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Student Debt:
Are We Doing
Enough to Help
our Newest
Colleagues?




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President's Message

Mehrdad Safavian, D.D.S.



EDTA for our Columbus Dental Society

We've never been this aware of our need to associate and interact with our fellow dentists, considering the past 2 years that we were not able to safely participate at group events.

We just had our annual holiday party and nothing was more refreshing and reassuring than to see my colleagues and fellow dentists at CDS in person.

Having served on the ODA annual session committee, I am well aware of the availability of CE courses nowadays in various formats. What's not as readily available are CE courses that provide opportunities for the dentist to network, socialize and learn from each other. I strongly believe that is our Columbus Dental Society's competitive advantage, considering that we are in a city where The Ohio State University, the Ohio Dental Association, and numerous study clubs exist. We will collaborate with OSU, study clubs, and other component Societies to work efficiently and effectively. When I put my vision next year for the society together, I came up with four categories and when I looked at its abbreviation, I was sure that the endodontists would love it:

EDTA – Engagement and Expansion, Diversity, Technology, and Awards.

Engagement and Expansion: No organization can survive or thrive without the engagement of its members and expansion by recruiting new members. My efforts this year will be focused on activating our membership committee and making sure it is on a roll on its own for the years to come. I am going to use this opportunity to eagerly ask everyone getting this message to reach out to one other dentist, invite them and bring them to our wonderful organization and events, whether that is a new or seasoned dentist or a faculty or a resident. Many of us can attest that was how we initially joined organized Dentistry and benefited from our friendship & many programs while serving our profession.

D is for diversity, inclusion, and belonging. Our dental field has a new face and we need to make sure our organization is reflective of that. For instance, we have more female students in the OSU College of Dentistry first-year class than male students. We need to be aware of all forms of diversity and ensure our dentists with different backgrounds feel not only welcomed, but feel they belong while we cherish many dentists we already have as part of the organization who have contributed and served for many years, with or without a different background. Having the honor of serving on Dr. Parsons's initial diversity and inclusion task force, I come in with numerous simple ideas that can help welcome new or established members at various levels of our organization.

T stands for technology and I am a big believer in that by increasing our presence online & on social media, improving our technology, and ease of access to our programs, we will only have more of a sense of community established. We can serve our members efficiently and welcome the new generations of dentists for many years to come. Even having an app for our society in the near future will be an excellent step towards that.

Finally, **A** stands for awards and recognitions. In the Columbus area, being the largest component Society in Ohio, we have multiple established and well-recognized Dentists. This is our opportunity to recognize them, their services, and their accomplishments while setting a professional role model for our younger dentists. Many of us know people who are contributing their time and expertise to serve the underserved community. It's important for us as a dental society to recognize these efforts and help them give back to the community.

In the end, I recognize that an organization can only be as great as its members want it to be and I am looking forward to a wonderful year ahead of us that we can level up Columbus Dental Society together.

Mehrdad Safavian, D.D.S.
President, Columbus Dental Society

Executive Director's Message

Michael O'Toole, CAE



The holiday season is now over and we are in the locks of an Ohio winter. Once again, we find ourselves entering a new year, a great time to take stock and review the previous year and map out the upcoming year.

It seems that we will be living with the ripple effects of COVID-19 for a long time. The pandemic that turned our world upside down and took control of our every thought. Dental offices had to close for a while and we had to justify the importance and validity of our industry to the state and the public in general.

At its peak frenzy, we were receiving dozens of calls each day from the public wanting to know if it was safe to see the dentist. Over the course of the year, that subsided, but things never did quite return to "normal"; rather, they evolved into a new normal.

Thanks to the hard work of organized dentistry—the tireless efforts of the ADA and the ODA, with the support of the Columbus Dental Society and other state component societies—we were able to convince the health officials and in turn, the public, that dental care is critical to the overall health and wellbeing of the public.

Dental practices were in a great position to continue working in a safe environment and keep patients, as well as staff, safe from contracting or spreading the virus. It did change a lot of protocols, but members were quick to adjust procedures so everyone felt comfortable enough to see their dentist again. True, now you had to wait in your car instead of the waiting room. You had to get your body temperature taken upon arrival. And of course, you had to mask up while coming and going to the chair.

However, as I touched on earlier, all this was possible through organized dentistry. Your membership has value that you weren't even aware was there. A big machine working tirelessly behind the scenes to keep you up to date on information, safety measures, and how to keep your business up and running safely.

Now we are entering a new year. It's time to focus on the good that has come out of all of this. It's time to reconnect with our peers. Attend a meeting, volunteer some time, or just pick up the phone and call one of your professional contacts. Check in. See how they are doing. It's time to bond and strengthen our connections within the profession.

Over the course of the upcoming year, we want to see you at one of our programs. Come learn, share, and reconnect. Our program committee has put together a great calendar of educational events for you. Why not attend a General Membership meeting, another great benefit of membership? Enjoy a nice meal, learn something new, and check in. All included in the cost of your membership.

I urge you to take full advantage of your membership. It's time to see each other again. Face-to-face, alive, and in-person.



Student Debt: Are We Doing Enough to Help our Newest Colleagues?

By Cindy Ellinger, D.D.S.

Student Debt. In recent years, it has been a hot topic across the nation, and dental school students and alumni are no exception. The cost of a dental education has risen incredibly over the past 40 years. For example, in the 1978-1979 school year, the average tuition and fees for a first-year student was \$3,468¹; however, in 2000-2001, it was reported to be \$20,914², and in 2009-2010, it was \$32,934². This is an increase that far exceeds rate of inflation and as such, the amount of student loan debt has increased dramatically as students borrow larger amounts of funds in order to finance their education. For the graduating dental school class of 2010, the average amount of student debt carried was approximately \$200,000². This number has steadily increased over the past decade, from \$247,227 in 2014, to \$304,824 for the class of 2020³. Needless to say, the financial position in which our younger graduating dentists find themselves looks very different than that of our more seasoned dentists when they first entered the field.

As awareness of student debt increases, so too have some strategies and resources to help graduates manage the burden. For example, the Ohio Dental Association has given over \$1.5 million in grants and scholarships to students and non-profit organizations since 1995 to mitigate the cost. Furthermore, they have helped develop the legislation to create the Ohio Dentist Loan Repayment Program, which provides loan repayment for dentists who practice in a designated shortage area, treat Medicaid patients, and provide care to patients regardless of their ability to pay. This program is funded by a fee collected upon the renewal of dental licenses and gives up to \$25,000

annually for the repayment of dental school debt for the first two years of service and up to \$35,000 annually for the third and fourth years. Since its beginning in 2003, 29 dentists have completed service obligations through the program. On a national level, the American Dental Association has advocated on behalf of its indebted and student members for reduced interest rates and fees on federal student loans, limiting the total amount of interest that can accrue on federal student loans, and halting the accrual of interest while a dentist is completing an internship or residency. Locally, The Ohio State University College of Dentistry offers scholarships and grants to its students, based on merit and financial need; in the past year, out of 421 applicants, 182 students were awarded some sort of college or institutional scholarship, totaling \$1,460,173.

However, how can we, as members of organized dentistry and professionals in our field support our newest colleagues? First, we must be educated. And thankfully, this type of education does not require any additional student debt on our part. We must be knowledgeable about the current tuition rates for our local dental schools. For instance, for a resident of Ohio, the current estimated annual cost of tuition and fees at The Ohio State University College of Dentistry is \$44,209 for D1 year and \$55,474 for D2-D4 years⁴. This does not include any additional academic expenses (books, scrubs, board examinations, etc.) or living expenses (rent, groceries, laundry, transportation, health insurance, etc.). And with that knowledge, we must become advocates for our youngest members. Did you know that, currently, our dental students do not

Continued on next page

qualify for federal subsidized student loans, so their loans accrue interest throughout the entirety of their education? We should be aware of and support legislation that can help reduce the burden of debt on future dental professionals (see the side bar for a list of bills currently before the U.S. Congress). For those of us who are no longer in debt, we should consider financially contributing to existing scholarships or establishing new scholarship funds that can offset some of the cost of education.

We need to work together to think of new ideas to support our young dentists. Although for some, this topic may feel distant, the scope of student debt for graduating dentists, along with many other factors, has changed the landscape of our dental profession and will continue to do so. As members of organized dentistry, it is important to band together and stand behind our newest colleagues, to support their future and the future of our profession for years to come.

1 Council on Dental Education. 1979, 'Summary of 1978-1979 annual report on dental education', JADA, vol 98, June 1979, pp. 957-962.

2 Valachovic, R. (2012, February). Student debt: cause or symptom of current ills? *ADEA Charting Progress*.

3 American Dental Education Association. (2021, November). *Educational debt*. https://adea.org/godental/money_matters/educational_debt.aspx.

4 The Ohio State College of Dentistry. (2021, November). *2021-2022 Ohio Resident Estimated Cost of Attendance*. <https://dentistry.osu.edu/financialaid/ohio-resident>.

Current Bills Supported by the ADA Regarding Graduate Student Loans

H.R. 4631 POST GRAD (Protecting Our Students by Terminating Graduate Rates that Add to Debt) Act, which would reinstate eligibility for graduate and professional students with financial need to receive Direct Subsidized Stafford Loans, which are now only available to undergraduate students

H.R. 1285 Dental Loan Repayment Assistance Act, which would allow full-time faculty members participating in the Dental Faculty Loan Repayment Program to exclude the loan forgiveness benefit from their federal income taxes

H.R. 4122 Resident Education Deferred Interest Act (REDI Act), which would allow dental school graduates to defer payments and forgo interest on their federal student loans until after completing a medical or dental residency

H.R. 1918 Student Loan Refinancing and Recalculation Act, which would provide a chance for federal student loan borrowers to refinance their loans, and for medical and dental residents to defer payments until after completing their residencies

H.R. 2160 Student Loan Refinancing and Act, which would allow federal student loan borrowers to refinance their loans when economic conditions are more favorable

Setting the Standard: Dentistry's Ambulatory Surgery Center

By Dean Carroll Ann Trotman, OSU School of Dentistry

The College of Dentistry's new \$95 M facility, the Postle Hall Expansion, includes 132,000 square feet of space that houses student clinics, a faculty practice, a central sterilization facility, and an Ambulatory Surgery Center that was created by a \$2 M gift from the Delta Dental Foundation and is named in its honor. While every area in the expansion serves a vital purpose, the center has a special role as it sets the standard for such facilities in dental schools nationwide.



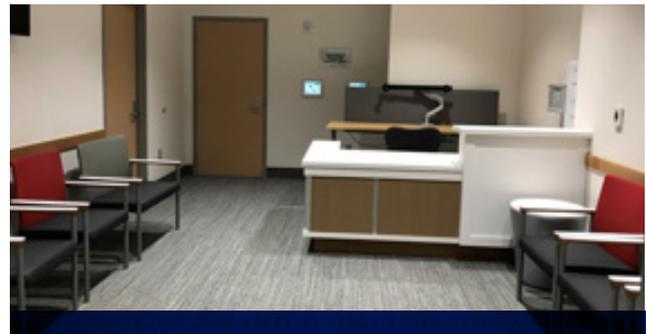
Artist's rendering of Ambulatory Surgery Center's main hallway

A State-of-the-Art Facility

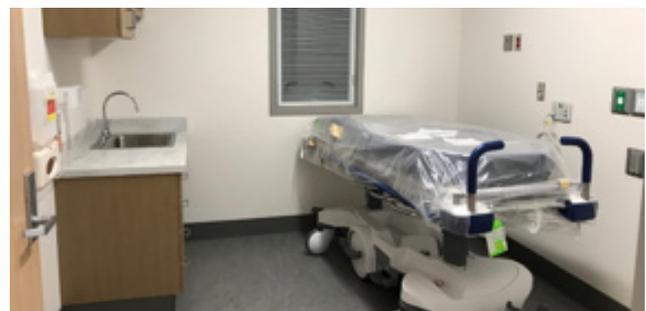
The Delta Dental Foundation Ambulatory Surgery Center is fully equipped to provide the most contemporary treatment for patients with complex oral healthcare needs. With 5,200 square feet of usable space, the center includes reception and waiting areas; two pre-op rooms; four operating rooms and four post-op recovery rooms; an off-stage care station; an anesthesia storage room; a sterile storage room; and offices for medical personnel and support staff. Other special attributes include a ground-level entry for patients who are transported in wheelchairs or on gurneys. The center is self-contained with its own pharmacy, along with backup energy and safety systems that ensure surgical procedures can be conducted without interruption.



Entrance to Ambulatory Surgery Center in Postle Hall Expansion

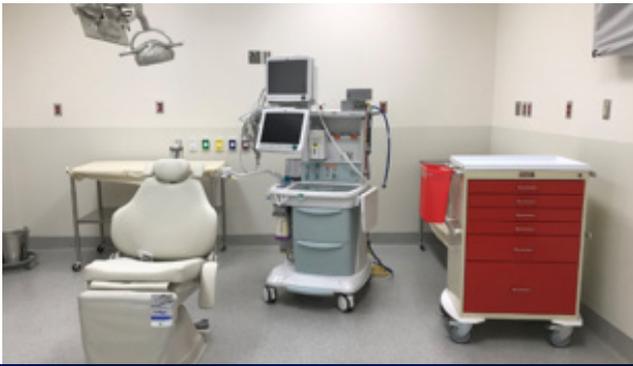


Reception area for patients



One of two pre-op rooms

Continued on next page



One of four operating rooms

Designed for Patients with Complex and Special Needs

The Ambulatory Surgery Center was designed to provide advanced oral and maxillofacial surgical procedures, as well as an array of general dentistry services for patients whose dental care must be delivered with any level of sedation, airway management, advanced physiological monitoring, or pharmaceutical support. The College of Dentistry already provides care for such patients with cognitive, developmental, behavioral, and physical disorders who come from more than 50 of Ohio's 88 counties. Supporting the college's role as a statewide resource for oral healthcare, the center will facilitate increased access to dental care and help to address the oral health disparities that exist among patient populations with special needs.

Supporting the Educational Mission of the College

When it is fully operational, the center will support the college's educational mission by offering additional patient-care opportunities for first- and second-year general practice residents; oral and maxillofacial surgery residents and interns; and dental anesthesiology residents. It will also present opportunities for oral and maxillofacial surgery faculty members to meet patients' needs by providing complex and comprehensive oral surgery treatments in a highly specialized, contemporary facility located on campus.

Dean Carroll Ann Trotman voiced her support for the center and its mission, saying, "The Delta Dental Foundation Ambulatory Surgery Center is a state-of-the-art facility for providing oral surgery and dental care for patients with complex medical conditions and special needs. We are proud of it and what it will accomplish, and we are dedicated to launching the center so it can serve those for whom it was created."



Pharmacy for admitted patients' medication needs



A large recovery room with adjacent nurses' station

Grow Your Team, Grow Your Net Income, Grow Your Net Worth

By Ken Runkle, Paragon Management Associates

In this article we will address four areas...

How to hire the right team

This year has been one of the most difficult times for hiring people in dentistry in my 38 year career as a dental practice management consultant. Here are some tips...

- You should always be looking for great team members.
- You should use websites such as Indeed, LinkedIn, etc. to post that you are looking for new team members. Make sure to include all the specifics of what you are looking for.
- You should use your social media to let people know that you are looking.
- You should have your team members use all of their various chat rooms to advertise the fact that you are looking for a new team member.
- If you are looking for a hygienist, you should be in touch with every hygiene school in the state as well as the ADHA and ODHA Job Boards.
- If you are looking for a dental assistant, you should reach out to every dental assistant program in the state and let them know you are hiring.
- Last but not least, you should be doing everything you can to let people know you are hiring. Always keep interviewing and always keep looking.

How to train the right team

Recently, it seems that team leaders have become the natural focus of training. In addition, some

practices are assigning “big sisters” – after all, most dental team members are still female – and that person is more of a coach/friend/mentor than an actual trainer.

I have seen more video onboarding than ever before. Anyone can do it with an iPhone - version 10 or later.

If you don't have SOP's, this would be a good time to get them started. Start them now before you need them.

How to grow the right team

The key to all team growth is meetings and communication.

It has been said that the number one failure in human relationships is a failure to clearly articulate expectations. More importantly, expectations usually need to be articulated down to the smallest detail. Most people need to hear expectations articulated between 3-7 times before they get it. It's not a question of them not being able to understand or them trying to resist your training. It's just a matter of you repeating the same thing again and again until your new team member really gets what you want done.

For many practices, the biggest challenge in training is the fact that they expect brand new team members to be up to speed quicker than is realistic. In other words, because they have set their expectations so high – in unrealistic terms – a new team member gets discouraged while they are taking new skill sets and trying to convert them from conscious behavior into auto conscious behavior.

Sometimes, you just have to take time to let a new person grow into that job.

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How to keep the right team

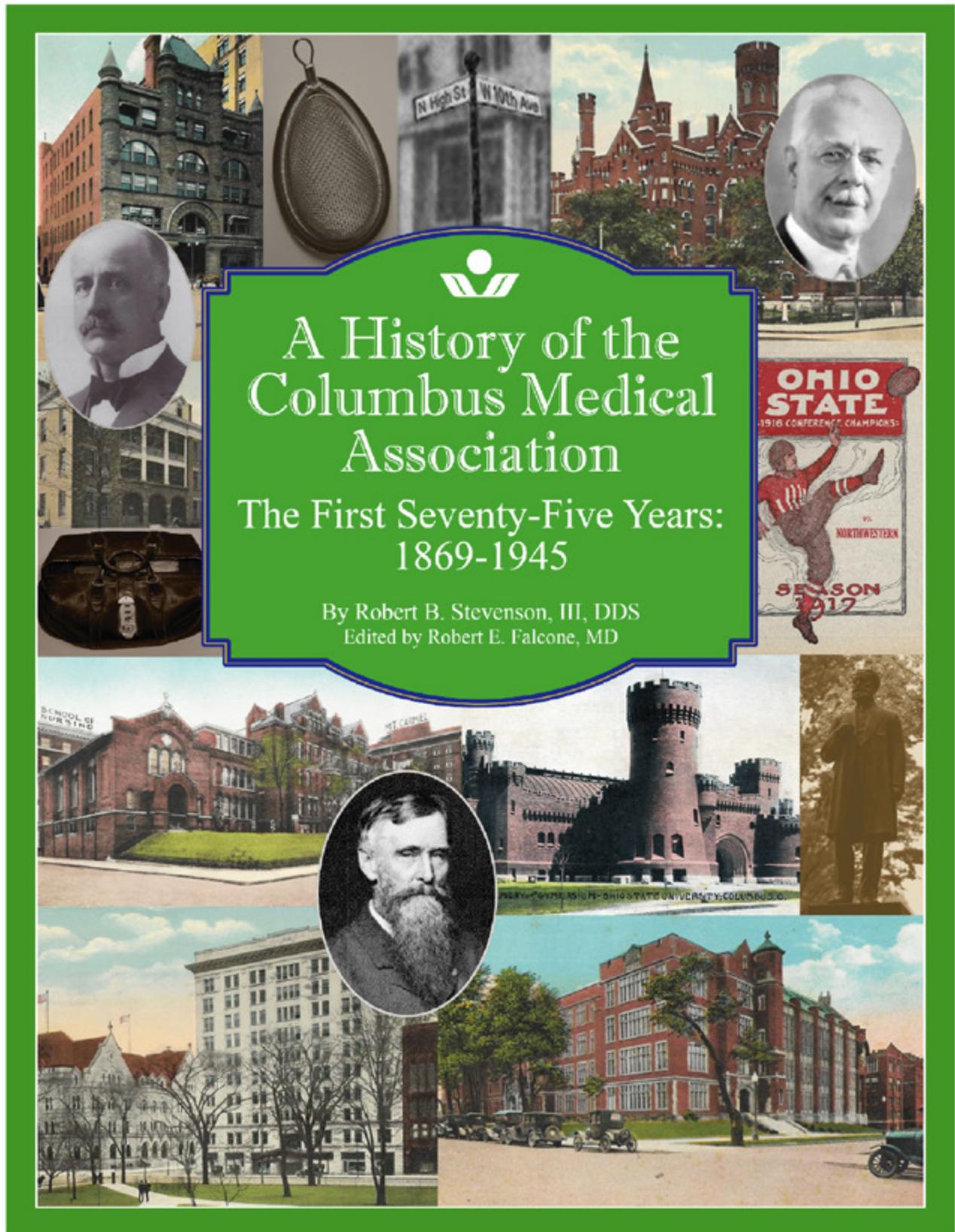
Here are several strategies for keeping teams together.

- Team bonuses are a positive way of rewarding the team when the practice grows. It's not so much about motivating the team to work hard as remembering "a rising tide should lift all the boats." Bonuses are about rewarding teams for a good performance.
- In the case of individual producers, you may want to add a commission to their salary. Most staff members will not shift from a salary to a commission, but they will allow you to add a commission on top of the salary. Commissions tend to really reward big performers.
- If you offer a "Bravo Board" and a "Bravo Bag," it is your way of "catching people doing something right." Unfortunately, in most dental practices, most people feel like they get corrected when they do something wrong. This strategy allows everyone to celebrate someone doing something right.
- At all reviews, the doctor should always share a "staff compensation worksheet." This allows you to share with that specific team member what they really make.
- In Paragon, we see this on a regular basis. The doctor will have a part-time hygienist – usually two days per week – and that same doctor will have a full-time hygienist. Because the full-time hygienist gets a lot of benefits, they will often make several dollars less per hour than the part-time hygienist. At the same time, the full-time hygienist is actually making a lot more money than the part-time hygienist. The Staff Compensation Worksheet shows people how much they are actually making.
- Team members like to stay in practices that are transparent, authentic and work hard on communications. Also, team members like to stay with practices that do not allow toxic behavior or toxic environments. If you have high performing staff with toxic behavior, they need to be warned 1–2 times and if they won't change, then you need to change them.
- It's better to have two one-hour team meetings per month rather than have one two-hour team meeting per month. In the long run, it may be the same amount of time, but by breaking it up, it's a better use of time and communications.
- Finally, team members like to stay as part of teams that can have fun together. Whether it's a 4th of July picnic, an end of year holiday dinner, a celebration breakfast, birthday celebrations, or just a fun trip to a baseball game or an Escape Room, the fact is that most people like to do some things together. The bigger your team is, the more you will have to realize that you can never plan an event around everyone's availability. People have outside schedules and the fact is that some people just won't like your events. Plan the events and have a good time with whoever comes.

I'm looking forward to speaking for the Columbus Dental Society on Thursday, March 31, 2022 and to go more into detail on hiring, training, and keeping a great team!



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Road Trip to Success: Three Areas of Focus Post-Pandemic

Authored by Ashley Chapski and Co-Authored by Bruce Wickham and Jim Boltz, Zimmerman, Boltz and Co.

With the COVID-19 pandemic fading away into the not-so-distant rearview mirror of our lives, you can start to look forward to the road ahead as some of you strive to rebuild, sustain, and/or grow your practice. Creating and sustaining your employee culture, budget, and patient base is a journey with many twists, turns, and even a few road bumps, but we are sure you would agree it's a road trip worth taking. Here are three areas for you to focus on in your practice post-pandemic.

Maintaining and sustaining employee culture

When preparing for a road trip, normally, you take the extra time to do your vehicle maintenance like getting that new set of tires, or a last minute oil change before you hit the road. By now, you might be asking, "What does this have to do with dentistry?" Well, just like you would take the time to prepare your vehicle for a road trip, you must take the necessary time to prepare (i.e. train) your employees for your practice. In other words, your employees cannot perform to your standards if your expectations have not been clearly stated. It is not simply enough to rely on a one time onboarding training to cover all of this information. Reviewing responsibilities and expectations creates an expectation-accountability threshold for even the most seasoned employee.

Once your employees know your expectations, take the time to ask them what they expect from you. The post-pandemic US labor market has continued to be at odds with itself as it juxtaposes an influx of job growth with severe labor shortages, high unemployment rates with an increase in remote work opportunities, and an increase in wages for new employees while experienced employees face salary compression. Now more than ever, it is important to ask and listen to what your employees truly want.

Traditionally, we know employees want an enjoyable work culture and they want to feel heard, appreciated, and fulfilled. Your team members play a crucial role in creating and maintaining your practice's culture and values. Your culture is developed through negotiations, open dialogue, and spoken and unspoken norms, values, and beliefs. Meet with your team often to review and discuss your culture. With all of the safety and health concerns surrounding the pandemic, promoting and sustaining a healthy and safe work environment is the upmost importance for your team and your patients. This means having procedures in place for proper cleaning and sterilization as well as having the proper PPE readily available and well stocked. Include your team in making and implementing these health and safety standards.

Throughout the year, various incentives such as bonuses, awards, celebrations, and recognitions can be given to your employees to show appreciation, reward their efforts, and celebrate their success. Discuss with your team what incentives they prefer. These incentives can be used to motivate and encourage your team members to continue to do their best and to meet their goals. Constant communication shows employees they are important to your practice and a key element to your success.

A budget is like a roadmap

Employee incentives vary with each individual practice and should be incorporated into your budget. Your budget is your roadmap to review where you've been and help determine where you want to go. You would not aimlessly drive from Ohio to California just hoping you "make it there," so why would you operate your practice the same way? Having a budget allows you to have more control over the direction in which you want to take your practice. A good budget

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determines your cost and revenue drivers and includes the details about employees, marketing, cost of services, facilities, doctor compensation, debts, taxes, and other overhead costs.

For a dental practice, the cost and revenue drivers are: patients and hours. The more patients you see in your practice, the greater the opportunity to produce revenue and for each hour the practice is open operating costs are being incurred. Each budget should be based on historical data which adds context and future plans to provide direction. This process includes examining past expenses and past production numbers to predict the future results as well as identifying areas of improvement. A budget is a guiding force and should be updated as significant changes take in your practice. It is imperative to reroute if necessary!

Refuel your patient base

So far on our road trip to success, we have worked on our employee culture and we have prepared our practice with a budget for future performance, but the best part about a road trip is all the pit stops you make along the way. That last minute fuel stop or a

trip to a convenience store for snacks, or even some incredibly corny tourist trap—these moments make the trip! Your patients, like these pit stops, represent the best part. The people you serve are the very reason for the existence of your practice. Just like your road trip cannot go on without a few pit stops, your practice cannot survive without your patients.

When trying to create your ideal patient base, it is important to create a comprehensive marketing plan. Whether your practice is new or well-established, it is important you refuel your patient base by connecting with your community. This includes attending local events, participating on community social media pages, marketing to zip codes/neighborhoods near your practice through grass roots methods, and participating in community outreach projects. Spend the time and money to create and regularly update your website and social media pages. Make your website your own by including biographies about your staff and actual images of you, your team, and your practice. Be sure to include services offered, accepted insurance plans (if any), patient reviews, specials and discounts, patient recognition, as well as office activity and team recognition.

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Apart from internet referrals/reviews and quick Google searches, word of mouth still is an effective marketing tool. You can capitalize word of mouth marketing by making sure you provide exceptional patient care and customer service.

Evaluate your insurance preferences by asking yourself and answering the following questions: How close are you to reaching capacity?; How many patients are with each insurance company?; Who are your new patients?; What's the cost of each insurance?

By answering these questions you will determine what insurance(s) are most common among your patients and you can make an informed decision about the financial impact of dropping each insurance. Remember to make these decisions with artful consideration and be tactful when you deliver the news if certain insurances will no longer be accepted at your practice. It is good practice to be able to make referrals to other dentists for any

patients who may be displaced as a result. Be sure any decisions are well thought out and not made in haste—too many changes too quickly can cause concern for your patients.

Road to success

The post-pandemic landscape certainly is different and although dentistry will forever be changed, the core objectives of your practice remain the same: healthy employee culture, budgeting for imminent change, and patient satisfaction/cultivation. Maintain and sustain your employee culture through setting expectations, validating their concerns and needs, and incentivizing and rewarding their work. Use your budget as a roadmap to direct, sustain, and scale your practice—rerouting as necessary. Refuel and re-evaluate your patient base. Patients are the reason for the existence of your practice. If you consider and put into action all three of these items, you surely will be on your road to success!

Turning Threats into Assets!

(Building a Security Culture)

By Russell Howell, CISSP, Five Elements

As I read the various security reports, forums, and news sites each morning, it is rare that at least one ransomware or other breach has not hit a business or municipality. Unfortunately, this is a trend that I do not foresee going away. Simply put, ransomware alone is far too profitable for the criminal element to give up on and, unfortunately, vendors have not provided any real relief aside from insurance and backup/recovery products.

Having personally responded to several ransomware attacks in dental practices in the Midwest, I can with some authority speak to the greatest cause of, not only these attacks, but also nearly every breach we have seen in the past 28 years of serving the healthcare market. This will be the part where you expect me to scare you with Russian or Chinese hacker groups, or possibly those pesky Ukrainians. While it is easy to point at those criminal groups and, indeed, they are commonly responsible for sending

the emails or texts that result in infection, there is a far more insidious culprit and that threat is already inside your practice.

If you are at this moment reaching for your phone to call your IT vendor, hold up. This is a threat no IT shop can mitigate! This threat is sitting at your front desk, or doing hygiene, or maybe in the mirror if you take a peek. Ahh... the human element, i.e. your team (Yes, you are part of that team!), is absolutely, unfailingly, the greatest threat to the private and protected data in your practice.

Please understand I am not accusing your billing person of being on the payroll of Ivan the Bear! I am simply stating that nearly every data breach incident I have been personally involved in investigating has resulted from one or more actions taken by a team member. Often times that team member had the letters M.D. or D.D.S. after their name.



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This common failure of the human element is not because medical professionals are dumb, or don't care about the vital patient data in their charge. It happens for a couple of reasons: First and foremost, there is an enormous training gap in the healthcare cybersecurity area. If a practice does any training, it is usually a canned "HIPAA" training (usually online) that often covers more of the HIPAA rule and policy than real world prevention techniques and security procedure.

Secondly, if a practice does do quality HIPAA and Cyber-Security awareness training, it is generally just the required annual training and then everything quickly goes back to a state of complacency. People are creatures of habit after all. So how do we break the complacency cycle?

Creating a Security Culture is the answer. This is easy to say and somewhat more difficult to do! The good news is that not only can it be done, but it's not difficult or expensive to do! The most difficult step, of course, is the first one!

Step one (that big one): Owner/Management commitment!

You as the owner and/or manager must be all in on the culture-building process. You cannot decide to start down this road with training for instance and then decide that the training is mandatory for everyone, but yourself. If the boss is not showing a full commitment to the process, the subordinate team members will obviously feel that you do not consider it really important.

The Basic Roadmap

Training! This is crucial. Every single team member must participate in a solid HIPAA and Cyber Security Awareness training. This can be done in person or remotely, but should, whenever possible, be a live event and not a recorded training. There is an annual HIPAA training requirement anyway so why not include some real-world Cyber Security Awareness? Your team cannot defeat bad guy tactics if they have never seen them.

Testing! After initial training, you should test the team. This can be a lot of fun, and can be a service that you purchase to send phishing emails or something as simple as leaving a thumb drive to be found and see if anyone reports it. I also recommend a short-written exam immediately after training to see if there are any team members struggling with the content. Some form of training should also be available at time of hire for new employees. You do not want them to wait until the next annual live training!

Informing! When you are made aware of security issues in the news or affecting other practices, share these with the team. Most practices I work with have a morning huddle; this is a great place to share security issues. Every morning huddle should also include an opportunity for team members to share any security or HIPAA concerns or incidents and a reminder to practice good security that day in their email and other communications.

Rewarding! If a team member is responsible for catching or preventing a security issue, they should be recognized at the next huddle or all-staff meeting. I also recommend a small reward such as a gift card for those all-star employees.

Absorbing! In order to move this from a security process to a security culture requires repetition. Mini trainings between the annual trainings are great. This can be done by a professional security trainer remotely or in person or could even be a discussion on a security issue the practice has dealt with or has avoided. Only by repeated training, testing, and talking can we turn that initial security paranoia that comes immediately after training into a real Security Awareness that becomes ingrained in the unique culture that exists in your practice!

About The Author:

Russ is a Certified Information Systems Security Professional with 30 years in Healthcare IT, 18 of those being as a Security and HIPAA consultant. Russ is the founder of the Five Elements System for Security and is an evangelist for "People Based Security". He can be contacted at Russ@Five-Elements.Net

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Real Estate: The Second-Highest Expense in Your Practice

By Kyle Sattler, CARR

When it comes to managing expenses in your practice, there are dozens of categories to evaluate: equipment, technology, loan costs and interest rates, sundries, marketing, and on and on they go.

Many practice owners are quick to shop-out what they believe are the most obvious expenses, but few understand the impact of one of the largest expenses and how it can be dramatically reduced to increase profitability. The highest expense for most practices is payroll, followed by real estate. Real estate encompasses your monthly rent or mortgage payments, along with the property's operating expenses, maintenance fees, utilities, and janitorial costs.

If you consider these top two expenses, payroll and real estate, only one of them is really negotiable. With payroll, you can either pay people their value or they usually find another job that will. You may decide that you can cut staff, but if you need people you need to pay them what they deserve or they will eventually leave.

Real estate however, is 100% negotiable. You have the choice of leasing or owning, as well as being in an office building, retail center, a stand-alone building, or large medical complex with many other providers. You can choose the size of your space, the design, and the landlord you want to work with—or to be your own landlord. And if you do own, you get to decide whether to buy an existing building, an office condo, or to develop your own building from the ground-up.

When negotiating the economic terms of a lease, you get to have a say in the length of lease, the desired concessions including build out period, tenant improvement allowance, free rent, lease rates, annual rate increases and many other provisions.

With this many choices to evaluate and understanding that each one affects the final

economic outcome, why is it that so many practices fail to capitalize on their real estate opportunities?

The short answer is that most practice owners and administrators simply don't have the knowledge and expertise in commercial real estate to understand how to make the most of these opportunities. They view real estate as a necessary evil instead of an incredible opportunity to improve profitability, reduce expenses and improve the quality of their patients' experience. When the correct approach is taken, you may actually look forward to it instead of dreading your real estate negotiation.

Let's take a look at three key ideas that will help you make the most of your next real estate transaction.

1 Timing

Every type of transaction has an ideal timeframe to start the process. When starting too early or too late, you communicate to the landlord or seller that you don't really know what you're doing. When that message is communicated, it hurts your ability to receive the best possible terms. For example, don't wait for your landlord to approach you on a lease renewal negotiation. Start by consulting with a professional so you can understand the ideal timeframe to start your transaction, come up with a specific game plan for what you want to achieve, and then you be the one to approach your landlord with renewal terms.

2 Representation

Landlords and sellers prey on unrepresented tenants who don't really know the market or what their options are. If the tenant was a Fortune 500 company, the landlord would approach them with a high level of

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respect, expecting that they either have a real estate broker hired to represent them or have a team of professionals internally that are well equipped to handle the transaction.

In contrast, when a landlord or seller starts speaking with a tenant who isn't represented, and who they don't believe knows the market as well as they do, that tenant is not going to get the same level of respect through the process. This is because the landlord senses an opportunity to take advantage of a small tenant who is not an expert, doesn't have a full complement of real estate knowledge and skills, and who doesn't have adequate representation.

When you understand that commissions are paid in commercial real estate just like they are in residential real estate—they are set aside in advance for two parties, not just one—then you understand there aren't any savings by not having a broker. And if there aren't any savings by not having a broker, then showing up without one only further detracts from your credibility.

3 Leverage and Posture

It is nearly impossible to emerge victorious from a negotiation without leverage and posture which are created by having multiple options in the market. If you limit yourself to one property, you are at the

mercy of that owner. Since most landlords and sellers negotiate professionally, it is easy for them to know when you don't have other viable options.

Simply telling a landlord that you have a proposal from another landlord won't give you a strong enough posture. Most landlords look at unrepresented tenants and assume they do not know the market, do not understand all their options, and are not really serious about making the landlord compete for their business. Leverage and posture are created when you have the right timing, professional representation, an understanding of all your available options, and a detailed game plan of what you want to accomplish in order to capitalize on the market.

These three key ideas are the first of many factors that allow healthcare tenants and buyers to reduce their second highest expense which dramatically impacts profitability and cash flow.

CARR is the nation's leading provider of commercial real estate services for healthcare tenants and buyers. Every year, thousands of healthcare practices trust CARR to achieve the most favorable terms on their lease and purchase negotiations. CARR's team of experts assist with start-ups, lease renewals, expansions, relocations, additional offices, purchases, and practice transitions. Healthcare practices choose CARR to save them a substantial amount of time and money; while ensuring their interests are always first.

Visit CARR.US to learn more and find an expert agent representing healthcare practices in your area.

CDS 2022 CE Schedule

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|-------------|--|-----------------------|-------------|
| February 17 | COVID 19 – Surviving and Thriving in a Post Pandemic World | Dr. Iahn Gonsenhauser | Lean & Mean |
| March 31 | Grow Your Team, Grow Your Net Income & Net Worth | Dr. Ken Runkle | Lean & Mean |
| May 17 | Airway Management | Dr. Bryant Cornelius | Study Club |
| August 25 | Keeping your Electronic Records Secure | Russ Howell | Lean & Mean |
| October 27 | Pharmacology for Oral Sedation | Dr. Bryant Cornelius | Study Club |
| November 9 | Exploring Current Research Methods in Jaw Movement and Muscle Activity | Dr. Elena Carruthers | Study Club |

See columbusdentalsociety.org for more details and registration

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Ohio University Pickerington Center
12933 Stonecreek Dr, Pickerington, OH 43147

MAY 12 – HILLIARD

Makoy Center
5462 Center St., Hilliard, OH 43026

JUNE 2 – ZANESVILLE

Muskingum County Convention Facilities Authority
205 N. Fifth Street, Zanesville, OH 43701

JULY 27 – SPRINGFIELD

Clark State Community College
Brinkman Center for Education and Innovation
100 S. Limestone St., Springfield, Ohio 45502
(About a mile and half from I-70)

SEPTEMBER 1 – GROVE CITY

Hampton Inn & Suites Scioto Downs
5950 S. High Street, Columbus, Ohio 43137

SEPTEMBER 29 – COSHOCTON

Village Inn
115 N Water St, Coshocton, OH 43812

NOVEMBER 17 - WESTERVILLE

LOCATION TO BE ANNOUNCED

DECEMBER 9 - WESTERVILLE

LOCATION TO BE ANNOUNCED

Morning Session

Registration: 9:30am – 10:00am

Seminar: 10am – 12pm

For detailed information and to register online, go to www.columbusdentalsociety.org

