

# EFFICIENCY

IN GROUP PRACTICE

JANUARY/FEBRUARY · 2016

## SOLUTIONS SPOTLIGHT

**Build your business with  
these innovative products  
and services**



# Fill-Up!<sup>TM</sup>

## A hole in one!

Dual cure bulk-fill composite



**Deep. Fast. Perfect.**

Unlimited cure depth  
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Minimal shrinkage

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through March 31, 2016



2 x 4.5 g  
1 x 2.5 ml  
2 x 3 ml

Fill-Up!<sup>TM</sup> Universal  
Etchant Gel S  
ParaBond Adhesive A & B

Watch the product tutorial on [ColteneLearning.com](http://ColteneLearning.com)!

**COLTENE**

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# New Products and Easy Implementation are Your Keys to Success in 2016



As I write this Publisher's Letter, the U.S. stock market is off to its worst start ever, and The Fed has raised interest rates for the first time since 2006. Global markets are down, and China's growth has slowed. We don't have to be on Wall Street to understand that 2016 could be a challenging year for all businesses, including the business of dentistry.

Knowing that this year may present challenges to our patient bases, our suppliers, and equity partners, we need to continue to think smarter and work more efficiently. Fortunately for us, there are new dental products and services that can help our staff serve our patients better. Each year we start off *Efficiency in Group Practice* with a new products and services feature. This year is no different. Take a look at what is available this year for groups and DSOs.

Dental suppliers are now providing products and services that are built specifically for DSOs and group practices. These dental companies are also realizing that it is not just about the product. It is also about staff training support and product/service implementation within a group setting. As dental manufacturers and service providers realize that groups and DSOs have different requirements and needs, there is more opportunity than ever to find the best dental product or service at the best price and with the easiest implementation into your group.

Beyond the pages of *Efficiency*, there are opportunities to visit directly with industry partners and find out how they can help you and your group navigate a potentially turbulent 2016. If you are brave enough to contend with fierce New England winter weather, head to South Boston for the Yankee Dental Congress. Too cold? Head to Las Vegas in early February for the American Academy of Dental Group Practices annual meeting. Too hot? Cool things down at the end of February by heading to the Chicago Midwinter meeting. This meeting is where companies traditionally launch new products and services. Did not get enough of Las Vegas in February? Attend the Association of Dental Support Organizations annual meeting in April. This event is a great networking opportunity to discover what other DSOs and groups are doing in 2016.

Start strong in 2016,

A handwritten signature in black ink that reads "William S. Neumann". The signature is written in a cursive style.

Bill Neumann

*Publisher*

EGP

wneumann@mdsi.org



# GROUP PRACTICES REQUIRE:

MAXIMUM EFFICIENCY  
COMPLETE ORGANIZATION  
ENSURED SAFETY AND  
INFINITE CONFIDENCE.

INSTRUMENT  
MANAGEMENT



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- An open hole pattern that promotes water flow throughout the cassette
- Color-coded silicone rail system that significantly reduces instrument contact and allows for more water flow while protecting the instruments during reprocessing
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To learn more about how IMS can enhance your Group Practice visit [Hu-Friedy.com/Infinity-Series](http://Hu-Friedy.com/Infinity-Series)

How the best perform





# The Importance of Grassroots

By Lauren Rowley

As you know, the DSO industry faced several challenges in 2015 in legislative and regulatory arenas across the country. The ADSO met those challenges head-on by meeting with lawmakers, regulators and administration officials and educating them on this great industry that supports dentists who, in turn, provide expanded access to affordable dental care. We have often called on our members operating in the states where the issues arise, to help us deliver the message.

There is a saying that legislators are motivated by the “Three Cs” – Constituents, Caucus and Conscience. Whether that is the case or not, it is safe to say that they do care deeply about the concerns of the people they represent – their constituents. There is no more powerful lobbying tool than grassroots, that is, when a person living or working in a district reaches out to their lawmaker and tells them their own story in their own words about how legislation being considered is likely to have a direct negative or positive impact on their lives and/or their livelihoods.

We have a great story to tell, and our best advocates are the dentists and hygienists supported by your companies. Their testimonials are compelling and informative when they describe the choices they made when deciding to affiliate with their chosen DSO and the relationship they have forged since their affiliation.

We have a great story  
to tell, and our best  
advocates are the dentists  
and hygienists supported  
by your companies.



In the states where the ADSO members have assisted in delivering the message through letters, emails and phone calls, the supported dentists, hygienists and the non-clinical staff have responded in a meaningful and influential way. Their voices in support of the good public policy for which we are advocate are the reason we have been successful.

The ADSO member database is a very important tool we have at our disposal to get our grassroots’ messaging out. Our goal is to obtain 100 percent participation of our members in 2016. This increased participation will exponentially increase the volume of our voice.

The database is managed and maintained through a third party – The DCI Group. The information provided for inclusion in the database is confidential and cannot be shared with any other members. Outreach through the database will only be

done with express consent. If you would like any additional information about membership with the ADSO, please contact Andrea Watkins at [awatkins@theadso.org](mailto:awatkins@theadso.org). If you would like information about participating in the ADSO database, please contact Bill Head at [bhead@theadso.org](mailto:bhead@theadso.org).

The ADSO staff looks forward to working with you as we enter the 2016 state legislative sessions! ■

Lauren Rowley is chief operation officer and senior vice president of government affairs, the Association of Dental Support Organizations, a non-profit organization representing dental support organizations to the public, policymakers and the media. For more information, go to <http://theadso.org>

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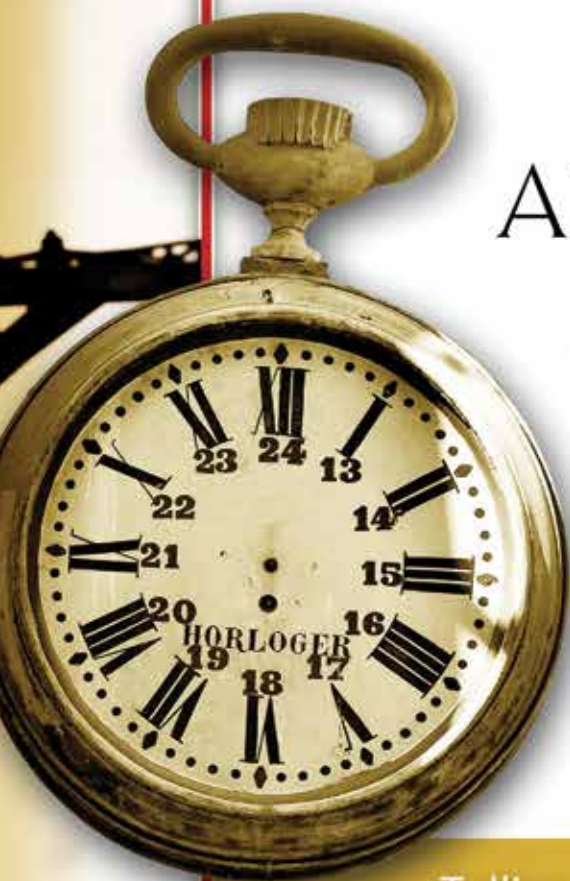
# SOLUTIONS SPOTLIGHT

**Build your business with these innovative products and services**

Few things energize dental practices as much as the opportunity to provide patients with the best possible healthcare.

*Efficiency in Group Practice* asked a handful of manufacturers about new products in 2016 that will help them do so. Here are their responses.





“STOPPING  
ADVERTISING TO  
SAVE MONEY IS  
LIKE STOPPING  
YOUR WATCH  
TO SAVE TIME”

– Author Unknown

Telling your story through ads in  
Efficiency in Group Practice to over 12,000 +  
in the corporate dental sector helps keep  
you top of mind in any economy.

Who is telling your story?

# EFFICIENCY

IN GROUP PRACTICE

FOR MORE INFORMATION CONTACT:



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770.263.5277

OR E-MAIL: [DCRAIG@MDSI.ORG](mailto:DCRAIG@MDSI.ORG)

BILL NEUMANN  
215.816.2866

OR E-MAIL: [WNEUMANN@MDSI.ORG](mailto:WNEUMANN@MDSI.ORG)



# COLTENE

Fill-Up! is a dual-cured, flowable composite with antibacterial zinc oxide that is used for bulk-fill posterior restorations. Unlike light-cured bulk fills, dual curing allows fillings of unlimited depth to be placed and cured in a single step.

whether the restoration fully cures. With the dual curing properties of Fill-Up!, thorough curing down to the bottom of any preparation is assured. Chemical curing minimizes shrinkage stress dramatically, preventing micro fractures and postoperative sensitivity. COLTENE's bonding agent, ParaBond, works with Fill-Up! to create a perfect marginal seal comparable to one of conventional composite, ensuring a secure, long-term restorative solution.

Fill-Up! is produced in a Universal shade comparable to a VITA™ A2/A3 shade, providing excellent self-blend properties. Thanks to its aesthetic qualities, Fill-Up! restorations do not require a cover layer. Fill-Up! is especially suitable in situations where time is a constraining factor. It is an ideal bulk-fill

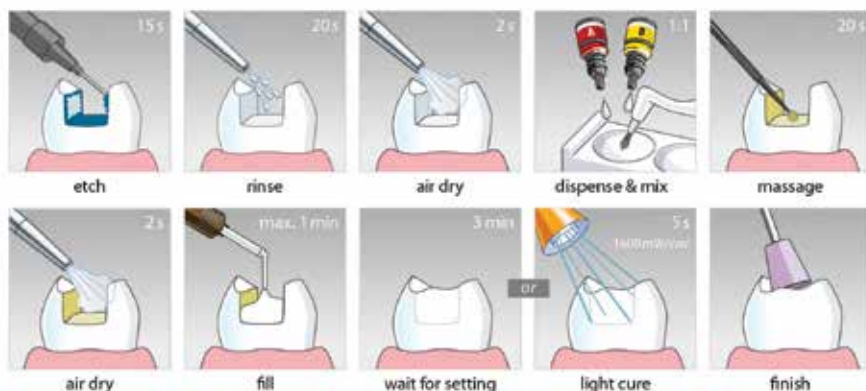
option for busy group practices, where time-savings, workflow efficiency and patient throughput are critical. In addition Fill-Up! is economical to acquire and use. The COLTENE bulk-fill composite does not require the purchase of costly capital instrumentation, and it is economically priced at \$11 per gram MSRP (economy kit).

For the patient, reduced post-operative sensitivity assures a positive experience, which builds confidence in the quality of service offered by the group practice and increases the likelihood that the patient will return for future treatments.

**Editor's note:** Sponsored by COLTENE

## Fill-Up!™

Application with ParaBond



www.coltene.com

**COLTENE**

Most other bulk-fill composites are light-cured only, where factors such as the best possible irradiation, high translucency and perfect wave length match are keys to curing. Fill-Up!, on the other hand, offers a dual-curing system in which light curing is used only to expedite surface curing, so that treatment may proceed. The dual curing properties of Fill-Up! enable fillings to be administered in arbitrary thickness, as well as in cases where the use of curing lights is difficult or impossible. This approach assures thorough and gentle curing, coupled with minimum shrinkage stress, which alleviates microleakage and sensitivity.

Conventional light-cured bulk-fill materials are limited in their curing depth, making it questionable

# VOCO's Futurabond U

VOCO has introduced several advancements on the Restorative side of dentistry that are of great benefit to multi-practitioner offices and group practices. These products increase clinical efficiency and profitability. VOCO's Futurabond line of adhesives has a long history of success through innovation. Today, their universal adhesive Futurabond U is a product whose wide range of indications, high bond strengths, and SingleDose packaging has more and more group practices turning to it.

Futurabond U (a "Best Product award winner from Dental Product Shopper") is the first true universal dual-cure adhesive in a patented SingleDose delivery system that does not require an additional activator or primer. It's indications include all direct and indirect restorations and can be used with all restorative materials (metal, zirconia, aluminum oxide, silicate ceramic, etc.) as well as non-conventional indications that include desensitizing, sealing of restorative GI's and ceramic repairs. The extensive list of indications along with the SingleDose packaging offers solutions that speak to the unique challenges that group practices face whether it is cross-contamination in high volume situations or elevated product inventory costs to meet the demands of various doctors' preferences within multi-practitioner offices.

Because Futurabond U has the chemistry and efficacy to meet most practitioners' needs on a daily basis it is a great solution for streamlining inventory and contributing to a profitable bottom line. Futurabond U is indicated for self-, total-, and selective-etch techniques and bonds to all light-, dual-, and self-cured resin materials. Registering 30 MPa of adhesion to dentin



and enamel with light-cured composites and strong bond strengths to dual-cured and self-cured composites, Futurabond U has virtually no post-operative sensitivity. It's fast and easy application in the light-cured mode allows the doctor to apply, dry and cure in 35 seconds.

VOCO is dedicated to the group practice arena with a devoted Special Markets Team of professionals ready to customize a product offering for any group practice situation. This team of professionals is also available to customize a CE program directed to your entire staff whether it is the doctors, hygienists, assistants or front office with programs that can run for one hour to a full day. These CE programs have become a great tool for group practices to assist in making their staffs comfortable with the implementation of new products/ technologies so their

integration into the everyday workflow seems effortless.

Futurabond U with its many features and benefits enables group practice offices to run with efficiency and increases their bottom lines. Its patented SingleDose delivery system has many benefits that include the elimination of solvent evaporation problems experienced with many of the bottle systems on the market today. Futurabond U's indicated use in all technique modes with all types of restorative materials, streamlines inventories for the busy practice. With the help of VOCO's Special Markets Team, Futurabond U can be integrated into any practice with ease, efficacy and efficiency. To learn more about Futurabond U and the entire VOCO product line visit [www.vocoamerica.com](http://www.vocoamerica.com).

**Editor's note:** Sponsored by VOCO



# Ivoclar Vivadent

OptraGate is a disposable, latex-free lip-cheek-retractor, allowing for effective retraction, greater access and facilitated moisture control. Unlike conventional retractors, OptraGate retracts the tissues circularly and is made of soft and flexible material, thereby enhancing treatment comfort for the dentist and wear comfort for the patient, even during longer treatment sessions. Available in three sizes – Junior, Small and Regular – it fits any patient and can be used for a variety of indications, such as digital scanning procedures, impression taking, tooth cleaning, bleaching, cementation and pediatric dentistry. Two new colors – blue and pink – are designed to appeal to kids, facilitating compliance during treatment procedures. The retractors are easy to place and are individually wrapped for hygienic single-use.

OptraGate provides quick and easy access to the treatment field. Consequently, tissue retraction becomes a minor matter, which greatly facilitates the treatment procedure and allows the dentist or dental assistant to better focus on the core treatment. In most cases, this makes the treatment itself easier and quicker, and renders at least the same quality of results. By estimation, using OptraGate may raise the efficiency

This helps dental professionals work **more efficiently and even helps** to improve treatment results.

by up to 30 percent. Consequently, the number of patients treated per day can be increased as well as overall turnover.

OptraGate is an innovative lip-cheek-retractor offering easy access to every tooth, thus allowing for facilitated treatment procedures. This helps dental professionals work more efficiently and even helps to improve treatment results. It is very comfortable for the patient to wear due to the flexible material and is easy to place.

**Editor's note:** Sponsored by Ivoclar Vivadent.





# Adhese<sup>®</sup> Universal

Light-curing dental adhesive



*Make life easier.  
Virtually no waste.  
Save money.*

- **Innovative VivaPen<sup>®</sup> delivery** - 3X more applications per ml compared to bottles
- **Universal application** - Developed for direct and indirect bonding and etching techniques
- **Predictable results** - High bond strength and virtually no sensitivity



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passion vision innovation

# Solutionreach

Solutionreach helps healthcare providers cultivate and manage relationships with their patients. With tools to engage the right patient with the right message at the right time, healthcare professionals use the cloud-based Solutionreach platform to deliver the information patients need to stay healthy and more personally connected. The unique Solutionreach patient engagement tools streamline office tasks to eliminate inaccuracies, increase efficiency and decrease costs. The company has continually developed new, industry-leading technologies as they've steadily grown from the pioneer in digital patient messaging to a revolutionary platform for total patient engagement.

With systems designed to increase patient engagement, decrease late or missed appointments, fill in last-minute vacancies and secure payment in a simpler and more timely manner, providers will see revenues increase, staff efficiency and productivity increase, and patient complaints decrease. Administrative staff is freed up to focus on the more critical tasks necessary to running a successful practice, while letting the automated systems take care of the tedious tasks. Using the Solutionreach platform and offering a patient portal, providers can provide information, such as x-rays, test results and account balances, to patients to view anywhere and anytime on their



relationship strategy. Visit [www.solutionreach.com](http://www.solutionreach.com) and find out for yourself!

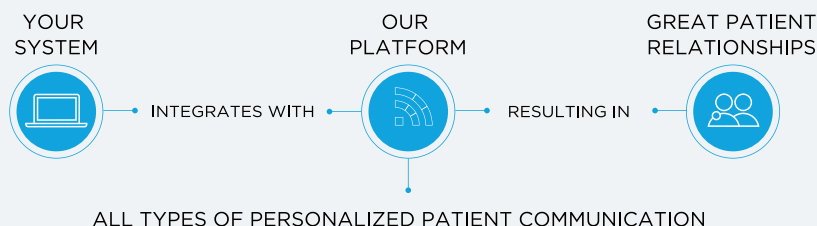
**Editor's note:** Sponsored by Solutionreach

desktop, laptop, tablet or smartphone. Automated messaging and ease of access to vital information means patients will be more likely to follow through with treatment and follow-up, as well as handle financial responsibilities in a more timely fashion.

Administrative staff is freed up to focus on the more critical tasks necessary to running a successful practice, while letting the automated systems take care of the tedious tasks.

For more than a decade, Solutionreach has been an industry leader in total patient relationship management. Our innovative approaches to problem solving for patients and healthcare providers alike have continued to keep our products and services on the cutting edge. We welcome you to visit our website and take a trial of our platform for yourself. We're sure you'll see what an advantage you'll gain by relying on Solutionreach to manage your patient

# YOUR PRACTICE ELEVATED



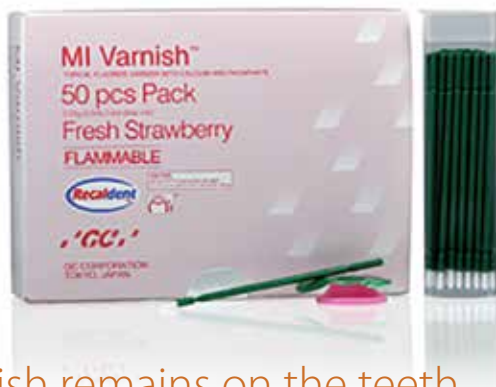
## ***PATIENT RELATIONSHIP MANAGEMENT FROM SOLUTIONREACH***

The most customizable and comprehensive Patient Relationship Management platform, with solutions to meet the unique needs of your practice.

- Personalize your patient relationships and improve the success of your practice.
- Save time, decrease costs, and improve care.
- Increase productivity, profitability, and patient satisfaction for your practice.
- Deliver the right message, to the right patient, at the right time.

# GC America Inc.

There are many different fluoride varnishes on the market, making it difficult to choose. For MI Varnish, the difference is in the RECALDENT™ (CPP-ACP), which makes MI Varnish a natural and unique choice for your patients.



MI Varnish remains on the teeth longer than other fluoride varnishes with higher levels of fluoride and calcium released in the oral cavity.

Casein phosphopeptides (CPP) naturally occur in milk. In the oral cavity, CPP binds to surfaces, such as teeth, dentin, oral mucosa and biofilm. Calcium and phosphate ions are the building blocks for healthy teeth, and MI Varnish delivers bioavailable calcium and phosphate ions into the saliva. Amorphous Calcium Phosphate (ACP) is a source of calcium and phosphate. MI Varnish is the choice fluoride treatment when compared to other varnishes. MI Varnish with RECALDENT™ (CPP-ACP) enhances enamel acid resistance and boosts salivary fluoride levels. MI Varnish remains on the teeth longer than other fluoride varnishes with higher levels of fluoride and calcium released in the oral cavity.

MI Varnish is ideal for all your at-risk patients. Fluoride is an important component and MI Varnish with RECALDENT™ (CPP-ACP) helps make fluoride more bio-available to gain that extra boost of protection

from the calcium and phosphate. Your patients will love MI Varnish™ for the following reasons:

- Patient friendly fresh Strawberry and Mint flavors.
- Smooth, creamy texture upon application.
- No color change when applied to the tooth.
- Film thickness comfortable to the patient, even with multiple applications.
- It isn't tacky or sticky.

Additional benefits of MI Varnish™ include:

- Higher fluoride, calcium and phosphate ions released due to the RECALDENT™ (CPP-ACP) technology.
- Reduces sensitivity by sealing and penetrating dentinal tubules, effectively blocking out external stimuli.
- Flows easily into interproximal areas due to its low viscosity.
- Non-clumping, white, natural translucent shade.
- Excellent retention: stays on longer than the leading varnishes
- Unique unit dose, easy-to-open, easy-to-access varnish.
- Generous volume-per-unit dose; enough for a full adult dentition.
- Does not immediately clump upon exposure to saliva, allowing ease of use and longer working time.
- Greater fluoride contact time and increased calcium and phosphate bioavailability than gels, foams and other varnishes.
- Stands out on tray, easy to identify and comes in brightly colored unit dose.

**Editor's note:** Sponsored by GC America



# The MI Family

MI Varnish™, MI Paste™ & MI Paste Plus™



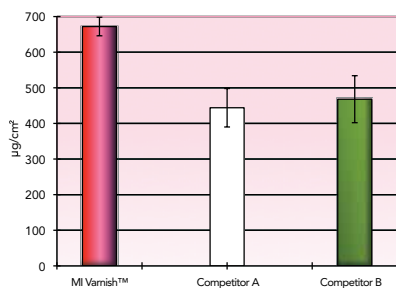
**“RECALDENT™ (CPP-ACP) technology has transformed my practice!** I use MI Varnish™ and MI Paste™ because RECALDENT™ (CPP-ACP) technology offers a natural and unique system for releasing bioavailable calcium, phosphate and fluoride into the saliva. MI Varnish™ and MI Paste™ are an essential part of my practice.”

- Dr. Pamela Maragliano-Muniz



## Fluoride Ion Release (1 day)

Faster, Easier and Better Fluoride Treatment



GCC Internal data on file

## TOUCH of GENIUS™

### MI Varnish™ with RECALDENT™ (CPP-ACP)

- Bioavailable fluoride, calcium and phosphate ions released into the oral cavity
- Improved salivary fluoride levels
- Does not clump or separate
- Pleasing flavors - fresh strawberry and now new fresh mint

### MI Paste™ & MI Paste Plus™ with RECALDENT™ (CPP-ACP)

- A topical treatment crème that can be used safely and effectively several times daily
- Releases bioavailable calcium, phosphate and fluoride\* when they are needed most
- Provides a topical coating for patients suffering from sensitive teeth and oral mucosa
- Five flavors - mint, strawberry, melon, tutti-frutti and vanilla

## The Complete Preventive System



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\*Regular MI Paste does not contain fluoride.



# PDT Dental

Scaling can be hard on your hands. Relieve your hand fatigue with our winning pair of Jacks: Montana Jack® for posteriors and Jack B. Nimble® Slim for anteriors. Breeze through your day with long-lasting edges and thin, anatomically designed blades. Studies show that between 40 to 70 percent of dental professionals suffer from hand and wrist pain. It is important to take steps to prevent this pain, which can affect career longevity and productivity, as well as quality of life. Major studies state that

instruments that are 10mm in diameter, reduce muscle contraction and that a good knurl pattern on a handle can help you reduce the pinch force necessary to grip an instrument. The most beneficial instruments should weigh less than 15 gm, since weight is residual in your tendons and ligaments. PDT instruments address all of these issues with their passionate, purpose-driven design to reduce your risk of Carpal Tunnel

Syndrome. Keep your staff healthy and reduce your workers comp by using PDT's Montana Jack and Jack B. Nimble for scaling. This great pair of Jacks should also be on your restorative trays for successful and comfortable cement removal.

Special group practice pricing is available and on top of that, the time savings and patient comfort added due to long lasting edge retention is what truly brings savings to your practice. PDT instruments hold their edge two to four times longer

The most beneficial instruments should weigh less than 15 gm, since weight is residual in your tendons and ligaments.





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**BUY 24, GET 5 FREE!\***  
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\*SELECT TWO OF THE FOLLOWING FREE:  
R138 MONTANA JACK®, R028 GRACEY 13-14,  
R090 H5-L5, R110 H6-7, R135 204S  
For redemption of no charge goods in the U.S.A., send invoice within  
30 days of purchase to PDT



than other instruments and, yes, you can easily re-sharpen them rather than throw them away. Bring speed and consistency to your sharpening procedures by using the Ultimate Edge™ Transformation Sharpening Kit on all of your instruments. As easy as 1, 2, 3. Please watch our sharpening video at [pddental.com](http://pddental.com).

Please integrate PDT products into your practices to see how we can streamline your operations and create a more comfortable and efficient working environment in your offices.

Bring speed and consistency  
**to your sharpening procedures  
by using the Ultimate Edge™**  
Transformation Sharpening Kit  
on all of your instruments.

Care for your staff and keep them happy and comfortable with innovative designs that reduce their hand fatigue, and you will notice a difference in moral, as well as in production.

**Editor's note:** Sponsored by PDT Dental



# Royal Dental Group

The mission of the Royal Dental Group is to provide ergonomically designed dental equipment that increases productivity and efficiency, and improves the standard of care.

Some companies talk about their products being quality-made; at Royal Dental, we live that every day with the products we manufacture. A full line of general dental and specialty practice chairs, delivery units and lighting are produced for the clinical professional.

Downtime is costly to a dental practice – about \$3,000 per operatory, per day, conservatively. Together, the Royal/Proma brands keep your practitioners

operating at peak level, enabling them to see a full schedule of patients. The Royal and Proma lines also come with one of the best warranty programs offered by a manufacturer.

Biotec gives the flexibility to design and build dental cabinetry that works for your office and your specific office needs. Biotec can make any design, at any size that gives you the highest productivity in your practice, and do so at the most competitive costs found any-

Biotec can make any design, **at any size that gives you the highest productivity in your practice**, and do so at the most competitive costs found anywhere.

where. Biotec specializes in all specialty cabinetry, sterilization centers and general cabinets for all general offices.

Royal, Biotec and Proma have the value line of products right for most any practice, along with the reputation that they keep working every day. The Royal Dental Group is proud of its reputation for manufacturing quality dental equipment for over 40 years.

**Editor's note:** Sponsored by Royal Dental Group







## Royal Quality, Remarkable Value

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# Do You Have What it Takes?



**Building a multisite practice takes vision, leadership and hard work**

If there's a guiding principle for the solo dentist looking to expand his or her practice into a multisite group practice, it is the ancient Greek aphorism, "Know thyself." For the entrepreneurial dentist, that means knowing one's physical and psychological limitations, and knowing where one's skills truly lie ... and where they don't.

It doesn't hurt to know what an organizational chart is either.

Vincent Cardillo, president and founder, Dental Management Innovations LLC, has helped many dentists make the transition from one or two offices to many more. He was a featured speaker at last summer's SUMMIT conference for entrepreneurial dentists and experts, whose theme was "How does a dentist navigate the path from small business model to large corporate model?"

Cardillo has more than 17 years of experience in leadership/partner roles in dental practice management companies. He started one such company in Massachusetts

and Connecticut. The company grew to six locations, then sold to one of the larger groups in the country, which grew to 90 locations before Cardillo moved to his next project. Later, he co-developed a Florida-based dental practice management firm, which grew from four locations to 31 in two and a half years. The company was

No. 14 on the Inc. 500 list, he says.

## **The itch**

Dentists get the itch to grow their practices beyond one or two offices for any number of reasons, said Cardillo, speaking with Efficiency in Group Practice.

"Here's how I see it," he says. "There are dentists who want to grow because they are entrepreneurial in nature. Then there are those who have worked for a group and say, 'This is pretty easy; I can do this.' There are others who feel that they have to compete with the groups who are [making inroads] in their town, so some of it is out of fear.



“Others are building groups because they see their peers or classmates succeeding at it. Others do it for money. Then there’s another type of dentist – those who don’t want to practice dentistry anymore, or at least not long-term, but do want to continue to be part of the [industry].”

Whatever the reason, they need to be prepared for a rigorous journey, one that is likely to take them through what Cardillo calls the Six Stages of Practice Growth:

- **Stage 1:** Solo Practitioner (one office, less than \$2m in revenue).
- **Stage 2:** Entrepreneurial (two or three offices, \$2m to \$6m). Dentist opens one or two additional locations, usually successfully.
- **Stage 3:** Foundation Development (four to eight offices, \$5m to \$15m). Dentist comes to realize he/she actually has a business on their hands. To navigate through Stage 3, he or she has to let go of the micromanaging.
- **Stage 4:** Platform for Growth (nine to 20 offices, \$12m to \$26m). Time to bring in a CFO, COO and HR professional, and to seek new sources of financing.
- **Stage 5:** Organizational Evolution (21 to 40 offices). At this point, systems – not just people – are running the business.
- **Stage 6:** Leadership & Vision (41 or more offices). The foundation has been developed; now the business is building onto departments.

## The great leap forward

One of the more harrowing parts of the journey is that between Stages 2 and 3, says Cardillo. Proof? Only a few hundred practices in the country have more than four locations.

“These dentists have done some good things to get to Stage 2,” he says. “They have hired doctors and gained their confidence, built trust among patients, hired staff to keep the business running. They’ve been able to attract dentists. Clearly, they can produce and communicate with patients; and they have enough cash flow to think about investing in a new location.”

That’s the plus side. The negative side?

“They’re running around wearing a lot of non-clinical hats. They’re so stressed out, they often think about selling. Typically, they’re the highest producer,

and if they don’t go to one of their practices once a week, that practice isn’t profitable. Also in Stage 2, the spouse is often involved in the business, which can create its own complications.”

Often, dentists struggling with making the transition to Stage 3 are those who have difficulty delegating responsibilities, he continues. Ideally, in Stage 2, dentists have hired an office manager who can take things off of their plate, such as managing the team, and doing some marketing and bookkeeping. If a dentist won’t begin to hire a team she can rely on, she may be stuck doing everything herself and soon find that she has hit her limit with two or three offices.

“The dentists who get stuck at Stage 2 also tend to lack the consistent daily metrics and profit-and-loss statements that they should have to make decisions,” he says. These types of dentists make business decisions strictly by looking at their bank account. “They may look at a few random metrics to evaluate how well the business is doing, but they don’t understand how they impact the bottom line.” Too often, neither does their accountant.



Often, dentists struggling with making the transition to Stage 3 are those who have difficulty delegating responsibilities.

Those who get stuck in Stage 2 also typically have difficulty figuring out their HR needs, says Cardillo. Cash flow may be tight, making it impossible to hire the right people for the job, but they also may not know who the right people are. “If they realize they need to hire an operations person or an accountant, they don’t know what to tell him or her in the interview; they don’t know how to question them; and they don’t know how to hold them accountable once they’re on the job.”

Cardillo says that if he had to take a look at the most important things it takes to move from Stage 2 to 3, they would be:

- Consistently getting monthly financial statements.
- Developing an organizational chart.
- Starting to fill the gaps in the organizational chart to strengthen the team and to build infrastructure for future growth.
- Hiring the best possible team, including utilizing outsourced resources.

“How do you do all that?” he asks. “You have to get guidance from someone who has successfully navigated this process of growth before. That could involve bringing on the right employee or hiring a consultant.”

“You have to get guidance from someone who has successfully navigated this process of growth before.”



### CEO or CDO?

Progressing from Stage 3 to 4 is no piece of cake either.

By the time the dentist/founder stands on the threshold of Stage 4, he or she has to make an important decision, says Cardillo: “Do I want to be CEO [chief executive officer] or CDO [chief dental officer]?” They have to pick one.”

Dentists who want to move away from patient care may opt to be CEO, “but the odds are extremely high against them,” says Cardillo. After all, dentists usually got to where they are because they’re good practitioners, not businesspeople. “If you pick CEO, you need a CEO coach to show you how to do it,” he says. “Not only do you need to understand the technicalities of being a CEO, you have to be a great leader, too, which also requires training. An effective CEO has spent years to become great at their job, through education and life experiences.

“Among private-equity-backed companies, you don’t see many dentist CEOs,” he continues. “So even if they make it that far [to achieve private-equity backing], chances are they will bring in their own CEO.”

Choosing to be CDO might be a better option. “It’s in their wheelhouse,” says Cardillo. They know the clinical area, and they can take a leadership role in helping other dentists provide excellent care. They can let a hired CEO manage the non-clinical aspects of the practice.

Nor is there any reason why the CEO can’t report to the CDO, he adds. “They have to remember that ‘CDO’ is only a title. It’s still their company. And at the end of the day, is it about ego or is it about building a successful practice?”

### Money matters

Typically, at some point in Stage 4, the entrepreneurial dentist will need more financing than he or she can get from the bank. That fact presents a new set of challenges.

Bank loans are often necessary to get started, but typically, banks stop somewhere between \$15 million and \$20 million, at which point the entrepreneur needs to find alternate sources of capital. He or she can raise equity money by selling shares in the business to family, friends or small investors, but often they must go to so-called middle-market lenders, who work with private equity firms.

Entrepreneurial dentists should understand that these private equity firms want to see a professional management team in place, says Cardillo. “They are used to working with career CEOs who can manage with extreme discipline,” he says. “They are some very smart people.”

When a dentist reaches this point in his or her development, where they are big enough to need private equity backing in order to grow further, they should be ready to take a different role in the company and to welcome new leaders. They can rest assured though, that they have done a tremendous job in growing the business, navigating a very difficult path.

In 2016, there is still plenty of time for dentists to take this path, that is, to successfully build large group practices, says Cardillo. “The first group [of entrepreneurs] were taking off in the late ’80s and early ’90s, so this has already been going on for 25 years. Today, it’s more advanced, because of private equity money. But if you look at all the practices out there, only a small portion are large groups,” he says.

That spells opportunity. ■

# Six stages of practice growth

**Over the course of 17 years of founding, operating and selling dental group practices – and now helping others do the same – Vincent Cardillo, president and founder, Dental Management Innovations LLC, has identified what he calls the Six Stages of Practice Growth.**

**Stage 1:** The solo practitioner. “This is the dentist who has had his or her office for several years and is happy with just the one location.”

**Stage 2:** The dentist opens one or two additional locations, and is usually successful. “However, what happens in this scenario is the individual provider is typically running around to all three offices, spending one to two days a week at each office. At some point, the provider becomes run down. When you speak to them, they report they are always busy and it is a constant whirlwind. They are usually the highest producer in each location and at the same time, all the problems fall on their plate.”

**Stage 3:** The biggest hurdle. The dentist has four to eight offices and realizes he or she is now running a business. “They begin delegating projects. Their micro-managing has loosened up a bit and they begin to see the importance of adding nonclinical support staff to assist those offices. They start to become a leader and allow their teams to grow. At this point it’s important for the owner to begin mentoring and coaching the other dentists and associates.” To move forward, they need a strong operations executive or manager, and perhaps a full time bookkeeper.

**Stage 4:** Nine to 20 locations. In Stage 4, it is time to start bringing in some third-party players, such as marketing and HR. “Clinical and business systems and metrics begin to determine success at this point,” Cardillo says, “and you need a great team to make sure that those get built and instituted properly.” The dentist/

leader needs to continuously work with the executive team, building their confidence and creating opportunities where responsibility can be placed on them, he says. When these opportunities are fulfilled successfully, those experiences build trust and experience with key executives and allow them to grow.

Another factor to consider in Stage 4 is financing. “You can typically grow a single practice to two or three by finding an acquisition candidate and using the same financing source that was used with the first office,” says Cardillo. “We typically see that a bank source can help with as many as eight or so locations. However, after eight, the stress of personal debt and financing becomes a problem. The business running nine or 10 locations is attractive to different types of investors that actually give much better terms and rates than traditional sources.”

**Stage 5:** “At this stage, you need to be thinking, ‘We need a real CFO,’” says Cardillo. Ideally, this is a seasoned professional who knows how to manage cash flow, how to deal with banks, and how to evaluate leases and the liabilities associated with long-term commitments. “Bringing on a professional operations person, a COO, is important, because this is where the culture of the enterprise gets driven either to the ground or to the sky.” All the corporate-level people are now in place and the infrastructure is established, departments have been created, and systems are starting to run the business and the operations.

**Stage 6:** The dentist/leader starts to bring in-house many of the functions he or she previously outsourced. “What happens from 40 [locations] on is, you just grow within those departments,” says Cardillo. “Your training department, if you had it before, now gets segmented by groups or divisions. Now, if you bring on two offices, there isn’t a big impact at the practice support center.”



# Proofing

Eliminating errors to enhance patient – and operational – outcomes



By Dr. Sami Bahri, DDS

Dr. Sami Bahri is the author of “Follow the Learner: The Role of a Leader in Creating a Lean Culture,” and of the DVD “Single Patient Flow: Applying Lean Principles to Healthcare”. The book won the 2010 Shingo Prize for Research and Professional Publication and the video won the same award for 2013. The Shingo Prize Conference also recognized Bahri as the “World’s First Lean Dentist.” He is a sought-after speaker and lecturer nationally and internationally on implementing Lean management in dentistry. Dr. Bahri can be reached at [Sami@bahridental.com](mailto:Sami@bahridental.com)

Courses on medical errors were conceived to protect patients. For that reason, they talk exclusively about preventing the kind of errors that can reach the patient. This is typical of most organizations as they envision the customer as only the end-product user. But medical errors are only a fraction of the total number of operational errors. The largest number of those errors do not reach the patient, but hinder productivity to a great extent. Eliminating errors will improve productivity, quality and timeliness and save time and cost.

Like any sensible theory, Lean management puts the customer first, but it defines “customer” in a process-oriented fashion. Just as W. Edwards Deming has suggested: any succeeding person, process, workstation or department who will use the results of your work is your customer. If you are to utilize the results of your work at a later date, you become your own customer. In a lean office, everyone is at once the customer of the previous operation and the supplier to the next operation.

To make this concept function properly, all parts of a practice communicate freely. They share problems and work together to avoid passing errors to the next operation. Together, they build preventive systems to avoid error recurrence. This all-hands-on-deck attitude is what makes people the “most valuable asset” in a lean practice.



## What is considered a mistake?

Any plan or action that does not conform to a standard – whether externally or internally imposed – is a mistake. External standards are often dictated by the different organizations that regulate the practice of dentistry. Internal standards are created by the team to ensure the proper execution of treatment.

The way we write our patient notes is a good example of an internally created standard. We divide our notes in three sections. In the first line we summarize what needs will be walk out – Crown, buildup, root canal, prophy, etc. This line allows other members to help in the walk out if needed, and at a later date, allows to review what was done during that appointment without having to read the entire note. The next paragraph details what has been done following the SOAP (Subjective, Objective, Assessment, and Plan) protocol. The last line indicates the plans for the next regular visit and the next hygiene visit. Any notes that do not follow that standard are considered mistakes.

Mistakes can happen at every step, in every department – mistakes in tooth numbers, kind of treatment, information in patient files, X-rays that are not diagnostic, impressions that are not perfect, insufficient information about the next phase of treatment, wrong patient name, typos in the patient file, etc. The list is endless.

## Theories of mistakes

When it comes to preventing mistakes, our actions depend on the concepts that fuel our thinking. I found Sidney Dekker's book: "*Safety differently*," particularly informative in summarizing the history of safety and error proofing. In what follows, I mention Dekker's historical recount, and I add some other theories that were instrumental in improving mistake proofing.

### Theory 1: People are careless

At the beginning of the 20th century, Dr. Philip E. Vernon, a psychologist at Oxford University, was a leading researcher on human behavior. He was cited by Dekker as writing that: "*Accidents depend, in the main, on the carelessness and lack of attention of the operator.*"

- **What does Theory 1 address?** People's carelessness and lack of attention.

- **Action proposed:** Engage the heart and mind of the workers; they will pay attention to their work, and mistakes will stop happening.
- **What the carelessness theory has missed:** Paying attention is necessary but not sufficient. At the time Vernon announced his theory, management organization was in the infancy stage and mistakes were plentiful. Today, we expect people to pay attention, but at the same time, we know that their collaboration and their knowledge are needed if we want to bring the number of errors to zero.

### Theory 2: Scientific management

Around 1911, Frederick Taylor introduced his theory of "scientific management," where he states that there is always one best way to perform any task.

- **What does Theory 2 address?** Noncompliance to the standards of the "one best way" that experts have established.
- **Action proposed:** Managers should find "the one best way," make it a standard, and make workers follow it to the letter.
- **What the theory "scientific management" has missed:** Scientific management has missed two important points. First, that plans are never perfect, and second, that the person performing the job on a regular basis is more qualified to find a better way than the expert studying the job from a distance.

### Theory 3: Accident-proneness

Also known as clumsiness, this is the conception that some people might be more likely to create errors than others. This theory is based on studies conducted around 1919 showing that a relatively small proportion of workers account for most of the accidents.

- **What does Theory 3 address?** The presence of people who are prone to creating errors.
- **Action proposed:** Remove the workers who have the highest record of mistakes.
- **What Theory 3 has missed:** Because some jobs are more complex than others, they expose workers to more errors. Replacing those workers will only lead to more mistakes as the new worker will have to learn the job again.

## Theory 4: The “Swiss Cheese” model, introduced by James Reason in 1990

I became interested in this theory because it is mentioned very frequently. The operational system is represented having successive defense barriers to mistakes. Each barrier contains weaknesses represented by a hole, like in a slice of Swiss cheese. If all the weaknesses line up, a mistake can go unnoticed and an accident could happen.

- **What does the “Swiss Cheese” model address?**

Weaknesses in the successive layers of the system.

Errors caused by normal conditions require improving the system (the standard operating procedures used to perform the work). Errors caused by special conditions need intervention at a limited scale, to remove the special causes, and go back to utilizing the standard operating procedure.

- **Action proposed:** The author recognizes that his work is theoretical, and tries to find some practical applications and methods. I was not able to find any practical applications I could advise my readers to use.
- **What the “Swiss Cheese” model has missed:** The role of workers in improving the design of systems.

## Theory 5: Errors are caused by the system, not the worker

Pioneered by Dr. W. Edward Deming in the late 1940s, he advocates reducing errors through “Statistical Process Control.” Deming is the father of Total Quality Management that led to the modern management system called Six Sigma.

- **What does Theory 5 address?**

Variation in performance.

- **Action proposed:** Use statistics to differentiate between errors caused by normal variation, and errors caused by abnormal variation. Normal variation is generated by a system that functions as intended. For example, if you hit a tennis ball ten times with the

same style, same racket, same everything (normal conditions), it will not land exactly in the same spot.

Abnormal conditions could be anything that is not part of the system. In the previous example, abnormal conditions would be something like changing rackets or ball brand or anything else, that would cause the tennis ball to land in a location not consistent with the previous landing spots. Errors caused by normal conditions require improving the system (the standard operating procedures used to perform the work). Errors caused by special

conditions need intervention at a limited scale, to remove the special causes, and go back to utilizing the standard operating procedure.

- **What theory of statistical process control has missed:**

Statistics are collected after the errors have occurred; they count errors, they do not prevent them. Second, statistical process control uses random sampling methods to control errors, it does not inspect every action at every step – but

we need a 100-percent inspection in order to attain total error elimination. It is interesting to note that, as mentioned in Dr. Kilpatrick’s book: *“Work simplification in the dental practice”* written in 1964, most of the dental studies on time and motion in the dental office have used the random sampling technique.

## Theory 6: 100 percent inspection and collaboration with everyone on the team, introduced by Shigeo Shingo in the 1950s

Shingo is the only author I have encountered since 1980 who claims attaining Zero defects. In his book *“Zero quality control: Source inspection and the Poka-yoke system,”* he relates six months of zero defects passed between employees (not only in the final products) in a washing machine assembly line employing 23 workers and handling 30,000 units per month.

*“This significant goal has been attained by the use of source inspections, self-checks, and successive checks, and by the installation of effective poka-yoke devices.”*

# Evolved

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In response to making the worker responsible for mistakes, Shingo wrote the following: *“Whenever I hear supervisors warning workers to pay more attention or to be sure not to forget anything, I cannot help thinking that the workers are being asked to carry out operations as if they possessed divine infallibility. Rather than that approach, we should recognize that people are, after all, only human and as such, they will, on rare occasions, inadvertently forget things. It is more effective to incorporate a checklist – i.e., a poka-yoke – into the operation so that if a worker forgets something, the device will signal that fact, thereby preventing defects from occurring.”*

Because Shingo’s results were unprecedented, and because he has offered thorough practical advice, we have adopted his methods to eliminate defects as a means to reduce cost and improve productivity.

## **The lean way to improve productivity by eliminating defects**

Before W. Edwards Deming, Taiichi Ohno and Shigeo Shingo, the theories aimed at eliminating errors viewed workers as the source of the problem. Experts who don’t know the work very well but know management and process control dictated the rules of work and process sequence to a worker who knew the job better, but lacked management and process control knowledge. Lean looks at the situation from an opposite direction. It sees the employee as part of the solution, not the problem.

To prevent defects, the employee is empowered to stop the production line any time a defect is detected. Then a dialog is opened between those who know the right questions (managers and engineers,) and those who know the right answers (workers.) The result is error prevention, cost reduction and better safety.

When it comes to error proofing, different authors have presented different definitions. To stay true to Shingo’s writings, I will adopt his own definitions as he writes: “... The occurrence of defects is the result of some condition

or action, and ... it would be possible to eliminate defects entirely by pursuing the cause. The causes of defects lie in worker errors, and defects are the results of neglecting those errors, it follows that mistakes will not turn into defects if worker errors are discovered and eliminated beforehand.”

As we can understand from this statement, any error that did not enter the system yet he called a mistake. If that mistake enters the system, it becomes a defect. We can erect checkpoints to find mistakes as soon as they happen, and barriers to prevent them from

entering the system as soon as we discover them. This methodology has allowed Shingo to accomplish what was considered impossible before him, zero defects.

Many points are noticeable in this approach. Unlike previous physiological and psychological studies that aim at understanding how and why humans produce errors, Shingo embraced the fact that human errors are inevitable, and created devices that prevented mistakes from entering the system; as a consequence, they could not become defects. Think of it as child proofing your house. You know that your toddler is going to stick his finger in that electric socket.

You don’t take a chance by convincing him to avoid the socket, you just child-proof it.

But there is a difference here; workers are not children. They usually know what to mistake-proof and how. Shingo, Ohno and Deming, like other managers who learned from the experiences of World War II, knew that cooperating with those doing the work was the best way not only to reduce defects, but also to improve every aspect of operations.

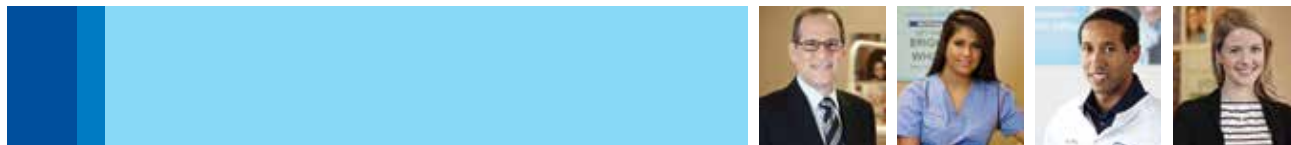
As Shingo created his mistake-proofing (Poka-yoke) devices, he understood that even a 100-percent inspection does not eliminate defects, it can only alert us when they take place. To reduce defects, we need to build quickly reactive systems that create barriers to defects. That should become our goal.

Lean looks at the situation from an opposite direction. It sees the employee as part of the solution, not the problem.



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## Ways to prevent recurrence of defects

In his book *“Lean hospitals: Improving quality, patient safety and employee satisfaction,”* Mark Graban summarized the categories of error prevention in a very clear way. I will describe the most effective first.

### 1. Make it impossible to create a mistake.

Here we physically prevent access to what could cause a mistake. As an example, the air and the water hoses on our Cavijet had identical connectors. Sometimes, especially when we were busy, we plugged the air hose in the water socket, leaving the machine unusable until there was cleaned and dried. As a countermeasure, we changed the water connectors to make it impossible to interchange sockets. (Figure 1).

**2. Make it harder to create mistakes.** When it is not possible to stop mistakes altogether, we try to make it harder to create a mistake. If you do not want people to utilize the top of a machine or a cabinet, do not make it horizontal. See Figure 2. In Figure 3, we have drilled a hole in the funnel and



Figure 1: Using different attachments makes mistakes impossible to create.

attached it to the steamer because the previous funnel had been misplaced (probably in the trash can.)

### 3. Make it obvious that the error has occurred.

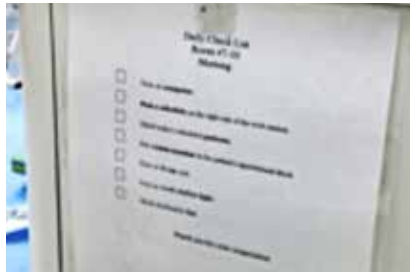
When we cannot create a physical barrier to mistakes, we can create a check point to verify that the work has been done properly. Checklists are very useful reminders like in Figure 4.



**Figure 2:** A slanted top discourages people from using it as storage.



**Figure 3:** Funnel attached to the steamer to make it harder to make mistakes.



**Figure 4:** Checklists are very useful at making mistakes visible before they reach the system. However, placing knowledge in the environment is more useful.

To avoid the drawbacks of self-checks, Shingle created the successive checks technique. Worker A passes the work to Worker B, who checks it and then performs his part and passes it to Worker C. Worker C checks the work, performs her part and passes it to Worker D, who checks it, and so forth.

The information on a checklist can be placed in the environment or on the product itself. That would give even better reminders than the checklist itself.

Self-checks are helpful in identifying mistakes. One needs to just verify his own work before passing it to the next person. If aided with instruments to verify the work is correct, self-checks yield very good results. But

without instruments, a person tends to miss the same mistake every time she checks the work.

To avoid the drawbacks of self-checks, Shingle created the successive checks technique. Worker A passes the work to Worker B, who checks it and then performs his part and passes it to Worker C. Worker C checks the work, performs her part and passes it to Worker D, who checks it, and so forth. This method has proven to significantly reduce the number of defects.

## Improving the process

Before World War II, research focused on human physiology and psychology to find the source of mistakes. Then it evolved to think that some people were prone to accidents and mistakes. With the advent of “scientific management,” managers started looking for the “one best way” to perform any task. They thought that if employees conformed to that “one best way” no mistakes would happen. They were disappointed because compliance alone was not enough. The systems themselves contained flaws that generated defects.

During World War II, the new machinery became complex, and the distance between managers and workers widened. Looking at the physiology and psychology

of the individual worker was not enough anymore, and relying on supervisors to dictate standards was not enough either. New philosophies to eliminate and prevent defects have emerged. They rely on the collaboration between supervisors and employees to keep tweaking the work design indefinitely until defects are totally removed. ■

John Doe, DDS

John Doe, CEO

John Doe, CFO

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– Heartland Dental

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# Best Practices in Infection Control

By Dr. John Molinari and Peri Nelson

**Q: Our office recently began using cassettes and it was recommended we purchase an instrument washer/disinfector. Is this really necessary? What is the advantage of using this? Seems like a very expensive dishwasher.**

**A:** Cassettes provide a very useful infection control innovation. Routine use of cassettes minimizes handling of contaminated instruments, allows for safer transport of instruments to the reprocessing center, and can organize instruments into specific procedure set-ups. It is not necessary to purchase an instrument washer for cleaning instruments in a cassette. However, the capacity of these units is typically far greater than that found for ultrasonic. In addition, another positive feature of an instrument washer is that freshly cycled water is used for each load. Instrument Washer/Disinfectors are much more than an expensive dishwasher; they are FDA approved for healthcare settings.

**Q: We need to replace some of our cassettes due to wear and tear on the hinges. Do you have any suggestions for newer cassettes that have a better design for durability? Are we caring for them properly?**

**A:** One of the first things to consider about cassettes wearing is the quality of solution you are using to clean. Many manufacturers of ultrasonic cleaners recommend distilled water for ultrasonic cleaning solutions. Tap water can have varying concentration of metals which may affect the integrity of your cassette. In addition, it is possible that too many instruments are being placed in the cassettes which stresses the hinges that keep the cassettes closed. There are newer generations of cassettes

which are available, specifically the *Hu-Friedy Infinity Series*. They have large vented surface areas to maximize instrument cleaning, rinsing, and draining during instrument processing. Other good examples of cassettes designs include those manufactured by SciCan.

**Q: Our waterlines seem to be clogging much more than usual. What is the proper maintenance protocol to be sure we don't have clogged lines during patient care? Is there something we should be checking daily or weekly?**

**A:** Water quality is a big issue in dentistry. What is most likely clogging your waterline system is the accumulation of biofilm. A major problem is not following the instructions-for-use and maintenance of the water treatment system. Some systems require periodic shocking of the waterlines, while others require specific source water. Our advice is that you have a complete understanding of your treatment process and equipment used in your office.

**Q: Recently, our autoclave has left bags with burn marks, and in those areas, the instruments are rusted inside the bag. What are we doing wrong?**

**A:** A couple of things could be happening here. One, your instrument pouches may be touching the walls of the autoclave chamber which can cause burn marks on the outside. Pouches should not touch the walls of the chamber. Two, another thing to consider is that the autoclave chambers need to be cleaned periodically with specific cleaners to remove debris and organic material. If this is not done, the water being used to sterilize instruments can stain the paper/plastic pouches more readily. ■





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# How to Hire and Develop a Superstar Dental Hygienist



By Heidi Arndt

Heidi Arndt, RDH, BSDH has worked in the dental field for 18+ years. Her experience ranges from working as a treatment coordinator, dental assistant, and practice manager before graduating from the University of Minnesota with a bachelor's degree in Dental Hygiene. In 2011, Heidi founded Enhanced Hygiene. She is dedicated to helping dental practices realize their total hygiene profit potential through the development of their hygiene team, quality patient care, patient-centric service and by empowering the entire team.

Have you struggled to find a strong dental hygienist? Have you wondered what superstar hygienists are capable of? These questions continually come up in our work and at speaking events across the country. In fact, some practices wonder if it is possible at all to find that perfect hygienist.

We all know the importance of the dental hygiene team and the value of an excellent hygienist. But, why is it so hard to find the right hygienist? I have seen practices that struggle, only to hire a new hygienist that brings the practice to a whole new level. Is this just a luck of the draw, or is there a way to find these hygienists? How can you get an entire team of dental hygiene superstars?

Here are 5 things you should consider when hiring for a Superstar Hygienist in your group:

**No.1: Look at your interviewing process.** What types of hygienists are you bringing in for interviews? What types of questions are you asking? Oftentimes dental practices

focus on clinical and technical skills, which are items that are trainable. You need to turn your focus to their personality! Are they kind, confident, or caring? Do they project a warm and happy demeanor? You cannot change the personality, so hire with this in mind. Remember, their technical skills are trainable.

**No. 2: There are certain characteristics you should look for in a superstar hygienist.** You can identify these characteristics in the interview process:

- Are they a team player? I like to ask situational questions for this. "Tell me why you consider yourself a team player." Or, "Tell me about a team experience that you found rewarding."

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- Positive and energetic? When I think of someone positive and enthusiastic I immediately see someone who is confident. They smile (a lot), they greet you with a hand shake, they are attentive and make good eye contact. Positive body language will show you they are professional, engaging and all around enthusiastic to be around.
- Good communicator? Since the main role of your dental hygienist is to care for patients, you want to ensure they are a good communicator, warm, caring and show empathy. You may want to use situational questions based on a patient scenario you had in your office. Here is an example: *“Susie, you are the new hygienist in the office. Mrs. Jones our long-term patient is in your chair and does not want to listen to your recommendations because you are “new.” How will you handle this?”* Aside from these questions, you will want to watch how the candidate communicates with other team members she/he comes in contact with during the interview.
- A winning mindset? Look for someone who is goal minded, who wants to be their best and work with a winning team.

**No. 3: References.** Get personal recommendations. Yes, it is great to check on past employment, but there is very little information you can get from previous employers. I highly recommend personal recommendations on your new hygienist. I find personal recommendations to be the most valuable way to identify someone with all of the attributes you are looking for in a super star team member.

**No. 4: Take a look at your employment advertisements.**

Use words in your advertising that will bring the best potential candidates to your door. You want to weed out the hygienists that are simply looking for that 8-5 paycheck. Use words such as:

- Team player
- Highly Motivated
- Strong Communication Skills
- Patient Centric

Key in to the resumes that highlight these qualities. This will make the process much easier for you.

Do not hire someone with the expectation that you will not have to put effort into his or her development. If you want a superstar dental hygienist, then you need to help them grow.



When compensating with a pay-for-performance model, you will need to reveal this compensation plan in your advertising and during the interview, as you will quickly weed out those that only want an hourly pay. After 15 years of coaching and managing dental hygienists, I can tell you the most motivated hygienists are those that are paid on a performance-based pay – period.

When done right, a performance-based compensation plan can spark tremendous growth for your group. A compensation change plus an investment to develop and improve the hygiene program in your group can bring remarkable changes to your profit margin.

Once you hire your perfect candidate, take time to develop this individual into your superstar hygienist. You can do this by mentoring and continuing their education and professional development. Do not hire someone with the expectation that you will not have to put effort into his or her development. If you want a superstar dental hygienist, then you need to help them grow.

If you are ready to develop your superstar hygiene team, then you need to offer them a path for growth. Enhanced Hygiene offers programs that will bring your hygiene team to new levels. Please contact us for a free consultation. [hello@enhancedhygiene.com](mailto:hello@enhancedhygiene.com). ■

**No. 5: Compensation.**

Compensation is one of the most vital details when creating an environment where the hygienist are truly motivated – they understand what success is. I have said it before, and I will say it again – *Hourly pay breeds laziness.*

If you want a hygienist(s) who is engaged and willing to use their energy to grow the practice/group, then they need to be compensated based on their performance and what they bring to the practice.



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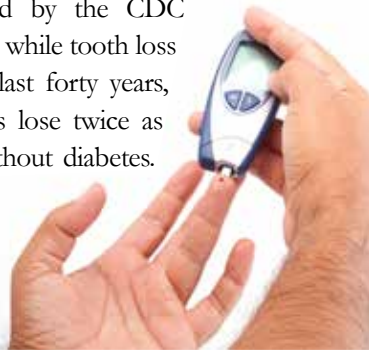
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# NEWS

## **CDC study shows that adults with diabetes at increased chance of tooth loss**

A recent study released by the CDC (Atlanta, GA) found that while tooth loss has decreased over the last forty years, U.S. adults with diabetes lose twice as many teeth as adults without diabetes. Black Americans with diabetes are at greater risk of experiencing tooth loss as they age than are white or Mexican Americans with diabetes, according to researchers at Duke University. While overall tooth loss declined over the period from 1971-2012, tooth loss remained more common in people with diabetes. The researchers suggest the apparent racial difference could be a result of historical challenges non-Hispanic blacks faced in obtaining proper dental care because of a lack of dental services and dental knowledge. Read the full study online at [www.cdc.gov/pcd/issues/2015/15\\_0309.htm](http://www.cdc.gov/pcd/issues/2015/15_0309.htm).



## **CMS report finds national dental spending in 2014 increased to \$113B**

According to a study in Health Affairs, spending in 2014 on dental and oral healthcare in the U.S. increased to more than \$113 billion, a 2.8 percent increase from 2013. The growth in spending on dental care did not match the overall growth in healthcare spending, which in the same time period increased 5.3 percent to \$3 trillion. According to a CMS (Baltimore, MD) official, the increase was likely the result of strong growth in private health insurance spending, which was largely influenced by the coverage expansions associated with the Affordable Care Act. The authors attributed the acceleration in health spending growth

in 2014 to faster growth in private health insurance and Medicaid spending in 2014 compared with 2013 as well as increased spending on retail prescription drugs. The authors also found that the per-enrollee Medicaid spending declined at a rate of 2.0 percent in 2014 after growing 4.1 percent in 2013. The authors attributed this change to the influx of newly insured lower-cost adults and children.

## **Great Expressions grows to nearly 100 practices in Florida**

Great Expressions Dental Centers (GEDC), announced its affiliation with Dentaland, a conglomerate of seven dental practices in Southeastern Florida. The affiliation extends the organization's footprint to nearly 100 offices in the state. The original Dentaland practice was founded by Dr. Jeffrey Feingold, Diplomate of the American Board of Periodontology, in 1975. It has since grown to seven practices with 27 general dentists and specialists, 11 dental hygienists, and a total of 100 other staff members. For over 40 years, Dr. Feingold has led Dentaland's doctors and staff in meeting the dental health needs of more than two million patients through cutting-edge treatment. Today, across the organization's seven locations, services include cosmetic dentistry, periodontics, implants, oral surgery, orthodontics, Invisalign, pediatric dentistry, and digital technologies.

"Our continued growth and investment in Florida are a direct reflection of the positive patient response to our services that we've seen in the area," said Richard Beckman, CEO of Great Expressions Dental Centers. "Dentaland has long been a valued community partner in Southeastern Florida from Aventura to Melbourne; we look forward to carrying on the tradition of tremendous patient service and care that they have established."

This affiliation will extend new offerings to patients, including The Great Expressions Smile Protection PlanSM, which provides a discount dental plan membership for patients without insurance. The partnership will also offer expanded medical benefits to employees across the seven offices.

“Joining forces with Great Expressions Dental Centers is a step in the right direction for Dentaland’s staff and patients alike,” said Dr. Feingold. “I established a model of quality care for patients at affordable fees when I opened the first Dentaland and have sustained that philosophy throughout years of the organization’s growth. Both Dentaland and Great Expressions have an impressive history of commitment to all-inclusive patient care. This shared mission will ensure a seamless transition and bring expanded offerings to our longtime patients.”

“The pairing of Dentaland and Great Expressions is a good fit, given the history of growth and quality care at each of the two companies as well as the focus on training and advancement of employees,” added Jamison Carson, a registered representative of M&A Securities Group, Inc., financial advisory for Dentaland.

## Heartland Dental now supporting additional offices in 12 states

Heartland Dental (Effingham, IL), a dental service organization, now supports existing offices in the following locations:

- Chandler, AZ
- Bridgeton, MO
- Lake St. Louis, MO
- Easley, SC

Heartland Dental now supports newly opened offices in the following locations:

- Prattville, AL
- Deltona, Orlando, Port Orange, and Titusville, FL
- Dacula and Dallas, GA
- Ankeny, IA
- Round Lake Beach, IL
- Plainfield, IN
- Aberdeen, MD
- Easton and Washington, PA
- Indian Land and North Charleston, SC
- Smyrna and Spring Hill, TN

## Guidelines for Americans: Limit your intake of sugars

### New Dietary Guidelines from HHS and USDA advise limiting intake of added sugars

The U.S. Department of Health and Human Services (HHS) (Washington, DC) and the U.S. Department of Agriculture (USDA) (Washington, DC) released the “2015-2020 Dietary Guidelines for Americans.” The updated guidelines recommend that Americans limit added sugars to 10 percent of their daily calorie intake. The 2015 updated guidelines are the eighth edition of the recommendations but the first to include a recommended limit to the consumption of added sugars. The guidelines define “added sugars” as sugars and syrups that are included in foods or beverages when they are processed or prepared. As such, the guideline does not apply to naturally occurring sugars, like those in fruits and milk. The American Dental Association (ADA) (Chicago, IL) when the guidelines were proposed in 2015 largely endorsed the recommendation on added sugars and applauded the organizations for recognizing dental caries and noted that all sugars, including all-natural fruit juices, can damage teeth. The ADA also supported the recommendation to include added sugars on Nutrition and Supplement Facts labels. The change to food labels is still under FDA (Silver Spring, MD) consideration.





# Premier Dental introduces new products

**Premier® Dental Products Company introduced the innovative Big Easy® Implant Inserts**, designed to make power scaling work for you. The no-scratch tip will safely and quickly clean around implant surfaces and is also ideal for sensitive patients. The innovative design features a permanently attached tip made from PEEK. There is no need to keep track of disposable tips or a special attachment tool. PEEK is autoclavable and very tough for long lasting performance. Premier inserts are made in the U.S.A. with 100 years experience and are compatible with most magnetostrictive hand pieces.

- Ideal for routine etching and selective-etch procedures
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- No-slump formula
- Easy handling
- Rinses clean without leaving residue

Premier® Dental also announced the addition of VACU BLAST™, a liquid evacuation system cleaner to the current line of successful cleaning products. VACU BLAST is a powerful enzymatic liquid evacuation system cleaner compatible with all amalgam separators. Its metered-dose bottle makes it easy and economical to use in each operatory to keep evacuation systems operating at peak performance. VACU BLAST's features and benefits include:

- **Powerful enzymatic cleaner** – removes blood, saliva, prophy paste and gel, debris that clog evacuation lines
- **Neutral pH** – compatible with all amalgam separators
- **Non-corrosive** – safe on all evacuation systems and plumbing
- **Non-foaming** – protects pump parts
- **Versatile** – can be used effectively with or without an atomizer
- **Metered-dose packaging** – easy to use, economical
- **Eucalyptus** – refreshingly pleasant clean scent
- **Environmentally friendly** – promote 'green' products into the dental office



Premier's Spot-On™ Etch is a 37% high viscosity phosphoric etch gel for routine and selective-etch procedures. It's designed with enhanced viscosity that will prevent it from dripping or slumping. Spot-On Etch easily flows through a small applicator tip, washes off readily and resists drying out. Key benefits include:

For more information, visit [www.premusa.com](http://www.premusa.com).



# Don't Tell High Ambition People to Relax

How to motivate and manage high achievers

By Lisa Earle McLeod

## You need to chill out.

Just relax; it's no big deal.

The above comments are intended to be comforting, but when you tell a high performer to calm down, it has the opposite effect. It makes them want to scream.

A friend of mine's son was stressing out about his schoolwork. He was a straight-A student, who had gotten a very high score on his SAT. His father, my friend, saw that his son was constantly anxious and stressed.

After another evening of anxiety my friend said to his son, "Why don't you take a break?" As his son responded the standard teenage eye roll, my friend said the worst thing you can say to a driven person, "You need to relax."



But as anyone who has coached high achievers knows, driven people can burn out. As a leader, your job is to help them pace themselves to ensure that doesn't happen.



If you're trying to motivate a low performer, be it an employee or a teenager, it might seem like a high achiever would never be a problem. But as anyone who has coached high achievers knows, driven people can burn out. As a leader, your job is to help them pace themselves to ensure that doesn't happen.

But the worst thing you can do is tell a high achiever to relax. It has the opposite effect, they get even more hyped up because when you tell a high achiever to calm down, they don't hear, "Take a 5-minute break." Instead they hear, "You're wrong to be so driven, lower your standards."

I've been on the receiving end of this conversation. For much of my life people have told me to calm down, or meditate, or some other version of, "You should be more relaxed, like me."

### Thriving on achievement

I'm going to let you in on a secret. High achievers thrive on accomplishment. They (we) frequently judge themselves in relation to others. It might not be healthy, but it's true. When a less high-achieving peer (as deemed less high-achieving by us) says, "Don't take this so seriously," a driven person is likely to think, "I have to take this seriously, because no one else is." The high achiever doesn't want to relax like other people; they want to outdo other people. It's in their DNA.

Circling back to my friend and his son. My friend went to a pretty good college. But his son is trying to get into an Ivy League school. When my friend says relax, his son thinks, "If I relax, I'll wind up going to a mid-level university, that's the last thing I want."

Driven people have a tendency to become frantic. Telling them to

calm down only makes them more frantic. Instead, praise their drive, and provide the support they need to focus their ambition.

When my friend praised his son's accomplishments and said, "You're a rock star. Let me take you out for a burger so that you can be a rock star again tomorrow," his son relaxed. Now instead of perceiving that his father is minimizing his drive for success, he sees his father as someone who supports him. The son can take a break, which will help him refuel to achieve big goals again the next day. The father is helping his son move from frantic to focused.

Driven-people don't want to calm down. Your job as a leader, parent, or friend is not to help them lower their aspirations. Instead help them celebrate their success, and refuel to achieve even more. ■

Lisa is a sales leadership consultant, and author of *Selling with Noble Purpose*. Companies like Apple, Kimberly-Clark and Pfizer hire her to help them create passionate, purpose-driven sales forces. She has appeared on *The Today Show*, and has been featured in *Forbes*, *Fortune* and *The Wall Street Journal*. She provides executive coaching sessions, strategy workshops, and keynote speeches. Visit [www.LisaEarleMcLeod.com](http://www.LisaEarleMcLeod.com)

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