

2019 Midwinter Meeting
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JADA⁺ CAREER GUIDE

Practice Tips for Dentists at All Ages and Practice Stages

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Cash Flow and Practice Success

Opioid Emergencies

Motherhood and Solo Practice

Developing a Clinical Practice Guideline

Starting or Joining a Practice





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The Role of Cash Flow in Your Practice's Success
Teresa Duncan, MS



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The Role of Cash Flow in Your Practice's Success



Imagine that your ability to reinvest in your practice or put aside retirement funds was hampered by lack of cash flow. I once evaluated two practices to identify weaknesses in their revenue cycle. Both offices had decreased cash flow, and team members told their doctors that “dental benefits providers were being difficult” and that “patients just don’t have money right now.” Although both statements may have played a factor in practice revenue, they didn’t fully explain the bigger issue of decreased cash flow.

What was happening? There were myriad causes. Dental benefits claims were not being filed in a timely manner. Information requests from the provider were not answered and in some places were used as reason to close out claims completely. Inaccurate patient data were causing claims to come back rejected.

In both cases the administrative team members said that they were doing the best that they could and both complained of time constraints preventing them from doing their jobs effectively. Unfortunately, their performance was keeping claims from being paid, which greatly impacted the practices’ bottom lines.

How do you keep this from happening in your practice? Let’s evaluate three basic necessities for proper dental benefits revenue management: time, tools and tracking.

Time Is Money

The days of one person handling the claims system in a busy solo or group practice are over. In a busy setting there is a need for dedicated phone lines and team members who understand dental benefits. Throwing a new person into the mix without training will cost you in the long run. Your dental benefits team may be juggling too much as it is.

Instead of one or two employees trying to do everything, the duties should be split up. Eligibility checks should be one responsibility while benefit gathering is another. Many services exist that allow you to do the bulk of this automatically. Even better! Follow-up on claims is a separate position. These areas will surely overlap but separation of the duties is necessary to ensure accountability. In a single doctor office claims management can easily take up six hours per day. Why so much time? Verification of benefits and eligibility, gathering supporting claims data (such as radiographs and periodontal charting) and benefit payment entries can easily fill this period. A solo doctor with one or two hygienists on staff can generate enough claims to maintain a full-time person. Imagine the resources that a 20-provider system needs!

Heavy Duty Tools

Have you provided the tools for this position to be as

effective as possible? Claims and supporting documentation should be sent electronically.* The learning curve for these programs is relatively small, and the payoff is huge. Claims turnaround time is greatly reduced, and the team member knows immediately if a claim is rejected because of lack of correct data or missing information. Offices still submitting paper claims are delaying payment by three weeks or more. Make the switch to electronic claims and attachments and make sure that the team member receives training from the companies. The movement of these software systems toward enterprise management is positive for groups. A manager can now check claim payment and denial rates for several different locations. This helps identify weaknesses in training and revenue.

information sooner rather than waiting on the paper explanation of benefits will save your cash flow.

Good managers are often vigilant with practice metrics and so should you be, dear owner and administrator. Track your dental benefits and receivables balances to avoid reduced cash flow surprises and be able to reinvest in yourself and your practice. ■

** In many instances, a dental practice that did not file a claim electronically was not considered a "Health Insurance Portability and Accountability Act-covered entity." Therefore, changing to electronic claims submission may result in becoming a HIPAA-covered entity. Dentists should always check on this and comply appropriately. Learn more in the Centers for Medicare & Medicaid Services publication "Are You a Covered Entity?" at www.CMS.gov.*

Read ADA News for Help 'Decoding Dental Benefits'

The *Decoding Dental Benefits* series by the ADA News features solutions for dentists when it comes to the world of dental benefits and plans. The series is intended to help untangle many of the issues that can potentially befuddle dentists and their team members so that they can focus on patient care. The series has tackled topics ranging from claim denials to the emergence of electronic fund transfers. Read Decoding Dental Benefits series articles at ADA.org/decoding.



For dental benefits information that helps dentists address and resolve even their most vexing questions, visit ADA.org/dentalbenefits. Part of the ADA Center for Professional Success, this web page contains many resources for members such as webinars, articles, graphics and videos that simplify issues and get dentists the answers they need. The Decoding Dental Benefits series focuses on the most pressing topics of the day and features advice and commentary from dental benefit experts from the ADA Council on Dental Benefit Programs.

Tracking for Clues

Finally, it's imperative for managers to keep up receivables in your practice — both dental benefits and patient receipts. Ask your team to run an accounts aging report on a biweekly basis and present it to you for evaluation. You'll want to make sure that delinquent accounts are being actively "worked" to obtain payment. For an owner/administrator, this is as simple as asking for the results of this report. If it's being worked efficiently, you should see the progress in the numbers. The claims aging report should be run weekly (at a minimum) to identify which claims are overdue.

Also, review the claims submissions report to quickly identify glitches in clearinghouse submission or employee data entry errors. This is probably the most overlooked report in the office, as it usually comes from the clearinghouse, and not the practice management software. It will tell you if attachments are required or if claims are sent back as denied. Finding out this

*Teresa Duncan of Odyssey Management Inc. is a speaker and writer with more than 20 years' experience in health care. Learn more about her at odysseymgmt.com. Ms. Duncan provided assistance in the development of several publications for the American Dental Association's *Guidelines for Practice Success*™ available at Success.ADA.org. Her article originally appeared in the Summer 2018 issue of *Dental Practice Success*.*

Teresa Duncan, The role of cash flow in your practice's success, Dental Practice Success, Summer 2018. Copyright 2019 © American Dental Association. All rights reserved. Reprinted with permission.

Is Your Practice Prepared for an Opioid Emergency?



A 2018 ADA survey of active, licensed dentists suggests that many ADA members have already taken steps to deal with medical emergencies in the office. Nearly 97 percent of those who replied said that they have a plan for handling medical emergencies, more than 93 percent keep an emergency medical kit with drugs on hand, and more than 86 percent report training staff how to respond to medical emergencies. Syncope, epinephrine reaction and postural hypotension are reported to be the most common emergencies experienced by patients, and dentists may feel well prepared to deal with those eventualities.

However, the opioid epidemic is forcing dentists to review training procedures and update their emergency kits to address the possibility of patient overdose. In a recent webinar available from the ADA Center for Professional Success, Dr. Donald Cohen, DMD, noted that dentists may not be to blame for the crisis, but they are affected nonetheless.

“I can’t overstate the opioid crisis,” said Dr. Cohen. “I’ve seen wild numbers for 2017 ... running from 50,000 to 70,000 deaths. They’re out there; they occur. There are numerous references ... to things like this occurring in dental offices.”

Dr. Cohen explained that naloxone is a safe enough medication that it can be recommended any time an opioid overdose is suspected. He noted that using naloxone on a patient experiencing a stroke or cardiac event is still a safer protocol than waiting, because the sooner the naloxone is administered, the sooner the patient is likely to return to normal breathing.

“When those patients come around, they can be very

anxious,” he said. “They can be very reactive, because it’s like an instant detox. On the other hand, you can save a life.”

It’s important to make sure all medications in any safety kit remain current. According to the Bureau of Justice National Training and Technical Assistance Center, naloxone has a shelf life of 18 months to two years. The agency notes that naloxone is a relatively stable medication, but recommends that it be stored at a temperature between 59° and 86°F and out of direct sunlight.

The Centers for Disease Control and Prevention lists the following signs and symptoms of opioid abuse:

- Small, constricted “pinpoint pupils.”
- Falling asleep or loss of consciousness.
- Slow, shallow breathing.
- Choking or gurgling sounds.
- Limp body.
- Pale, blue or cold skin.

Furthermore, the CDC says that if you aren’t sure, it’s best to treat the patient as if he or she has overdosed and follow this protocol:

- Call 911 immediately.
- Administer naloxone, if available.
- Try to keep the person awake and breathing.
- Lay the person on his or her side to prevent choking.
- Stay with the person until emergency workers arrive. ■

ADA Resources for Medical Emergencies

As a public service, the ADA Center for Professional Success website is now offering free access to information on safe prescribing, online continuing education, and other tools for managing dental pain, especially for patients who are at risk for drug overdose or addiction. For more information, visit **Success.ADA.org/opioids**. Follow all of the ADA's advocacy efforts on opioids at ADA.org/opioids.

The ADA has published "Medical Emergencies in the Dental Office," a 37-page guide coupled with a video training program intended to help dentists and dental teams prepare for potential medical emergencies in the dental practice and to give them a helpful resource for managing many of the



potential medical emergencies that may occur. The guide includes a list of recommended equipment and supplies for a dental emergency kit, a detailed duty sheet that outlines each team member's tasks during a medical emergency and step-by-step instructions to aid in identifying and managing common medical emergencies. To order, visit **ADAcatalog.org** or call **1-800-947-4746**.

ADA Member Advantage has endorsed select HealthFirst Practice readiness solutions, including emergency medical kits. ADA members can receive a discount on selected products by entering "ADAMEMBER" in the discount code field at checkout at **Healthfirst.com/ADA**.

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

Is your practice prepared for an opioid emergency?, Dental Practice Success, Fall 2018. Copyright 2019 © American Dental Association. All rights reserved. Reprinted by permission.

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Dr. Matin pictured with her husband, Dr. Luis Guzman, and their son Luke Armour Guzman.

Alabama Dentist Details Challenges of Motherhood, Solo Practice

Dr. Brittany Matin's maternity leave was a little unorthodox. While most new moms take at least six weeks off after having a baby, Dr. Matin was back to work two weeks after giving birth. It was admittedly quick, but the 32-year-old periodontist didn't feel she had a choice.

Dr. Matin opened her Auburn practice from scratch in 2015 and with few periodontists in her area, let alone the state of Alabama, there wasn't anybody to cover her patients for an extended period of time.

She didn't want to leave her patients in the lurch, so she came back to work earlier than the average working mom might.

Dr. Matin is among many dentist moms — and working mothers in general — who struggle with balancing their family and professional lives. And the balancing act started when she was pregnant.

"Early on with your first child, you don't know what to expect," Dr. Matin said. "There are so many changes with your body."

She was lucky not to have any complications that forced her to stop working, but it was something always on her mind.

"One of the hardest things is figuring out what to do if something were to happen during the pregnancy that would have forced me to go on bed rest," Dr. Matin said. "Being the sole practitioner, if I were to have to be on bed rest, I don't know what we would have done. A lot of disability insurance policies don't cover that. I don't know

how the practice would have stayed open. We would have lost a lot of income. That's something that people don't talk about but it's scary."

Dr. Matin worked up until a week before she delivered her son, Luke Armour Guzman, in early January; a busy time for most dental practices with patients rushing to use the remainder of their benefits for the year.

Since she's a solo practitioner, Dr. Matin closed her practice for two weeks after Luke was born. She allowed herself a shortened schedule the first four weeks back; working 10 a.m.-3 p.m. every day.

Being up multiple times a night with Luke, she wanted her mornings free to get into a routine before going to work each day. Getting the hang of breastfeeding while at home and pumping at work was also a struggle, she said.

But the hardest part, Dr. Matin said, was finding a babysitter to watch her son during the day while she worked. She ultimately turned to Care.com and was able to interview candidates.

"That's the hardest part: leaving your two-week-old with someone you don't know," Dr. Matin said.

She's also navigating a good portion of her days solo. Dr. Matin's husband, Dr. Luis Guzman, a dual trained periodontist and prosthodontist, is finishing up dental school at the University of Alabama in Birmingham and drives two hours each way to school each day.

Once he graduates in 2019, Dr. Guzman will join his wife's practice.

As if having a 9-month-old and a husband gone for most of the day isn't enough, Dr. Matin is also opening up a second practice in Columbus, Georgia, about 30 minutes away from her current office. This one has a nursery.

Despite the challenges of being tired and managing her family and her practice, Dr. Matin said she feels very fulfilled as a mother and a dentist.

"It is work and something that all working moms struggle with, but it is the best thing I have ever done," Dr. Matin said. "I would do it all over again, and I will hopefully be doing it again, God willing." ■

Alabama dentist details challenges of motherhood, solo practice, New Dentist Now blog, posted November 26, 2018. Copyright 2019 © American Dental Association. All rights reserved. Reprinted with permission.

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Small Fish in a Big Pond: What It's Like to Develop a Clinical Practice Guideline

It's not every day you're asked to help create a clinical practice guideline that will be used by dentists all over the United States. During the end of my second year in dental school, I was asked just that.

I was conducting research at Midwestern University College of Dental Medicine-Illinois and was fortunate enough to visit the ADA headquarters in Chicago with my research mentor. I met the Evidence-Based Dentistry Team, or "EBD Team" as I so admirably called them. They were preparing to develop a clinical practice guideline, which includes evidence-based guidance for questions relevant to everyday dental practice. The guidelines are incredibly useful for informing clinical treatment decisions and optimizing patient care, and the chairside guides are especially helpful as a quick reference. This particular guideline the EBD Team was preparing was on nonrestorative treatments for caries management, and much to my surprise, I was invited to work on the systematic review in forming the guideline.

Over the course of several meetings, I was trained on the process and methodology used by the ADA to develop systematic reviews and clinical practice guidelines. As a dental student with limited research experience, I felt like a small fish in a big pond. I was unsure about what to expect, but everyone was so welcoming and positive. I knew then what a unique opportunity this was. Here's a look at some of the basic steps the EBD Team follows:

1. Onboarding

- Identify the expert panel, consisting of a group of clinical and subject-matter experts.

- Train panel and research team to ensure consistency in process and methodology.

2. Determine major goals for the guideline

- Determine scope, purpose and target audience for the project.
- Define PICO (Population, Intervention, Comparison, Outcome) questions.

3. Article screening

- Conduct systematic search of the literature.
- Screen title, abstracts and full-texts of articles captured within the search using pre-defined eligibility criteria.

4. Data extraction and analysis

- Collect and organize data from articles including details about methodology, interventions and outcomes.
- Perform network meta-analysis of the data.

5. Formulate recommendations

- Present analysis to expert panel.
- Formulate recommendations.

6. Publication

- Draft systematic review and guideline manuscripts for publication in journal(s).

The research team screened more than 10,000 articles over the course of several weeks, and from these, selected

How to Practice Evidence-Based Dentistry

The clinical practice guideline on nonrestorative caries treatment that Adam Parikh helped develop isn't the only ADA resource available to dentists interested in incorporating the latest scientific research into their clinical decision-making. Here are some other helpful aids available through the ADA Center for Evidence-Based Dentistry (EBD).

Clinical Practice Guidelines

Silver diamine fluoride (SDF). Sodium fluoride varnish. Sealants. Which is the best nonrestorative treatment for your patients? Clinical practice guidelines such as the nonrestorative caries treatment guideline answer questions such as these, providing clinicians with evidence-based recommendations on how to properly apply interventions to patient care. For access to the ADA's complete catalog of guidelines (including guidelines on antibiotic prophylaxis, oral cancer and periodontitis), visit [ADA.org/EBDguidelines](https://ada.org/EBDguidelines).

Educational Videos

The ADA recently released a series of four short videos that provide an introduction to some of the central concepts of EBD. The videos feature engaging animation and informative presentations from a few of the leading practitioners of EBD. To check out these free educational resources, along with evidence-based video tutorials on how to check patients for oral cancer and how to apply SDF, visit [ADA.org/EBDvideos](https://ada.org/EBDvideos).

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more than 40 studies that met the requirements set by the experts. It was tedious and intense work that required a lot of focus. For me, the most difficult step of this process was the data extraction. After combing through the often complex reports included in our review, we had to extract data from them and organize it to undergo further analysis. Every study was organized and written differently too, so trying to fit the data into a comparable format made the task even more challenging and time-consuming.

It was also one of the most crucial steps in the guideline development because it prepares the data for a network meta-analysis. This technique was something that I had not experienced before, and I was very impressed with the ability to compare data from each study allowing for evidence-based clinical recommendations to be developed. For example, even if a study did not directly measure whether fluoride varnish is a more effective intervention at arresting an approximal noncavitated lesion than, say, resin infiltration, we could use indirect comparisons from other studies to figure this out.

After working on this process with the EBD Team, I definitely have a greater appreciation for the science and

methodology used to create the ADA clinical practice guidelines. It is something that I plan to utilize after dental school and has had a profound impact on my career. As I prepare for a residency in periodontology, I will bring what I've learned from this amazing experience in how I understand research and data, and how useful guidelines are in making a treatment decision. I hope you'll check out the guidelines and find them useful in your practice. ■

Adam Parikh is a New Dentist Now guest blogger and is a fourth-year dental student at Midwestern University College of Dental Medicine-Illinois in Downers Grove. He is a member of the American Dental Association.

Adam Parikh, Small fish in a big pond: What it's like to develop a clinical practice guideline, New Dentist Now blog, posted December 7, 2018. Copyright 2019 © American Dental Association. All rights reserved. Reprinted with permission.

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JADA+ Clinical Scans provide a brief overview of selected articles and offer a scientific- and evidence-based assessment of the latest published research, providing critical information that helps integrate your patients' needs and preferences into treatment decisions. Clinical scans are a quick read at about 500 words each. New scans are posted weekly at JADA.ADA.org/clinicalscans, so check back often for the latest information.

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Starting or Joining a Practice – What's Your Next Move?

Whether you are entering the dental profession for the first time or seeking to alter your practice situation, you will be faced with the decision of joining an existing practice or establishing a new practice from the ground up. Both approaches have advantages and disadvantages, and the path you choose will be determined by a variety of factors.

A new downloadable e-book available from the ADA Center for Professional Success, *Joining and Leaving the Dental Practice* (3rd ed.), by William P. Prescott, Esq., EMBA, is designed to educate dental and related professionals on important business, legal, and tax planning issues of practice entry and succession.

The Practice Option Report


Due to the number of factors involved, it's often helpful to create a practice option report in advance of any major career change. A practice option report is a written document that outlines your goals in both quantitative and qualitative terms. The qualitative portion of the practice option report should consider your goals and practice objectives in terms of factors that may include:

- Desired patient demographics.
- Preferred payment methods.
- Geographic location of both home and practice.

- Means of practice entry.
- Practice philosophy.
- Commitment to education in the areas of dentistry and business.
- Practice characteristics (size, revenue, work hours, etc.).
- Desired community involvement.
- Personal and family objectives.
- Opportunities that are available at the time.

Similarly, the quantitative portion of the practice option report should assess your various practice options against factors such as:

- Revenue and collections.
- Total operational costs.
- Equipment replacement and space remodeling.
- Debt repayment, both practice and personal.
- Owner versus associate compensation.
- Retirement plan costs.
- Taxes.
- Personal expenses.
- Cash reserve.
- Net income.



It is often helpful to create a practice option report before a major career change; this document outlines your goals in both quantitative and qualitative terms.

Like any formal business plan, a practice option report should be considered seriously and may take substantial time and effort to complete. Once completed, however, it will provide you with a reference point to help you assess your progress toward goals and objectives. You can also keep it updated to serve as a framework for your ongoing strategic planning.

Choosing Your Path

In general, the following options are available to new dentists and those seeking a change:

Establishing a new practice is a significant step in the career of any dentist. Doing so allows you to avoid many of the complications inherent in other options, but requires attention to details such as licensing; taxation; hiring; equipment, supply and space procurement; and billing. Starting a practice requires analysis of both revenue and expenses for at least the first two to three years. Keep in mind that expenses are much easier to predict than revenue. When starting your own practice, you may also consider associating part-time with another practice in order to support yourself as your own practice grows and becomes established.

Purchasing a practice provides you with an immediate patient base, staff, and practice facility. The economic costs and benefits are generally weighed against

alternative options, such as establishing a practice. If you purchase a practice, your primary consideration should be ensuring that you receive what you pay for, including tangible assets such as dental equipment and office supplies, as well as intangible assets such as goodwill and the patient and/or referral source base. Although never a certainty, strive to ascertain that the patient and/or referral source base will remain with the practice after its purchase.

Associating with an existing practice offers you employment and the opportunity to learn and grow professionally. If you seek to attain practice ownership through association, you need to make the effort to locate and associate with a practice that you wish to own. Locating the right practice is not an easy task, and the more effort you put into the process, the better your chances of success. Prior to commencing the associate period, you should be requested to review and sign an associate employment agreement. The employment agreement would include provisions relating to compensation and benefits, non-competition/non-disclosure, duties and responsibilities, vacations and other time off, and termination of employment. To minimize the risk of misunderstandings, any potential for ownership should be outlined in a non-binding letter that sets the general parameters, terms, and conditions of both the associate arrangement and future ownership in the practice.

Keep in mind that as an associate, you are an employee, not an independent contractor. Government agencies will classify your relationship with the practice based not on what you call yourself, but factors such as tax withholding, benefits, investment in the practice, and autonomy. Misclassification can be costly for both you and the employer.

Whether you elect to join an existing practice or establish a new one, planning ahead and knowing the right questions to ask will pay off in the long run. Find more information on the resources and tools mentioned in this article, visit Success.ADA.org.

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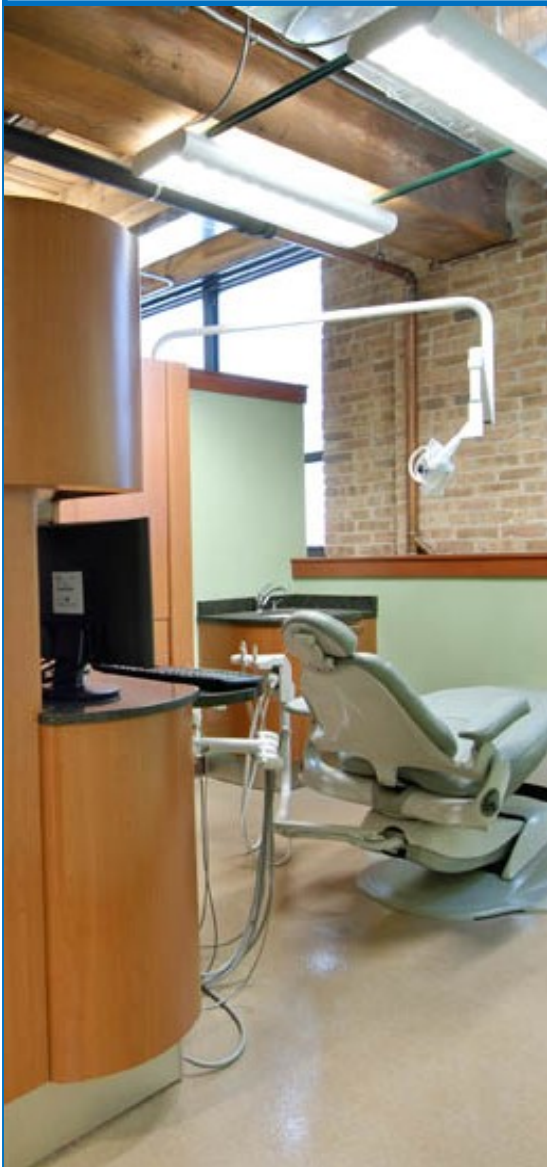
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