Advanced Practice
MANAGEMENT and TRANSITIONS

November 2026
Exclusively to Clients and Friends
Of Advanced Practice Management

BULLETIN


Bill Rossi

DENTAL DOW
Third Quarter 2026

Through September, Practice Production was up 5%, and Collections were up 4.2% compared to the same time period in 2025. Exams were up less than 1% although new patients were up 4.7%. The production per exam was up 4% with a 7.3% increase in Crown & Bridge. Total Patient flow was up 1%, although new patients were down 2%.

Doctor production productivity per hour increased 4.4%, hygiene productivity per hour was up 3.8%.

Overall, these continue to be stronger numbers than in 3rd quarter 2025 when production and collections were up 3% and 2% respectively.

Survey Highlights:

The 2026 **Fee, Wage PPO** and **Technology** survey results are out! If you did not participate and would like to next year, please register to get on our list: https://advancedpracticemanagement.com/registration-fee-wage-survey/ To view the surveys, click this Link: https://advancedpracticemanagement.com/surveys/

We have a lot of resources for you on our website. Call the office to get the "Secret Code" for wages because, to keep peace, we keep that confidential to doctors.

Your Issues:

Your Issues: Again, **"Staff Wages, Finding Staff** and **Teamwork"** is the top issue. That's followed by **"PPO write offs."** And third is **"Overhead."** Every practice has some write-offs but if you are collecting 75% or less of what you produce, you probably needn't be. Call us. We are the country's experts on helping doctors strategically and safely balance their PPO situation. No sales pressure, call (952- 921-3360) or text (952-228-9486) or schedule a 20- minute consultation with Bill Rossi (https://calendly.com/brossi-apm/30min?month=2025-11/).

What's Inside?

- Dental Dow - Third Quarter 2026
- Survey Highlights
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B.M.E. (Has nothing to do with Body Mass):

From the Doctors and Team at Lifesmiles Dental in Fergus Falls, MN


Todd McGovern DDS

During the month of June, Lifesmiles Dental engaged in a team-centered effort to provide as much dental care as possible to our patient community. We termed it **B**est **M**onth **E**ver, and it was. Everyone joined in: administration, hygiene, assistants, and the doctors. We offered team members the opportunity to pick up extra hours if they wished. We all focused daily on patient care, tracked and posted our numbers, and celebrated our additional weekly goals. Those objectives included writing patient appreciation cards, giving written "Kudos" to thank team members for horizontal thinking (displayed on a scrolling slideshow in the staffroom) and going above and beyond for co-

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.



workers, decreasing open time in the schedule, and increasing our practice on-line engagements.

From a strict numbers standpoint, we produced and collected at a record level, achieving a 37% increase over June of 2025. We finished the month with just 3% open time in the schedule and wrote several hundred appreciation cards to patients and associates. The team emphasized updating panoramics, offering same day SDF treatments and sealants, scheduling child prophies in open assistant blocks, and contacting patients with unscheduled treatment plans.

At our July team meeting, we celebrated the past month's accomplishments by discussing the joy and satisfaction everyone felt working toward the common mission of "doing what we do": enhancing people's lives through dental health. Generous cash bonuses were distributed to all team members and the positive feedback to the Doctors only added to the beneficial outcome of our B.M.E. ! What you receive by achieving your goals (financial bonuses) is not as important as what you become by achieving them.

We've successfully undertaken this concept three times in the last decade. Each time it's been a win-win-win for the patients, the team, and the owners. Each time demonstrating what we measure grabs our attention, becomes easier to see, and we naturally want to improve upon it.

APM PRACTICE TRANSITIONS LLC



Matt Lahn *Wendy Nelson*

Current Practice Listings

LANDMARK DENTAL PRACTICE IN EDINA'S COVETED 50TH AND FRANCE NEIGHBORHOOD

- Beautifully positioned in one of the most desirable retail districts in the Southwest Metro.
- Collections average over $1,814,000 annually in the last 3 years.
- The Practice features 7 operatories.
- There are over 1,700 active patients.

ONE-OF-A-KIND PRACTICE IN WEST CENTRAL MINNESOTA

- This Practice is located in a bustling city in a charming neighborhood in a well-appointed standalone building.
- Collections average over $1,000,000 annually in the last 3 years.
- The practice features 5 operatories.
- Over 2,200 active patients.

ESTABLISHED PRACTICE IN PERFECT MAPLE GROVE LOCATION

- Very busy family practice!
- Collections average over $1,286,000 annually in the last 3 years.
- The practice is modernly decorated and full of high tech.
- Over 2,260 active patients.

BEAUTIFUL ESTABLISHED PRACTICE LOCATED IN THE EAST METRO AREA

- This practice is conveniently located in a charming neighborhood in a modernly appointed standalone building.
- 4 operatories
- Collections average over $838,000 annually in the last 3 years.
- Over 850 active patients.

GENERATIONAL FAMILY PRACTICE IN ST. PAUL

- This respected practice has been a trusted cornerstone of the St. Paul community, serving generations of patients with exceptional care.
- The practice features 4 operatories in 1,551 square-feet.
- Collections average over $721,000 annually in the last 3 years.
- Over 1,200 active patients.

OUTSTANDING PRACTICE IN MINNETONKA

- Rare opportunity to acquire a well-established practice located in the beautiful, high-demand area of Minnetonka!
- This turnkey practice features 5 operatories in a beautiful, modern 1,858 square-ft. office.
- Collections average over $245,000 annually in the last 3 years.
- 470 active patients.

2027 – Look Forward:

We are at that time of the year where it's good to reconnoiter about the progress made in the past year and line up what you and your team want for the coming year. What would you like to see happen in your practice to better serve your patients, your team, and strengthen your bottom line? **You hear this from us every year and it's because we see over and over again that practices that set goals do better.** Sometimes they reach them in ways we didn't predict, yet if you have written goals and define what you want, you're more likely to get what you want! Please see the enclosed outline. If you'd like to, please share this with us. Our job is to help you set and reach your goals!

Wishing you all a happy holiday season and a prosperous 2027!

Your team at APM,

(Bill, Matt, Shelly, Robyn, Brooke, Kimberly, Wendy & Julia)

Advanced Practice MANAGEMENT and TRANSITIONS

YOUR 2027 GOALS AND PROJECTS WORKSHEET

Dr. _____

(Send us a copy too if you wish)

1) What did you feel best about accomplishing in 2026?

2) What issues and concerns are you currently facing in your practice?

3) What would you like to see happen in 2027 to make your practice even **better for your patients**, **your staff** and as a **business?** Be as specific as possible.

4) Statistically, what are your practice goals (Production, Collections, New Patients, Overhead, Net Income, Savings, etc.)?

5) List other Improvements and Projects (Continuing Ed, Additional Services, Facility Improvements, Staffing, Staff Training, Technology, etc.)

VISUALIZE! See yourself accomplishing your objectives and enjoying the benefits of your labors! See it and chances are it will come to pass!

BELIEFS -> VALUES -> MISSION -> GOALS -> STRATEGY -> TACTICS

DOCTOR, PLEASE SHARE WITH YOUR HYGIENE TEAM

Curodont vs. SDF: Treating Early Caries Without the Drill



Part 1: Understanding Our Options for Early Intervention

By Brooke Ackerman, MSDH
Associate Practice Management Consultant, Advanced Practice Management

We're catching decay earlier than ever, and that should change how we treat it.

Non-cavitated lesions appear in the hygiene department every day, yet too often, they're placed on a watch list until they progress to the point of needing restorative treatment. While monitoring has its place, simply watching a lesion without an active prevention or treatment strategy may mean missing an opportunity to intervene earlier.

Today, we have options that allow us to treat certain early lesions without a handpiece. The question is no longer whether we can intervene conservatively. It's whether we're identifying the right cases and taking advantage of the options available to us.

Shifting Our Clinical Mindset

Traditional caries management often followed a straightforward approach: diagnose the decay and restore the tooth. Today, we have an opportunity to take a more conservative approach by detecting lesions early, supporting remineralization, and monitoring their progression.

When a lesion has not cavitated, preserving tooth structure should be a priority. Depending on the lesion, patient risk, and clinical presentation, treatment may include fluoride, silver diamine fluoride (SDF), or a peptide-based product such as Curodont. However, these products work differently and should not be viewed as interchangeable.

Understanding what each product does best is essential to selecting the right treatment.

SDF: Stop the Disease Process

Silver diamine fluoride is a valuable tool for arresting active caries. Its primary purpose is to stop or slow the progression of decay, making it particularly useful when disease control is the immediate priority.

SDF offers several advantages. Application is quick, the material is relatively affordable, and it can be especially useful for patients at high risk for caries or those who may have difficulty returning for frequent follow-up appointments.

The most significant consideration is esthetics. SDF permanently blackens affected carious tooth structure, which can make it less desirable in visible areas. It also does not rebuild lost tooth structure, so ongoing assessment and additional treatment may still be necessary.

SDF is an excellent option when the priority is arresting active disease, and the patient understands and accepts the potential discoloration.

Curodont: Supporting Early Enamel Repair

Curodont offers a different approach to managing early caries. Its peptide-based technology is designed for selected early, non-cavitated lesions and supports the remineralization process within the enamel.

Unlike SDF, Curodont does not cause the characteristic black staining associated with silver diamine fluoride. This makes it an appealing option when treating early lesions in esthetically sensitive areas.

However, case selection matters. Curodont is intended for appropriate early lesions and should not be considered a replacement for restorative treatment when a lesion has progressed beyond the product's intended use. Proper application, patient selection, and continued caries management are all important parts of treatment.

Cost is another consideration, particularly when patients are accustomed to traditional fluoride treatments or expect early lesions to be monitored at no additional expense.

For the right patient and lesion, Curodont provides an opportunity to intervene early while preserving the natural appearance of the tooth.

Not Either/Or: Choosing the Right Tool

SDF and Curodont are not competing products. They serve different purposes, and the best choice depends on the clinical situation.

When the immediate goal is to arrest active decay, SDF may be the more appropriate option. When an early, non-cavitated lesion is suitable for a remineralization-focused approach and esthetics are important, Curodont may be worth considering.

Fluoride remains an important component of caries prevention and management, and some patients may benefit from a combination of interventions rather than a single product.

A simple clinical framework can help guide the conversation:

- **White spot or early, non-cavitated lesion:** Assess lesion activity and patient risk. Consider fluoride, Curodont when indicated, and ongoing monitoring.
- **High caries risk:** Develop an individualized plan that addresses the disease process, including fluoride exposure, dietary factors, oral hygiene, and follow-up. Curodont may be an option for appropriate lesions.
- **Active caries requiring arrest:** Consider SDF when clinically appropriate, particularly when the benefits of arresting disease outweigh esthetic concerns.
- **Esthetically sensitive areas:** Consider options that avoid the permanent dark staining associated with SDF, provided the lesion is appropriate for the alternative treatment.

Clinical judgment is essential. Lesion characteristics, patient risk, treatment goals, and the ability to follow up should all influence the decision.

The Bigger Picture

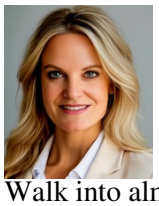
The goal isn't to use one product over another. It's to recognize that early caries management offers more opportunities than simply watching a lesion until it requires a restoration.

When we understand the differences between SDF and Curodont, we can have more informed conversations with patients, make better treatment decisions, and preserve natural tooth structure whenever possible.

In Part 2, we'll look at how hygienists can bring these treatment options into everyday practice, communicate their value to patients, and implement consistent clinical protocols.

DOCTOR, PLEASE SHARE THIS WITH YOUR ADMIN TEAM

You Bought the Software. Why Is Money Still Walking Out the Door?



By Kimberly R. Radke, LDA Emeritus
Associate Practice Management Consultant, Advanced Practice Management

Walk into almost any dental office today and you'll find a technology stack that would have looked like science fiction twenty years ago. Claims go out through a clearinghouse in seconds. Patients get automated texts, book online, fill out forms on their phones, and pay from a link. AI tools promise to verify benefits and chase down unpaid claims.

And yet, when I sit down with practice owners and pull the reports, the same story shows up again and again: the software is installed, the monthly invoices are being paid, and revenue is still leaking out the back door.

The problem is rarely the tool. It's the gap between what the tool can do and what the team knows what to do with the tool.

The technology is already in the building

- **Vyne Dental** reports serving more than **84,000 dental offices** across the U.S. through its clearinghouse and Trellis platform.
- **Weave**, which received the American Dental Association's Member Advantage endorsement in March 2026, reported **27,000+ customers** (the majority of them dental) as of 2023 and added a record number of new dental locations in Q2 2026.
- **NexHealth** surpassed **10,000 practices** on its patient experience platform in late 2023.
- **Wisdom**, an AI-assisted outsourced billing company launched in 2023, raised $28 million in 2025 and says it already works with hundreds of practices.

So why are practices still losing money?

Because the leaks haven't closed. Consider:

- **Denials are rising.** Zentist's 2026 Dental RCM Trends report found that **78% of dental offices** saw more claim denials or payer scrutiny over the prior 12 months
- **Nationally, the number is staggering.** One industry estimate puts U.S. dental losses from completed, billable treatment that never gets paid at **more than $16 billion a year.**
- **Unscheduled treatment sits untouched.** Henry Schein One data suggests the average practice has **$1 to $1.5 million** in diagnosed but unscheduled treatment sitting in its system.
- **Verification is still a struggle.** In the same Zentist survey, **71% of respondents** named real-time insurance verification as a primary challenge — even with eligibility tools in place.

Notice what these numbers have in common. None of them are caused by a lack of software. They're caused by what happens — or doesn't happen — between the software and the patient.

Where the mechanics break down

In 35 years of working inside dental offices, here's what I see most often:

Eligibility is "verified" but not understood. The tool returns a benefits breakdown. Nobody reads the frequency limitations, the downgrade clause, or the waiting period. The claim goes out, gets denied, and the patient gets a surprise bill.

Denials get logged, not worked on. The clearinghouse flags the denial. It lands in a queue. Nobody owns it, nobody categorizes it by reason code, and 90 days later it's a write-off.

Reports are never or rarely run. The unscheduled treatment report, the outstanding claims report, the unapplied credits report — they all exist. They just don't get opened.

Automation replaces follow-up instead of supporting it. Payment links go out, but nobody calls for the balance that's been sitting for 60 days.

Turnover erases the training. The team member who set up the system and knew how it worked left eight months ago. No cross-training was in place.

The words matter as much as the workflow. Does your great team have great conversations?

Technology can deliver a message. It can't have the conversation. How your team talks to patients about money is one of the biggest — and most overlooked — drivers of collections.

Clear, confident, consistent verbiage builds trust, sets expectations up front, and dramatically reduces the patient balances that turn into collection problems later.

A five-minute self-audit

Ask yourself — honestly:

1. Does one specific person own denied claims, and are they reviewed at least weekly?
2. When was the last time someone ran and worked the unscheduled treatment report?
3. Is insurance AR over 90 days?
4. Can every front office team member explain a patient's estimated insurance portion before treatment is scheduled — in plain language?
5. Has your team been trained on the features you're paying for, or just the basics?

If you hesitated on more than one, there's money on the table.

How Advanced Practice Management can help

Advanced Practice Management helps Dentists turn the systems and software they already have into collected revenue. We bring decades of hands-on dental operations experience and work directly with your team to:

- Audit your revenue — from eligibility and claim submission to denials and aging AR — and build routines that hold.
- Develop a strategy so your fee schedules and PPO participation work for the practice, not against it.
- Make sure your practice management software and add-on tools are set up and used to their full potential.
- Train your team on financial conversations, patient verbiage, and treatment follow-through.
- Strengthen hygiene production, scheduling, and recall systems

You've already invested in the technology. APM makes sure your technology is paying you back. Contact us today!

Sources

- Vyne Dental, About Us — vynedental.com/about-us
- Weave press releases, BusinessWire (Sept. 2023; March 2026); Weave Q2 2026 earnings call
- NexHealth company profile (yespress.io); Stripe customer story
- Wisdom funding coverage, Oral Health Group and Dr.Bicuspid (2025); Decisions in Dentistry (Dec. 2025)
- Zentist 2026 Dental RCM Trends & Insights Report, via Becker's Dental Review (Feb. 2026)
- Zentist blog, "From a Web to a Net: Solving the $4 Billion Problem" (Aug. 2023)
- DentistryIQ, "The 7 revenue cycle gaps most dental practices don't know they have" (2026)
- Dentaltown, "The $16 billion data problem no one talks about in dentistry"
- Henry Schein One, Benchmark Report
- ADA Health Policy Institute dentist supply data, via Becker's Dental Review