Advanced Practice
MANAGEMENT and TRANSITIONS

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Exclusively to Clients and Friends of Advanced Practice Management

BULLETIN

What's Inside:

Bill Rossi

DENTAL DOW
First Half 2023:

For the mature area practices sampled, Practice **Production** was **up 3.14%** and **Collections** were up **3.83%.** Total Patient Flow (as measured by Exams) was up over 1%, however, New Patients were down about 8%, The Production per Exam was up 1.3%.

We think that the decrease in New Patients is as much a factor of limited hygiene capacity as it is demand *per se.* This emphasizes the need to be innovative in maintaining or expanding hygiene capacity (see Brooke's article from our April 2023 Bulletin).

Brooke Ackerman MSDH

IS IT TIME TO OFFER SDF?

Dental Hygienists AKA *Preventative Care Specialists.* Every hygienist wants to prevent disease and provide sound oral care education. When thinking of caries prevention, I challenge you to think of what can be done differently in dentistry, what can we do better.

Caries in pediatric patients:

- 1/2 of patients age 6-8 are affected by caries in primary teeth[2]
- ½ of children age 12-19 are affected by caries in permanent teeth [2]
- Children age 5-19 from low income families are twice as likely to have had caries [5]

Early childhood caries is still the #1 childhood disease in the world. In 2022, The U.S. Department of Health and Human Services reports that more than 51 million hours of school are missed each and every year because of dental problems. [2] We have to do better.

Of the **adult patients** that you see, it is likely that one third report hypersensitivity and one fourth have untreated dental caries. An outstanding 50% of older adults suffer from root caries.[3]

In 2014 the FDA approved Silver Diamine Fluoride for dentinal hypersensitivity. Over half of the offices I've consulted have purchased SDF, but the percentage of patients benefiting from SDF is less than 1%.

SDF is used to: #1 arrest decay, #2 prevent decay and #3 decrease dentinal hypersensitivity. It is a powerful tool to have at our fingertips.

Why use SDF?

- Silver destroys bacterial cells and interrupts cell synthesis
- SDF has a Fluoride concentration of 44,800 ppm. This is 2 x what is in varnish
- Fluoride creates fluorapatite which is vital for remineralization
- Fluoride is bacteriostatic [6]

What patients can benefit from SDF?

- Mod-high caries risk
- Behaviorally or medically challenged
- Patients without access to proper dental care
- Young children waiting for hospital-based treatment
- Non-invasive treatment for teeth close to exfoliation

We Believe In You!

We believe that Independent Private Practice is the best way to deliver dentistry. It is best for the patients, the doctors and the staff. Private practices can be more selective with their continuing education and technology. They can also be more adaptable and efficient. **Most importantly, the people who make decisions about patients' dental care are the ones in direct contact with them.** We also believe that professional management support helps **good practices be better** and thrive in a competitive environment.

- Dentinal hypersensitivity
- Biofilm control
- Fissure protection
- Treat root caries
- Patients with carious lesions that may not all be treated in one visit.[6]

The most current research would support that the use of SDF is 89% more effective in controlling/arresting caries than other treatments or placebos. Yearly 38% SDF applications to exposed root surfaces of older adults is a simple, inexpensive, and efficient way of preventing caries initiation and progression.[6] When talking about minimally invasive procedures such as SDF, the goal of the provider would be to present the options that are clinically acceptable and provide education so that the parent or the patient are empowered to make the decision that is best for them.

When SDF was applied only to carious lesions, impressive prevention was observed for other tooth surfaces. Annual application of SDF prevented many more carious lesions than four-times-per-year fluoride varnish in both children and elderly. [6] SDF has been proven to stop incipient lesions from needing restorative treatment[1]; begging the question why are dental practices not treating incipient lesions with SDF?

Clinicians assume that parents are going to reject SDF because of poor aesthetics but if it means preventing a child from having to be sedated or having their tooth drilled and filled, there are many parents who will choose SDF. The research actually will show that, in a dental residency program, greater than 90% of clinicians believe that the parental acceptance for SDF in a pediatric setting was a concern, when in reality they found it actually to be less than 7% of parents that were concerned with the staining. [4] Moral of the story- do not prejudge.

The code is D1354 and it is per tooth, not per application. Typically, this fee is around $30 per site. Frequency of application is dependent on the risk factors and the size of the lesion. So, if it's an incipient lesion, reapplication can be done in 6 months. If it is into the dentin, reapply in two to four weeks.

In offices that have SDF on hand but are not utilizing to its full capacity, the preventative care opportunity is subpar. Clinicians are concerned about stained teeth, stained countertops/dental equipment and nervous to implement new protocols. In-tact tooth structure does not stain. [5]

Research supports many patient situations where SDF makes sense. Use the following examples to make practical use of SDF.

- A 90-year-old male presents with recurrent buccal decay on #19 around existing PFM crown. He has a complex medical history and high plaque index. Apply SDF to arrest the lesion and preserve the length of the crown.

- Many interproximal lesions present on BWS of uncorporative 4-year old patient. Utilize SDF to arrest decay until patient is able to have definitive restorative work completed.

- Occlusal decay on #30 present on 20-year-old healthy patient. Restorative schedules are booked out 3 months. Arrest the decay to keep the restoration conservative.

SDF has really become a standard of care in minimally invasive procedures. Control the biofilm, arrest and remineralize lesions first. Restore the teeth as time, resources and money allow second.[5] When we are thinking of reinventing and improving our standard of care in caries prevention strategies, think about what can we differently, what can we do better.

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2. Centers for Disease Control and Prevention. Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2019.
3. Chan AKY, Tamrakar M, Jiang CM, Lo ECM, Leung KCM, Chu CH. A Systematic Review on Caries Status of Older Adults. Int J Environ Res Public Health. 2021 Oct 12;18(20):10662. doi: 10.3390/ijerph182010662. PMID: 34682414; PMCID: PMC8535396.
4. Crystal YO, Janal MN, Hamilton DS, Niederman R. Parental perceptions and acceptance of silver diamine fluoride staining. J Am Dent Assoc. 2017 Jul;148 (7):510-518.e4. doi: 10.1016/j.adaj.2017.03.013. Epub 2017 Apr 27. PMID: 28457477; PMCID: PMC6771934
5. Dye BA, Xianfen L, Beltrán-Aguilar ED. Selected Oral Health Indicators in the United States 2005–2008. NCHS Data Brief, no. 96. Hyattsville, MD: National Center for Health Statistics, Centers for Disease Control and Prevention; 2012.
6. Horst JA, Ellenikiotis H, Milgrom PL. UCSF Protocol for Caries Arrest Using Silver Diamine Fluoride: Rationale, Indications and Consent. J Calif Dent Assoc. 2016 Jan;44(1):16-28. PMID: 26897901; PMCID: PMC4778976.

Patrick Cole

NEW NON-COMPETES INEFFECTIVE AGAINST EMPLOYEES AND INDEPENDENT CONTRACTORS AS OF JULY 1, 2023

On May 16, 2023, a bill banning non-compete agreements was passed by the Minnesota legislature the law became effective on July 1, 2023, and applies to agreements between employers and employees and independent contractors that restricts the employee or independent contractor from competing after the termination of employment. Additionally, the bill prohibits an employer from manipulating the choice of law or venue for disputes in order to deprive an employee of the protection of this law. Nondisclosure agreements and agreements designed to protect trade secrets, as well as non-solicitation agreements are unaffected by this new law and will likely remain enforceable, provided they are reasonable and otherwise lawfully entered into.

The main takeaways for Dentists:

- Agreements entered into BEFORE July 1, 2023 are unaffected by the new law, so there is nothing to be concerned about relative to **associate agreements** entered into before July 1, 2023;
- Non-solicitation and confidentiality agreements, as well as covenants to comply with HIPAA, are unaffected by the new law, and can be bolstered to **provide alternatives to non-competes** to help protect your practice; and
- Restrictive covenants entered into in connection with the sale of a practice should be enforceable and remain unaffected by the new law, so if you are buying a practice, or recently purchased a practice, the new law should not effect your ability to enforce the noncompete against the Seller. Conversely, as a seller of a practice, the new law will not eliminate the non-compete that was agreed upon in connection with the sale (before or after July 1, 2023).

Any provision in a new employment agreement entered into after July 1, 2023 that violates the new law will be considered voidable at any time by the employee – the statute specifically allows courts to award an employee enforcing their rights under this new law reasonable attorney's fees. Along with the substantive provisions of the bill, this fee-shifting provision will significantly alter the landscape of post-termination restrictive covenants in the employment context in the State of Minnesota.

While the new law has exceptions for restrictive covenants entered into during the sale of a business and entered into upon anticipation of the dissolution of a business, the language in the bill is not quite an example of clarity, and there are many potential unintended consequences.

The appetite of Minnesota courts to enforce non-competes entered into prior to July 1, 2023 against employees might be somewhat diminished with this new law, because the new law could be seen as a decent indicator of the public policy goals of Minnesota's electorate.

If you have questions about enforcement of non-competes, or want to learn about alternatives to protecting your Clinic, reach out to Patrick Cole at pcole@larkinhoffman.com or 952-896-3263.

Patrick Cole is a lawyer at Larkin Hoffman. He is a devoted dentist advocate, and assists dentists across the broad spectrum of their legal needs, including practice purchases, practice sales, succession planning and execution, real estate sales, acquisitions and leases, financing, employment matters (including associate issues), estate planning, and board/ licensing issues.

Matt Lahn

AN UPDATE ON HEARTLAND DENTAL

Heartland Dental is one of several "DSO" type organizations active in our area. I recently talked To Jeff Ungrund from Heartland Dental, Senior Director of Affiliations.

He told me that Heartland had 1,700+ affiliate dental offices, 79 of which are in MN. They have two types of partnerships:

- Traditional - 60-year-old doctor possibly looking to work 2-3 years.
- Other Scenario that has become increasingly more popular is where the average of the doctor is more in their early 50s and they work 10-15 years.

Heartland helps with PPO, supply and lab negotiations. Their typical office is 5 or more ops - they prefer 6 or more. The average revenue of their practices is $1.5 million; however, they will look at practices over $800k and over the $1.5 million range.

Right now, they have a 4-to-5-year average commitment.

Deal Structure: 100% equity structure - they get 75% total value at closing and then 25% over 5 years with 5% interest (as long as they are continually employed, and the office maintains revenue – which is generally not increased over the purchase price).

Clinically, it is the doctor's ball game but Heartland specializes in administration help – staffing, systems, etc.

They do require a switch to Dentrix, which is typically 2 -3 months to convert.

Doctors can also invest in Heartland Dental Stock

When considering Heartland or any other potential buyer, it certainly makes seems to have someone (us!) help check out the deal and your alternatives.

OUR TEAM IS YOUR TEAM!

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