

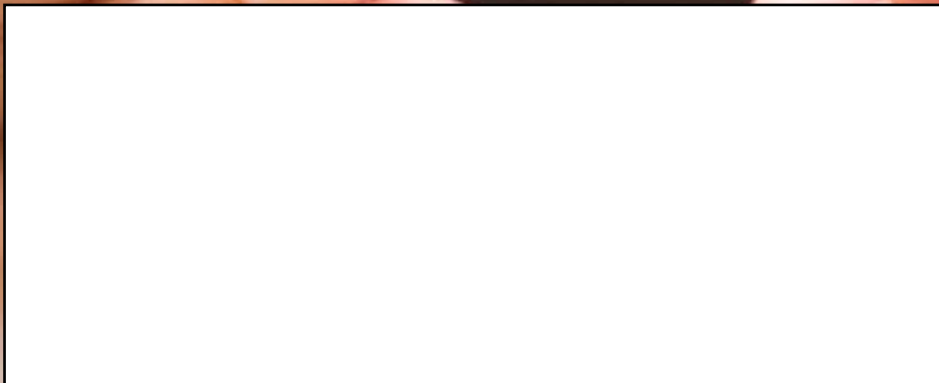
ODA JOURNAL

VOLUME 100/ISSUE 6

SEPTEMBER 2009

The official publication of the Oklahoma Dental Association

**PRACTICE MANAGEMENT:
A BALANCING ACT
PG. 16**





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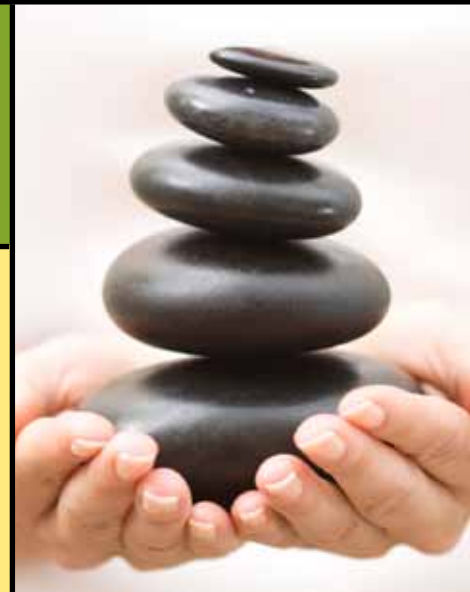
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Message from the Executive Director Lynn Means

As you know, after six and a half years, Dana Davis was forced to step down due to health challenges she has struggled with for years. Dana was very good for this Association and she worked

tirelessly to assist your leadership in implementing new policies and procedures designed to safeguard the ODA's integrity, and helped develop programs that increased member involvement, the ODA's presence at our state Capitol, and access to oral health care for the underserved in our state. Dana's priorities were always perfectly aligned with the Association's priorities and she left very big shoes to fill, to say the least. I am very grateful for the last three+ years under her leadership. And I am humbled and so incredibly honored to be your Executive Director and to have the opportunity to serve the ODA in this new role. Please feel confident that as I represent you, I will work my hardest to maintain the ODA's exemplary reputation. And I will always be working to show you the value in your membership. I am a true believer that success stems 100% from communication. In that vein, please call me any time you have an idea, a suggestion for how we can do something differently or better, or when you just want to be heard. I can't help you or take steps to improve a situation if I don't know about it. I hope as you hear ideas, suggestions, or complaints (and hopefully some compliments) from other members, you'll share those with me, as well.

We have other staff changes that have occurred this summer. Shelly Frantz has been promoted to Director of Finance and Governance. Shelly celebrated her 7th anniversary with the ODA in February; this promotion recognizes her for her loyalty, longevity, experience, and vast ODA knowledge. Stephanie Trougakos was also promoted to Director of Communications. Stephanie has been serving the ODA as Publications/Advertising Manager since June, 2004, and will now assume all Association communications responsibilities and our numerous dental education programs. Kim Loving-Proby's title has been changed to Communications Assistant to better represent her responsibilities. I'm also happy to introduce you to our new Director of Membership and IT, Angela Little; our new Membership Services Manager, Jerrell Welch; and our new Operations Manager, John Bobb-Semple.

Each brings a new energy and many fresh ideas. Although we did not increase our staff size, we were able to restructure in a way that will allow us to be more productive and to work more effectively as a team. I feel very confident that these changes are going to best serve your Association. The changes have been surprisingly smooth so far because everyone has really pulled together as a team through the transition. I want to take a minute to tell you how wonderful your ODA staff is. They work hard every day to not only meet but exceed your expectations. Their commitment to the "above and beyond" continues to amaze me. Your Association is in great hands!

We had an extremely successful 2nd Oklahoma Dental Leadership Summit in Norman last month! For those of you who were able to attend, I'm sure you'll agree that many good ideas were generated and the opportunity to all come together to share concerns, and to brainstorm ways to address those concerns, was invaluable. Here are some comments that came directly from the evaluation forms: "The integration of all the different dental groups was essential to brainstorm solutions – we needed all of it. Great job!", "It was great to get all the entities together in the same room to talk openly and honestly", and "I was very impressed by all the different groups that were represented and their contributions". We will be putting together a final report from the Summit and will publish it in a future *ODA Journal* issue soon.

Lastly, I want to encourage each of you to start planning now for the inaugural Oklahoma Mission of Mercy (OkMOM) scheduled for February 6 & 7, 2010, in Tulsa! Plan to bring your staff, too! OkMOM will be two days of absolutely free dental care, on a first-come, first-served basis, for the underserved in our state. We expect them to come from all over Oklahoma and we plan to treat 1,000 each day. Check out the new OkMOM Web site at www.okmom.org. Volunteer registration will be open October 15; be sure to go online and register you and your staff! We're going to need your time and talents in order to make this project successful – thank you in advance for your help!

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Calendar of Events

October 2009

1st - 6th

– ADA Annual Session: Hawaii

8th

– ODA "After Hours" CE: ODA, 6:00 PM

13th

– TCDS Evening Meeting: Tiamo's Restaurant (Tulsa), 5:30 PM

14th

– Children's Oral Health Coalition Meeting: ODA, 10:00 AM

15th

– OUCOD DentFest: OUCOD, 5:00 PM

19th

– Retired Dentists Lunch: ODA, 11:30 AM

22nd

– TCDS New Dentist Party/Executive Committee Meeting: 6:00 PM

– OCDS Spouse Night: 6:00 PM

23rd

– ODA New Dentist Seminar: ODA, 8:30 AM

27th

– OCDS Board Meeting: ODA

30th

– ODA Annual Meeting Planning Committee Meeting: ODA, 1:00 PM

November 2009

3rd

– TCDS Executive Committee Meeting: Tiamo's Restaurant (Tulsa), 6:00 PM

6th

– ODA Board of Trustees Meeting: ODA, 1:30 PM

– TCDS All-Day Meeting: Tulsa Renaissance Hotel

10th

– TCDS Evening Meeting: Tiamo's Restaurant (Tulsa), 5:30 PM

12th

– OCDS General Assembly

13th

– OkMOM Planning Committee Meeting: ODA, 9:00 AM

– ODA Council on Dental Education & Public Information Meeting: ODA, 1:00 PM

– OCDS CE Meeting

16th

– Retired Dentists Lunch: ODA, 11:30 AM

26th

– ODA Offices Closed

27th

– ODA Offices Closed

THE OKLAHOMA DENTAL ASSOCIATION JOURNAL (ISSN 0164-9442) is published ten times per year by the Oklahoma Dental Association, 317 NE 13th Street, Oklahoma City, OK 73104, (405)848-8873. Annual subscription rate of \$8 for ODA members is included in their annual membership dues. Rates for non-members are \$40. Single copy rate is \$8, payable in advance. Periodical postage paid at Oklahoma City, OK POSTMASTER: Send address changes to OKLAHOMA DENTAL ASSOCIATION JOURNAL, 317 NE 13th Street, Oklahoma City, OK 73104. Opinions and statements expressed in the OKLAHOMA DENTAL ASSOCIATION JOURNAL are those of the author and are not necessarily those of the Oklahoma Dental Association. Neither the Editors nor the Oklahoma Dental Association are in any way responsible for the articles or views published in the OKLAHOMA DENTAL ASSOCIATION JOURNAL.



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SPOTLIGHT

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Data Protection for Your Practice

It goes without saying that the priority of dental practices is, well, caring for patients. Anything that detracts from the core function of taking care of teeth goes against the purpose of a practice.

Unfortunately, many things related to a dental practice have absolutely nothing to do with teeth. From filing dental claims to dealing with employees, many functions of a practice are necessary to make the operation run effectively and protect a dentist's investment. Among those are backing up ever-growing computer files such as financial records, patient images, e-mail, medical records and others. Unfortunately, people whose primary responsibility is to look after patients and see to the day to day running of the office are confronted with tape rotation schedules, verifying backup integrity, data restore validations, and the entire myriad of tasks involved in a comprehensive business continuity strategy. Therefore, many practices are not backing up their data, while few do so every day, but then store the files in a closet thinking they're secure. At the end of any given day, an employee might remember to copy files to a tape or external hard drive, turn off the lights and go home. Mission accomplished.

Not so fast. If a dentist likes living on the edge, then he or she will continue with the manual process currently being done. The only dangers involved in such antiquated activity are losing every single file, patient record, and dental image that's located on the server or office computers. In other words, seriously damaging the dentist's reputation or even losing the practice.

Smart dentists don't live on the edge when it comes to backing up critical business files as they avoid the risks associated with failing to protect data. As old and clichéd as it may be, the "computer revolution" transformed the way businesses do business. There's absolutely no reason to risk losing that critical data.

There's so much more to protecting critical business data than using a manual process with tape or external hard drives. Here is important advice when developing and implementing a successful data backup strategy:

1) **Security:** Backup files should be encrypted to ensure total privacy. It's also vital that a chosen backup vendor has a minimum of two geographically separated and fully redundant facilities located over 100 miles apart. Look for other important certifications like SAS 70 Type II. These qualifications ensure that a vendor has met high standards from a credible independent third party.

2) **Automation and Validation:** Update your manual process to a more consistent one so backups occur on a daily basis. Make sure you can verify what activities have taken place and be notified if there are any problems. What you don't know can really hurt you.

3) **Off-site:** Data should be electronically stored off-site in case of disasters such as floods, fires, or tornadoes. This is automatic when employing the right technology, and it drastically improves your disaster recovery and business continuity plans.

4) **Scalability** is essential since data is growing faster than ever before with digital images, e-mail, and many other uses of technology. Establish guidelines for long-term archiving of data required for regulatory compliance and the removal of it when it becomes obsolete.

5) **HIPAA compliance** can be accomplished by choosing a trustworthy online backup company. HIPAA compliance will constantly be a struggle as regulations will undoubtedly continue to increase. Making sure your data protection strategy meets HIPAA compliance standards takes one more headache off your hands.

6) **Service:** Don't settle for a frequently asked question (FAQ) Web page or e-mail to be your level of service. You need to know you can talk to an experienced and highly trained technician or engineer to ensure any questions or problems are handled with the utmost expertise.

Implementation of important data backup and recovery tips like those above will allow a dentist and staff to do what they do best.... care for the patient. So, how do you protect your data? Do you know if your practice is "practicing" these important items in your everyday business? All of the above challenges that dentists face today are why ODA endorses CoreVault. CoreVault brings expertise, professionalism, support, and trust to the services it provides to dentists and businesses across the country. You can trust CoreVault as many other state dental associations in addition to Oklahoma already do. At the end of the day, CoreVault focuses on its core business: protecting data, thereby allowing dental practices to focus on their core business...taking care of the patient.

For more information, visit us at www.corevault.com, or call us toll-free at 888-356-2709.



ODA PATIENT'S PAGE

This message brought to you by your dentist - a proud member of the Oklahoma Dental Association

When Should I Start Brushing Baby's Teeth?

Parents should start brushing their children's teeth as soon as they appear in the mouth. It is also a good idea to use a clean finger or damp cloth to wipe a child's gums before teeth even appear. Flossing should be started after two teeth have erupted next to each other to prevent cavities between these teeth. Flossing is especially important for the molars as they are generally closer to each other than the front teeth. Oral hygiene becomes more important for children who drink a lot of juices and eat more sweet items.

Use a soft-bristled toothbrush and a very small, pea-sized amount of toothpaste. Milk and juice during the day are fine if you are brushing your child's teeth 2-3 times per day. Do not send your child to bed with a bottle of anything other than water.

As long as teeth are present, tooth decay is a concern. Sometimes brushing and flossing a child's teeth can be a battle of wills. Deciduous (baby) teeth play a very important role in child development and they should be given proper attention and care.



**The American
Dental Association
recommends that
a child be seen by
a dentist as soon
as their first tooth
erupts, but no
later than their
first birthday.**

LEGISLATIVE LOOP

September Legislative Update



By: Oklahoma Senate Pro Tempore Glenn Coffee

Oklahomans can look back at the 2009 Legislative Session and confidently know we worked hard on their behalf. We are proud of the quality reforms passed in an effort to make Oklahoma a more business-friendly state in an ever-changing economy.

Oklahoma set a standard this past session with the passage of landmark tort reform legislation. I was honored to be a part of such an historic event and

authored along with Rep. Dan Sullivan of Tulsa, House Bill 1603 – the comprehensive lawsuit reform bill which passed both houses and received the Governor's signature into law.

The multi-faceted agreement includes several key components of reform which will not only improve health care access for all Oklahomans, but also assure the health and viability of small businesses in the state. Additionally, HB 1603 provides protections to the medical and business community from frivolous suits while protecting the right to a trial by a jury of their peers for those truly injured.

The efforts made in bringing this reform to life are to be applauded. For years we've worked toward making this day a reality and the significance of this achievement cannot be overstated.

My eleven years in the Senate have been committed to bringing a more favorable business climate to Oklahoma, and the success of HB 1603 moves us in that direction. A spirit of cooperation was exhibited by all parties in this negotiation, which reveals what can be done when people negotiate in good faith toward a mutually beneficial goal.

Other significant reforms in this legislation include volunteer liability and emergency volunteer immunity, providing protection for dentists and doctors who volunteer their service in times of crisis or need.

The bill was a collaborative effort in good faith negotiating between the Senate, House, Governor and mineral owners, with strong support from the Oklahoma State Chamber, the Oklahoma State Medical Association, the Physicians Alliance for Tort Reform, Oklahomans for Lawsuit Reform, and many others.

The provisions in HB 1603 will also aid this year's Dental Mission of Mercy legislation, House Bill 1059. HB 1059 permits out-of-state dental licensees participating in public health initiatives or disaster community service events, who wish to donate their expertise for the dental care and treatment of indigent and needy persons of the state, to receive a special volunteer license.

We're proud of the progress we made in 2009, and look forward to another productive session in 2010.



2009 DENPAC Capitol Club Members

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Jandra Mayer-Ward
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Raymond Plant
Steven Powell
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Join the DENPAC Capitol Club today!

Contact Lynn Means at
lmeans@okda.org or
800-876-8890 for more information.

In Memoriam

George Coe, Jr.
June 2009

Robert Owen
August 2009
ODA President
1974-75

Robert Farrand
August 2009

Harry Long
August 2009

**bulletin
board**

**Looking for fans...
Looking for followers...**

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Twitter: OklaDentalAssoc**



CONGRATULATIONS
to ODA member Dr. Vincent Montgomery, (Oral Surgeon, Norman) on being the newest Delta Dental of Oklahoma board member.

International College of Dentists (ICD) News:

In 2010, the USA section of the ICD will hold its annual CE meeting aboard the Holland America ship, the Zuiderdam. This Panama Canal cruise will depart from Ft. Lauderdale, Florida on March 3, 2010. Contact your local ICD chapter for more information.

REMINDER!

Open enrollment is coming up for many insurance carriers. Encourage your patients to make changes.

Gordon Christensen:

On Friday, February 12, 2010, Tulsa County Dental Society will host Dr. Gordon Christensen for an all-day CE course. Don't miss it!

EMAIL! EMAIL!

In an effort to reduce operational costs, the ODA is making a concerted effort to communicate with the membership electronically. Because electronic communication is much more timely and cost-effective, please notify the ODA with your E-mail address.

Delta Dental of Oklahoma announced a grant to the Oklahoma Dental Foundation for up to \$285,000, the single largest gift received by the ODF. Funds will allow the Foundation to dramatically increase the number of communities and patients served through the Mobile Dental Care Program. Included in the grant was funding to update the Winnebago with an inviting and child-friendly wrap.

"The Delta Dental of Oklahoma Charitable Foundation has been a sponsor of the Mobile Dental Care Program (MDCP) since inception. The mission of the program, to provide care to the neediest Oklahomans in areas with the least access, is parallel with the mission of our Foundation. However, the key to the program has always been volunteer dental professionals — without them no care is delivered. When the ODF proposed a plan to potentially triple the number of patients reached, we committed to fund a two-year pilot project. We're honored to be a part of this worthy mission and look forward to seeing the ODF team reach their objectives."

John Gladden, President
Delta Dental of Oklahoma



WE NEED YOUR HELP

Dear Friends/Colleagues,

The Oklahoma Dental Association is six months away from its inaugural Oklahoma Mission of Mercy (OkMOM) in February 2010. This worthwhile mission is to deliver dental care to the underserved citizens in our state. Our first OkMOM will be held on February 4-7, 2010, (treatment days are scheduled for the 5th and 6th) at the Tulsa Convention Center in Tulsa, Oklahoma. We have also scheduled 2011 and 2012 in Oklahoma City and McAlester, respectively.

We are anticipating treating approximately 2,000 patients over the course of two days. As such, more than 700 volunteers, including dental professionals and lay persons, will be needed to make this event a success. Whether you want to serve in a treatment capacity or volunteer as a parking lot attendant, food service personnel or central supply staff, there is a place for you at OkMOM!

So, yes, we are asking for your help! If your schedule allows, we are asking that you volunteer your time. We can promise the time spent with the other OkMOM volunteers, of which many are your friends and colleagues, will be fun and richly rewarding. However, if you are unable to volunteer your time, we ask that you make a small, tax-deductible, financial contribution of \$100 to help cover a wide variety of OkMOM expenses. As you can imagine, a mission of this magnitude requires many supplies in order to be successful.

The Delta Dental of Oklahoma Charitable Foundation has generously granted \$150,000 to OkMOM this year but we can't sit back and let others fund our program. We need to be heavily involved. If you would like to make a financial contribution to OkMOM, please send your check to the Oklahoma Dental Foundation and write "For OkMOM" on the memo line. Remember, the full value of your donation (100%) is tax-deductible and will be used for OkMOM supplies.

Please, please, please help make this program a success by donating your time or money. After all, our very own ADA Code of Professionalism espouses the attributes of care, compassion and empathy for the underserved. **Service to others is what we are all about.** Be part of something wonderful, be part of the Oklahoma Mission of Mercy.

Thank you in advance for your generosity!

Sincerely,



W. Scott Waugh
W. Scott Waugh, DDS
OkMOM Supplies Lead



C. Rieger Wood, III
C. Rieger Wood, III, DDS
ODA President



Lynn Means
Lynn Means
ODA Executive Director

a perfect opportunity to pay it forward...what an amazing event...it was an experience you will never forget...my life story changed because of this mission...a perfect opportunity to pay it forward...what an amazing event...it was an experience you will never forget...my life story changed because of MOM...a perfect opportunity to pay it forward...what an amazing event...it was an experience you will never forget...my life story changed because of MOM...



The Oklahoma Dental Association and the Delta Dental of Oklahoma Charitable Foundation are proud to launch the first annual Oklahoma Mission of Mercy (OkMOM), scheduled for February 4-7, 2010, at the Tulsa Convention Center. Treatment is scheduled for February 5-6.

Two days of absolutely free dental care to the first 1,000 children and adults each day. OkMOM will be a 90-chair, fully functional dental facility which will require over 1,000 volunteers to be successful.

WE NEED YOUR HELP! MARK YOUR CALENDAR!

How do I sign up?

Go to www.okmom.org to sign up.
Volunteer registration begins October 15, 2009.

Do I have to be a dental professional to volunteer?

No!! We need volunteers for many different roles.

When would you need me?

We'll need volunteers February 4th, 5th and 6th.
Several shifts are available each day. Please visit www.okmom.org for available shifts.



Oklahoma Dental Association
2010 AWARDS NOMINATION FORM
DEADLINE FOR NOMINATIONS IS DECEMBER 31, 2009.

NOMINEE INFORMATION (please print clearly or type)

Name: _____ Award Nomination for:
_____ Dentist of the Year
Current Address: _____ _____ Young Dentist of the Year
_____ Thomas Jefferson (Citizenship)
City: _____ _____ Robert K. Wynne (Public Info)
_____ Dan E. Brannin (Professionalism)
State: _____ Zip: _____ _____ Richard T. Oliver (Legislative)
Phone: _____ Fax: _____ ODA Member Since: _____
Date of Birth: _____ Email: _____

NOMINATED BY

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____ Fax: _____

NATIONAL, STATE &/or LOCAL POSITIONS HELD

Organization/offices held: (please use additional pages as necessary)	Year
_____	_____
_____	_____
_____	_____
_____	_____

List all dental-related work experience in chronological order with dates: (please use additional pages as necessary)

Please attach letters of recommendation, references and other documentation as necessary.

Submitted by: _____ Signature: _____

DEADLINE FOR NOMINATIONS IS DECEMBER 31, 2009.

Please use a separate form for each award nomination. Photo copies of this original form will be accepted. A letter of nomination must accompany each nomination describing the nominee's accomplishments and other contributions.

Submit to: Oklahoma Dental Association, Attention: Member Awards, 317 NE 13th Street, Oklahoma City, OK 73104

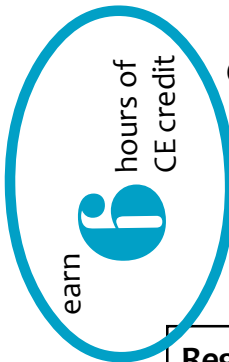


presents the

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**Medical Emergencies
in the Dental Office -
What Situations
Warrant the Status
"Emergency"?**

presented by Dr. J. Mel Hawkins



Friday, October 23, 2009

8:30 AM - 4:30 PM

Lunch included



Oklahoma Dental Association

317 NE 13th Street

Oklahoma City, OK 73104

(405) 848-8873

(800) 876-8890

Register by October 15, 2009!

Registration:

ODA Member Dentist: \$89

Non-ODA Member Dentist: \$134

Student: \$12

To register, call / email Jerrell at the ODA:

(800) 876-8890 / jwelch@okda.org

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2010 ODA Annual Meeting

CE Preview: Char Sweeney, CDPMA



Char Sweeney began her career in dentistry in 1979 as a chairside dental assistant. She attended Ferris State University and the University of Alaska, and received her degree in Allied Health Science Dental Technology. She returned to private practice as a business

assistant, and eventually, a practice administrator. She was an independent practice management consultant prior to joining Linda L. Miles & Associates in 1992. Char has lectured at numerous dental meetings, including the Greater New York, Masters of Dentistry in Australia, Hinman Dental Meeting, the American Dental Association Meeting, and the Seattle Study Club National Symposium. She is a graduate of the Dale Carnegie Institute, a member of both the Academy of Practice Management Consultants and the Speaking/Consulting Network, and has been published in numerous journals and newsletters throughout the country. Her experience and enthusiasm for dentistry, as well as her love of people, enable her to offer concrete solutions to the daily stumbling blocks all practices encounter. She has worked in both the business and clinical aspects of dentistry, and understands the unique challenges that both areas face. Her goal is to help clients create a sound business plan and assist everyone in reaching their true potential. On a personal note, she has been married to Dr. Dale Sweeney, a periodontist, for 23 years; they have two daughters, Taylor, 14 and Alexa, 12.

The Ten Latest Trends in Practice Management

Three (3) Hours of CE Available

Friday, April 23, 2010

8:00 am – 11:00 am

Lecture format

Recommended for the entire dental team!

Dentistry has changed more in the last five years than it has in the previous twenty. Every practice has the potential of becoming an exceptional practice with the right attitudes, strategies, and an eye to the future. This course will examine the ten latest trends for marketing and managing your practice, and why the “old” rules in practice management may no longer apply. Participants will also learn the latest techniques for:

- Attracting and retaining dedicated, loyal team members.
- Marketing.
- Effectively using your “non-patient” time.
- Creating a more profitable hygiene department.
- Win-win financial negotiating with patients.

Teamwork Strategies: From Sabotage to Support

Three (3) Hours of CE Available

Friday, April 23, 2010

2:00 – 5:00 pm

Lecture format

Recommended for the entire dental team!

A thriving dental practice is one in which the dentist, staff, and patients understand the qualities necessary for success. With each person on the dental team having unique behavioral styles and talent, how is office competition and rivalry prevented? This program is packed with information that is useful, practical and easy to implement, and offers concrete solutions to the daily stumbling blocks that all practices face. In this exciting half-day program, geared for the doctor, spouse and total team, the following topics will be addressed:

- The doctor’s role as the leader and business owner.
- How to motivate employees, and identify what they really want.
- How to eliminate “inner” and “outer” circles.
- Clarifying and meeting the staff’s expectations.
- Creating commitment to the practice philosophy and each other. Motivating patients to keep appointments, return for continuing care, and keep their financial agreements.



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of working in
style.

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A REBALANCING ACT

“Don’t put all your eggs in one basket.” If this everyday piece of advice comes to mind when thinking about your investments, then you may already understand the importance of a diversified portfolio. But even the most carefully composed investment portfolios can get out of balance from time to time. To make sure your portfolio stays on track to helping you reach your goals, it’s important to take the time regularly to rebalance your portfolio to make sure it’s still in line with your investment objectives.

Some of the most common reasons your portfolio could get out of balance would involve a change in the ratio of the asset classes in your portfolio, or a change in the value of your various assets. Asset classes refer to the general types of investments that make up your overall investment mix: stocks, bonds, cash, mutual funds and exchange-traded funds, to name a few. As the respective values of those various investments change, the proportions in your portfolio will change as well. That’s why it’s important to check in on your investments to make sure the division of your assets doesn’t stray too far from the allocation you want.

To help understand this problem, let’s take a look at how your portfolio can get out of balance. Consider a very basic portfolio made up of stocks, bonds and cash. Out of these three asset classes, stocks are likely to see the biggest price fluctuations. If the price of your stock position rises significantly, the overall percentage of stocks in your portfolio grows in relation to the percentage of cash and bonds. The proportion of cash and bonds is therefore decreasing.

This imbalance may increase the volatility of your portfolio as a greater percentage of your assets face a higher level of risk, due to the fact that stocks tend to carry a greater level of risk. At the other end of the spectrum, if your stock prices drop, the percentage of equity assets in your portfolio decreases as well. The risk is lowered, but so is your opportunity for growth.

Another way to look at it is to consider a hypothetical example with numbers. Let’s say you invest \$100,000 in bonds and \$100,000

in stocks at the beginning of the year. By year end, you see that your stake in bonds has grown to \$104,750 (for a return of 4.75 percent on the year) while your stock holdings are now worth \$115,600 (or a 15.6 percent return).

While that’s a nice overall return for your portfolio, you’ll notice that your investment mix in stocks and bonds has strayed from the even 50-50 you started with at the beginning of the year. At this point, your portfolio is 52.5 percent stocks and 47.5 percent bonds, and at this pace the difference could get much bigger in just a few more years. Rebalancing helps put you back in line with your original allocation.

When your portfolio gets out of balance, it’s important to realign your investments by making adjustments in accordance with your long-term strategy. Meeting with your financial advisor on a regular basis to discuss your asset allocation can help you spot significant changes and make the necessary adjustments to get your portfolio back on track.



This article was written by Wells Fargo Advisors and provided courtesy of: Cohlma Advisory Group of Wells Fargo Advisors, LLC
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Increase Case Acceptance in a Difficult Economy

By Roger P. Levin, DDS

Case presentation drives production and spurs practice growth. Without a strong case presentation system in place, your practice could face flat or lost production... something you can't afford to risk in today's economy.

The good news is that many dental practices increase case acceptance significantly, for both need-based and elective treatment, simply by implementing a strong case presentation system.

Value Creation

Value creation must be incorporated into every aspect of case presentation. From the very first phone call through the moment the patient says "yes" to treatment, you must build value for dental care and for the treatment.

It is no longer sufficient simply to schedule patients, perform a diagnosis, and tell them what treatment you recommend. Instead, you must build value for the treatment by addressing all potential questions and concerns, including:

- What is the treatment?
- What are the benefits?
- Why should the patient undergo this treatment?
- How long will the treatment last?
- Will it hurt?
- How much will it cost?

All of these concerns need to be incorporated into a case presentation based on a sense of trust for the doctor and the team. Do patients believe that you're truly recommending treatment for their well-being? Trust is an essential ingredient of value creation and one of the best ways to achieve that trust is through building strong relationships with your patients. Ask them questions. Show interest in their hobbies and careers. Provide them with plenty of information. All of these communication tools lead to increased patient trust.

Flexible Financial Options

Once patients are ready to accept treatment, the final determining factor is often the cost. Offer the following four flexible financial options to ensure that patients of different financial situations can fit treatment into their budget:

- Pay up-front in cash, receive five percent off
- Credit card
- Half at the start, half before the end of treatment
- Outside patient financing from a program

Here is an example of effective scripting to use when presenting payment options to your patients:

"Mrs. Smith, let me review our four convenient financial options, and then we can select the one that best meets your needs."

Note that we focus on the patient by using the individual's name, and then inform the patient that there are four options. The script uses the power word "convenient" to highlight the benefit of those payment options and ends with a statement that shows we're thinking about the patient's needs.

Financial options are a critical component of the case presentation process. Today, there are practices generating \$100,000 to \$200,000 in additional production because they offer flexible patient financing options that are comfortable for the patients.

I suggest you offer all four financial options to each patient and develop clear scripting that explains these opportunities.

Practices can dramatically increase production, even in today's economy. In fact, practices can double in size in 18-24 months by incorporating a strong case presentation system. Are you ready to bolster production and start realizing your growth potential?

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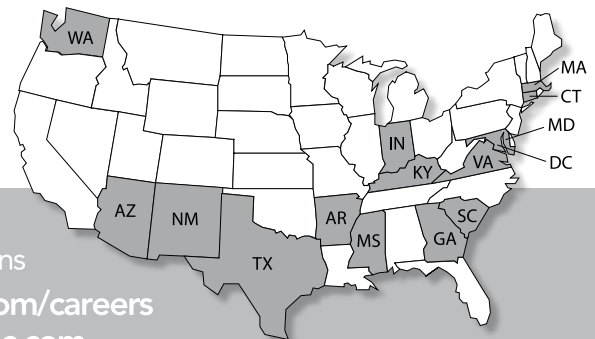
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“But you approved my vacation three months ago. I can’t help it that you don’t remember.”

“If the office doesn’t open until 8 a.m., why do I have to be here earlier for a meeting?” “Are we paid overtime for this?” “Why can’t I wear flip-flops? The patients don’t notice my feet.” “Why does Amy always get away with that?”

Employee questions and issues come up every day in the dental practice. And too often dentists find they’ve positioned themselves as the go-to person for all the answers. Although it’s not necessarily a role they want or enjoy, they reason that their practices are small operations. They think they don’t really need formal policies and their staff wouldn’t want them anyway – both incorrect assumptions. More on that later.

The dentist, meanwhile, is dealing with matters on a case-by-case basis, thereby digging his/her way into the biggest practice policy hole of all – inconsistency. Without established policies or documented procedures for even the most fundamental management issues, the doctor sets him/herself up for a multitude of personnel headaches, not to mention possible litigation.

Oftentimes, when consistency is lacking, the staff perceive the doctor to be perpetually waffling: One person asks him/her what the policy is on this and he/she says one thing, the next time there’s a different answer. Or “special circumstances” will warrant an exception but nowhere is it spelled out what those “special circumstances” might be – employees are left to guess how the doctor will respond.

Situations become extremely stressful and frustrating for both doctors and team members when there are few, if any, clearly established guidelines for handling day-to-day concerns such as time off, dress code, vacation policy, sick time, work hours, etc.

Moreover, most employees walk into a job wanting to be successful, seeking to understand the expectations so that they can effectively meet or exceed them. But without clear policies and established expectations, employees are at the mercy of the doctor’s whims. Consequently, the practice becomes fertile ground for insecurity. That insecurity breeds secondary issues, in particular, fear. If employees do not have the guidelines in place to know exactly what they are responsible for, how their performance is evaluated, or how to bring concerns, problems, and issues to the attention of the doctor they will be far less likely to raise issues that need to be

addressed for fear of a negative reaction.

If the doctor appears to be making up the rules as he/she goes along, or if the doctor seems to repeatedly make exceptions for some employees and not others, morale plummets. Backbiting, bickering, and a culture of distrust and ineffectiveness permeate the office. This is not an environment in which many employees can succeed, and few will stick around for long.

Teams want clear guidelines in writing that are easily accessed, and study after study confirms that fact. Staffs seek structure and an understanding of what policies and procedures are to be followed in the office. And they want it in writing and easily accessed in an employee policy handbook. By the way, not only should your personnel procedures be documented, but all of the critical systems in your practice should receive the same scrutiny. Scheduling procedures, new patient processes, financial policies and CareCredit patient financing, training and new hire procedures, etc. should all be carefully outlined.

Rather than serving as a laundry list of rigid rules and requirements, a human resources policy manual sets up guidelines that reflect good business practices and builds strong employer/employee relationships. It can be used to articulate the doctor’s philosophy for the practice and general goals for the team as a whole. It’s an effective means of conveying a positive message of teamwork and encouragement.

But most importantly, the handbook enables employees to know what is expected. With a clearly defined human resources policy manual in place, employees don’t feel as if the ground is always shifting beneath them. They aren’t strategizing and mentally calculating when would be the best time to ask for the doctor’s ruling on this or that issue because the answers are already part of well-established practice policies.

Remember your employees, as members of your team, in most cases, simply want to know and understand the rules of the game and how they are to proceed when questions and concerns arise. Expecting teams to be fully functioning and successful without a policy manual in writing and accessible to everyone is a bit like taking your instruments away and expecting you to

successfully perform surgery. You might be able to figure out a way to do it. But the results won’t be acceptable to anyone.

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Subjective Criticism of Other Dentists' Work Increases Liability, Harms the Profession

By: Kathleen M. Roman

Criticism of other dentists is a factor in professional liability lawsuits. A very common trigger for dental malpractice claims is criticism of the work done by another dentist. This behavior occurs in a variety of clinical interactions. It may take the form of implicit commentary on a patient's current treatment options, as in, "Well, I don't think I'd have done it that way." It may be expressed as explicit criticism as in "Who did that to you?" It may occur when staff members use questionable "marketing" techniques to build patient confidence, as in, "It isn't surprising that you've come to our clinic. Our doctors treat a lot of Dr. X's patients when they get tired of his mistakes." And, finally, it may occur when the patient directly asks for an evaluation of dental work, with the goal of determining whether or not the previous doctor was negligent.

Regardless of the dentist's motives or the patient's treatment needs, each dentist should be prepared to address these concerns with respect for the patient, with respect for a colleague, and with respect for the profession.

"That's not the way I would have done this case."

There may be several acceptable approaches to addressing a patient's clinical issues. For this reason, different schools of thought on a particular condition may be equally valid, although most doctors will have a personal preference. Disagreement with the treatment plan used by another dentist does not, in itself, mean that the work was negligent.

A bad outcome isn't necessarily a sign of negligence. Numerous factors may effect the outcome of a dental procedure. While the clinical decisions and skills of the doctor are essential to patient safety and satisfaction, other variables may play an important role. For example, the original treatment plan may have been the default result of a patient's refusal to accept the proposal of that "preferred" option. Review of many dental malpractice claims shows that the earlier practitioner may actually have agreed with the opinions of their critics. In one case, a dentist examined a new patient and criticized the work done by another doctor, telling the patient that he should have been offered an implant rather than a partial denture. Upon hearing this opinion, the patient wrote a letter to the doctor who had done the work, demanding that he refund the money and also pay for implants.

The first doctor replied with his own angry letter, including copies of his notes in which he or his staff had documented numerous instances of the patient's last-minute cancellations of appointments and no shows for treatment planning. Once the second doctor had a chance to read the notes provided by the original treating dentist,

it became apparent to him that, on more than one occasion, the patient had been offered implants as a treatment option – and had consistently refused.

Review of these cases also shows that, in many instances, patients are either forgetful about conversations with their dentists -- or unwilling to accurately remember the course of their previous care.

Of course every dentist knows that patients' financial concerns are often the final determinant in a treatment plan. Generally, patients are more likely to elect high-end dental procedures when a comprehensive dental health insurance plan will help defray the cost of the work. That same patient, having to pay for the work out of his/her own pocket, will often seek a less expensive option, even when the long-term results may prove less effective and surpass the cost of the original proposal.

Patient non-compliance is another factor that may reduce the number of workable treatment options. For example, a patient who elected a series of restorations didn't return to complete the work. The dentist was unable to obtain the patient's cooperation in following through on the treatment. Over the course of several years, temporary materials and appliances deteriorated. Eventually, the patient sought treatment from another doctor, "forgetting," however, to tell this new doctor about all of the temporary work. The new doctor advised that most of the work needed to be redone and, upon hearing the cost, the patient asked for an opinion as to whether or not she'd been the victim of malpractice, suggesting that the work hadn't held up very well.

Seeing only the current state of the patient's mouth, it might have been easy for the new dentist to be critical. Instead, he engaged in a discussion with the patient. The content of that discussion could be useful to all who encounter patients like this. First, he advised her to



see the previous doctor for his evaluation of her current status and his recommendations for treatment. Second, the current doctor stated that he hoped the patient and the previous doctor could come to an agreement as to what additional treatment might be necessary – and how it might be implemented. Third, the current doctor said that he would be willing to undertake the needed treatment if the patient and previous doctor were unable to come to an agreement. However, he said that he would require the patient's permission to have a conversation with the other doctor and a copy of the previous doctor's records. Without this agreement, he regretted that he would not take the case.

These options asked the patient to acknowledge that the previous doctor's records would be necessary in order to facilitate ongoing care. It provided an opportunity for the previous doctor to respond. It also opened the way for the patient's current doctor to have a clearer picture of what actually transpired when the patient was being treated in the other doctor's office.

An additional benefit to this approach is that it would allow the second doctor to specify his expectations for compliance and cooperation as part of the informed consent process – and before he initiated treatment. Better to lose a patient before any trouble can start than allow the patient to walk out once again on an incomplete case.

“Am I the victim of malpractice?”

When one doctor criticizes the work done by another doctor, even the most cooperative and reasonable patient may feel frustrated and angry. The criticism can easily rouse suspicion that leads to a request for an assessment of the work – and puts the patient's current doctor in the awkward position of playing “judge.”

Regardless of a dentist's intentions, and regardless of patients' satisfaction with their dental work, they may still feel victimized if they are told that their dental work is somehow flawed. When patients hear “evaluations” of their dental work, they may easily misinterpret the comment.

Malpractice lawsuits have been filed because a doctor's criticism tacitly encouraged the patient to sue. If a doctor is so strongly convinced of the poor quality of another practitioner's work, then he or she must be willing to tell the patient the “whole story,” advise the patient to seek peer review, offer to speak up on the patient's behalf, and then invest the time and energy necessary to see the matter through to resolution. The doctor who is unwilling to make this commitment should probably not get involved.

Tips for Maintaining Objectivity in Evaluating Patients' Previous Work.

1. Beware of patients who will not give you the names of their previous providers or who forbid you to contact a previous provider.
2. Wherever possible, use a HIPAA privacy agreement that gives you the right to contact any other physician or dentist who may have treated the patient in the past or who is currently treating the patient. This request is entirely appropriate and within the scope of HIPAA regulations. Given the patient's need for continuity of care, access to clinical information is an important component of treatment planning.

3. When in doubt about a new patient, attempt to get the previous dental records before starting a comprehensive treatment plan. While the clinical information may prove useful, information about the patient's cooperation and compliance may prove even more useful in terms of treatment planning, patient education, and informed consent. Record review may lead to a decision to discharge the patient or to require signature of a comprehensive treatment agreement (and payment specifications) before you commence work.
4. Never assume that a patient's recollection of work done by another doctor is accurate. If your assessment of the patient's current status is negative, it may be wise to call the other doctor to get his or her input on the case. In some instances, this process encourages a colleague to work things out with the patient. It may also provide incentive for that colleague to review his or her clinical management of similar cases in the future and the opportunity to improve his or her clinical skills.
5. Don't actively criticize the work of other doctors. Not only does this confuse and frustrate patients, but it reflects poorly on the profession as a whole.
6. Assess your own motivation for criticism of someone else's work. Analysis of malpractice cases points toward territorial motivation rather than an objective clinical assessment as the basis for many disputes.
7. If it is your work that is in question, be open to the possibility that work you have done may have been less than perfect. As William Osler once wrote, “Be humble in the face of your profession.” Although written to physicians, Dr. Osler's good advice will benefit all healthcare professionals.
8. Seek to share, help, mentor, learn, and partner. Practice the Golden Rule.

Kathleen M. Roman is Risk Management Education Leader for Medical Protective, the nation's oldest professional liability insurance company, founded in 1899. Kathleen can be reached at: kathleen.roman@medpro.com

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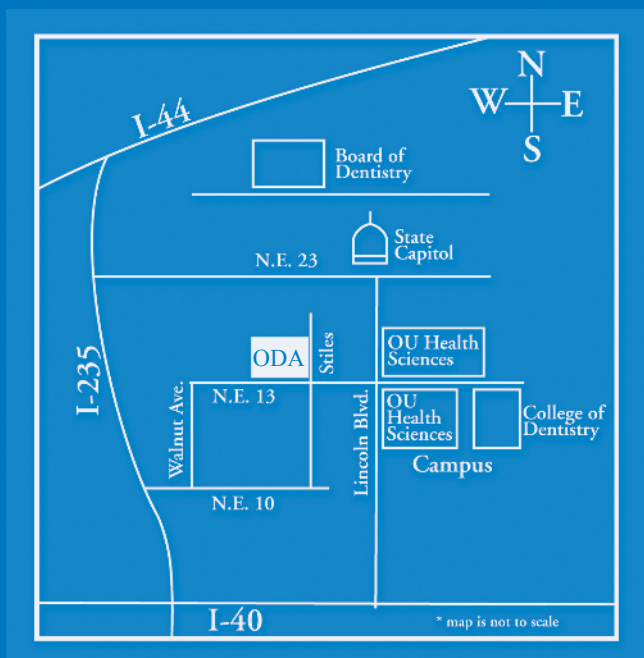
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