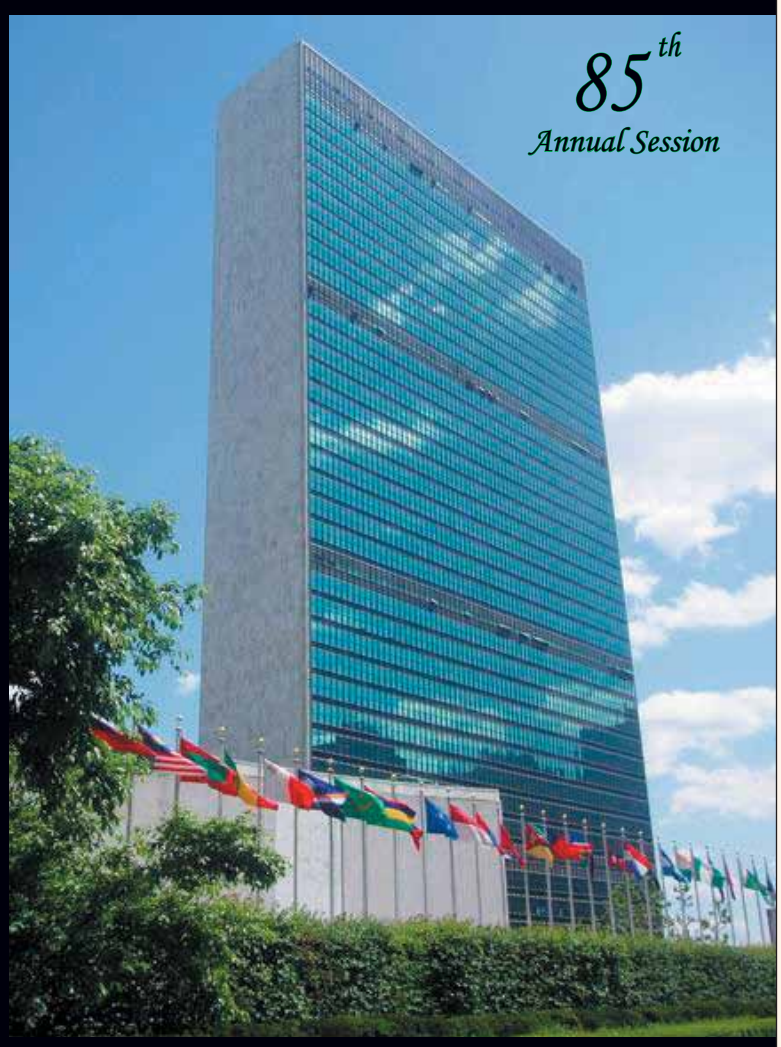

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INDIANA
St. Joseph County–GR $270K on a 3 1/2 work week. #23108
CONTACT: Deanna Wright @ 800-730-8883

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

MAINE
Auburn–Looking for Assoc.GR $2 Million #28111
Lewiston–GP Plus real estate, state of the art office #28107
CONTACT: Lori Bell @ 978-602-0279

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

MASSACHUSETTS
Boston–2 Ops, 2 Hygiene, GR $650K. #30113
Boston–2 Ops, GR $252K, Sale $197K #30122
Boston Southshore–3 Ops, GR $300K #30123
Lowell–GR $400K #30106
Middlesex County–7 Ops, GR Mid $500K #30120
New Bedford Area–8 Ops, $650K #30119
Somerville–GR $700K
Sturbridge–5 Ops, GR $1,187,926 #30105
Western Massachusetts–5 Ops, GR $1 Million, Sale $512K #30116
CONTACT: Lori Bell @ 978-602-0279

Middle Cape Cod–6 Ops, GR $900K, Sale price $677K #30124
CONTACT: Alex Litvak @ 617-240-2582

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

MINNESOTA
Crow Wing County–4 Ops #32104
Fargo/Moorhead Area–1 Op, GR $185K #32107
Hastings–Nice suburban practice with 3 Ops #32103
Cental Minnesota–Mobile Practice. GR $730K+ #32108
Minneapolis–Looking for associate #32105
Rochester Area–Looking for associate #32106
CONTACT: Mike Minor @ 612-961-2132

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

NEVADA
Carson City–5 Ops, 2 Hygiene, 2,200 sq. ft., GR $1 Million #37105
Reno–Free Standing Bldg.,1500 sq. ft., 4 Ops, GR 763K #37106
CONTACT: Dr. Dennis Hoover @ 800-519-3458

NEW HAMPSHIRE
Rockingham County–2 Ops, Home/Office #38102
CONTACT: Lori Bell @ 978-602-0279

NEW JERSEY
Jersey City–2 Ops, GR $216K, 2 days a week #39107
CONTACT: Dr. Don Cohen @ 845-460-3034

Marlboro–Associate positions available #39102
CONTACT: Sharon Mascetti @ 484-788-4071

NEW YORK
Brooklyn–4 Ops, 2 Hygiene rooms, GR $1 Million, NR $600K #41108
Brooklyn–3 Ops (1 Fully equipped), GR $175K #41113
Bronx–GR $1 Million, Net over $500K #41105
CONTACT: Dr. Don Cohen @ 845-460-3034

Oneonta–3 Ops, Approx 1200 sq. ft. #41101
CONTACT: Deanna Wright @ 800-730-8883

Syracuse Area–6 Ops all computerized, Dentrix and Dexis #41104
CONTACT: Donna Bambrick @ 315-430-0643

Syracuse–4 Ops, 1,800 sq. ft., GR in 2007 over $700K #41107
CONTACT: Marty Hare @ 315-263-1313

New York City–Specialty Practice, 3 Ops, GR $400K #41109
CONTACT: Richard Zalkin @ 631-831-6924

NORTH CAROLINA
Charlotte–7 Ops - 5 Equipped #42142
Outside Charlotte–5 Ops, 2 Hygiene. #42141
Foothills–5 Ops #42122
Foothills–30 minutes from Mtn. resorts #42117
Near Pinehurst–Dental emerg clinic, 3 Ops, GR in 2007 $373K #42134
New Hanover Cty–A practice on the coast, Growing Area #42145
Raleigh, Cary, Durham–Doctor looking to purchase #42127
Wake County–7 Ops, High end office #42123
Wake County–Beautiful Cutting Edge Digital Office #42139
Wake County–4 Ops #42144
CONTACT: Barbara Hardee Parker @ 919-848-1555

OHIO
Akron–Excellent Opportunity, 2,300 Active Pts, 6 days of Hygiene #44141
Columbus–4 Ops, FFS practice for sale #44125
Darke County–35 yrs, 1200 Act. Pts, GR $330K #44139
Dayton–10 Ops, Associateship with buy-in option #44121
North Eastern–2 Yr. Old Facility, State of Art Tech. GR $830K #44143
North of Dayton–6 Ops, 15 days of hygiene/wk #44124
CONTACT: John Jouson @ 937-657-0657

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

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

Dauphin County–6 Ops, GR over $1,100K, Sale price $718K #47133
Harrisburg–3 Ops, GR $383K, Listed at $250K #47120
Lackawanna County–4 Ops, 1 Hygiene, GR $515K #47138
Lancaster County–Associate positions available #47116
CONTACT: Sharon Mascetti @ 484-788-4071

RHODE ISLAND
Southern Rhode Island–4 Ops, GR $750K, Sale $456K #48102
CONTACT: Lori Bell @ 978-602-0279

SOUTH CAROLINA
Charleston Area–8 Ops fully equipped #49101
Columbia–7 Ops, 2200 sq ft, GR $678K #49102
CONTACT: Scott Carringer @ 704-814-4796

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

TEXAS
Houston Area–GR $1.1 Million w/adj. net income over $500K #52103
CONTACT: Deanna Wright @ 800-730-8883

VIRGINIA
Burgess–General practice #55101
Danville Area–3 Ops #55105
CONTACT: Bob Anderson @ 804-640-2373

WISCONSIN
Southeastern Wisonsin–2 Ops, 1,800 sq. ft., GR $500K. #58118
CONTACT: Deanna Wright @ 800-730-8883

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

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Tell your assistant exactly what you want him/her to cover with patients. Anticipate questions that the patient might ask and formulate answers. Identify which written materials will be given to patients. Determine who will place follow-up phone calls to patients, etc.

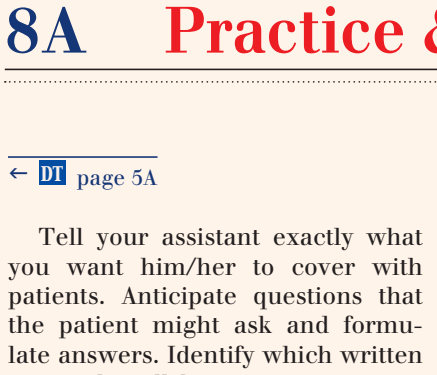
Together you can create a checklist of what is to be covered during the post-op discussion, which will help the assistant understand exactly what's expected and put you at ease in relinquishing this responsibility.

Or better yet, give general guidelines as to how you want the job carried out and be willing to allow the staff member to complete the task according to the plan he/she develops. Understandably, the staff member may take a somewhat different approach than you do to achieve the same outcome.

Encourage your staff to ask questions and be patient in answering them. Remember, they are not going to complete every task exactly the way that you would, and they may make a mistake or two along the way.

Yet with ongoing positive and constructive feedback, they will develop the skills and confidence that will enable you and your team to achieve a whole new level of success. DT

About the author



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

Molar 'seating' anyone?

You're a fantastic practitioner, and when you go to dental meetings across the country you focus mostly on the educational opportunities and products that allow you to provide the very best in patient care. But how much fun are you having with your patients and staff?

Kids will enjoy sitting on this giant molar — made of durable plastic, not dentin. We found this — and many other fun products such as tooth-shaped golf tees, tooth-shaped earrings, and more — at the Museum Shop at Baltimore's National Museum of Dentistry (*www.dentalmuseum.org/shop*).

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ships failing to lead to buy-ins/buy-outs. If two dentists have conflicting personalities, there may be stress and friction within the practice, which will spill over onto the staff and patients.

A few common-sense rules can easily determine whether a potential for conflict exists. The assessment for personality conflicts will be ongoing during the initial interview process.

If there are significant concerns about compatibility for dentists who will be in a partnership arrangement spanning from three to five years, the warning signs should be carefully evaluated at the onset.

If a long-term relationship is intended, it may be prudent to seek professional personality assessments.

Reason No. 10: good advice

The final reason has, in fact, nothing to do with the dentists or the practice. Instead, individual attorneys have proceeded to cause problems in the relationship.

It is extremely important that both dentists realize the boundaries that must be set relative to their attorneys' involvement in finalizing the buy-in/buy-out arrangements. Attorneys should be your advisors, not your decision-makers.

The negotiations relative to the proposed buy-in/buy-out were conducted at the onset of your relationship as detailed in the Letter of Intent.

Attorneys are not hired to "renegotiate" the transaction. Attorneys' personalities and styles should not spill over into the dentists' relationship.

Problems occurring while producing the Employment Agreement and the Letter of Intent may be an indication of significant problems that can be anticipated at the conclusion of the employment period and during the preparation of Partnership Agreements.

Summary

This article has been aimed primarily at a one-dentist practice evolving to a two-dentist practice; however, the issues apply equally to larger group practices.

One-to-two-year associateships with the senior dentist retiring at the end of the associateship and a three-to-five-year partnership ending with the new dentist purchasing the remaining equity position of the senior dentist at the end of five years can also benefit from the insights provided in this article.

Unfortunately, nothing can guarantee a successful outcome. However, by identifying the potential pitfalls at the beginning of the relationship, chances of success can be greatly improved. 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 state dental associations and numerous dental schools. Heller is the national director of Transition Services for Henry Schein Professional Practice Transitions. For further information, please call (800) 730-8883 or send an e-mail to *hsfs@henryschein.com*.

AD

One-stop, full service 'Web Systems'

From customized Web sites to 3-D patient education videos, American Dental Software offers the full array of marketing and educational software for the modern dental practice

You may ask yourself, "What is a Web System?" Well, it is a fully functioning group of software programs that incorporate a fully customizable Web site, 3-D patient education videos, HIPAA-compliant patient forms and completely environmentally friendly transfer of documentation as well as patient communication software.

These are just a few of the tools to help market your practice to millions of people over the Web, and in your practice to your existing patient population.

"We like to think of ourselves as the one-stop company for the needs of dentists when it comes to Internet presence, marketing and software," says Senthil Kumar, co-founder and CTO of American Dental Software.

"We started out as a company providing customized Web sites with unlimited changes for dentists, and since our humble beginnings we have successfully developed a complete Web system for the dental community."

American Dental Software, a part of Siva Solutions, got its start when Kumar's wife, Dr. Keerthi Senthil, co-founder and CEO, returned from one of her lectures and handed Kumar a brochure of a Web site company charging a lot of money for a simple site.

"Her thought was, 'Everyone thinks dentists have a lot of money and want to overcharge them,'" Kumar says. "We wanted to offer services and products at a more reasonable and honest price."

Since then, American Dental Software has focused mainly on providing customized Web sites to dentists, with the level of involvement strictly up to the dentist. The company offers unlimited changes and content as well as unlimited videos, interactive patient forms that are HIPAA compliant and unlimited support.

Web site package details

Every Web site from American Dental Software comes with viewer customizable features such as increasing the size and changing the color of the text as well as changing the overall look of the site.

Some of the other features included with every Web site are a dedicated search engine, blogs, directions linked to Google maps, a FAQ page, post-op instructions, 100 e-mail addresses connected to the site, gallery pages and online chats.

All clients receive two Web sites: one with flash animation, which can be viewed by patients with high-speed connections, and another version without any flash animation for people who use dial-up.

Turnaround time for the initial Web site and any changes along the build-

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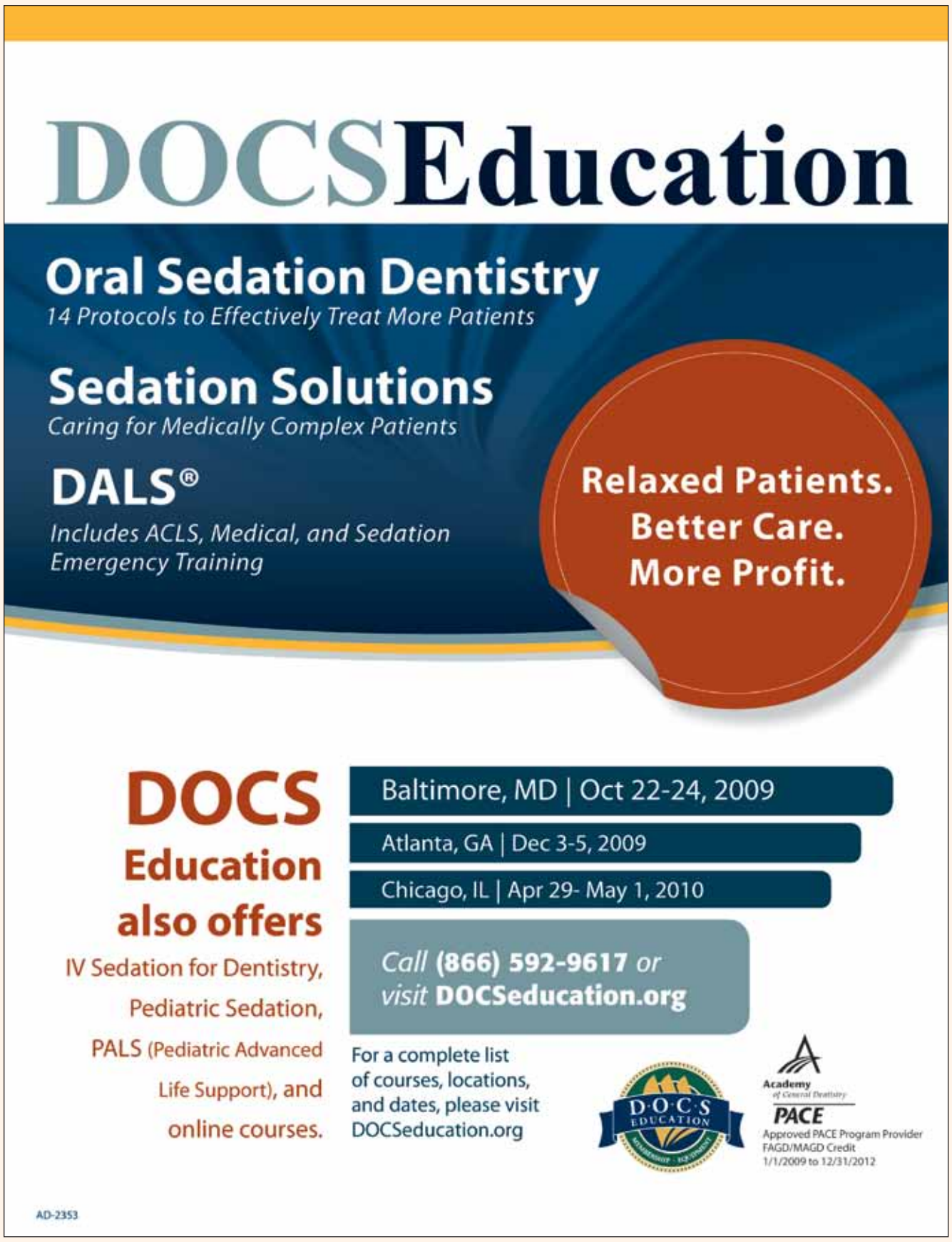
Client testimonial

"I began to see the importance of a Web site when I realized that I could have my patients and referring doctors consult my site and learn, clarify and introduce themselves to my office and the services I provide. At the AAOMS meeting in Honolulu I visited several display booths and found the American Dental Software booth to be friendly, unpretentious and helpful. They listened to my needs and assured me that they could provide a Web site that I,s my referrals and my patients would find user friendly.

"During the development phase of my Web site, the company was available, informed and willing to help at all levels to build a Web site that reflected my values, my interests and my office philosophy. The cost was reasonable and included all changes and updates that I would require as long as I wanted. I am glad to recommend its services to anyone in preparing a Web site that you can be proud of."

Vincent W. Farhood, DDS, FACD
Vacaville Oral Surgery, *www.VacavilleOralSurgery.com*

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