



First Impressions

For Dental Sales Professionals • June 2015



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• Robert Sullivan •

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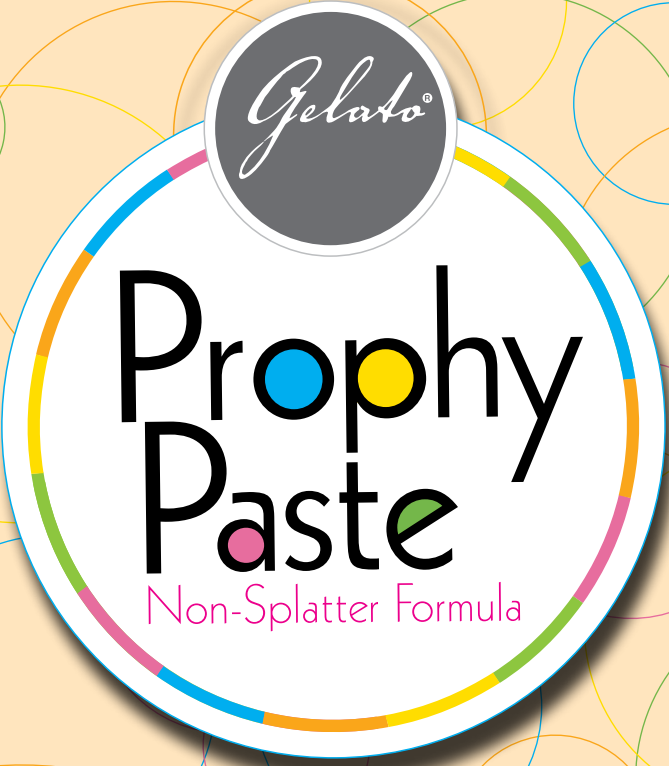
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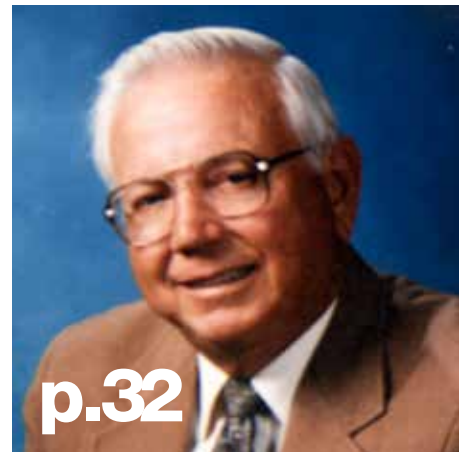
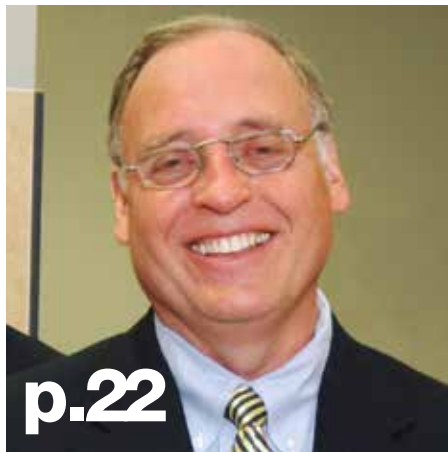
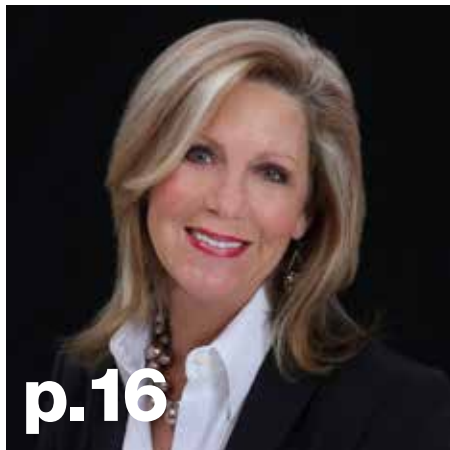
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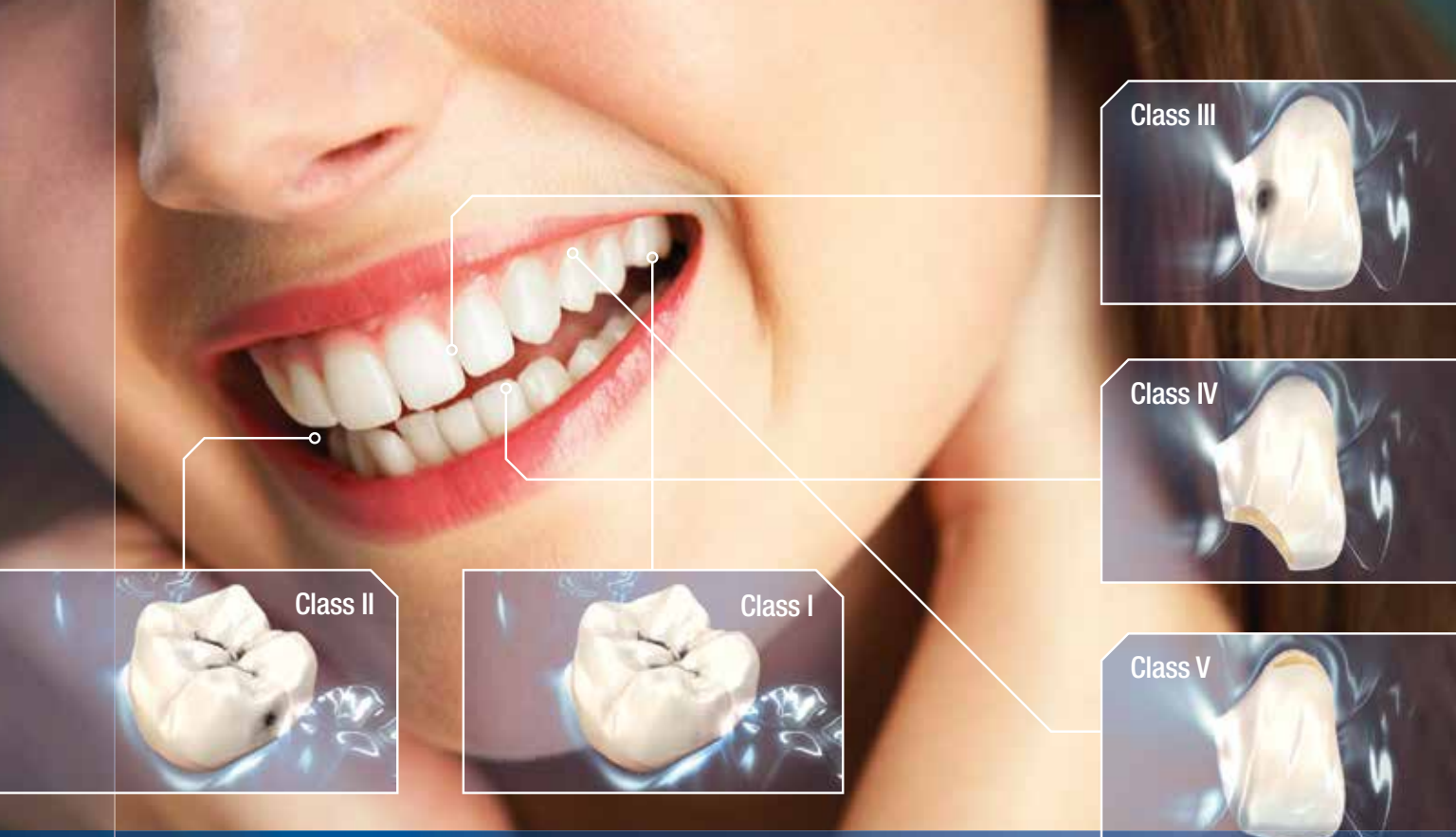
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What's the secret to success?



Bill Neumann

Welcome to our 4th annual dental industry Hall of Fame issue. Every June we take time to celebrate the incredible achievements and the impact that our inductees have had on the industry where we make our living. Summer marks the year's midpoint and is the perfect time to reinvigorate your sales. Use these Hall of Fame stories to keep you inspired and striving during the summer-time slow down.

Our goal with the Hall of Fame is to salute and to celebrate our inductees' achievements by telling you their story from the perspective of the people that know/knew them best. We interview their families and their co-workers to find out what made each Hall of Famer so successful. There is much encouragement to be extracted from the stories to help you grow your business.

Doing research for this Hall of Fame issue, I reread the 2012, 2013 and 2014 Hall of Fame stories.

Although the group of past inductees is diverse, they all shared very similar work habits and traits.

In this issue, celebrate our two latest inductees: Mike Brown and Robert Sullivan! Since 1980, Mike Brown has been able to maintain profitability and grow Nashville Dental by focusing on Nashville's employees and customers. We also pay tribute to the late Robert Sullivan of Sullivan-Schein Dental (now Henry Schein). Take a trip with Bob from selling products out of his green van in Milwaukee to the acquisition of Sullivan Dental by Henry Schein in 1997.

When reading this year's 2015 Hall of Fame inductees' stories, think about what work-habits, attitudes, and attributes you share with the Hall of Famers. What do you do with your customers, and in your territory, that mimic the behaviors of these industry superstars? Make a list of your commonalities. Then make an intention to grow that list to include more Hall of Famers' qualities and characteristics over the course of the summer.

Maybe you are the next Hall of Famer, or maybe you work with someone who is?

This summer think like a Hall of Famer,

William S Neumann
Bill Neumann



Hall of Fame Inductees

2012

Built a business based on need:

Ken Austin, Adec

Master builder:

Stanley Bergman, Henry Schein

A stewardship approach:

Perry Burkhart, Burkhart Dental

Never forgot who his customer was:

Larry Cohen, Benco Dental

Relationship builder:

Peter Frechette, Patterson Dental

2013

One tough cookie: Meyer Cyker, HealthCo

Had to always make it better:

Richard Saslow, Hu-Friedy

2014

Relationship builder:

Morton Charlestein, Premier Dental

A driving force: Joan Austin, A-dec

You can read all of these former Hall of Fame stories at firstimpressionsmag.com in the archives section.

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*Source: CDC MMWR Dec 19 2003.
Guidelines for Infection Control in Dental Healthcare Settings. 2003.

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WHAT YOU MAY HAVE MISSED

Content from *First Impressions'* digital supplements

May digital:

Pain management: The basics



No one expects sales reps to be experts on selecting and administering pain management in the operator. That's the bailiwick of dental professionals. But sales reps who make an effort to learn some of the key terms and concepts behind pain management may be rewarded with more meaningful dialogue about the topic with their dental customers.

First Impressions recently posed some questions about pain management basics to Lygia Jolley, RDH, BA. Jolley practiced as a Registered Dental Hygienist for 25 years, and has been a full-time educator for the San Joaquin Valley College in Visalia, Calif., for more than 10 years. She instructs Dental

Materials, Law and Ethics, Local Anesthesia, Pre-clinic lab, and Clinic. She currently serves as president-elect of the California Dental Hygienists' Association. She may be contacted at jolleyfamily5@sbcglobal.net.

First Impressions: Manufacturers of local anesthetics make reference to the degree of hemostasis associated with their products. What is hemostasis? What is its connection to pain control?

Lygia Jolley: Hemostasis is a term that describes controlling of bleeding. The connection with pain control is this: The amount of hemostasis or how it will control bleeding can affect the duration of pain control and how profound the anesthetic will be. Here's a simple way to look at it: If the anesthetic can stay in the area and not get absorbed into the blood vessels, the anesthetic will last longer and you have better pain control.

First Impressions: Some local anesthetics are marketed as being formulated without vasoconstrictor. What is vasoconstriction? What is its connection to pain control? And in what circumstances would the doctor use a vasoconstrictor, and in what circumstances would he or she avoid it?

Jolley: Vasoconstriction occurs when the blood vessels constrict or get smaller in size, and blood flow decreases. A doctor will almost always use a vasoconstrictor, because it will increase the hemostasis, which will always keep the local anesthetic in the area longer and increase the duration time of the local anesthetic.

There are very few circumstances in which we would not use a vasoconstrictor. If a patient has had a previous bad reaction to epinephrine, they may look at some options. Some



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what you may have missed

cardiac patients may be taking medications that limit the amount of vasoconstrictor the dental team may use. Doctors may also avoid a vasoconstrictor if the patient is taking certain medications that deal with mental disease.

A healthcare practitioner should always take a thorough health history and look up the medications a patient takes, to see if there are contraindications to vasoconstrictors. A person who has uncontrolled hyperthyroidism should have a medical consult before receiving vasoconstrictors. Finally, if a blood pressure is too high, a clinician should not even give an injection and definitely not one with a vasoconstrictor.

First Impressions: Please define the terms “infiltration” and “nerve block,” and discuss their significance to pain control.

Jolley: An “infiltration” is a common term used for a supraperiosteal injection, which anesthetizes just the nerve endings above the

The biggest thing I do is talk to my patient and find out how much anxiety he or she has, especially about injections.

tooth. It covers just a small area (the tooth and adjacent teeth). The time of duration is usually shorter. A nerve block is given up higher on the main portion of the nerve. It covers all the teeth and tissue that particular nerve serves. The effect is more profound and the duration is longer. An example is an IA nerve block that anesthetizes all the teeth of a lower quadrant, lip and side of a tongue.

First Impressions: What are the two or three most important differences between the application and effect of a local anesthetic for work on mandibular teeth, and a local anesthetic used for work on maxillary teeth?

Jolley: The first primary difference for mandibular teeth is that the bone is denser, so a clinician cannot do infiltrations. You must do a nerve block. Second, the landmark to the inferior alveolar nerve is located on the ramus of the mandible, so you go in and hope you are near the foramen. Third, you have the mylohyoid nerve, which can cause some sensory innervation to the mandibular teeth. Maxillary teeth can all be infiltrated, and the bone is spongy, so it readily absorbs the

local anesthetic. Maxillary teeth have a quicker onset (2-3 minutes), and mandibular teeth have a slightly long onset – usually about 5 minutes for local anesthetic agents.

First Impressions: What is epinephrine? Describe its significance in pain control.

Jolley: Epinephrine is a vasoconstrictor. It constricts the blood vessels, which increases the hemostasis. This will then keep the local anesthetic in the area longer and keep it from being absorbed into the blood vessels. All of this adds up to longer duration and more profound anesthesia.

First Impressions: Some anesthetics are said to be preferred during operative or surgical procedures when improved visualization of the surgical field is desirable. How can anesthetic affect visualization?

Jolley: In any surgical procedure, there is bleeding, and the blood actually impairs the vision of the clinician. If a certain anesthetic has epinephrine, it will help decrease the amount of bleeding, and we see better. A clinician will usually use an anesthetic that has 1:100,000 epi, or at the most, 1:50,000 epi (though this concentration is rarely used). I think the other factor we look at is post-operative pain control. Marcaine is an example of this, because it has longer

soft tissue anesthesia than any other local anesthetic we use in dentistry. This will help control post-operative pain.

First Impressions: What questions should the dentist ask the patient prior to administering the anesthetic? Questions about allergies? Tolerance to epinephrine? Medical conditions?

Jolley: We always need to do a thorough health history, with dialogue between the clinician and the patient. An allergy to the local anesthetic itself is rare, but a bisulfite allergy would mean we cannot use a local anesthetic with epinephrine. We need to find out if our patient has had a reaction following administering a local anesthetic, and what type of reaction. Most reactions are due to epi and giving the anesthetic too quickly.

Medical conditions to be aware of include liver diseases, since amide local anesthetics are metabolized in the liver; and kidney disease. (Patients on dialysis need to have a medical consult with their physician.) Post cardiac and stroke patients need to make sure their medications are checked for contraindications. The same is true for patients taking medications

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for mental diseases. Diabetics need to have a meal before they come to the office. Finally, clinicians should take the patient's blood pressure before administering local anesthetics; this will eliminate and greatly reduce any complications that may arise.

The biggest thing I do is talk to my patient and find out how much anxiety he or she has, especially about injections.

First Impressions: Can you talk about adoption by dentists of local anesthesia reversal agents? When are they typically used? What objections might the dentist raise to using such a product?

Jolley: Reversal agent for local anesthesia has not been widely adopted. If I were to use one, it would be in a situation where my patient – maybe due to their age, or if they had an important engagement – did not want to be “numb” for a long time, or needs less soft tissue anesthesia so they will not chew their lip or cheek. In these cases a reversal agent would be great. I think the main objection is, you need to go back in and give your patient another injection upon near-completion or completion of the procedure. Cost and lack of understanding would be the main objection to using a reversal agent

First Impressions: What's special about a needle designed specifically for injection of dental anesthetics? In other words, how does such a needle differ from needles used for, say, intramuscular injections?

Jolley: Intramuscular needles are bigger in the gauge and lumen size. They are generally one size. Needles for local anesthesia are different gauges and sizes, and generally smaller in gauge and size; in other words they are thinner in diameter.

First Impressions: Same question as above, except about syringes.

Jolley: In the medical profession, providers use 3cc disposable syringes; they are plastic and straight. They do not aspirate, and you draw the solution into the syringe. In dentistry, we use a metallic cartridge loading syringe. You put the cartridge in the barrel of the syringe and you have an open barrel. Dental syringes are autoclaved, and have a piston and harpoon, which is embedded into the stopper of the anesthetic cartridge, and which gives us the ability to aspirate to see if we are in a blood vessel. **FI**

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Editor's note: Anthony Stefanou, DMD, will answer reps' questions on their dental customers. E-mail him your questions at tonydm@gmail.com or visit www.dentalsalesacademy.com.



Q: What have you seen consistently over the years that has led to dental salespeople not getting as many new accounts as they should?

A: While there are certainly aspects to being more effective (sales techniques) that have changed over the years, there are a number of reasons that have stayed the same in regards to either not getting the account or taking longer to get the account. I'll cover a few of them here.

The "I am going to impress the dentist" approach

Most reps get very good training from their companies when it comes to knowing their products and their competitors'

products. Many companies also make available extensive informational documents (whether they be printed, online, etc.). The majority of salespeople I work with, although they deny it, when first in front of a dentist or office manager, will go right in to their "here's why we are the best product." They spew information – features and benefits, why it's better than X, Y, Z products. They get in to 'telling mode'.

They may feel they have limited time, but much of it is also the thinking that if

they just show them all the bells and whistles, the dentist will be impressed and eventually buy. They then either leave an extensive catalog or booklet of information or link them to a bunch of articles, studies, etc. This is a logical approach, but doesn't work well in many cases for many reasons, the primary one being that almost everyone else who is coming in to see them does the same exact thing. Dentists are just overwhelmed with all the info.

Do you want to impress the dentist? Yes, you have to know your product and yes, you have to be able to provide info. However, you impress by preparing for your meeting, as opposed to treating each dentist the 'same way. Find out as much as you can about the office beforehand. Once they know that you know who they are, you can offer a line of questioning that focuses more on how they practice, and then adjust and adapt the conversation so it fits within what your "telling" session will be when the dentist is ready to hear it.

The "dentist is cheap" approach

This is the opposite of the first approach, and an equal number of reps go this route. Yes, some dentists are cheap, and yes, dentists don't get a great deal of business experience in dental school. However, the majority of dentists, as opposed to being cheap, are actually cost-conscious – a huge difference.

Most dentists are in the cost conscious segment. You would be too if you ran a business that needed as much as dental practices need to operate, and therefore deal with a higher percentage overhead. That doesn't mean dentists buy only on price. It's a lazy approach, and, in fact, backfires quite a bit.

Yes, dentists will ask about cost early in the conversation. They ask you that because you are going in to telling mode, and they hear the same from everyone. It's a defense mechanism. Dentists are actually often afraid of buying the "cheapest" or "best deal" in many cases. They want a good deal, but pricing is usually the third or fourth most important reason they buy.

If you offer a decent price, then focus on finding out what's important to the dentist, you will get more accounts.

Not asking for referrals

I am amazed at how few companies and salespeople ask their current accounts for names of others they can recommend that may want what you offer. When I ask how they get new leads, most say they cold call or rely on ad leads or trade show leads.

That's fine as part of the equation. However, based off a recent survey I did, there is a 1 in 6 chance a referral becomes business for you, as opposed to 1 in 150 from cold-calling!

If an office orders your product or service more than twice, it's time to ask for referrals. Don't ask the dentist, ask the receptionist or office manager. And don't just say "whenever you can," but give them a time frame. "Mary, can you give me the names/contact info of three progressive offices like yours that might want the same benefits you are seeing, by 5 p.m. today? I'll send you a box of chocolates, or gift card, as a thank you." Dentists take longer to refer, but sometimes you can "help

If you offer a decent price, then focus on finding out what's important to the dentist, you will get more accounts.

them" think of good referral names, such as dentists they went to school with, in their study club, in a golf foursome, etc.). The key is to ask permission, in your introduction to the referral, say "Dr. Smith thought you might want to check this out."

Finally, those of you who also sell systems or expensive products or services sometimes buy in to the notion that your sales cycle will be long, and so you have time to prospect them as they won't make an immediate decision. This is a dangerous approach. While it doesn't mean you should be aggressive, regardless of the cost of what you sell, you should be approaching the dentist the same way as if you were selling something at 10 percent the cost.

Prepare. Ask questions that focus on finding out what's important to them. If you do that from the beginning, you will be surprised that you can cut your cycle by 40 to 75 percent. It's your open; it's not the middle of your prospecting or even your close!

Selling to dentists requires determining what the fit is for their specific situation. That's not done with just a great price, or by telling them how great your product is. You can rattle product features and benefits all day, but your competitor probably also has most of what's on that list. Find out what's most important to the dentist by asking questions and then adjust your messaging appropriately. **FI**

Tackling the Gray Market

Editor's Note: The gray market – and counterfeiting – continue to be cause for concern among the dental community. (See April 2015 *First Impressions*.) In February, at the Chicago Dental Society's Midwinter Meeting, Patterson Dental announced an educational campaign – DentalSupplyIntegrity.com – to help protect dentists and their patients from purchasing or using potentially unsafe gray market dental products. *First Impressions* followed up with Tim Rogan, vice president of marketing, merchandise, with some questions about the initiative and Patterson's role in addressing gray market.



Tim Rogan

First Impressions: In February, Patterson announced the launch of the website www.DentalSupplyIntegrity.com. Why are you taking this action now? Why not, say, five years ago? Is the landscape different today than it was five years ago? Are circumstances different? Dangers different?

Tim Rogan: We believe a couple of factors made the recent launch of our website timely and appropriate. The increasing and expanding

use of the Internet is providing ease and efficiency for unauthorized channels to distribute potentially unsafe gray market or illegal black market products and materials to dental offices. Also, deeply discounted suppliers, often found on the Internet, can oftentimes be the largest sources of gray market materials. Because gray market dental products and materials were not intended for distribution in authorized markets, these same products

“By offering deeply discounted products, counterfeiters take advantage of unsuspecting purchasers to compete on price to gain market share.”

may be unsafe and ultimately jeopardize the health and safety of patients.

Additionally, work performed by dentists using (either knowingly or unknowingly) gray market goods can threaten and damage the reputations of the dentists and businesses that use them.

First Impressions: In February, Patterson reported that it is “working diligently to ensure that products distributed through Patterson Dental are sourced directly from the manufacturer – and not through unintended distribution channels carrying deeply discounted gray market products. These channels are frequently the same as those carrying counterfeit or other illegal black market products.” What are the most significant challenges you expect to face implementing your program?

Rogan: Because products available on the gray market may be indistinguishable from defective or counterfeit “black market” products that travel through those same distribution channels, it may be difficult to tell whether the product can legally be sold in the U.S. For example, such products may have been diverted from planned destruction or even have been recalled. We have also found that it is becoming easier and easier for counterfeiters to replicate packaging of legitimate products. By offering deeply discounted products, counterfeiters take advantage of unsuspecting purchasers to compete on price to gain market share.

Select manufacturers, distributors and industry professionals are working to develop solutions to protect patients

First Impressions: What sort of a challenge do dental practices themselves present when we talk about gray market? Is it fair to say that some dentists buy products (online, primarily) knowing that even though they might be gray market, they will also save them a lot of money? And if that’s the case, how can a company such as Patterson address this?

Rogan: We believe that dental professionals would never knowingly put the safety of their patients or the integrity of their practice at unnecessary risk. As in any industry, purchasers of dental products appreciate a value or “deal.” And with gray market products typically having a significantly lower price point, the opportunity for dental supplies to be bought by purchasers only looking at price may be unaware that a gray

“Select manufacturers, distributors and industry professionals are working to develop solutions to protect patients and dentists through enhanced supply chain integrity efforts. However, much work still remains to address the gray market’s threat.”

and dentists through enhanced supply chain integrity efforts. However, much work still remains to address the gray market’s threat – and that’s a challenge that we need to address together as an industry.

First Impressions: What help do you expect to get from your manufacturer partners in this effort? What can manufacturers do to minimize gray market activity?

Rogan: Dental product manufacturers have a stake in protecting their supply chain integrity and their brand reputation. Some have introduced more advanced product packaging designs that are less easy to replicate, or invested in regionally appropriate packaging, labeling and product registration. Many use only authorized distributors that meet their requirements for procuring, controlling and handling products to help ensure dentists receive authentic products that work as advertised. Most, if not all, major product manufacturers have lists of authorized dealers available for dentists to review to ensure that no gray market products are used in their practice.

market even exists. As part of Patterson Dental’s broad awareness program, we are providing methods for purchasers to identify potential gray market products to help ensure that only approved products are used when caring for patients.

First Impressions: What role can your field sales force play in curtailing gray market activity?

Rogan: Patterson Dental has focused on customer education and awareness as the primary drivers of our program. As part of this program, we launched www.DentalSupplyIntegrity.com as our first step in our awareness campaign.

The information on this website includes how to identify these products, what questions customers should ask before purchasing any products or materials, suggested or potential industry solutions and more. The website also includes a video, infographic, FAQs and other helpful resources. If dentists have any questions about the legitimacy of a discounting distributor, we are encouraging them to contact the product manufacturer directly.

We believe it’s important to raise awareness of this issue as a company, but also as an industry. **FI**

Susan Maples, DDS, MSBA

Teeth as Part of Total Health

For one dental practice owner, dentistry means much more than taking care of her patients' teeth.

In her 30 years of practicing dentistry, Susan Maples, DDS, MSBA, has had plenty of time to rethink the way she and her team care for their patients. The results suggest they are on track. "I love my patients and want to see them healthy and happy," she says. But in Holt, Mich., the small town where her practice is located, she's seen a steady decline in population health. "Michigan is highly representative of the epidemic increases in obesity, diabetes and tooth decay," she says. In fact, one third of preschoolers across the country have active decay already in process, she notes. "It's the biggest disease affecting children, both in the United States and worldwide, and we can make a difference in their life."

The oral-systemic link

Born with a multitude of health issues, which she largely attributes to the fact that both her parents were heavy smokers, Maples learned early on the challenges that poor health can present. “I spent my first several months in an oxygen tent, and was in and out of hospitals thereafter,” she recalls. Then, when she was 12 years old, in the course of a two-hour doctor visit, she teamed up with her doctor for a major change in lifestyle – one that enabled her to end the many prescription medications and excel as an athlete.

It’s no surprise, then, that as a dentist, Maples became interested in total health—the concept that systemic health can be influenced by oral health and vice versa. “The idea that periodontal disease triggers chronic systemic inflammation is one example,” she says. “Inflammation in the body makes the artery walls more susceptible to the entry of cholesterol plaque and bacterial invasion, as well.” In 2012, a stillborn baby was discovered to have been infected by oral bacteria, she adds. “Our goal is to save lives while we treat our patients’ teeth.”

“We have known about this for a while,” she continues. “Today, DNA testing helps us determine which of the most dangerous bacteria are present as well as the patient’s genetic predisposition to disease. In addition, many health practitioners recognize the detrimental influence of type 2 diabetes on periodontal disease. In turn, gum disease has a negative impact on the diabetic patient’s ability to achieve blood-sugar control. It is all linked together. If we don’t treat both diabetes and periodontal disease, we won’t win this battle.

“Chronic fructose (sugar) exposure as the major culprit in obesity, diabetes and tooth decay,” she continues. “These are lifestyle-related diseases, which include other diseases that cascade from obesity, such as heart disease, hypertension, acid reflux, obstructive sleep apnea and type 2 diabetes. By addressing diet, in the simplest way, and by taking a good look at sugar consumption, we are able to fight tooth decay and so much more.

The same goes for tackling smoking, weight loss, chronic food sensitivities and other health issues, notes Maples. “We offer [patients] one saliva test for HPV (a virus linked to oral-pharyngeal cancer), and another saliva test that offers genetic risk information on both periodontal disease and heart

disease,” she says. “We also screen patients for reflux, since it’s so prevalent. Most people don’t know they have it until it hurts. Heartburn is an indication of more advanced reflux; my team is trying to identify it in its more silent phase and address eating habits to turn the situation around.”

Obstructive sleep apnea is another life-threatening condition that dentists can detect and address. “We even pick it up in little ones,” Maples says. “Babies and kids shouldn’t be snoring.

From fine dentistry and teeth cleaning to good nutrition, healthy blood pressure and body fat levels, and developing and maintaining a healthy lifestyle, Maples and her team make it a point to engage their patients – not simply inform them.

The lack of sleep and oxygenation for their brain can lead to significant growth problems and learning disabilities, and it is often misdiagnosed as ADHD.” Dentists, as well as physicians, should be asking themselves the following:

- How can we recognize the signs of sleep apnea in patients, from infancy through adulthood?
- How can we appropriately intervene?
- “It’s a natural fit for dentistry, because we’re in the prevention business,” Maples says. “So the question always returns to, ‘How can we help them turn the ship around?’”

Patients in charge

From fine dentistry and teeth cleaning to good nutrition, healthy blood pressure and body fat levels, and developing and maintaining a healthy lifestyle, Maples and her team make it a point to engage their patients – not simply inform them. “We take our role as facilitators very seriously,” she says. “We ask, ‘How can we present ourselves in a way that gets our patients interested in taking charge of their health and making lifestyle changes, rather

“Sales reps should let their dental customers know that getting involved in total health is not only good for patients, it’s deeply rewarding for their team members as well.”

– Susan Maples

than simply spoon feeding them information?’ After all, we know that style doesn’t work, or all our patients would be flossing.”

She has learned that one way to accomplish this – particularly with regard to younger patients – is through the use of hands-on learning. “Our hygienists disclose our pediatric patients’ plaque with a staining solution, and then let them choose whatever take-home tools they would like to explore to remove all the plaque,” she says. “Even when we take x-rays, the kids can use the mouse to explain cavities to their parents, and it’s the kids that guide the intraoral camera or an area they might find interesting. After that, they do science experiments in our Hands-On Learning Lab, exploring whole-body health through 60 different designed experiments during the course of their childhood.”

An opportunity for sales reps

Oral-systemic healthcare is catching on among more dentists, says Maples. And, patients are becoming increasingly concerned about their health, including lifestyle and nutrition. Nevertheless, the total health dental practice continues to be a niche market, she says, and as such, it’s an opportunity for cutting-edge dentists to position their office as a practice that serves health-focused families.

“Sales reps should let their dental customers know that getting involved in total health is not only good for patients, it’s deeply rewarding for their team members as well,” she says.

To initiate a discussion about oral-systemic health, Maples recommends that sales reps ask their dental accounts the following:

- “Doctor, are you aware of the trends toward addressing your patients’ total health?”
- “What do you know about the links between oral disease and systemic disease?”
- “Do you have a sense there is an opportunity at your practice to help your patients focus on the link between oral and systemic disease?”
- “Do you think your patients would appreciate your ability to help them achieve their total health goals, beyond their oral health goals?”

“This is the future of dentistry, and all the major players in the dental industry see that,” she says. “Reps should look to dentists who have served as early leaders in other areas, such as cosmetic, CAD/CAM or implant dentistry, as well as the ones who are looking to create a practice that serves a tremendously unmet need – a niche around total patient health.” Seventy-five percent of healthcare dollars in the United States are spent on treating preventable illness, she points out. At the same time, 26 percent of patients who have seen their dentist within the last year haven’t seen their physician in that same time period. “This is a win-win opportunity for dentists to get involved in their patients’ health.” **FI**

Editor’s note: *Henry Schein’s Business Solutions division developed and launched one of the dental industry’s first wellness program, Total Health Beyond the Mouth. The Total Health resources were designed to help dental teams educate patients on the link between oral and overall health and motivate them to maintain ongoing dental visits, accept treatment, and comply with hygiene recommendations. By partnering with Dr. Susan Maples, Henry Schein has added clinical education that will help dental teams expand their knowledge of the oral/systemic link and implement systems and procedures that improve patient health. Working together Dr. Maples, Henry Schein hopes to improve the health of people everywhere by increasing public and professional awareness of the connection between oral and systemic health. For more information on Henry Schein’s Total Health program, please visit www.HenryScheinBusinessSolutions.com/Wellness.*

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• Mike Brown •



• Robert Sullivan •

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Mike Brown: A Focus on People

For 35 years, Mike Brown has managed to walk a fine line running Nashville Dental Inc.

“In running the business since 1980, he has been able to focus on healthy profitability for the business without profits being the primary focus,” says his son, Kirk Brown, who is NDI’s vice president of sales and marketing. “He has always looked at how NDI can serve both our family of employees as well as our customers effectively, fairly and honestly.”

Nashville Dental has been in business for over a century, and for over 80 years, the Brown family has had a hand in its success. Today, Mike Brown oversees the dental distributorship along with his sons, Todd and Kirk.

In 1896, the company started out as the Dentist’s Supply Company. Nine years later, it incorporated as Nashville Dental, and in 1929, Brown’s father, Vernon, joined the company. In the mid-1930s, he became general manager, and in 1960, he purchased it along with a fellow employee. Ten years later, Mike Brown joined the company, following his college graduation and a year-long stint with Dentsply. In 1974, the Brown family became the sole owner of Nashville Dental.

Although the distributorship has been in existence for a long time, its goal has remained consistent and simple: “Our goal has always been to be a regional dental supplier that can deliver a high level of service and a broad range of supplies and

“He has been able to focus on healthy profitability for the business without profits being the primary focus.”

– Kirk Brown

equipment in a timely manner to our dental offices and laboratories,” says Mike Brown.

Extended family

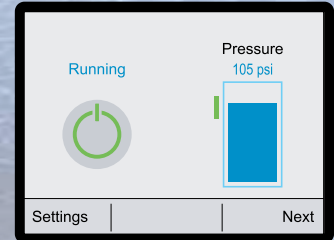
Although the business has remained in the Brown family for many years, it has grown to include an extended family. The company began as a local dental supplier and, armed with two sales reps, served central Tennessee and southern Kentucky. But it expanded its reach into Alabama, southern Indiana, northern Georgia and parts of West Virginia.



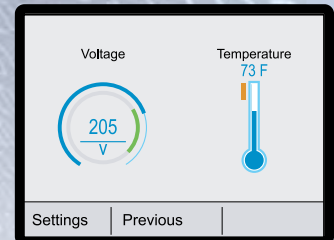
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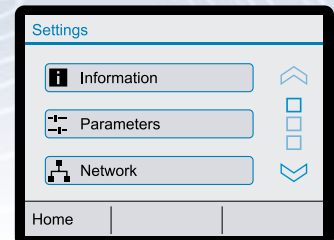
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Today, in addition to its headquarters in Nashville, the company has offices in Chattanooga, Tenn.; Huntsville, Ala.; Knoxville, Tenn.; Louisville, Ky.; Jackson, Tenn.; Lexington, Ky.; and Huntington, W.V.

The Browns have always valued a “high level of service and fair and competitive pricing,” says Brown. That includes keeping up with its customers’ changing needs. “One thing that is different today is the need to help dentists implement new technology into their practices,” he says.

It has become more important than ever for NDI to help customers “be successful in all aspects of their practices, from staffing to practice management systems and meeting the demands of patients, who seek and demand more discretionary treatments.” Nashville Dental has also positioned itself

“The most important thing that sets us apart from our competitors is that we are family-owned and we strive to treat our customers and employees as members of the family.”

– Mike Brown

as a resource for dentists looking to buy or sell a practice, or add an associate.

The competition today is fierce, says Brown. Being an NDC member is important to its success, as membership helps level the playing field with key manufacturers and suppliers.

“The most important thing that sets us apart from our competitors is that we are family-owned and we strive to treat our customers and employees as members of the family,” he says. “We are a company that still cares about the well-being of the customers we serve.”

Customers are people first

“Mike relates to people quickly and easily,” says Kirk Brown. “To Mike, our customers are people first. They face life’s challenges just like everyone else.

“In dealing with customers, Mike has always been effective at connecting with them at that human level first, then finding ways to do business that is mutually beneficial. From helping customers financially in hard times, talking customers out of buying something they are not quite ready for, to helping guide

an account into making major investments in their career, Mike has instilled the values in the company that what is best for the customer is always best for NDI.”

Mike Brown’s relationships with manufacturers mirror many of the same characteristics.

“Just as with customers, Mike has always quickly connected with and related to our manufacturer partners, from management to the local reps,” says Kirk Brown. “He treats them with respect, and works hard to find ways to do business with them in a way that both parties win.

“Our manufacturer partners and local reps usually feel very connected to Mike and know they are able to discuss challenges or issues, and will be heard and respected. They know that he demands they stand behind what they say they will do for the customer and that he will always be fair in making sure that happens. He has been there with many of them during hard times and walked with them in tough life situations.

“At the end of the day, we all have to do business with each other in some fashion. Relationships are what make doing the business enjoyable. So it’s those relationships that NDI values at its core.”

Mike Brown has also been successful in helping Nashville Dental adapt to new technology, for its own benefit and that of its business partners, including dentists and manufacturers, adds Kirk Brown.

“Technology moves quickly and requires ongoing learning, monitoring and adapting,” he says. “Keeping up with the changes and the service requirements for shifts in technology is a more demanding part of the business than in the past.

“As things move to a more centralized corporate model, NDI has stayed true to our core values and what we do best,” continues Kirk Brown. “We provide dental practices great products, with great service, via the best in account representatives and technicians, and always keep relationship and humanity in focus as the driving factor behind how we do business.

“When you boil it all down, most of our customers don’t want to dominate the world and be the wealthiest dentist in their town, county or state. They want to work closely with a great team, treating patients they know and value, and do it while making a good living at an above average income. NDI has never stood in the way of them doing that. We have always sought to be a part of helping them achieve it.” FI

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Life Lessons

Editor's note: *First Impressions* posed several questions to Dental Distribution Hall of Fame inductee Mike Brown of Nashville Dental. Here are his responses.

First Impressions: Where were you born and raised?

Mike Brown: I was born in Nashville, Tenn. I had three sisters; one passed away in 2013. We had a great family and a great life growing up. I went to school here, and graduated from David Lipscomb College in 1968.

First Impressions: You joined Nashville Dental in 1970. In what capacity was that?

Mike Brown: My first job out of college was with Dentsply Retail Division in Toledo, Ohio. They were purchased by Litton Dental. I was transferred to Pittsburg, Pa., to take a position as operations manager at the Dental Supply house there. In 1970



I came back at the request of my dad to take a sales position in Nashville, and covered a territory full-time for seven years.

First Impressions: Your father, Vernon, joined Nashville Dental in 1929, and ultimately became sole owner in 1974. What were the two or three most important lessons you learned from your father as it relates to running a successful business?

Brown: My dad had a strong work ethic and passed that on to me at an early age. In high school, I worked at NDI during the summers delivering packages on a bicycle. When I joined NDI as a sales rep, he emphasized to me the importance

of building relationships with the accounts and their staff – not to try to avoid problems, but rather, use them as a way to grow.

I can remember vividly my first few weeks in sales. There was a very good customer of NDI in my territory, and after calling on him for several weeks, my dad told me that Dr. Galloway had called him and told him “that boy of yours doesn’t know a damn thing about dental supplies.” He told me to go back in there and ask Dr. Galloway for help in teaching me. I did that. I told him I was sorry for my lack of knowledge but I really wanted to learn, and if he would help me, I really would really appreciate it. For the next several months on each Monday, I would go to his office at 8 a.m. and sit chairside as he worked on patients to learn about what he was doing, what he used and why he used it. It helped me tremendously, and also made me realize that we have the opportunity to help one another learn or to be taught if we are willing to ask or offer ourselves to mentor others.

Probably the greatest life lesson I learned was from my dad when we purchased the business from our partner’s family after the death of the partner. It was a difficult time and I felt that we were being taken advantage of by their family. Interest rates were in the high teens at that time, and the amount they expected for their share of the company was well beyond the real value. We had control of the board, and Dad asked me what I thought we should do. I told him that since we had control, we could just wait them out. Dad said, “How would you feel if it had been me that died and it was your mom who was trying to settle?” He went on to say, “Let’s not worry about the money; let’s get a loan from the bank and move on.” We did that. With an interest rate of

about 17 percent, we had to give up the building we had built only a few years earlier and lease it from them. It seemed way out of balance, but every year since then our business has been better than the previous year. Because of his teaching, I have looked at life in that way... it's not about being fair or what is fair, it's about doing what is right.

First Impressions: Today, Nashville Dental has eight offices in Tennessee, Alabama, Kentucky and West Virginia. Can you talk about your strategy for growth?

Brown: They are sales and service branches staffed with an office manager/receptionist, sales reps and service techs. There is a display area, so that sales reps can bring a customer to their office to see equipment, etc. We felt that it was important to give our associates an identity in their market,

Certainly things have changed both in the expectations of sales reps and customers. I think the one thing that hasn't changed in our business and industry is that it is still very much a relationship business – building relationships with the doctors and with the staff.

a place that they felt belonged to them and that they could bring their customers to. We have the one distribution center in Nashville, and the branches carry service parts and some very limited merchandise items. Our model is to go into markets that we can service in almost all cases with next-day delivery, with only a few areas that take second day. We look for associates who align with our corporate values and personality. When I step outside of that, it seldom works well, so we have been committed to looking for those individuals before going in to new markets.

First Impressions: Nashville Dental pays much attention to the financial health of your customers, helping with practice management, valuation, and office design/planning. Why?

Mike Brown: 'A great deal of impact'

Editor's note: Perspectives on Mike Brown from "Mike's friends at Midwest Dental."

"Mike is obviously very intelligent, has great vision, and is a great leader, but his true strength is the way he deals with people. He has tremendous relationships with customers, employees, and manufacturers, and is well-respected by all.

"Mike and Nashville Dental take the approach of giving great personalized service to their customers. Couple that with great products and staying on the edge of technology, and it provides great added value to their business relationships. Mike and his family are the type of people that you just want to cheer for them to succeed.

"If you take what is said above and spread it over a lot of years in the dental industry, it equals a great deal of impact. Mike has always been willing to share his knowledge and experience to help other companies and individuals succeed."

Brown: We have always felt a responsibility to help our customers be successful, and oftentimes that is to help them with the financial element of their practice. The only way we are successful is if our customers are successful. I started doing practice appraisal for customers as they started thinking about exiting their practice, and showed them they had an asset that had value. It expanded to what we now call our Practice Transitions area, and then Practice Development area. My son, Kirk, has been instrumental in growing this part of our business. As to office design, that has always been a part of our business on the equipment side. While it has changed from the pencil drawing board when I started, to CAD/CAM and 3D drawings and design, the focus is still the same – serving the needs of our customers

First Impressions: What are the primary challenges facing your dental customers today? How do they differ from the challenges facing them, say, 15 or 20 years ago?

Brown: Certainly the past few years have caused some concern, with the decline in the economy since 2008, the loss of retirement investments during that time, and for the older dentists, having to continue to work until they recover those investments. That is improving now, but then there is the concern in their minds about corporate dentistry and the challenges that they have in managing the business side of their practices. Given the condition of our country on the political side of things, there

A 'true professional'

Lori Paulson, vice president, dental and specialty markets, NDC, considers herself lucky to have been able to work with Mike Brown over the years.

"He is a true professional, who approaches every conflict with opportunity," says Paulson.

"Mike was a leader during the transition of American Dental Cooperative to NDC in 1999," she says. "His support of the group and our continuity was critical during this time. His love of the industry is evident in his tenure with the Dental Trade Alliance (formerly the American Dental Trade Association), and now a legacy passed to [his son], Kirk Brown, who sits on the DTA board of directors. It is wonderful to see the Brown family, with Todd and Kirk growing in their responsibilities at Nashville Dental.

"A man of few words, but when he speaks..."

has continued to be a very negative feeling with the direction the country is going. I have a piece on my wall that my wife did for me in calligraphy; it is entitled "Do Not Be Afraid of Change." I remember vividly one of the DTA chairmen making the statement during a period of change in the industry that "you didn't need to be afraid of change; that unless you were big enough to change things, you need to be able to manage that change." I think there is a lot of truth in that. There are some things you can't control, but you can certainly learn how to work in a changing environment and manage those changes to the best of your ability.

First Impressions: What role can the distributor play in helping doctors meet those challenges, in addition to offering low prices?

Brown: No office can make itself successful by just focusing on prices. We certainly have to be competitive in the marketplace when it comes to price, but if we can help an office better utilize the skills of their staff in growing the practice, by helping to schedule more patients, better serve those patients, make better use of their time through technology, techniques, better implementation of resources, such as accurate coding of fees, etc., we can all help them be more productive and efficient and

"There are some things you can't control, but you can certainly learn how to work in a changing environment and manage those changes to the best of your ability."

able to live the dream that they had when they first thought about becoming a dentist – to have their own business, to provide care for others.

First Impressions: How have your expectations of your sales reps changed in the past 10-15 years?

Brown: Certainly things have changed both in the expectations of sales reps and customers. I think the one thing that hasn't changed in our business and industry is that it is still very much a relationship business – building relationships with the doctors and with the staff. Becoming much more than just a seller of dental products, but being a resource, a listening ear, a knowledgeable advisor to their accounts. Selling and asking for the order is still part of being a sales

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rep, but being more of a consultative account manager is vital today. That's why we work on developing those skills along with their sales skills.

First Impressions: How have your customers' expectations of their sales reps changed, if at all, in the last 10-15 years?

Brown: They don't want someone to just come by and use their time to ask if they need cotton rolls or towels. They do need them, but that is a small part of the rep being in their office. I see and hear from our customers that they value the relationship of an account manager who is willing to assist them with their needs beyond materials and equipment. They don't have to have the answers, but they do need to know how to use the resources that are available to meet the needs of their accounts.



From left to right: Kirk Brown, Mike Brown, Todd Brown

First Impressions: How have your expectations of manufacturers changed over the past, say, 15 to 20 years? How have their expectations of their distributors, specifically Nashville Dental, changed?

Brown: Certainly manufacturers are asking more of their distributors than ever before, especially in reporting sales, trends, market share, etc. The one thing I have found hasn't change is that we work together as partners. I understand that our vendors and their reps have an expectation of us when it comes to being their distributor and supporting their efforts and goals. We hold our vendor partners in high

respect. We treat them with integrity and make every effort to work with them in every way we can. Our goals are not always the same, but we try to understand them and ask that they try to understand us and our needs. It has always been very important to NDI that we pay our vendors promptly and try not to take advantage of them.

First Impressions: Nashville Dental has chosen to remain an independent, regional firm, covering a fairly well-defined geography. I am sure you have had many opportunities to sell your company through the years. Why have you elected to remain independent? How can independents remain strong in the future?

Brown: We really enjoy what we are doing. We believe we still bring real value to our customers, to our vendors and to our associates. If there comes a time that I don't believe that, or a time we can't do that, then I would consider something else. Our goal has never been to be a big company, but rather to be a good choice for our dental offices, to be a good partner with our vendors. I ask our sales team how they feel about where we are and where we need to be, and if they feel that they can go into their accounts with their heads held high and feel good about who they are working for. The future is challenging, but it always has been, and I can't imagine a time when it won't be, as long as I am breathing.

First Impressions: What do you hope will be the single most important lesson you have passed on to your sons, and

others in the company?

Brown: I don't mean to sound preachy but I think of the life lesson I learned from my dad back in 1974: Do the right thing, not always the easy thing. Don't make your career about only making money; find joy and satisfaction in doing a good job, caring about those you work with and work for. Show respect to everyone, even your competitors. I think that if they embrace those values, and I know they have, then they will be successful in whatever circumstance they may find themselves. It not always easy to recognize at the moment, but it is when you look back. **FI**

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Mike Brown: A man of principle

"Mike has earned the respect of those who have had the pleasure to work with and around him," says Tom Murphy, account executive for 3M ESPE in Nashville, Tenn., speaking of Mike Brown, Nashville Dental. "His commitment to faith, family and the business is unwavering, and he has fun while he gets it done."

Murphy began his career with 3M in Chicago in 1980. He transferred to Minnesota, and then joined the Dental Group in 1985. He was promoted to account executive level sales in 1999.

"I've known Mike since 1985," he says. "His dad, Vernon, was still actively involved in day-to-day running of the business, and as Mike transitioned in, he was – and still is – a 'hands-on' kind of owner/manager."

Ever since, Nashville Dental has managed to remain independent and to grow "by delivering on their principled promises and providing the necessary links to the needs of the dental professionals,

from help setting up, through continued partnership support and into transition," says Murphy. Mike Brown's contribution? "His unfaltering integrity and commitment to his faith-based values, which lead to trust, customer loyalty and growth."

Murphy recalls a few anecdotes that illustrate Brown's approach to his work and relationships.

"I remember being in the branch, meeting with one of the customer service people, and I heard Mike arrive. Before going into his office, he made the rounds at all departments to check in and catch up with his employees in a very caring and earnest way."

In another instance, a few years back, "One of his brand new sales reps got very ill with a bout of diverticulitis on the way to and just before the start of the Atlanta Hinman dental convention. Mike stayed hours at the hospital, making sure things were stabilizing before making his way to the meeting and joining the rest of his team."

Robert Sullivan: No-Frills Leader

A sense of urgency and fair play helped Sullivan build his Wisconsin-based dental distributor into a national force

He believed in offering good service at a fair price, delivered honestly and ethically. And if he said you had a deal, you had a deal.

That was how an engaging man – Robert Sullivan – engaged his dental customers, manufacturer partners and business associates. It's how he grew his business from a mobile van traversing the streets of Milwaukee with dental products, to a \$270 million company, which he sold at age 67 to Henry Schein in 1997.



Bob Sullivan

Sullivan was born in Oshkosh, Wisc., in 1930, and raised in Greendale, Wisc., one of three government-sponsored “green-belt” communities established by FDR in the New Deal era, to help families in need of assistance for housing. His father was a bartender.

He served as a dental technician in the U.S. Air Force, and upon his discharge in 1955, decided to try dental school. “He realized that if he studied hard, he’d get Cs; and if he didn’t study at all, he’d get Cs,” says his son, Tim Sullivan, now president of Henry Schein Dental. On that basis, he decided dentistry wasn’t his calling. Instead, he went to the Philadelphia area, hometown of his wife, Madeline, to take a sales territory in South Jersey for dental company SS White.

Madeline subsequently was stricken with Hodgkin’s disease and passed away several years later. So, in 1963, Sullivan brought their two children – Katherine and Bob – back to Milwaukee to begin a new life and a new career. In March 1964, he went on a blind date with Judy Reeve, who two years earlier had left the convent before her final profession. The two were engaged in May and married in August.

“He used to say that he showed [Judy] the dark side,” and lured her away from the convent, jokes Tim Sullivan.

“Everyone misinterprets the story,” says Judy Sullivan, who became a member of the Milwaukee-based Sisters of the Divine Savior in 2005, five years after her husband’s death. (“We call her ‘Sister Mom,’” jokes Tim Sullivan.) “I had left the convent long before meeting Bob.” Together, Judy and Robert had three children – Mary Kay, Tim and Beth.

Sullivan Mobile

In Milwaukee, Sullivan bought a little green van and started Sullivan Mobile Dental.

“He got in the truck one day and started driving down one of the streets – maybe Capitol Drive – and started calling on dentists,” recalls Judy Sullivan. “If they wanted this or that, he’d go out in the truck and bring it in. As the company grew, he had more and more lines.

“When we were first married, we had everything in the basement. As he sold different things, he would come back in the evening and restock the shelves in the van. In the evenings, we did the bookwork. Those were the early beginnings.”

It was a tough business, but Sullivan made it work. “He had that type of personality,” explains Judy Sullivan. “He created a lot of good relationships. And when you have the product right there, and the dentist sees it, it works out real well.”

Chicago

In 1970, Dan Saslow, who owned a distributorship in Chicago, approached Sullivan about selling Sullivan Mobile and staying on with Saslow. “They wanted to move into Wisconsin,” recalls Judy Sullivan, referring to Saslow. Sullivan sold his company to Saslow and stayed on as a sales rep for the company in Milwaukee for two years. Then, Saslow asked Sullivan to come to Chicago as vice president, helping the distributor identify suitable candidates for acquisitions and integrate them into the company. So Sullivan, his wife and kids moved to Deerfield, Ill., and stayed in the Chicago area until 1980, when Saslow sold the company to a British firm, Thomas Tilling Ltd (later British Tire & Rubber).

“My dad didn’t last long at Saslow after that,” says Tim Sullivan. “He didn’t see a tire company enjoying long-term success in the dental space.”

“Paperwork wasn’t Bob’s type of thing,” says Judy. And with Saslow now part of a larger corporation, he saw plenty of paperwork. “And they didn’t look at some of the acquisitions the way Bob did. He would say, ‘Yes, we can work with such and such a company,’ and they would say, ‘I don’t think so.’” In 1980, he left Saslow.

“This was a time when alloy was so expensive, small dental offices couldn’t afford to buy it in the quantities sold,” says Judy Sullivan. So Sullivan got an alloy line and repackaged it in smaller quantities for sale. “That’s when we started sending

out things by mail,” she recalls. “We were back in the basement again; answering phone calls. That gave us the opportunity to come back to Milwaukee, which is home to both of us.”

Sullivan Dental

Back in Milwaukee, the Sullivans got a storefront in Greendale and founded Dental Products Inc. (later Sullivan Dental). “He was 50 years old, with five kids – two about to enter college and three going to high school,” says Tim Sullivan. “It took guts and confidence to do what he did.”

But it wasn’t necessarily a scary decision, says Judy. “I never thought about it that way. When Bob made a decision, I was comfortable with it. And he was comfortable.” Sullivan might have lacked a college degree, but he had common sense,

“He was somewhat of an insomniac; he would get up in the middle of the night, sit at the kitchen table and think through, ‘Where can we go from here?’”

– Bob Doering

she says. He also had an innate ability to pick good people and delegate appropriately.

“He was customer- and employee-oriented, totally,” she says. “Employees were always No. 1, customers No. 2. He was hard-working. He had a vision. He was creative. And he had great honesty and integrity; if Bob said something, he never went back on his word.

“I remember when we moved back to Greendale and got that storefront. It was always great to see packages going out during the day. We had a cart of some kind we would put these orders on; then, at the end of day, UPS would come and pick them up. When our first cart got too full, we had to get a second one. So Bob took us all out to dinner [to mark the occasion]. That became a thing; periodically, as things grew, we would do that. Those were the fun times.”

Opportunities in the market

It wasn’t Sullivan’s intention to grow into a national firm, says Judy Sullivan. But he recognized opportunity in the market.

Healthco was thriving in 1980, says Tim Sullivan. “But in his mind, they were very high-priced.” And he saw a wide gap between the “catalog companies” and the “full service” ones, he adds. “He knew he could deliver a good, quality product and service at a fair price. And that was the concept of the fully priced catalog.” Sales reps from other companies might carry product catalogs, but those catalogs lacked prices, which meant everything was open to negotiation. That wasn’t the case with Sullivan’s catalogs. For Sullivan customers, the price – as listed in the catalog



Judy and Bob Sullivan

– was what you got, and it was almost always well below what the “full service” companies were offering. “And he backed it up with qualified service techs and sales reps,” continues Tim Sullivan.

Sullivan continued to gain lines, and began acquiring other distributors. When he bought a company, he often retained the key people. One of them, who would be key to the growth of Sullivan Dental, was Bob Doering, who joined the company in 1985 as vice president of operations, and became president in August 1990 and then CEO in July 1992.

In the 1960s, Doering was in territory sales for a retail dental supply company in Wisconsin while Sullivan was operating his van business in Milwaukee. “As I got to know Bob, I knew things were heading in a different direction,” recalls Doering, speaking about the imminent demise of the small retail operations. “He was easy-going, easy to talk to; and he was an innovator.”

Doering joined Saslow in 1970 and sold supplies and equipment to dental practices in western and southwestern Wisconsin. In 1975, he moved to California to run a Saslow branch. Eight years later, he returned to the Midwest and served as Saslow’s regional vice president in Milwaukee.

In 1985, Sullivan asked Doering to join him at Sullivan Dental. “He made it sound like it was a great investment in a small company, and that if I joined him, there would be opportunity,” says Doering. “The only thing was, I might have to take a cut [in salary], which he said he would make up later. And he did.”

Knowing Sullivan, Doering figured the company would be successful. “He hired good people and he had good ideas for the growth of the company,” he says. Over time, the major competitors started to fade away, he says. “They weren’t forward-thinking, and they didn’t keep their expenditures under control. In the meantime, mail order companies continued to grow.

“We built a staff around the country, developed territory sales, and opened small sales-and-service centers in different parts of the country,” says Doering. “Along the way, of course, we got to

know good people, who then sold their businesses to us and joined Bob Sullivan, with his ideas and future growth opportunities.” The company opened a distribution center in Livermore, Calif. “It was our first big step outside delivering everything out of the West Allis [Wisc.] operation.”

‘Where can we go from here?’

One key to Sullivan Dental’s growth was its attention to prompt, on-time delivery, says Doering. Manufacturers were attracted to the company for several reasons, not the least of

which was Sullivan's healthy financial situation. "We paid our bills," he says.

"Bob's greatest trait, as I see it, was that he had ideas," says Doering. "He was somewhat of an insomniac; he would get up in the middle of the night, sit at the kitchen table and think through, 'Where can we go from here?' We tried to follow through with those ideas; many didn't work, but more of them did. I would say he was a good manager but not a micro-manager. He delegated well."

In short, Doering and Sullivan were a good team. "Bob Sullivan was the dreamer; Bob Doering was the do-er," says Doering.

Judy Sullivan played an important role in the company's growth as well. "She was always the rock of the family," says her son, Tim. Not only did she put in hours doing the books, particularly in the company's early years, but she is the one who made it to the kids' baseball games and football games when their father couldn't, he says. But her husband did what he could to be with his kids too, always making it home for supper when he was in Milwaukee. "He traveled quite a bit, but when he was home, he was home," says Tim Sullivan.

Going public

As the company continued to grow, Sullivan and Doering realized they would have to get more capital through a public offering. They did so in 1990, generating about \$10 million, which they used to pay off bank loans and allocate money for future growth. "We were always in a pretty good [financial] position," says Doering. "We did a pretty good job, and we kept the public pleased with our results."

After going public, Sullivan continued to acquire companies. One of them was Coast Dental Supply in San Diego, which had served the southern California dental community for over 30 years. Its founder, World War II veteran Edward Kujolic, had been a newspaper writer, cab driver, construction project manager and restaurant owner prior to founding Coast, says Kujolic's son-in-law Dave Steck, who today is vice president and general manager of Henry Schein. (Kujolic died in 2011.)

Kujolic was born to be a small businessman, says Steck. "He never would have been comfortable in the corporate environment." Still, by the early 1990s, he understood that small independents would have an increasingly

Bob Sullivan: 'An entrepreneur and visionary'

Ten years after Robert Sullivan's death in 2000, Henry Schein Chairman and CEO Stanley Bergman penned this tribute to Sullivan.

"Bob was an entrepreneur and a visionary, with large amounts of heart, guts, and horse sense. He knew the dental business first-hand after starting in the most humble of ways – selling dental supplies out of a van after his military service ended. In his own words, he was 'a good salesman who became a good manager.' But Bob was much more than that.

"He inspired people. Bob Sullivan made everyone who worked for him a better dental person and, in many ways, a better person, period. There is nothing like dealing with a knowledgeable and honest

(sometimes brutally honest) man to bring out the best in you.

"A handshake and a verbal commitment. Every deal he ever made was like that. Contracts were for attorneys. Bob dealt in people and integrity. He never bought companies; Bob acquired new relationships.

"As we mark the tenth anniversary of his passing, all of us who knew Bob, even indirectly through business, mourn the loss of a great leader. However, we should also take personal inventory of the many good things that Bob brought to us. He would like that. The dental industry may never know another Bob Sullivan. All of us who did, owe Bob another standing ovation for that privilege."

"He knew the dental business first-hand after starting in the most humble of ways – selling dental supplies out of a van after his military service ended."

tougher time competing against well-funded, more efficient large companies, including Sullivan.

Steck was serving as general manager of Coast at the time of the company's sale to Sullivan Dental in 1992. He had met Sullivan at a meeting of the Dental Dealers of America (now Dental Trade Alliance), for which Sullivan was serving as president.

"I went by his booth at the Chicago Midwinter [in 1991] and asked him about his business model, as I was trying to understand it to see if it made sense for us to copy," recalls Steck. "One thing led to another." Over the next year or so, Steck engaged in multiple conversations with Sullivan. "He was always happy to talk," he says. And, because Sullivan disliked automated-attendant answering systems, he quickly learned Steck's extension and would call him directly.

When Steck and Sullivan finally agreed to the sale of Coast, the deal was made quickly and on a handshake – another Sullivan characteristic.

Of Robert Sullivan's many traits, Steck points to three:

- A solid financial sense. Prior to going public, Sullivan had borrowed heavily to finance his company's growth. "In order to do that, you had better know what you're doing. Bob had a very good working understanding of the business and economics. He could look at a P&L and in two minutes tell you what was wrong with the company. He never really struggled to understand finances and money, like many people who come from a sales background."
- Excellent people skills. "He had a very engaging personality," says Steck.



“He was the kind of guy who would walk in, shake your hand, and decide, ‘We’re going to close on this next month.’”

– Dave Steck

“He could inspire trust quickly.”

- A sense of urgency. “He wasn’t the most patient person – and that was to his credit,” says Steck. “He was the kind of guy who would walk in, shake your hand, and decide, ‘We’re going to close on this next month.’ Now, that might have been physically impossible, but you would start working for him before the paperwork was completed.”

The company is sold

In 1997, Sullivan sold the company to Henry Schein. It wasn’t a terribly difficult decision for Robert Sullivan, says Judy Sullivan. He was having physical difficulties, and was happy to spend his remaining years with his family, she says.

For 10 years, the company would be known as Sullivan-Schein Dental, symbolizing the synergies of the two firms. “We brought a good sales staff and service staff to the table, and they were forward-thinking on the marketing side of the business,” says Doering. “It worked out great.”

“We could see our cultures were the same,” says Tim Sullivan. Together, the two companies could quickly become a strong presence in the market – Henry Schein, with its strength in telesales, marketing, distribution and e-commerce capabilities; and Sullivan Dental, with its track record as a full-service distributor.

“Bob proved that you could start an operation, grow it rapidly and profitably, and jump on opportunities while competitors were on the decline,” says Doering. “He filled a gap in the industry. Others failed to keep their expenses under control, and didn’t keep up with the modern times – that is, making it easy for customers to buy from you.” **FI**

A good bet

When Robert Sullivan founded Dental Products Inc (later Sullivan Dental) in the early 1980s, many manufacturers were reluctant to jump on board, given their existing relationships with competing distributors. But Sullivan wouldn't take no for an answer, at least not for long. Truth be told, many manufacturers didn't need a hard sell to take on Sullivan.

"Your gut can pretty much help you read a guy like Sullivan," says John McDonough, founder and former CEO of Gendex, now retired.

a known quantity by reputation, but not too much. I liked him from the time I met him. I liked the references. He was clearly a guy who had total integrity. And he was smart. I was very happy to bet on him."

The bet paid off. McDonough took Gendex public in 1987, and built the business from \$8 million to \$165 million. "Sullivan grew right along with us," he says. "He knew what made the dental industry tick – service, quality in products, delivery, all those things. He just did it all right. He represented

"A guy like that – a guy who is honest with his people, who's genuine, who has integrity – will attract the good salespeople, and they will stay with him."

Soon after McDonough acquired General Electric's dental X-ray business in 1983, he began discussions with Sullivan – whom he had met shortly before Sullivan started Dental Products Inc. – about distribution. When McDonough's Chicago-based distributor caught wind of those discussions, it gave McDonough an ultimatum: If he took on Sullivan, he would lose his Chicago distributor, which at the time represented 13 percent of Gendex's volume.

"I lost my temper and told them that if anybody tanked my business, it would be me, not anyone else," he says. So he went with Sullivan. (A year later, the Chicago firm failed. "I didn't like the crowd in Chicago anyway," he says.)

"I thought Sullivan would do a good job for us," says McDonough. "He was, to some extent,

our products very well. A guy like that – a guy who is honest with his people, who's genuine, who has integrity – will attract the good salespeople, and they will stay with him."

Sullivan raised the bar for dental distributors, he adds. "Maybe I'm a little biased, because we were good friends as well. But if all distributors ran their businesses like Bob, they could start from nothing and get big and profitable. People would follow them, respect them.

"Bob did what he said he would do. He treated customers fairly. He did a wonderful job of showcasing our products. All of these things – not any one of them, but all in combination – are important.

"He was the kind of guy you'd like to see running your business."

As demands on dentists continue to increase, ACTEON – together with its distributor partners – works to provide them with solutions that ensure successful patient outcomes, as well as profitability for their practice.



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Meeting the demand for excellence

Patients today demand – and deserve – excellent care from their dentists. Which means dentists depend on manufacturers and dealers for high-performing solutions. ACTEON North America recognizes the challenges facing dental practices, and continues to support them in providing high quality, affordable care.

First Impressions Magazine spoke with Tim Long, vice president and COO, ACTEON North America, about the company's role in helping dentists navigate the industry's changing landscape while practicing safe and effective dentistry.

First Impressions Magazine: What challenges do dentists and dental practices face today, both within the practice and with regard to caring for patients?

Tim Long, vice president and COO: Dentists and dental practices are challenged to do more with less every day. With insurance reimbursement fluctuation, competition from other dentists and continued economic uncertainty, they need to provide quality, affordable care and keep costs down to retain patients. Dentists are also tasked with increasing case acceptance to perform and bill for recommended procedures. Providing cost-effective and high-level clinical outcomes to drive patient recall is at the forefront of all dental practices today.

FI: What role does ACTEON play in helping dentists meet these challenges?

Long: ACTEON provides imaging, small equipment and pharmaceutical solutions that can help virtually any office increase case acceptance and patient education, as well as perform fast, safe and effective minimally invasive dentistry. ACTEON works hard to provide solutions to improve efficiencies, profitability, clinical outcomes and patient comfort, to help with reimbursement and patient recall.

FI: How have patient's expectations changed regarding their dental care, and what does this mean for ACTEON and its relationship with dentists and their staff?

Long: The explosion of information and technology available through the Internet and handheld devices has enabled patients to become savvier when it comes to dental care and its tie to systemic health. They want their dentistry fast, safe and painless, and they want to know what they are paying for. ACTEON offers innovative intraoral cameras, such as the SoprolIFE and SoprolCARE, which allow the dentist to show patients anomalies such as caries and gingival inflammation, increasing case acceptance and education. Other devices, such as the NEWTRON line of piezoelectric ultrasonics, allow dental practitioners to provide a myriad of treatments, such as scaling,



endodontics and restorative procedures with only one device and in complete comfort for patients.

FI: How have your distributors' needs – and yours – changed in recent years?

Long: The challenge that both dealers and manufacturers face is differentiating ourselves to the end user and really driving the value that the partnership between manufacturers and our dealer partners brings to that dental practice. Instead of providing products to the dental practices, we have become more of a partner providing whole practice solutions that bring real value. We make sure that when our products are chosen by an end user through one of our valued dealer partners, we follow that sale all the way through – from the time the device arrives at the office with an in-service for the doctor and staff, through installation of any software or drivers, and followup with a local representative. We also provide free continuing education and partner with each office to offer more value-added features with each purchase.

FI: What are the makings of an ideal manufacturer-distributor relationship when it comes to servicing your dental customers?

Long: The ideal manufacturer-distributor relationship is one where the manufacturer continues to bring innovative technology to the market and the dealer continues to provide exceptional service and solutions to dentists and their practice. The partnership between high-end products and the wonderful service our

dealers provide is the real win-win for our common customer – the dentist.

FI: In your experience, what have been the biggest changes in dental healthcare delivery in the last 10 years?

Long: I think the biggest changes have come very recently with the Affordable Care Act, the overall shift in patient coverage, and the need for dentists to document their work in order to be reimbursed. These changes have really caused offices to reevaluate the way they do business and have driven a lot of investment in technology to ensure that they are reimbursed for their work.

FI: How has ACTEON worked to address these changes and remain an industry leader?

Long: ACTEON has chosen to invest more in our research and development to create new, innovative technology, such as the SoproLIFE and SoproCARE diagnostic cameras and X-Mind Unity x-ray with Sopix Inside digital sensor, and redesign the NEWTRON range of piezoelectric scalers. Our goal is to provide a dental practice with innovative products that are affordable and bring real value to their practice. We are not a feature-and-benefit kind of company; ACTEON strives to be a partner in the success of our customers' practices.

FI: What challenges do you anticipate emerging in dental healthcare in the next five years or so?

Long: Pressure on clinicians to continue to provide affordable and high-end

dental care to its customers will continue to be a challenge. The good news is that patients today are better educated than ever before on how their oral health is tied to overall systemic health, and with the insurance changes now in place, hopefully more people will be exposed to regular dental care and its benefits to the entire body.

FI: How can your distributor partners help you address these challenges?

Long: Education is the key to addressing the needs and challenges of every end-user. If we continue to collaborate with our distributor partners to provide continuing education with hands-on demonstrations and courses, we can teach the dental community about all the exciting new technology that can help them overcome these challenges and bring value to those customers, together.

FI: What types of products and services will dentists and their teams require to continue to meet the needs of their patients?

Long: Doctors will continue to need products to help with case acceptance, documentation for insurance, and products that will bring efficiency and profitability to their office. These are small businesses that need solutions – not just products – and ACTEON in partnership with our dealer partners will be there to help our customers though these transitions and help them come out on the other side, stronger than ever!

ACTEON, Inc.

The dental market is forever changing. New practices and behaviors are constantly emerging. We at ACTEON, Inc. are committed to being the market leaders driving these transformations. Our goal is to develop innovative technology and practical solutions to improve efficiency and performance in dental practices that drive improved clinical outcomes.

Based on feedback from dentists, hygienists and other clinical support staff, we develop small equipment, imaging, and pharmacological solutions featuring technology that brings faster diagnosis and treatments as well as improved patient case acceptance and education.

Some recent innovations include the completely redesigned NEWTRON range of piezoelectric ultrasonic scalers. The gentle vibration created with high quality steel tips provides gentle treatment and preserves tooth structure for patients. The linear vibration also leads to the ability to perform many different applications such as prophylaxis, endodontics, and restorative procedures providing tremendous versatility to the clinician.

The SoproCARE has revolutionized the intraoral camera market with offering three devices in one. It can take sharp images in Daylight mode from a portrait

STEEL TIP QUALITY:

Tips are designed with a **specific steel hardness**, nearest to enamel; together with the tips linear displacement, **teeth** are not only cared for but **preserved**.

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up to 115 times magnification to show patients what could not be seen with the naked eye. Additionally the camera uses fluorescence technology to perform caries detection in Cario mode. In Perio mode, gingival inflammation, tartar, and plaque are highlighted for superior patient education and increased case acceptance. Periodontal disease and its relation to systemic health is a very important topic and one that ACTEON is proud to be in the forefront of treatment options and protocols.

The X-Mind Unity with Sopix Inside is a groundbreaking new X-ray with integrated digital sensor. The Automatic Controlled Exposure (ACE) technology in the Sopix Inside digital sensor automatically shuts off the X-ray as soon as it receives enough radiation to expose the image. This ensures that no image is ever over exposed and that both patient and dental staff are exposed to the absolute minimum amount of radiation possible.

Our research and development has been hard at work and ACTEON just launched three new technologies at the recent IDS in Cologne Germany that will find their way to the U.S. market very soon, pending FDA 510(k) registration. The super-compact New PSPIX phosphor plate imaging system is the first personal digital imaging device. TRIUM marks ACTEON's much anticipated entrance into the digital panoramic, cephalometric, and three-dimensional imaging market. Lastly, EXPAZEN is the first ever cord-paste that provides all the advantages of a cord for gingival retractions,

and all of the benefits of a paste system for hemostasis providing fast and effective impression taking.

ACTEON, Inc. has made some changes recently to better serve our distribution partners and clinicians by increasing the number of manufacturer representatives in the field. Read on to learn who the ACTEON, Inc. representative in your territory is. We look forward to working with you to provide the best technology solutions for dental practices everywhere.

SOPRUCARE



Our research and development has been hard at work and ACTEON just launched three new technologies at the recent IDS in Cologne Germany that will find their way to the U.S. market very soon, pending FDA 510(k) registration.

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ACTEON, Inc. representative list



Cristi Carlson
Southeast Regional Manager



Mike Stokes
SC & GA



Bob Richards
South FL (Miami & Tampa)



Clint Earnhart
NO & Shreveport, LA, Mobile, AL & Jackson, MS



Kristi Henderson
Dallas, Ft Worth & OK



Kristi Christian
Houston, Austin & San Antonio, TX



Dan Martin
AR, Memphis, TN & Birmingham, AL



Suzanne McKay
North FL (Orlando & Jacksonville), and the FL Panhandle



Alan Fagan
Nashville & Chattanooga, TN, KY, Cincinnati & Dayton, OH



Tripp Woods
Northeast Regional Manager



John Catania
ME, NH, VT, RI, MA, CT & Upper NY



Joe Boris
OH (w/o Cincinnati & Dayton), W. PA, W. NY & WV



Jeff Miller
NJ, Long Island, NYC, Eastern PA & DE



Jamie Nichols
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Scott Slagle
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Molly Mann
Chicago, IL & Indianapolis, IN



Jeff Durrbeck
Western Regional Manager



Jeremy Welter
MN, SD, ND, IA & Quad Cities



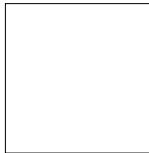
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Sebastien Tardi
Eastern Ontario, QC, NB, NS, NF, PEI



Bruce Matthews
BC, Alberta, Saskatchewan Manitoba

QuickBytes

Editor's Note: Technology is playing an increasing role in the day-to-day business of sales reps. In this department, *First Impressions* will profile the latest developments in software and gadgets that reps can use for work and play.

Call – or text – home

Smartphone users rely heavily on their phone – but not necessarily for making calls. Informato Mobile Intelligence, a monthly report dedicated to tracking and measuring consumer use of smartphones in 12 countries, points out that while cell phone use is increasing, more often than not, communications are in the form of texts. After measuring smartphone users' engagement on calls, texting and chat/VOIP, the firm reports that the average American makes or answers six phone calls per day, sends and receives 32 texts, and spends 14 minutes on chat/VOIP. Essentially, smartphone users in the United States spend about 26 minutes a day texting. In fact, compared with other countries, U.S. smartphone users reportedly have the highest average rate of monthly data consumption (19 gigabytes).

Wise up

The country is getting smarter, according to Research and Markets' recent report, *Global Smart Wearable Healthcare Devices and Services Market 2015-2019*.

According to the report, the global smart wearable healthcare devices and services market is expected to grow more than 30 percent from 2015 through 2019, as they continue to play a greater role in tele-home healthcare. The devices, which are designed to help physicians monitor patients remotely and provide proper treatment, are worn or attached to a user's body to monitor the changes in various organs and body parts. Examples include smart watches, wearable hands, smart diapers, wristbands, pedometers and bionic suits. Often, they are used to monitor heart rate and cardiac function, body temperature, and daily activity, as well as provide sleep statistics and track calories. In addition, the devices can be synced with the user's smartphone and tablet. An increase in aging populations and chronic diseases is expected to lead to an increased demand for smart wearable healthcare devices, states the report, particularly given the rise in chronic diseases such as diabetes, arthritis, cancer, obesity, heart diseases, asthma and COPD. That said, privacy issues and data security remain a key concern for consumers, particularly since the devices are small and can

be misplaced. A lost device can be hacked, leading to security breaches and misuse of personal health-related information. Key vendors include Apple, AT&T, EE, Google, Samsung Electronics, Sprint, Telefonica, T-Mobile and more.

Welcome to 3D

Why should your customers settle for a flat set of CT scans when a 3D hologram is possible? Holographic Optical Technologies, a holographic medical imaging company, recently introduced the Voxbox (8-inch display) and Voxbox Pro (22-inch display). The systems are designed to allow consumers to view fully three-dimensional holograms at home. The holograms



project out towards the observer in front of the portable Voxbox screen, and viewers can reach into them to intuitively understand their information. The company has also announced its hologram production service, whereby users can submit nearly any set of 3D data to be made into a Voxgram hologram, such as a set of CT scans obtained from a doctor, a user-created 3D model, or a 3D character downloaded from the Internet. Whereas the Voxbox viewer can be used to display holograms on a desk or mounted on a wall, the larger Voxbox Pro is a medical-grade display, designed to be used by physicians to view medical holograms. FI

Editor's note: At *The Dental Advisor*, not a day goes by without our phone ringing from a customer asking for the "best." As a dental publication that was designed after Consumer Reports, over the past 25 years we have learned one thing – the best changes from day to day. Providing relevant and timely information to customers is something we strive for. This series of Tech Talks focuses on educating dental sales professionals on the products and technology they are selling so they can in turn educate their customer. Product evaluations are available at dentaladvisor.com.



Composite Update

Composites in dentistry are continually evolving. It seems every month a new "universal" composite is introduced with listed advantages for clinicians. What are the newest advantages and how can they impact a practice? What do doctors want to know?

Manufacturers are aiming to simplify the process by introducing several "universal" composites indicated for use in all areas of the mouth. Still, our research indicates that approximately 55 percent of our surveyed clinical consultants have separate kits designated for posterior and anterior restorations. Surprisingly, these same consultants ranked "brand" and "cost" as the most influential factors when selecting a composite, over esthetics, handling, and mechanical properties. What is preventing clinicians from fully embracing these universal composites? Perhaps this discrepancy is somehow related to the sheer volume of products on the market.

Most dentists will tell you that they learned to place traditional composites in 2 mm increments and cure each layer. Not surprisingly, this can be time consuming. One of the newer areas in composite technology is that of bulk fill materials, but there are differences.

The two main types of bulk fill are the restorative (this means they can be filled to the occlusal surface) and the flowable bases (can be bulk filled up to 4 mm, but must be "capped" with another composite). These composites offer the doctors a time savings over incremental curing. Many doctors are still skeptical of long-term results of curing in bulk. We have two year clinical data on Tetric Evo Ceram Bulk Fill (Ivoclar Vivadent), and the results look excellent. We also have tested many of the bulk fill composites in our laboratories for complete depth of cure and have found they do cure to depth over 5 mm.

One of the newer areas in composite technology is that of bulk fill materials, but there are differences.

Ideal characteristics of bulk-fill composites:

- Increased depth of cure (≥ 4 mm)
- Lower polymerization shrinkage
- Acceptable esthetics (Posterior use)
- More wear resistant
- Good handling and adaptability

New directions in flowable composites

Many flowable composites have been introduced to the dental profession since the first light-cured flowable composite arrived on the market in the mid 1990s. This small accessory once only used as an adjunct to certain procedures has now become widely accepted, providing expanding options for restorative dentistry. Until recently, most flowables contained higher resin content and lower filler loading when compared to conventional composites. In general, the reduction in filler lowers the mechanical properties and increases the flowability, while the increase in resin content makes them more prone to polymerization shrinkage. As a result, the highly flexible and low viscosity flowables have been recommended for use in low occlusal loading areas. Some indications include: cavity liner; pit and fissure sealants; minimally invasive class I, II, or III restorations; class V restorations; and the repairs of small defects in direct and indirect restorations. (*3M ESPE Filtek Supreme Plus Flowable, 3M ESPE; Tetric EvoFlow, Ivoclar Vivadent, Inc.*)

In recent years, manufacturers have introduced flowables with higher filler content in varying viscosities. The higher filler content increases strength and wear resistance, lowers polymerization shrinkage, and allows the material to be stacked, making the composite suitable for class I-V restorations (*BEAUTIFIL Flow Plus, Shofu Dental Corporation; GrandioSO Heavy Flow, VOCO; CLEARFIL MAJESTY ES Flow, Kuraray Noritake Dental Inc.*)

Understanding the way your customers work and what products might work best for them is an advantage to you. Composites are ever changing, as are the accessories available to assist doctors in achieving an esthetic, long-lasting restoration. [FI](#)

Evolve.

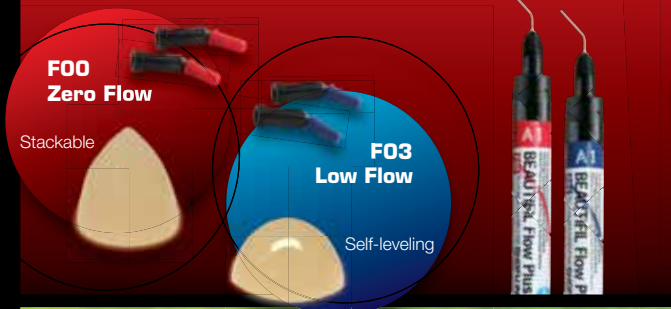
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- Demonstrates an anti-plaque effect



Scan here for more information on Giomer Technology & watch the Acid Neutralization video.

Dirty Little Secrets

Editor's note: Are your customers asking tough hygiene questions?

Here is your chance to ask someone "In the Know." Nancy Dewhirst, RDH, BS, will take your questions and tell your tales. Pulling from centuries of experience, endless education, lots of research, and occasional consultation with other experts, Nancy invites your emails at Infectioncontrol@msdi.org. The best question or tale at the end of the year gets \$100.



What's up their sleeve?

Q I noticed that in a periodontist's office, the assistants pull their gown cuffs down over their hands before gloving. This means that the cuffs cover the palm and back of her hand, and the gloves go over all that.

I asked why they did this and they said the doctor told them to do it to protect against sharps injuries during procedures. I was wondering if this is proper infection control protocol, since they wear the same gowns for multiple patients. Also, everyone in the office does the same thing, even for minor procedures like taking X-rays.

A No! This idea must seem logical to the doctor, but is a problem for two reasons. First, using sleeve cuffs to cover the backs and palm of the hands inside gloves is unlikely to offer reliable protection against sharps injuries. Second, the porous cuff material may create a cross-contamination vector. This seems like an exaggeration of the recommended protocol of pulling gloves over the cuff at the wrist to avoid skin exposure. The wrists pose less of a risk for cross-contamination than the palms and back of the hands because wrists do not enter the patient's mouth.

Infection Control recommendations and OSHA regulations state clearly that gloves are worn over clean hands, and that hand hygiene should be performed immediately after gloves are removed. We must remember the uncomfortable fact that gloves may not be 100 percent protective all the time. Even new exam gloves may have pin-holes, and just using gloves can eventually compromise them. Additionally, microorganisms grow on hands while gloves are worn. For those reasons, hand hygiene must be performed along with wearing gloves. If sleeve cuffs are worn over hands during a procedure, the cuff material is subject to the same contamination risks as skin is. Since washing saturates the cuffs, the gown must be removed between each patient if cuffs are pulled into the glove over the palm and back of the hand.

Know the limitations

Q More and more of my customers use the iodine cartridge product to treat their waterlines. They were told that they do not have to shock the waterlines again after they install the product. The office has the notion that they don't need to do any further maintenance of the waterline system because the product is installed. I've noticed that they tend to leave the water in the bottles indefinitely, never drying the bottles out or cleaning them. Should they dry the bottles out every night?

Facial bliss.



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will never want another mask.*

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sultanhealthcare.com

A You've noticed something that may be too common – finding a great solution to a problem (like the iodine cartridges) but expecting it to do more than is reasonable. Every product has limitations, and this one requires minimal care of the bottles to maximize the longevity and effectiveness of the product. The iodine filters treat the water that goes through them and travels through the dental unit, but the water in the bottle and on the outside of the cartridge can become very contaminated if the bottles are not maintained. I've seen biofilm build up in the water bottles and create a film on the outside of the cartridges if the bottles are not cleaned and emptied of water. It is possible that the heavy contamination can challenge the cartridge so much that the product may become over-burdened.

Here is the recommended simple maintenance of waterline reservoir bottles: the bottles should be emptied every night so that the surfaces dry out, which discourages biofilm from forming. The outer surface of the cartridge can be gently wiped dry using a clean gauze square while carefully avoiding contamination of the cartridge. Clean gloves should

be worn. The inside of the bottle can be simply drained or vigorously agitated and then drained. If the inside of the bottle needs to be cleaned, agitating the bottle with soap and water will usually be enough. The bottle must be completely rinsed of soap.

Avoid physically scraping the inside of the bottle while cleaning. Avoid contaminating the inside of the bottle with sponges or re-used materials such as cloth towels. Avoid using bleach or other caustic chemicals in the bottle that may react with the iodine cartridge.

Remember, having the customer call the manufacturer of both the waterline cleaner and the dental unit waterline bottles to get the answer directly from them is always the best advice.

Line-drying efforts

Q I have an office that empties dental unit waterline bottles out at night, but they just pour out the water and screw the bottle back on to keep it clean inside. I can see that it is still very wet inside. Is this how it should be done?



Remember, having the customer call the manufacturer of both the waterline cleaner and the dental unit waterline bottles to get the answer directly from them is always the best advice.

What's lurking in your customer's dental unit waterline?

They skipped the tablets today.

Someone forgot to shock.

Call me pneumonia or legionella.

200,000 CFUs today! A new record!

Banish uninvited guests with **DentaPure**

DentaPure iodinated resin bead cartridges, for municipal or bottle waterline systems, kill bacteria to provide safe water for an entire year.

One simple install. 365 days of pure water.

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- Meets and exceeds microbiological standards including OSAP, ADA & CDC = Less than 500 CFU/mL.
- No hazardous silver. No special trash disposal requirements.



Top Waterline Product



DentaPure is a simple point-of-source iodinated resin bead cartridge that retrofits your unit's existing water bottle pickup tube (DP365B) or municipal waterline (DP365M).

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Actual photo of handpiece biofilm.
Dental unit waterlines can exceed bacterial allowance standards by as much as 20,000% due to biofilm buildup.

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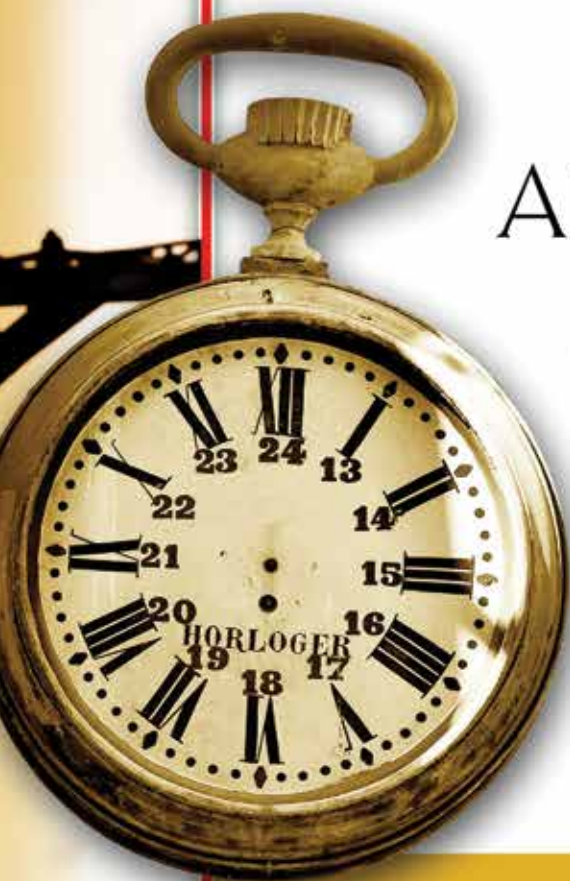
Without an anti-biofilm product, waterlines should be shocked once a week, even if they are emptied every night

A The office is right to empty the bottles to optimize their line-drying efforts. They should run the water completely out of all hoses and ports, and drain the bottle as much as they can. It should be said that completely drying out the dental unit waterlines is virtually impossible. The fluid pathway will still be moist, but emptying the lines and bottle discourages stagnation of water and reduces the possibility of biofilm build-up. The bottle may be inverted overnight on a clean absorbent surface or rack, protected from contamination, but the cartridge should be protected from contamination and damage while the bottle is off to reduce the chances that janitors or dental workers may hit it or contaminate it. If the bottle is re-attached to the unit overnight while empty but damp, mold and/or bacterial colonies may grow inside the bottle and on the outside of the cartridge.

Q I have an office that does not use an anti-biofilm product in their waterlines, but they have bottles. They fill the bottles with filtered water,

and empty the bottles every night. They say a consultant told them that if they empty the water out nightly, they don't need to shock the system. Is this true? If not, how often should they do the shock treatment?

A Emptying out the bottles every night does reduce the biofilm growth, but not enough to prevent biofilm in an "untreated" system. Without an anti-biofilm product, waterlines should be shocked once a week, even if they are emptied every night. I would highly recommend that the office consider using a waterline anti-biofilm product (such as tablets, drops or cartridges), to retard the growth of biofilms. Besides the benefit of being able to rely on their water quality more, they will only need to shock the system every month or two rather than weekly. Either way, shocking the system is a fact of life unless they convert to one of the cartridge systems that do not recommend periodic shocking protocol. **FI**



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DrQuickLook SD Plus™ Intraoral Camera System

It's an established fact that intraoral cameras make dental practices more efficient. The new DrQuickLook SD Plus™ – a system that can provide a variety of services in one easy-to-use, reasonably priced package – takes it a step beyond. Saving countless intraoral images and reviewing images live with patients is easy with the memory card, using only the SD Plus unit. The power is, DrQuickLook SD Plus allows the patient to hold the image, convincing the patient to be more responsible for treatment. If needed, the memory card may be used to transfer the images to any computer and any practice imaging software with electronic charts.

area. The drawn image can then be saved and sent to the insurance company for prompt reimbursement.

The patient education option provides more than 30 videos on a variety of topics for better patient understanding of treatment. A built-in audio jack can be used with any standard headphone system. Each video is one- to two-minutes long, saving time for the entire staff.

Distributor sales reps can assess the sales potential at any dental office by asking their accounts the following:

- “Does your office have an intraoral camera, or are you still using hand mirrors?”

If the practice owns an intraoral camera, reps should ask:

- “Is the camera being used consistently and productively on each patient?” Many offices own an intraoral camera but don't use it for a variety of reasons.

The advantage of using DrQuickLook SD Plus is that no computer is necessary when the patient is in the chair for imaging and patient display. If computers or a printer are present, the images can be transferred at any convenient time, easily and quickly. And, everyone knows how to get images from a camera to a computer.

DrQuickLook SD Plus is portable and no training or software integration is necessary. It's ready to use right out of the box and costs half of what most intraoral cameras cost. [FI](#)

Editor's note: Sponsored by QuickLook Inc.



What's more, the additional extraoral camera on the back of the unit can be used to provide extraoral shots to record an entire arch or to provide a complete series for orthodontic records.

A great feature of DrQuickLook SD Plus is its ability to draw on the saved image to focus patient attention on one specific

SD Plus™ Camera System

A Merchandise Item YOU Can Sell

Works out of the box. No installation required.

Saves Images
with Reusable
Memory Card



Hand Mirrors Aren't Effective!



Easy sell for customers that *don't* own intraoral cameras

- ✓ Help your customers increase practice revenues!
- ✓ Customers can now easily save, document, print or email images
- ✓ Import images to ANY practice management software
- ✓ Optional Patient Education Videos/Slides Package

Do your customers already have an Intraoral Camera?

- ✓ SD Plus is the ultimate back up for quick show and tell

Offer your customers the 30 Day Trial to prove effectiveness!

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Flow Dental introduces new Slide'n'Stick sensor stickers

Flow Dental (Deer Park, NY) introduced the new Slide'n'Stick™ sensor stickers, which enables dental providers to convert Flow RAPiD film bite blocks into a universal sensor holder. Just slide the part over the RAPiD bite block and stick the sensor to the adhesive surface. Slide'n'Stick comes in anterior, posterior, and bitewing styles, and costs only pennies per patient to use. It also works with other popular selling film bite blocks. Available in an assortment starter kit or kits of anterior, posterior, or bitewing slippers, Slide'n'Stick are single use and color coded to match Flow RAPiD bite blocks. For more information, visit www.FlowDental.com.

A merchandise item, DrQuickLook SD Plus™ Camera System is now available through Distribution



DrQuickLook Inc (Liverpool, NY) announced the SD Plus™ Camera System is now available for distribution and is a merchandise item. It's an easy-to-use intraoral and extraoral camera in one, with simple touch screen. Now easily increase case acceptance. With memory card save and review countless images. Importing images to ANY computer and ANY practice management software is easy. An optional Patient Education Package is available. For more information, visit www.drquicklook.com.

Submit your people news and new product announcements to: **Monica Lynch** at mlynch@mdsi.org

news

Henry Schein Dental Business Institute

Henry Schein, Inc. announced dates for its three-day "Henry Schein Dental Business Institute" program. The Dental Business Institute is designed for dental practice owners in the early stages of group practice development who want to expand the size of their enterprise or enhance their management skills. The company says that education is delivered by industry leaders, who provide tools and resources for growing dental practices to compete in the new environment.

The first day of each session involves expert-led interactive workshops and business case discussions. The second day includes a competitive business simulation predicting the outcomes of business actions. On the third day, a keynote address is delivered to develop new skills, and group presentations from participants are given. Monthly advisory calls are held to connect the content to real-world practice.

Programs will be held in West Allis/Milwaukee, Wisc.: July 30-Aug. 1, 2015 • Feb. 4-6, 2016.

To learn more, visit www.henryschein.com/us-en/Dental/Consulting/DentalBusinessInstitute.aspx

Air Techniques unveils Airstar NEO

Air Techniques Inc (Melville, NY) unveiled AirStar NEO, the next generation of dental air compressors, as well as the Mojave V7 dry vacuum system. The new AirStar NEO series combines the company's Membrane Dryer Technology and integrated diagnostic monitoring functions for a state-of-the-art dental air compressor. Mojave V7 is Air Techniques' next generation of dry vacuum systems which is a 100 percent oil-free and water-free vacuum system. It provides

energy savings from variable output controlled motor based on demand. For more information, go to www.airtechniques.com.

ADA welcomes Marcelo Araujo and James Lyznicki

The American Dental Association (ADA) (Chicago, IL) announced the appointment of Marcelo Araujo DDS as its VP of the Science Institute and James M. Lyznicki as senior manager of the Council on Scientific Affairs. Araujo, who most recently served

as senior research director within the department of Global Scientific & Professional Affairs at Johnson & Johnson Consumer Companies Inc (Skillman, NJ), will focus on leading scientific and dental research projects and managing the research agenda. Lyznicki, who most recently served as a senior policy analyst in the Science and Biotechnology unit at the American Medical Association (AMA) (Chicago, IL), will provide support to the Council and its expert consultants in programs such as the ADA Seal of Acceptance Program, ADA Professional Product Review, and the Center for Evidence-Based Dentistry.

Centrix announces new appointments

Centrix Dental announced several new appointments.



Nick Gauen has been appointed as the new regional account manager for the Northwest and Western Canada. Gauen joins Centrix from ZocDoc where he held various sales management

roles including Mid Market Sales Manager selling to dental and physician groups, and Relationship Manager for New Markets and Strategic Accounts.



Toby Hampp was promoted to sales manager, special markets to focus primarily on Dental Service Organizations, Dental Schools, Government Facilities and Community Health Organizations.



Alejandra Mosquera joined Centrix as a regional account manager to aid dealers in the Southwest U.S. Alejandra joins Centrix from inVentiv Health where she worked as a brand and sales

ambassador for high-profile Johnson & Johnson dental products including Listerine and Reach.



Mark Ruotolo was promoted to regional account manager for the Northeast, having previously held positions as an inside sales representative and sales team leader for Centrix.

Aspen Dental introduces Healthy Mouth Movement

Aspen Dental (East Syracuse, NY) introduced the Healthy Mouth Movement to communities across the country to help people who struggle to find oral health care. Barriers such as underserved areas, lack of time, and no insurance kept more than 150 million Americans from visiting a dentist in 2014. Through the Healthy Mouth Movement, dentists and team members in nearly 30 states devote a day to providing much-needed dental

care free of charge. The Aspen Dental MouthMobile, a fully-equipped dental office on wheels, goes directly into communities where care isn't readily available to provide services and to raise awareness of oral health. To date, almost 3,000 patients were served by nearly 2,000 volunteers who provided more than \$1 million in dental care at no charge.

Sempermed USA announces support of Prostate Cancer Foundation

Sempermed USA (Clearwater, FL), in support of the Prostate Cancer Foundation (Santa Monica, CA), agreed to donate a portion from every case sold of its new nitrile glove, StarMed® Plus™, as well as the upcoming StarMed® Rose, set to be released in Q3 2015. For more information on this promotion or on Sempermed products, go to www.SempermedUSA.com.

'Coach' Mike Lynam retires



Teacher and coach to countless sales reps and dealer sales reps, Mike Lynam retired from Porter Instrument Division following the Chicago Midwinter after 32 years of service. "His passion and attention to detail are hallmarks of his training style," wrote Porter General Manager Craig Stiffler, announcing Lynam's retirement.

Born and raised in Philadelphia, Lynam joined Porter – at the time, a family-owned company focused on the measurement and flow of gases – in 1982, he told *First Impressions*. The company had an industrial division and a fledgling health-care division; Lynam handled the dental market. One of his chief roles was managing the independent reps who handled Porter's sales.

He helped lead the integration of Porter Instrument into Park-er after the latter acquired Porter in 2005. In 2008, he helped with the integration of Matrix nitrous oxide delivery systems, which the company acquired from the Midmark Corporation. "We grew dramatically from 2008 through 2015," says Lynam, who served as chairman of the Dental Trade Alliance in 2008.

Lynam and his wife, Kathleen, have three daughters and eight grandchildren – and he looks forward to spending plenty of time with all of them in his retirement.

Patterson introduces AutoSDS for managing safety data

Patterson Dental introduced a new e-service called AutoSDS to help dental practices manage safety data, as required by OSHA. The service debuted Feb. 26, 2015, at the Chicago Midwinter Meeting.

A subscription-based service, AutoSDS was created to help dental offices prepare for OSHA's upcoming Globally Harmonized System (GHS) deadlines, as well as provide a long-term solution to managing Material Safety Data Sheets, or MSDSs, according to the company. AutoSDS is said to allow users to easily maintain virtual binders made up of the MSDSs, which OSHA requires to be readily available and easily accessible.

AutoSDS was created by Patterson Dental and Global Safety Management® (GSM). The online system is said to leverage GSM's database of MSDSs in order to allow users to easily create their own personalized virtual binders. Once a binder has been populated with the customer's relevant MSDSs, the MSDSs will then be automatically updated to reflect any changes made by the manufacturer.

At sign-up, AutoSDS binders come pre-populated with any MSDSs for hazardous products that the customer has purchased from Patterson Dental. To add MSDSs for hazardous products purchased from other distributors, the customer will be able to select MSDSs from GSM's database.

Interested customers can learn more and sign up for AutoSDS at www.autosds.com or by contacting their Patterson representative.

Smiles Across America

Meanwhile, Patterson Dental and the American Association of Dental Office Managers (AADOM) launched a yearlong initiative to raise funds for Oral Health America's Smiles Across America® (SAA) program. SAA coordinates dental care and prevention services for underserved children and promotes oral health in communities.

On behalf of Patterson Dental and AADOM, OHA President and CEO Beth Truett announced the joint fundraising campaign, called "A Future to Smile About," at the 25th OHA Gala & Benefit during the Chicago Midwinter Meeting. Gala attendees also celebrated OHA's 60 years of improving oral health.

Patterson Dental and AADOM will each donate \$50 to OHA for every AADOM annual membership purchased by dental practices Feb. 25, 2015, through Jan. 31, 2016.

Dental teams interested in purchasing AADOM memberships may do so through www.afuturetosmileabout.com, which features complete campaign information. Using the promotion code "OHA15" will ensure the membership is counted as part of the fundraising campaign. Patterson Dental says it will drive support for "A Future to Smile About" through multiple media channels all year.

Through the financial support of Patterson, AADOM and many others, Smiles Across America reaches over 460,000 children each year in schools and school-based settings.

Patterson Dental Appointee Announcements



Scott Adare



Jodie Bradley



Chantal DePraeter



Tony Eichholz



Matt Finney



Kaylee Gaman



Tyler Krutchick



Eric Lagstein



Nick Lenowitz



Tony Makrides



Dan Martincic



Tiffani Parks



Manny Pena



Brandon Scherr



Stephen Sinclair-Hall



MJ Truini



John Valle



David Yoakim

Benco Dental Appointee Announcements



Alise Maurer, Territory Representative

Alise Maurer joins Benco Dental in the SoCal region. The Southwest Texas State University graduate will call on customers in the Greater Los Angeles area. She brings 14 years of experience in the dental industry to the position.



Nick Pinchuk, Territory Representative

The Benco Dental team welcomes Nick Pinchuk in the Bay region. Pinchuk, who earned his MBA from Saint Joseph's University, brings two years of experience to the Benco Dental family and will call on customers in East Bay and San Francisco, California.



Sean Rumfelt, Territory Representative

Sean Rumfelt joins Benco Dental's team in the Peachtree region. Rumfelt, a Mars Hill College graduate, will call on customers in Atlanta and North Georgia. He brings five years of sales experience to the position.



Trevor Watters, Territory Representative

Trevor Watters joins Benco Dental in the Desert region. Watters, an Arizona State graduate, brings six years of sales experience to the position. He will call on customers in Sun City, Scottsdale, Tempe, Gilbert, Glendale, and Phoenix, Arizona.



Tim Easton, Territory Representative

Benco Dental is pleased to welcome Tim Easton to its SoCal region. He will call on customers in Glendale, Pasadena, and San Gabriel Valley, California. Easton, a graduate of Santa Ana College, brings more than 40 years of dental experience to the Benco family.



Samantha Becker, Territory Representative

Sammi Becker joins Benco Dental in the North Central region. Becker, a University of Nebraska-Lincoln attendee, will call on customers in Omaha and Lincoln, Nebraska.



Brian Tucci, Territory Representative

The Benco Dental team in the North Star region welcomes Brian Tucci. He will call on customers in Minneapolis and Saint Paul, Wisconsin. Tucci, a graduate from the University of Wisconsin - La Crosse, brings 11 years of sales experience to the position.



Doug Barton, Territory Representative

The Benco Dental team welcomes Doug Barton in the SoCal region. The Arizona State graduate brings 32 years of dental experience as owner of the former Valley Dental Supply, to the Benco Dental team. Barton will call on customers in Ventura County and Santa Barbara.



Traci Ewell, Territory Representative

Traci Ewell joins Benco Dental's Bay region. Ewell, a Registered Dental Assistant, will call on customers in San Francisco, California, and the San Francisco Peninsula. The Monterey Peninsula College attendee brings 13 years of experience in the dental industry to the position.



LeAnn Wilcoxson, Territory Representative

Benco Dental is pleased to welcome LeAnn Wilcoxson to its Gateway region. She will call on customers in St. Louis, Columbia and Jefferson City, Missouri. Wilcoxson, a graduate of Missouri State University, brings 6 years of dental experience to the Benco family.

Henry Schein Appointee Announcements



Mark Bonavita, Field Sales Consultant

Bonavita will represent Henry Schein Dental at its center in Albany, NY. He has four years of experience in the dental industry and was previously employed as a territory representative. Bonavita received his B.A. from Hamilton College in Clinton, NY.



Val Smith, Field Sales Consultant

Smith will represent Henry Schein Dental at its center in Phoenix, AZ. She has 14 years of experience in the dental industry and was previously employed as a territory representative. Smith received her B.S. from Northern Arizona University in Flagstaff, AZ.



J. Scott MacElroy, Field Sales Consultant

MacElroy will represent Henry Schein Dental at its center in Philadelphia, PA. He has 18 years of experience in the dental industry and was previously employed as a territory representative. MacElroy received his B.S. from Central Connecticut State University in New Britain, CT.



Mark Freedman, Regional Manager

Freedman will represent Henry Schein Dental at its center in Boston, MA. He has 15 years of experience in the dental industry and was previously employed as a regional sales manager. Freedman received his B.S. from Worcester State University in Worcester, MA.

classifieds

Career Opportunity at



Posting Date: 5/6/2015 – Technical Service/After Sales Service Manager – Mount Laurel, NJ

Hours: 40 hours per week, M-F

Education: Bachelor's degree required

Description of Responsibilities:

- Inspect and test malfunctioning medical and related equipment following manufacturer's specs and using test and analysis instruments.
- Test or calibrate components or equipment following manufacturer's manuals or troubleshooting techniques using hand tools, power tools, or measuring devices.
- Keep records of maintenance, repair and required updates.
- Perform preventative maintenance or service such as cleaning, lubricating, or adjusting equipment
- Test, evaluate, and classify excess or in-use medical equipment to determine serviceability, condition and disposition in accordance with regulations
- Examine medical equipment or facility's structural environment and check for proper use of equipment to protect patients and staff from electrical or mechanical hazards ensuring compliance with safety regulations
- Disassemble malfunctioning equipment and remove, repair, or replace defective parts including but not limited to motors, clutches, or transformers.
- Perform soldering of wiring using a soldering iron
- Plan and perform work assignment using blueprints, schematic drawings, technical manuals, wiring diagrams, or liquid or air flow sheets following prescribed regulations, directives, or other instructions as required.
- Requisition and management of spare parts inventory
- Research catalogs or repair parts lists to source repair parts
- Manage staff of 4

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