The Future of Dentistry
How Will the Level of Competition Change?
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A Step-by-Step Guide to a More Successful Life
Welcome to Efficiency In Group Practice

From Bill,

Efficiency In Group Practice is a collaborative effort by two experienced publishers in the dental arena. MDSI and Hixson-Burris Media are working together to bring large group practices, regional multi-location practices, effectively the entire spectrum of corporate dentistry, timely and useful information that is pertinent for the entire team. From the clinician to the procurement manager, we’re focused on helping you grow and thrive in your group practice.

It’s a known fact that group practices are among the fastest growing business models in dentistry. However, good, focused educational, motivational and clinical content for dental group practices is limited and fragmented. Our goal with Efficiency In Group Practice is to give our readers specific information that will enable the group practice to perform at its very best. We will include columns and articles which will keep the entire team engaged, up to date, motivated and of course, efficient. In upcoming issues you will enjoy our practice profiles, “The Efficient Clinician,” human resource, real estate, finance, marketing and many other group related topics.

Let’s begin our journey together!

Bill Neumann
Publisher

From Bonnie,

One of the most rewarding things about working in the field of dentistry is the strong network of colleagues many of us enjoy. At Hixson-Burris Media, we’ve enjoyed bringing you new insights and solutions for the challenges you face as not only a dental professional, but a small business. It is with great excitement that we now introduce our collaborative venture with MDSI to bring you Efficiency in Group Practice. Bill and I come from two different segments of the dental industry, and together, we’ll keep you informed on the newest trends, technologies, educational opportunities and concepts to build your most efficient, profitable group practice.

We understand the unique challenges you face as a group practice and in each edition we’ll bring you the most current and progressive ideas from today’s most respected experts in business and dentistry. We’ll show you how to get the highest ROI from your technology and product investments and help you to stand out in a sea of “one size fits all” dental practices. Your business is unique and goes well beyond the confines of the traditional dental practice. We look forward to showing you new ways to capitalize on your distinct strengths and differences to reach new heights of efficiency and create a balanced life that allows you to enjoy the fruits of your labor.

To your success,

Bonnie Hixson
Publisher
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The Future of Dentistry

How Will the Level of Competition Change? PART 1

By John K. McGill & Dr. Charles Blair

What does the future of dentistry hold? In our first installment, we examine how the level of competition will be affected by the growing number of dental school graduates, longer dental careers, increased dental productivity, changing scope of dental services, introduction of paraprofessionals, and changes in workforce laws and demand for dental services.
According to the ADA, the mean real (adjusted for inflation) net income of dentists has risen dramatically over the past 30 years. The average practice net income increased almost 68% from $140,000 in 1981 to $235,000 at its peak in 2007, before dropping to approximately $220,000 in 2009, the last year reported by the ADA, due to the economic recession.

**Number of Dental School Graduates Increasing**

The dramatic increase in dental net profits and the poor economic outlook in medicine were the biggest factors behind the significant increase in the number of dental school applicants. From 1990 to 2009, the number of individual applicants rose by 138%, or approximately 6% a year. 12,210 individuals applied to dental school in 2009, the last year reported by the ADA, and 4,871 were enrolled for a 2.5:1 ratio. Applications may be peaking now, due to the high cost of dental education. Costs for some dental school programs (including living expenses) now exceed $450,000, which could require over $60,000 annually in student loan repayments.

The number of dental school graduates had previously declined from a peak of 5,756 in 1982 to a low of 3,778 in 1993, for a 34% drop. Since 1993, the number of dental school graduates has rebounded to 4,171 in 2000, 4,443 in 2003, and 4,873 in 2010, the last year reported by the 61 dental schools operating in the U.S. and Puerto Rico. With five new dental schools opening since 2000 and 12 more on the drawing boards, it's highly likely that the number of dental school graduates will once again top 5,000 within the next few years.

**Number of Dentists Practicing Increasing**

Meanwhile, doctors are practicing longer, delaying retirement due to economic and lifestyle factors. “70 is the new 65” in dentistry, as the number of doctors retiring at age 65 dropped dramatically following the 2008 stock market and real estate decline.

With more dental students graduating each year and doctors working longer, the number of professionally active dentists (actively licensed) has soared from 166,383 in 2000 to 184,578 in 2010, for an increase of 18,195, or 10.94%, over this decade. In comparison, the U.S. population has been expanding at a slightly slower pace than the number of dentists. Accordingly, the U.S. population per dentist has declined from 2,254 in 1996 to 2,246 in 2009.

According to the 2010 ADA Workforce Model, the number of professionally active dentists is projected to increase to 195,267 in 2020 and 202,330 in 2030. However, since this growth is projected to be slightly lower than the overall population growth, the ratio of dentists per 1,000 U.S. residents is projected to decline from .59 in 2010 to .54 in 2030.

Another factor affecting the level of competition is the number of female dentists in the profession. According to the ADA, female dentists made up 21.56% of total dentists in 2009, up from 14.4% in 1999. Moreover, 47% of first year dental school classes are female now, up from 35.3% in 1999 and 15.6% in 1982. As a result, the percentage of female dentists is projected to increase significantly to 29.2% of the dental workforce by 2020.

A much higher percentage (30%) of female dentists were working on a part-time basis (less than 30 hours per week) in 1999, compared to only 14.7% of male dentists. This trend has changed somewhat in recent years due to economic conditions. We’ve seen an increasing number of female dentists now electing to convert from part-time to full-time to increase their family’s income. Yet, we remain convinced that a higher percentage of women will elect to work only part-time in the future, which will reduce the competition level.
Dental Productivity Increasing
Aided by new technology, improved systems and treatment techniques, and a higher caliber of dental school graduates, dental productivity per doctor is increasing, adding to the effective level of competition. A decade or so ago, a dental practice grossing $1,000,000 or more was an elite status, achieved by only a handful of practices. Now, it is not uncommon to find solo general dental practices producing $1,000,000 - $1,500,000 per year or more. Even after adjusting for inflation, the increased productivity is very impressive.

Certainly, new technologies have boosted the level of dental productivity. However, another little-noticed trend has yet to be recognized. The quality of dental school graduates and their productivity is substantially higher than in the 1970s and 1980s. Back then, many dental school graduates were happy to produce $200,000 - $300,000 in their first year. Now, it is not uncommon for newly graduated dentists to be producing $500,000 - $1,000,000 annually within three years following graduation.

The percentage of the U.S. population visiting the dentist during the past 12 months had dropped from 41.2% in 2003 to 38.6% in 2009. Meanwhile, the average visits per patient per year had dropped from 2.05 in 1996 to 1.91 in 2009. The percentage of the U.S. population visiting the dentist during the past 12 months had dropped from 41.2% in 2003 to 38.6% in 2009. Meanwhile, the average visits per patient per year had dropped from 2.05 in 1996 to 1.91 in 2009.

Changing Scope of Dental Services
The future competition level will also be affected by the nature and scope of services provided and who provides them. Historically, all dental services have been provided in the dental office either by or under the direct supervision of a licensed dentist. That’s changed recently, and even greater changes are expected in the future.

Tooth whitening services have been “peeled off” from the scope of services provided exclusively by a licensed dentist, or under his supervision. Efforts by state dental boards to prohibit tooth whitening (bleaching) centers operated by non-dentists were struck down by the Federal Trade Commission (FTC) in December of 2011, on antitrust grounds.

Introduction of Dental Paraprofessionals
The Surgeon General’s 2000 Report on Oral Health cited a pressing need for access to dental care for 17 million low-income children. In response, two charitable organizations, the Pew Charitable Trust and the W.K. Kellogg Foundation, have funded projects recommending three new mid-level dental providers (dental therapists, community dental health coordinators, and advanced dental hygienie practitioners), similar to Physician Assistants (P.A.s) and Nurse Practitioners (N.P.s) in medicine, to attempt to address the unmet dental needs.

Alaska was the first state to allow licensed dental therapists. Alaska’s Native Dental Health Aide Therapists (DHATs) are providing dental services – including restorations, extractions, and other surgical dental procedures, in remote tribal villages following two years of technical training and work under the direct supervision of dentists. Minnesota next approved the licensing of dental therapists in 2009 and at least six other states (New Mexico, Kansas, Vermont, Ohio, Washington, and California) are either considering such legislation or studying the issue.

While the ADA and state dental boards have universally opposed licensing dental therapists, it’s too early to determine how far and how fast this trend will spread.

Changing Workforce Laws
A change in workforce laws affecting dental hygienists and dental assistants will also affect the future competition level for dentists. Professional dental hygienist organizations are lobbying state legislators to expand their allowable duties to include administering nitrous oxide, local anesthesia, and providing laser therapy, as well as to practice without direct supervision of a dentist, or even independently, as Colorado now allows.

Likewise, expanding duties for dental assistants and expanded function assistants promise to increase the
number of procedures which can be delegated to these staff members who perform them under the doctor’s direct supervision. That will allow doctors to increase production using the same staff and facility. This increased efficiency is essential to maintain acceptable profitability in the face of increasing managed care penetration.

Unfortunately, the introduction of dental paraprofessionals and expanded delegation of procedures to other dental staff will decrease the need for licensed dentists. Accordingly, these factors will increase the effective level of competition in the future.

Demand for Dental Services
The decline in profits for the average dentist in recent years shows that dentistry is no longer “recession-proof.” In evaluating the causes of the decline, the ADA found that while the gross billings (production) per patient visit had risen from $131.75 in 1996 to $176.72 in 2009, patients were delaying visits and treatment.

The percentage of the U.S. population visiting the dentist during the past 12 months had dropped from 41.2% in 2003 to 38.6% in 2009. Meanwhile, the average visits per patient per year had dropped from 2.05 in 1996 to 1.91 in 2009.

Also, dental services purchased during those visits also changed with fewer bigger-ticket, restorative procedures and more lower-cost, preventative and diagnostic procedures. As a result, dental spending declined for the first time ever in 2009, before increasing by 2.3% to $104.8 billion in 2010.

While the current economic recovery is benefiting practices nationwide, the declining role of dental insurance represents a huge negative effect. Fewer patients have dental insurance coverage than in the past, and the coverage they have is paying for a small portion of the dental bills these days. As a result, the average out-of-pocket payment for dental costs rose from $264 a year in 1996 to $325 in 2008. Higher out-of-pocket costs and declining real income levels for middle class patients have resulted in a dramatic increase in the percentage of patients with unmet dental needs due to affordability problems, from 8% in 1997 to 13% in 2010.

In the future, dentistry will benefit from the increased demand from a growing, aging population. The 65 and older age demographic will grow from 12% of the total population currently to a peak of 20% in 2035. As patients age, they tend to spend more on dentistry. Seniors were forecasted to purchase 23% of total dental expenditures in 2006, rising to 28% in 2018, and 32% by 2030.

Unfortunately, most dental insurance coverage is employer-based, and basic Medicare does not cover dental benefits. Since most seniors do not have employer-based coverage, they pay a much higher percentage of dental costs out-of-pocket (68%), compared to only 45% for patients 41-50 years old.

Political factors will also affect dental demand. Pediatric dental demand will increase once pediatric coverage is required in 2014 under health care reform. Unfortunately, demand for big-ticket procedures will decline in 2013, once health care reform slices the maximum flexible spending account (FSA) limit from $5,000 to $2,500 annually.

The economic recovery and the growing senior population will increase demand for dental services in the future. However, affordability will be the key issue limiting growth, since real income increases will be nominal, out-of-pocket costs will increase, interest rates will rise as the economy improves, and taxes are slated to increase.

The significant increase in the percentage of female dentists, who are more apt to work only part-time, will help the competition level. However, increased dental productivity, more limited scope of dental services, introduction of paraprofessionals, more expansive workforce laws, growth of managed care plans and corporate practices, and restricted demand for dental services, leads us to believe competition in dentistry will increase slightly over the next five years.
How many generations do you have in your office? From the doctor (or doctors), the team to your patients, many offices have three generations working and learning together. While each generation has its merits and strengths, their weaknesses and stereotypes can cause disrespect and contention. How many times have you heard “they are just too young (old) to understand” or “that generation just doesn’t get it”? Younger workers may not understand or appreciate the work styles of the boomers; Gen Xers might resist under the intense direction of the older generations. There are three defined generations we generally see in the office:

- Traditionalists – Born 1925-1945, 66-86 years old
- Baby Boomers – Born 1946-1964, 46-65 years old
- Generation X – Born 1965-1980, 30-45 years old
- Generation Y (Millennials) – Born 1980-present, 30 years old and under

We live in a society that has a lot of age bias, whether it is employees, patients or parents, we need to develop means of communication to decrease the conflict. Understanding the differences is the first step in bridging the generations. Training in generational workforce diversity is no longer an option. It’s now imperative... and it’s essential that management and trainers understand each generation’s unique core values so they can manage and lead those generations.

Each generation has a different view of (and approach to) communication. While you may not subscribe to the text-messaging habits of Gen Yers, it’s important to appreciate every generation’s modes of communication to better manage an age-diverse team. Patient communication should also be considered here. Are you addressing the communication styles of your practice? Most offices have a higher percentage of Gen Yers as patients – texting.
<table>
<thead>
<tr>
<th></th>
<th>Traditionalists</th>
<th>Baby Boomers</th>
<th>Generation X</th>
<th>Millennials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work Style</strong></td>
<td>By the book – “how” is as important as “what” gets done</td>
<td>Get it done – whatever it takes – nights and weekends</td>
<td>Find the fastest route to results; protocol secondary</td>
<td>Work to deadlines – not necessarily to schedules</td>
</tr>
<tr>
<td><strong>Authority/Leadership</strong></td>
<td>Command/control; rarely question authority</td>
<td>Respect for power and accomplishment</td>
<td>Rules are flexible; collaboration is important</td>
<td>Value autonomy; less inclined to pursue formal leadership positions</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>Formal and through proper channels</td>
<td>Somewhat formal and through structured network</td>
<td>Casual and direct; sometimes skeptical</td>
<td>Casual and direct; eager to please</td>
</tr>
<tr>
<td><strong>Recognition/Reward</strong></td>
<td>Personal acknowledgement and compensation for work well done</td>
<td>Public acknowledgement and career advancement</td>
<td>A balance of fair compensation and ample time off as reward</td>
<td>Individual and public praise (exposure); opportunity for broadening skills</td>
</tr>
<tr>
<td><strong>Work/Family</strong></td>
<td>Work and family should be kept separate</td>
<td>Work comes first</td>
<td>Value work/life balance</td>
<td>Value blending personal life into work</td>
</tr>
<tr>
<td><strong>Loyalty</strong></td>
<td>To the organization</td>
<td>To the importance and meaning of work</td>
<td>To individual career goals</td>
<td>To the people involved with the project</td>
</tr>
<tr>
<td><strong>Technology</strong></td>
<td>“If it ain’t broke, don’t fix it”</td>
<td>Necessary for progress</td>
<td>Practical tools for getting things done</td>
<td>What else is there?</td>
</tr>
</tbody>
</table>

A surprisingly high percentage of workplace conflicts arises from differences in generational values. Mentoring young employees is a great way to transfer knowledge, and there are mutual benefits. There’s a lot to be said for reverse mentoring. Younger workers can learn about the organization and social networking from older team members, but experienced team members can also gain so much in terms of new technology and proficiency. Use your younger employees for sharing and training on the latest software and hardware; they will feel valued for their skills, and your older employees will benefit by staying current.

Source: Visionpoint
Training of team members must also be revisited for the new generation of employees. The clinical manual that you have had on the shelf (if you can find it) since the office opened most likely has not been read or updated for some time. Procedures, protocols, guidelines for the office are changing rapidly and should continue to be updated frequently. The way work-related information is communicated to employees should be evaluated. Baby Boomers were typically given a manual that they actually read and absorbed. An employee from a younger generation would more likely keep the manual on a shelf, untouched. Their learning style is much different, and the transfer of information must address this change to be effective.

There are many options when it comes to developing protocols, systems and the avenue for consistent information to get to all team members. Webinars on the Internet are abundant and cover almost every topic imaginable. Many have no fees attached and can be viewed by multiple team members. Online training has improved greatly recently and provides a great way to help employees new to the industry learn the basics. For practice-specific procedures, systems and protocols, the Flip Video is a great solution. A video of all clinical procedures

When a new employee is hired, they can watch these short videos and learn how your practice operates. This includes experienced clinicians that are familiar with procedures but need to learn “your” way to operate. As procedures or mechanics change, they are easily updated. These videos can also be used for any team member training. Take a short video as an employee enters a contract, answers the new patient call or as the new patient exam is completed. These videos are also helpful

For cross-training.

I encourage all doctors and team members to open themselves to the benefits of working together as a multi-generational team. There is so much to learn from understanding and accepting the different generations and what each one brings to the team. When employees come to the point of understanding and effectively communicating, regardless of age, there is great potential to increase worker productivity, collaboration and morale. Employers can no longer assume that chronological age consistently predicts an employee’s behavior. Often times, an employee’s life stage or career stage has a greater impact on their performance. Don’t underestimate the power of the multigenerational workforce; use it to your advantage.
book? How do you start doing any big project? Some goals are so big that we get overwhelmed and don’t ever take the first step. I spent three months worrying about how to start writing my book. That was when I realized that I needed to write a book about… writing a book. Not about writing a book specifically, but about starting those big goals in life. The ones that hang out in the back of your brain for years, but seem too big to take on.

As I did research for the book, I realized that there are definite principles

I grew up in Arizona, completed my undergraduate courses at Arizona State University and then attended the University of Colorado School of Dentistry. After school, I came back to Arizona and bought a small dental practice. The practice grew quickly and we were soon adding staff and additional chairs. My life was set: I was a successful young dentist with a growing practice. I had worked hard in school and now I had achieved “everything I ever wanted.” Or, I thought I had. The problem was that I didn’t feel excited, successful or accomplished.

I felt like there was more I wanted to do with my life!

I had always assumed that being a dentist with my own business was my ideal life, but I wasn’t feeling the excitement of achieving my life’s goal. What went wrong?

I started to look more deeply into my life and what my true vision was. What I discovered shocked me. I realized that I wasn’t really doing what I wanted to be doing. Don’t get me wrong; I really love dentistry. It has been a wonderful part of my life. I just felt like something was missing.

The more I thought about it, I soon realized that I had other dreams and ambitions that I had been passionate about but had put on the back burner so I could pursue my career. They were the things I really wanted to be and really wanted to do: lecture, play in a band, become a photographer, write a book. These were my “bucket list” type of items.

I decided to pursue them. The one I wanted most of all was to write a book. But how do you just start writing a book? How do you start doing any big project? Some goals are so big that we get overwhelmed and don’t ever take the first step. I spent three months worrying about how to start writing my book. That was when I realized that I needed to write a book about… writing a book. Not about writing a book specifically, but about starting those big goals in life. The ones that hang out in the back of your brain for years, but seem too big to take on.

As I did research for the book, I realized that there are definite principles

I had always assumed that being a dentist with my own business was my ideal life, but I wasn’t feeling the excitement of achieving my life’s goal. What went wrong?
It was definitely a “learn as you go” process but after months of research and hard work, I finished “The 3-Week Miracle.” It has been one of the most fun and exciting accomplishments of my life.

Bringing “The 3-Week Miracle” into the marketplace was an incredibly interesting process, one which is worthy of its own article or book. I self-published it through CreateSpace, which is owned by Amazon.com. I did all of my own marketing for the book through Facebook, Twitter, and a small website I designed using a company called Weebly. “The 3-Week Miracle” debuted on Sept. 7, 2011 (my birthday) and climbed the Amazon charts, finally topping out as the No. 3 best seller for motivational books. Talk about the best birthday I could ever have hoped for!

What “The 3-week miracle” can do for you

It is called “The 3-Week Miracle” because it is based on the many studies that show it takes 21 days of repetition to form a habit. My thought was that if I could teach people how to incorporate success principles into their life over three weeks, they would be in the habit of performing successful actions.

The book starts by helping the reader take a “snapshot” of where they are in life and how they feel about their current situation. It is almost impossible to measure progress if you don’t know where you are starting from.

Next, the reader will learn how to develop a vision statement for their ideal life. What are those things they always wanted to do but haven’t really got around to it? When they come to the end of their life, what will they feel regret over not doing? What is their ideal, perfect life?

From there they will break the main points of their vision into goals to be accomplished this year, this month, this week. These are the small steps on the path to the big goals. By the end of the first three days they will have a complete road map leading from where they are, to where they want to be.

Each day after that teaches another principle that will aid and guide the reader along the path to fulfillment and success. By the end of 21 days, the reader will feel more happy, confident and successful. Not only that, they will have formed powerful habits that will serve them for the rest of their life.

Does it work for everyone? Yes and no. It works for everyone who takes the time to work through the program. Some people just browse through the pages but never really put the effort into it. It will not work for them. The book is designed to be an aid to those who really want to discover a more balanced and fulfilling life. It is designed as a workbook because I believe that the realization of our biggest goals and dreams must come through guided work and effort rather than just reading about how to be successful.
Experts estimate that over 80% of these symptoms could be dental force related. A single patient per month can pay for the system and generate practice profits. TruDenta member practices can earn hundreds of thousands of dollars per year in NEW profits and the entire investment in TruDenta is immediately tax deductible (see your advisor). A $5000 case requires only 2 hours of doctor time.

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