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Membership Matters is an official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.

Membership Matters accepts original submissions for publication from member dentists. For viewpoint articles, please limit to 800 words. For clinical articles, please limit to 1,600 words. Membership Matters is not a peer review publication. Publication of any article is at the discretion of the Editor. Please disclose any financial interests you may have in products or services mentioned in your article. Email editor Barry Taylor at barrytaylor1016@gmail.com with any articles or questions.

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Human Papillomavirus Vaccinations

“DENTISTS SHOULD BE ABLE TO PROVIDE THE human papillomavirus vaccine because there is a direct link to the virus causing oral cancer” stated the doctor I was having a conversation with recently at a state dental meeting in Arizona. It was an “aha!” moment for me; I had been overlooking the obvious.

I have long believed that dentists should be allowed to provide vaccines but I had always used the flu vaccine as an example because it is given on an annual basis. But if this were to be an issue that as a profession we pursue, than the using the HPV vaccine would be a better vehicle so to speak because it has a direct implication for dentistry. According to the Centers for Disease Control and Prevention (CDC), 70 percent of oropharyngeal cancers in the United States are caused by the HPV.1 Other papers list the association of HPV-16 and HPV-18 with oropharyngeal cancers at over 85 percent.2 Of the estimated 51,000 new cases of oral and oropharyngeal cancer in 2018, it is estimated that over 16,000 of the cases will be HPV-associated oropharyngeal cancer.

A vaccine for prevention of HPV-16 and HPV-18 has been available for over ten years (since 2006), and according to the CDC, the prevalence of HPV infections in female teenagers has decreased by 56 percent.4 Although there are not studies to show, it is hopeful that the vaccine is preventive for oropharyngeal cancers and oral squamous cell carcinoma because of their relationship to the HPV. It is not just a women's issue however, as it is the most common sexually transmitted disease in the United States. A recent study showed that over 11 percent of men had the HPV and only 3 percent of women did. HPV-16 was 6 times more common in men.5

Since 2009, the ADA has encouraged its membership to “educate themselves and their patients” about the relationship between oral cancer and the HPV.6 Because ideally the vaccine is given to 11 to 12 year olds, in 2017 the American Academy of Pediatric Dentistry adopted a policy in regards to the HPV vaccine. While the vaccine is the most important preventive measure, education is also very important. And when looking at screenings, newer saliva tests that can identify the HPV-16 aren’t yet 100 percent accurate.7 Oral cancer screenings are an important element of all dental exams, but they don’t detect the cancer at the early stages. So looking at screening, testing, and vaccines, it comes back to the vaccine being the most important preventive measure.

Dentists are more than qualified and educated to give a simple vaccine. It requires two intramuscular shots given six to twelve month apart. The target population is 11- and 12-year-old boys and girls. Being as we spend all day giving injections while wrestling with a tongue made of eight muscles, the occasional gag reflex, and buccal tissue of greatly varying fat content, it seems that any dentist is capable of giving an intramuscular vaccine in the deltoid muscle. The HPV is a major public health problem and one that has a very serious dental implication. Dentists should be allowed to help prevent the disease.

References
6. American Dental Association. Statement on human papillomavirus and cancers of the oral cavity and oropharynx
Hi Barry,

Just read your editorial. I’m not certain about the future business model (co-op or other) but I agree that dentistry has to change. Or it will be changed for us. And we might not like the outcome.

We are being forced into thinking more like medical doctors. With patients surviving longer with more complex medical conditions combined with polypharmacy, we are challenged more than ever to provide comprehensive care safely. Given the litigious nature of society and abundance of attorneys, a dental provider cannot ignore their patient’s medical conditions in an effort to be more productive.

As you pointed out, however, dental students are graduating with staggering debt. So, unless they find a practice situation that helps with loan repayment, they have to focus on the almighty dollar.

Quite a dilemma.

And with mid-level providers working their way into areas beyond Alaskan villages, there is going to be even more competition. Society is demanding less expensive but more complete healthcare, including dentistry.

I don’t have the answers. But you are right. Something has to change for the dental profession.

R Anthony Bass, DMD
OHSU '82
Board Meeting Highlights

Oregon Dental Association
Board of Trustees Meeting
Friday March 9, 2018

• Dr. Barry Taylor was elected to serve as the 2018-2019 President Elect.

• Dr. Kent Burnett, Dr. Ken Chung, Dr. Nalani Oda, Dr. Jill Price, Dr. Calie Roa, Dr. Olesya Salathe, and Dr. Jim Smith were elected to serve as Alternate Delegates at the 2018 ADA House of Delegates.

• Dr. Kim Kutsch was appointed to the Annual Meeting Council.

• The Board approved to subsidize one new dentist delegate from each component society for the 2018 House of Delegates, with the exception of Central Oregon Dental Society, the host component.

• ADABEI Health First Sharps was approved as an ODA-endorsed program.

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Jacob Bushnell, DDS
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Ravi Busi, DDS
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Lane County Dental Society

Debra Currey, DMD
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## Events & Education
### Component CE Calendar

Calendar provided by Mehdi Salari, DMD

<table>
<thead>
<tr>
<th>Date</th>
<th>Host Dental Society/Organization</th>
<th>Course title</th>
<th>Speaker</th>
<th>Hours CE</th>
<th>Location</th>
<th>More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/08/18</td>
<td>Marion &amp; Polk</td>
<td>TADs &amp; Mini Implants</td>
<td>David Swiderski, DDS, MD</td>
<td>1.5</td>
<td>Salem (West Salem Roth’s)</td>
<td>Contact Sabrina – <a href="mailto:mpdentalce@qwestoffice.net">mpdentalce@qwestoffice.net</a></td>
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<tr>
<td>05/08/18</td>
<td>Washington</td>
<td>Prevention and Management of Nerve Injuries</td>
<td>Daniel Petrisor, DMD, MD</td>
<td>1.5</td>
<td>Aloha (The Reserve Golf Course)</td>
<td>Contact Dr. Dierickx – <a href="mailto:contact@wacountydental.org">contact@wacountydental.org</a></td>
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<tr>
<td>05/10/18</td>
<td>Southern Oregon</td>
<td>Are you Prepared for Retirement?</td>
<td>Shannon York (Edward Jones)</td>
<td>1</td>
<td>Medford (Los Arcos)</td>
<td>Contact Tonya – <a href="mailto:sodentalsociety@gmail.com">sodentalsociety@gmail.com</a></td>
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<tr>
<td>05/21/18</td>
<td>Multnomah</td>
<td>Annual Awards Dinner/Table Clinics</td>
<td>Multiple</td>
<td>2</td>
<td>Multnomah Athletic Club</td>
<td><a href="mailto:multdental@aol.com">multdental@aol.com</a> or <a href="mailto:lora@multnomahdental.org">lora@multnomahdental.org</a></td>
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<tr>
<td>05/22/18</td>
<td>Clackamas</td>
<td>Periodontics Panel</td>
<td>TBD</td>
<td>2</td>
<td>Oregon City (Providence Willamette Falls Comm. Center)</td>
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<tr>
<td>10/19/18</td>
<td>Southern Willamette</td>
<td>Risk Management</td>
<td>Chris Verbiest</td>
<td>3</td>
<td>TBD</td>
<td>Contact Brian – <a href="mailto:swdsoregon@gmail.com">swdsoregon@gmail.com</a></td>
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<tr>
<td>11/15/18</td>
<td>Multnomah</td>
<td>OSHA Update</td>
<td>TBD</td>
<td>2</td>
<td>Milwaukee (Moda Plaza)</td>
<td><a href="mailto:multdental@aol.com">multdental@aol.com</a> or <a href="mailto:lora@multnomahdental.org">lora@multnomahdental.org</a></td>
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<tr>
<td>12/11/18</td>
<td>Marion &amp; Polk</td>
<td>Risk Management</td>
<td>Chris Verbiest</td>
<td>3</td>
<td>West Salem (Roth’s)</td>
<td>Contact Sabrina H. – <a href="mailto:mpdentalce@qwestoffice.net">mpdentalce@qwestoffice.net</a></td>
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</table>

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INSIDER RESULTS

Membership Poll Results!

IN AN EFFORT TO LEARN MORE ABOUT our members, we’ve started to include a poll question in each issue of the ODA Insider e-newsletter. Below are the results from March. Please keep an eye out for future questions, and be sure to participate!

How do you like to volunteer/give back to your community?

- DFO Tooth Taxi: 38.5%
- Give Kids a Smile: 7.7%
- Individual Donated Services in Your Office: 7.7%
- Donated Dental Services: 30.8%
- At a Local Clinic: 15.4%
I am frequently asked by doctors around the country this common question — which is better for my online marketing: SEO or PPC?

Let me begin by explaining what each item is, and then I’ll elaborate on the answer. SEO is short for search engine optimization. This involves a wide range of activities that are done every month in order to get a website ranking highly on search engines such as Google, Bing and Yahoo. PPC is short for pay-per-click. This consists of using paid ads to generate targeted traffic to your website for specific search terms and geographies. PPC ads can be used on search engines like Google, as well as social media platforms like Facebook and YouTube.

SEO and PPC results show up on different sections of a search result page. PPC ads typically show up in the advertising section of search results, which are located at the very top of the page in the first three or four positions listed, as well as the very bottom of the page. By contrast, organic search results (which are driven by SEO activities) are shown in the local map section as well as in 10 organic listings below the local map. It is estimated that over 90 percent of all clicks are on the local map and organic listings.

OK, so both SEO and PPC can get your website on page 1 of Google, but which is better?

Well the short answer is both. SEO and PPC are both recommended for any online marketing program that wants to drive new patient growth. When implemented properly, they work together to complement each other. Let me explain.

For local businesses like a dental practice, each location has a physical address that serves that local market. Google will rank a local business in the organic results for the city corresponding to the physical address of the business, but typically not for the neighboring or surrounding geographies. This creates a problem. Your practice could serve patients in these nearby areas, but you won’t show up in search results for those areas because you don’t have a physical business address there. (Note — a P.O. box is not a legitimate physical address as far as Google is concerned.)

Therefore, to show up in search results in areas where you can’t or don’t currently show up, you would use targeted PPC ads to generate traffic from those searches.

What we like to do at WEO Media is use SEO and PPC together to strategically maximize results. When we set up a PPC campaign, what we’ll often do is analyze the search terms and geographies where the practice website is already ranking well and compare that to a map of all the geographies they could realistically pull people in as new patients. The areas on the map where the website is not ranked on page 1 are good candidates for a PPC ad campaign. It is best to target the top two or three services (such as dental implants, cosmetic dentistry, braces, etc.), and focus those ads on the geographic areas where the website is not on page 1.

This approach is a smart way to get the maximum number of clicks from potential new patients for a given marketing budget. Obviously, the bigger the budget, the more clicks we can generate.

OK, so how do I select an SEO/PPC provider?

When selecting a company to do your online marketing (website, SEO, PPC, etc.), it is a good idea to ask to see some client examples and case studies. We often send
potential clients a PDF that highlights a bunch of our clients ranking high on page 1 to demonstrate what we can do. In addition, I would recommend asking these questions:

- **Is your company a Certified Google Partner company?** If so, that indicates they probably have some people who technically know what they’re doing, but it doesn’t necessarily mean they will do a good job for you. I see practices getting ripped off all the time by companies that are not putting in the hard work to get results.

- **Do you have a lot of experience in the dental industry?** There are lots of companies that offer SEO and PPC services, but not too many that focus exclusively on the dental industry. We work exclusively with hundreds of dental practices, and that experience makes a big difference in our ability to get results.

- **Do I have to sign a long-term contract?** It often takes time to get results with online marketing, but you should avoid 12-month contracts (or longer). It is reasonable to agree to a six-month contract, but I would recommend against longer contracts. If an agency cannot demonstrate improving trends after six months, something is probably wrong with what they’re doing.

**Marketing consultation**

If you have questions about your website, SEO, PPC, social media or online marketing, you may contact WEO Media for a consultation to learn more about the latest industry trends and strategies. The consultation is FREE if you identify yourself as an ODA Member.

Ian McNickle, MBA is a national speaker, writer and marketer. He is a co-founder and partner at WEO Media, an award-winning dental marketing firm based in Portland, Oregon. WEO Media is endorsed by the Oregon Dental Association for websites and online marketing. If you have questions about any marketing related topic, please contact Ian directly at ian@weomedia.com, or by calling (888) 246-6906. For more information, you can visit them online at www.weomedia.com.

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Important Deadlines

BELOW ARE SEVERAL IMPORTANT DEADLINES AND UPDATES that may affect you or your practice. The ODA will be sending additional communications and resources out to membership as more information is made available, but for the most up-to-date information, please use the websites listed below.

• **July 1, 2018** — Oregon Prescription Drug Monitoring Program (PDMP):
  House Bill 4143, passed during the 2018 Legislative Session, was targeted at the opioid epidemic in Oregon. As part of that bill, all prescribers must register with the PDMP by July 1, 2018. More information and the registration portal can be found at [www.orpdmp.com](http://www.orpdmp.com).

• **November 2018** — Oregon Common Credentialing Program:
  The Oregon Health Authority (OHA) is implementing a new mandated credentialing program to centralize information for all Oregon health care providers. The program is anticipated to go into full effect in November of 2018. Providers will register with system when they go through their next credentialing process. At the time of registration, providers will be assessed a $150 one-time fee which must be paid by April 30, 2019. More information can be found on OHA’s website at [www.oregon.gov/OHA](http://www.oregon.gov/OHA).

• **December 2017** — Dispensing Practitioner Drug Outlet (DPDO) Rules:
  The Board of Pharmacy adopted new rules for facilities required to register as a drug outlet in December of 2017. For more information on the requirements and registration process, please visit the Board of Pharmacy’s website at [www.oregon.gov/pharmacy](http://www.oregon.gov/pharmacy).
ON SATURDAY, MARCH 3RD, eight days ahead of the constitutionally required deadline, the 79th Legislative Assembly officially adjourned. Despite the short session (35-day limit), lawmakers attempted to tackle health care as a universal right, expand the number of domestic violence abusers who are prohibited from owning a firearm, pass new cap-and-trade proposals and disconnect from the recently passed federal tax cut. For the Oregon Dental Association, the session was relatively quiet. The ODA closely followed bills on the opioid epidemic, protections for DACA students, “balance billing,” and health care as a universal right.

Key Bills Tracked by the ODA

HB 4143: Opioid epidemic solutions
The ODA supported House Bill 4143, legislation sponsored by Governor Kate Brown, targeting the opioid epidemic in Oregon. The bill creates a peer recovery mentor pilot program, requires prescribers to register with the Prescription Drug Monitoring Program and creates a study on insurance barriers for individuals accessing opioid-related treatment. As a result of the passage of this bill, all Oregon prescribers will need to register with Oregon’s Prescription Drug Monitoring Database by July 1, 2018. The ODA will keep members informed on the process by which to meet this deadline.

SB 1563: Scholarships and financial aid for non-citizens
SB 1563 permits public universities, including OHSU, to provide scholarships and other financial aid to students who are not citizens or lawful permanent residents. There was concern that without a legislative mandate, changes on the federal level could impact funding for OHSU and other public
ODA continues to be involved with this issue as several of our student members are DACA recipients. At the time of this article, the bill has been passed by both legislative chambers and is awaiting the governor’s signature.

**SB 1549: Balance billing**

Senate Bill 1549 was amended on the House side to require health insurers to reimburse out-of-network providers for emergency services or other covered inpatient or outpatient services provided at an in-network health care facility in an amount established by rule by the Department of Consumer and Business Services (DCBS). The ODA tracked the issue through the remainder of session and deferred to the Oregon Medical Association and Oregon Society of Oral and Maxillofacial Surgeons on their position. The overall feeling was payment of a rate set by DCBS was better than providers individually negotiating with insurers for reimbursement. The ODA will participate in the DCBS rate-setting process, advocating for the highest reimbursement rates possible.

**HJR 203: Health care as a universal right**

House Joint Resolution 203 proposed an amendment to the Oregon Constitution establishing the obligation of the state to ensure every resident has access to cost-effective, medically appropriate and affordable health care. The ODA did not take a position on this bill but followed it closely. If passed, HJR 203 would have been placed on the November 2018 ballot. This concept was very controversial and received much debate and interest during session. Almost every day, individuals showed up at the capitol and outside on the steps to show support or opposition. Despite passing the House floor on a partisan 32-25 vote, the resolution failed to get the necessary votes in the Senate, and it died in the Senate Health Care Committee. Near the end of session, there were rumblings about certain groups collecting signatures for the ballot, but this is yet to be determined.

**2019 Legislative session**

With the short legislative session adjourned, ODA sets its sights to the 2019 Legislative Session. Throughout the year, we will be working with our local dental societies and the ADA to gather suggestions and thoughts for legislation. If you have an issue or some thoughts for legislation, please do not hesitate to email ODA Government Relations Director, Jennifer Lewis-Goff at jlewis-goff@oregondental.org.

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Save the Date!

Tuesday, February 26, 2019
Join Your Colleagues for a Day of Advocacy & Action!
FOR YEARS, THREE DENTAL SUPPLIERS — Henry Schein Dental, Patterson Dental, and Benco Dental — have held a substantial market share in the dental supply market across the United States. Together, they have roughly 75 percent of the market; the remaining 25 percent is divvied up among regional players around the country.

That may all be about to change. Several new companies are hoping to become disrupters: Supply Clinic, SourceOne Dental and The Dentists Service Company (TDSC, a wholly owned subsidiary of the California Dental Association), which are jumping into the marketplace and challenging the status quo with discounted pricing using e-commerce as a fulcrum for savings.

Even e-commerce giant Amazon is entering the healthcare space. And while you might think Amazon has the advantage here with some 85,000 vendors in its system (many fewer in the dental space, of course), that remains to be seen, mostly because it’s unclear what discounts it can offer to rival the upstarts.

All of the new companies said they’re experiencing rapid growth in the market, and it’s easy to see why. With discounts ranging from 20 to 50 percent off of traditional distribution channels, shopping around for dental supplies may help the bottom line.

There are differences between the traditional and e-commerce models. Traditional distributors employ representatives to take the hassle of ordering out of your hands, while the e-commerce model requires time and effort from the consumer. Delene Losch, Marketing Manager for Burkhart Dental says that their clients like the full service they receive, noting, “Burkhart has a hands-on approach to taking care of our clients. Each client is designated their own account manager who routinely visits their practice. We take care of the ordering process so the client can be freed up to do what they do best, take care of their patients.”

But, traditional distributors are also taking note of the e-commerce model; one distributor has offered to match the pricing offered by the TDSC Marketplace.

The e-commerce challengers, an overview

We reached out to some new and established vendors in the dental supply space and their customers to get their take on the changing industry: Ahmed Shams of SourceOne Dental; Dr. Scott Drucker of Supply Clinic; Bob Spinelli, Chief Operating Officer (COO) of The Dentists Service Company Marketplace (TDSC); Dr. James Stephens, past Chair of the TDSC Board of Directors and past President of CDA; Dr. Jonathan Ford, a private practice dentist using TDSC’s service; and Chris Holt, Leader, Global Healthcare at Amazon. (Editor’s note: Amazon declined an interview in person, but responded via email. Similarly, Burkhart Dental talked with us via email. We reached out to representatives of Schein, Patterson, but our calls were not returned.)

Most of our respondents pointed out that the big vendors were actually the first disrupters, and they were just seeking a way to level the playing field. Said Spinelli, “We didn’t come into it to be a disrupter. We came into it to provide a benefit that our members were asking for. They needed to be able to better compete in the marketplace, and their friends in group practices had advantages that they didn’t. We supplied the platform to allow our members to realize the kind of savings that large group practices have enjoyed.”

Ahmed Shams • SourceOne Dental

Ahmed Shams is an entrepreneur who cut his teeth in publishing and marketing, and eventually found himself with Farran Media, the publisher of Dentaltown. Because of his work with the dental community, Shams began thinking about e-commerce as it related to replacing traditional distribution. Specifically, he saw that there was significant dissatisfaction among end customers (dental practices) with manufacturers and distribution channels. “There is a lot of concentration at the top, and I thought it would be proper for an independent third-party marketplace..."
to make some hay,” he said, “specifically taking advantage of the fact that the overwhelming bulk of the market share existed using the same bloated distribution model.”

The “bloated distribution model” that Shams is referring to, of course, is the one utilized by many supply companies: employing a group of reps who visit practices, scan inventory, and place orders on the dentists’ behalf. Shams recognized that e-commerce (think Amazon) was taking the world by storm and could be utilized to sell dental supplies just as easily as it could be used to sell books and widgets. And while Shams saw the need for change, he admitted that he underestimated the challenges of getting his new model up and running. “As time went on, I began to understand the reason why it hadn’t been reformed, and it was a bit more of a challenge to get the business going,” he said. “But nevertheless, we saw the value and the need in the market to pursue it. When you have a concentrated marketplace where the people at the top have power over the manufacturers and consumers, it makes it difficult for a new entrant to come in and change the model.”

Difficult is an understatement. Shams faced fierce pushback and is involved in ongoing litigation with some of the players.
"As dentists well know, supply orders can easily include 100s of different items. When those items are coming from a number of different manufacturers or vendors, ordering can quickly become a headache."

Despite initial setbacks, sourceonedental.com launched in 2012. Shams was delighted that a significant number of direct manufacturers came on board for the initial launch, and were excited to move forward with the company, “We certainly knew that we were going to be a disrupter in the field. We were using new technology to cut out a significant amount of the cost of the products being delivered to the customer,” Shams said. “In so doing, it would threaten the existing competitors who controlled the market. We saved money by eliminating the cost of having reps because some customers no longer need them. They understand e-commerce.”

Shams leveraged his contacts in the dental space and built a marketplace with ground rules in terms of pricing and product offerings. He then determined who would participate, invited them to list their products for sale under the platform and taught them how to use their system. And while buying dental supplies might be a little more complicated than, say, going online and buying a pair of shoes, it was just a matter of figuring out the logistics. As dentists well know, supply orders can easily include 100s of different items. When those items are coming from a number of different manufacturers or vendors, ordering can quickly become a headache. Asking the customer to take on that responsibility is a tall order, but Shams (and others we spoke with) created tools that live on their platform and allow customers to order and interact more quickly. “Our goal was to have a system that allowed the customer to place a 100-item order in under 15 minutes,” he said, which they have achieved. “We constantly strive to improve efficiencies in terms of vendor interface and the customer/user experience. We’re always adding functionality, making things simpler, talking with stakeholders about our systems with vendors and customers, and responding to it. Our goal is to have the most intuitive e-commerce platform in the space.”

Shams and his team spend quite a bit of time creating and adding content to their system, and they’re the only vendor we spoke with who offers equipment sales. They work with a major distributor of equipment, which allows them to build out entire offices and provide excellent product options. They add product videos whenever possible and include in-depth descriptions and key features to make the buying experience easier. “But,” said Shams, “it’s not a thing where the customer just waits and gets told what kind of cement to buy. We’ll expose them to new products, and when we get new customers, we’ll have what they have purchased in the past, but we anticipate that they will do some of the groundwork themselves.”

Bob Spinelli • TDSC Marketplace

The TDSC Marketplace came about because California Dental Association recognized that members needed support with the business side of their practices, especially solo-owned practices that weren’t getting supply discounts like their corporate practice counterparts. “One area where members were feeling pressure was dental supplies,” said Spinelli. “With the increase in large group practices, they felt they were missing out on a competitive edge and knew that if the association could leverage the power of the membership, they could deliver a group-purchasing program that brought forward significant savings.”

The program launched to all CDA members last June but had a beta test group that began last February. In all, the program took about two years from a board meeting conversation about member benefits to making the offering available to all members. Dr. James Stephens, past chair of the TDSC board of directors and past president of CDA, was at the first meeting and had this to say: “We had to build the company from the ground up, and then we had to build the Marketplace itself. The biggest issue was finding the right platform, one that our members would accept as a reasonable platform. We formed an advisory group among interested members and asked them what it would take to get them to use the Marketplace, and the answer was basically, ‘Amazon and a discount.’ We set out to create a similar experience and provide a discount, and to a great extent I believe we have done that. At some point, if enough members join, volume will allow for some nondues revenue, but it wasn’t designed for that.”

Leveraging an e-commerce platform made sense to the organization because, well, everyone is doing it. “It’s not just young people. Heck, I do it,” quipped Spinelli. “It’s commonplace. We see a mix of ages in our membership using the service. Some of our biggest adopters right now are people who have been in practice quite a while.” TDSC chose its suppliers through an RFP process, and according to Spinelli, they currently have six on board, with the intention of adding more as needed. Each supplier works closely with the TDSC team to supply necessary content to position products on the Marketplace and learn the platform to efficiently fulfill customer orders. While TDSC maintains all member-facing
interaction, the supply partners are critical to ensuring a high level of satisfaction. TDSC is buoyed by initial sales and utilization by its members. Spinelli said that Marketplace suppliers are scored monthly, but the primary expectation is to fulfill orders on time and accurately.

After vendor partners, Spinelli said, the most critical business partnerships were in the tech space. The company maintains a strong partnership with an interactive agency that recommended and customized the platform that powers the Marketplace. Additional partnerships were developed in the areas of payment processing and tax calculation to support the e-commerce process. Additionally, this past summer TDSC purchased Arnold Dental Supply in Lynnwood, Washington, giving it more control of the supply chain and positioning the company better in the long term.

We wondered, how has this affected CDA’s relationship with vendors? After all, in essence, TDSC is in direct competition with the major suppliers, and those are the same people who pay to exhibit at its annual conference, and are probably tapped when CDA needs sponsors for events. Spinelli said, “You’re right, we’re in competition with them now, and because of that there are different competitive pressures. However, based on research we’ve conducted with our membership, we believe there is space for everyone and see this as an opportunity for relationships to evolve. Fortunately, we have not seen any deterioration in relationship with competitors to date, including exhibitors and sponsors, although there have been disparaging remarks made about TDSC from suppliers that we’re not currently working with.”

**Dr. Scott Drucker • Supply Clinic**

Dr. Scott Drucker, founder of Supply Clinic, is a periodontist who got into the dental supply business almost by accident. “When transitioning from dental school to periodontal residency, I had to purchase a bunch of my own supplies and surgical instruments, but I didn’t have a clue as to how the dental supply world worked. So, I asked a couple of faculty members at University of Pennsylvania, and they told me to reach out to the local Schein or Patterson rep.” Drucker contacted a rep who was very welcoming and offered him a 20 percent discount for being a new dentist. “I got pricing sheets back, and like every millennial would, I then searched online, shopped around, and found every item for substantially less than the 20 percent discount. So, first, I knew that I wasn’t going to go to Patterson or Schein, that I was going to buy from the sellers with the best prices, and second, I thought that the market made absolutely no sense. Why was it that the big players who had the most leverage and power had prices higher than everyone else, when their efficiency should have driven prices down?”

Drucker decided to research the issue, and for six months read everything he could get his hands on, including industry analyses and annual reports from the publicly traded distributors. Drucker said, “Schein and Patterson’s catalog prices are typically more than 30 percent higher than what smaller, more regional players sell for. Smaller companies aren’t burdened by an army of sales reps and their salaries. Traditionally, those three distributors have kept gross margins of more than 30 percent on items sold. That’s unheard of in most industries.”

Drucker’s research turned up all kinds of issues with the top suppliers, particularly opaque pricing that often left the solo practitioner out in the cold when it came to scoring deals. He explained, “If I sat down with my friend who is a pedodontist, and we logged into our accounts, our pricing would be totally different across the board for identical items. The largest distributors are into tiered pricing models, which doesn’t really make sense in the age of e-commerce. Essentially, if you’re a three-to-five-person office practice, you’re going to get better pricing than the one-office practice. Additionally, sales reps have a lot of leverage. They can decrease prices, but most people don’t realize that. They want to sell the same product at a higher price because then their commission is higher, so they’re disincentivized to offer lower pricing. It’s an inherently flawed system. And all commission sales are that way, but e-commerce sales aren’t.”

Large companies, Drucker said, will argue that their sales reps provide lots of service and support to the customer. He explained, “It’s a very generational thing. Older practitioners in the space love the reps and have 30-year relationships they value, and the younger dentists will tell their staff to lock the door during lunch because they don’t want a rep to come in and waste an hour of their time, and have to pay a 30 percent premium on the products they buy.”

Moreover, Drucker said, the value of sales reps has diminished in the internet age. “Now you can learn practically anything online and watch instructional videos, and basically teach yourself how to use any product. Before, practices...
“For all of the retailers we spoke with, gray market products were a concern. Gray market products are those manufactured for foreign markets that find their way back into the U.S. market. They can be problematic for a number of reasons, especially when companies have several different formulations of a product, each with different legal health care standards but bearing the same name.”

relied on reps for the dissemination of information. What’s new out there? What’s new in the market? What new tech is available? Today, I can research it online or attend a dental show.”

Supply Clinic has been in existence for about three years now. Its website, www.supplyclinic.com, has been up and fully operational for a year and a half. “We have a very solid group of people on our core team, and we have done a tremendous job of recruiting people who have much more experience than we do in terms of the components that we’re piecing together,” Drucker said. “Our advisory board includes key opinion leaders from the dental space. One advisor, Alan Weinstein, is a titan of the healthcare supply chain field. He founded the nation’s then-biggest group-purchasing organization for hospital systems. Knowing what I know is nice, but knowing what I don’t know is even more important. We have people who understand supply chain, people who understand B2B e-commerce and online platforms and people who understand the workflow of the dental office. We have been piecing together a very powerful team.”

Like TDSC, Supply Clinic doesn’t sell equipment larger than handpieces, but that is on the horizon. They’re currently in talks with a company to handle the installation and repair side of those transactions to make selling equipment possible. Additionally, Drucker said, they’re working on adding products like implants, bone and membrane. “There are more technical and logistics issues with that type of product, and more legal hoops to jump through,” he explained. “We’d have to have procedures put in place, but it’s something we’re working on, and we’ve been speaking with many manufacturers in that space.”

Chris Holt • Amazon Business

It should come as no surprise that the e-commerce giant would want to enter the health care space. With some 85,000 vendors in its sphere, it only makes sense. Via email, Chris Holt said that Amazon Business was launched in 2015, “delivering an expanded marketplace that brings the selection, convenience, and value of Amazon to business customers, manufacturers, and sellers, as well as additional selection, new features, and unique benefits tailored to the needs of businesses. We now serve businesses of all sizes and across industries, including dental practices.” With what many would consider the gold standard in selection, convenience and ease of experience in the e-commerce space, there’s no wonder that those we talked with for this piece cited Amazon as the template for their e-commerce experience.

Like the other retailers we spoke with, Amazon offers Business Prime shipping (two-day service), and easy price comparisons in the platform. They also offer Amazon Business Analytics to help dentists make more proactive decisions in purchasing, which can drive improvements in overall cash flow. Dentists can monitor or approve the purchases of their teams using group and user management with workflow approvals, which adds a layer of control to support cost-saving initiatives.

Preventing gray market goods in the e-commerce space

For all of the retailers we spoke with, gray market products were a concern. Gray market products are those manufactured for foreign markets that find their way back into the U.S. market. They can be problematic for a number of reasons, especially when companies have several different formulations of a product, each with different legal health care standards but bearing the same name. Additionally, as is the case with products such as cements and liners, composites and bonding agents, there may be shipping standards that aren’t adhered to, which can cause some chemical compounds to fail. Thus, gray market products have the potential to cause real issues for dentists who purchase them, with or without their knowledge.

At Supply Clinic, Drucker has addressed the problem head-on by requiring all of its sellers to only list products that are legitimate and non-gray market. Then, they double-check any product that has the potential to impact treatment. “There’s this additional layer of supply chain verification that we do because we want to be extra sure,” Drucker said, adding that he can go online to other sites and find gray market products at any given time. He explained, “This is just my observation. I can go online today to look up 3M products and find a lot of gray market goods through online retailers. If you’re a practitioner and you decide that you don’t care if you buy gray market products, that’s your call. But you should know that there is a lot of gray for sale online.”
Spinelli at TDSC said, “We take a very serious stance on gray market products. As a part of the CDA family of companies, we see it as our responsibility to protect our members against gray market goods. We take it as seriously as anyone else, so we are able to track the supply chain from beginning to end.” Shams said, “We have zero tolerance for gray market products. None whatsoever. When we take a customer from a competitor, they will say there’s no way we can offer the pricing we do without accepting gray market, but it simply isn’t true. We never have accepted them. Prior to us, I will say that it would have been difficult to achieve our pricing without using gray market, but we simply don’t. We never will. It’s the cornerstone of our business.”

What are the savings, really?

According to Shams, SourceOne Dental’s standard discount varies, depending on what the major distributor is charging the customer, making it hard to state an absolute figure. He explained, “They charge different amounts to dentists in private practice versus those in corporate practices, and so it depends quite a bit. Some customers could save 30 percent, some could save 20 percent, some could save 40 percent. Some can save even more based on their product choices, due to the fact that we have more than 60 direct manufacturers whose products are available. That’s in addition to the channel manufacturers who are available to us and any of the large distributors. Direct manufacturers have even more significant discounts on apples-to-apples product base, so a lot of our customers will choose those items and save even more.”

Supply Clinic offers savings between 30 and 50 percent, depending on the product. They’re able to do it, said Drucker, because the big vendors are overcharging by a substantial amount, and because they work with smaller sellers who are willing to take a much smaller margin on the sale. “For instance, they’re okay with buying a product at $50 and selling it at $70, instead of $100,” he said.

Amazon offered no concrete savings data in its response to WSDA News, saying that “Amazon Business sellers offer business-only pricing to customers on millions of products, including reduced pricing on single items and quantity discounts on larger purchases. Negotiated pricing is also available to customers, where they can view private or customer-specific pricing they have already negotiated with their suppliers. Customers can access that pricing through the Amazon Business experience.”

And while TDSC shoppers are seeing an average savings of around 20 percent over MSRP, it’s important to note that it offers something none of the others do: ownership of the company. Still, their savings can add up quickly and work to offset the cost of their membership dues. We spoke with Dr. Jonathan Ford, a CDA member who uses the TDSC Marketplace to purchase most of his supplies. Since February, he has saved nearly $5,000. Dr. James Stephens and his wife, Dr. Susan Park, who practice together, have saved nearly $10,000 in the same time period.

Shams and SourceOne Dental offer the next best thing to ownership. The company has been endorsed by five state dental associations — Texas, Arizona, Nevada, Florida and Georgia — and it’s adding another in January. SourceOne Dental created a white label version of its site, offering association members...
the same products on SourceOne Dental at an even greater discount. Shams explained, “The reason that we can offer an added discount over the SourceOne Dental prices (which are already significantly below the main incumbents) is that we don’t have a real acquisition cost from our association customers. We’re partnering with state dental associations that have marketing elements already in place, and marketing tools they can utilize to communicate with members and educate their members about our service. It’s remarkable. Associations bring us their customers, and we don’t have to pay a traditional marketing cost. The trade-off is that we take a lower margin, and our vendors have to agree to do the same, but the volume we get is significant. The goal is to leverage that in the future to continue to drive costs down.” Of course, it’s a win-win for the state associations, as well. The ability to offer members a program that will pay their tripartite membership fees many times over is appealing.

But what about customer service?
We wondered, without reps, what kind of customer service should people utilizing these services expect? For traditional vendors like Burkhart, service is their bread and butter. Losch says, “Burkhart is a full-service dental dealer. In addition to supplies, we offer equipment, technology, technical service and practice consulting. Partnering with our clients to help them reach their goals is our main focus.”

Amazon doesn’t have dental space representatives to answer questions about products, and it’s unclear how responsive the company would be if customers requested a product that wasn’t on their platform. At TDSC, Spinelli said, “We have reps in Sacramento, California, to help individuals sign up, find products, and source items that are not currently available on the site. If we get enough requests for a certain item, we can always add the item to the catalog, as well. We’re new. We launched to our general membership in June, and we have added and refined the catalog as necessary.”

SourceOne offers robust customer service options that kick in even before a customer commits to the site. Shams said, “When people are interested in coming on board, we ask them to send us recent invoices from their present suppliers. We’ll create reports on each item, do a line-by-line price comparison for the exact item, and estimate the projected savings for the customer. We’ll do that before they ever log in, preferably. Generally, they’re going to see significant savings and will want to use us. The other major benefit of that step is that we now have that customer’s order history, which makes it easier to buy. We have 50,000-plus SKUs on the site, and we don’t want customers to have to search through all of those on their first order. By providing us with an item history, we can find the exact SKUs and build and upload an item list for them. And that’s one of the features based directly on customer feedback. They told us what they needed, and we made it happen. They already know they’re going to save money, but you also have to make it convenient. We spend a lot of energy on it because it’s such a valuable service.”

At Supply Clinic, a dedicated team is accessible through chat, email or phone during business hours five days a week, sometimes more. Their team will do just about everything a sales rep will, except visit the office in person. Drucker said, “What’s awesome, and pretty sad, is that reps from some distributors reach out to us frequently about product information.”

Why wouldn’t you use one of these services?
We wondered, is there any advantage to staying with the large distributors? Change is hard, we know. And Ford told us that his Patterson rep offered to match TDSC’s pricing, but he just didn’t want to go through the work. “It meant that I would have had to pull the TDSC Marketplace website up and double-check all of the pricing, and it was just an extra step that I wasn’t willing to do,” he said. As for...
selection, Ford orders essentially everything through the Marketplace that he would have gotten through Patterson: gloves, cotton gauze, suction tips, masks, composites, cements and impression material. He said, “It would be nice if I could get equipment through the site, but other than that, if there is something that I need that I can’t find in the Marketplace, I email their customer service reps, and typically it will be on the website within 48 hours. They’re great about getting products that I want. The other thing is that certain manufacturers will offer ‘buy one, get one free’ deals, and all of the manufacturers I have worked with honor those deals. I just email TDSC, and they give me an invoice that I can present to the manufacturer sales reps.”

Burkhart takes the worry out of your hands, says Losch, “As a part of our normal business practice, Burkhart will process coupons and credits on behalf of the client, helping them save money and time. Our goal is to reduce our client’s supply percentage cost. We closely monitor their inventory to ensure they have adequate supplies and eliminate unnecessary overages and waste. Burkhart is the only dental supply company to offer a written guarantee to reduce client dental supply costs.”

**The best of both worlds**

The e-commerce model may well help practices regain some of the competitive edge lost to their larger competitors. Every dollar saved helps, but that savings comes at a cost of convenience and selection, which won’t appeal to every consumer. And because e-commerce catalogs aren’t as robust as those of their traditional counterparts, practitioners may need to utilize both models for the time being. Regardless of how you choose to proceed, it could be worth a look to see if you could benefit from utilizing e-commerce in your practice.
ASDA and ODA Team Up for Another Successful National Signing Day

ADA’S NATIONAL SIGNING DAY (NSD) is a national program aimed at engaging and encouraging dental school seniors to apply for ADA membership. National Signing Day brings together dental schools, state and local dental societies, and ASDA chapters to welcome new dentists to the profession. In partnership with ODA DS4 representative Steven Knapp and OHSU’s ASDA chapter, Oregon was able to sign 100 percent of the DS4 class into membership for the third consecutive year! OHSU Alumni and ODA volunteer Dan Miller, DMD, led the program, sharing his personal insight and journey with organized dentistry and discussed the value of the tripartite membership to the DS4 class of 2018.
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   Stay tuned for a full Oregon Dental Conference Recap in our June issue of Membership Matters.
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