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Anita Jupp & Timothy A. Brown from ROI Corporation, Brokerage invite you to join them aboard the Regent Seven Seas Mariner for a Mediterranean Cruise from Istanbul to Athens, departing on September 28, 2015.

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ODA ASM, Interview And Content Notes

This year’s ASM was the best to date according to exhibitors and sponsorship coordinator, Vicky Hatzopoulos. “We achieved record numbers in several categories.” The total number in attendance (11,742) was almost 500 higher than last year and included 4,277 ODA members, an increase of 322. Several attendees commented that the registration procedure went very smoothly and further stated that the quality of the speakers and exhibitors who presented was exceptionally high.

Good news
Occasionally we like to share with our readers a positive response about the magazine.
Please add my office to your subscription list, the information you provide will be shared with our readers. Thank you for your positive response.

~ Krista Briggs
Office Manager: Aponia Dental

ODA 2014

Ms. Hatzopoulos was the coordinator of this year’s event replacing Diana Thorneycroft who ran the event since its inception and was instrumental in establishing the event’s excellent reputation. We wish Diana all the best in her retirement. Ms. Hatzopoulos gave the credit for this year’s event success to a team effort and hard work on the part of ODA staff and volunteers and to the high level of the presenters involved.

The 2014 ODA ASM was a must attend event again.
Interview notes

• Dr. Brian Wong is wise beyond his 34 years. Dr. Wong recently purchased a second practice in the same building where his original practice is located. His interview reveals how that purchase process took place and the need to hire a professional practice ap- praiser. As he says, "A dentist cannot determine the value of his/her own practice. You must have a value provided by a third party. Then you have starting point and criteria to debate and eventually determine that practice’s value and eligibility." His brother Brandon is also a dentist and both received 10 Year Service Awards from the Alberta Dentist Association.

• Dr. Natalie Archer is energetic, committed and an accomplished dentist practicing at two clinics in Ont- ario. She was instrumental in founding the OpenWide Group that allows dentists to share their best practices and D.E.A.R., the Dental Elder Abuse Response.

• Nicky Saini is the broker of record at ROI Corpora- tion Brokerage and gives insights into the world of dental practice sales.

• Dr. Benjamin Geoffrey Harrison is an American dentist I met on vacation in Alabama. He has spent over 50 years in the dental profession and provides insights into what it takes to be a successful sole pro- prietor.

Content notes

• Pino Loverro is a highly valued regular contributor from BMO who shares his thoughts on interest rates and where they are headed. See What Goes Down… on pages 17 and 18.

• Dr. Milan Somborac is an author and violin player who practices dentistry in Collingwood, Ontario and has agreed to serve as an editorial consultant for this magazine. We welcome his insights and wise counsel. He also gives practice management advice in his ar- ticle entitled Take Heart: Advice That Leads To A Success- ful Practice.

• Andrea Chan is a highly valued regular contribu- tor for the accounting firm MNP and presents a case for buying or leasing dental practice space. See Chew This Over Before You Buy Or Lease That Practice Space on pages 13 & 14.

• Dr. Bill Johnston was instrumental in setting up a homeless dental care project in Clearwater, Florida and is a superb example of a retired dentist giving back to his community. Timothy A. Brown has supported this initiative and reports annually on its impact on homelessness in the community it serves.

• Dr. William Hettenhausen, known for his giving back to his community provides our readers with a short story that sheds light on aging and health.

• Mary Lynn Bastian provides a comprehensive look at a dental office’s first line of patient recruitment and maintenance, the dental receptionist.

• Stephanie Howell presents a case for hiring a realtor when it comes to selling your real estate.

These stories, articles and much more news and views are in the pages that follow.

Things to remember

Readers are reminded to go to the inside back cover of this magazine for subscriber information. We encourage you to become a subscriber if you are not one already and we hope you will pass the publication onto colleagues! As always we welcome your comments and suggestions; if you would like to write for the magazine or have a story to tell that would interest our dental professional reading audience, please contact: editor@profitablepracticemagazine.com.

Dr. Bill Johnston And The Homeless Emergency Project In Clearwater, Fl.

by Timothy A. Brown

In the spring of 2013, I visited the Home- less Emergency Project in Clearwater, Florida, a facility that helps those in need with free dental care.

One of my father’s very good friends, Dr. Bill Johnston, is the lead organizer and up until recently, was the lead dentist supplying dental treatment to the homeless in that area.

Many of the people who visit the Homeless Emergency Project have a dire need for dental care. When dental care is completed, Dr. Johnston has witnessed that the self-esteem of his patients is elevated and they are more likely and able to function in society and possibly return to being a contributing member of the community.

In the spring of 2014, I revisited Dr. Johnston and asked him what has happened in the last year since I made a donation to the project. Specifically, I earmarked my donation so that the dental clinic would be able to identify and recruit new volunteer dentists. I was concerned that my good friend, Dr. Johnston (well into his 80s), was spending too much of his time at the clinic while many younger members of the dental profession were not donating enough of their time.

One year later, I am pleased to report that new volunteers have been found. In particular, a recently retired dentist from Philadelphia is now giving Dr. Johnston much needed relief. This new volunteer was a multi-clinic owner who needed something to do with his time. Recently, when the clinic’s receptionist could not come in, he sat at the desk, answered phones, booked appointments and processed paperwork. Now, that is the kind of volunteer that is needed for a project like this!

Dr. Johnston also reported that a private foundation donated $20,000 and the Homeless Emergency Project then invested in a digital x-ray. The clinic was not able to afford or make the commitment for digital x-ray while Dr. Johnston was still working in private practice. Now he is thrilled with this newly acquired technology and says “It’s the best thing since sliced bread, Tim.”

Further, Dr. Johnston made the comment that the patients see this new technology and realize the investment the clinic has made to help them. They are encouraged and know they are not just receiving “welfare” dentistry. They recognize they are being treated in a sophisticated up- dated facility. The result again has been increased patient self-esteem and a greater likelihood of some patients returning to the mainstream as contributing, self-reliant members of society.

In closing, I was thrilled to see that my donation and those of others has helped Dr. Johnston in his personal commitment to helping the homeless. I hope to visit with him again next year and provide my third annual report and I also plan to make another donation to this incredible project.

Bottom Line: This column reports on the Homeless Emergency Project in Clearwater, Florida and where money is being spent wisely with positive results.
Continuing Education And Your Staff / Implementing Changes / Evaluating Your Staff And Practice

by Anita Jupp

“As someone who has been involved in dentistry for 30 plus years, I cannot imagine doing things in a dental office the same way we did them ten or even five, years ago. The business side of the practice is changing as computers, the Internet, hygiene programs, patient education, new technology and modifications to dental benefits are having an impact on our day-to-day activities. Clinically, advances occur just as frequently, proving that dentistry is still a challenging profession. Continuing education is key to moving ahead in this evolving environment. There continues to be many positives in dentistry as a career/business but like every business there are always the challenges.

What has changed:

• Clinical procedures will continue to advance and are always the challenges.
• Implant, aesthetics, advances in periodontal treatment, and new dental products have evolved (a young associate DDS told me in a lecture recently he could use a different bonding agent everyday for a year because there are over 300 bonding products).
• Massive changes have occurred in both technology and social media.

What has not changed:

• The provision of first class customer service is a constant challenge.
• Some team members remain unmotivated.
• Various forms of stress occur in the dental office.
• Computers are underutilized in the dental practice.
• There is a lack of follow up with patient tracking and treatment.
• Accounts receivable need constant attention.
• Schedule concerns are unorganized leading to staff being too busy or not busy enough.
• Patient education needs improvement.
• The hygiene department likely needs to be updated.

Continuing education and your staff

I believe that continuing education is more important than ever before; it is important to encourage the team to find lectures that will re-energize them and get ideas to take back to the office. Recently it was wonderful to see people in my program that have been to many of my lectures over the years; they said I reinforced what they were doing well and it acknowledged there was room for improvement. I was speaking to two other team members and they said their office does everything I talked about but the dentist made them come to the program anyway and they did not think it was fair on a Saturday! (I felt sorry for the dentist that paid for the lecture).

Demanding that team members take a course as part of their job is not the best way to encourage learning. If your staff do not want to be at a course, chances are they won’t pay much attention or take many notes. Impress upon them that learning can be fun—attending courses does not have to be a boring or dreaded task. It’s what we put into it that makes continuing education so rewarding. And getting together with other motivated dental professionals to share ideas can be beneficial. To encourage your staff to be open to new ideas and techniques, you must set policies that are clear and well understood. Ideally, you should hire people who are already enthusiastic about learning. When interviewing candidates, ask them about their goals in dentistry, how they feel about continuing education, and if they are prepared to take courses on weekends.

Motivating existing staff who are not interested in taking the time to learn is difficult. However, as the business owner and employer, it is up to you to establish and enforce policies regarding conferences and seminars. If you want growth and continuing education to be part of your practice, you must make a point of encouraging these values. If a dental program is taking place on a weekend, you should pay staff for their time since it is part of the job. The same applies for evening programs or for any course that does not take place during office hours. One option is to schedule courses during regular office time. This isn’t always possible, of course, which is why it is important to have clearly written policies on continuing education.

Staff who have been employed for a long time and who are totally resistant to change can really hold back a practice. If, after repeated requests on your part these people are not willing to make an effort, it is probably in your best interest to let them go and to hire someone who is more motivated and enthusiastic.

Many team members are actually held back by the dentist. “Our practice has so much potential, but the dentist does not seem interested in changes or in learning anything new,” is a comment I have often heard. As a business owner myself, I know it is not always easy to implement new ideas, as budget, time, staff training and implementation considerations must be weighed carefully. To encourage dentists who are not inclined to make changes, take the time to write out why the proposed changes would benefit the practice, the patients and the team. Explain how and when they could be implemented. Most business owners would be thrilled to have a team willing to make changes happen. Taking a program together also helps when it comes time to implement new ideas and techniques. If the dentist still chooses not to do anything, the other team members will eventually adopt the attitude that “It’s just a job,” or may move to a progressive practice that offers more challenges.

Implementing change

How many times have you taken a continuing education program, thoroughly enjoyed it, and returned to work gung-ho to incorporate the ideas into your practice? How often did you actually implement those ideas? People are afraid of change. Sometimes they don’t realize that changes don’t have to be dramatic. Small changes can make a big difference.

After a seminar, plan a short meeting with the entire
staff, comment on the highlights of the program and ask each team member to suggest one or two ideas that will improve the practice. Delegating to your staff; hold them accountable.

Evaluating your staff and practice

Dentists often do not take enough time to evaluate their team regularly. Evaluations don’t have to be a negative experience. How can your team members meet your expectations if they don’t know what those expectations are? Evaluations are a great opportunity to let your staff know what they are doing well and where they can improve. It is also a great opportunity to ask what motivates them and what courses they’d like to take to further their dental knowledge. You may have someone in your practice who is bored with assisting and who would enjoy the challenge of becoming a treatment coordinator. Your hygienist may want to spend more time educating the patients and using the computer simulation system to introduce a smile analysis. There is often a lot of untapped potential in dental offices.

Determine your training needs based on your evaluations. And remember—training takes time and requires organization. Plan training time each month, and put someone in charge of the training schedule. Stick to the training schedule. Who is it going to benefit? You and your practice. New skills learned by your staff can help improve efficiency, patient care and teamwork.

You also need to evaluate your practice. What sort of dentistry would you like to do? How are you marketing your services? Could you improve your patient education? Do you have the right staff? Do you need to review your computer system? Are you current with changes in dental benefits?

When you invest in training for yourself and your team, make sure you receive a return on that investment. If you are not willing to implement new ideas or techniques you learned through continuing education courses, what is the point of paying for these courses? The return on your investment can only come from you—learn, implement, encourage, and motivate. The opportunities are there. Are you willing to challenge yourself?

Bottom Line: Ongoing employee training is critical for a successful dental practice. However, if the dentist him or herself is not committed to training, no amount of money spent on staff training will bring positive results. Dentists themselves must lead by example.

Anita Jupp
Anita Jupp is a transition specialist, dental speaker and practice coach. She has over 30 years experience in the dental industry and often does dental pro bono work for the less fortunate. Anita can be reached at 905.339.2842 or anita@roicorp.com.

Dr. Natalie Archer

Dr. Archer operates Archer Dental, which consists of two dental clinics in Toronto—Rosedale Family Dental Care and the Runnymede Dental Centre. The Health Council of Canada recognized Runnymede Dental Centre as Canada’s most innovative dental practice in 2013. While both practices serve patients from all walks of life, the Runnymede Dental Centre is unique in that it is located in a complex care hospital and provides wheelchair lifts to serve the needs of the elderly and other patients with special needs.

For two consecutive years Dr. Archer has been recognized as Toronto’s Best Dentist in independent public polls. Her educational articles have been published in a wide variety of magazines across Canada. She is quoted regularly in national family magazines such as Canadian Family, and appears on TV shows to share her insights. Dr. Archer is passionate about the special needs of the elderly, particularly with respect to dental care and its impact on their overall health. This year she is the recipient of the Ontario Dental Association’s (ODA) Award of Merit. Profitable Practice caught up with Dr. Archer at both her clinics, which reveal two very interesting sides of her personality.

Dr. Archer, let’s start with your education.

I graduated from Dalhousie University dental school in 2001. I followed this up with a residency at the Albert Einstein College of Medicine in IV sedation.

Why did you go in this direction?

When I began my practicum at Dalhousie I started to realize how nervous people were about going to the dentist. I wanted to really focus on developing skills and strategies for alleviating
these issues for patients. I then moved to Ottawa for a year to work in a specialty practice where all day long we worked with people who needed sedation for their treatment. What I realized was that after a year I was able to wean a lot of patients off the drugs simply by speaking with them in a way that put otherwise nervous patients at ease. So in Toronto I have made it my mission to continue to stress good communication as an extension of medicine.

What led you to develop a mobile practice?
As an associate, I had an opportunity to work with seniors as part of a mobile geriatric dentistry unit that provided dental care on a private, fee-for-service basis, delivered bedside in retirement residences. Perhaps because both my grandparents had been in long term care facilities, I wanted to know more about what dental services were available to seniors and some of the challenges in caring for elder patients. I knew that in my grandfather’s case that he would travel from Peterborough to Toronto because he found it difficult to be treated in his community.

My mobile practice took me to many care facilities across Ontario, and this gave me the ability to understand care issues faced by seniors. Also, I found the experience very rewarding because it showed me how much seniors appreciated the effort and could benefit from access to proper dental care.

Tell us how your clinics, Runnymede and Rosedale came into being.
I first took over a practice in 2007 in the Rosedale Medical Centre from a respected husband/wife dental team, Doctors LeFrancois. At this point, I had two small children, and I was not looking to take on additional clinical obligations beyond caring for my Rosedale patients and growing the practice.

Three years into my Rosedale practice, management at the Runnymede Hospital knew about my experience in geriatric dentistry and approached me to collaborate in running a dental clinic that they had built. They were willing to make design and equipment choices jointly, and find ways to integrate dental care available through the clinic with the care made available on their wards. From my mobile geriatric experience I knew how important it was to have a clinic designed to handle the special dental requirements of senior patients whom we see.

A lot of investment was made in establishing best practices. The hygiene documentation alone was quite extensive; it addressed patients who could not care for their mouths because of dexterity issues or dementia.

We became involved in teaching the hospital staff about oral care, working with nurses and pathologists to develop a range of educational tools that helped nurses and other caregivers become more involved in oral care. It was a two way process; we learned a great deal from the hospital staff, especially regarding tips on how to give certain patients with cognitive challenges the best possible dental experience.

If this is a private clinic just like all the others, what makes it different?
A private clinic operating in a hospital is not that common. I find that being within an innovative hospital focused on care for seniors motivates my team to be the best that can be.

Also, it is part of our philosophy at Runnymede to see everybody who needs us, and we make financial arrangements when these are needed.

Most importantly, I don’t know of any other clinic which can accommodate a patient in an ambulance bed; our equipment is specifically designed to provide access and our staff is trained to deal with these types of patients. ‘Floating dental chair’ have been specifically designed so with a flip of a switch we can accommodate a patient in a wheelchair and move that dental chair anywhere in that room. Every operatory is set up with a wheelchair lift. Nearly 80 per cent of the patients we see at Runnymede have a walker or a wheelchair. Now they are easily transferred into the dental chair.

How do you split your time between the two clinics?
Right now I’m doing three days a week downtown at Rosedale and one day a week here at Runnymede; I reserve one day for administration, meetings and the opportunity to come back to Runnymede if necessary.

Your clinics are very different in their design and purpose but I think they reflect different sides of your personality.
As we talked about above, Runnymede was designed for a very specific clientele; it is very utilitarian in that it was so precisely planned and organized it’s almost scientific—so it can meet the needs of the elderly and disabled and provide comprehensive care.

Rosedale, on the other hand, is my flagship office. I have just finished a major renovation; it is absolutely gorgeous. It took two years to complete but it is everything I wanted it to be; there is nothing like it in the city.

What is so different about this clinic?
I had an amazing designer and we came up with a design that I feel is really beautiful and are also very functional. We have a bubble wall (see photo page 8) and other features designed to put patients at ease. The colours are mainly white and purple—my favorites—and patients love the fabulous view from the operatories (see photo page 8). I even designed the ceilings to be appealing, restful and timeless.

What led you to founding the OpenWide Group?
OpenWide Group was, and continues to be an experiment. I believe there is a need for forums where dentists can learn best practices from one another and help their businesses be successful. The blog is available at www.openwidegroup.com.

I have read about the elder abuse program you are involved with; please tell us about it.
The Dental Elder Abuse Response (D.E.A.R.) Project is a joint pilot project of Archer Dental (West Toronto), the Canadian Centre for Elder Law (CCEL), and the National Initiative for Care of the Elderly (Dental Theme Team). D.E.A.R. is funded through a small community-based grant from the New Horizons for Seniors Program (NHSP)—Employment and Social Development Canada (ESDC).

This project is creating the first materials in Canada which link dentists, caregivers and elder adultos together on issues of abuse and neglect. Working with dentists, hygienists, seniors, caregivers and community organizations, the D.E.A.R. Project is “Taking the Bite out of Elder Abuse”. Its senior peer-trained workshops, online videos, helpful brochures and checklists provide practical, evidence-based and expert hands-on material to recognize and prevent dental elder abuse and neglect. These materials also help to start the conversation about advance care planning related to dental issues.

I want to expand the project provincially and nationally. I have just learned that it is the first of its kind in the world so for me it’s huge. I love it when patients tell me I want this information to be a part of our records so I know my patients’ wishes now and in the future.
You are clearly a busy professional; what do you do for fun?

I love to play badminton; our family passion is travel. I have found I really cherish our friends, the people we want to spend time with who inspire us, make us laugh and bring out the best in us. I must admit that gardening, baking and cooking have gone by the wayside…

What do you still want to achieve?

So many things! I really want to change the way geriatric dentistry is performed—the way we see oral health care in long term care facilities. In 2012 the legislation was changed so that it is no longer legal for outside professionals to practice within these facilities. Before this, management could pick whom they wanted. But I want further change; I want to ensure upon admittance to a care facility that oral health care is part of the admission paperwork and that the mouth is being cared for and examined as part of the overall health care program.

You are unique: I have never met a dentist who employs a PR firm. Why and how does this work? How does it help you?

I do a lot of speaking engagements, and get invited by media to speak to dental matters. PR support has helped organize these engagements and help define priorities.

What do you tell graduates as they start out in the world of dentistry?

If I had to do it all over again, my advice would be: Go out and observe as many dental offices as you can—the way they organize their trays, the way they organize their day. Listen to conversations; you will learn more by listening than you ever will in a classroom. I would beg them to consider geriatric dentistry, because right now the interested are few and far between. I ask myself: Why is this the reality? Is it that dentists are afraid to touch older people? Yes, I guess that is a part of the problem; they are afraid the patient is too frail for the procedure. Also practitioners say seniors from many different walks of life, but when it comes to dentistry I believe they are often being overlooked. I want to change this.

Since you graduated, how do you think public perception of dentistry has changed?

As a child I felt that there were some professionals who people held in very high esteem—doctors, lawyers, dentists, priests—but in the last 20 years more scrutiny has developed, especially around dentists. Some media reports, especially a CBC Marketplace documentary this year, featured an unflattering portrayal of the dental profession; the public was given the false impression that such practices are widespread.

Do you have any final thoughts about the well being of dentistry in Canada, particularly regarding the role of women?

I think women entering the profession are outnumbering men, and personally I think dentistry is a great career for women, in part because as dentists we have a fair amount of control of our schedules. Speaking more generally, a key development that benefits the profession is that we now have the tools to really teach our patients what we are doing and why.

Is there anything you want to add that we have not covered?

No… I so appreciate that you have asked for this interview.

Bottom Line: Dr. Archer is living proof that no matter how it comes to dentistry I believe they are often being overlooked. I want to change this.

With the wealth of online information at our fingertips, today’s consumer is smarter, more educated and more independent than ever before. The mentality of “do it yourself” has become the anthem of today’s generation especially when it means saving money. Why use a travel agent to book your next vacation when you can use www.TripAdvisor.com to navigate the best hotel and flight deals on the web? Do I really need a realtor when www.ComFree.com will upload my property listing to MLS, provide photos, signage, advertising exposure and pricing advice? It’s easy to lump the services of a travel agent and the services of a realtor into the same group. After all, they are both agents paid to really teach our patients what we are doing and why.

Wrong!

The sale of your home is often one of the largest transactions an individual will ever make and “just doing it yourself” can end up costing you a lot of time, energy and money in lost opportunity and headaches. We all know to trust our health to the experts; the wise consumer knows to trust the trading of their major real estate assets to a realtor. While websites like ComFree appear to offer all the advantages of a professional realtor, their à la carte products only equip the seller with the tools of a realtor and not the expertise to apply them. Like most professionals, a realtor is an expert in their industry with the network, experience and skill to capitalize on the real estate market; they are able to manipulate the tools at their disposal to produce the best possible results for their client.

As a professional realtor, I have had the pleasure of working with Timothy A. Brown and his wife Dr. Natalie Archer

Dr. Natalie Archer obtained her Doctorate of Dental Surgery in 2001 from Dalhousie University, where she was the recipient of the Brasseler Award for the Faculty of Dentistry. Subsequently she completed her Certification in Intravenous Conscious Sedation at the Albert Einstein College of Medicine in New York. She performed as a Clinical Instructor for Dental Assisting and served as the Vice President of the Royal College of Dental Surgeons of Ontario. She can be reached at www.archer-dental.ca

Do I Really Need A Realtor?

by Stephanie Howell

Dr. Natalie Archer

Dr. Natalie Archer obtained her Doctorate of Dental Surgery in 2001 from Dalhousie University, where she was the recipient of the Brasseler Award for the Faculty of Dentistry. Subsequently she completed her Certification in Intravenous Conscious Sedation at the Albert Einstein College of Medicine in New York. She performed as a Clinical Instructor for Dental Assisting and served as the Vice President of the Royal College of Dental Surgeons of Ontario. She can be reached at www.archer-dental.ca

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Do I Really Need A Realtor?
Prior to listing our house we considered selling it on our own as there seemed to be a few options out there to assist buyers through the process. However, once we met Stephanie we realized we could not put a price on her knowledge of the GTA housing market, her negotiation skills and her network of realtors.

Sandy Evans, both of ROI Corporation Brokerage, on the sale of two homes located in the South Mississauga area. While both are professional sales brokers and unquestionably experienced in the art of sales and negotiation, they chose to hire our team to handle their personal residential real estate transactions. “Sandy and I are not experts in residential real estate and we wanted local expertise with national representation” says Timothy. Our team’s strong national brand and highly established local network produced the results Timothy and Sandy were looking for: fast, effective and very satisfactory sales.

A few months ago I had a young professional who found herself questioning why she needed a realtor at all. After meeting with her, she made the decision to list with our team. After a sale with competing offers, she knew hiring a professional was undeniably the right decision: “Prior to listing our house we considered selling it on our own as there seemed to be a few options out there to assist buyers through the process. However, once we met Stephanie we realized we could not put a price on her knowledge of the GTA housing market, her negotiation skills and her network of realtors. She understood our potential buyer and was able to stage our house and market it in a way that made for a quick sale. Although my husband and I are both in professions where negotiations are required, we realized our skills were definitely not up to par after watching Stephanie negotiate through a bidding war. Not only was she in tune with the psychology behind the purchase and sale process, but she also knew exactly what our house was worth and how to get that price for us. After our experience with Stephanie, we would not dream of attempting this process again on our own.” – Margaret Clarke

Picking the right realtor is just as important as hiring a realtor to begin with. The realtor tools like network, experience and expertise can be applied, developed and honed in so many different ways. When niche neighbourhoods, unique property types and buyer demographics are introduced, a realtor becomes a very valuable asset. As most people in various professions know; the right realtor is a must to get the most out of your real estate investment. So when you’re thinking about buying or selling a home or your practise, make the smart choice to hire a professional … and leave the “do it yourself” to your next vacation.

Bottom Line: This article leaves no doubt about the advantages of hiring a professional realtor to sell your home.

The real estate agent reminds you the well-located building won’t be on the market for long. The leasing agent is pressing you to sign an agreement for a highly visible office space in a mall. Each option has appealing advantages; what’s your best choice?

First suggestion—don’t rush into a decision. Along with considerations like location, the decision to buy property or to lease space has significant financial and tax implications for you personally and for your practice. Before signing a contract, consider the following points and suggestions.

**Purchasing**

**Advantages**

While more dentists opt for leasing over purchasing property, in recent years the number of buyers has been increasing as real estate values rise. Asset appreciation is an important consideration. Income potential is another. If you purchase a building with more space than you currently require, you have the option of subletting and acquiring another revenue stream.

Tax deductions are another advantage of owning a property in which you operate a business. Mortgage interest, property taxes and other expenses are deductible.

**Disadvantages**

There are also some potential downsides to owning rather than leasing. For example, purchasing property is a major financial commitment: agent’s commission, down payment, HST, renovation costs, property taxes, maintenance fees. These can all impact cash flow and your ability to borrow additional funds if needed.

Investing in real estate also carries certain risks. Real estate is not liquid and accessing invested funds is not always fast or simple. As well, the value of the property could fall, depending upon economic conditions and location.

**Tips**

In order to optimize the benefits of a real estate investment, there are a few things to consider. First, effective structuring can save significant taxes and also provide creditor protection in the event of financial difficulties. Therefore it’s best to purchase property through a separate corporation rather than personally or through a professional corporation (PC). Doing so means that as you pay down the mortgage no tax is triggered. However, if you purchase a building personally and your practice operates within a professional corporation, you would have to withdraw funds from the PC to pay down the mortgage, triggering tax of approximately 30 per cent on those amounts.

Also, if you hold the real estate in a PC, the property improvement costs that you could write off over five years would instead be combined with the building. In this case, depreciation to improvements would have to be deducted over a 40-year-period. Having real estate in a separate company enables you to write off these costs nearly 35 years faster.

Purchasing property through a separate corporation also provides flexibility if you decide to sell your practice. For instance, if you want to have rental income in the future you could retain the building and sell only your business.
Leasing
Advantages
Leasing represents a smaller financial commitment and therefore less risk than purchasing property but also affords less control over the space where you practice. On the plus side, your money isn’t tied up in real estate so you generally have more working capital available.

This can be especially important when you are just starting your practice and building a patient base. As well, you may face rent increases aren’t building equity. Your payments provide income to another party. As well, you may face rent increases annually or when your lease expires.

Disadvantages
While leasing a property avoids the responsibilities associated with owning a commercial property, you aren’t building equity. Your payments provide income to another party. As well, you may face rent increases annually or when your lease expires.

Tips
There are a number of approaches you can take to enhance the upside of leasing and reduce the drawbacks. To start, it’s beneficial to sign a lease through a PC rather than personally. In the event that you default on lease payments this would protect your personal assets.

The length of the lease term is another important consideration. Unless you have a 10-year lease, including a renewal option, you may not be able to secure financing for leasehold improvements. This is also an important consideration when you are renewing a lease and may wish to sell your practice during the term of the new lease.

As well, there are a number of potentially problematic clauses of which you should be aware. Demolition clauses, for example, are appearing more frequently in lease agreements as property values rise. This type of clause gives the landlord the right to terminate the lease early and evict you (usually without much notice or any compensation) in order to demolish the building. Such a clause can present a problem when you are trying to secure financing for leasehold improvements or when you wish to sell your practice. A lawyer may be able to assist with potentially eliminating or mitigating the clause (by, for example, requiring one-year notice and/or relocation costs). Preparing a contingency plan may also help to reassure a lender or a potential purchaser that you have appropriate strategies in place in the event that the landlord triggers the clause.

Transfer or assignment clauses are also important to address. Ideally, if you decide to transfer the lease to another dentist, you want to be able to do so without complications from the landlord. However, when a landlord pays for some of the leasehold improvements, the lease agreement may include a clause requiring payment of a fee or a percentage of improvement costs as a condition of consenting to a lease assignment. The agreement may also require that you guarantee the new lessee’s lease. This could present a problem if you wish to sell your practice.

As well, with competition in the dental sector becoming more prevalent, including an exclusive-use provision in your lease agreement can be a significant advantage to protect the value of your practice. You may be able to add a clause, for example, to acquire exclusivity based on the type of dentistry that you practice.

A final piece of advice: don’t rush into signing any agreement. Take your time with due diligence. Consult with a real estate or leasing agent to point you in the right direction and then do your own personal research. Study the building, tenants, neighbourhood and competition. Consult with a lawyer to discuss potential issues in a purchase or lease agreement and to assist in eliminating or negotiating those that may be detrimental to you. Also, talk with your business adviser about structuring the terms of the purchase or lease to achieve the best possible financial results for you personally and for your practice.

Take some time to chew over these suggestions and you can acquire a practice space that meets your needs today while also strengthening your financial foundation for the future.

Bottom Line: This article outlines and explains the advantages and disadvantages of buying or leasing dental practice space and provides business and accounting tips for professionals to consider.

An Alabama Cocktail With
Dr. Benjamin Geoffrey Harrison

With Editor

“After 50 years in the profession, what I treasure most are all the interesting people I have met over the years. There were some real characters. I learned a lot from them while I was helping them out. I got to know a lot of them really well.”

~ Dr. Benjamin Geoffrey Harrison

Editor’s Notes: I met Geoff Harrison and his wife Pam while vacationing in Gulf Shores, Alabama. He and Pam lived and practiced for 20 years in New Orleans (a city all three of us love). In those years Pam perfected southern style cuisine (something I am happy to say I have tasted first hand) and helped Geoff establish a very successful career. Geoff states, “Pam was my sounding board and adviser, someone I bounced stuff off to make better decisions.”

Geoff has owned and practiced in four different states (Florida, Louisiana, Minnesota and North Carolina). After graduating with a DDS from...
Emory University in 1958, he served in the U.S. Navy Dental Corps, which included serving with the 3rd Marine Division in Vietnam. After service in the Navy Dental Corps, Geoff practiced in Fort Walton Beach, Florida and later attended Louisiana State University for specialty training in periodontics. He maintained a private practice in periodontics in New Orleans, with a part-time faculty appointment at LSU, and was the staff periodontist at Ochsner Medical Institutions.

In 1995, Geoff transferred his practice to an LSU student whom he had mentored, and by that time his children had graduated from university, allowing Geoff, his wife and their dogs to move to the family vacation home in Northern Minnesota. While in Minnesota, he developed a part-time periodontics clinic. He also worked with another dental clinic on a part-time basis, which eventually turned into a full-time appointment.

Geoff has enjoyed the southeast area since his dental school years at Emory University in Atlanta. Pam has family in the Asheville, North Carolina area. Following some research, he decided to open a clinic in Fayetteville, North Carolina to offer quality dental services at times that were most convenient to patients.

Dr. Harrison agreed to answer the following:

What has changed over your 50-year career?

There have been significant developments in technology requiring huge adjustments, but the basics together with manual dexterity are still important.

You have to develop a personality that is friendly, approachable and be able to communicate information to your patients and reassure them. It helps to have some business acumen now more than ever. When I graduated from Emory in 1958, there was one woman in the class. Today over half the students who graduate in the class. T oday over half the students who graduate from Emory in 1958, there was one woman in the class. Today over half the students who graduate from Emory in 1958, there was one woman in the class. Today over half the students who graduate from Emory in 1958, there was one woman in the class.  

What advice would you offer to dentists who want to own their own practice?

I kicked around a long time and practiced, owned, mentored and taught in a few places. It takes a long time to know what you want—to learn what is required to become successful sole proprietor. You have to learn things like economics of scale and the market you are serving; you need to realize that there are diminishing returns in specialization and that generalists who refer out work they prefer not to do can be very successful. Finally, you need to figure out, how much you want to work. Not everyone is suited to being an owner and eventually becoming a dental entrepreneur.

What can you tell us about your latest venture in Fayetteville?

I came to this relatively late in my career at 70 years old. The venture required many months of planning and a lot of hard work to get the project off the ground. Today, I look back and know it was worth it for me. I own the building and it is over 7,000 square feet; the clinic is open 365 days a year and there are two shifts a day during the week. I have acquired 12 associates over three years and eight hygienists, plus some part-time staff and of course, office staff and a director of business operations.

How do you keep track of all this?

I spend a week on site in person every 6-8 weeks. I have a phone and a laptop I receive phone messages and updates regularly, and whenever I want to check how things are going, I use my laptop to access in real time any of 24 cameras I have at the clinic. There are eight cameras servicing the outside of the building and 16 internally that basically give me access to every room in the clinic. I can also access any X-rays or dental files that I need for any consultation that may be required. Dr. Harrison using his laptop allowed me to view his dental clinic operation inside and out.

Do you have any regrets?

No regrets! Dentistry has been good to me. It gives me satisfaction to know I have overcome some challenges along the way. It is time for a little travel, some golf, some fishing and relaxation.

Thanks Dr. Harrison for a look into your world.

Bottom Line: This interview features a career American dentist who has much to say after 50 years in the profession.
Obviously if you have only nominal debts, a rate increase will not be of great concern or risk. But for those who have recently taken on substantial debts to acquire assets at higher values such as dental practices, planning now for higher rates is a valuable exercise. This includes ‘stress testing’ your practice budget.

Stress testing involves taking the debts your practice has now and applying a higher rate of interest to the amount currently outstanding. This helps determine how big an increase your budget could absorb; it would also indicate at what level higher rates would start to require material adjustments to your practice finances.

There are some ways to help offset the potential for rate increases. The most common one is choosing a fixed interest rate, which defines your interest rate for a period of time. But this doesn’t mean you can ignore the potential for any future rate increases. Consider the loan example cited above. Even after 5 years of payments at a fixed interest rate of 5.00 per cent, there would still be approximately $281,000 outstanding. At renewal time if rates went up, there is still a high proportion of the original loan remaining, which could push payments up substantially.

If you prefer a floating interest rate, you can still reduce the risk associated with increasing interest rates. This includes establishing higher payments to reduce the loan faster or making lump sum payments when you can. This way when rates go up, you will have reduced the loan amount that would be subject to the higher interest rates.

While everyone’s situation is unique, here are some additional tips to consider when planning for higher interest rates:

- Become debt free faster by choosing a shorter amortization period.
- Consider contributing more cash and borrowing less against a purchase.
- Carefully weigh fixed versus floating interest rate options.
- Create a budget and stick to it.

If you are a borrower and are not concerned about higher interest rates, I suggest you speak with someone who had a loan in the early 1980’s. At that time you may recall that a 10 per cent interest rate represented a bargain price—a rate which happens to be more than double that of many today.

Bottom Line: Whether you are starting out and need to borrow to establish your practice, or are already practicing but carrying a substantial debt load, stress test your numbers to ensure you can cope with interest rates that are bound to rise.

Pino Loverro is the National Director, Healthcare Professionals at BMO Bank of Montreal, which provides banking and financing solutions for dental practices. Pino can be reached at 1-877-629-6262 or pino.loverro@bmo.com.
The Power Of The Voice

by Mary Lynn Bastian

Notice to the reader. The only fictitious part of this article are the names of the individuals depicted herein. The scenario outlined below may already have happened in your office.

When Dr. Wallace saw Josie in his opera-
tory he was glad to see her. Looking over her chart, he also noticed she had not at-
tended his office in over two years. “Good morning Josie, how have you been?” said Dr. Wallace. “Good morning Dr. Wallace,” Josie replied a little awkwardly.

Josie had been a good patient for many years. Pleasant and courteous, she always paid her bill with grateful appreciation, followed treatment recommendations and kept her appointments religiously. Dr. Wallace was curious about this long unexplained absence. “What has been going on? I notice I have not seen you in over two years.” Josie seemed uncomfortable but determined to tell Dr. Wallace what was really bothering her. “Well... I really didn’t feel comfortable coming back because of your last receptionist, Marie. She was really quite, how can I say, quite nasty every time I called the office” said Josie.

Those words stung and Dr. Wallace remembered Marie well because he had to fire her due to her poor phone skills and unfriendly attitude. He remembered how good she was at the technical side of her job and how he relied on her to attend to the administrative details of his practice. However, her telephone skills were less than polished. Often she would let the phone ring and let it go to voice mail rather than stop her work on a computer entry. When she did answer the call, her voice was like a cold, dead fish. This is all right for a sushi dish but not as the life-line of your practice! Dentists often spend thousands of dollars on marketing strategies, an up-to-date website, direct mailing, yellow pages...
Make sure the phone is answered promptly. Our staff need to train in telephone skills by having them practice answering the phone cannot quickly and efficiently establish rapport with the caller. This means the voice at the onset is more than courteous, it has to be warm and inviting capable of disarming the fears of patients who are stressed at the thought of making a dental appointment.

To stand apart in a highly competitive market the first contact is invaluable and may mean the difference of winning or losing new patients walking through the door or through the phone. Dentists who wish to distinguish themselves from the competition should consider the following:

- When hiring the person at the front desk responsible for answering the phone make sure that his/her voice has a pleasant sound. A high pitch shrill is not a good invitation to visit a dental office.
- Train your staff in telephone skills by having them attend customer service classes and/or have a session where volunteers record their voice to see how it sounds.
- Make it a point to discuss with all your employees that the phone is directly linked to everybody’s pay check. It is even more important than a hand piece because people have to be in your chair before you can start any kind of work.
- Make sure the phone is answered promptly. Our motto, when coaching employees in the skills of establishing rapport with potential patients is “People Before Paper.” Patients in search of a new dentist will often hang up before leaving a message on voicemail.
- Train your receptionist to get the patient’s name and phone number on a busy day in case he/she is cut off and have to call back. If he/she is trying to do too many things, have him/her quickly apologise and call the patient right back. People understand busy they never tolerate indifference.
- Train your receptionist to obtain the patient’s name early in the conversation and have him/her use it frequently during the conversation. This establishes an instant relationship with the patient and makes it personal from the start.
- Have your receptionist modulate his/her voice. This practice eliminates the flat tone callers often get from large corporations or big box stores. An inviting voice sounds a little bit like a song. Develop a telephone greeting that places emphasis on different words.
- Think out of the box when deciding on a general greeting for potential new patients.
- Always have the person answering the phone identify him/herself “Good morning Doctor… office, Becky speaking, how may I help you?” Lastly, train your receptionist to always smile before he/she answers the phone. No matter what the day is like, if he/she smiles the tone of his/her voice changes for the better. Many call centres in an effort to enhance customer service actually install mirrors so that every operator must see themselves when answering that most important phone call.

Bottom Line: This article contains suggestions to improve a major concern of many dental offices; namely, the front line first contact and reception of potentially new patients.

Smart Toothbrush Gives You A Mouthful Online

Barcelona - The world’s first smart toothbrush was unveiled recently, allowing you to improve your dental hygiene while sharing the results online with your dentist or to impress your friends.

Dental cleaning sessions last two minutes, divided into four 30-second segments, one for each corner of your mouth. Shown off on the opening day of the four-day World Mobile Congress in Barcelona, Spain, the brush is connected by Bluetooth wireless technology to your smartphone, and thus to the network.

Tooth Trivia

- An elephant’s tooth can weigh three kilograms? That’s heavier than a big jug of milk!
- Even though whales are very big, some of them don’t have any teeth. Instead, they have rows of stiff hair like combs that take food out of the ocean.
- Snails are very small but they can have thousands of tiny teeth all lined up in rows.
- Mice have teeth in their throat.
- Rabbit’s teeth never stop growing. They keep them worn down by gnawing on bark and other hard foods.
- Lemon sharks grow a new set of teeth every two weeks. They grow more than 24,000 new teeth every year!
- Every year in China, people celebrate a special holiday called “Love Your Teeth Day”.

Dentist Visits Too Infrequent For Canadian Preschoolers: Study

Children who do not see a dentist regularly after their first baby tooth appears are in risk at developing oral health problems later in their life. So are the findings of a study that was funded by the Canadian Institutes of Health Research and St. Michael’s Foundation.

The complications of poor dental health in children are significant, including pain that can lead to difficulties eating, poor nutrition and poor growth, difficulties sleeping, difficulties with behaviour, infections and low self-esteem, said Dr. Anne Rowan-Legg, a pediatrician at the Children’s Hospital of Eastern Ontario who wrote a position statement on oral health.

“There’s a common misconception that cavities in early teeth that later fall out are not an issue,” Rowan-Legg said. “But we do know that kids who get cavities in those early teeth are far more likely to develop disease later on.”

For the complete details go to the CBC website listed below.

Source: CBC News Post May 5, 2014

Source: phys.org
Still Flossing After All These Years

by Dr. William K. Hettenhausen

During Oral Health Month, I was invited to give a *Your Teeth For A Lifetime* (YTFL) slide presentation to the staff and residents of the Glebe Centre, an elderly person’s centre and residence in Ottawa. One of the hidden benefits in giving YTFL presentations as part of our continuing Health Smiles For Seniors Project is that occasionally I get to meet a living example of positive aging. Among the 35 to 40 people who attended, I had the privilege of meeting a 97 year old retired public health nurse who has “been flossing daily since 1928”. She politely inquired, “Which is better, the dental floss or dental tape?” My reply to someone who has flossed 41 years longer than I have: “You’re the one who should be telling me!” “...Floss everywhere, and use the tape wherever there’s enough space.”

As a school nurse, she had found through teaching brushing and flossing to local elementary school students that the rampant dental caries so prominent in the 1920s could be prevented. Sixty-five years later, she still teaches by example, has her natural teeth and is constantly after those “young 75 years olds” to remember to brush and floss everyday. She warned them, “The light in your life burns a little dimmer when you can’t enjoy a meal because your teeth are loose.”

Because dental disease was not clearly understood early in this century, poor diets and inadequate oral hygiene often led to painful tooth loss. It affected so many people that it was even considered a natural part of the aging process. Chronological aging and anatomical aging are not directly related. Just because many people tend to become less healthy as they get older, does not mean that it is natural to become unhealthy as you age. Lifestyles that include nutritional deficiencies or excesses can also negatively affect health and cause premature aging.

Every now and again, we all need to meet a spry 97 year old to remind us that brushing, flossing and good nutrition can keep you smiling until the end of our 90s and beyond! It’s living proof that, contrary to common belief, health is not related to aging. It is possible to be young and lose your health, just as it is equally possible to be old and retain it! Keep smiling!

Editor’s Note: I met Dr. Hettenhausen at the ODA ASM conference in Toronto recently. He is a bundle of energy and is involved in so many worthwhile projects, many of which include ‘giving back’ to the community. Dr. Hettenhausen will be the subject of a feature interview in an upcoming issue of Profitable Practice.

Bottom Line: This vignette presents an interesting look at health and aging.

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Feature Interview: Dr. Brian Wong

With Editor

Dr. Brian Wong is only 34 years of age but seems much wiser. He is upbeat, very thoughtful in what he says and is simply very likeable. He is dedicated in his work and devoted to his wife and three young sons.

Dr. Wong answered the following:

*When did you first realize that dentistry looked interesting?*

My family dentist during my high school years practiced out of a small house that had been converted to accommodate dental procedures. He was a great family GP who left a very positive influence on me and undoubtedly his other patients as well. He created a friendly environment and seemed to be in control of what he did and didn’t do—I admired that.

*What influenced your decision to ultimately become a dentist?*

Dentistry had always intrigued me. What was a great and ongoing influence was the privilege of working beside gentlemen like Dr. Ward Piepgrass of Grande Prairie—an early associate position for me. He taught me, among practical dental skills, the ability to relax and enjoy...
dentistry and the patient relationships. When I opened up in Edmonton, my space-sharing colleague Dr. Boris Kindrachuk proved to be the most positive influence in dentistry. He has truly seen it all and never gets flustered; we still work together daily.

You bought a new practice about a year ago. What was process like and what were your feelings when you purchased this practice?

This was a unique situation that worked well for all. Dr. Rick Brisbane was preparing for his retirement some years down the road and joined forces with my practice at Twin Dental to consolidate our chair requirements and rationalize some staffing as well. It gave me the additional space we needed, and provided him to this day with a functioning clinic that could take care of his patients while he enjoys a bit more time off! This was a beginning to an eventual passing of the torch and it is a win-win situation for both of us.

What professionals did you use or encounter in the buying process?

I used a lawyer, accountant, and Dr. Wayne Raybourn of ROI Corporation. The process was very straightforward. I prefer to discuss the situation with the principals involved in an amicable fashion in order to obtain a better outcome. In this sort of transaction, money should not be the only focus.

What surprises you NOW about your practice purchase and ownership, looking back after a year?

I was delighted that the staff worked out so well and cared for the practice; they continued to see it as a friendly and positive place to work. Practice ownership is an entirely different animal than working as an associate. We’re trained to perform dentistry. Dentists get very little actual business management training in dental school, so we do have to rely on the advice and help from mentors and dental business leaders.

What relationship developed between you and the previous owner of the practice?

My relationship with Dr. Rick Brisbane has blossomed into a great mentoring friendship. He has seen it all over the years, and despite my eight years in practice I see ‘new’ things every day. Rick is a great source of advice and an objective ‘second set of eyes’.

How has dental care and provision changed in Edmonton over your years of practice?

Edmonton is a busy place, and there are lots of great opportunities to learn how to do dentistry really well. I think that the biggest changes are digital record keeping and digital imaging. Now models are being digitized which is exciting for both the patient and the clinic; this represents an ability to plan and to mill appliances in more cost-effective ways.

How do you like practicing in Edmonton?

When I graduated, a lot of my colleagues wanted to practice in either Vancouver or Toronto where the city lights were brighter and there was so much to do. Although I have been an associate in Grande Prairie and I have visited the ‘big cities’, my home is in Edmonton. This is where my friends and family are. While the weather might be better somewhere else and there may be better restaurants in this city or that one, I am happiest where my friends and family are close by.

What gives you satisfaction both professionally and personally?

Professionally

The satisfaction of learning and finding more cost-effective and clinically effective ways to deliver treatment to patients. There is a lot of misinformation out there about various techniques, compounds and bonding agents. I am intrigued with finding out the ‘truth’ about these products and procedures and which ones really work.

Personally

The satisfaction of having close friends to work with and great patient friends to help out dentally. Even though I have a professional hat I have to wear, I want people to feel the genuine care that I have for their well-being. I love having a sense of community. Also, my wife Wen Xiao and my three sons who are six, five and 14 months of age provide great joy in my life.

Hobbies or passions

I enjoy being a punching bag for my three sons and being a cycling chaperone for the boys.

Favourite music/group

The kids choose my music, no choice.

Favourite restaurant/food

Generally family fare—kids dictate convenience for sure.
ROI Corporation Brokerage, Canada’s leading appraiser and seller of dental practices, is undergoing a hiring increase. This is partly due to Walmart granting ROI exclusive rights to sell Walmart Dental Clinics as aided by Smile Shapers in selected Walmart Superstores across the country.

Congratulations are in order as Nicki Saini who has been made the broker of record at ROI Corporation Brokerage, a nationwide appraiser and seller of professional practices.

Nicky Saini agreed to answer the following.

What attracted you to ROI Corporation Brokerage?
When I met Tim and Sandy (ROI owners) for the first time and heard about the business, I was immediately drawn into the concept of providing such a specialized service. What inspired me most was the passion and drive Tim expressed in his desire to deliver a service with high values of standard and principle. I visited the office before joining the company, and in doing so, I realized everyone shared the same vision, and it was this team work that showed me how the evolution of one man’s vision over 40 years ago has grown into such a reputable organization.

Please tell us a little about yourself and your business background.
I concentrated my postsecondary education solely on business management and real estate. I felt it was important to become well versed in the realm of the real estate industry as a whole; for most people the concept can be viewed as simply buying and selling commercial and residential properties; however, there is so much more to it, not only from the investors’ perspective but also from the different elements of service provided within it.

With the mindset of wanting to know all aspects of the industry and uphold a high standard of expertise, I never gave up an opportunity to step into something new, which allowed me to gain tremendous experience and knowledge over the years. I was fortunate enough to be able to transact numerous residential and commercial transactions, get acquainted with corporate relocations, explore the world of construction project management and then transition into the field of management when I started the Real Estate Brokerage.

What does a broker of record do?
The Real Estate Council of Ontario administers the Real Estate and Business Broker’s Act, 2002. This is a regulatory act that requires certain codes, ethics and professionalism to be followed. The broker of record ensures the principles are observed by those conducting business under the Act. In addition, the position includes managing the compliance aspect of the business with customers, clients, third party service providers, as well as record keeping and reporting responsibilities when transactions occur.

What should all dentists be aware of when it comes to the successful management of their practices with an eye to the future?
It is important to establish the goal; what is it that one wishes to accomplish as an end result? Usually it is retirement and consequently selling the practice to achieve it. To me, successful management entails recognizing what you need to do to achieve the highest value of your business and there are many factors that influence the optimization of future value, it’s just a matter maintaining elements that are favorable and recognizing deficiencies that need to be remedied.

What were your impressions about the ODA ASM Convention?
ROI Corporation has a very strong presence within the dental industry and it was great to see and hear their interactions and moreover the confidence attendees had in the knowledge and professionalism ROI’s associates possess.

What do you do to unwind?
I enjoy travelling at any opportunity I get. It’s exciting to appreciate the different cultures, lifestyles and beauty that we may forget to value when we get busy in our daily lives. I am definitely a foodie… there’s nothing better than good food with good company.

Any hobbies, major passions, interests… favourite foods/music/etc.?
I have my staple hobbies, which include salsa dancing, playing pool, dirt biking, snowboarding, playing the piano and soccer but I find excitement in trying new things, so it wouldn’t be unusual to find me learning something new at any given time.

What final thoughts do you have for our readers?
Having the opportunity to work within the traditional residential and commercial real estate market and now working within the realm of dental practice sales, I recognize the difference in quality of service, knowledge and skill. Our team here is definitely part of that small fraction of professionals who are passionate about raising the bar. I noticed how much care that was taken to ensure a smooth transition and how much attention was given to the importance of transitioning and follow up after a closing.

It’s rare to find sales people in that regard, but this is what pushes this organization to be distinguished as the industry’s leader in dental practice sales.

Bottom Line: This interview features a newly appointed broker of record for a major dental sales firm who gives her impressions of the dental sales industry.

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