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Lessons Learned

By Quinn Dufurrena, D.D.S., J.D., CDA Executive Director



Dr. Quinn
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One of my earliest memories of Colorado was visiting my uncle's ranch near Gunnison. I had never seen such vast areas of green nor caught so many fish.

The reason I was taken aback by the area is because I grew up on the edges of the barren Black Rock Desert, 66 miles north of Winnemucca, Nev. The family ranch, where we raised Hereford cattle, was called the Quinn River Ranch. I've always had a sense of pride that the early pioneers named a river after me.

My early formal schooling took place in a one-room schoolhouse. The schoolhouse was in Nevada, but the playground was in Oregon. With only one other student in my class, and he being twice my size, I designated myself as the second smartest kid in the first grade.

As the second smartest kid in my class, I thought I knew a little something about interstate jurisdiction. As such, I figured I could set my teacher straight concerning appropriate classroom behavior. Being the fastest kid in my class, I could out run her to the state line, somewhere around the swing set. Once over the line, I would quickly explain that even the sheriff couldn't cross state lines in pursuit. Looking back, I felt confident that Oregon was probably a non-extradition state.

Much to my disappointment, I quickly found out that I was slightly mistaken about the realities of being the second smartest kid in my class. I learned first hand about what the long arm of the law really meant.

Speaking of lessons, I realized that a ranching career was not in my future. I

learned this somewhere between building fence and hitting hard ground, complements of another bad tempered horse. It was one of those moments, when I stood dreading the act of getting back in the saddle, that I decided I should try something new and innovative. Therefore, in order to avoid the arduous lessons of the ranch, I decided to get an education.

I received my Bachelor of Science, in general science, from the University of Nevada, Reno. Then I went on to receive my Doctor of Dental Surgery from the University of the Pacific School of Dentistry. Paying back a rural scholarship, I returned to Nevada and practiced in a small town called Battle Mountain. It was there where I came to realize that I really didn't have all the answers in dentistry. With no other fellow dentist within 50 miles, I learned a lot about dentistry and the term "practice." After fulfilling my three years, I volunteered for the U.S. Navy. I wanted a broader perspective of the world, and I volunteered for everything. As such, I traveled to most of the countries in Central and South America and spent three years stationed in the Highlands of Scotland. It was in Scotland that I learned the never ending frustration of golf.

After getting the need for worldly adventure out of my system, I headed back to private practice. I opened up shop in Elko, Nev., at the base of the Ruby Mountains – a wilderness area, famous for its helicopter skiing. I practiced as a general dentist for the better part of 20 years.

During this time, I also served as an associate professor, teaching fixed prosthodontics and operative dentistry, at the Oregon Health Sciences University Dental School. While still maintaining my practice, I acquired my law degree from Concord Law School, concentrating on health and small business law. Concur-

rently, I remained active in organized dentistry with the Nevada Dental Association, as a component officer and peer review chairman.

It was during this time, between Mrs. Jenkins endo and Bob's crown prep that I came across an article in the *ADA News* about a fellowship offered at the American Dental Association. I decided to apply for it. That was the beginning of a career change for me. Receiving the ADA Hillenbrand Fellowship award meant selling my dental practice and moving to ADA headquarters in Chicago, Ill.

Awarded every other year, the Hillenbrand Fellow is designed to provide extensive training and experience in health policy leadership and management skills in organized dentistry. As part of this program, I took MBA courses in association management and business strategies at Northwestern University. As well, I worked and trained with the highest levels of leadership of the ADA, including the president, executive director and chief policy advisor. My major project focus involved teledentistry and its implications for rural dental practices.

Once the fellowship was completed, I headed off to Idaho to put my newly acquired knowledge to the test. I have spent the last three years as the Idaho State Dental Association's executive director.

Without a doubt though, my biggest learning experience has been helping my wife, Karen (okay she really did all the work!), raise seven wonderful children, all of whom are attending or have graduated college.

I look forward to using my lessons learned in doing the best job I can for the Colorado Dental Association. ■



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A Farewell and an Introduction

By Brandon Owen, D.D.S., M.S., CDA Interim Editor



Dr. Brandon Owen is an Orthodontist in Fort Collins, Colo.

I would like to open my first article as the interim editor with a heartfelt thank you to Dr. Joe Tomlinson. In my short time editing the CDA publications and attending the Board of Trustees and Executive Committee meetings, it has become quickly

apparent how demanding the tasks of the editor are, and Dr. Tomlinson served and excelled in this position for four years. At the November Board of Trustees meeting, he was showered with comments of well deserved reverence and gratitude for all that he has done for the CDA. He has been a wonderful mentor for me in this transition and will always be a figure that captures a great deal of respect from all those around him.

My first encounter with Joe was at a dental open house in Fort Collins, Colo. Within minutes, we discovered that we share a common alma mater: Montana State University. Furthermore, we came to discover that we also both met our spouses at MSU. It wasn't until I sat down to lunch with Joe two weeks ago, however, that I discovered how much our lives parallel one another.

Joe's early childhood was spent in **Minneapolis** and **St. Louis Park** (a Minneapolis suburb). His high school years were spent in Eden Prairie, Minn., where he was the captain of the football team and the sports editor of the school newspaper. He then ventured to Montana State University in **Bozeman, Mont.**, where he was attracted to the access to great skiing and a strong engineering program. It was there where he met Dot, his wife. Dot planted the seed of dentistry as a profession in Joe's mind after he spent time in the earth science and civil engineering departments for his first years of college. After discussion with a pre-

dental advisor and a general dentist in college, he decided he would take the Dental Aptitude Test, and he did very well. His interviewers at the University of Kentucky gave him a warm welcome, and, thus, he accepted a slot in their dental school.

Upon graduation from dental school, and after serving two very enjoyable years in the U.S. Army Dental Corps, from 1971 to 1973, Dr. Tomlinson set up a practice in **Fort Collins** where he has practiced dentistry in a solo setting and in various group settings for the past decades. Twenty-seven years ago, a *Denver Post* advertisement for a regional director to oversee insurance claims reviews caught his eye, and he was awarded the position (over dozens of other applicants). Now Joe spends three days a week running an insurance claim review company, NADENT, and spends one day a week in private practice. He has two daughters and now has two grandchildren – three-year-old, Matthew, and six-month-old,

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Vanessa, whom he frequently visits in California.

Knowing Dr. Tomlinson's story offers much insight into my life as well, as we share many of the same cities as backdrops in our lives. I was born and spent my early childhood in **Bozeman, Mont.** My high school years were spent in Great Falls, Mont., and I then returned to Bozeman where I, like Joe, lived in Langford Hall at Montana State University. I was focused on medicine my first years in college, but I became aware that my two uncles, who were physicians, spent a great deal of their time at work. My observation of my childhood dentist (and family friend) was that he was able to dedicate a great deal more time to his family, while flourishing in a very rewarding profession. I spent some time over the summer in an orthodontist's office near MSU, and I quickly took a great interest in the specialty. My wife, Nicole, and I met shortly after I graduated from college at a friend's birthday party.

From Montana, I ventured to the University of Minnesota for dental school. I lived in **Minneapolis** for my four years in dental school, and I spent each year in the Summer Research Program in the biomaterials department. Nicole came to Minneapolis during my second year of dental school where she completed a M.S. at the U of M in clinical immunology and worked on cancer research. U of M is where I stayed for my orthodontic and M.S. training, but we moved to **St. Louis Park** for the duration of my program. Nicole and I were both drawn to the mountains and quickly fell in love with **Fort Collins** where I bought an orthodontic practice. We have also been blessed with our two-year-old son, Keller and our three-month-old, Presley since we moved to Colorado. I quickly became involved with the CDA by becoming a delegate from the Larimer County Dental Society (LCDS) to the CDA House of Delegates. From there, I became a member of the CDA New Dentist Committee and a part of the LCDS Executive Committee.

When Dr. Tomlinson approached me this summer to see if I would be interested in becoming the editor of CDA publications, I was honored and excited to have a chance to apply for the position. When CDA President Dr. Pasco Scarpella called me to let me know that I was to be named the interim editor, I was nothing short of elated. I have been so impressed with the knowledge and dedication of the CDA Trustees and the Executive Committee members and am very excited for Quinn Dufurrena, D.D.S., J.D., our new executive director, to join our team. I am also thrilled with the competence and commitment of Molly Pereira who makes the life of the editor so much easier with all her hard work at the CDA. I look forward to covering topics like midlevel providers and access-to-care, along with a host of other issues that are coming to a front in the near future; we are all fortunate to have such a capable group in the CDA leadership to help guide dentistry through the tough battles that lie ahead! ■

Fly on the Wall

By Joseph Tomlinson, D.M.D., CDA Editor



Dr. Joseph Tomlinson is a General Practitioner in Fort Collins, Colo.

“Fly on the Wall.” That’s an expression many of us have heard or used. I never gave it a lot of thought, however, until after my mother passed away nearly five years ago. Now when I see a fly on the wall, or more commonly a spider in the sink, I tend to think that maybe it is my mother in

a new form, and that she has come to visit us just to see what we’re up to, to see how we’re doing, maybe to see how often we speak of her. I sometimes think to myself, “Mom, is that you?” “Glad to see you.” “We miss you.” “Thanks for your visit to us.” Then I carefully help the spider escape from the sink.

I never thought too much about reincarnation and I’m not particularly religious, but I do like to let my thoughts wander to “what if” scenarios sometimes. In May of last year, I took my elderly father fishing near his assisted care home in Minnesota. He hadn’t fished in 10 months; not since he suffered a series of five strokes that left him very weak up and down his right side. He is right hand dominant, so he didn’t think he could ever fish again. However, in the weeks before my visit, he had made progress in regaining some use of that hand and was certainly eager to give fishing a try, especially with help from me.

While we sat and waited for fish to bite, we reminisced a bit about my mom/his wife. Soon we started catching a few fish. The first two were small, and it was easy to dislodge the hook from their lips and return them to the water. A little later, however, he caught a larger one that had

swallowed the hook pretty deep inside. That was followed by another one with the same predicament. As I had to remove a hook from these two fish, I thought this has really got to hurt the fish a lot, and yet as I held it in one hand, its little body didn’t shudder or squirm, and fish never make a sound, at least not that I can recall. However, as I worked to remove that hook I knew the fish wasn’t going to survive. What would become of it besides food for other creatures of the lake? Well, I began to think – maybe it would return as a fisherman. Then I thought – maybe fishermen would return as fish. A crazy thought, I know, fishermen returning in another life as fish and fish sometimes returning to life as fishermen or fisherwomen. Well, one never knows where the mind will wander. At least my mind was off of work and teeth. At least it was until I decided to share this silly thought with my wife one evening.

After I mentioned the idea to her about the future lives of fishermen and fish, of hunters and the game they hunt, we both suddenly wondered about dentists. Coincidentally we both thought – do dentists return as teeth? Or even wilder, do teeth return as dentists?! Wow, what an idea. Maybe each of us in a former life existed as a first or second or third molar – or maybe as an incisor or premolar. Maybe we were neglected and abused, and were allowed to deteriorate until our insides were exposed. Having no brains or voices there was nothing we could do or say about it, until we re-emerged as humans and our destiny was set – to become dentists, to spread the word about plaque and hygiene and caries control.

Well, it is a wild idea, but maybe the next time you work on one of those badly decayed or infected molars, think about it

as possibly having lived as a dentist in a former life, or that it might possibly switch places with you in a future life. It’s a scary thought but maybe you’ll be just a little kinder and a little gentler to that tooth that day.

Anyway, sometimes a little silliness is fun. If you have something silly, or useful, or a thought you might think is crazy, feel free to share it with us at CDA publications. We might decide it’s worth publishing and sharing with others. Don’t worry if you think your thoughts are too silly or crazy, you’re probably not the only one having them.

Note: This is my final article as editor-in-chief of the CDA. I extend a hearty thank you to all the members of the CDA for your patience and positive feedback on my efforts as CDA editor and an article writer. In addition, I offer a bigger thank you to all of the CDA officers who I have served with on the Executive Committee over the past four years for their support and suggestions, as well as all the discussions and communications we have had at our monthly meetings, including our annual retreat and the Annual Session. I also thank the members of the Board of Trustees for the time we have served together, and all the great staff of the CDA including two executive directors, Gary Cummins and Jim Young. Most of all, I sincerely and heartily thank Molly Pereira, CDA managing editor, for all the support, guidance and friendship she has given me over the past four years. She is truly a great asset to the CDA and I can’t thank her enough. I will miss serving in this role as editor, but look forward to spending more time with my family and will gladly submit articles in the future on topics that I think might be of interest to other members of the CDA. Thank you. ■



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Clinical Guide to Infant Oral Health

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Access-to-care for dentistry is always a hot topic among general dentists and specialists, but helping solve the problem may be easier than you think. Public health leaders and researchers know that finding dental care for young children can be especially difficult, as many general dentists prefer to see children when they are closer to three or five years old. By this time, however, it is often too late, as the caries process has already begun for many children. If this sounds familiar to you, consider the benefits of opening your practice to those adorable one-year-olds. Their teeth can benefit from your services just as much as your adult patients.

The American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD) have currently instituted guidelines stating that all children should see a dentist for routine care when the first tooth erupts or by age one at the latest. The ADA and the AAPD also suggest that this Age One dental visit should establish a dental home where the child returns for routine oral healthcare, thus decreasing caries rates among young children. Statistics show, however, that there are not enough pediatric dentists in any given community to meet these needs and provide a dental home beginning at age one.

General dentists can play an important role in prevention of early childhood caries by seeing young children. By seeing children and their primary caregivers early, you can provide valuable counseling, make appropriate diet, fluoride and

hygiene recommendations, and provide an oral health exam. There is no question that providing care to children when their first tooth erupts will help them stay caries free for a lifetime. Also, by forming a solid relationship as their dental provider, your practice may maintain these children and most likely see the entire family too.

There are a few simple steps and easy-to-use tools to make the Age One dental visit run smoothly in your office. First, it's important to know that you can utilize your auxiliary staff for most of the Age One dental visit. Your dental assistants or dental hygienists can be quickly trained on how to counsel caregivers about the risk factors for early childhood caries, as seen in Figure 1.

Second, train your auxiliary staff with a review of the major risk factors. "Get the INFO" is an easy way to remember to cover the essential: Initial history, Nutrition, Fluoride exposure and Oral



Figure 1: Counseling the primary caregiver about risk factors for developing early childhood caries.

Initial History		Dental Exam	
Item	Yes/No	Item	Yes/No
First tooth erupted	Y/N	Decayed teeth	Y/N
Diets	Y/N	Discolored teeth	Y/N
Fluoride	Y/N	Teeth ground and alloy surfaces noted	Y/N
Oral Hygiene	Y/N		

Figure 2: Clinical documentation form that may be used for the Age One dental visit.

hygiene. The form in Figure 2 is an effective tool that shows counseling points and clinical documentation. Your auxiliary staff can perform all the counseling points on the left side of this form.

It's very quick and easy to "Get the INFO." Initial history pertains to the entire family's oral health. It's important to counsel caregivers about transmission of bacteria that causes decay from caregiver to child and child-to-child (siblings or daycare setting). Encourage the entire family to have routine dental care in your office so the Age One dental patient has a lower risk of being exposed to mutans streptococci (MS). The goal here is that the entire family maintains a healthy oral cavity, and, therefore, transmission to the Age One patient is lessened and delayed as long as possible.



Figure 3: Proper knee-knee position for the infant oral health exam using two chairs in the operatory with the patient's head in the dentist's lap for easy examination. The caregiver is also present and may hold the child's hands to prevent grabbing.

The nutrition component outlines the major points that should be emphasized with caregivers. Stopping baby bottle use at age one is crucial to preventing cavities. Also make sure caregivers are not giving their child milk or other sweetened beverages all day long without limit. Milk and juice should be given at mealtime only, and children should be encouraged to drink water in between meals. Juice should be limited to 4-6 oz per day or less. Discourage use of soda, sports drinks or other sweetened beverages in this age group.

The AAPD fluoride exposure recommendation for children is now the same as adults. All children should drink optimally fluoridated water and use



Figure 4: Decalcification seen on primary teeth.

fluoridated toothpaste as soon as the first tooth erupts. Researchers believe that the risk of fluorosis is not an issue and fluoridated toothpaste use is recommended early because the benefits of cavity prevention outweigh the risks of fluorosis.

For the oral hygiene component, all you have to know is that children should brush twice daily, after breakfast and the very last thing before bedtime. It's important to emphasize that caregivers need to brush for their child until age 8. Children age 0-3 should not brush alone without the help of an adult. Parents should begin flossing for their child as soon as teeth are contacting. After counseling is complete, the dentist can perform the dental exam. The right side of Figure 2 shows the major clinical documentation needed for 0-3-year-olds. The dentist should employ the knee-knee position when seeing 0-3-year-olds as seen in Figure 3.

During the Age One dental visit, the dentist should document the presence of any decalcification (Figure 4) or decay (Figure 5) as well as any areas that need to be monitored. Using disclosing solution is not necessary in this age group; you may simply assign a plaque score as high, medium or low based on visual evaluation. Similarly, a gingival score is somewhat subjective. Assign gingivitis as mild, moderate or severe based on presentation and bleeding on brushing. A mild gingival score is assigned if there are one-to-two teeth bleeding, a moderate score is when three-to-five teeth are bleeding and anything more is severe. Do not count partially erupted teeth that are bleeding during this assessment. When



Figure 5: Decay seen on primary teeth.

documenting occlusion, you need to only note the problems that are present, if any. Increased overjet is anything beyond three millimeters. Increased overbite is anything beyond 85%. Also, document presence of any open bite, end-to-end relationships and anterior or posterior crossbites. You may then document any fractured teeth, congenitally missing teeth or other anomalies. Recall status can be assigned based on risk status. Any child with heavy decalcification or decay should be considered for a three-month recall. Low-risk children can be placed on six-month recalls like adult patients.

An average appointment for a child 0-3 years old takes approximately 30 minutes of chair time and does not utilize the dental chair. Instead, using two chairs implementing the knee-knee position will work best for this age group (Figure 3). If you have read this far, then hopefully you've seen how easy this is to implement in your office. Involving your entire office in the Age One dental visit for children maximizes the resources of your practice and brings everyone together for the cause you work so hard for everyday: successfully fighting cavities! ■

If you're interested in learning more about the Age One dental visit, contact Dr. Elizabeth Shick at The Children's Hospital at shick.elizabeth@tchden.org. High-quality patient education materials are also available free of charge to assist your practice with the Age One dental visit. For more information and to order materials, go to www.HealthyTeethHappyBabies.com.

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Grateful Smiles at COMOM

By Pam Dinkfelt, Ph.D.

After four years, the Colorado Mission of Mercy (COMOM) needs little introduction. This program, committed to providing donated dental treatment to those who need it most, changes the lives of both patients and volunteers. The stories and warm comments received after this fourth annual clinic event were abundant. Thank you to the 1,193 volunteers who made this year's COMOM in Colorado Springs a huge success.

COMOM was held at the Phil Long Expo Center, Sept. 30 to Oct. 3, 2010. Under the guidance of COMOM Site Chair **Dr. Cal Utke** and Colorado Springs Dental Society Executive Director **Sharyn Markus**, a record 232 dentists volunteered for this year's event. Volunteering alongside other dental professionals, they donated treatment to more than 1,400 patients in just two days.

This year, the clinic was set-up with 132 portable dental chairs – the highest number of chairs used among the Mission of Mercy clinics in the country. In addition to patient treatment areas, the

clinic had sections for medical and dental triage, x-rays, anesthesia, sterilization, and a dental lab. As in years past there were also areas for oral health instruction and exit interviews.

Patients, ages one through 87 years, underwent 6,800 procedures at COMOM amounting to approximately \$1,100,000 in donated dental care. This year, patients were seen at COMOM on a voucher system, where appointment windows were distributed prior to the event. Thanks to the low-cost dental clinics in Colorado Springs and social service organizations across the state that helped locate patients who were unable to afford dental care and in urgent need of dental treatment. COMOM also accepted patients on a walk-in basis.

While patient treatment is a priority at COMOM, the program also strives to promote an awareness of the struggle that many people face for oral healthcare. Five legislators attended the Colorado Springs event: **Rep. Cindy Acree** (Aurora), **Rep. Dennis Apuan** (Colorado Springs), **Rep. Marsha Looper** (Calhan), **Sen. Michael Johnston** (Denver) and incoming **Rep. Janak Joshi** (Colorado Springs). Most of the legislators who attended this year's event came at the invitation of their CDA action team leader, which is a great testimony to the relationships that dentists are developing with legislators at the local level. As in years past, the legislators who attended were astounded by the size of the clinic, the care provided and the volunteers who make it all possible. Four of the five legislators who attended will be returning to the statehouse this month and will continue to spread the word about COMOM and its impact.

Volunteers:	
Dentists	232
Dental Assistants	202
Dental Hygienists	116
Dental Lab Technicians	22
Dental Billing Coders	22
Dental Equipment Specialists	8
Dental Students	12
Pre-Dental Students	22
Dental Assisting Students	117
Dental Hygiene Students	73
Non-Dental Health Professionals	68
Community Volunteers	299
TOTAL	1,193



A grateful COMOM patient is interviewed by Channel 5 KOAA of Colorado Springs.



Rep. Marsha Looper (right) with three COMOM patients.

Our deep appreciation to the nearly 1,200 volunteers and other individuals and entities that provided support to the 2010 COMOM.

Please save the date for the 2011 COMOM in Brush, Colo., held October 20-23!

Procedures Performed:

- 784 preventive (prophylaxis, fluoride treatments, sealants)
- 1,564 restorative (fillings)
- 89 endodontic (root canals)
- 222 periodontic (debridements)
- 115 prosthodontic (anterior partial dentures)
- 1,571 surgical (extractions)

Memorable Volunteer Experiences:

- *The whole experience was wonderful. It is a ton of work for everyone involved, but it is the best kind of work. My husband has been a dentist for over 30 years, but I learned more about dentistry in two days than I ever knew before. Thank you for letting me help.*
- *I treated a 20-year-old male patient who had severe decay and stain on all of his anterior teeth. He hadn't smiled in years because of his appearance, and then a year ago he was in his home when a gas line exploded. He had been badly burned and not*

expected to live. He was engaged and just hoped to get a few of his dental issues addressed prior to his wedding. After restoring his front teeth, I sent him to look at his smile in the restroom mirror. While he was gone, his fiancée began to cry. He hadn't smiled in years because of the decay. Everyone in the area teared up or outright cried when they heard the story and saw him beaming when he returned.

- *One of my patients was a disabled veteran who came in for a flipper. He had been going to Hobby Lobby to buy white clay to make his own temporaries, which looked like teeth from a distance.*
- *I saw a woman burst into tears when she found out that she would be able to have her bottom teeth removed. She had been using superglue to hold them in place for the past three years.*
- *An elderly gentleman came by and shared his COMOM experience with me. He received \$750 per month from Social Security. After receiving treatment from COMOM, he said, "I usually splurge \$5 once a week by going to McDonald's, but for the next three weeks, I will save that money and give it to COMOM for helping bring back my smile."*
- *At the end of my shift on Friday, the*

shuttle bus driver told me that one of the homeless patients said to her, "Normally, I feel like a rat when I'm with people who work, especially doctors; but, today everyone was so thoughtful and kind, and I was treated like a king. I am so grateful to have all this dental work done and to have been treated so professionally."

- *I am newly retired and have had many opportunities to volunteer in many capacities but this one was the most rewarding. This experience was exceptional. I left knowing that the Mission of Mercy was worth every minute I was able to volunteer. I also left grateful knowing that so many people were served with services that are so important to their well being, both physically and emotionally.*



Dr. Mike Wiley fits a removable partial denture.

Thank You Volunteers!

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Andrea Acevedo
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Judy Adams RDH
Eric Adler DMD
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The Fiduciary Difference

By Mimi N. Hackley, M.P.H., C.F.P.®

In the wake of the recent market correction, a move is being pushed to require all financial advisors to act as a fiduciary (this is currently being hotly debated by the financial regulatory agencies). A fiduciary always acts in good faith and in the best interest of the client, and discloses any conflicts of interest. Anyone can call themselves a financial planner, a financial advisor or an investment advisor; however, that doesn't make them an expert, nor does it mean that they are a fiduciary. In fact, most advisors are not fiduciaries. They may have many letters behind their names but look for CFP®, the most significant credential, which means CERTIFIED FINANCIAL PLANNER™. CFP® professionals have completed a rigorous course of study at a college or university registered with the Certified Financial Planner Board of Standards, and they must commit to continuing education and comply with a very strict code of ethics.

While CFP® is an instant sign of professionalism, it is no guarantee that the planner is acting as a fiduciary. When interviewing a prospective advisor, ask if

they adhere to a fiduciary standard or a suitability standard. Investment and insurance professionals who are not fiduciaries are held to a suitability standard, which means that anything they sell may be suitable for you but not necessarily in your best interest.

Also ask if they belong to the National Association of Personal Financial Advisors (NAPFA). NAPFA members are fee-only CFP® professionals that adhere to a Fiduciary Oath to always act in the best interest of the client and never accept any commissions or referral fees. While a NAPFA member may suggest that a particular type of investment or product be part of your overall financial strategy, they would facilitate the purchase with an outside party who would disclose any fee associated with such purchase and it would not be paid to the advisor.

Financial product sales may be viewed as a conflict that exists within the financial advisory profession, which is why the fiduciary requirement is being contested by those representing products or investments. These professionals may call themselves financial planners or financial advisors, yet, if they make their

living selling products, one has to ask how motivated they will be to provide comprehensive financial planning to their clients. A comprehensive financial planner that acts as a fiduciary understands that the client's goals and their investments are a very important component of their overall financial plan.

You may prefer to work with an advisor that works on commission (and they must disclose the referral fees and commission they receive), however, they may have incentives to suggest a particular investment or product. Before working with any advisor, you should review their written statement of fees.

A series of questions to pose to a prospective advisor are available from NAPFA at: www.napfa.org/UserFiles/File/DiagnosticFinal2010.doc. ■

Mimi N. Hackley, M.P.H., C.F.P.®, is director of financial planning at Sharkey, Howes & Javer, Inc., a Denver-based financial planning and investment management firm and a supporter of the Colorado Dental Association. Visit www.SHWJ.com or call 303-639-5100 for more information.

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One Consultant Does Not Fit All

Hiring the Right Consultant

By Larry Chatterley and Marie Chatterley

Just like snowflakes, it seems no two practice management consultants are alike. They each seem to have a style, approach and method that is unique to them. Fortunately, most provide good information which, when implemented properly, can bring about good results. Others, unfortunately, seem to fall short of the mark.

Regardless, what may work for one, may not work for all. While you are likely to benefit from the expertise and input of a competent, experienced consultant, the method and approach you need may not match up with what the consultant has to offer. As the saying goes, "when the only tool you have is a hammer, every problem looks like a nail." If the consultant's philosophy and values are not complementary to your practice philosophy and values, then most likely, you will have a difficult time building the type of practice you want using that consultant's tools. Philosophy and values need to be complementary in order for the desired results to be achieved.

Consider this example: A dentist who has been providing conservative "patch-it" dentistry during his career eventually decides he would like to move on to provide more comprehensive cosmetic and aesthetic services. He has been operating under a belief that most people really cannot afford comprehensive cosmetic services, and all they really want is to get their teeth fixed. He assumes his patients are simply striving to stay on top of their day-to-day bills, keeping their marriages together and keeping their kids out of trouble. By his philosophy, having beautiful aesthetically pleasing teeth is not a high priority for his patients. Most likely, this dentist will struggle when trying to apply a different type of practice philosophy.

To find the best consultant for your needs, consider the following:

Referrals: Ask trusted business colleagues for names of consultants they have used for similar needs, and find out specifically what their results were. If a colleague's experience was positive and he met his initial objectives – or at least moved his practice in the right direction –

then ask him for the name and contact information of the consultant he used.

Chemistry and Rapport: Speak with and meet the prospective consultant several times before hiring him. If you see the consultant as a peer and a potential business partner (albeit in spirit only), then the likelihood of being able to work together toward meeting your objectives increases. On the other hand, if you find you do not respect him, do not agree with his viewpoints and opinions, or if you see him merely as a vendor or subordinate instead of a contemporary, you should seriously reconsider pursuing a professional relationship with him. Keep in mind, however, that some of the consultant's viewpoints and opinions may differ from your own because, frankly, yours are wrong. It could be your line of thinking that is causing difficulties in your practice. If so, a fresh alternative approach may be called for, so keep an open mind during your initial conversations with any consultant.

Due Diligence: Make sure the consultant you are considering is who he says he is. Confirm that he is actually engaging in a valid business with all of the trappings of such, including, but not limited to business cards, a Website, marketing materials and letters of reference from prior clients, as well as samples of past work and a proven record of delivering what you need. Each consultant will bring a different portfolio of experience to the table, but "real world" experience is a key differentiator.

Demeanor and Tone: The consultant should look and act the part, and should be professional in appearance and

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demeanor. His language should be clear and articulate. A good consultant will seek to understand your expectations before imposing his own agenda. Pay attention to his tone. Does he speak with you as a contemporary or talk down to you? Does he seem more concerned with you and your needs than he is with his compensation? Do not be concerned if you get his voicemail when you call. This simply indicates that he is busy. Instead be more concerned about how promptly he returns your call.

Fees and Working Relationship: A good consultant is willing to structure the agreement in a way that works best for both of you. Consulting fees vary dramatically, and work is generally done either on a project basis or an hourly basis. Both have advantages and disadvantages. Express your desires and expectations to the consultant, and ask if he will accommodate you on points that are important to you.

Proposal: The consultant should provide you a proposal based on achieving clear business outcomes and not just methodology. You need solutions, and you need them the first time. Every proposal should include an outline of work to be performed, milestone dates, how often you will be billed and whether payment is due immediately.

The Right Fit: It is the consultant's job to make sure that his unique offering of knowledge, skills and services are a correct fit for the client's objectives. He should know and understand his own limitations and determine what he can or cannot deliver. In the best interest of the client, it may be better for the consultant to refer a potential client to another consultant whom he believes will provide solutions better suited to that client's specific needs.

Involving an outside consultant can offer many advantages to your dental practice, such as the ability to provide objective advice, a neutral frame of

reference and insight on what has worked well for other practices in terms of strategies, policies, methodologies, and models that achieve results more quickly and convert skills into internal resources. While most external consultants can be great for your practice, the wrong one can be disastrous and may create as many problems as they were hired to solve. Lack of sensitivity to the client's practice and culture, threatening employees and providing "perfect" solutions that are not realistic given the client's practice or the local marketplace are just a few of the problems that could happen.

An outside perspective is a great asset for business owners. Take time when searching for the right consultant for your practice. ■

Larry Chatterley and Marie Chatterley are with CTC Associates, a practice transition and management company located in Colorado. You can reach them at 303-595-8800 or info@ctc-associates.com.

Classified Ads:

Journal of the Colorado Dental Association, Vol. 90, No. 1, Winter 2011 issue.

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Opportunity Wanted: Do you need some clinical help? I can assist you part-time and have more than 30 years hands-on clinical experience. Contact me at 303-604-2609, fax 303-664-0854 or rhansondds@mcleodusa.net.

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Opportunity Wanted: General dentist looking for an associateship Fridays and/or Mondays within 60-70 miles of Ft. Collins. Three years experience in solo family practice in Ft. Collins. Please email noco2thfiller@yahoo.com if interested.

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Associate: Busy established practice in Fort Collins is seeking a long-term associate with patient-oriented ethics. Our state-of-the-art office does not accept indemnity or PPO

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Associate: Outstanding opportunity to join a well-respected, growing group practice. Powers Dental Group is seeking a mature, caring, energetic person with great patient skills. We are a fee-for-service practice located in a rapidly growing area of Colorado Springs. If you are interested in a group practice setting and being an immediate part of our team, give us a call. Three years experience preferred. Call Dr. Paul Smith at 719-660-3351.

Associate: Great opportunity! Dynamic general sedation dentist needed for a FT associateship position in the Ft. Collins area. Dentist must possess comprehensive treatment planning, molar endo., surgical extraction, and leadership capabilities. Potential buy-in for the right individual. Please send resume to opnwyd41@yahoo.com or call 970-685-8299.

Associate: Seeking a dentist who would like to associate and eventually purchase cosmetic/comprehensive care, fee-for-service dental practice in Denver. Please contact Dr. Slota at Bdslot@aol.com.

Associates: Associateships available around the state with or without buy-in/buy-out. Please visit our Website, www.ctc-associates.com, for a list of current associate opportunities. To apply, please e-mail your resume to info@ctc-associates.com and let us know which location you are applying for and when you are available to start.

Associate: Denver, Colo. This beautifully designed, well-established, fee-for-service general dental practice is seeking another quality dentist to join the team as an associate

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Associate: Associate needed four days a week, 9 a.m. to 7 p.m., in an office with two other associates in Salt Lake City, UT. Prefer Spanish speaking. The opening is available Jan. 22, 2010. Work is commission based. Send resume to utahoothdoctor@gmail.com or 801-944-6377, or contact Carol 801-944-4141.

Dentist: Digital and paperless pediatric office seeking part-time general dentist. Minimum of one year experience treating children required. Please submit your CV to goodprosth@gmail.com.

Dentist: Looking for interim dentist to cover maternity leave for busy dental practice in Stapleton. Must have at least a year's experience. Coverage needed between June and July 2011. Three hygienists and great, helpful staff. Wonderful patient base as well! Contact preetdds@yahoo.com.

Pediatric Dentist: My Kid's Dentist in association with Pacific Dental Services is looking for an experienced pediatric dentist to work in our state-of-the-art pediatric practices; part- and full-time positions available. Signing bonus available, along with the opportunity for ownership. Pediatric dentists can expect to have everything taken care of, from the patients scheduled, assistants provided, and materials and equipment at the locations. We offer higher income, a comfortable environment, and the latest in dental technology. Visit our Website at www.mykidsdentistonline.com for information

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Pediatric Dentist: Part-time job opportunity for a compassionate, experienced, pediatric dentist, willing to commit to quality dental care for the uninsured and underserved population in a private, Christ-centered, non-profit, inner city organization. We offer quality dental care to a diverse population. Bilingual skills will be a plus, but not required. Interested dentists may submit their resumes and cover letters to: cherylk@innercityhealth.com. For more information about us please visit www.innercityhealth.com.

Orthodontist: Part-time orthodontist needed at Medicaid office. We are state-of-the-art technology treating children and adults. Minimum of one year experience is required for this position. Please send your CV to good-prosth@gmail.com.

Dentist: Rochelle, Ill. Midwest Dental is seeking a doctor to join our Rochelle, Ill. practice. We offer the opportunity to lead your own clinical team while shedding the administrative and financial burdens. Our philosophy of preserving and supporting the traditional private practice setting provides a great work-life balance, excellent compensation and benefits, and unlimited opportunity for professional growth. If you possess a passion for providing quality care in a non-HMO setting, we would enjoy talking to you. If you are looking for a rewarding practice opportunity, call 715-926-5050 or e-mail development@midwest-dental.com. Visit our Website at www.midwest-dental.com.

Dentist: Highlands Ranch, Colo. Mountain Dental is seeking a doctor to join our Highlands Ranch practice. We offer the opportunity to lead your own clinical team while shedding the administrative and financial burdens. Our philosophy of preserving and supporting the traditional private practice setting provides a great work-life balance, excellent compensation and benefits, and unlimited opportunity for professional growth. If you possess a passion for providing quality care in a non-HMO setting, we would enjoy talking to you. If you are looking for a rewarding practice opportunity, call 715-926-5050 or e-mail development@midwest-dental.com. Visit our Website at www.mountaindental.com.

Dentist: Montrose, Colo. Full-time general dentist needed, treating children ages 1-21. Start date Jan. 3, 2011. Great family community central to hiking, biking, skiing, fishing, hunting. Will provide training. Excellent compensation and benefits. Contact Ben Wilson at smiles4kids@montrose.net or call 970-901-9865.

Dentist: Southern Colo. Digital x-ray, paperless office looking for a dynamic dentist with two-to-three year's experience, surgical extraction proficiency required, implants a plus. Please fax resume to 866-224-5947 for more information.

Dentists: Care for Kids, a pediatric focused practice, is opening new practices in the San Antonio and Houston, TX areas. We are looking for energetic full-time general dentists and pediatric dentists to join our team. We offer a comprehensive compensation and benefits package including medical, life, long- and short-term disability insurance, flexible spending and 401(k) with employer contribution. New graduates and dentists with experience are welcome. Be a part of our outstanding team, providing care for Texas kids. Please contact Anna Robinson at 913-322-1447, e-mail arobinson@amdpi.com or fax to 913-322-1459.

Dentists: Pueblo, Colo. Mountain Dental is seeking candidates for Pueblo, Colo. Since 1968, our philosophy of supporting doctors and staff has lead to unmatched consistency and paved the way for future growth. Our team is committed to supporting doctors focused on providing optimal patient care. We pride ourselves on providing doctors the ability to practice in a traditional non-HMO practice environment coupled with the flexibility and rewards that a group can offer. We'd enjoy the opportunity to learn about your practice philosophy along with your career goals and expectations. Please consult our Website at www.mountaindental.com for more specific background on our support team. For a direct contact, call 715-926-5050 or e-mail development@midwest-dental.com.

Dentist: Mountain Dental is seeking candidates for Colorado Springs. Since 1968, our philosophy of supporting doctors and staff has led to unmatched consistency and paved the way for future growth. Our team is committed to supporting doctors focused on providing optimal patient care. We pride ourselves on providing doctors the ability to practice in a traditional non-HMO practice environment coupled with the flexibility and rewards that a group can offer. Throughout 2010, we will be working on new opportunities in Colorado Springs. We'd enjoy the opportunity to learn about your practice philosophy along with your career goals and expectations. Please consult our Website at www.midwest-dental.com for more specific background on our support team. For a direct contact, call 715-926-5050 or e-mail development@midwest-dental.com.

Dentists: Denver, Colo. Perfect Teeth is seeking senior dentists in Colorado with a compensation range of \$90,000 to \$200,000+. Successful private or group experience required. Benefit package. Also seeking associate dentists (compensation range \$75,000 to \$95,000). Specialist opportunities also available for part- and full-time ortho, endo, oral surgery, pedo and perio with exceptional compensation. Call Dr. Mark Birner at 303-691-0680, e-mail at mbirner@birnerdental.com or visit www.bdms-perfectteeth.com.

Dentists: Denver, Colo. Dental One is opening new offices in the upscale suburbs of Denver. Dental One is unique in that each of our 12 offices in the Denver area has an individual name such as Rock Canyon Dental Care or Heather Park Dental Care in Aurora. All of our offices have top of the line equipment, digital x-rays and intra-oral cameras. We are 100% fee-for-service but take most PPO plans. PPO patients make up 70% of our patient bases. We offer competitive salaries, a complete benefits package and equity buy-in opportunities. To learn more about working for Dental One, please call Andy Davis at 602-391-4095.

Dentist: Senior general dentist needed full-time for this busy Castle Rock Bright Now! Dental office. Requires two years experience, must be comfortable with molar endo treatment and oral surgery. The office is open Monday thru Friday and some Saturdays. This office has fantastic potential to do a substantial amount of production with a large patient base. Help us with our mission to promote "Smiles for Everyone." Please visit our Website at www.smilebrands.com/careers or e-mail your resume to sherrie.dean@brightrightnow.com. A

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Everyone." Please visit our Website at www.smilebrands.com/careers or e-mail your resume to sherrie.dean@brighnow.com. A comprehensive benefits package is offered to full-time employees, which includes: medical, vision, life insurance, 401(k), malpractice insurance and in-house CE opportunities. Equal Opportunity Employer.

Dentist: Full-time lead general dentist for this busy Lakewood Bright Now! Dental office. Requires two-plus years experience, must be comfortable with molar endo treatment, dentures, partials, oral surgery and leadership skills. This office has fantastic potential to do a substantial amount of production with a large patient base. The office is open Monday thru Friday. Help us with our mission to promote Smiles for Everyone. Please visit our Website at www.smilebrands.com/careers or e-mail your resume to sherrie.dean@brighnow.com. A comprehensive benefits package is offered to full-time employees, which includes: medical, vision, life insurance, 401(k), malpractice insurance and in-house CE opportunities. Equal Opportunity Employer.

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Practice: Denver, Colo. Looking for the right buyer! 2010 revenues \$465,000! Established 1,547 active patients, four+ days of solid hygiene, good location with room to expand, seller willing to help with the transition, banks love it! Susan Spear, MPB, Inc., 303-973-2147, susan@practicebrokers.com.

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Practice: Arvada, Colo. GP: family practice, assoc buy-out, gross \$420,000, three ops. (CO 1026) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Aurora, Colo. GP: gross \$300,000, net \$218,000, three ops., 800 sq. ft., est. 1972, prof. two-story bldg. One receptionist, one assistant, one hygiene, M-W, 7:30 a.m. to 5 p.m. (CO 0939) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Broomfield, Colo. GP: gross \$466,000, three ops., 1,712 sq. ft., est. 1993. One front desk, one assistant, three hygiene, M-F, 8 a.m. to 5 p.m. (CO 1031) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Cherry Creek, Colo. GP: gross \$660,000, net \$287,000, four ops in 1,100 sq. ft. medical/dental bldg. One hygiene and one office manager. (CO 0728) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

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Practice: Colorado Springs, Colo. GP: gross \$473,000, one receptionist, one assistant, one hygiene. Three ops., prof. bldg., 1,600 sq. ft., M-Th, 8 a.m. to 5 p.m. (CO 0803) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Denver, Colo. Space share in solo group arrangement, four ops., 1,700 sq. ft. (CO 0920) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Denver, Colo. GP: gross \$894,000, four ops., 2,000 sq. ft., one front desk, one assistant, one hygiene. (CO 0924) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Denver, Colo. Pediatrics: buy-in in 12 months, gross \$1.3M, five ops., doctor hours three days per week. (CO 1013) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Denver, Colo. TMD: gross \$766,000, est. in 1987. (CO 1021) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Denver, Colo. Turn-key facility, no pts., three ops. (CO 1028) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Eastern Colorado. GP: assoc./buy-in opportunity, gross \$825,000. Open three-to-four days/week, T-Th, 8 a.m. to 5 p.m. Six ops, three assistants, two front desk, two hygiene. Est. at same location since 1983. (CO 1001) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Parker/Castle Rock, Colo. GP: gross \$762,000, four ops., 1,200 sq. ft., one front desk, one assist., one hygiene. Est. in 1996; high traffic strip mall. Low overhead, modern digital office w/open floor plan. (CO 1005) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Parker, Colo. GP: gross \$735,000, six ops., 1,400 sq. ft. (CO 1012) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Denver, Colo. Pediatric: fast-growing family community, gross \$1.09M, net \$578,000 w/five ops. in 2,500 sq. ft. Est. 1997. One office manager, one EDDA, two assistants, one receptionist. (CO 0923) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Denver, Colo. Oral Surgery: gross \$450,000, est. 1974, three ops., 1,100 sq. ft., three days/week, receptionist and assistant. (CO 0928) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: South Central Colorado. GP: gross \$480,000, est. 1991, three ops., 32 hours/week. One receptionist, two assistants, one hygiene. (CO 0935) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Arizona (Prescott area). GP: gross \$260,000, four op., three days/week. (AZ 1008) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

CLASSIFIEDS continued on page 32

CLASSIFIEDS *continued from page 31*

Practice: Nebraska (western). GP: gross \$1.1M, four ops., price \$425,000. (NE) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Nebraska (north central). GP: gross \$500,000, price \$217,000, four ops., three and a half days/week. Doctor retiring. (NE 0809) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practice: Wyoming (northern). GP: gross \$816,000, net \$462,000, six ops., four days/week. (WY 0936) Peter Mirabito, D.D.S., Jed Esposito, M.B.A., ADS Precise Consultants, 303-759-8425.

Practices: Central mountains, Colo., grossing close to \$1M/year, four ops. Asking \$845,000. Denver metro area, consistent gross of \$1.2M, est. 25 years, five ops. Asking \$818,000. 100% financing available. Contact ddseller@gmail.com.

Practice: Stop working so hard! Low overhead practice for sale in southern Colorado. 2009 collections: \$600,000. 2009 profit: \$360,000. Priced to sell quickly at \$300,000. Contact westernslopedental@gmail.com for more information.

Practice: Excellent opportunity to join or purchase a general practice in northeastern South Dakota. Great hunting and fishing area, excellent school system, small town atmosphere with a large drawing area. General practice performing nearly all aspects of dentistry. Six ops with expansion space. \$1.2M gross. Confidential. E-mail dentalopportunity@iw.net.

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associating before a buy-in or buy-out, please call CTC Associates at 303-795-8800 or email info@ctc-associates.com.

Practice Transition Services: If you would like more information on how to sell your practice or bring in an associate, please contact Larry Chatterley or Susannah Hazelrigg with CTC Associates at 303-795-8800 or visit our Website for practice transition information and current practice opportunities, www.ctc-associates.com.

Practices: Practice listings along the Front Range in Denver, Lafayette, Thornton, Longmont, Commerce City, Littleton, Aurora, Lone Tree, Castle Rock, Fort Collins, Windsor, and Colorado Springs. Additional opportunities in the high country and around the state. For more information on current practice listings, please visit our Website, www.ctc-associates.com, or call Larry Chatterley or Susannah Hazelrigg with CTC Associates at 303-795-8800.

Practice: Four corners area, five ops., large patient base with room for growth, highly productive, doctor walk-away. Dave and Jill Goldsmith, AFTCO transition analysts, 303-304-9067, dgoldsmith@aftco.net.

Practice: San Luis Valley, six ops., one year gross \$773,000, large patient base, loyal staff, good hygiene department, great growth potential. Dave and Jill Goldsmith, AFTCO transition analysts, 303-304-9067, dgoldsmith@aftco.net.

Practice Buyers/Sellers: If you want your transaction to be handled in a professional, non-adversarial environment, we welcome the opportunity to be of service to you. We will determine your needs, then fit you with one of our more than 150 programs to help you

achieve quality of life goals. To see new listings along with current opportunities, please visit www.aftco.net. Dave Goldsmith, AFTCO Transition Analyst, 303-304-9067, dgoldsmith@aftco.net.

Practice: Lafayette, Colo. Premier, fee-for-service general dental practice seeks dentist interested in exceptional purchase opportunity. Owner will assist with quality introduction period to ensure smooth transition. Wonderful patients and growth opportunity with an exceptional dental team. Please reply in confidence with your objectives and Curriculum Vitae to: The Sletten Group, Inc., 303-699-0990, fax 303-699-4863, e-mail carrie@lifetransitions.com.

Practice: Small pediatric practice for sale. Share space with an orthodontist. Great starter location near Park Meadows Mall. Call Shannon at 303-792-0345.

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