

# Journal *of the* American College *of* Dentists

The Transition to  
Solo Practice

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# Journal of the American College of Dentists

**A publication advancing  
excellence, ethics, professionalism,  
and leadership in dentistry**

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- C. To encourage graduate studies and continuing educational efforts by dentists and auxiliaries;
- D. To encourage, stimulate, and promote research;
- E. To improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient;
- F. To encourage the free exchange of ideas and experiences in the interest of better service to the patient;
- G. To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public;
- H. To make visible to professional persons the extent of their responsibilities to the community as well as to the field of health service and to urge the acceptance of them;
- I. To encourage individuals to further these objectives, and to recognize meritorious achievements and the potential for contributions to dental science, art, education, literature, human relations, or other areas which contribute to human welfare—by conferring Fellowship in the College on those persons properly selected for such honor.



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dchambers@pacific.edu

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Journal of the American College of Dentists  
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## From the Editor

# Situational Ethics and Systemic Ethics

The systemic challenge is for the profession as a whole to make it natural to practice ethically.

There is something not quite right about the way we have been promoting ethics in dentistry. We talk about it more now, especially in the company of those who are as ethical as we are. But there is no evidence that giving principled explanations for cases in “classroom” situations is a prerequisite for regularly acting ethically or that those who occasionally read editorials, sit through lectures, or analyze dilemmas want more of it.

It is now safe to talk about ethical ideals in dentistry, but not quite safe yet to talk about bad behavior, where it is coming from, or how to change it. Those who act ethically in their practices on Monday typically want to and in fact do act ethically again on Tuesday. And they want others to do the same. Ethics is a pervasive habit held in place by circumstances that make it easier to do the right thing, or not. The ethics we need is systemic.

Most situational ethics training is hypothetical and does not take place in the office. One or two doses is regarded as sufficient. There are often good discussions or analyses of made-up cases. Virtually all such cases involve only the dentist and the patient and the dentist has multiple defensible alternatives and can choose any he or she can justify. We avoid talking about the disincentives for

benefiting patients or how to promote oral health generally. I have never heard the terms “greed,” “dishonesty,” or “incompetence” used in a situational ethics program. Discussion of group action to promote the profession is vanishingly rare.

The systemic challenge is for the profession as a whole to make it natural to practice ethically. The focus could be on what insurance arrangements are acceptable and making the questionable ones better. We could talk about what ethical standards beginning dentists learn and will make part of their professional identity in associateships or working as employees. Do dentists sometimes confuse informed consent with limiting liability? Can more be done about overtreatment and overbilling than the currently fashionable mumble method? Why have no members of the ADA ever been disciplined for failure to comply with 4.C of the Code of Professional Conduct? Such issues are largely absent from current ethical training and editorial writing, and not well covered by codes.

Two unspoken tenets in situational ethics are that participants must be made to feel that they are part of the solution but not part of the problem and that all ethics is individual. Those illusions can be maintained only in the hypothetical. Most current ethical training takes place in classrooms and hotel meeting rooms. We do not

need “ethics in a box”: we need ethics in the office.

Let me give an extended example. It comes from a tradition called narrative ethics, a popular form of teaching ethics in business schools and some medical schools. An event unfolds in time in a rich context. The example is *Bill Budd, Sailor*. This is Herman Melville’s posthumously published novella, now a standard in high schools and junior colleges. Budd is a merchant sailor pressed into the British navy (kidnapped at sea by the government) in 1797. Described as “beautiful Billy,” Melville makes him an upstanding example of virtue: an able seaman, loyal, popular, and even gifted as a peacemaker. His only flaws include disbelief in the face of evil and stammering under emotional pressure.

The plot unfolds like this. John Claggart, the master-at-arms (shipboard chief of police), is jealous of Billy Budd because Claggart’s power comes from being the guardian of the rules and his power to punish. But Budd is so ethical that Claggart’s authority is undercut. He fabricates circumstantial evidence of Budd being involved in a mutiny plot and reports Budd to Captain Vera. The captain calls in the seaman to confront his false accuser. In utter dismay and unable to express himself otherwise, Budd lashes out at Claggart and lands a single punch that happens to be fatal.

The moral challenge is what should Captain Vera do? Budd has violated British Articles of War that require summary execution. There are no doubts about the facts. Vera saw it with his own eyes. In his heart, Vera “knows” Budd was set up. The drum head court, based on Vera’s report as a witness to the facts, condemns Budd to be hanged the next morning.

Modern readers regard Vera’s actions as wrong-headed, insensitive, a sacrifice of justice to veracity, the triumph of a callous system over the virtuous individual, or simple cruelty. It does not match the facts of Budd’s innocence as we “know” them.

But we know more than anyone actually there, and we can entertain multiple hypotheticals. We confuse ethical judgment for ethical action. It is much easier to make imagined situations fit theory than to make real matters we cannot completely control work out best for all. Having watched ethical dilemma discussions for years, the one inescapable practice I observed is that participants make convenient, tacit assumptions in order to ensure that their preferred hypothetical response seem justifiable.

Overall, no one had a better view of the matter than Budd. Just before he was raised on a yardarm with a rope around his neck to be suffocated to death, he cried out, “God bless Captain Vera.” That confuses modern readers. One interpretation is that Melville’s story is a moral allegory with Budd

as Christ, Claggart representing the Sanhedrin, and Vera as Pontius Pilate. Unless we view remarks such as Budd’s to be sarcasm, we have to accept that ethics is doing the best under actual conditions and not pretending that we are know-it-alls solving made-up problems.

Perhaps we have gone as far as we can usefully go with the principles analysis of hypothetical situations involving autonomous practitioners who are interested in these sorts of analyses and judgments. It is time now for the heavy lifting of diagnosing the systemic features of the profession and its environment that are enabling unethical conditions, and working collectively to make more good for all.



## President-elect's Address

# Lighting the Path Forward for the Oral Health Profession

Tom Connolly, DDS, FACD

October 18, 2018  
Honolulu, Hawaii

At the start of the twentieth century, human knowledge was doubling at about the rate of once every century. By the end of World War II, it was doubling every 25 years. By the late 1980s, it was doubling every 12 or 13 months. That observation was made by Buckminster Fuller, a twentieth-century inventor and visionary. Today, according to some estimates, including a provocative guess by researchers at IBM, the world's information base may now be doubling every 11 hours.

If that's true, then between the time you fell asleep last night to right now our world became twice as intelligent. Or you and I became half as smart!

Now, that's just an estimate. But it makes me wonder: If humanity is growing more knowledgeable, is it also becoming a more responsible steward of that knowledge? And another question: Do our obligations to be ethical, professional leaders increase the more we learn? I believe they do.

And I believe that makes the role of organizations like this one—the American College of Dentists—more valuable than ever. With more and more information available at our fingertips, the number of choices we have to make in a day is growing larger. With more choice, and more freedom, comes more responsibility.

As members of the ACD, you and I understand what's at stake when we make choices. We make them every day about where to invest our time,

how to serve our communities, and the ways—big and small—that we treat our patients and one another. We know what we have to lose when we make choices that don't live up to the standards we've set for ourselves, because in our work, the stakes are high and the consequences of bad decision-making can be life-altering.

### A Good Start

One hundred years ago, inside a hotel ballroom in Boston, 23 visionary leaders founded our organization because they recognized not only what we had to lose, but what we had to gain if we made the choice to push ourselves to be the best that we can be. They wanted to advance beyond dentistry as a trade. They advocated for curriculum reform that set new standards for dental education. They fought to promote and encourage the growth and expansion of the profession. Most importantly, they decided to recognize and honor those who exhibited good moral character and had a reputation as ethical leaders. Integrity, unselfishness, high professional ideals, ethical leadership: these would be the qualifications for fellowship.

As ACD fellows, just like our founders, you face a choice. You are recognized as being leaders in our profession and you are part of a select group of dentists who have been honored by your peers in this way. At the rate the world is advancing, how will we step up? Will we be responsible stewards of the knowledge

**Dr. Connolly** practices periodontics in New York City; flossem@gmail.com.



at our fingertips? Will we be the ones who shape our future? This is a poignant moment to consider the future. This morning we look both forward and we look back. As we prepare to celebrate the 100 years since the ACD's founding in 1920, we also consider what our impact will be on the next 100 years.

We're stepping up to lead dentistry forward, so that our impact is a meaningful one. For example, the ACD Board of Regents approved a major study that will summarize ethical issues facing dentistry today. It's a new Gies Report for this new century, modeled after the 1926 landmark study by William Gies who was the founding editor of our journal.

We're providing new professional development opportunities for advanced studies in ethics and leadership, including fellowship to study ethics and an offering in partnership with the American Academy of Pediatric Dentistry's Leadership Institute at the Kellogg School of Management at Northwestern University.

And we're expanding our collaboration with SPEA—the Student Professionalism and Ethics Association—to reinforce the great work they are doing to promote a lifelong commitment to ethical leadership. Both of our executive boards spent an amazing weekend in Baltimore this summer exploring ways we can work together with regard to

education and outreach, continuity of SPEA, as well as growth and leadership development.

Today, as ever, opportunities for improving our profession are knocking on our doors. We face challenges from third-party payers, commercialism, and deceptive advertising. Our autonomy is not assured.

That is our charge today: to strengthen the ACD—and all of dentistry—to meet these challenges head-on. The challenges of our profession are best met with a strong ACD. Fellows of the College light the path forward for the oral health profession.

And so I offer three simple actions that you and I can take to strengthen the ACD. Number one is to nominate. Number two is to participate. And number three is to engage.

## Nominate

As new fellows of the College, you will practice our mission by promoting excellence, ethics, professionalism, and leadership. You are among a small, select group of dental professionals in the United States.

By the nature of your involvement, you will be making decisions for dentistry that will determine the future and fate of our profession. We need your leadership. Look around you. This community of dentists is

Fellows of the College light the path forward for the oral health profession.

Set an example, and invite those around you to live up to the standards that our founders set forth 100 years ago: Integrity, unselfishness, high professional ideals, and ethical leadership.

stronger now than ever before because you are part of it. It can be stronger still. There are dentists who are doing incredible work, who like you, are deserving of fellowship. We need you to nominate leaders like yourself who are making a difference. It's one of the simplest ways you can contribute.

Consider a dentist who is worthy of recognition. Look in clinics and labs, schools and practices, and in your communities. Look for dentists young and old, and dentists who may not look like you or practice the way you practice.

I'm reminded of one fellow I met many years ago whose story exemplifies the value ACD members add to our world. His name is Alex Tsui and he has been a fellow for ten years. He started a nonprofit that provides young inner-city Asian Americans with positive adult role models, educational programs, and career guidance. Not your typical pastime, but an incredible contribution to the community in which he lives and practices dentistry.

Fellowship in the ACD encourages dentists to reach new heights. It promotes a strong profession. We will benefit when this happens. So I ask you to nominate.

## Participate

One of the challenges of our society is that participation in organizations across the board is declining. In his book, *Bowling Alone*, Harvard professor Robert Putnam talks about how our sense of community and connection with one another is

changing. We're signing fewer petitions, joining fewer organizations, and getting together with our friends less often than we once did. And even though more Americans than ever before are bowling—believe it or not!—they're not joining leagues. They're bowling alone. How sad is that?

We see this phenomenon in dentistry, too. Membership in professional organizations is declining. At stake is our connection to one another, and to a larger purpose. What good is an organization like ACD, whose members are leaders and an example for their peers, if we're not connected with one another?

We don't have to be alone. We can choose to participate. Each of us lives busy lives, and you are members of the ACD because you give your time and your talent to causes beyond your work. Talk to your section chair and find out what activities you can become involved with. Participate in ethics programs. Increase awareness of the ACD at your alma mater, or in the school where you teach, or near where you live. Attend meetings, reach out to your local SPEA chapter. Put yourself forward for a leadership position.

Fellowship in the ACD is a highlight of a career, but not an endpoint. It's an invitation. I invite you to pick one new way to participate, and do it better than anyone else.

## Engage

Someone asked me, "Tom, how is 'engaging' different from 'participating'?" I'll tell you. To participate is to take part. To engage is to invite others to take part with you.

I've had incredible experiences meeting fellows from all walks of dental life who live and breathe professionalism and ethics. They participate ethically. The College invites fellows to engage by lighting

the path for all dentists to become more ethical. The conversations I've had with fellows and section chairs are often rich. We are a community of many talents!

What I'm asking you to do is very simple: Set an example, and engage those around you to live up to the standards that our founders set forth 100 years ago: Integrity, unselfishness, high professional ideals, and ethical leadership.

Whether you're in full-time practice or a full-time teacher, in research or industry, or even if you're retired, continue to live up to the ideals of true professionals. We have to show our colleagues that ethical and honest behavior is ultimately the cornerstone of success in our profession through the example we set and the leadership we provide.

Talk up the ACD and what fellowship means to you, in person and on Facebook and Twitter and Instagram. Share it with your colleagues, your students, and your patients. This is an honor that should be celebrated. ACD fellows will continue to have a profound influence on the outcomes of our profession only if we engage others and bring the meaning of fellowship alive through our interaction with our peers.

As Dr. John Conzett, a founder of the ACD, said in his convocation address to one of the very first classes of fellows: "If every [fellow] becomes imbued with an enthusiasm for the ideals represented by the college, and bends his [or her] best efforts to those ideals, the influence [of the ACD] will grow by leaps and bounds, and the benefit which will accrue to the profession of dentistry, and, through dentistry, to humanity, will

be greater than any [one] present can possibly imagine."

## The Path Forward and Those Who Have Helped Us

What will you do when you return home? You can hang your certificate on the wall and pat yourself on the back. And well you should! But I urge you to also give thought to how you will nominate, participate, and engage so that the benefit of the ACD can extend through you to dentistry, and through dentistry to humanity.

As we prepare to celebrate 100 years of the ACD, we honor those who laid the noble foundation that guides us now. We also honor each of you here today because you will lay the foundation for what will be achieved in the next 100 years.

We don't know what the future will bring. Maybe the regeneration of natural teeth, or sensors that detect oral diseases, or treatment tailored to a patient's personal genetics. But I know this—the ACD and its fellows have for 100 years been the conscience of our profession, a moral compass for their peers, and a trustworthy ally for our patients.

We are leaders. If the last century provides any indication, then I'm certain that ACD fellows are going to play a major role in what occurs in the next century. Knowledge may be doubling every 11 hours. But ACD's commitment to making ethical choices and leading dentistry forward is constant.

Before I go, there are a few people I want to thank. First, I want to thank all of you for trusting me with this responsibility. My career has had three high points. First, my graduation from dental school. Second, my daughter Julie's graduation from dental school and joining me in practice. Third,

becoming a fellow and having this opportunity to serve you and the ACD. Thank you.

I want to thank my mentors who took the time to engage me, several of whom are here today, including Drs. Jerry Miller, Pat Blanton, and Steve Ralls, who have been at my side over the last eight years. They are incredible individuals. And sadly, two of my mentors are not here today. I followed both of these great individuals in Regency 1 as fellow, section chair, regent, and now president: Past ACD President Tom Winkler, who passed shortly after serving as president, and Past ACD President John Scarola who is unable to be here. I really miss them both not being with us.

Finally, my family—my daughters Julie, Lauren, and Alyssa for sharing me with this wonderful profession. And my loving wife Arlene who has been with me from the day I received my acceptance letter to Columbia University School of Dental & Oral Surgery. I clearly remember hopping into my '62 Ford Falcon and driving as quickly as I could to share it with her at the school where she was student teaching. It has been wonderful to have her at my side in our journey here today.

Thank you for your kind attention.

# Convocation Address

## The Army Ethic

T. Robert Tempel, Jr., DDS, FACD

October 19, 2018  
Honolulu, Hawaii

Thank you for the warm welcome; it is truly an honor to be with you on this special day, and what a wonderful location for a convocation! The Aloha spirit is alive and well here in the halls of the ACD meetings. And there is a lot of positive energy in this room. It brings back great memories, and gives me great hope for our profession and the future of such an important organization.

Dr. Stillwell, Dr. Gonzales, and all of our ACD leaders, thank you for the opportunity to join you, and thanks for your dedication to our profession. To the staff and volunteers, thanks again for making this such an incredible experience.

And to our new fellows: congratulations. Only 3% of our peers will ever be recognized with the honor just bestowed upon you. You were selected based on your exceptional contributions to our profession, organized dentistry, oral health care, dental research, dental education, and society. In other words, for your service.

And I especially want to thank those of you who sponsored and mentored our new fellows, and the families and friends whose love and support means so much to all of us. I am so happy to see all the families here. It is a team effort. Dr. Formicola, I appreciate you recognizing your wife in your comments. Our spouses seldom get the recognition they deserve, despite their fervent support

of our staffs, patients, and us. In the military, we often call on our spouses to carry our family and unit members through trying times and long periods of separation, but recognizing the love and support of our families in academics and practice is just as important. So thank you. Congratulations to all of you. You can all share in the pride we feel today.

### The Light that Guides My Behavior

I've been blessed to be a dual professional for almost 30 years: a soldier and a dentist. I've heard "Thank you for your service" a lot. I even heard it from the TSA agent as I showed her my now-retired blue military ID while going through security. It always makes me smile when I hear that, and I respond, "Thank you for your support, it is an honor to serve." But each time I hear that, it also reminds me of the expectation from society of my service as a values-based professional. Because serving and living with a set of values earns trust. Trust in the Army as a profession. And that trust goes for all our professionals in Federal Service: Army, Marines, Navy, Air Force, VA, PHS, Coast Guard, and we may even have some former merchant marines here.

I'm going to talk about the Army ethic I grew up with and how it relates to the professional ethic you all emulate, or you wouldn't be here.

The trust that symbolized this ethic hasn't always come easy throughout

**Dr. Tempel** is Associate Dean for Extramural Clinical Practices, East Carolina School of Dental Medicine; tempelt18@ecu.edu.



history. I'm lucky to have witnessed this ethic through three generations. I had a grandfather who served over 30 years and was in WWII as a physician and commander of the hospital on the Tinian Islands. He was part of the Greatest Generation, and one who also heard, "Thank you for your service" a lot. He came home from the war to ticker-tape parades, and took great pride in his faith, family, and his service. I remember raising the flag in his retirement complex very early every morning during our visits and the many lessons I learned from his stories and his writings. And then my father, an army periodontist, who also served a 33-year career, part of which was during a time when you often wouldn't hear "Thank you for your service" as an army professional. He sometimes had to dodge tomatoes coming from work in California during the Vietnam War era. He took incredible pride in his work, and cared deeply for his soldiers, patients, and family. Retiring also as a major general, he was a tremendous role model for me and many others. Both my father and grandfather always earned great respect as healthcare professionals and leaders; trusted by their peers, trusted by society to do what was right. Their actions helped shape both the Army and dental professions.

The people I've learned the most from throughout my career were the most humble and most approachable.

Humility and a true love for the people under their care were their hallmarks, and a trait I've witnessed in the best leaders I've worked for. I found this trait missing in those not-so-good leaders from which I also learned.

Throughout my career and life, I've always tried to join teams and surround myself with people who were faster, stronger, and smarter than I am. I know my Army buddies in the audience are saying that was never too hard. And Admiral Pachuta is thinking, "Oh, faster and stronger, you must mean the Navy football team."

One of the people who called on me to do more was LTG Jeff Buchanan—a true warrior and one of the best leaders I've ever served with. We became good friends. He was a great mentor in my military career, and I learned a lot and have to say I enjoyed our mentorship sessions. He commanded the 5th Army, or Army North. He was responsible for the Army's response to natural disasters in North America. Despite a very demanding schedule, he always took time to mentor and develop his team. He was humble with a capital H. You may remember the day the three-star was sent to Puerto Rico to take care of our deserving citizens impacted by the hurricane Maria, and the selfless professional service they provided during challenging times. That was General Buchanan.

We need to have competence, character, and commitment.

Humility and a true love for the people under their care were their hallmarks, and a trait I've witnessed in the best leaders I've worked for.

Little did I know that a year later, he'd be texting me as he flew over my own state and town that was devastated by Hurricane Florence with a follow-up punch from Michael. My prayers go out to those impacted by both storms, and the long road to recovery North Carolina, Florida, and many states in between will have. This event certainly impacted my life, my home, and my thinking. While I am blessed to have escaped without injury to friends or family, and to have the means to rebuild the house, I am even more blessed to have witnessed acts by fellow citizens including ACD fellows that led me to rethink and rewrite my comments based on the teamwork and mutual trust and respect amongst fellow citizens and fellow professionals.

A few short days after the hurricane, I got an e-mail at my office, asking how the author of the e-mail could help provide for the citizens of North Carolina impacted by the storm. While I didn't know the person

e-mailing, I did recognize others in the CC list. And as it turns out, they were both fellows in the ACD, and senior leaders in this organization. They made a difference to our citizens in need, and they profoundly impacted my thinking. Some gave money, some gave supplies, but all wanted to help patients get care who were financially devastated by the storm. And now, because of the generosity of these individuals, some will be getting dental care that wouldn't be able to afford it after they lost everything. While there is a lot to do, a lot has been accomplished already. Prayers and support will be needed for a long time. Efforts like that definitely enhanced the trust in those people, and in our profession.

As I got more senior in the Army, and attended meetings with our three- and four-star leaders, the passion as they spoke about the Army ethic was inspiring. When I had them talk to our medical teams of residents and staff, their messages were often about the Army ethic.

The Army ethic is the heart of the Army. It includes the moral principles that guide our decisions and our actions as we fulfill our purpose. Living the Army ethic is the basis for our mutual trust with each other

and the American people. The ethic is expressed in laws, values, and shared beliefs within American and Army cultures. When soldiers live the Army ethic, they inspire trust as Army professionals with three distinctive roles: honorable servants, Army experts, and stewards of the profession.

- To be an honorable servant to the nation, you have to be a professional of character
- To be an Army expert, you need to be a competent professional
- To be a steward of the Army profession, you need to be a committed professional

So now you see how the three Cs fit in the Army ethic, but also serve as the foundation for any organization hoping to maintain the trust of the public. We need to have competence, character, and commitment.

Before I deployed to Iraq, I went to Fort Bragg where the commanding general of the 18th Airborne Corps gave us our charge. He reminded us of our solemn duty to take care of soldiers and each other. He reminded us very clearly that what enables the soldiers to walk the streets of Baghdad and other areas not knowing what was on the other side of the wall or door are two things: one, they will not let their buddy down, and two, if hurt, they have the highest chance of surviving their injuries ever due to the medical care we provide. He focused his talk on teamwork, humility, and ensuring we as leaders lived the Army values, and shared a passion for strengthening the character of those entrusted to their care. The most successful leaders were the ones who could clearly communicate, demonstrated patience with their developing team and strategy, and

were humble and honest in their self-assessments. They were committed to our profession and to developing professionals.

## Turning Competence into Leadership

After joining the service and taking the initial oath to support and defend the Constitution, each individual becomes a member of the Army profession. But they become a professional after certification through initial training and frequent recertification in competence, character, and commitment. Does this sound familiar? The competence is their mastery of a specific skill. Their character ensures professionals use their expertise in support of the American people following applicable laws and ethical principles. And the commitment reflects their desire to put the needs of the Army and nation above their own.

That sure sounds like common values with a profession I see represented here in this room, too! Last year, Peyton Manning spoke about the similarities between dentists and quarterbacks, including the need for dentists to anticipate changes coming down the road and the need for quarterbacks to anticipate or get plowed into the dirt. I think we would all agree, neither a quarterback nor a dentist who lacks character would be successful maintaining the trust of their teams.

But that trust is not only between soldiers, but between soldiers and leaders, among soldiers, their families and the Army, and trust between the Army and the American people. The Army is one of the institutions held in

highest confidence by Americans. The confidence and trust enables the Army to have an all-volunteer force and enables the readiness of our military to prevent, fight, and win when needed. If you are here, you are not only in one of the top jobs based on work-life balance, compensation, and other measurable objectives, but you are contributing to one not measured, and that is the trust that you foster by your service.

## It Is Your Time to Lead

The very first sentence in a great book on leadership, *Growing Physician Leaders* by retired general Mark Hertling, is “Hospitals and clinics worldwide deserve to be led by top-notch ethical leaders.” He goes on to say that as America finds ways to improve our healthcare system, that doctors must lead the charge. While we as dentists may deliver healthcare in a different setting from our physician counterparts, with different reimbursement models and quality measures, we all have the same goal to be effective and efficient in achieving health. To be successful and achieve strong outcomes, we have to be good leaders.

It was always clear to me how important teamwork was with our medical and allied health professionals. Many of the changes I am seeing in military healthcare are going to enable this collaboration, and while change is hard, I am confident if we make decisions based on what is best for our patients and apply our professional values, we will remain a strong, highly valued profession, and teammate in achieving health. Thank you to those still in uniform, and to the ADA and ACD for the unfailing support of our military and federal service professionals.

To be successful and achieve strong outcomes, we have to be good leaders.

I have always valued mentorship and know it is alive and well here. I want to personally thank those who helped me in my transition from the Army. I won't embarrass or leave anyone out. You know who you are. I am now at East Carolina School of Dental Medicine, and if our students' actions after the hurricane are any indication of the type of young people we are attracting to our profession, the membership prospects for the ACD in the future are bright!

So to our new fellows and seasoned fellows alike, thanks for all you do to continue to help maintain the trust in our profession and the respect our leaders enjoy.

But looking out over this audience, I have never been more proud to be an American citizen, a veteran, a dentist and a leader, because I get to say in a very public forum, to all of our dental professionals and especially our new fellows “Thank you for your service!”

## 2018 ACD Awards

### Ethics and Professionalism Award

The Ethics and Professionalism Award recognizes exceptional contributions by individuals or organizations for effectively promoting ethics and professionalism in dentistry through leadership, education, training, journalism, or research. It is the highest honor given by the college in the area of ethics. The American College of Dentists recognizes Dr. David T. Ozar as the 2018 recipient of the Ethics and Professionalism Award. This award is made possible through the generosity of the Jerome B. Miller Family Foundation, to which our appreciation is extended.



Dr. Ozar is regarded as the “father of modern dental ethics” and has been the driving force in curricular development of ethics coursework in a variety of healthcare settings. David T. Ozar, who earned his PhD at Yale in 1974, served with distinction as director, Center for Ethics and Social Justice, and professor in the Department of Philosophy at Loyola University of Chicago until his retirement in 2015. Perhaps no one has done more to advance the ethics mission of the college than Dr. Ozar. He is professor emeritus of philosophy at Loyola University Chicago where he taught

ethics, professional and healthcare ethics, and contemporary social issues from 1972 to 2015. He also taught and lectured in Loyola’s schools of Medicine, Nursing, Law, Education, and Social Work. He taught professional ethics in dentistry in Loyola’s School of Dentistry from 1981 until the school closed in 1994 and has lectured and consulted for dozens of dental schools and dental professional societies since the 1980s.

Dr. Ozar founded the American Society for Dental Ethics in 1987 and was its executive director until 2005. He was the founding editor of “Issues in Dental Ethics,” a regular feature of the *Journal of the American College of Dentists* and has authored numerous articles on dental ethics, professional ethics, ethics education, and contemporary social issues, including more than 30 essays on dental ethics with his co-author, Donald Patthoff, DDS, in the Academy of General Dentistry’s journal, *Impact*.

The third edition of his book, *Dental Ethics at Chairside*, written with David Sokol, DDS, and Donald Patthoff, DDS, was published by Georgetown University Press in spring 2018. Dr. Ozar is an honorary fellow of the American College of Dentists and the American College of Legal Medicine, and in his honor, along with the late Thomas Hasegawa, DDS, the American Society for Dental Ethics named its annual student dental ethics prize “The Ozar/Hasegawa Ethics Award.”

### William John Gies Award

The highest honor the college can bestow upon a fellow is the William John Gies Award. This award recognizes fellows who have made broad, exceptional, and distinguished contributions to the profession and society while upholding a level of leadership and professionalism that exemplifies fellowship. The impact and magnitude of such contributions must be extraordinary. The recipient of the William John Gies Award for 2018 is Dr. Allan J. Formicola.



Dr. Formicola is dean emeritus and professor emeritus of the Columbia University College of Dental

Medicine. Prior to coming to Columbia as dean in 1978, he served in ascending order as chairman of periodontics, associate dean for academic affairs and acting dean at the New Jersey Dental School, now known as the Rutgers School of Dental Medicine. He served previously on the dental school faculties at Georgetown University and at the University of Alabama in Birmingham. At Columbia, he is credited with moving the dental school into the contemporary world of dental education and expanding the school mission by creating a far-reaching community-based network of care known as the Community DentCare Network. The program dramatically improved access to oral health care in the underserved communities of

northern Manhattan, including Harlem, Washington Heights, and Inwood. After his 23-year deanship, Dr. Formicola established the Center for Community Health Partnerships, which eventually merged with the Center for Family and Community Medicine at the Columbia University Medical Center.

Dr. Formicola has served in many national leadership positions, such as president of the American Association of Dental Schools (now known as the American Dental Education Association). Among a number of national demonstration projects that he operated, Dr. Formicola co-directed, with Dr. Howard Bailit, the Robert Wood Johnson Foundation project entitled *Pipeline, Profession & Practice: Community-Based Dental Education*, which assisted 23 dental schools in establishing community-based education programs and in increasing enrollment of under-represented and minority students. Formicola and Bailit also co-directed the Macy Foundation project entitled *New Models of Dental Education*. He has published widely, with more than 85 peer-reviewed articles and three books.

Currently, Dr. Formicola is co-directing a national strategic planning study on dental education, *Advancing Dental Education: Gies in the 21st Century*. The goal of the study is to formulate recommendations that will permit dental schools to strengthen their positions given a number of

serious challenges impacting the national system of dental education.

Dr. Formicola received his DDS degree and an MS degree in periodontics from Georgetown University School of Dentistry. He has received numerous honors and awards for his accomplishments including the ADEA Gies Foundation Award for Vision—Dental Educator, ADEA Distinguished Service Award, the American Dental Association Presidential Citation, the American College of Dentists Outstanding Service Award, and the Harlem Hospital Second Century Award.

## Honorary Fellowship

Honorary fellowship is a means to bestow fellowship on deserving non-dentists. This status is awarded to individuals who would otherwise be candidates for fellowship by virtue of demonstrated leadership and achievements in dentistry or the community except that they are not dentists. Honorary fellows have all the rights and privileges of fellowship except they cannot vote or hold elected office. This year there are four recipients of honorary fellowship.



The first recipient of Honorary Fellowship is **Mr. William (Bill) Oliver Butler**. Recently, Mr. Butler retired as the

continuing dental education director from the University of Texas Health Science Center, San Antonio, School of Dentistry after a 27-year career that

was focused on advanced programs that were scientific and evidence-based and would directly benefit patients as well as professionals. He achieved national as well as international recognition while at UTHSC from 1994 to 2017. At the time of his retirement, he was the longest continuously serving director of a dental school continuing education (CE) programs in the United States, having served four years at University of Missouri, Kansas City, prior to accepting his position in San Antonio.

Mr. Butler viewed his last position as the pinnacle of his professional career. Each year the CE office provided more than 250 educational opportunities, registered more than 12,500 participants annually, and had an active database of more than 117,000 dental professionals that had chosen San Antonio to provide them with their lifelong learning experiences. That speaks volumes for a school that was founded in 1970 and had a little more than 4,000 graduates at the time of Mr. Butler's retirement. The CE program was nominated for consideration for the prestigious Gies Award in 2016. Upon Mr. Butler's retirement, UT Health at San Antonio School of Dentistry announced the establishment of a new endowment supporting dental research named in his honor. *The William O. Butler Research Endowment* will help finance various research projects for students and support other funded research areas.



The second recipient of honorary fellowship is **Mr. Kevin Earle**. Mr. Earle has been the executive director of the Arizona Dental Association since 2008. He is the former executive director of the Arizona Board of Dental Examiners. Before his move to Arizona, Mr. Earle served as the executive director of the New Jersey Board of Dentistry and regulated several other categories of healthcare professionals, including the Board of Medical Examiners. He is a past president of the American Society of Constituent Dental Executives (ASCDE).

Mr. Earle is regarded as an adroit analyst, strategist, and administrator. He has earned the reputation as a passionate defender of transparency and integrity in public policy. In 2017, he was credited as the chief architect of a seven-year effort designed to restore previously-rescinded Medicaid funds for emergency adult dental care. His plan not only restored coverage but also enhanced the treatment options available for the vulnerable population. He also championed legislation to expand legally-sanctioned functions of dental assistants and dental hygienists and encouraged board of dentistry-approved training programs for expanded function auxiliaries.

Mr. Earle's extensive work in the Arizona State Legislature year after year, advocating for public funds to help provide basic dental care to all adult citizens, was one of the driving forces behind the establishment of the Dental Mission of Mercy in Arizona. Under the aegis of the Arizona Dental Foundation, Mr. Earle was responsible

for securing American Dental Association-funded tuition reimbursement for a Community Dental Health Coordinator program at the Rio Salado Community College in Mesa, Arizona. He chartered a mentoring program for young dentists in Arizona. The program is known as the Theos Program. Theos is an acronym for *To Help Each Other Succeed* and, by all accounts, the pairing of more seasoned dentists with newly minted colleagues has been an overwhelming success.



The third recipient of honorary fellowship is **Mrs. Connie F. Lane**. Mrs. Lane has most recently served as the

executive director of the Mississippi Dental Association (MDA). During her 20-year tenure with the MDA, she has had the opportunity to develop numerous projects and programs designed to enhance the membership experience for Mississippi dentists. These projects have been in the areas of communications, advocacy, community collaboration, leadership development, philanthropy, and dental education.

Mrs. Lane has also served as president of the American Society of Constituent Dental Executives as well as providing distinguished service as a member on the American Dental Association Executive Director's Advisory Committee. She was classically trained as a medical social worker and she served in this capacity prior to her involvement with dentistry. Her relationship with dentistry began when she accepted a part-time job with Donated Dental Services in Jackson, Mississippi. She transitioned from that position to work full-time with the Mississippi Dental Association, becoming executive director in 2001. She is

known for her strength of character and clarity of purpose.

Mrs. Lane is a member of the American Society of Association Executives, the American Society of Constituent Dental Executives, and the Mississippi Association of Non-Profits. She has most recently served as a founding officer and on the advisory council for the Mississippi Oral Health Community Alliance Board, as well as numerous state of Mississippi task forces related to oral health care, representing the Mississippi dental community.

She is known by her colleagues as a "first responder," and when tragedy strikes Mrs. Lane reconnects with her past as a social worker and comes to the aid of those affected. In the aftermath of Hurricane Katrina, she assisted affected dentists with the relocation of offices and homes while simultaneously providing meals and other necessities to the broader community. She notes that working with dentists and in the field of oral health through the years has been an honor, and she expresses profound gratitude for the experience that provided many opportunities for professional and personal growth.



The fourth recipient of honorary fellowship is **F. Lynn Means**.

Ms. Means has served the Oklahoma Dental

Association (ODA) since February 2006, first as assistant executive director, and then as the executive director, beginning in 2009. During her tenure as executive director, the ODA has launched many successful programs. A few of those include the ODA Mentor Program, now in its fifth year, which pairs ODA members with OU College of Dentistry students in

an effort to provide a structure for gathering opinions, providing guidance and support, obtaining answers to questions, and strengthening professional bonds for new dentists. During her tenure, the ODA Leadership Academy was launched. This highly acclaimed statewide program was intended to develop future leaders in organized dentistry and educate them on the foundational keys to its success. Most notably, during Ms. Means's first year as ODA executive director, the ODA launched the Oklahoma Mission of Mercy (OkMOM). When asked what she is most proud of professionally, she said it is definitely the OkMOM. She worked tirelessly that first seven months as executive director developing OkMOM's many intricacies, top to bottom, that helped it materialize into the triumphant program it is today. Since 2010, OkMOM has provided more than \$11.2 million of donated dental treatment to well over 14,000 people in need. It is by far the largest healthcare-related charitable event in Oklahoma, bringing together over 2,000 volunteers from the dental community and beyond.

Ms. Means has served as the secretary of the American Society of Constituent Dental Executives, a group of the all the ADA's state executive directors, and is scheduled to begin serving as the group's president in 2019. In April 2018, the ODA House of Delegates voted to make Ms. Means an honorary member of the Oklahoma Dental Association.

### Section Newsletter Award

Effective communication is a prerequisite for a healthy section. The Section Newsletter Award is presented to an ACD section in recognition of outstanding achievement in the

publication of a section newsletter. The award is based on overall quality, design, content, and technical excellence of the newsletter. The Northern California Section is the winner of the Section Newsletter Award for 2018.

### Section Achievement Award

The American College of Dentists Section Achievement Award recognizes outstanding achievement of sections in areas related to the mission of the college. Sections' efforts blend the unique knowledge and talents of their fellows with local issues and available resources. Thus, the college designed the Section Achievement Award to recognize unique and highly effective endeavors.

Chartered as a non-geographic affiliate section in 2011, the American Society for Dental Ethics provides ethics continuing education to sold-out crowds at the ACD Annual Meeting each year. This section's focus on supporting the mission and goals of the college is ongoing and exemplary.

### Model Section Designation

The purpose of the Model Section Program is to encourage section improvement by recognizing sections that meet standards of performance in four areas: membership, section projects, ACD Foundation support, and commitment and communication. This year the New York Section, the Metro Washington Section, the West Virginia Section, the Missouri Section, the Tennessee Section, the British Columbia Section, and the Hawaii Section earned the Model Section designation.

### Lifetime Achievement Award

The Lifetime Achievement Award is presented to fellows who have been members of the college for 50 years. This recognition is supported by the Dr. Samuel D. Harris Fund of the ACD Foundation. Congratulations to all of our Lifetime Achievement Awardees, and many thanks for your years of devoted service to the college.

John J. Lytle of Altadena, California, accepted his award during the Annual Business Meeting on Thursday, October 18.

The following Lifetime Achievement Award winners will receive their awards from their section leaders at a local meeting:

Gordon C. Amundson  
*Sarasota, Florida*

Carl F. Gugino  
*Sarasota, Florida*

Stephen L. Kondis  
*Verona, Pennsylvania*

Theodore R. Lerner  
*Boca Raton, Florida*

John T. Lindquist  
*Carmel, Indiana*

Mylon B. Morris  
*Colorado Springs, Colorado*

Richard D. Norman  
*Alton, Illinois*

Richard C. Oliver  
*Rio Verde, Arizona*

Patricia A. Parsons  
*Labadie, Missouri*

Harry Rosen  
*Westmount, QC Canada*

Gerald S. Wank  
*Great Neck, New York*

Charles P. White  
*Sandy Spring, Maryland*

C. Rex Witherspoon  
*Springfield, Missouri*

Herbert K. Yee  
*Sacramento, California*

## 2018 Fellowship Class

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Samer S. Alassaad <i>Davis, CA</i>	Leonard J. Bajcer <i>Mississauga, ON</i>	Ben A. Bratcher <i>Canton, TX</i>	Seok Hwan Cho <i>Plano, TX</i>
Daniel N. Albert <i>Bedford, NS</i>	Christopher A. Baker <i>Dartmouth, NS</i>	Robert C. Brei <i>Tucson, AZ</i>	Vivian Chui La <i>Canada, CA</i>
Gregory S. Allen <i>Tyaskin, MD</i>	Kathleen M. Bales <i>Novato, CA</i>	Janice L. Brennan <i>Vancouver, BC</i>	Mark Chun <i>Kailua, HI</i>
Ebtissam M. Al-Madi <i>Riyadh, Saudi Arabia</i>	Ladan Basiri Pour <i>Washington, DC</i>	Joshua A. Bresler <i>Ambler, PA</i>	Barry I. Cohen <i>Drexel Hill, PA</i>
Yoshiharu Ameku <i>Lincoln, NE</i>	Susanne L. Benedict <i>Fishers, IN</i>	David Bridgeman <i>New Martinsville, WV</i>	Jon W. Copeland <i>Wildwood, MO</i>
Carol F. Anderson <i>Elizabeth City, NC</i>	Bryan M. Bergens <i>Daytona Beach, FL</i>	Perry L. E. Brooks <i>Norman, OK</i>	Gustavo M. Coutin <i>New Orleans, LA</i>
Michael J. Apicella <i>Columbia, SC</i>	Tyler P. Bergien <i>Jackson, WY</i>	George E. Bunnell <i>San Rafael, CA</i>	Jennifer J. Crowe <i>Portland, OR</i>
Hussein M. Assaf <i>Cleveland, OH</i>	Gagan Bhalla <i>Mississauga, ON</i>	Maria R. Burmaster <i>Marrero, LA</i>	John N. Dane <i>Lee's Summit, MO</i>
Gurrinder S. Atwal <i>Danville, CA</i>	Paul S. Bhatti <i>Mississauga, ON</i>	Jill Bussey Harris <i>Richmond, VA</i>	Scott S. De <i>Rossi Chapel Hill, NC</i>
Nancy Auyeung <i>Winnipeg, MB</i>	Jeremy L. Bowen <i>Independence, MO</i>	Thomas J. Calnon <i>Norwalk, CT</i>	David J. Dear <i>Versailles, MO</i>
Theodore M. Baer <i>Tacoma, WA</i>	Richard E. Boyd <i>Columbia, SC</i>	Bruce Cassis <i>Fayetteville, WV</i>	Duane P. Delaune <i>Metairie, LA</i>
Jennifer Bain <i>Jackson, MS</i>	Michael P. Boyko <i>Redlands, CA</i>	Lisa D. Castleman <i>Springfield, MO</i>	Vincent L. DiLeo, Jr. <i>Metairie, LA</i>
	Victor P. Bradford <i>Colorado Springs, CO</i>	Jerry W. Caudill <i>Campbellsburg, KY</i>	Larry G. Dunham <i>Cambridge, MA</i>
	Thomas D. Brant El <i>Cajon, CA</i>	Toby J. Cheramie <i>New Orleans, LA</i>	
		Roy A. Chinn <i>Honolulu, HI</i>	

Russ Dunkel  
*Greenfield, WI*

Mai-Ly T. Duong  
*Gilbert, AZ*

Alex Dale Ehrlich  
*Harahan, LA*

Karen E. Ellis  
*Indianapolis, IN*

Jeffrey A. Elo  
*Coto de Caza, CA*

Jennifer L. Enos  
*Scottsdale, AZ*

Loren J. Feldner  
*Orland Park, IL*

Mark S. Ferriero  
*Quincy, MA*

Lonnie R. Flagtwet  
*Lincoln, NE*

Neal H. Fleisher  
*Boston, MA*

Des Gallagher  
*San Anselmo, CA*

Sidney R. Gallegos  
*Federal Way, WA*

Anita B. Gartner  
*Vancouver, BC*

Kimberley Gise  
*Greenville, NC*

John R. Glenny  
*Toronto, ON*

Michael J. Gliddon  
*Lawton, OK*

Lance W. Godley  
*Kansas City, MO*

Kimberly Y. Grady  
*San Antonio, TX*

Laurence Grayhills  
*Wellington, FL*

Raymon P. Grewal  
*Vancouver, BC*

Catherine A. Hebert  
*Mandeville, LA*

Ronald C. Hermes  
*Shreveport, LA*

Christopher W. Herzog  
*Spokane, WA*

Timothy A. Hess  
*Auburn, WA*

Christopher CK Ho  
*Chatswood, Australia*

Sean R. Holliday  
*Honolulu, HI*

Isaac A. House  
*Haughton, LA*

Mark P. Howell  
*San Antonio, TX*

Jennine K. Huet  
*The Woodlands, TX*

John W. Hultquist  
*San Antonio, TX*

James E. Jacobs  
*New York, NY*

Thomas C. Jagor  
*Atlanta, GA*

Jeffrey S. Jang  
*Belmont, CA*

Charles W. Jenkins  
*Martinsville, VA*

Lisa M. Johnson  
*Grand Rapids, MI*

Allan C. Jones  
*Torrance, CA*

Robert S. Jones  
*Montgomery, AL*

Kay Jordan  
*Marrero, LA*

Scott S. Kanamori  
*Makawao, HI*

Congratulations to  
all new Fellows.

Scott Y. J. Kim <i>Manhattan Beach, CA</i>	Jaime L. Lozada <i>Redlands, CA</i>	Zuhair S. Natto <i>Medford, MA</i>	Craig G. Patterson <i>San Antonio, TX</i>
Lyndsay N. Knoell <i>Mt. Pleasant, WI</i>	Juana E. Luster <i>Brooklyn, NY</i>	Cheri W. Newman <i>Warren, MI</i>	Nathan R. Pedersen <i>Hibbing, MN</i>
James H. Kolstad <i>Lewistown, MT</i>	Brandon R. Maddox <i>Springfield, IL</i>	Michael W. Noble <i>Town and Country, MO</i>	Sharon J. Perlman <i>Chicago, IL</i>
Frederick C. Lally <i>Tunkhannock, PA</i>	Angelo J. Mariotti <i>Columbus, OH</i>	Jason J. Noel <i>Bay Roberts, NF</i>	Kim B. Perry <i>Mesa, AZ</i>
Frank Lee <i>Ottawa, ON</i>	Michelle M. Matheson <i>North Muskegon, MI</i>	Justin R. Norbo <i>Round Hill, VA</i>	Hai Pham <i>Hillsboro, OR</i>
Grace Lee <i>Ottawa, ON</i>	Michael L. Matsuda <i>Hillsboro, OR</i>	Lauralee Nygaard <i>Liberty Lake, WA</i>	Christopher Pickel <i>Seattle, WA</i>
Jacob K. Lee <i>San Clemente, CA</i>	Sean R. McAnarney <i>Harker Heights, TX</i>	Nalani Oda <i>Portland, OR</i>	Wilhelm A. Piskorowski <i>Ann Arbor, MI</i>
George S. Lee <i>Clarksville, TN</i>	William G. McBride <i>Dubuque, IA</i>	Martin K. Oishi <i>Kailua, HI</i>	Parvathi Pokala <i>San Diego, CA</i>
Cataldo W. Leone <i>Boston, MA</i>	Pamela K. McClain <i>Aurora, CO</i>	David H. Okawachi <i>Anaheim, CA</i>	W. Kent Powell <i>Excelsior Springs, MO</i>
Anthony S.K. Li <i>Burnaby, BC</i>	Brian F. McDonald <i>Hermantown, MN</i>	James M. Oldham <i>Indianapolis, IN</i>	David B. Prince <i>Highland, UT</i>
Paul A. Lindauer <i>Greenville, NC</i>	Gigi Meinecke <i>Potomac, MD</i>	Fred B. Olsen <i>Phoenix, AZ</i>	Aruna Ramesh <i>Boston, MA</i>
Stephen E. Lockwood <i>La Jolla, CA</i>	Eric D. Miller <i>Houston, TX</i>	Joanne Oppenheim <i>Chicago, IL</i>	Shane A. Ricci <i>Plano, TX</i>
	Melissa Milligan <i>Toronto, ON</i>	James M. Osaki <i>Phoenix, AZ</i>	Adam K. Rich <i>Dry Ridge, KY</i>
	Frederick G. More <i>Madison, CT</i>	William Osborn <i>Esterro, FL</i>	Jonathan W. Rich <i>Dry Ridge, KY</i>
	Capt. Glenn A. Munro <i>FPO AP</i>	Debra H. Pan <i>Melrose, MA</i>	Michele Rich <i>Dry Ridge, KY</i>
	Umadevi P. Nair <i>Richardson, TX</i>	William G. Parris <i>Germantown, TN</i>	Erik Richmond <i>Oregon City, OR</i>
		Karyl C. Patten <i>Atlanta, GA</i>	

William G. Riddell <i>Abbotsford, BC</i>	Roger V. Stambaugh <i>Bellingham, WA</i>	Beth A. Troy <i>Bethel Park, PA</i>	Judith K. Wipf <i>Redlands, CA</i>
Richard D. Riddle <i>Cheshire, CT</i>	Robert G. Staschuk <i>Port Moody, BC</i>	Benjamin S. Tsaur <i>Walnut Valley, CA</i>	James A. Woolum <i>Aurora, CO</i>
Frank A. Roberts <i>Seattle, WA</i>	Melanie Ann Steckelberg <i>Lincoln, NE</i>	Peter M. Tufton <i>Gretna, LA</i>	Marc J. Worob <i>Austin, TX</i>
Kirk J. Robertson <i>Flagstaff, AZ</i>	Dawne E. Stefanik <i>Galena, OH</i>	Cassidy L. Turner <i>Richmond, VA</i>	Canise Y. Wright Bean <i>Columbus, OH</i>
Evangelos Rossopoulos <i>Huntington Beach, CA</i>	Andrew T. Stewart <i>Fredericksburg, PA</i>	Josep Maria Ustrell <i>Barcelona, Spain</i>	Thomas Wuesthoff <i>Westlake Village, CA</i>
Alan Rothstein <i>Denville, NJ</i>	Harold R. Stewart <i>Flower Mound, TX</i>	Valerie Venterina <i>Brooklyn, NY</i>	Lori Wulf <i>Roseman St. Peters, MO</i>
Marian A. Royer <i>Newport, RI</i>	Sheila O. Stille <i>Aurora, CO</i>	Tim Verceles <i>Hayward, CA</i>	Walter Yim <i>Toronto, ON</i>
Megha Sata <i>Hermosa Beach, CA</i>	John L. Sulak <i>Modesto, CA</i>	Jompobe Vuthiganon <i>Charleston, SC</i>	Donald S. Young <i>Thunder Bay, ON</i>
Riichiro Sato <i>Honolulu, HI</i>	Lorena Surber <i>Charleston, WV</i>	Crystal R. Walker <i>Maize, KS</i>	Robert A. Zambrowski <i>Hampstead, NC</i>
Brick R. Scheer <i>Wichita, KS</i>	Kathryn A. Swan <i>Ada, MI</i>	Douglas R. Wall <i>Seal Beach, CA</i>	Andrew W. Zucker <i>Sandusky, OH</i>
Christine M. Sedgley <i>Portland, OR</i>	Andrew Syriopoulos <i>Toronto, ON</i>	Kevin Walsh <i>Windsor, NS</i>	William E. Zwack <i>Frederick, MD</i>
Devinder Sehgal <i>Brampton, ON</i>	Vera W. L. Tang <i>New York, NY</i>	Tawana K. Ware <i>Indianapolis, IN</i>	Michelle Zwicker <i>Paradise, NF</i>
Nanay L. Shadid <i>Shawnee, OK</i>	Tinerfe J. Tejera <i>Fort Myers, FL</i>	Annette J. Williamson <i>Crown Point, IN</i>	
Curt S. Shimizu <i>Honolulu, HI</i>	Terrence J. Thines <i>Baldwinsville, NY</i>	Richard O. Willis <i>Monroe, LA</i>	
Carlos Stringer Smith <i>Richmond, VA</i>	Daniel J. Thomas <i>Mission Hills, KS</i>		
Becky M. Smith <i>Olathe, KS</i>	Amy Tran <i>San Gabriel, CA</i>		
Sue S. Spackman <i>San Pedro, CA</i>			

# Stages on the Way to Becoming a Solo Practitioner

Brandon O'Donnell, DMD

## Abstract

The transition from graduation from dental school to owning a solo dental practice is a succession of stages, extended over a dozen or more years. One dentist shares his 16-year journey, including independent contractor, corporate employee, commissioned dentist, associate, partner, senior dentist, senior partner, and finally, solo practice.

As I reflect on the path my career has taken, it amazes me that I am no longer considered a “new dentist.” I certainly don’t feel like I’ve been practicing for 16 years. There are many factors that have shaped, and some continue to shape, my direction in this field. It all started following graduation day in June 2002. Dreaming of being the best, the next Peter Dawson or L. D. Pankey. Operating a fee-for-service practice using only the best equipment and materials for patients who traveled afar for services, would do. Building relationships over the years; patients who became family. That was my goal.

## Stage One

After receiving my DMD degree and state license, my career in the dental field began. First up was an associateship in a multi-office practice. I was placed on my own in a small, capitated practice in Birmingham, Alabama. As the sole practitioner for this location, I learned quickly that my education was far from over. Constantly learning and teaching myself; I pulled teeth without professors quizzing me first, learned how to formulate realistic treatment plans while meeting a patient’s insurance benefits, yet still making a patient feel as though the best options weren’t shelved. The main question I heard in this type of practice was “What will my insurance pay for?” The dentists who owned this practice were great guys who knew how to run a business, but it was just that,

a business. I was looking for more of a connection. This was not the dream job I had envisioned for myself, nor the path that was going to get me where I wanted to be for the rest of my career. With that realization, I made the decision after one year to move on.

## Stage Two

Next up, I landed a temporary position in the world of corporate dental. The company had its own dental clinic for its employees and their families. This was a very enlightening experience. The corporate model was extremely different from what was fresh in my rear view mirror. The hours were Monday through Friday, 8 to 5. The appointment book was nothing more than a suggestion. If employees or their family members walked in, they were seen and, for the most part, accommodated nicely. I filled in for three months until the dentist, who had been out recovering from back surgery, returned. My services were no longer needed, so onward and upward, I moved on. My search continued for that dream job fresh on my mind.

## Stage Three

I toyed with locating an existing practice to purchase in the Birmingham area. While searching, I still needed to work and that landed me in Experience #3, another group practice, but this time in Gadsden, Alabama. This practice had patients

Dr. O'Donnell practices in Mobile, Alabama; [bhodonne@gmail.com](mailto:bhodonne@gmail.com).



I recall days where I'd pulled so many teeth I'd have a sore arm.

coming from surrounding states; Mississippi, Georgia, and Tennessee. The office had a reputation for doing quality one-day dentures with their in-house lab. Here, my extraction and denture education was extensive. I recall days where I'd pulled so many teeth I'd have a sore arm. We saw everything in this practice and did nearly every procedure, with the exception of dental implants. All walks of life were represented, more of a clinic than my envisioned dental practice. My pay was commission-based, which didn't really fit my original ideology of a fee-for-service practice. I wanted the dentistry done on a daily basis to be an example of what and how every procedure should be—textbook, but better.

## Stage Four

With no luck on a practice to purchase in the Birmingham area, I began looking into startup options. After the eye-opening discovery of the cost to start a practice, much thought and many good advisors—including my father-in-law (a dentist in Virginia), former professors (who are great friends and mentors)—I decided to reach out to my childhood family dentist to find out if any practices in the Mobile, Alabama, area had popped on the market. This phone call started a cascade of events, eventually landing me back in my hometown and in the same building I practice in today. My family dentist suggested my joining his partnership practice as an associate. The practice was well

established (started in 1973) with an excellent reputation in the community. It was freestanding, with great patients and two dentists who did really wonderful work. They were doing it right: relationships were built, patients were not “just a number” in a long line of patients, and quality care was provided. There was an opportunity to buy out one of the partners in five years. Bingo! All of these pieces fell into place as I continued to drive 60 miles each way daily to Gadsden. My wife and I were expecting our first child. It quickly became clear that we would be moving south to Mobile, Alabama.

We placed our house, which we had purchased less than a year before, on the market and began the planning process. We were lucky to sell quickly, actually signed papers while my wife was in the hospital having our first child. In January 2004, we loaded up two moving trucks and headed to Mobile; me, my wife, our seven-week-old son, and our dog. We had nowhere to live just yet so we stayed with family friends for about six months while we located a house of our own.

On January 19, 2004, I walked in for my first day as an associate in this practice. Talk about full circle! It was surreal being in this place that I had grown up in as a patient. Everything that I could possibly do to make this situation work was done. On Friday afternoons, after seeing a morning full of patients, I would stay and process

my own denture cases. All that denture education from my previous position came in handy. When I joined, all endo was being sent out to specialists. I had time to learn and become very proficient at all aspects of root canal therapy. I really enjoyed the challenge of molar endo. As an associate, I was asked to track my production vs. collections and chart them. A very mundane task at the time has paid dividends now in my opinion. It was suggested that I get involved with a community organization. This led to my bringing new patients into the practice, but more importantly, these new patients became lifelong friends who, to this day, provide me with business insight and guidance.

## Stage Five

Many exciting things for my career took place in 2007, a milestone year in my practice philosophy. I signed up for the UAB Implant Mastership course with Michael McCracken and Patrick Louis. This led me to begin placing dental implants. In December 2007, one of the partners retired and I purchased his half of the practice and property, two years earlier than anticipated. This put me as part-owner three years into my associate-ship instead of the five I thought it would take.

Year 2008 brought with it a few challenges. We changed practice software, moved into the digital era with radiology and purchased a Lava COS scanner (reportedly the first one

to be purchased in the state). I was lucky to have my new partner, also my childhood dentist, because he was very progressive and enjoyed all the new technology we implemented.

In 2009, we formed an LLC and a separate property company. The recession was in full swing but our partnership did not see it. We had a 3% growth from the years 2008-2011. We were told that during this time frame, other practitioners in our area were stagnant or losing patients.

In 2010, we decided to begin the planning process for my partner to retire. In February 2011, we brought an associate into our practice. This was an interesting period of time for me as my patient base was growing and I remained very busy. What little downtime I did have between patients was spent running the practice and navigating the waters of having this new associate. There were frustrations from the associate because he wasn't as fast with procedures as we were but we assured him that it would come with time.

## Stage Six

In 2013 my partner retired and my former associate became my business partner. That was a huge year! This also marked the next transition in this single practice since I joined in 2004—it seems like a whirlwind now. It became possible to continue to grow our patient base and expand our services to care for patients. We each had procedures that we wanted to focus on and those we enjoyed doing over others. Our patient base continually asked for a “one stop

We are doing it my way  
and everyone, from  
team to patients, are  
better for it.

shop,” they didn't want to go elsewhere for treatment. “Why couldn't we do it all here?” Learning and education have always been extremely important to me in my practice so I continued to expand my knowledge and hone my skills chairside. Upon searching for the most intensive courses around I found IDEA, Interdisciplinary Dental Education Academy in San Mateo, California. This was a super-intensive dental implant course with Dennis Tarnow as course master. Being one of 16 students with just eight of us from the U.S., was eye-opening. I quickly learned that our practice needed to expand in technology and include cone beam. Following this course, we started the search for CBCT technology that would make it even more possible to provide unmatched patient care.

In 2013, my business partner and I ended up at a 3D Summit with Sirona Technology in Orlando, Florida. This event hosted some of the most advanced technology I had seen. CEREC and Galileos blew away what I thought was possible in the world of dentistry and technology. This event led to the largest equipment purchase in our practice and brought about the largest paradigm shift in my practice career. This shift led to same day-dentistry, guided implantology, and an unparalleled “WOW” factor from patients. We did the very first CEREC crown in our practice on October 21,

2013, on my previous partner and it was awesome!

The years continued to clip by at a fast rate and the practice continued to grow and be successful. Education remained at the forefront of my mind and I sought out the best and brightest in order to continue learning. When was the next great learning experience? How can I do procedures better and faster, provide top notch patient care and achieve results like those in the presentations and literature? At this point in my career, learning was a singular focus and learning as much as possible from the best in the industry.

In 2016 our partnership took an interesting path. We signed on with a consulting group out of Atlanta, Georgia. They offered in-office training for team members and made owners keenly aware of the business side of dentistry. This was a big evolution in our partnership and kept us busy traveling to seminars and meetings. Monthly meetings with our team and planning for the future took a lot of time. Very slowly and subtly, the group instilled the need to own everything yourself and expand; that it was the only way to financial freedom in the dental world. We began searching for a way to expand our footprint. We starting looking at a neighboring county for an existing practice to buy. This search led us to lease space to start our own “second location practice.” After a signed lease deal fell through, we settled on a piece of property to purchase with plans to build. In August 2017, we started the ball rolling on building out a fresh office space in a high growth area; loan process and architectural drawings were in play. Much time, energy, and money were spent to make this dream of expansion a reality.

## Stage Seven

Towards the end of January 2018, about two weeks prior to signing an extremely large loan to build, my existing partner approached me and had made a decision to split the practice. This came as a complete shock especially considering the time, money, and effort we had put in over the last couple of years to grow our partnership. The expansion plans ceased immediately and a very long 2018 began. Splitting a 50/50 partnership practice was no easy feat, not to mention the emotional side of things. Questions started flying; “Which one of us was leaving?”

Looking back through 16 years of practice life, my skill sets have changed as has my capacity to run a business.

What equipment would be taken that another would have to replace? In May 2018, I became tired of the dragging out of things and made a formal offer to purchase my partners half of the property; he accepted. He proceeded to fill me in on his plans, including the fact that he was purchasing an existing practice about two miles across town and he planned to move his existing patient base with him. After many hours of back and forth and legal mumbo jumbo, September 1, 2018, started yet another transition for me and for this practice that had been in place since 1973. No more partnership, no more associates; I became a single practitioner. I have

to admit that while the announcement from my former partner to split the practice came out of the blue and I couldn't quite wrap my brain around why, this transition could not have been better for me. My team is in a place they have never been before and are super happy. I enjoy going to the office every day. This dentist/sole owner is happier than ever. While the transition is ongoing and will take a little more time to figure out, for the first time in my professional career, I am not obligated to anyone but my family, my team, and our patients. No more waiting on answers or discussing a position to move the practice forward. We are doing it my way and everyone, from team to patients, are better for it.

## Dentistry as a Succession of Transitions

The dental field and the practice of dentistry change rapidly due to technology, insurance, patients wants and needs, but most importantly, we the practitioners, change our profession. What I desire may not be the same as you, a partner, an associate, or even a mentor. What I desire is to be the best I can be for my patients and my team, to try and get that Peter Dawson or L. D. Pankey practice. Fee-for-service is almost a thing of the past so I guess I have adapted in that respect. How, you ask? Through the best technology available and a highly trained team, I am able to provide a wonderful, comfortable service experience to patients all while providing high quality dentistry. For me, dentistry is a passion; it's not just a profession. Creating smiles that are attractive, confident, and beautiful is what I love doing.

Looking back through 16 years of practice life, my skill sets have

changed as has my capacity to run a business. The practice is now in the process of reflecting who and what I want it to be as a practitioner; patient-centric with a high emphasis on aesthetics. Our new tagline at Alabama Smile Design says it all: “Beautiful Smiles to Match a Beautiful City”. My team has become an integral part in the decision-making process and one of the most valuable confidants is my wife. She grew up in the world of dentistry and lives it daily, helping with our team and our guiding presence in the marketplace. The reward for me is a happy work and home environment.

Opportunities are everywhere and I want to take advantage of as many as I can. I enjoy giving back to the dental profession. One way to do that is to lecture and teach others how the use of technology can propel a practice forward. This is one highlight in my career over the last year. I am thankful that others see me as an authority in the field and trust me to train fellow doctors and their teams on the awesome technology we use daily in my practice.

I am happy to say that I have amazing patients who have become friends over the years. I guess looking back, not much has changed in my practice philosophy. From graduation day to today, I still strive to be the best. How I achieve that changes yearly, monthly, daily and, heck, sometimes even hourly, but I keep moving forward. ■

# Making Dental Practice Personal

Viktoria Cox, DMD

## Abstract

A dental practice must reflect the skills, personality, character, and values of the dentist. Torie Cox explains how her interest in art and the environment led her to create a practice that expresses these values.

Unlike many of my colleagues, I did not know I wanted to be a dentist since the fifth grade. It was not until I completed my undergraduate degree in biology from St. Mary's, Notre Dame, Indiana, that I focused my vision on the dental profession. Growing up, I was not particularly advanced in my scholastics. However, I developed a passion for art and biology. The marriage of those two fields brought me to the conclusion that I could pursue a career in medical illustration. After shadowing a medical illustrator, I was told I would be eating ramen noodles on an illustrator's salary, so I abandoned my illusion of illustration. My heart was not in the pursuit of medical school, so my academic advisor suggested I contemplate a career in dentistry. "I hate going to the dentist!" I exclaimed. But after some thought, I realized that I could use my artistic talents in dentistry and additionally be of service to others.

Due to my delayed application to dental school, I took a year off from studies. In that time, I was fortunate to intern with an orthodontist. It is incredible how the universe sends me mentors at just the right moments in my life to guide my path. He encouraged me to apply the positive experience I had at his practice, and enabled me to wholeheartedly embrace the pursuit of dentistry.

I was accepted to Case Western Reserve University in Cleveland, Ohio, where I earned my DMD in 2008. In my studies at Case Western, I realized that I was still fulfilling my passion for art; it was just the scale of my art projects that had changed.

As a new graduate, I had an interesting mix of expectations about my future. In 2008, the U. S. economy was in a recession, and the lucrative opportunities for cosmetic dentistry that propelled the industry in the early 2000s were in a steady decline. To a fault, I had not seriously considered what my monthly payments on my student loans would look like. The payments were projected at around \$2,000 per month on a \$250,000 loan. Needless to say, I was excited to get my career started, but I had reservations about where that opportunity would present itself.

## A Little Associating

Again, the universe sent me a mentor at just the right moment. I was offered an associateship in June 2008. This dentist hired me into his practice after his father and partner passed away. Several months after I started, we started to see a decline in production. At the time I was hired in, I was adding an additional \$20-\$30k monthly to the overall revenue. Just a few months later, the practice was producing just the same amount that he had when he was a single dentist, two-hygienist practice. I began to seek additional associate positions to round out my weekly schedule and ensure

**Dr. Cox** practices in Schererville, Indiana; toriecox80@gmail.com.



that I would have enough personal revenue to comfortably live and pay back student loan debt.

There were several valuable lessons that I learned during my time as an associate. I discovered it was not worth sacrificing quality or patient satisfaction to increase the profit margins. I recognized that I had simpler wants than some of my colleagues. While I do not see anything wrong with pursuing financial gains and items of luxury, I can honestly say that the life of extravagance is not for me. I also realized that while it was perhaps less stressful to play the role of associate, I would not earn the respect from patients in that position that I would have as the owner. I am certainly thankful that my days as an associate are behind me, but I am grateful for the experience that helped me develop my philosophy and vision for my own practice.

## Finding the Right Place

In the fall of 2013, my mentor in the pursuit of dentistry graced me with the opportunity to buy his building in Schererville, Indiana. He was consolidating his orthodontic practices and so the Schererville location became available. Upon some research into the town of Schererville, I found many key elements that would make it the optimal location to establish my practice.

Schererville was named one of the “100 Best Places to Live in the U.S.” by

*Money Magazine* in 2007, and since the year 2000 it had experienced a population growth of 17.1%. Nearly 30% of households have children under the age of 18, and over half the population is younger, married couples. For a practice focusing on family dentistry, this was certainly a demographic worth serving.

In the early developmental stages, I also researched my competition in the area. There are about 530 dentists within a 40 mile radius of my location. Within a two-mile radius of my practice, there are roughly 15 general dental offices. It is important to note that in Indiana, there are about 108 dentists per 100,000 people. This number includes specialists as well as general dentists.

I understood that women, especially mothers between the ages of 25 and 40, make the majority of household decisions. The trend of organic markets gaining popularity in the surrounding areas says that these moms are willing to spend more money on organic fruits and vegetables and will likely see the value of higher-end dentistry. There has also been an influx of micro-breweries and distilleries within the neighboring cities and towns. This indicates that the demographic is seeking craft brews, fine wines, and bourbons in the overall excellence of consumer products. The people who appreciate

I discovered it was not worth sacrificing quality or patient satisfaction to increase the profit margins.

Dr. Torie's Dental Shoppe is a "high-tech, high-touch" practice; I have earned a reputation as a holistic dentist in this region.

these unique goods, are traditionally more willing to seek locally owned mom-and-pop style healthcare facilities than the corporate offices.

Once I secured my location and building, I moved on to outfitting the facility with new technologies and furnishings. At the onset, I was willing to bargain shop for the waiting room furniture so I could spend the necessary dollars on higher quality materials and newer technology pieces for the practice. During my six years of associateship, I was fortunate to forge a great relationship with a dental-

equipment sales representative. I knew I could trust his guidance in providing the necessary tools needed for my vision. It was also important to me that I stay within a responsible budget of \$515,000 to not only furnish the practice but also purchase the building and adjacent lot for future expansion.

## The Practice Reflects Who I Am

On October 8, 2014, I launched Dr. Torie's Dental Shoppe. At that time, I had one staff member, a trusted friend. She served as my office manager, dental assistant, and insurance whisperer.

## Making It Personal

The manner in which I practice dentistry reflects my nature to be very involved with each patient's dental experience. Dr. Torie's Dental Shoppe is a "high-tech, high-touch" practice; meaning, I place all of the restorations for patients and do not use an expanded-functions dental assistant. At first, I provided all of the hygiene and periodontal care in addition to restorative dentistry. Hiring a full-time hygienist and chairside assistant in 2016 has allowed my schedule to accommodate more restorative procedures.

I have earned a reputation as a holistic dentist in this region. At first, I thought perhaps this meant I would attract patients that were not open to the conventional dental procedures of placing resin fillings, root canal therapy, or gold restorations. To the contrary, most patients seeking a holistic approach to dentistry are interested in *specialized care* from a practitioner who truly listens to their *individual needs and desires*. There

are, however, some patients who have read articles online and believe themselves to be experts on the "dangers" of root canals and fluoride. I feel, as a professional, I am responsible for my patients' education to critically understand credible informational sources.

As part of my philosophy in dentistry, individual, personalized care is tantamount. My techniques are tailored specifically to each individual patient. I like to think of my approach as holistic in nature, i.e. treating the whole person. Along with a detailed medical history, we assess diet, hygiene habits, caries and periodontal risks, along with social, emotional, and psychological dynamics. Dr. Torie's Dental Shoppe promotes patient education in the arresting of major and minor oral health problems.

In addition to tailoring the patient experience to the individual, I have found it extremely important to have strong relationships with specialists. I often refer root canal therapy cases to a team of endodontists. I have several oral surgeons I trust with implant placement for my patients as well. These specialists are practitioners I know, trust, and participate in study clubs with throughout the year. If a person suffers from cancer or other terminal illnesses, they often have a team of professionals treating them. I apply that same philosophy to dentistry. The specialists I refer to are mentors and colleagues I respect and trust to care for my patients.

Most recently, I have expanded my professional network to include a chiropractor and naturopathic nurse practitioner. Patients are seeking natural remedies for treatment and are becoming more aware of the rising opioid epidemic. Chiropractors and naturopaths may be able to introduce therapies that reduce symptoms and

pain associated with TMD. My team-focused approach in caring for patients is in part how I define outstanding dentistry.

### Making It Green

From the beginning stages of developing the practice, it was important to me to reduce my carbon footprint and to strive to be as environmentally conscientious as possible.

My philosophy is that I should try to leave this world a safer and better place for future generations, so I take my responsibility to the environment very seriously. I visited several “green” dental practices in Chicago to explore different ways to practice environmentally friendly dentistry. I want patients to feel that by coming to my practice, they are essentially reducing their carbon footprint as well.

There are numerous ways I promote “Green Dentistry” in the practice. I reduce the amount of disposables used on a daily basis by sterilizing glass containers and steel pieces rather than using plastic. My hope is to use ecofriendly sanitizers and biodegradable materials whenever possible. My practice participates in a recycling program in conjunction with another office. Such items as HVE tips, saliva ejectors, toothbrushes, and prophylaxis cups are recycled. The plastics recycled in this program benefit a local elementary school.

An element of technology that I find invaluable in this practice’s vision and philosophy is digital radiography. I use Dexis Imaging Software with a Nomad portable x-ray unit that allows for quick capture of images and can be moved from one operatory to another with ease. The effortless mobility of this unit also expedites patient flow through the operatories. The

elimination of radiographic film eliminates the use of caustic developing room chemicals. The practice management software the practice uses allows the office to be paperless. Not only does this eliminate the use of paper charts and added waste, but it conserves space and allows me to use that space for innovative products that I offer patients such as CoCo Floss, Curaprox Swedish toothbrushes, Marvis Italian toothpastes, etc.

The physical attributes of my office manifests the overall vision and philosophy of Dr. Torie’s Dental Shoppe. The 950-square foot, Mid-century Modern building with three operatories offers a comfortable and inviting atmosphere. The logo reflects the concern and detail with which I provide dental care. Apothecary, dental, and medical antiques decorate the walls and shelves. Patients experience thoughtful, meticulous care that they often report “they used to get back in the day.” My esthetic goal of the office is to be unique, yet recognizable.

### Making It Unique

One of the most important considerations in building my practice was to christen it with a unique name. The name I chose captures the philosophy of care and highlights the underlying purpose in initiating this endeavor. Dr. Torie’s Dental Shoppe harkens to a past era of apothecaries and candy stores. The concept of “Dental Shoppe” entices patients to consider a fresh approach to dentistry: one of individuality of care. Patients are reassured of their autonomy through the concept of “shoppe.”

In the initial stages of building the practice, my office manager and I sent a personalized letter to hundreds of families and friends letting them know we were embarking on this journey. We created a website and social media presence. In addition, I ran several billboard advertisements in targeted markets to elevate brand recognition and broadcast that I was starting my own practice. We took pictures of our patients and put them up on the billboards. This created quite a buzz among the family and friends of these featured patients.

### Conclusion

I feel that dentistry has been an excellent opportunity to fulfill my passion for art and biology. In a career, it is important to not only do what you love but be able to gracefully manage the challenges of the profession. I sense that the direction in which my practice is headed is in line with the growing trends of society. I like to think my philosophy goes beyond the process of how I deliver a case. Its very essence is impressed into every detail within the office. A quote from Bob Dylan seems to appropriately capture the culture of my staff and me. “A man is a success if he gets up in the morning and gets to bed at night, and in between he does what he loves to do.” ■

# Finding the Right Spot to Practice

Matt Clark, DDS

## Abstract

Finding the right practice is a complex mix of knowing what kind of dentistry you want to do (and what you prefer to avoid), finding the community that matches the lifestyle of your family, centering on a patient population that is solid and matches your practice preferences, and striking the right deal with the owner. Here is the account of one such decision.

**Dr. Clark** practices in Chattanooga, Tennessee; matclark33@gmail.com.



If there were a good place to start in my story, I think it would be with my wife. We were married June of 2011, during the summer between my third and fourth year of dental school. We had been dating for several years but thought this would be the best time to exchange vows since my stress would be mounting toward graduation. We were both from small towns in northwest Tennessee about 30 miles apart, and about two hours from the dental school in Memphis. All of that to say—we'd always been in west Tennessee.

Nearing graduation and as the time was approaching to really start looking for a job, I turned to the internet first. While perusing Craigslist during class one day, I came across job posting in my wife's hometown. The ad made an attempt to be vague, but I knew which dental office it was before I made the contact. It was a pediatric office (the only one around for 50 miles) and the money was great. (If inquiring minds want to know, it was a base salary of \$125K working as an independent contractor, and cost of living in rural western Tennessee is dirt cheap.) During this timeframe, my mother-in-law was getting remarried and moving, so if I took this job, there was also the added bonus of having a house to live in, rent-free.

After asking several classmates and instructors, it was determined that even if I wasn't interested in pediatric dentistry, this was a great opportunity from a financial standpoint to make some money and pay off some debt.

I had always liked children, but my experience with them in a dental setting was minimal. After meeting the owner of the practice, the staff, and observing for a few days, I was offered the job.

## Fast-forward 4.5 years...

The two main things that I learned about myself over my tenure at the pediatric office were that I was growing weary of working on children all day, and I wanted to have some equity in an office. If you've never done it, working with kids is different. It's like working with wild animals in the sense that if you show fear, the kids sense that, and the appointment goes south really quickly. I know that sounds crazy, but it's true. It did teach me to be confident in everything I did, which was a plus.

Every month, I would get a report from the office manager that showed basically how much I had produced, collected, and the percentage I would get from collections. At this point, I had moved from my base salary and was now making 22% of my collections. Since we were a pediatric office in rural west Tennessee, we took the state Medicaid insurance, and that was the bulk of our practice. They did not pay as well as private insurances, but at least they paid. It got to be so disheartening looking at 78% of my collections go to the practice. After a few months of having really good months, in my opinion, I was asked to

do more. It was the first time in my professional career that I thought dentistry was not for me and I was tired of it. I even looked at job postings at night and did the math in my head to see if I could pay off my student loans and quit being a dentist. I spoke at length with my wife and we thought since we didn't own any property in town and didn't have any kids, we were still relatively mobile. We thought this would be the perfect time to search for a practice of our own.

I should mention at this point in my story that my wife is a dental hygienist and former territory representative for a major dental supply company, so she knows much about dentistry. When we thought about what we wanted, the main checkboxes included living in a bigger city, a smaller office than I was used to, and a city that was growing. This place would be the complete opposite from where we were in west Tennessee. Because I did not want to go through the hassle of trying to apply for licensure in different states, I knew that I would stay in Tennessee. If one wants to live in a bigger city in this state, your options are Memphis (too big), Nashville (too much traffic, too competitive and expensive), Knoxville, and Chattanooga. Knoxville and Chattanooga each had populations around 150,000 and more industry coming to town. My wife and I had been to Knoxville several times because I had family in the area, but had never stayed in Chattanooga, only driven through on the way from home

I said that being honest with people is the most important thing. I'll always give them my honest opinion, even if means I make \$0.

to Atlanta. We went for an anniversary trip before I left the pediatric office to see what it was like, and we both loved it. It was big enough, but not too big. It had tons of stores that we hadn't seen since Memphis, and it wasn't terribly far from our families at a four-and-a-half-hour drive.

Over the next year, I had my accountant (who only worked with dentists) look at the financials for several offices that came for sale in the area, but one day in February of 2016, he called me first. He said, "Dr. Clark, I'm currently doing a deal with a broker from Henry Schein and he told me that he has an office that is coming on the market soon. From how he described it, it might be something you're interested in." I took the information and called the broker. He told me where the office was, who the dentist was, and a little about the area. The office was on the Tennessee River in downtown Chattanooga. It was in a building with eight other dental offices, five of them being general dental offices. At first, I thought there's no way that environment would be conducive to a new dentist coming in. I had my wife call a contact in Chattanooga from her days as a territory rep, and he told us that the building was nice, and everyone did

pretty well because they were all very established. I sent the financial information to my accountant who then called me from an airport two days later. He said, "Dr. Clark, I've been looking over this information that you sent me and I think you and your wife should prepare for travel to see this office in person. If it is in good condition and the fixtures and equipment are good, this might be what you're looking for."

My wife and I left the next day to drive to Chattanooga. We looked the office over pretty well. Kari made sure to look at every piece of equipment and could tell me how old it was or if it was going to need to be replaced in the upcoming year. We loved everything about the office and felt like it was the one for which we'd been waiting. We talked about it for a few days before making an offer. After one counter and under counsel from my accountant, we settled on a price. After a price had been discussed, I drove back to Chattanooga to talk to the owner. In my original offer, I had asked that he be on site for the first six months of my being there to answer any questions that I had, and after I really got going, just be on call for the next six. I had talked to some of my friends who had recently purchased offices, and most of them said that if they had it all to do over again, they would not want the previous owner

there at all. Since I was not from this town or anywhere close, I felt like I had to have the previous owner close by so, if needed, he could justify his willingness to sell his 40-year practice to me.

The previous owner was a graduate of West Point, college football player, Vietnam veteran, and healthier at 71 than I probably will ever be. When my wife and I looked the office over initially, we could tell he was former military. Everything was in its place. Everything was pristine. When I met with him the first time, I felt like we were both sizing each other up in the ways of practice management. I wanted someone with a good reputation in the community that did great work, not someone I was going to have to clean up after. He wanted someone who would be honest with his patients, not someone who was coming in just to make money. I told him that I believed in being good to people, understanding where they were coming from, and knowing full well that most people did not enjoy coming to see the dentist. I told him that although the only adults I had seen the last four and half years were staff and family, working on kids taught me so much. From speaking with parents, I knew that most adults, at least when in a dental setting, wanted to be treated like a child. They wanted things explained very simply. They don't want you to lie to them, and they especially don't want you to ever hurt them. Another facet of my life related to treating people is that my mother and father were both factory workers. I grew up in a small town where most people did not have much, so money was tight. I said that being honest with people is the most

important thing. I'll always give them my honest opinion, even if means I make \$0.

Our personalities could not be more different. I am a very boisterous person. I'm a big guy. I speak loudly. I laugh too much and I have a good time. The previous is a very serious and soft spoken, slender man. I knew it would take the patients a while to adjust, and I was okay with that. One of the hardest things that I had to cope

I remember in school when professors would tell you when you were struggling to cut the perfect prep that this was the easy part. They were right.

with initially was the people who could not or did not want to adjust to the new dentist. I have had some patients, most about the previous dentist's age, who preferred his style of practice, and ultimately left for another practice with an older dentist.

### Fast-forward to today...

I'm just over two years into running my own practice in Chattanooga, Tennessee. Most of what I've learned has been about the business of dentistry. I've learned more than I like to admit about dental insurance, being in compliance with all governing bodies in health care, managing employees, and budgeting. Looking back to the beginning of this venture, one of the things that worked out well in my mind was the transition itself. Originally, the previous owner

and I had agreed that on June 10, the practice would change from *his* to *mine*. On that day, no one could make any more appointments with him, and any future appointments that were with him would then be with me. Although this was a great idea, it didn't happen that way. Some insurances were very slow to credential me and I asked if he would mind seeing those patients that I could not. For several weeks, he saw patients in a free operatory on Tuesdays and I paid him a percentage of his collections. After a couple of months, he stopped having to see patients because of insurance issues and I could see 100% of our patient population.

I have a newfound respect for my former employer as well. I assumed that transitioning into practice ownership would be easy. In my mind, I would have so much disposable income that the mundane activities like paying bills would be so easy and I would worry more about investments. I had never had to worry about payroll taxes for anyone other than myself, much less for a staff of six. Now when I take a day off, I know the office is making \$0, so I have to know months in advance that I can cover the expense of a vacation day. Over the two years, I've gotten better at it, but I feel like learning this is a marathon, not a sprint.

I remember in school when professors would tell you when you were struggling to cut the perfect prep that this was the easy part. They were right. I'm now at a point in my career where I feel confident in my dentistry and that truly is the easiest part of my day. I always end the day, month, year, etc. with the belief that if I treat people right, everything else will take care of itself. ■

# Green is More than a Color

Scott Andersen, BA

## Abstract

Sustainability can become a mission, a vision, and a set of guiding values. Scott Anderson explains how their Madison, Wisconsin practice is simultaneously responsible to for green relationships with patients, the office team, suppliers, the community, and the planet. Using certification programs, Artisan Dental has won awards and established a sound financial position.

**Scott Andersen** is Co-founder & Director of Stakeholder Stewardship, Artisan Dental, LLC, Madison, Wisconsin; [scotta@artisandentalmadison.com](mailto:scotta@artisandentalmadison.com).



My wife, Dr. Nicole Andersen, and I founded Artisan Dental in July of 2013 and began seeing patients in January 2014 as a single-dentist practice together with a small group of highly experienced dental professionals. Our goal to create an organization that is mission-focused, vision-focused, and value-focused. Based on our educational backgrounds, experiences as owners of previous businesses, and volunteer work in the community, we came to appreciate the value of serving a higher purpose or mission we envisioned could become a reality through the application of key core values.

Our mission, which follows below in italics, integrates our intention to demonstrate consistently high levels of professional excellence in the delivery of oral health care, while employing sustainable business practices that serve all the stakeholders we have relationships with. This wish to serve stakeholders connected to our business grew out of a recognition that as individuals and organizations, we have myriad opportunities to generate significant positive impact in world. We also recognized we were receiving benefits from various stakeholders we were responsible for respecting, appreciating, and stewarding for future generations. A good example of benefits we have an opportunity to steward are environmental resources such as clean air and water. In short, we wanted to create an organization that was a dynamic force for good in the world.

We were also interested in creating a business model that expanded beyond more traditional business models with more typical singular focus on profit maximization and extractive orientations towards stakeholders, to one where we were creating mutually beneficial relationships, enabling all stakeholders to flourish. This concept of creating simultaneous benefits in multiple spheres is central to sustainability principles, with the three most commonly referred to spheres of influence being economic, social, and environmental (Schaltegger & Wagner, 2006).

*Mission: Our mission is to optimize the health and happiness of our patients, team members, suppliers, community, and the environment through exceptional quality care and sustainable business practices.*

Our vision and core values have informed “how” we bring our mission to life. We have inculcated an evolutionary worldview within our organization’s culture that supports and encourages growth and development on professional and personal levels (Kegan, 2016). We see this evolutionary process as one that our organization can support with both internal and external stakeholders.

*Vision: Our mission will be enacted by providing exceptional quality oral health care that is empathetic, caring, and compassionate. We will create opportunities for the growth*

The wellness series provides local wellness experts an opportunity for their business to be promoted when we advertise the wellness series events in our monthly electronic newsletter, social media, and in office flyers.

*and development of our team members professionally and personally. The prosperity of the organization will create the conditions for all of its stakeholders to flourish.*

Our values were chosen to encourage us to use our highest potentials as individuals and to embody them in our presence, behaviors, relationships, and when making clinical and business decisions.

*Values: Love, Wisdom, Compassion, Ethical Integrity, Service, Collaboration, Creativity, Empathy, Fun.*

Interestingly, business models and movements that synthesize the principles of sustainability, multi-stakeholder orientations, higher purpose, and conscious leadership and conscious culture have been shown to be some of the most efficacious when measured by more traditional metrics such as stock price (Mackey & Sisodia, 2014). Even more compelling is that organizations utilizing these more integral approaches are able to create a wider range of other capitals as discussed by Dr. Sean Esjborn-Hargens, MetaImpact Framework (e.g., cultural, human, financial, psychological, natural, health, social, manufactured, knowledge, spiritual, and social) and multiple types of beneficial bottom lines (e.g., profit, people, planet, and purpose).

We've noticed a range of benefits for our stakeholders and for Artisan Dental over the last four and half years of operationalizing these principles. Below is a summary of some of those benefits.

## Patients

Since our inception, our patients have received exceptional quality care as evidenced by the greatest number of five-star online reviews and the highest average star rating (4.9 stars) of any

dental practice in our 400,000-plus-person metropolitan area. We have been fortunate to receive an abundance of patient referrals enabling us to grow to more than 4,900-plus patients in the fall of 2017 when we paused on formally accepting new patients.

Due to strong patient referral patterns, we were able to discontinue active external marketing in the fall of 2016.

Recent global consumer research conducted by Cone Communications including the responses of more than 9,000 consumers in nine of the largest economies in the world pointed to the changing worldviews of consumers that are likely supporting the success of Artisan Dental's business model. Ninety-three percent of global consumers indicated they would look positively on companies addressing social/environmental concerns. Ninety percent would be more likely to trust and 83% would be more likely to be loyal to a company if they were addressing a social/environmental concern. The correlation between the incorporation of sustainable approaches within one's business model and the potential for a company to thrive was also outlined in a *Harvard Business Review* article when its author suggested sustainably-oriented businesses will be more likely to align with and earn the trust and loyalty of customers for the long-term, attract and engage employees, foster innovation, and improve risk management and financial performance.<sup>1</sup>

## Team Members

With our mission of providing exceptional quality of care, it has been very heartening to note the consistent and frequent positive feedback from patients in online reviews regarding the high level of professionalism,

warmth, and genuine care they receive from our entire team. We reason this highly collaborative and unified effort on the part of the whole team is due to a focus on our mission, the embodiment of our key values such as love, wisdom, empathy, and compassion and the character and talent of the team. Team members also have the satisfaction of consistently offering excellence in all they do, within a culture that affirms and encourage everyone to serve at the upper level of what is possible.

Experts in the field of organizational development also agree that to attract, retain and actualize the best talent, it is essential for companies to offer their team the opportunity to serve a higher purpose and contribute to goals that use the full range of their skills and talents (Sisoda et al, 2014).<sup>2</sup> The benefit for Artisan Dental and other companies who create a mission-oriented, vision-oriented, and values-oriented culture receives is a highly creative and committed team that genuinely cares about creating exceptional customer experiences and strategies that are adaptive to changing market conditions. Dividends such as reduced absenteeism, late arrivals, and apathy are of additional value.

## Suppliers

We have found when we share our mission, vision, and values with our suppliers, as well as other aspects of our business model, such as the wish to create long-term mutually enhancing relationship, there is a greater likelihood for creative solutions to emerge regarding challenges Artisan and the suppliers may be working with. These opportunities for innovation occur around subjects such as new product or service offerings, refining existing product or services, and, more recently, conversations with major

dental-supply distributors regarding developing a rating methodology for the sustainability of the products and manufacturers they work with. This type of long-term orientation offers the supplier greater reliability when estimating cash flows from our relationship into their business planning, as well as participation in revenue gains resulting from Artisan's growth. Artisan Dental benefits, through numerous tangible value-adding contributions such as potentially higher levels of responsiveness regarding time-sensitive repairs, marketplace intelligence, cost-containment initiatives and assistance with attracting new team members and patients. In terms of the creation of more intangible capitals, there are opportunities for psychological, social, and cultural enrichment associated with the opportunity to co-create the success of one another's organization through the cultivation of healthy interdependencies.

## Community

There are many different ways to cultivate mutually beneficial partnerships with local and global nonprofit and governmental groups leading to strengthened relationships with other key stakeholders and improved financial performance. Two examples in our practice involving multi-sector partnerships are the Artisan Dental Recycling Program and Artisan Dental Wellness Series.

The Artisan Dental Recycling Program involves a collaboration with the City of Madison's recycling department, Terracycle, Tom's of Maine, and area nonprofits. The collaboration resulted in the first

locally available option for oral care products such as toothbrushes, toothpaste tubes, and mouthwash bottles to be recycled. The general public can drop off these empty oral care products at Artisan Dental, where we gather and ship them to Terracycle. Terracycle covers the cost of shipping and provides Artisan with a \$.02 credit for every item. Artisan then donates proceeds from recycled materials to local nonprofits. This program provides Artisan with a tangible public-facing opportunity to demonstrate the implementation of a sustainable business practice.

The Artisan Dental Wellness Series is a quarterly wellness series our patients, their friends, and our team members can attend to learn more about and experience a wellness modality. These events are sponsored by Artisan Dental which covers any costs associated with facilities, educational materials, and speaking fees for the local wellness expert. These events provide Artisan with another avenue to demonstrate our commitment to our mission of supporting our stakeholders' health and happiness. The wellness series provides local wellness experts an opportunity for their business to be promoted when we advertise the wellness series events in our monthly electronic newsletter, social media, and in-office flyers. Artisan Dental team members have an opportunity to enjoy creating community and a culture of health and wellness with each other, patients, and their friends in a relaxed environment, while

engaging in a health-promoting activity. Wellness series events have included local yoga and tai chi classes, a lectures and tastings regarding the health benefits of tea and beer, an award-winning chef creating a meal from local produce from our farmers market, an expert on back health and alignment, mindfulness meditation, and ukulele lessons linking the benefits of music and health. Artisan Dental benefits from an expanded network of relationships with individuals and companies in the health field. This type of program also becomes a differentiated service offering relative to other dental offices as well as an opportunity to attract potential new patients, based on existing patients potentially bringing a friend to an event.

## Planet

Considering the planet as a key stakeholder for our organization has been a natural outgrowth of the recognition that all human activity rests on the health and well-being of an ecosystem and the essential components of life it provides such as clean water and air, fertile soils, biodiversity to support intricate food chains, and stable climates. We see ourselves as stewards of the planet's resources, balancing our present utilization with the needs of future generations.

Artisan Dental and the environment have benefited from the significant costs savings available

through established best practices in energy, water, and waste reduction approaches, and the efficiencies associated with digital imaging, electronic medical records, and patient communication (Avinash et al, 2013; Adams, 2007).<sup>34</sup> When designing our facilities we prioritized patient, team member, and planetary health through the use of recycled materials, natural day lighting, Energy Star appliances, nontoxic cleaners, paints, adhesives, and furniture.

We are collaborating with the nonprofit *1% for the Planet*, to support three environmentally oriented nonprofits through the donation of 1% of the gross revenue associated with the Artisan Dental Health Plan. The Artisan Dental Health Plan is another socially-oriented program we offer the community which provides reduced-fee preventive, restorative, and cosmetic dental care designed to increase access to oral health care for those without dental insurance.

We've contributed to the adoption of renewable energy systems through the purchase of renewable energy from our local utility for 100% of our electrical needs. We've also chosen to purchase carbon offsets for the non-renewable energy we use associated with travel and natural gas usage.

## Financial Performance

Fortunately, there is now a robust body of research evaluating what the financial implications may be for a company with a mission to create positive impact across economic, social, and environmental spheres. A recent meta-analysis of 2,200-plus studies conducted by the University of Hamburg and Deutsche Asset & Wealth Management Investment illustrated there was a consistent correlation between economic, social, and environmental variables and a

company's financial performance across all regions of the world (Friede et al, 2015). Similar correlations in financial performance are seen in companies that earn places in *Fortune Magazine's*, America's 100 Best Companies to Work For list, *Ethisphere's* list of the world's most ethical companies (Mackey, 2017), and stakeholder-oriented companies outlined in the landmark book, *Corporate Culture and Performance* (Kotter & Hackett, 1992).

In Artisan Dental's case, since seeing our first patients in January 2014, we have grown from five patient treatment rooms to nine, added two additional associate dentists, increased our total team member size from seven to 17 and attracted more than 5,000 patient. Having discontinued active external marketing efforts in the fall of 2016 and paused on accepting new patients in the fall of 2017, we continue to receive 75-plus new patient calls per month.

We attribute the strength and consistency of our growth and financial performance to a business model that appreciates, aligns with, and builds on the systems level interdependencies that exist between individuals and organizations when they are united around a higher purpose that extends beyond and includes one's own individual or organizational interests. We also reason our financial performance is directly related to our intention to grow multiple bottom lines (e.g., profit, people, planet, and purpose) and a meshwork of related types of capital (e.g. cultural, human, financial, psychological, natural, health, social, manufactured, knowledge, spiritual, and social) that support and reinforce one another to create multi-

dimensional impact. We are very gratified by the opportunity to participate in this expansion of the definition of success in the healthcare field, the definition of a successful business, and what it is to live a life rich with meaning and contribution.

## Certifications

When implementing sustainably oriented approaches, you may find it valuable to certify that your efforts have met or exceeded recognized standards developed by one or more independent nonprofits. Certifications provide your business with a higher level of credibility when communicating with stakeholders that your efforts have been verified by an impartial third party. The credibility conferred through a certification will likely enhance your ability to maintain strong trustworthy relationships with them as well as potentially inspire them to pursue their own sustainability approaches. Certifications also provide a structured framework to reference when formulating and adapting business plans.

One of the most highly regarded certifications for businesses incorporating sustainability principles is to become a Certified B Corporation. Other highly regarded sustainability reporting frameworks include the Global Reporting Initiative and the International Integrated Reporting Council. Depending on your geographic location, you may also be able to participate in state or local sustainability-oriented programs or certifications. In Wisconsin, businesses can participate in the Wisconsin Sustainable Business Council's *Green Masters Program*. Sustain Dane, a local nonprofit in Madison, Wisconsin, offers a twelve-month, *MPOWER* program, which guides local businesses through a program designed to result

in the implementation of at least five sustainability initiatives within one's business. In 2017, Artisan Dental joined Permanente Dental Group as the second Certified B Corporation dental practice in the U.S. and the fourth globally. When looking at the business community as a whole, there is widespread use of some form of sustainability reporting as evidenced by the fact that 93% of the world's largest corporations report on their sustainability performance.<sup>5</sup>

## Recognitions

While not part of our original intention during the formation of Artisan Dental, our team is grateful to have received acknowledgements from various organization throughout Wisconsin and the U.S. These recognitions include being selected as a "Best Place to Work" by *Madison Magazine* in 2017 and 2018. Artisan Dental was selected as a finalist in the Wisconsin-based Force for Positive Change award and one of the winners of the *In Business Magazine* Dane County Small Business award in 2018. In addition, Artisan Dental was recognized as a Best For The World—Worker category honoree in 2018. The Best For The World designation is conferred by the nonprofit B Lab for businesses earning a workers' score in the top 10% of more than 2,400 Certified B Corporations on the B Impact Assessment.

## Summary

There is a multitude of benefits associated with incorporating sustainability principals for all of

We've contributed to the adoption of renewable energy systems through the purchase of renewable energy from our local utility for 100% of our electrical needs. We've also chosen to purchase carbon offsets for the non-renewable energy we use associated with travel and natural gas usage.

Certifications provide your business with a higher level of credibility when communicating with stakeholders that your efforts have been verified by an impartial third party.

your organizations stakeholders, together with an abundance of mutually reinforcing synergies connected with their simultaneous implementation. Several of the more salient advantages include:

- Exceptional customer experiences
- A cohesive, genuinely caring team supported by a culture that values excellence, growth, and development
- Suppliers who are aligned with your larger mission and vision
- Evidenced-based cost savings
- Creative community partnerships that steward the vibrancy of your community and precious environmental resources

It is highly likely that stakeholder trust, loyalty, and creative collaboration will be enhanced. On macro and micro scales, the conditions enabling greater individual and collective flourishing will be set in motion for all those whose lives you will influence. ■

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# What I Learned Along the Way

Joshua Opperman, DMD

## Abstract

Almost no dentist starts with a solid solo practice. Getting there is a succession of false starts, surprises, and hard work. But there are lessons to be learned from every stop along the way.

**M**y name is Joshua Opperman, and I graduated from Oregon Health & Science University School of Dentistry in 2006. It is in unique, but beautiful Portland, Oregon. I was born in Portland and grew up in Gresham, which is an eastside suburb of Portland. Gresham is a blue-collar town, but it was a good place to grow up when I was young. This is where my dental story begins.

## Some of It Is Just Serendipity

As a senior at Gresham High School, I was planning to go to college but was vacillating between becoming a teacher or firefighter. Dentistry was not even on my radar. At this time, I was working at a Chinese food restaurant and had also started working for the father of a friend of mine. I was doing mostly landscaping and construction for him as he was a land developer. This, however, was not his only profession. He owned a small three-operator dental practice in downtown Gresham. One day, he invited me into his office and asked me if I would like to see what he really did for a living. He walked me around the office and showed me the operatories, chairs, radiographs, and every other thing you would expect to find in a dental office. As he walked me through his office, he asked me about my future plans, whether I would consider dentistry as a profession. He invited me to visit his office on days I was able to come in and observe. This eventually became

my senior project and I worked as the assistant in his office one summer during college as his lone assistant was on maternity leave.

I only mention this, because this early experience is what shaped my ideal of a dental practice. It was small, intimate, and community- and family-oriented. Everyone knew everyone else, as the patients had been going there for years. There were not a lot of new patients, as the practice was always full and no advertising was needed. This was the mid-90s and as we know, the culture and reality of modern dentistry in large metropolitan areas has changed significantly over the last several decades. The era of the small, single dentist, family-oriented dental practice is dying and being replaced by big corporate dentistry that lacks personal touch and character. It is in one of these corporate offices that I started my dental career.

## Some Is Learning What Is Not for You

In 2006, as a newly graduated dentist, I was looking for an opportunity to get some experience before buying my own practice, which was always my goal. Portland, Oregon, is the land of corporate dentistry. Kaiser Permanente Dental, Willamette Dental, and Gentle Dental all started in the Portland area, and now Pacific Dental, Aspin Dental, and many of the

**Dr. Opperman** practices in Portland, Oregon; [jropperman@gmail.com](mailto:jropperman@gmail.com).



other national dental chains are here as well. I started working for one of the smaller corporate companies from the area. I will call it GT Dentists. It was a good first job, as I gained clinical experience and made some lifelong friends. I disliked and felt uncomfortable that it pushed for production and the selling of dentistry. I believed that if you gave the patients all the information and explained to them why they need this procedure and why it would be a good solution for their problem, then they would accept my recommendation of treatment. I still believe this, but it is a very slow way to grow a practice and create production. So after about 18 months I was ready to leave, but because of the economic recession, I decided that was not a good time to open or buy a practice.

At that point, I took a position with a large corporation from the area that I will call KHMO, or technically, a private dental corporation that contracts year to year with corporate KHMO—what we would refer to as Health Plan. Although production was tracked, it translated to a portion of one's paycheck as the provider's majority of the compensation was salary-based. Incentives were based on a wide variety of parameters designed to encourage dentists to provide care that is focused on prevention and evidence-based dentistry.

This sounds like great place to practice dentistry. To keep the insurance plans affordable, however, this type of business model requires a large, growing patient base as you are both the insurance provider and the care provider. If a patient had a dental emergency we could get them in the

same or next day as we would leave two to three openings on every provider's schedule that could only be filled no more than one day in advance. But for routine treatment, it was not uncommon to have a wait time of up to ten weeks for an hour-long appointment or to receive a routine cleaning. If you care about your patients, which I believe most providers do, then you would squeeze appointment into time slots they did not fit into, often run late and work into lunch and stay late finishing treatment, charts, referrals, and patient-related communication. This would lead to patients being upset because it took them so long to get in for an appointment and then they had to wait extra time in the reception room. Your assistant would not be happy when you worked him or her late and into lunch. And the dentist was just worn out by the end of the week. I was always apologizing to my patients about the lack access for appointments and running late, and I felt like I started every appointment with a systemic deficit because I was always behind the eight ball. A typical long work day often meant an 11-hour day which was negotiated at a very quick pace. It became difficult for me to find a comfortable position to sit or sleep as my whole body would ache. I felt like having three days off per week was inadequate to feel rejuvenated to return to patient care. Other issues included having little control over my day-to-day schedule and any time off request had to be submitted six months ahead of time. We also had administrators, who have very little idea of what actually goes on at the clinical level, make decisions that affect how you are able to care for your patients. These decisions created as many or more problems than they solved for the clinicians.

## **Sometimes It Is the Right Place and the Right Time**

There were many good things about working for KHMO, but after a decade or more years, I was burnt out and ready to move on. It was time for me to pursue my dream which is to operate the small family-oriented practice like the one back in Gresham. I had just turned 40 and felt like it was now or never if I was going to go on my own. I had been looking at practices available on the market for about three years, but had not found the right fit for me. Then one day, I got a text from a classmate of mine. Her step-father's best friend, who is a dentist in Portland, was ready to retire and was looking for someone to buy his practice. He did not want someone right out of school and he wanted someone whom his colleagues knew and would recommend. The building would also be available for purchase in a few year's time.

It was a small four-operatory dental practice which was the oldest practice in the neighborhood, on the northeast side of Portland. It was started by the dentist's grandfather in the 1920s and moved into the current building that his father built in the late 1950s. His father, uncle, brother, and he had all worked in this practice and there was no other family member to pass it on to. It was the practice I had been looking for, so I jumped at it.

As it turned out, we knew a lot of the same people, and this made the transition very comfortable for both of us. The office was in a good location with good street visibility, private parking, and an established but aging patient base. Our personalities and more importantly, our practice philosophies are very similar. It seemed like a great fit, but I would be

moving from a group practice where I was toward the top of the pay scale with great benefits, unseen by any other employer in the region according to my financial advisor, with vacation which was similar to that of a tenured public school teacher, to running a business, and taking out a \$850,000 loan to purchase and renovate the dental practice.

It was a great office, but the colors and decor were frozen in the '80s. The practice was still using paper charts and chemical developers for radiographs. It was going to cost more than what I wanted to spend to update, but if I was going to make this my dream office, then this is what I needed to do. The cost of the practice itself was \$632,000, I spent \$120,000 in renovations and bringing all structures compliant with ADA code. The new design incorporated American Midcentury design with warm but clean Scandinavian style to accentuate the building's architecture.

### Often It Is Just Plain Hard Work

The remodel was one of the toughest transitions for me and my staff. I worked in the office starting the first week of December 2017 and we worked through the week leading up to Christmas. We then closed the office for two and a half weeks, from December 22 to January 8, at which time the majority of the remodel was projected to be done. Needless to say, it was not even close. We were also transitioning into EagleSoft from the paper charts system and all digital images, while learning to work with and lead a group of staff who had worked under the previous dentist for several decades. To use during the remodel, the contractor had given us a trailer in which we could put all the equipment and instruments except for

The era of the small, single-dentist, family-oriented dental practice is dying and being replaced by big corporate dentistry that lacks personal touch and character.

the patient charts and operatory chairs. He assured us that it was secure. The day after Christmas, the work crew returned to the office to find that the whole trailer was stolen and nothing was recovered. I lost about \$60,000 worth of instruments, handpieces, and materials which I had to eventually claim against my insurance but that did not pay out until months later. I had to take out an extra \$30,000 loan to purchase all necessary equipment, instruments, and materials so that the office remained fully functional.

For the next three months, we worked in an incomplete office, out of boxes, which we would move every Thursday before we closed for the weekend and then come back on Sunday late afternoon to get everything ready for Monday. It's a wonder that my whole staff stuck with me through all of this, but they were amazing, and we are a much closer team for it. I retained the whole staff consisting of two assistants, two hygienists, and an office manager. In the following months, I also bought a

digital panoramic x-ray machine (\$33,000, Acteon Trium, upgradeable to cone beam) and a digital scanner (\$30,000 iTero Element 2) that can be used for restorative procedures and Invisalign. This practice also did not have a website. I went through a local company for this, which I found to be surprisingly expensive as they do SEO and social network app management to draw new patients into your practice. At this point, I am not convinced on my ROI as I am about \$13,000 invested in it for setup and monthly services, but they have assured me that this takes time. After being open about six months, I also signed up for a service that makes it simple for people to leave reviews for my office on Google and another service that targets new people moving to the neighborhood. The marketing material is packaged as a welcome mailer which includes multiple small businesses in the area. This marketing tool seems to have the best ROI so far, as many of the patients have returned for recommended treatment and hygiene appointments.

I was able to retain about 90% of the existing patients. Most of people who left were people who had moved away years ago and with the previous dentist gone, the commute no longer made sense to them. Advertising my services is the least favorite part of my business. Advertising for dental and health care seems unethical and it misses the point of why most of us got into the helping profession. But in reality, I need to grow my business which is necessary for me to keep my services available to the public, to provide employment to my staff and

make economic contribution to the neighborhood. I am not looking to be wealthy but I have financial and familial obligation I must meet.

This first year in business has been very stressful. I was not sleeping well as I learned how to operate a business for the first time. I am good with people and I think that I am a decent dentist. But money seemed to be going out quicker than it was coming in and there was so much to learn about business, tax, and personal and employee law. I asked a CPA who ran due diligence during the purchasing process to help manage the financial part of the business which took a lot of the guesswork off my shoulders. Of course, there is a cost for the service, but they take care of everything from taxes and payroll, to producing reports on financial projections, which eases my stress when I have had a slow month. If you lack business knowledge, I highly recommend hiring a professional as it is well worth the cost. I have owned the practice for a year now and I am much more comfortable with the day-to-day operations of the clinic than I was six months ago.

## Learn All the Way Along

Was buying a practice worth it? Absolutely. Not a day goes by that I wish I was back at KHMO. I work about six to eight fewer hours per week than I used to. I have complete control over my office and my schedule. I am able to do the procedures that

I like, refer to specialists of my choice, use materials, instruments and equipment that I chose, and see patients in a timely manner, never feel in a hurry to run to the next room, or to the next patient. I have many large extended families that come to see me, sometimes three generations of the same family. I have elderly patients that have been coming to this office since they were small children. They know the staff well and now they also know me. I am expanding the type of procedures offered in my practice as my practice is set up to meet more complicated patient care needs. I have joined new study clubs and I am excited about dentistry again.

Corporate dentistry was slowly killing my soul to the point that I was even contemplating a new career. Leaving that world behind and finding and creating my dream practice has saved my career and renewed my passion for dentistry. Before I left the corporate world, I really resented going to work, but it gave me a steady paycheck and little worry when I was away from the office. Now I enjoy going to work. It is fun again, but I am constantly thinking of the office. As time has passed, it has gotten easier and I am able to worry less about my dental practice. Although there is more risk involved, I am happy to be doing it my way. My production is right on par with my predecessor this first year, while working three and a half days a week. I work hard, but not as hard as at my previous job, to the point that it is detrimental to my health. The practice is slowly growing with a few new patients weekly and there is plenty of room for more growth. The office is plumbed for six operatories and I may be able to bring on an associate in the future.

I have complete control over my office and my schedule. I am able to do the procedures that I like, refer to specialists of my choice, use materials, instruments and equipment that I chose, and see patients in a timely manner, never feel in a hurry to run to the next room, or to the next patient.

In all honesty, I will probably be making a little less money in my new practice this first year or so than I was in the corporate world, but I'm happier and healthier. I am also building equity in my practice and eventually in the building that I will buy. I also have the opportunity to build my own reputation as a dentist in the community, not confined by a corporate structure that felt like it was suffocating me. I have left a less risky situation and a steady income behind. I will probably have to work longer before I retire than if I stayed with KHMO, but those will be more fulfilling years and, with some luck and hard work, could also be more profitable. ■

# The Fast-Start Option

Marq J. Sams, DMD

## Abstract

Sometimes new dentists begin by buying an established practice. This option is possible if the dentist has advanced skills through postgraduate training and the practice has sufficient productivity to service educational and practice purchase debts. It is still essential, however, to personalize the practice to match the dentist's leadership style.

**Dr. Sams** limits his practice to periodontics in Wichita, Kansas; marq@implantandperio.com.



I've been blessed with a successful practice and have been able to see it grow more than I could have ever imagined. We have doubled the size of the team, tripled referrals and production, paid off student loans, paid off the practice, and relocated to double the size of the facility in the past eight years.

People often ask me what the secret is. There is no secret. Graduating my periodontal residency, I wanted what everyone else wanted. I wanted to have a practice that ran smoothly, produced quality therapy to help people, and produced a good income. The focus has changed slightly. There is more of a focus around the people, patients, team members, and the community. People are busier now and instant gratification is the norm. Creating an efficient, comfortable environment and having a well-trained team is necessary. But the Golden Rule is still applicable today. Do unto others as you would have them do unto you. If you apply this rule to every area of your business, I think you can't help but be satisfied. People want to know that you are working in their best interest and that you have done your due diligence. They want to know you have received the training you need to perform the procedure. It is assumed you have stayed abreast of current technology and trends in the market and you are continually learning and improving in leadership and business.

Discipline to work toward getting better and consistency over time is also important for success. It is said

that there are five stages to those small businesses that make it: (a) start-up, (b) survival, (c) success, (d) take-off, and (e) maturity. By buying an existing practice I was able to skip the first stage. We had enough existing customers, had a steady stream of referrals, and produced enough to sustain the practice. With the burden of the practice and student loans, my concern was whether we would be able to produce enough revenue. Of course this was the most trying time for me. I had a limited number of team members and all the major decisions were on me. I had taken over a successful practice, so the name of the ball game was do not mess anything up. I did not make any major changes for at least a year and a half. I wanted patients and the referring dentists to be comfortable and secure that the quality of the service we were delivering was not going to decline. I was undoubtedly assisted with reassurance from my predecessor who displayed his confidence in me.

Once I was confident that we were going to survive, we were able to make moves to enter into the success phase which we are in currently. We have attained good economic health and made a reputable name for ourselves in the general and dental communities. We have a better understanding of the systems that were previously in place and have created our own.

## A Model to Follow

My predecessor was an extraordinary leader. Through my study of leadership, I would say he is what Jim Collins calls a level 5 leader. Humility, discipline, passion, and ownership were some of the few qualities that he displayed. After 35 years of being a periodontist, he still was one the first to the office and one of the last to leave. Even with all he accomplished it was rare that I would hear him take credit for his success. It was always “we” and not “I.” I quickly noticed that he was always looking for the greater good. Taking ownership for failures will make you humble and is crucial for success. One thing he would tell me was, “The failures of the team always comes back to the leader.” If you poll the dental community and ask them if my predecessor had passion, undoubtedly the answer would be yes! He is a man of few words but when he speaks, people listen. Observing these qualities and knowing my own weakness, I knew I had to lean on my team and develop better leadership skills.

An average dentist with a good team will accomplish more than the best dentist with no team. Knowing that I had not run a practice and did not know how to, I depended heavily on the team in the beginning. It was a successful, productive practice. And as I have said before, my main goal was not to mess it up. I let only two team members go from the original group and that was over a six-year period. I asked a lot of questions about how systems worked and put a lot of trust in the team. I actually think they were energized by their ability to help me. It was easy to see that everyone

took ownership of the practice.

Ownership, I believe, is developed from the leader and time.

Though the team that I took over was excellent all the way around, they still needed a strong leader. I gleaned as much as I could from my predecessor and other mentors. But I also tried to reinvent myself by leadership conferences, books, podcasts, and relationships. Any way I could get information about leadership, I got it. I am still focused and intentional on being a better leader every day.

## Growing from Within

Organizational health is defined as an organization’s ability to function effectively, to cope adequately, to change appropriately, and to grow from within. And it begins with the leader. Organizational health creates an environment for everyone to learn from one another. Identifying critical issues and mistakes can be solved quicker and more efficiently. What are some signs of organizational health? Does everyone on the team know what direction the practice is going? Once that is established, as the leader you must identify those that are aligned with the vision and those that are not. Action must be taken promptly. If not, credibility is lost and infrastructure could be damaged in way that limits success and growth. There have been times that someone has had to be dismissed or has been encouraged to undertake employment elsewhere.

The vision is often restated to make sure we remain focused on the vision. Another sign of organizational health is the way ideas are executed. The vision can be restated and rephrased over and over but if action is not taken it’s all for nothing. Assessing what is an obstacle is pertinent for action to take place on a high level. It is encouraged for everyone to hold themselves

accountable but everyone needs assistance at times. Change is a sign of growth but also organizational health. Is your practice at least keeping up with the current technology and trends? True organizational health is innovative and stays ahead of the trends. We are in the early phase of being really innovative.

It is not just a focus on performance. It’s about developing leaders, continuously working to get better, advanced hiring, and understanding the market around you. We work on all of these continuously. Some are more of a focus than others. I think it is impossible for us to work on all of these at the same level at the same time in this stage of the game. We are striving to get there, but we are not there yet.

Organizational health, I believe, constantly evolves with time in a healthy and growing practice. We try to do many things to foster organizational health. Building trust amongst team member is one of the most important. One thing we do is I encourage everyone on the team to voice ideas and concerns. Everyone has the ability and opportunity to voice their opinions. This allows for a high level of collective intelligence which is a major part of organizational health. Collective intelligence allows for us to all better work towards and accomplish our goals. I feel that if I or only a few are making decisions, it can lead to discord and lack of group focus. Everyone has to be included. Trust and a mutual respect for each individual must be present. They don’t all have to be friends but do need to be socially sensitive. To build this trust we have the regular Christmas and summer parties where spouses are invited. We also have informal outings or activities away from the office on a

An average dentist with a good team will accomplish more than the best dentist with no team.

monthly basis. That can be at the local watering hole, bowling alley, escape rooms, etc. My favorite is to go out of town to a dental conference. It creates a lot of opportunity for personal communication between team members. Commonality is built around the conference. This can encourage practice ideas that can be uniformly accepted.

Other things we have done to build trust and better get to know each other is personality assessment tests. They are exercises that are fun but eye-opening and most effective when discussed openly. These assessments can help team members better understand each other and how to communicate with each other. Another benefit is self-awareness. It can help team members be more aware themselves and how they approach issues. It's amazing how little we know about a person that we sit one foot away from every day. What better way to build trust than to share who you are and where you came from?

It's not one activity or event that builds trust among team members. It is built and maintained by several actions over time. Trust is built with everyday interactions and, with time, it strengthens. This is one reason organizational health should be constantly evolving.

Dental consultants were instrumental in getting my landing gear up and allowing the practice to take off. I felt like we had a good grasp on everything on the business. The overhead was under control, production was good, and the team seemed

cohesive. I just didn't know why. I knew if I didn't know why, I would not know how to fix it when it broke.

In dental school you are taught to be a clinician, not a business owner. I never learned or acquired the skills to assess and manage a dental business. Consultants provided me with the understanding of the practice's status at that time, which was good. Once I had a better understanding of the business, I was able to see things better. My vision and goals were clearer which led to wiser decision-making. They took team members I had and aligned with my vision to improve practice efficiency and profitability. Tracking systems that we already had in place were improved upon and other tracking systems were developed to better assess the bottom line. Collecting data and evaluating it is necessary for growth and sustaining success. The information was at our fingertips but it only became useful when we could make sense of it.

As a dentist you have to wear so many hats: accountant, psychologist, marketer, and others. To have a successful, enjoyable, and profitable practice, it is necessary to have effective communication skills, growth strategies, marketing, systems, and leadership. An outside perspective that is trained to detect weakness and have tool or strategies to improve those weakness is often necessary. Even the best athletes have coaches. Consultant are coaches that are able to spot inefficiencies and uncover what is

preventing you from reaching your goals. For you to get your bang for your buck, you have to be open to change and your team will have to be adaptable. This is why organizational health is so important.

Just as valuable, if not more, than a dental consultant is a mentor. A good mentor is priceless. I mentioned my predecessor being my mentor. Without question, my practice would not be where it is today without his mentorship. He was model of professionalism. It is key to find someone that is well-respected among their colleagues and community. I realize sometimes it may be hard to find a mentor. I was fortunate enough to have my mentor by my side for a year and a half. He has continued to be a sounding board for me. His guidance provided development of interpersonal skills and practice management which otherwise could have been costly one way or another. The best way to handle a situation before it becomes a problem is not to have to go through it in the first place. A lot of times, a mentor is able to give you that insight. Some lessons cannot be taught in school or even by a consultant. Some lessons are learned only from real world experiences. Mentors are like an advance GPS. They can get you to your destination a lot faster, allow you to avoid delays en route, monitor your speed and tell

you if you are over the line. Sometimes just knowing someone is there for you is enough.

## Buy or Make?

Management teachers study the decisions organizations make for acquiring new capacity. The options are usually framed as “buy what others have made” or “make it yourself.” I think dentists always have to make their own practices. This is so even in my case were I stepped into a thriving practice.

Today lending conditions are not as loose as they were in 2007 but not as tight as they were in 2010. The early purchase of the practice and the aftermath of the 2008 financial crisis created an obstacle and an opportunity. Banks were hesitant to lend to someone who had no proof of cash flow despite the practice’s previous numbers. Thankfully, my predecessor was understanding of the situation. It took some time and persistence to find a bank that would take the risk on loaning the money to purchase the practice. Though hard to obtain a loan and the financial market was not great, there was an upside. To boost the economy, interest rates were at an all-time low which created an opportunity for me to pay my practice and school loans down quicker. With the rise in dental school debt, there is growing concern about having the income to pay back loans in a reasonable amount of time. The economy has changed but ways of paying back loans quicker have not. I encourage any new graduate to hold off as long as they can from wants and only get what they need. There is often pressure to go out and buy the new

house or car or both. There is much value in living below your means. Some of the best advice I got was to financially reinvest in myself and my practice. If you are going to go into more debt, make sure there is some financial return on the investment.

A factor to take into consideration when looking back at paying loans is location. I personally had the opportunity to move to California but I chose Kansas. People often ask me why. The earning potential to cost of living was greater. It’s tempting to want to go to the big city or more well-known places. Unfortunately, these places are saturated with dentists. Competition is much greater and the ability to make your presence felt is much more difficult. Big cities have a lot of nice amenities but everything has be taken into consideration. Wichita is not an extremely small city and has enough to satisfy my wants and needs. It’s a great place to raise a family. I spend most of my time working and with my family. When I do take a vacation, I am typically going far away from home.

When I started, the practice was located in a 3,200 square-foot space and had nine team members. Over the past eight years the practice has experienced tremendous growth. We are now located in a 7,800 square-foot building and have 15 team members. I made a decision to move when it was absolutely necessary. I had been practicing for five and a half years. I had almost a year left on my lease, space was becoming limited as the team continued to grow, some of the equipment was getting old, and the area where we were located was starting to come down. I didn’t think it was the safest environment for my team and patients. I had to think about what I was communicating to my team and patients. I wanted to

instill confidence in them all. I intended to build but an opportunity came up to buy an existing dental building. The building with some changes would improve patient comfort, team satisfaction, and office efficiency. The 15-year-old brick building is located in the medical district. I was able to remodel to my satisfaction. The floor plan has increased office efficiency, creating a balance efficient track flow and comfortable movement between work spaces. The practice has ten treatment rooms, consultation room, semi-private checkout area, recovery room, and a conference room. We currently use about 6,200 square feet and have room for practice growth.

I appreciate and I am honored with the awards and recognition our practice has received. But I like a saying I heard one time, “Don’t think yourself too important.” I try not to dwell on the past but focus on the future. There are so many layers to having a successful solo dental practice especially with the market changing. With the rise in corporate and managed group practice there is a definite threat to the solo model, to put it lightly. Many say that solo practices will be extinct in the next couple of decades. So, I have to seriously think about how this is going to affect my future and what changes do I need to make now rather than later. We have experienced success early but the goal is to continue growing and being successful. The hard part is going to be remembering what got us here to grow on our success: leadership, team, mentorship, and the Golden Rule. With striving for excellence and growth at the forefront, it’s exciting to think about all the challenges and potential the future will bring. ■

# Submitting Manuscripts for Potential Publication in JACD

Manuscripts for potential publication in the *Journal of the American College of Dentists* should be sent as attachments via e-mail to the editor, Dr. David W. Chambers, at [dchambers@pacific.edu](mailto:dchambers@pacific.edu). The transmittal message should affirm that the manuscript or substantial portions of it or prior analyses of the data upon which it is based have not been previously published and that the manuscript is not currently under review by any other journal.

Authors are strongly urged to review several recent volumes of *JACD*. These can be found on the ACD website under “publications.” In conducting this review, authors should pay particular attention to the type of paper we focus on. For example, we normally do not publish clinical case reports or articles that describe dental techniques. The communication policy of the College is to “identify and place before the Fellows, the profession, and other parties of interest those issues that affect dentistry and oral health.

The goal is to stimulate this community to remain informed, inquire actively, and participate in the formation of public policy and personal leadership to advance the purpose and objectives of the College.”

There is no style sheet for the *Journal of the American College of Dentists*. Authors are expected to be familiar with previously published material and to model the style of former publications as nearly as possible.

A “desk review” is normally provided within one week of receiving a manuscript to determine whether it suits the general content and quality criteria for publication. Papers that hold potential are often sent directly for peer review. Usually there are six anonymous reviewers, representing subject matter experts, boards of the College, and typical readers. In certain cases, a manuscript will be returned to the authors with suggestions for improvements and directions about conformity with the style of work published in this journal. The peer-review process typically takes four to five weeks.

Authors whose submissions are peer-reviewed receive feedback from this process. A copy of the guidelines used by reviewers is found on the ACD website under “How to Review a Manuscript for the *Journal of the American College of Dentists*.”

An annual report of the peer review process for *JACD* is printed in the fourth issue of each volume. Typically, this journal accepts about a quarter of the manuscripts reviewed and the consistency of the reviewers is in the  $\phi = .60$  to  $.80$  range.

Letters from readers concerning any material appearing in this journal are welcome at [dchambers@pacific.edu](mailto:dchambers@pacific.edu). They should be no longer than 500 words and will not be considered after other letters have already been published on the same topic. [The editor reserves the right to refer submitted letters to the editorial board for review.] Where a letter to the editor refers specifically to authors of previously-published material or other specific individuals, they are given an opportunity to reply.

This journal has a regular section devoted to papers on ethical aspects of dentistry. Manuscripts with this focus may be sent directly to Dr. Bruce Peltier, the editor of the Issues in Dental Ethics section of *JACD*, at [bpeltier@pacific.edu](mailto:bpeltier@pacific.edu). If it is not clear whether a manuscript best fits the criteria of Issues in Dental Ethics, it should be sent to Dr. Chambers at the e-mail address given above and a determination will be made.

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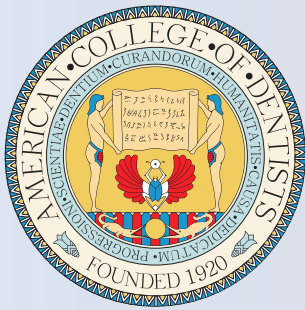
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