

**2020 Hinman Dental Meeting  
Atlanta, GA  
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# **JADA<sup>+</sup> CAREER GUIDE**

## **Practice Tips for Dentists at All Ages and Practice Stages**

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Got Way Too Bumpy

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Interactive Map

How to Network with Colleagues and  
Patients to Increase Profits





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# What Went Wrong: My Path to Retirement Got Way Too Bumpy



**R**etirement should be a well-thought-out event that you take ownership of. To truly take control of your future, retirement planning should start years — even decades — before you anticipate finishing your career.

Here are two scenarios that illustrate what happened when a doctor did not completely think through their exit plans, along with suggestions to help you avoid the same fate.

## **Scenario one: I expanded when I shouldn't have**

Dr. Eric was providing high quality dental care to his patients of 15 years in his four-operatory practice. He had more new patients than he could handle, due in part to the multitude of PPO plans he participated in. He felt a bit strung out trying to please everyone and decided to bring in an associate.

A consultant quickly recommended that he expand his office space to add additional operatories to accommodate a new dentist. He and the consultant found the perfect property, and Dr. Eric invested a significant amount of money to design and build out the space. He was thrilled with the way the space looked and now had 12 state-of-the-art operatories with updated equipment.

With the consultant's help, he set out to find the perfect dentist to help serve his growing patient base. He excitedly interviewed a large number of potential candidates and found a great addition who fit his vision of seamless integration of philosophies and patient care.

Despite the great fit, Dr. Eric quickly discovered that he was not happy with the responsibility that came with the increased staff and the loss of control over the treatment

of each patient. He was very fond of the associate and could not fault her dental care, but he just did not enjoy being the owner of such a large operation.

For years, Dr. Eric tried to find contentment with the situation. Instead, he just felt burned out and unhappy. He tried everything to make the situation work, including selling half of the practice and handing off some of the responsibility.

When it came down to it, Dr. Eric realized that he was not happy in the larger office setting and preferred the small-town feel of his previous office.

However, with college-bound children, he felt stuck. He stayed with the practice for ten more years before selling the rest of the practice to his partner. Today, he is still trying to find the passion that he had early in his career and is considering purchasing a four-operatory practice.

## **How this could have been avoided**

Dr. Eric may have had more success if he had considered his own preferences and personality before deciding to expand. As a dentist, he is at his best when working independently and really does not enjoy the responsibilities associated with managing other dentists and staff.

He had other options that may have been worth considering. For example, he could have examined his accepted PPO plans and dropped the ones with the lowest reimbursement rates. This would have decreased the new patient volume and increased his reimbursement while maintaining the current office footprint. Eventually, he may have made it to a totally fee-for-service practice with all internal referrals!



He could have consulted with his accountant and financial advisor to determine the ideal retirement timeline based on his financial needs. Charting out the timing of his children's educations and other factors may have allowed him to sell the entire practice for maximum value at the appropriate time. This would have allowed him to enjoy his dental career while maximizing his profitability. Plus, by selling 100% to a new owner, he would have avoided the responsibility for additional dentists and staff – and a practice style that just did not suit his personality.

## Scenario 2: I needed my practice sale to retire in style

Dr. Simone practiced in a town about 40 miles from an urban area. She knew that she needed to obtain a certain price for her practice to fund the retirement she and her spouse had always envisioned. Since the practice provided a nice income, she just worked the hours that made her happy and did not invest much in improving the practice.

When Dr. Simone decided that she wanted to retire in two years, she put it on the market figuring that it would take time to find the ideal buyer. Only one dentist showed interest during a full year of listing, and he went away after a cursory look. She was devastated. The practice had plenty of patients and lots of potential. Why wasn't anyone interested?

She elected to have a full valuation done and found that the decreased office hours, condition of the premises, and location were all working against her. The valuation returned a number much less than she had anticipated – and not enough to support her preferred lifestyle.

This put Dr. Simone in a quandary: should she reduce the price and hope for increased interest? Or increase the value of the practice by updating the office and equipment while working more hours for five years to increase production and show growth? (See more about preparing for a practice valuation and coming to a fair price at the ADA Practice Transitions blog, <https://blog.adapracicetransitions.com>.)

Dr. Simone ultimately decided against improvements and accepted a greatly reduced price from a local buyer who appreciated the potential and small-town lifestyle. She ended up taking on part-time work in a Federally Qualified Health Center to supplement her income.

## How this could have been avoided

Dr. Simone made some significant miscalculations in her retirement planning, leaving her with some unexpected decisions about her future.

The situation could have been avoided if she started planning for retirement earlier. Rather than working with a financial advisor to build a diversified portfolio, the majority of her retirement hinged on the income from the practice sale.

Ideally, dentists have their retirement set without depending on the practice sale. If she had done this planning, Dr. Simone could have practiced until she was mentally and physically ready to bow out and then sold the practice to the right person for whatever they both felt was fair. This kind of planning can also protect the dentist against an unplanned early retirement from illness or a change in circumstances.

Secondly, Dr. Simone did not maintain a full schedule, which affected her bottom line. Buyers evaluate the last three to five years of financials to determine the practice's value. They typically do not accept "potential" as part of the practice's value.

Another issue was not updating the décor and equipment. The 'curb appeal' of the practice can make or break a practice sale, particularly in a less desirable area. (See 5 easy tips to boost your practice's curb appeal at the ADAPT blog, <https://blog.adapracicetransitions.com>.)

An outdated practice that did not show well, combined with decreased production due to low working hours, all in a less-than-ideal area, put Dr. Simone in a tough spot.

At the end, Dr. Simone was very fortunate that she was able to find a buyer for this practice. Many dentists in this situation end up shutting their doors at retirement with no one to continue their legacy – or serve their patients. ■

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Dr. Suzanne Ebert

*Dr. Ebert is an ADA advisor for ADA Practice Transitions. This article was originally published on the ADA Practice Transitions blog post What went wrong: my path to retirement got way too bumpy. Need help navigating your own practice transition? Start your ADA Practice Transitions profile today at [ADApacticetransitions.com](https://blog.adapracicetransitions.com).*

# Turning Tough Talks Into Wins

**W**e've all faced them. The conversations we wish we didn't have to have. Whether with loved ones, team members or superiors, they are all a source of dread. There is little training offered in how to handle these conversations, and most often it is based on past mistakes that hopefully can be learned from. But because handling difficult conversations is one of the keys to success in dental practice, we must find a better way.

Difficult conversations often are called that because usually there is a winner and loser or two losers. In Steven Covey's classic book "The Seven Habits of Highly Effective People," probably the most important habit is "win-win." Ideally, we'd like to come out of what we call a difficult conversation with two winners, or at least, with less trauma. Here are a few suggestions on how to achieve that status.

**See the Other Side:** They say that really good homicide detectives are successful because they can see the crime through the mind of the murderer. One key to helping smooth out the trauma of a difficult conversation is to first try to see the issue from the other side. What might that team member be thinking when arriving late most days? What will the doctor feel like when the team member asks for a raise? Even if the conversation will be bad news for one party, at least looking at the feelings and results of the message before it's delivered can help ease the reaction.

**Rename the event:** If you head into a conversation that is already titled "difficult," it's hard to adjust anyone's feeling about it. But if you call it a "challenging" or "growth" conversation, there is a feeling that the experience might be more promising. Often employee reviews might be

regarded as difficult conversations. For that reason, a doctor and an employee may skip them. If instead, reviews are retitled "growth conferences," both the doctor and the employee might feel that the purpose is not to list what's wrong, but rather work together to make things better.

**Listen:** In every conversation, there are two sides. Often the most difficult part of a conversation is to get your side on the table. By looking at the other side, we might realize that listening first to the other person's point of view can help clarify, offer focus on the real problem and diffuse strong feelings. Sometimes difficult conversations are such because they arise in an instant or come up unexpectedly. By taking the time to listen first, you not only get an opportunity to assess the whole issue, but you also give a level of respect to the other person that will allow you both to hear both sides.

**Plan ahead:** If a difficult conversation is coming in the near future, it can be helpful to rehearse a bit of what may be said and what reactions might be expected. By thinking of possible reactions or responses from the other party to your information, you might be able to plan for palliative responses. It might even help to have alternative results in mind depending on the reaction of the other person. It would be foolish to orchestrate the conversation since you only control one-half of the message, but a bit of rehearsal might allow you to maintain a good comfort level during the conversation and lead to a positive conclusion.

**Soften the blow:** Some conversations are going to end up in a loss for one of the parties. Preparing for that in advance can help lower the level of frustration or

loss of control. In one instance, a dentist knew that the practice was not producing enough to support all of the practice's assistants, so the assistant with the least training faced being laid off. But the dentist proactively set up a conversation with this employee, encouraging him to help move the practice to a higher level that would generate more revenue. That way, there was less surprise and anger when the practice did not reach the goals, and the employee was laid off. In another instance when the dentist had to dismiss an employee, the dentist provided a positive letter of reference to be used in securing another job. It's not always possible, but being generous can soften the blow.

**Be sympathetic:** By taking the other person's point of view into account and showing a certain amount of compassion in a conversation, at least one person can maintain some control over the process. Often a difficult conversation can generate feelings of anger or lack of control over a situation. Showing that you understand the effect of the message or the position that the person finds himself or herself in can help move the conversation toward a more meaningful conclusion. We've all been at the wrong end of a message and know how defenseless we feel. Acknowledging their feelings and even showing some vulnerability (but not weakness) can often diffuse the potential bad reaction.

Difficult conversations are never easy. They can be a real deterrent to a smooth-running practice if they are overlooked or handled poorly. But they can often be constructive and positive for everyone. From your point of view, staying calm, considering the other person's point of view, listening, offering alternatives and looking for ways to lower the feeling of loss can all help. With practice, handling conversations well becomes automatic because it works. ■

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Dr. William van Dyk

*Dr. van Dyk practices dentistry in San Pablo, California, and teaches in the department of Dental Practice at the Arthur A. Dugoni School of Dentistry at the University of the Pacific. He lectures on a variety of practice management issues.*



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# Rethinking the Dental Team

I hardly ever hold a seminar anymore when I'm not approached by dentists asking where to find good or well-trained team members. It's a question that demonstrates the frustration many dentists are having with recruiting and hiring highly trained, self-disciplined team members who are committed to doing an excellent job. This is not only an issue in dentistry. Every CEO I meet at national CEO meetings would like to have skilled team members dedicated to doing a great job every day. Unfortunately, this is incredibly unrealistic.

## Desire versus reality

I applaud any dentist who has the desire to create a great team. One of the most fundamental principles of success in any business is to surround yourself with highly committed people with a high potential for growth and improvement. Unfortunately, you cannot simply recruit and hire great team members anytime you need them. It would be wonderful if we could, but it's simply not reality. Why not? Consider the following factors:

- The current unemployment rate in the United States is extremely low. The lower the unemployment rate, the higher the job opportunities. Compensation also rises, making it even more competitive when hiring the right people for the right jobs.
- Dentistry has become increasingly complex in the last 15 to 20 years. The introduction of numerous new materials and services, complex technologies, insurance policies and procedures, infection control procedures, management software systems and a host of other

factors have made the job of any dental team member increasingly difficult to master.

- Dental teams must work together. Just because team members excel at their jobs doesn't mean that they will excel at working well within a team. There are numerous examples in the world of sports where teams with average players beat teams with superstars simply by working better as a team. The better a dental team can interact and cooperate, the better the practice will be.
- There are different levels of employee availability in different geographic regions. In some areas, there is a true shortage of people applying for jobs in dental practices. This may be related to which areas have educational institutions that train and certify dental staff members.

## Rethinking the dental team

In accepting this new reality, dentists must rethink the dental team. Here are five steps you can take now:

- **STEP 1: Take on a strong leadership role.** Dentists spend years in school learning the foundation of dental diagnosis and treatment, but many have put little time into leadership education. Unlike preparing a tooth for a restoration, leadership has a wide variation of approaches that can work. Each dentist must discern what type of leader they want to be and then be consistent in that level of leadership. Without leadership it's almost impossible to build an excellent team.
- **STEP 2: Evaluate every team member currently employed.** All team members are not equal. They are



not all trained at the highest level or equally dedicated to the practice. Regardless of their varying levels, all team members must continually improve. If improvement is taking place on a consistent basis, the team will get better and practice performance will improve as well. Team members who feel there is no room for improvement or aren't motivated to improve will hold back the entire team and negatively affect long-term practice performance.

• **STEP 3: Offer regular training.** Dental and dental team members are highly motivated to treat patients. Unfortunately, simply operating day to day and treating patients will not lead to overall team improvement. Time must be set aside for team member training. Keep in mind that dragging the team to a local all-day course that is probably not applicable to many of them is not effective. Each team member's training needs should be assessed, and that training can be accessed online, at seminars, with books and articles or with experts. If you don't take the time and invest in training people, they simply won't grow.

• **STEP 4: Challenge the team to grow.** Tom Watson, the CEO of IBM, had signs all over IBM facilities that simply said 'Think.' He understood that if people would take the time to think, they would grow, come up with great ideas and contribute. Challenge your dental team members to think regularly and encourage them to make decisions whether they are right or wrong. People who aren't making mistakes are not growing. You can use those opportunities to show them how they might do it differently in the future.

• **STEP 5: Remember that your team members aren't your peers.** Yes, you are all part of a team, but it is the doctor or other owners who have taken the risk, invested the money and built or purchased the practice. Although it is always wonderful to get feedback from the team members and look at them as internal advisers, it's often a mistake not to take certain steps that are in the best interest of the practice simply because team members don't want to participate or do not like the idea. Owing to concern over losing team members, there is an increasing number of doctors who don't make decisions in the best interest of the practice and end up losing growth and opportunity.

## Summary

It's difficult, if not impossible, to hire highly trained team members who are committed to excellence every day right from the start. It's far more realistic to hire people with potential and take the time to help them develop. Use these steps to help you rethink your approach to building and leading your dental team. ■

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Dr. Roger P. Levin

*Dr. Levin is the CEO and founder of Levin Group, a leading practice management consulting firm that has worked with over 30,000 practices. He has written 67 books and over 4,000 articles and regularly presents seminars in the U.S. and around the world.*

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# From Laying Asphalt to Dentistry: My Road To Public Health

It was another exciting day in the summer of 2011 working for the City of Oregon City Public Works laying asphalt, flagging traffic, crack sealing streets and any other various tasks assigned to us by the city. My dad had been an engineer for Oregon City, so during high school and college I had worked part-time for different departments including engineering, utility billings, code enforcement and the construction crews. I had joked that in the same week I could send a letter for a construction plot that was denied, stop traffic while doing construction, write a parking ticket for an expired meter and shut off a person's water for not paying their bills.

As we were working, one of the career employees mentioned a job for a dentist working for the local government. I joked and told him that I was still taking the prerequisites, and that you actually have to go to dental school after college. I remember walking through the halls and seeing the paper application on the bulletin board in the break room. No time to worry about any job applications for a dentist. I was still studying to get ready for the Dental Admission Test.

Flashforward to May 2016 and the graduation date for me was fast approaching, but I was still more concerned about getting my graduation requirements completed than focusing on jobs searches. One night I sat down on the computer to do a job search on indeed.com in the local area when I saw an application for "Public Health Dentist." Coincidentally it was from the same place and county that my co-worker had mentioned to me all those years ago.

How exciting was that!? It was in the same community that I had lived and worked in for most of my life. I have

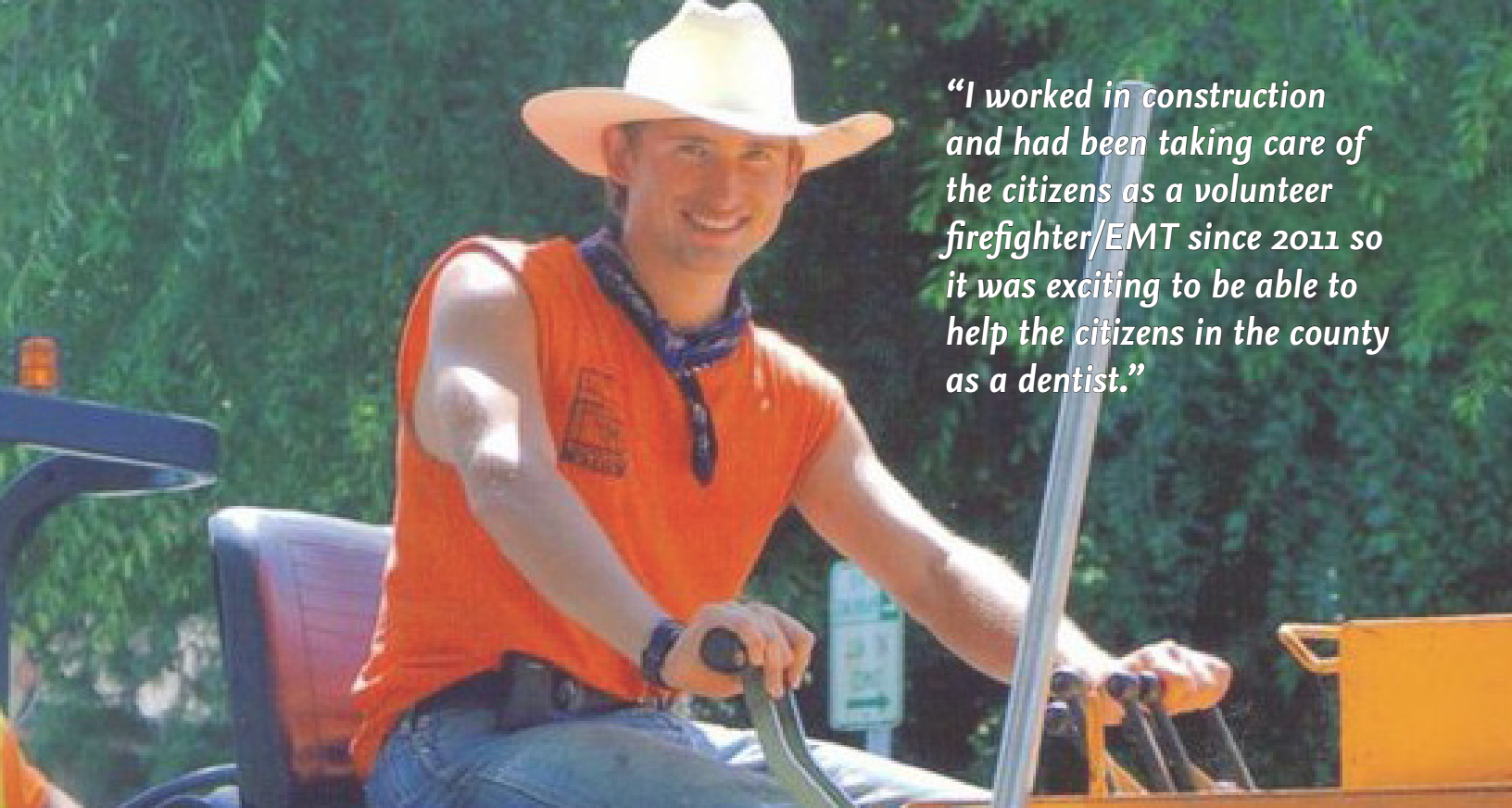
been involved with helping the local community and the citizens through church events, my past side jobs with Oregon City and the fire department, so the thought of helping and serving people's dental needs in my own community seemed right up my alley.

I remember going to the interview and the dental director asked me questions about the job and what was my commitment to the community. I humorously explained about how I had crack sealed the street right in front of the clinic when I worked construction and that I had been taking care of the citizens as a volunteer firefighter/EMT since 2011 so it was exciting to be able to help the citizens in the county as a dentist. Overall I felt that the interview went really well.

I had left my interview and went home. But no sooner was I home talking with my mother about my interview when the pager rang. During college and dental school, I lived at home so I still responded to calls as a volunteer firefighter when I was at home or not involved with school. After driving down to the fire department, I jumped out and ran to the medical crew cab pick-up truck. One of the firefighters, Dave, told me that since the rig was packed it was better to send me as an EMT with the others. Not thinking much I just jumped in and left. There would always be time to talk later with my friends.

The call was from a frequent flyer patient who sometimes drank a little too much and would slip out of the wheelchair and call 911 for a public assist. Here I was in my interview suit and tie helping the patient into the bed. We joked with the patient that I had been overdressed for the occasion and that a future doctor was seeing him, and I told him I had just had an interview for Clackamas





*“I worked in construction and had been taking care of the citizens as a volunteer firefighter/EMT since 2011 so it was exciting to be able to help the citizens in the county as a dentist.”*

County. We all laughed about it and then drove back to the station.

A few weeks later one of my friends from dental school had come over. We had driven through the logging roads in my Jeep and looked out upon Goat Mountain and were talking about the future and our plans. Never once thinking of the hazard and danger in every tree and stump we drove by. He was going to a one-year residency and I was just waiting to graduate to start my application for the National Guard.

After he had left I went on my computer when I noticed something. On people's Facebook from my fire department was a symbol of a fire department badge with a black line of mourning! Oh no! I contacted one of my friends and heard the answer. The firefighter, Dave, had been killed a few hours earlier in a logging accident! My heart sank and all I could do was drive down to the fire department. After mourning and hugging fellow firefighters and friends I remember sitting in our locker room looking at Dave's helmet, turnout gear, and boots and sobbing.

I had to go to school that next morning but once I got there, all I could do was break down in tears and tell people what had happened to my friend. I told one of our head dentists that I didn't want to do any dentistry that day and if another student could see my patients. After some long hugs and more tears, I left OHSU and headed home still numb. Back at school a few days later a call came over my phone of an unknown number. Another one of those insurance agents probably, trying to get me to sign a disability plan, and I was in no mood to talk.

The man answered and asked if I was still interested. There was frustration in my voice when I told him that I was not interested at all. He asked, “Are you sure? You seemed so interested in the job earlier when you came in for the interview.”

Oh my goodness! This was the dental director from Clackamas offering me the public health job.

Some people compare life with its highs and lows, sorrow and joy, excitement and devastation to valleys that are deep and dark with towering mountains of light that require all your effort to climb. I find it that every time you climb a mountain and look at what is behind you and then look forward, you'll see that you have deeper valleys and even larger mountains, higher and harder, than the one that your feet are resting on. Ahead was the challenge we all face in life with loftier mountains and abysmal valleys. And my mountains and valleys to traverse consisted of entering the world of public health. ■

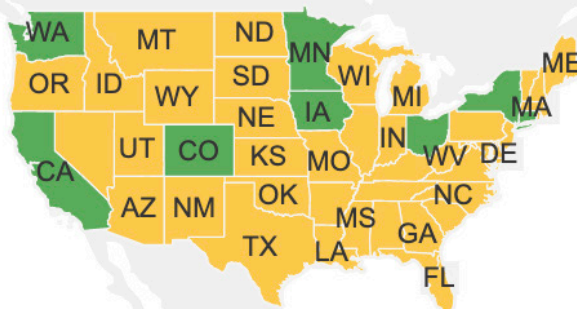
*Casey Norlin is a New Dentist Now guest blogger and went to Oregon Health and Science University. Casey works in public health, has been a volunteer firefighter/advanced EMT for Colton Rural Fire District, an assistant professor for OHSU SOD, and is an Army dentist for the ORANG 41st Infantry Brigade.*

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# ADA Unveils Dental Licensure Interactive Map

## *New tool provides current requirements by state*



The ADA Council on Dental Education and Licensure launched in December an interactive map in an effort to assist dentists with keeping track of current initial licensure requirements by state.

The map highlights the varying requirements for dental licensure in the 50 states and Puerto Rico, while also demonstrating the complexity of dental licensure and the need for licensure reform, said Dr. Linda Niessen, council chair.

When it comes to initial licensure requirements, some states — such as Florida, Louisiana and North Carolina — only accept results from the ADEX Dental Licensing Examination, which is administered by the Commission on Dental Competency Assessments and the Council of Interstate Testing Agencies, Inc.

Meanwhile neighboring Georgia only accepts results from the Central Regional Dental Testing Service Inc.; and other states accept results from the Southern Regional Testing Agency Inc and the Western Regional Examining Board.

Many of the states accept results from all five clinical test administration agencies, while some require Post-Graduate Year Residency and/or the Objective Structured Clinical Examination.

“I believe the dental licensure map will help dentists address the challenges of licensure reform by having a better understanding of the complexity and licensure requirements in each state,” Dr. Niessen said.

The map, she added, may identify that there are more similarities among states for certain requirements than differences.

“If this is the case, can licensure reform build on these similarities?” Dr. Niessen asked.

For example, she said, if a dentist submits his or her credentials and documents in one state and receives a dental license, then decides to relocate to another state with similar requirements, wouldn’t licensure by credentials or reciprocity makes sense between these states as part of licensure reform?

The map provides information on initial licensure requirements by state based on current information available from state dental boards.

ADA members may use the map by selecting or hovering over a state to see which exams or credentials are accepted. Dentists can also select a state and download a PDF that contains the regulatory licensure provisions for dentists, including both licensure by examination and licensure by credentials. The map includes contact information of each state dental board and where to find their detailed requirements.

“Dentists are not only more mobile today than in the past but two-career families (with one member being a dentist or even two members being dentists) can require relocation for career advancement,” Dr. Niessen said. “The [map] enables dentists to easily review the dental licensure requirements of each state so dentists and their families can make a more informed decision about a relocation or an initial practice location.”

To use the map, visit [ADA.org/en/education-careers/licensure](https://ada.org/en/education-careers/licensure).

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# How to Network With Colleagues and Patients to Increase Profits

Is your dental practice well known in your community? Do you participate in local activities or volunteer in any capacity, such as manning a table at a nearby health fair or talking to students at the elementary school about dental care? When it comes to your professional activity, do you attend local dental society meetings, conferences or participate in any study clubs or online communities for dentists?

If you're not doing at least a few of these things, you're missing out on a huge opportunity to showcase your practice to the community and other dental professionals. The more people who know you, the better chance you have gaining new patients and developing professional contacts that will funnel new business your way.

On your mark, get set ... network! Below are some sure-fire ways to connect with new patients and colleagues.

## Networking With Patients

### **Provide an in-service training program at a nursing home**

Coordinate an in-service day at a nursing home near your office. Develop a 30-minute presentation for the nursing staff that instructs them how to care for their patients' dental hygiene and prostheses. Not only will this improve the quality of the dental care at the nursing home, it may also lead to some new customers when the nursing staff and the families of the residents see the quality of care you've provided.

### **Give a "Show and Tell" presentation at an elementary school**

Kids always love it when a dentist visits their school. Not only do they get out of class for a while, they also get a

free toothbrush! Put your practice's name on a few of the freebies you hand out and you may just get a call from one of the parents whose son or daughter were so captivated by your presentation that they're now bugging their parents to see you again. Underserved urban areas are especially needy for this type of visit, as they may not see a dentist on a regular basis.

(Cautionary note: be aware that providing items of value to induce referrals can violate the anti-kickback statute if any of the treatment fees will be covered by a Federal health care program like Medicare or Medicaid. The Office of the Inspector General has taken the position that incentives "nominal in value" are not prohibited, and has interpreted "nominal value" as having a retail value of no more than \$15 per item or \$75 in the aggregate per patient on an annual basis. Read more at <https://oig.hhs.gov/fraud/docs/alertsandbulletins/OIG-Policy-Statement-Gifts-of-Nominal-Value.pdf>)

### **Make presentations to sports teams**

These could be coordinated through the local school system or the community parks and recreation department. Your target audience could be athletic coaches and you could focus on sports injuries and the proper use and care of mouth guards. You may also want to consider sponsoring a sports team.

### **Participate in health fairs**

Local health fairs are a great place to build relationships while giving back to your community. In addition to educational resources and free toothbrushes, you may also choose to conduct free dental and oral cancer screenings.



(Again, please be aware of the limitations on giveaways presented by the anti-kickback statute presented under “Give a ‘Show and Tell’ presentation at an elementary school” above.)

### Join local business district coalitions

Being an active part of the business community is smart for many reasons. It not only provides you with potential patients, but if you get to know the local congressional representative, it would be nice to have his or her ear when an important issue arises on the political horizon in regards to dentistry.

### Become involved in other community events

Does your community have a “Spring Clean-Up Day?” If so, organize your office as a team and get special T-shirts made for the event.

## Networking With Colleagues

### Attend professional conferences

Hearing how colleagues handle similar business challenges at local and state meetings, as well as the ADA annual meeting and the New Dentist Conference can help you come up with creative ways to survive during these hard economic times. You’ll get to compare notes, hear success stories and gain new insight in reaching today’s dental patient.

### Engage in online social networking sites

Social networking is another way for you to connect with colleagues. Does your dental school have an alma mater page on Facebook? If it doesn’t, maybe you could start one. Setting up your circle of professional contacts today may serve you well later if times get tough and you need to find a partner or several partners to form a mutual aid group.

### Get involved at the local dental school


Offer to serve as adjunct faculty — there’s usually a big demand — or participate in the mentor program. If you’re a new dentist, you’ll find that students love the opportunity to learn from those who are just a few years ahead of them on the dental career path.

### Stay connected year-round

Maintaining a collegial relationship is an ongoing process. Keep in touch throughout the year via email, telephone or in-person meetings with new or long-standing colleagues. Sign up for a committee with your local dental society and join or start a dental study club. ■

*This article is provided by the ADA Center for Professional Success. The Center is an interactive web portal that provides practice management content and decision support tools with the goal of helping members practice successfully, learn conveniently and live well. Visit the Center at [Success.ADA.org](http://Success.ADA.org)*

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