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Topics: Overtime, dental waste, Windows 7

Q How will the Department of Labor's final rule to update overtime regulations impact practices?

A The Department of Labor this fall announced the final rule that updates overtime regulations. The updated rule, which took effect Jan. 1, 2020, increases the earnings thresholds necessary to classify an employee as exempt from the minimum wage and overtime pay requirements of the Fair Labor Standards Act (FLSA).

In addition, the rule allows employers to include certain bonuses/commissions toward the salary threshold. Prior to the update, employees making \$455 per week (\$23,660 per year) who qualified as executives, administrators or professionals were not owed overtime by their employers.

The final rule now increases this threshold to \$684 per week (\$35,568 per year). For employees previously classified as "highly compensated employees" (HCEs), the salary threshold increases from \$100,000 to \$107,432 annually.

Additional information on how this may affect practices and employees is available at [DOL.gov/whd/overtime2019](https://www.dol.gov/whd/overtime2019).

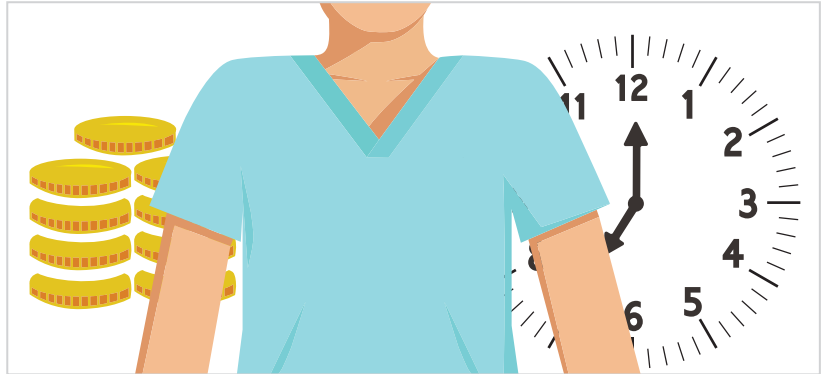
Q Is my OMS practice required to install an amalgam separator to comply with Environmental Protection Agency's dental waste regulations?

A At the federal level, OMSs are exempt from the EPA's regulation. However, individual states may have their own requirements with which to comply.

As such, it is important for OMSs to contact their individual state dental boards to confirm they are meeting all state requirements and regulations. The EPA's final rule regarding the installation of amalgam separators for the discharge of dental amalgam became effective July 14, 2017.

Under this federal ruling, dental professionals who exclusively practice one or more of the following specialties are excluded from meeting this requirement and submitting the one-time compliance report:

- Oral and maxillofacial radiology
- Oral and maxillofacial surgery
- Oral pathology



- Orthodontics
- Periodontics
- Prosthodontics

This information is available at [EPA.gov](https://www.epa.gov).

Q My practice uses Windows 7, so what does Windows 7 "end of support" mean?

A Microsoft announced that after 10 years it will no longer provide support for Windows 7, effective Jan. 14, 2020. While PCs with Windows 7 will continue to function after this date, Microsoft will no longer provide technical support for any issues, software updates and security updates or fixes.

Without proper updates and regular patching, a computer system is more vulnerable to viruses and malware, increasing the potential risk for a security breach. Practices that continue to operate with an unsupported system may be considered noncompliant according to HIPAA security regulations.

To ensure continued HIPAA compliance and prevent unauthorized access or disclosure of protected health information (PHI), it is important for practices to implement and maintain technical safeguards. According to Microsoft, moving from Windows 7 to Windows 10 is the best way to stay secure in the future.

Additional information is available at [Microsoft.com/en-us/windows/windows-7-end-of-life-support-information#why-windows-drawer-faq](https://www.microsoft.com/en-us/windows/windows-7-end-of-life-support-information#why-windows-drawer-faq). ■

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- Alan S. Herford, DDS, MD
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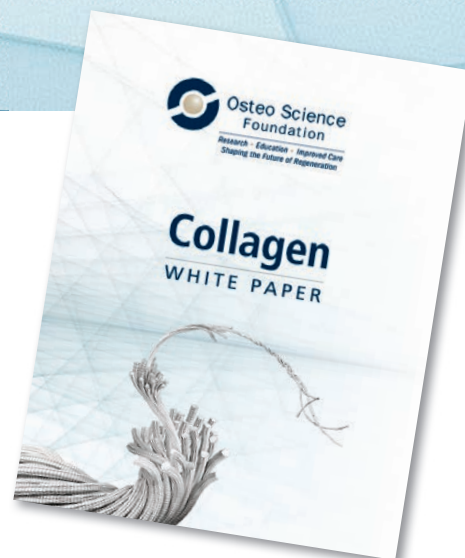
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Osteo Science Foundation's mission is to advance hard and soft tissue regeneration, with a focus on Oral and CranioMaxillofacial Surgery. The Foundation was established by Dr. Peter Geistlich in 2013 and is funded by Geistlich Pharma, a global leader in regenerative medicine for dental, oral, and maxillofacial surgery. Osteo Science Foundation is dedicated to advancing scientific research and education that leads to improved outcomes for patients, and operates as an independent, privately-funded 501(c)(3) non-profit organization.

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To improve your practice, focus on the team

By Kevin Johnson
CEO, Leverage Consulting

A 20th century inventor and visionary, R. Buckminster Fuller is quoted as saying, "If you want to teach people a new way of thinking, don't bother trying to teach them. Instead, give them a tool, the use of which will lead to new ways of thinking."

When giving others a tool, you need to teach them how to use it and why to use it. Oral and maxillofacial surgeons who own their practices can become frustrated by results, or lack thereof, somewhere in their practices. This frustration could be attributed to their schedules, inventory, procedure goals, accounts receivable, etc. If this sounds familiar, the tools discussed will be critical to your ability to work with your team to pull out of a decline, sustain a benchmark or move into a new era of practice.

The thought behind using a tool

As an oral and maxillofacial surgeon, you likely graduated at the top of your class and completed a rigorous residency.

Once in practice, you continue to invest regularly in continuing education courses spanning dentistry, medicine and anesthesia. With such a large knowledge base, once you have decided there is a need for improvement or change in your practice, you have no doubt put a lot of thought into the idea. OMSs are quick on their feet, which is a great asset as both a surgeon and a practice owner. However, that quick-mindedness can become problematic.

A former colleague was blessed with the ability to make decisions quickly. Very quickly. On her own, she was phenomenal. It took her only seconds to reach a conclusion that would take others hours. However, that blessing also proved to be a curse at times. It became problematic when she had to work with others.

While she is a great individual with a good heart, coworkers would become frustrated because they were not as quick as she was. At the same time, she would become frustrated – feeling as if others were holding her back.

This may paint a familiar picture of similar struggles while working with different colleagues in your practice and

referral sources. Keeping that struggle in mind, it's possible to create a deliberate plan using tools that will guide your team to your objectives.

Leading the team

If you have regular team meetings, you may encounter similar situations. While you may have personally arrived at a solution, pulling the team along with you may seem like an impossible task at times.

You are not alone. Every business owner, manager and team leader experiences this struggle.

To demonstrate this point on a larger scale, Amazon has approximately 600,000 employees, and one of founder and CEO Jeff Bezos' main priorities is instilling common values and objectives within his management layers and the frontline employees to ensure Amazon's continued growth.

Your focus here will help you do the same in your practice. Following a few logical steps will put you on the same path as a business giant like Bezos:

■ **Identify the problem** – This could be a deficiency or a gap between where you are now and the next level of your practice. The latter is not a problem but more of a path to continue your excellence.

■ **Determine the solution** – Similar to a treatment plan, once you know the problem, you devise a solution with the best possible outcome.

■ **Identify the key individuals** – Leaders and managers are effective when they achieve their goals through others. The OMS is the key technician and entrepreneur in the practice. To support the technician and entrepreneur, team members conduct many if not most daily operations.

Identifying the key team members who will assume the responsibility for the change is critical to the desired change.

■ **Measure the change** – Sports teams use scoreboards to measure their personal progress as well as their progress against competitors. Your only competitor should be yourself – from yesterday. Measuring change over time demonstrates results, keeps a focus on improvement for the team and maintains communication.

continued on next page

■ **Communicate the new or revised system**

– This is where great ideas flourish or die and may be the most important part of implementing change. If team members do not understand how they should individually change daily routines, the routines will not change and you will not see results. This communication should create clarity, provide logical steps and answer questions.

■ **Communicate the desired result**

– This also is a very important step. A favorite example of this is “fill the schedule.” Someone could technically follow a directive step-by-step yet fail because he or she filled the entire day with postops, emergencies, torque tests, etc. Your team will usher many patients through the practice.

However, the production (leading to collections) would barely pay the power bill. You need to communicate what outcome the team should be aiming for daily. As an example, aim for 10 scheduled sedation patients on a Friday.

■ **Communicate the ongoing result** – Because everyone gets so busy with patient care, it can be easy to lose sight of the objectives. Team members may have no idea whether they are on track until they are told they have done something wrong. Communicating the ongoing result also creates an opportunity to keep the team focused and motivated when it is on the right track.

Motivating your team to follow your lead could be as simple as following these steps. If you feel changes are not being implemented appropriately, you can go back to these steps to reassess where things broke down.

‘Don’t tell me, show me’

Modifying a schedule is quite impactful to the practice. Fundamental changes to the schedule will affect the flow of patients, staffing, how team members prioritize their day, productivity, and, most importantly, patient care.

Patient care will not be compromised. However, other outcomes – such as patient experiences, referral satisfaction and team morale – will be adversely affected. A daily schedule that leaves a surgeon feeling stressed, double-booked and overworked does not facilitate excellent patient experiences



compared to a schedule that has been logically prepared for the best possible practice outcome.

Many practitioners start their practice with the Bob Barker method of practice-building: “Come on down!” That may sound like a great reputation to have, as you will be viewed as a problem solver for both the referring doctor and the patient – and who doesn’t like a problem solver? However, that approach to creating and maintaining a great reputation will backfire if the team doesn’t manage it properly.

If you decide to implement a new schedule template to manage patient flow, productivity, staffing schedules, etc. – paint the picture for your team. Show them the new template and explain it. Explain how the day will flow differently. Describe how the team’s daily activities and responsibilities may need to change. Get the team over the goal line faster by showing the team the desired changes. Your team will gain a better understanding of your desired changes and goals, making these changes easier to implement.

Role playing

As part of any organized, planned change and training, you as a leader and manager will need to ensure the team has thought through the process as much as you have. You have likely experienced a professional situation when you explain something to your staff and receive head nods with the obligatory comments of “sure” or “OK.”

Teams need to have a dialogue when implementing change in the workplace. Is it possible for a leader or manager to answer every conceivable question to leave the listener(s) satiated



and speechless? Or do you need to peel the onion together and envision implementing the new system tomorrow?

Consider how this same concept is applied with CPR training. You learn the concepts and then practice the right technique. You must do the same in your practice system.

With this CPR analogy, our only objective is to save the patient. That's it. With a practice system, we want to save and stabilize the schedule. Your team will experience many curveballs between today's reality and the day planned on your schedule.

Have your team visualize preparing the schedule, dealing with attempted cancellations, working referral emergencies into the schedule and more. Role playing is the perfect training tool as the team visualizes changes. You may find gaps in knowledge, incorrect perceptions and gaps in training.

Role playing is the safest place to practice. Yet, when the idea of role playing is mentioned, people tend to shy away because it is perceived as uncomfortable. A great visualization of being uncomfortable is thinking you know the job while staring a patient in the eyes only to realize you are not as prepared as you thought. That discomfort marks the starting line of learning. If the team hasn't crossed that line, the learning has not yet started.

Theory vs. application

Say you want to place an additional 100 implants annually. That goal alone will affect the schedule, ordering, marketing, team member responsibilities and your focus.

Now break down what tools the team will need to accomplish the desired outcome of placing 100 additional implants over 12 months:

- Marketing strategies to draw more implant candidates
- Appropriate staffing
- Defined team member responsibilities
- A schedule that supports 100 additional implant patients
- A defined new patient intake process and scripting
- A defined consult process and scripting
- Monthly tracking on deliverables
- Ongoing training for staff involved
- Continuous team updates

A job vs. a challenge

It is interesting to observe a group that has a job vs. a team that has a challenge. Teams that have a challenge will do what is necessary to win. A challenge checks many boxes for a leader and manager. It communicates the desired outcome. It remains a priority through routine updates. A challenge also is a way to measure the team's progress, or lack thereof, similar to a scoreboard. It gives the team a purpose.

By following these steps, your team will gain clarity, purpose and motivation to work toward a shared goal in the practice. That goal may be to grow your implant practice, add an associate or anything else the entrepreneur in you desires.

An OMS needs a team that can work together to achieve desired outcomes, whether there are six employees or 100. A team will power you to your desired destination faster and more efficiently than if you went on the same journey alone. Give your team the necessary tools to start the journey toward your next phase of practice. ■



This is number 171 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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AAOMS Opportunities

2020

Feb. 8–9

Resident Transitions into Practice Conference
Hilton Rosemont/Chicago O'Hare in Rosemont, Ill.

Feb. 22–23

Anesthesia Assistants Review Course
Loews Vanderbilt Hotel in Nashville, Tenn.

March 6–8

Principles of Head and Neck Oncology for the OMS
AAOMS headquarters in Rosemont, Ill.

March 24–25

Day on the Hill
Renaissance Washington, D.C. Downtown Hotel in Washington, D.C.

April 29–May 1

Clinical Trials Methods Course
AAOMS headquarters in Rosemont, Ill.

May 2–3

Educators Summit
AAOMS headquarters in Rosemont, Ill.

May 2–3

AAOMS Educational Weekend
Advanced Protocols for Medical Emergencies
in the Oral and Maxillofacial Surgery Office
Practice Management Stand-Alone
Beyond the Basics Coding Workshop
Loews Chicago O'Hare Hotel in Rosemont, Ill.

Oct. 5–10

**102nd Annual Meeting, Scientific Sessions
and Exhibition**
Henry B. Gonzalez Convention Center
in San Antonio, Texas

Regional & State Society Meetings

2020

Feb. 28–March 1

Virginia Society of OMS Annual Meeting
Hilton Richmond Short Pump Hotel and Spa in Richmond, Va.

March 22

New York Society of OMS Annual Meeting
Weill Cornell Medical College in New York, N.Y.

March 27–28

Louisiana Society of OMS Pearls IX
(with the Jack Kent OMS Foundation and the LSU OMS
Alumni Association)
New Orleans Marriott in New Orleans, La.

April 4

Wisconsin Society of OMS Annual Session
The Charmant Hotel and The Waterfront Restaurant and
Tavern in La Crosse, Wis.

April 16–19

Southwestern Society of OMS Annual Meeting
The Broadmoor in Colorado Springs, Colo.

April 21–26

Southeastern Society of OMS Annual Meeting
Casa Marina in Key West, Fla.

April 24–25

April 24: **Ohio Society of OMS Council Meeting**
April 25: **OSOMS Annual Scientific Conference**
Renaissance Columbus Westerville-Polaris Hotel
in Westerville, Ohio

April 24–25

Houston Society of OMS Edward C. Hinds Symposium
Houstonian Hotel in Houston, Texas

April 29

Mid-Atlantic Society of OMS Spring Meeting
Turf Valley Resort in Ellicott City, Md.

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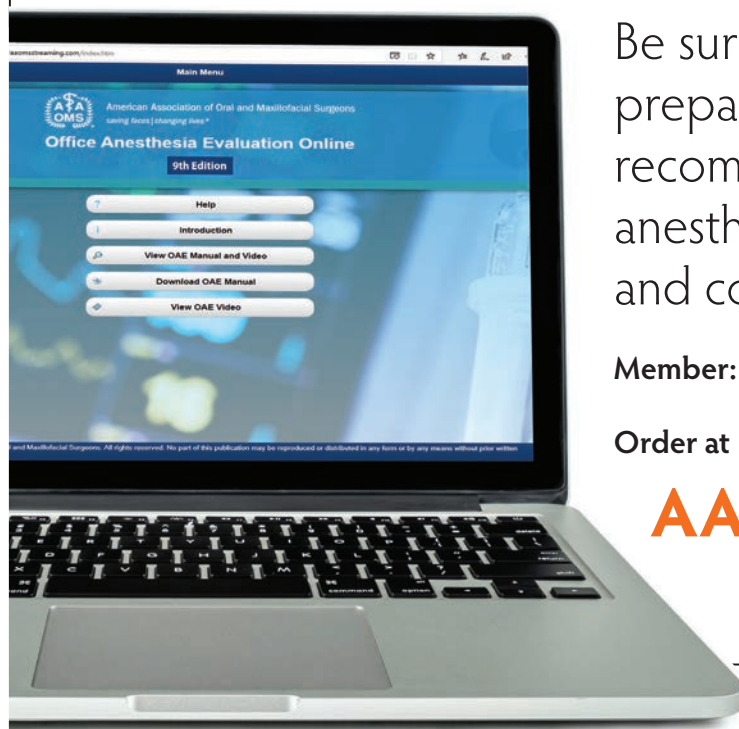


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