

REED'S INTERNATIONAL LETTER

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Sam Walton, founder of Walmart (truly a household world across America) talks about the commitments needed to be successful and happy in our worklife.

Rule Number One is the unconditional commitment to the business. when that discontinues or isn't arranged for, change your position.

Rule Number Two, treat the people in your establishment like *partners*. In our game, perhaps

Commitment to Success is the

Permanent Reality of Teamwork

the word *associate* is a better one. If we're all associates, we have a team.

Rule Number Three, motivate these partners or associates. Set high objectives, encourage competition and then keep score.

Sam was telling us that monitoring improves things and that, at least annually, we must have a very pointed performance analysis and report.

Rule Number Four, communicate everything you possibly can to your partners/associates.

Information is power and the gain you get from empowering your associates more than offsets the risks of informing competitors. Stand alone.

Let it be known.

The antithesis of this is, of course, sabotage, which is **not** communicating anything and everything that could possibly accelerate and/or improve our service to others.

Rule Number Five, show appreciation for everything your fellow teammates do. Gratitude should be your attitude. Sincere words of gratefulness and appreciation are dynamite.

Rule Number Six, celebrate your successes. Find humor in those things that don't go properly. Don't take yourself too seriously. Remember, there is no such thing as failure, only outcomes.

Rule Number Seven, listen to everyone. . . a lot. Leaders are people who ask questions and listen a lot. The best way to get people to talk is to ask questions. . . and then **shut up**. People who are on the team who actually listen to your "consumer" are the only ones who really know what's going on in the marketplace. *We don't have 'cause we don't ask.* (Matthew 7:7)

Rule Number Eight, exceed the expectations of those who come to you for care. Make them want to come back again and again, as much for the experience as for the care.

Rule Number Nine, control your expenses. Get your arms around cost containment for your business. Do so better than your competition. Find a competitive advantage for yourself that's sustainable by being efficient in your operation.

Rule Number Ten, swim upstream. Chances are, if everything is being done one way by everyone



else, you can find your niche by doing it just the opposite.

Pretty exciting to see and feel how Sam Walton built his tremendous empire, known as Walmart.

Key turn-ons in our workforce of today, which really falls under the category of *twenty something* (and we all are, aren't we?) include recognition and gratitude, quality time spent with team members, learning how what we do is making ourselves more marketable for the experience of the "consumer." A fun turn on is the opportunity to learn new things.

Probably most heavily scored by the "twenty something" age group was fun at work, structured play-like competition, surprises, innovation, even harmless practical jokes.

And last, but not least, small, unexpected, unplanned rewards (not bonus systems that are organized) are much more appreciated.

Turn-offs for this same working group include hearing about the past, especially yours, inflexible about time, attitudinally, workaholism, being watched and scrutinized, feeling pressure to convert to traditionalist behavioral patterns, disparaging comments about their generation's tastes and styles, and, again last, but not least, feeling disrespected.

In this same teamwork game, where leadership emerges, situationally, it's easy to find an innovator, or recognize when someone is innovative, by noticing that the person looks for new opportunities everywhere, challenges preconceived beliefs, biases and assumptions with paradigm-busting enthusiasm, much like **The Popcorn Report**, is a real trend

analyst and spots the change that starts the trend before anyone else does, constantly redefining their objectives, they develop and try ideas of their own and yet watch and borrow and apply from innovators outside as well; they rely on intuition (the gut), the synapses to assess risks.

They read people and deal with complex decisions quickly. They have long-term objectives and persist when others decide to fade, find a way to do things when the odds are stacked against them. They seek and encourage both positive and negative feedback from other team persons and from the person coming for care. They thrive on networking and build mini-teams of cooperators to carry out projects.

As we enter the 21st century, innovators and visionaries will replace intimidators and predators. Independence will be replaced by interdependence, management by leadership. We will pull and expect rather than push and direct, the boss/grunt relationship by team configuration and networking. The real winners will be the champions of cooperation not competition.

Out of all this comes a vision statement: The dynamics of visualizing precipitates itself into a statement of vision and, much like Viktor Frankl's vision of being a significant lecturer and teacher about the Auschwitz prison camp sustaining him during the five years he lived there, his vision changed after his release. Visions are seldom set in concrete.

One of the current vision statements forged by Pentegra for its team and its members is, I think, a good example.



Pentegra helps to build success, using business and administrative support, ideology and technology, which provide added dimensions of accessibility and value to the products and services provided. We are a family of diverse business, professional and personal technology and services, broad in business and technological expertise, rich in ongoing support services, unified in our commitment to assure the success of our dental members by focusing on their unique needs and delivering relevant, financially sound and technically advanced benefits.

We listen and understand. We care and offer trusted advice. We are viewed as valued business partners who will not compromise as reality, accessibility and timeliness of carefully tailored products and services. There is integrity in everything we do. We continue to surpass the expectation of our members. We set the standard for what support to membership can be. We deliver what we promise.

This statement does more than excite the serving team person, it provides a soaring inspiration that helps the member far exceed previous behavior. Such a statement might be exciting for your team.

Note the addenda this time. It gives team persons an advanced opportunity to realize that there is *life beyond current training*.

The advanced skills and understanding and excellence achieved by the expanded functions course given to hygienists from all over the world since 1976 will give hope and inspiration.

As I stated earlier, in part, teamwork is a permanent reality.

Remember the movie **Ben Hur**, the scene where the Sheik describes to Ben Hur the virtues of the four wonderful Arab horses who will take him to victory in the great circus at Antioch:

Aldebaran, the swiftest,
Antares, the slow one who will run all day,
Honest Rigel, the center horse who steadies the team,
Atair, the courageous king among coursers.

Ben Hur understands and assures the Sheik: "*If I can get them to run together, moved by my will, the four as one, thou shalt have thy rewards, and the crown.*"

On the day of the chariot race, the four "sprang forward as with one impulse." They ran with "unity, power, grace and pleasure, all without effort or sign of labor."

What an ideal for any working team: unity, power, grace and pleasure. A winning team works just like those runners, matching complementary skills, personalities and energies, and aiming at a single clear goal. As a team person, you give 100% in whatever role you're assigned, sometimes steadying the group in a supporting role, sometimes starring when the particular talent required happens to be yours.

When dental teams marshal deliberate planning and intelligent good will, they can reach marvelous peaks of performance when they exercise the best that's in them, experiencing exhilarating days when projects go gloriously well from start to finish.

On the other hand, you've had your share of days when someone's behavior irritates the other team



persons. . . when messages get garbled, instructions are ignored, games are played, teeth are set on edge and everyone works at cross-purposes. These kinds of days can net you nothing but frustration and each one limps home, hoping there's someone there to get the slippers, rub the back, and floss the teeth!

Three challenges to team harmony:

- (1) lack of time to communicate,
- (2) toxic patterns of communicating, and
- (3) false expectations of one another.

Ben Hur's horses were brought into the Sheik's tent and treated like members of the family. . . caressed and admired; then, on the racecourse, they were drilled and disciplined and rehearsed until they were sure and confident.

Dental teams may not be so lucky. The *tyranny of the urgent* may preclude time for good communication; it's important to eke out every bit of value of the little time that is available, with organization and regularity being vital. . . **A regular time and place** to plan and coordinate. Keep it short. but **keep it**. **Regular checklists** for each other with **standard locations** to leave notes for each other, not just random heaps in one another's work areas. And **standard policies** so that decisions about phone calls, filing or lunch hour coverage, etc. don't have to be made over and over.

If team harmony is easily upset, persons may have slipped into the second trap: Toxic patterns of communicating. Familiarity often breeds this kind of contempt. Perhaps early learning of communication was to do so by indirection, innuendo, sarcasm. . . all manipulative techniques.

Some people communicate their displeasure by procrastinating on requests, blocking or withholding needed information, by resorting to tight-lipped silences or cryptic wisecracks. Others retaliate by "forgetting" important items, complaining to third parties and by pouting or whining or staying out sick. Any such contest aggravates stress because of the intense working relationships.

When trust erodes, in relationships dependent on trust, the team structure grows hollow and may crumble.

If this kind of toxic behavior threatens the team, choose a day when you feel cheerful, rested, and **let it begin with you**. In clear, warm words, let it be known that you feel uncomfortable with the present state of affairs and are ready to explore ways to make things comfortable for all, and offer some concrete suggestions for giving optimum support. Ask: What can I do better than I am now doing?

Don't expect miracles. It may take time and a lot of patient persistence to overcome poor communication habits, but **begin** and slowly build a new and healthier pattern, always clearing the air while worries or irritations are still minor. You'll learn that everyone on the team has a right to **ask** for what they *need*, not what they merely prefer, and that needs can be addressed in a simple, non-blaming way if they are addressed *early*.

The third source of trouble for team persons is *expectations*. Much of the pain and frustration that teams feel arises from expectations that others fail to meet. . . lack of appreciation, acceptance, sympathy, support. An atmosphere of disgruntlement undermines the team's performance when these vague expectations are not met. Asking



yourself if "the other must meet that expectation in order to fill my needs or merely my preferences." When expectations arise from preferences, it's easier to quiet the preferences, or meet them in alternative ways, than to convince others to give up their own preferences to meet yours.

It is rash to attempt to change another person. Giving up this expectation is stress-reducing therapy, ending a cycle of stifling your frustrations and getting by on a daily basis with gritted teeth and muttered martyrdom. You'll see how unrealistic it is to hope to change others, yet how hopeful about changing your own expectations, putting your energies into positive pursuit of satisfactions that are healthy.

Winning teams build their successes by agreement and clarity about priorities and objectives, by being free to "plantroll" their paths, and by openness to express frustration when the team meets obstacles. It's also important to feel confident that group members will *help a runner who stumbles*, and be willing to endure inconveniences for the sake of achievement, and be mutually excited when victory is in sight.

Many winning teams use a tool called a "living agenda" (a blackboard, flip chart, bulletin board or the like) placed in a convenient area where persons can write their agenda suggestions prior to the *regular* team meeting. The living agenda makes the regular, dependable staff meeting short and sweet, makes the whole thing visual and eliminates surprises and unplanned items. The group knows it can get worries out in the open and everyone's talent can be applied so worries don't fester for longer than a day or two. The board helps people share feelings, information, humor and trust.

One living agenda sports a cut-out doghouse in the upper right-hand corner. Snapshots of each team member are tacked nearby. If a person makes a boo-boo, s/he. . .or teammates. . .can put that photo in the doghouse! It clears the air, relieves tension, serves as apology, and prevents muttered martyrdom.

People do matter;

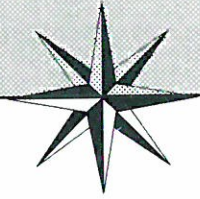
What does it profit a man to gain the world if he loses his soul?

What does it profit a manager (dentist, dental team) to gain great knowledge (wealth) if he they loses the human touch?

Srully Blotnick, a research psychologist and author, states that MBAs are more knowledgeable about economics and finance than managers in previous decades were; more sophisticated than old-time managers used to be. Business, he said, is more of a science now, and we're its new practitioners.

Those with an entrepreneurial bent are even more emphatic that things have changed for the better. A 31-year-old graduate of NYU's School of Business Administration who is bright and hard-working is convinced that his education virtually ensured his success once he went into business for himself. He decided to open a chain of copy centers. Before he did so, he made detailed financial projections ("just as we did in class. . .").

He opened one, then two and then three stores, keeping careful tab on revenues and expenses. No one doubted that he was on top of all the technical aspects of his business.



His comments seem smug, yet they capture what others in his position have said. "I don't understand how my old man made a go of it" he said of his father's successful insurance firm. "He started with nothing . . . and he *knew* next to nothing about business . . . but he managed to support a family and put us through school. It was really the Dark Ages in the business world when he began."

How could this man lose? He could and did. After nearly four years of "riding high," our copy center man filed for bankruptcy. He thought he was on the verge of becoming a millionaire.

What went wrong? Interviews with his former employees confirmed what you may suspect. He knows accounting, one said, but he doesn't know much about people. **Wow!**

You always had the feeling that you were little more than a "thing" to him, said another. "He's basically cold and arrogant." **Wow!**

This fellow still doesn't know what hit him. He's missed the whole point. "If I wanted to be in business to hold someone's hand, I'd have become a doctor." (a real one, probably. . .!) "I don't have time for that kind of stuff. Business is business."

His father, who long ago achieved the sales and earnings to which Ben was aspiring, knew precisely what went wrong. You do have to have the basics of business, and being innovative and keeping your eye on revenues and expenses is important; but unless you're producing a commodity, like wheat, the personal touch really matters.

How does this relate to dentistry, to team-building, to "warm body"/new patient flow?

In a world that grows a little more high tech every day, the personal touch is becoming increasingly significant.

Young workers tell that their technical knowledge will catapult them to the fore, but it isn't so! They are laboring under an illusion, one based on the desire to be something special, to score on the older generation. They want to see themselves as possessing information that their parents couldn't possibly have had.

The desire is understandable, but there is a core of wisdom that successful entrepreneurs and executives have had for decades.

In one of its many versions it says. "The customer is always right."

That traditional attitude is now viewed as demeaning by many educated and ambitious young workers who have replaced it with "the customer is always wrong. I'm the pro; they don't know anything."

In a recent survey of 180 college music teachers, one oft-repeated criticism occurred: "Our best students today are highly skilled technically; in fact, they're more so than students were 25 years ago, but they don't have heart. They're virtuosos at their chosen instruments, yet *they don't make music.*"

Are we making music in dentistry?

The sentiment expressed echoes those voiced by doctors. . .and patients. Professors at medical schools have begun to worry that their students know the technical aspects of



medicine (in fact, are also better trained in this respect than those who were in the same seats 25 years ago) yet they, too, it is feared, have lost the human touch that still matters when caring for the ill.

The human touch is still crucial to success, whether in music, medicine or management. Technical knowledge and skills, valuable as they are, won't save people who hold an exclusively "high tech philosophy" from business calamity.

This newsletter is a bit mixed, and somewhat longer than others. . . I hope you find it *interesting and informative.*

Omer

Napili's ACT I of the Four Act "Play" in continuing education for 1993, Palm Springs, early December: a wonderful experience (it rained the entire time. . . no temptation to "play hookey" on the golf course). We were fortunate to have many team persons with us; their attentive participation in dialogue is pertinent and meaningful; we're more and more convinced of the importance their presence when the *seamless team* concept is discussed.

The **Ski Seminar** at Snowbird in mid-February (10th through the 14th), the snow is better than fantastic! What a sensationalskiexperience/opportunity. Rooms may not be available at Cliff Lodge (the meeting site) at this late date (call 1-800-453-5000, Karen, to inquire). There are many hotels, leasable condos in the area; **you're welcome to join us**. Tuition is \$870. The plan is to **ski to your heart's content** on the first two days, and to discuss such items as cost containment, shifting down/cashing out, productive happiness, bottomline trend-bending and more on the last two days.

We're hoping to serve school children with homecare, preventive instructions and intra-oral care while we're in **Bora Bora** for the expanded ACT IV (the financial act) Fiscal Fitness workshop, the fourth week of August. We're waiting for confirmation of licensure, cost and accommodation options.

We will do the three-day Fiscal Fitness workshop in Georgetown, Grand Cayman, May 13-15. Reservations are being accepted now.

WHY SOMEONE PAYS \$2,295 FOR A SWEATER

(A Letter to the Editor, New York, December)

To the Editor: "Charity, and Crocodile Chukka Boots" (editorial, November) chides the purchaser of \$2,295 sweaters. "who buys this stuff?" you ask. I, for one, the day before your editorial appeared, the same day you reported a Japanese businessman had spent \$38.45 million on a painting of two depressed-looking clowns (front page, November 29).

About the sweater and crocodile chukka boots for \$1,275, you ask: "Might these be dark symbols of some kind of cataclysmic fin de siecle? Are there not, in any case, more socially useful ways for the rich to spend their money?"

You miss the point.

What the sweater and the boots and the painting have in common is quality. After years of schlock, some consumers are willing, even eager, for things that last.

The sweater I bought is a work of art, produced by an artist. I once bought a backpack on 14th Street for \$3. The first time I used it, the threads pulled out, and it was useless. I was fleeced by sellers of shoddy goods, not by my \$2,295 sweater.

As for your editorial's pseudoMarxist close, "So let them redistribute their wealth. Let them buy things that cost much more than the value of the resources and labor it takes to make them": that's more appropriate to the backpack than to the sweater or to the Picasso.

As my father told me years ago: "I'm too poor to buy cheap."

The Best Care Other People's Money Can Buy

By JAMES P. WEAVER

A ruptured abdominal aortic aneurysm. That's what he came into the hospital with. Ten in the evening, and I spent the whole night saving his life.

I was amazed that, at 70 years of age, he even made it to the intensive care unit. His full recovery turned out to be a gargantuan struggle. Two months in the intensive care unit. Transferred to the floor. Pneumonia. Back to the ICU for two weeks. Back to the floor. CAT scans. Looking for abscesses. Nine consultants. He was given all the technology that money can buy. And he made it.

The end of the struggle was not as glamorous. It was a slow process of winding down the antibiotics, winding up the

Pricing Health Care

physical therapy, and feeding him enough to help him regain his strength. There were so many obstacles to his recovery, but it was in dealing with his feeding problems that I encountered the most underrated of them all: the Ultimate Cost Container, a cost-conscious patient.

It came as a complete surprise. During the 3½ months of hospitalization, money had never entered the discussion. No one brought it up — not friends, not family, not the patient. Then it happened.

I had tried to get Mr. X, as I shall call him, to use his false teeth to eat, but he had lost so much weight that they didn't fit. I suggested that we call in a dentist, and he agreed. The dentist came that day. On evening rounds I asked Mr. X about it.

"Did you see the dentist today?"

"Yes, I did." He seemed to have a tinge

of anger in his voice.

"Well, can he help you?"

"Oh, sure he can, but it's going to cost me 75 bucks! That's a lot of money for me. I'm not going to have it done!"

I was shocked — not that he didn't have "75 bucks" but that now, after 3½ months in the hospital at Medicare's expense, his response to spending his own money had been: That's a lot of money, I'm not going to do it!

That evening, to be certain of the public's share in this medical investment, I stopped in at the admitting office and checked on his bill—it was \$275,000.

It needs to be said that, without doubt, Mr. X is a good man and a decent citizen. But he was now the victim of the Medicare "entitlement" system. Somehow, he had come to believe that "75 bucks" was "a lot of money" and that \$275,000 just didn't matter, since it was someone else's money. This despite figures like the one cited in Martin Feldstein's column above: Medicare health benefits for the aged will cost Americans \$200 billion in 1996.

Do we really need Adam Smith to rise up and tell us again that the free market has an "invisible hand" that will control prices? Unfortunately, we probably do.

Under the promise of "entitlement," politicians actively protect the elderly from facing the dollar consequences of their demands. People believe they deserve all possible medical treatments, and they will not stop asking for them until they have to pay for them with their own money, even just a little bit.

Mr. Clinton used the terms "right to medical care" and "entitlement" quite freely during his campaign. Although such rhetoric may win elections, it is not healthy for our medical-care crisis. It has

made people feel justified in spending other people's money; they don't even ask about the price.

But the price is now hurting all of us. It's a lack of market forces that has caused our private medical insurance premiums to soar. It is also the reason that 37 million of our fellow citizens do not have medical insurance, and it is definitely the reason that our government has placed price controls on the medical profession and is threatening to place controls on the pharmaceutical industry and medical equipment manufacturers as well.

We will never satisfy the public's demand for something as valuable as medical care when it is offered "free" of charge. The message: We will control costs only when people have to pay an equitable amount for their medical care.

Mr. X didn't want his teeth fixed. It "cost too much." I wonder how much "unnecessary" care "costs too much" and might be eliminated if we brought the patient back into the marketplace.

When Mr. X was almost ready to go home, I knew he would be able to manage there with his wife, who was healthy, and his many friends. But he felt free to ask me one day about getting some help at home, to continue his recuperation. Maybe a physical therapist or a home nurse would be nice. I'm certain he felt entitled to them, though he didn't need them. But if I had said "no," I would have looked like a heartless, uncaring doctor. The system works that way, you know. I'm certain it would improve if I had the right to summon the Ultimate Cost Container and say, "I'll send them all out, but it will cost you \$45 per visit."

Dr. Weaver practices surgery in Durham, N.C.

The Arizona expanded functions program requires more than 300 hours of instruction.

BY TRISHA O'HEHIR, RDH, BS.
Trisha is a member of the RDH editorial board. She lives and works in Tucson, Arizona.

Root Planing vs. Root Planing

Advanced skills and understanding are the keys to attaining excellence.

Root planing courses vary in length from one day to 40 days— from eight hours to more than 300 hours. Who would be dedicated enough to invest 300 hours to learn root planing when they can accomplish the same thing in say one, or in a four-day weekend at most?

Many Arizona dental hygienists and dentists have asked that question because certification in expanded functions in the state of Arizona requires more than 300 hours of instruction. It is therefore understandable why more than 100 expanded function dental hygienists would have chosen the shorter course, had it been an option.

The expanded functions program in periodontics was established for Arizona by the state board of dental examiners in 1976. The board followed the advice of periodontist Perry Ratcliff and set up an extensive 300-hour plus program. To date, Arizona is still the only state with this kind of program.

Prerequisites include two years of private practice experience and certification in administering local anesthesia.

Many Arizona dental hygienists, however, come from schools across the country where root planing and curettage are either part of the undergraduate curriculum or are offered as postgraduate expanded function programs consisting of one to six days.

Imagine moving to Arizona

and finding this difference in the dental hygiene practice act. Procedures you had been doing in another state (root planing and curettage) would not be allowed without certification in local anesthesia and completion of a 300-hour program. One might become frustrated at meeting such an obstacle. Enough perhaps, to choose not to enroll in the program or to enroll and complete the training simply to "get legal." That is how many Arizona hygienists felt as they began their expanded function studies.

A COMMENT from many of these same frustrated hygienists after completing their course evaluations, however, was that they thought the course could have been longer.

Surprising!

Furthermore, the most often repeated comment about the program to date is, "It was a humbling experience." As one student said, "There is more to root planing than *just* root planing." The student had previously taken great pride in her clinical skills and felt confident about her ability to root plane even before she began the extended expanded functions program. She had already been doing root planing procedures and she began the program for the same reason many others had—to get legal. Now she says, "I begin root planing at the point I ended before. I realize that what I *thought* was root planing is actually periodontal scaling.

a preliminary step to root planing.

More than the technical skill of root planing is involved in the Arizona program. The skills necessary to "make it work" back in each dental hygienist's private practice compose the bulk of the program. Histology, pathology, biochemistry and periodontics are interwoven with the clinical skills necessary to examine, diagnose, plan treatment and follow up on treatment provided.

According to a recently certified expanded function dental hy-

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gienist, her goal of getting teeth as smooth as she could during a one-hour appointment has now shifted to one of working with her patients to reach a goal of periodontal health.

AT FIRST GLANCE, those goals may not seem much different but the approach to *reaching* that goal has changed considerably. She no longer root planes as she once did—and she doesn't wait three to four months to see that patient again. She goes through a careful periodontal examination, using her cell biology background to determine each patient's level of health, to find what combination of factors will contribute to an increase in periodontal health and finally, evaluates the outcome of her treatment. Again relying on her knowledge of histopathology, she

can determine why some patients respond and others do not. This enables her to revise the treatment plan carefully.

The background information in basic sciences and periodontology involves about 100 hours of the lengthy program. The remaining 200 hours are devoted to clinical practice.

In Arizona, curettage is defined as a surgical grafting procedure. It is a new attachment procedure as compared to other states, where it is done to promote shrinkage of tissue. Suturing is a necessary part of the procedure when attachment is the goal.

SUCH AN EXTENSIVE program has given hygienists the knowledge and skills to discuss periodontal treatment plans with dentist/employers, as well as with patients. Substantiating treatment plans with current literature is part of the overall approach to patient care. Current scientific literature is used by the expanded function dental hygienist on a daily basis, as it relates to periodontal disease and treatment.

Although every dental hygiene program includes courses in histology, pathology and biochemistry, the content of those courses becomes more relevant after a couple of years of experience. With a broad base of clinical experience, the basic science knowledge takes on a new meaning. Reviewing that knowledge as it relates to current research and advanced clinical skills provides a base for continued learning.

Ongoing learning is the key to excellence in instrumentation. Root planing skills will continue to improve with both practice and instruction. Advanced skills and an understanding of current research will enable hygienists to provide specialized care for patients. ■

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Information is frighteningly accessible in a book which was published in 1989, *PRIVACY IN AMERICA*, University of Illinois, in which the author, Linowes states that ". . .the accumulation of personal financial information is generally done in good faith. "

"I think," he says.

PERSONAL PRIVACY? HOW MUCH IS ENOUGH? TAXATION: CUTS OR CONSEQUENCE

According to Dr. Linowes, "Each of the nation's three credit bureaus has 130,000,000 people in its files. They compiled 35,000,000 reports last year and I'd say practically everyone in the family in our country has been identified.

"There are 6,000 private data bases in the country, plus innumerable government files kept in every agency from the FBI to the CIA, the Treasury Department and the IRS."

Slipping the information back and forth is not difficult. In fact, Bill Jones, president of DATALINK, Baytown Texas, says that data bases haven't increased the supply of information, they've just made it easier to acquire.

"There's nothing our system," he says "that the individual himself, through other means, can't achieve. We're just saving the legwork."

"We've never had a privacy commitment," says Jones, "and there are times when we have irate

people although we've never been sued. I don't think anybody in this industry hasn't thought of the other end of that stick."

Dr. Linowes proceeds to say that there are two big problems: First, the errors in credit files that can't be changed, (and there are a tremendous number of errors) and that the information is used for harassment purposes.

Assistant Attorney General for the state of Texas recently told the Wall Street Journal that the whole system is frighteningly out of control. Not only are your financial matters virtually an open book, but it's an open book with a couple of pages missing, some lines crossed out and some pieces in backwards.

I'm seriously concerned about the errors in credit files. The mistakes are not necessarily accidental. That's what's really frightening. How you can screw up somebody's life by giving bad information put into their files is a real nightmare. And that's a real story in regard to our privacy.

With only one byte of information. . .a credit card number. . . an angry neighbor or vindictive co-worker can foul up your credit, have your utilities switched off, have all sorts of merchandise delivered to your house, make non-refundable reservations to Tahiti in your name, and that's no fun.

Private information that's sensitive can be collected on you in a number of ways. Searching through public records, dialing into computerized data bases, hiring investigators, bribing clerks, engaging in high tech eavesdropping and then there's your trash. Private investigator Aznarn says, "God help you if I get your trash.



I know about trash. That's why I have a zillion dollar office shredder. It's made in West Germany and turns everything into sawdust."

There are some protections, of course. . . five major Federal privacy laws, but each is perforated with loopholes and exceptions. As for State privacy laws, they are in complete chaos.

The Fourth Amendment guards against unreasonable searches and seizures, but there's that nagging word "unreasonable." A search of a doctor's records on you. . . is that unreasonable? Yes, the law says, unless you authorize it. Likewise bank and credit records.

Nevertheless, they are constantly being tapped, without your knowledge or permission.

With your license plate number, with a few bucks to a private investigator, I can have all the numbers necessary to locate your bank accounts, savings accounts, mortgage payments and, for a few bucks, even get last year's tax return.

Experts say private investigators and others familiar with data bases can easily track, hack, buy or bribe their way into secure and confidential files, including your medical records.

Technology is way ahead and it's going to be more rapid than the laws and social mores.

Dr. Linowes' comments echo the warnings of a 1986 report to Congress by the Office of Technology Assessment which concluded that there's no reasonable way for citizens to know where all their electronic dossiers are located and that it is "nearly impossible for the individual to learn about, let alone seek redress for misuse of their records."

Public concern about the loss of privacy has prompted some legislators to address the issue. Seven out of ten Americans agree that consumers have lost control over how personal information about them is circulated and used.

We have agencies that address civil rights, mine safety, battle monuments, marine mammals, but no agency devoted to privacy.

From the colonial times to the present, Americans have sought the right to be left alone. Individuals still want to be left alone.

Four out of five Americans today agree that privacy should be added to the list of "life, liberty and the pursuit of happiness."

Nevertheless, when one mentions "offshore" business concerns for the sake of privacy and profile alone, all sorts of red, white and blue banners start going up the pole.

A recent mailer from one of the major Southwestern Department Store chains to assist their customers in a credit check is an open invitation for them to run numbers for you on your own package and/or any one else that you want to fake them out with in lieu of a private investigator.

Their offering includes getting "right down and dirty" in regard to anything you want to know.

It seems to me that this is really the ultimate coup in the rupture of privacy.

I suppose we could turn this around and say that if you wanted to spend a few bucks prior to the new person coming to you for care, you could know more about him that he knows about himself.



Wouldn't that spoil the fun?

Wouldn't that obtund your sensitivity and concern for listening?

You could, indeed, begin to specialize in diseases of the rich, if you chose. But, what a farce when it comes to the **people game**.

If some of you think this is a bit on the strong side. Guess again. I've barely scratched the surface.

Central government is pushing for health care reform. I suspect that it's timely to expose current feelings in regard to taxation.

I certainly strongly believe in budget cuts. *The best way to do that is to lower taxes because with the disappearance of funds available, spending gets cut like crazy!*

I believe in having a deathwise lifestyle carefully in focus. . . that is to say, an estate plan that disposes of that which we have that has worked well for us before the fact.

Complete the tax form as if you were deceased. Carefully completed. . . and we are angered by the tax we have to pay (again) on money we've already been taxed on as a result of our estate closure, the admonition to shift assets into trusts, partnerships and foreign business as the current law allows becomes more "hearable" in terms of taxwise lifestyling and privacy. (Fiscal Fitness Workshop, Bora Bora, August 20 -27, 1993)

We can gift (that's *tax-speak* for "give") up to \$10,000 a year, or \$20,000 per couple to whom-ever we wish without incurring a gift tax for the benefactor and/or being taxed on the transfer.

Marci and I, as a couple, can pass along assets of up to \$1,250,000 free of tax, although when recipients sell they will have to pay taxes on the entire gain realized by the investment since they were originally purchased by the donor. Not too heavy a liability . . .and one that can be cared for later.

Certainly family partnerships, the tool of using trusts as well, the substantial advantage of having the Guardian Fortress Trust in place, putting our assets where their usefulness to us will not be damaged, but their profile is lowered and their access by others is removed makes good sense.

Having just returned from the Caymans and the Napili Fiscal Fitness seminar, I'm even more reminded of the importance.

Trusts do allow you to retain, depending on the kind of trust, some control of what you choose to gift. Property can be irrevocably transferred to your children so that acquisitions over the previous years can be transferred in their appreciated state to those to whom you choose to give at no tax at the time of transfer.

You can get the property out of your estate and delay the tax gain to those to whom you gift the property with no impact at the moment at all.

I strongly believe that it's important for us, for privacy reasons as well, to get our assets into those kinds of packages.

If you have younger children, your college contribution for children can be accelerated by putting together custodial accounts for them.

The first \$600 of the investment income from these accounts is taxfree for children under 14.



The next \$600 is taxed at 15%. Anything over that occurs at the tax rate of the parents.

Nevertheless, once the child turns 14, he can still enjoy \$600 of taxfree income and everything over that is taxed at the *youngster's lower rate*.

Obviously the child attains complete control of the assets of the money when he reaches the age of majority, which differs from state to state.

Think carefully about that. Be certain you've targeted that child and his values in the direction of continued education or whatever direction you've chosen.

I believe it's important that we document, in detail, everything at this time although chances of being audited are less than one in a hundred, the odds rise significantly when you're filing a more complicated tax return.

During fiscal 1992, the IRS examined one million individual returns, representing about .9% of those filed during the year; 4.9 of the individual returns showing incomes of over \$100,000 before any deductions and losses or other adjustments got scrutinized.

Only 1% of the returns reporting incomes of between \$50,000 and \$99,000 were examined and .6% of the returns between \$25,000 and \$50,000.

If you end up as one of the unlucky few, you might find yourself paying more tax than you should if your paper trail is incomplete, so by all means, keep track of what's happening.

Whatever the form of retirement plan is that you have, if you can have income growing in a

deferred tax package, you're very wise to continue to maximize that investment.

I don't like the way things are being integrated with the social security. . . this and that. Signs are certainly on the horizon of our maybe being limited in how we get our own money back and/or **IF** we get it back.

Nevertheless, it still seems to be one of the basic tools available.

Mathematical progression at the \$2000/year that we're currently allowed, no matter what, is so remarkable that the IRAs still make sense. It will grow taxfree until you retire it and that, of course, makes sense.

If your company owns a 401-K plan, contribute to the maximum.

The '93 allowance was \$8994. . . it all adds up.

One of the things that's exciting and easily overlooked is the rates on Series EE savings bonds which ratchet up, semi-annually, from 4.16% after six months to a guaranteed minimum of 6% once you've held the bonds for five years.

So forget money funds (now back to 4%?).. State and local governments can't tax the interest and you don't have to pay Uncle Sam until you cash in the bonds.

This is such a good deal that government limits your investment of these bonds to \$15,000 per year.

Something to think about.



Clinton's proposals on taxation are almost humorous if you can see them that way.

If he increases the marginal tax rate from 31% to 36% for couples with a taxable income of over \$140,000 and 40% for taxable incomes over \$250,000 you can buy taxfree municipal bonds and take the advantage of preferential 28% rate on capital gains and propose 14% rate on long-term investments of small companies.

It's almost blasphemy that we have to actually enter all of our taxfree municipal bonds on our tax returns even though we don't pay taxes on them.

Big Brother is watching you.

The Alternative Minimum Tax, that's been devouring to many, is going to increase from 24 to 26% and for those over \$220,000 it's going to go to 28%.

This means we have to spread our deductions over tax years to avoid triggering the AMT, make gifts to take advantage of proposed exemption for charitable donations of property and securities.

Clinton's energy tax will force us to insulate our houses and buy more fuel efficient cars or switch to natural gas and the estate tax is going to go up to 55% which means we're going to shrink our taxable estate by giving up to \$10,000 each year, \$20,000 per couple in this unlimited beneficiary free of tax gifting and shift our assets to trusts.

I know of no more creative entrepreneurial mind than that of Attorney John Goodson, who has been serving the Pentegra members in

regard to re-structuring one's net worth to best comply with the changing times in which we live and yet maintain the benefit stream from that which has been achieved.

Please see the addenda "lifted" from the Mark Skousen letter, **Forecasts & Strategies**. Note the address and phone number for subscribing, which I encourage.

The **Fiscal Fitness** workshop, the Radisson, Grand Cayman, was, of course, a great success. The last day was spent on a "cruiser" as the entire group motored out "to sea to see what we could see". . . and though nearly everyone was smart enough to smear sun block on all exposed places, the one who said, "Oh, I never sunburn" came away with a doozy of a burn, which is still flaking and itching (all over more than any place else). I've since invested in several ounces of *Bullfrog*, the very best, strongest sun block. . . . and have a much healthier attitude about prevention than ever.

It would give me a good feeling to have newsletter subscribers appear at an upcoming **INFORUM** or workshop:

June 18: Madison, WI at the Sheraton. \$175/person. . . agenda/content available upon request.

June 24-26: Phoenix - the "old" format of closed circuit video, role-playing case presentation (Napili 5) is being offered, by request. **How flexible are you?** Rearrange the schedule and join us for this special request workshop with special rates at Crown Sterling Suites (\$79-89). The tuition is \$1500/doctor and spouse. We're also offering this as an opportunity for your hygienist(s) to attend and hone skills in presenting the People Without Perio therapy, as well.

July 30-31: Phoenix - NEW workshop, a two-day intensive on Conflict Resolution Strategies. First announcement, agenda available on request. Knowing that the most-frequently requested assistance is in the area of conflict resolution (we hear it from the team, we hear it from the doctor, we hear it from the spouse), therefore, this added format.

JUST FOR FUN . . .

Ambition in America is still rewarded - - with high taxes.

It's hard to believe that America was founded to avoid high taxation.

Capital punishment is when the government taxes you to get capital so that it can go into business in competition with you, and then taxes the profit on your business in order to pay its losses.

It appears that Congress has found it's a lot easier to trim the taxpayers than expenses.

It's a mistake to believe that government can give things to some people without first taking it away from others.

The biggest job Congress has is how to get money from the taxpayers without disturbing the voters.

We may need tax reform, but it seems **we need a lot of spending reform**, too.

You really can't beat the game. If you win anything, it's minus taxes. If you buy anything, it's plus taxes.

Stay on your job and pay your taxes. Thousands of workers in the government bureaus are counting on you.

This talk about a "new source of revenue" simply means tapping the same old taxpayer in a brand new place.

A taxpayer once sent the IRS twenty-five cents with a note saying he understood that he could pay his taxes by the quarter.

Thanks to E. C. MCK



Mark Skousen's **Forecasts & Strategies**[®]

on investments, taxes and financial privacy

Tax Tricks & Techniques

"THE S DEVICE": A LITTLE KNOWN TECHNIQUE TO SHELTER INCOME AND BEAT SOCIAL SECURITY

Income investors, take heed! If you are retired or dependent on investment income, it may be to your advantage to set up an "S" corporation. According to a new special report by Ted Nicholas, here are some of the advantages of incorporating:

- When a corporation invests in other companies, 70%-80% of dividend income is tax-exempt. Thus, if you incorporate your investment portfolio, you can invest almost tax free in high-yielding bond funds and high-dividend paying stocks. Such an arrangement may earn considerably more than tax-free municipal bonds.
- You can pay yourself a salary for managing the corporation.
- You qualify for a tax-favored pension plan.
- An S corporation avoids all federal and state income taxes. All net profits are taxed on an individual return only.

If you are dependent on investment income, an S corporation may be the right thing for you. For more information, I recommend you obtain a copy of a just-released special report, "The S Device for Investors," by Ted Nicholas, available for \$20 from Nicholas Direct, Inc., 19918 Gulf Blvd., Unit 7, Indian Shores, Florida 34635; credit card orders call 813/596-4966, or fax 813/596-6900.

How to Beat the Social Security Tax Trap

There are a lot of smiling faces at the Social Security Administration in Baltimore these days. FICA taxes are bringing in \$1 billion per week in excess of what is needed to meet current benefits! Thanks to massive tax increases, engineered by Alan Greenspan in 1983, the Social Security Trust Fund is burgeoning with assets exceeding \$400 billion. Are they investing that surplus wisely? No! The SSA happily passes on its huge reserves to the Fat Cats in Washington, to satisfy their insatiable hunger for more deficit spending.

By law, all excess FICA taxes must be invested only in Treasury securities, thus transferring workers' hard-earned savings into the federal coffers. It's a neat little arrangement that's great for Washington but bad for you.

Imagine if that \$400 billion trust fund could be managed by Peter Lynch and invested in the U.S. stock and bond markets? Imagine if \$1 billion dollars per week could be invested in free enterprise instead of wasteful government projects?

Unfortunately, instead of this surplus reducing FICA taxes, they continue to rise. This year, the 6.2% FICA tax applies to earned income up to \$57,600, and the 1.45% Medicare tax hits incomes up to \$135,000. The rate is double for self-

Mark Skousen, Ph.D., Editor of FORECASTS & STRATEGIES, is a nationally known investment expert, economist, author and lecturer. Skousen has edited FORECASTS & STRATEGIES for the past 14 years, and is the author of such best-selling books as The Complete Guide to Financial Privacy, High Finance on a Low Budget, Economics on Trial, The Structure of Production and Serouge Investing. Skousen is an adjunct professor of economics and finance at Rollins College, lecturer at the Ludwig von Mises Institute, and former economic analyst for the CIA.

Privacy Corner

GOVERNMENT TEARS UP U.S. CONSTITUTION
BUT YOU CAN STILL PROTECT YOUR ASSETS

"The right most valued by all civilized men
is the right to be left alone."

—Supreme Court Justice Louis Brandeis (1928)

In Florida, if you are caught fishing on the Silver River, you are not just fined—the police can confiscate your boat, trailer and car, too.

This is just the latest example of how law enforcement agencies, both federal and state, are taking advantage of a new trend: If you are suspected of committing a crime, authorities can seize your property. Needless to say, this new approach is highly profitable for police departments and federal agencies strapped for funds. Today, government enforcement agencies are confiscating cars, boats, houses, cash, bank accounts and other ready assets without a hearing or trial.

What's next? Someday in the near future, you could be stopped for speeding or failing to wear a seatbelt, and your car is confiscated! Clearly, this kind of extreme action violates the U.S. Constitution, which prohibits "cruel and unusual punishment." The Eighth Amendment also prohibits "excessive" fines. And the Fourth Amendment protects you against unwarranted "search and seizure." According to common law, the punishment should fit the crime. And yet the Constitution is being ignored and violated at every turn by a power-hungry, money-grubbing Leviathan state.

Warning: If you become a target, your assets can be seized and your rights ignored. If the government doesn't like your religious views, you could be arrested as a "cult" leader, and your property could be confiscated or destroyed. If the federal government doesn't like the outcome of a local jury trial, it could retry the case. The Fifth Amendment prohibits double jeopardy, but the Feds don't care.

There's no doubt that government agents—whether the IRS, the ATF, the FBI, the SEC or the DEA—are more aggressively pursuing their perceived enemies. The list of "enemies of the state" grows annually—now it includes suspected drug users, tax evaders, illegal immigrants, insider stock traders, cult leaders, gun dealers and money launderers. You only have to be accused of certain crimes, and you can lose your property. There may not even be "probable cause" that a crime has been committed. More and more, everyone is being searched, tested or checked—for drugs, alcohol, cash, guns, etc. In many areas of the country, random roadblocks are being set up by state policy, to check people for...you name it.

In short, successful Americans who have substantial assets have never been more fearful of their own government, and with good reason.

Asset Forfeitures Began to Escalate With RICO in 1970....

Seizure fever began in 1970, when Congress passed the Racketeer Influencing and Corrupt Organizations Act (RICO). Today, over a hundred activities allow the government to seize property before an individual is convicted. RICO was aimed allegedly at "organized crime," but the statute has been more often applied to a wide variety of petty crimes, including drug use and gambling.

Since 1970, many other acts of Congress have applied RICO to numerous other "crimes." It won't be long before RICO applies to every act the Feds don't like.

Fortunately, there has been some good news lately: The Supreme Court recently ruled the government may not seize property unless it can show the owners knew it was bought with drug money. It's called the "innocent owner" defense. However, according to Mark Nestmann, editor of Low Profile, recovering your property using the "innocent owner" defense is hardly automatic.

How to Protect Your Assets in an Age of Envy

How do you maintain asset protection in this Big Brother environment?

- Maintain a low profile in your personal and business lifestyle.
- Set up a variety of "low profile" corporations, partnerships and trusts.
- Create a private investment portfolio, with some assets held outside the U.S.
- Know your options. An increasing number of newsletters are devoted to the subject of financial privacy and asset protection. I recommend the following:

➤ Asset Protection Strategies, edited by Vern Jacobs (free sample available, Research Press, Box 8137, Prairie Village, Kansas 66208, fax 913/383-3505).

➤ Low Profile, edited by Mark Nestmann (monthly, \$99 special rate, includes new edition of Nestmann's How to Achieve Personal and Financial Privacy in a Public Age, 300 pages). Write Low Profile, P.O. Box 84910, Phoenix, Arizona 85701, 800/528-0559.

REED'S INTERNATIONAL LETTER

2999 North 44th Street ♦ Suite 650 ♦ Phoenix ♦ Arizona ♦ 85018 ♦ 602/852-0956

In the **Journal of the American Dental Association**, Volume 124 May 1993, my friend, Lawrence H. Meskin, DDS, Editor, (a man for whom I have great respect, particularly in his research with the National Institute of Dental Research and the National Institutes of Health, his awareness of the "graying of America" and the "window of opportunity" for caring for people who have been cared for before and who value re-care. . . and can afford it) has recently, in his *Views - Speaking Out For Dentistry* editorial, made the following statement:

"Dentistry, determinedly fighting to control costs, has held its inflationary increases to 5% less than the Consumer Price Index during the last two

The Education and Homework of National Health Care Reform

decades. We should be emulated, not punished."

Larry, this is a mixed message.

I believe we should be emulated, not punished. I believe if we want to cut costs, we should reduce taxes because the lack of available funds will indeed reduce the deficit and the spending of central government.

If indeed dentistry is to be emulated in an honest sense, we would have to doggedly seek out the "fighting to control costs" program that was instituted, nationally, state-wise and locally, by dentistry.

I've been around dentistry a long time and I know of no "organized programs," no one has contact-

ed me, there's been no formulation or current theme message delivered that would bring us together in a focus that would keep our fees to 5% less than the CPI in the last two decades. If they exist, and I've missed them, please inform me.

At this point, I want to again emphasize my friendship for Larry and the fact that we can disagree without being disagreeable and that my intent is not to in any way other than disagree. . . pointedly.

Shades of Jimmy Carter giving the ADA a trophy for dentistry having kept its prices less than inflation for five years.

That, too, was attributed to our being noble and to our determination as a profession.

We are a cloistered, monastic bunch of introverts with near zero in economic sciences coming out of our formal training. . . and close to that in the behavioral sciences.

For us to receive credit at the national level or at the level of a State Dental Association or any other of our societal organizations, is, in my opinion, nice to think about, but not too real.

Emulation. . . okay. I'm quite certain that we'll be ignored by the current National Health Care Reform simply because we aren't an *essential health service* by Congress' definition and that we indeed are "ignorable."

Meskin's own report on the NIDR, NIH study a few years back clearly states that advertising, night hours and insurance haven't statistically nudged the unmet needs group (the people not coming at least annually to see the dentist) which at the time, it seems to me, the count was well over half the population. Dick Oliver tells me that if you go



to once every two years the numbers jump to 80% which tells a different story.

Those people coming to us for dental care continue to do so and our fees represent increases to 5% less than the CPI during the last two decades. Recent studies show that in Dallas County, in the last five years, medicine has increased its fees some 27% per year, on average, and dentistry in the same area, same population, same years, same current conditions, 1% per year.

Was this an intentional, noble act on the part of the Dallas County Dental Society? I suppose research could answer that question.

If indeed we're going to be forced to pay taxes on our health care benefits, rarely used health services (maybe even dentistry), will be excluded. It wouldn't surprise me at all.

Several years ago the blue collar workers in Detroit wanted dentistry and psychiatry dropped from their package because they felt they would rather put their benefits toward the health care more exclusively that they choose and also that their dentists and psychiatrists were best chosen personally and paid out of their own pockets.

In speaking about these issues, those who value and can afford to pay, (those people in the middle), are often neglected/ignored. The wealthy will be taxed out of their skins, the middle class, who pay the physician and dentist with some degree of equanimity and have wellness as their target and/or those who see their dentist once a year or more frequently in an interceptive or preventive mode and are willing to pay because they value. . . are seldom discussed.

The National Institutes of Health recently released an issue (see addenda) that states that 100 billion expected expenditure in dentistry from the year 1979 to 1989 was not done as a result of interception, change in etiology, etc. Little comment

was made about the fee structure that would have been reflected by the 1% in a year influences out of the Dallas County area and, since money was being used as the criteria for accepting or not accepting care, there's probably some sort of distortion in the message.

Time for another Tea Party.

When taxes are used to govern people instead of to provide for the common welfare and, centrally, for those things we can't, as states, provide for ourselves. . . when we list tax benefits that assist health consumers in financing health care services as a positive activity and/or moving this deduction as being far less detrimental to providers and consumers than any present proposal. . .we are indeed back to Tea Party time.

Note the enclosed, **Airhead Logic. . . Does Doc Make Too Much? Okay, Heal Yourself**, from Mike Royko, columnist for the Chicago Tribune.

In the Wall Street Journal, Friday, December 11, 1992 article on physicians seeking consultants on practices financial health, these things are inseparably intertwined.

Strong pressure for change in the delivery of medical care is upon us. I'm not certain but what the major chunks of increase go for technology and to cover the backside of the physician (in regard to malpractice) and to the insurance companies. But the last chapter of that book hasn't been written yet, has it?

Yet to be announced, or perhaps even formulated, national reforms for health care are designed to activate the marketplace and employer initiatives to reduce health care costs.

The HMO movement that started in the 70s, matured in the 80s, is soon to be replaced by programs under the title of "Managed Care" "Managed Competition" both of which seem to be



an "oxymoron" similar to "government worker" and "military intelligence." or maybe even "country music."

I'm certain that major employers with big budgets will supply insurance companies and even HMOs with self-insurance programs. The offshore self-insurance, re-insurance programs for malpractice have already led the way and are quite popular.

Everyone seems to know about them, except dentists.

Obviously in all these changes, quality will be stated as the goal, but costs will be the bottom line. Lip service, this quality business (read my lips) and the Clintons et al will most certainly tax health benefits above a certain level. I don't believe any one of us can bury our heads in the sand and play ostrich. We have to continue to be in contact with the major changes that are occurring, but not leave our minds free of the perspective that comes with the personal inter-relationship we have with the people coming to us for care.

I state quite simply that there are many people who prefer private care personally. . . and personal care, privately. . . who have the funds and are willing to pay for that care because they value it.

I continue to believe that there are more people out there demanding this care than there are dentists providing it. . . and it may be a time for you to take a good view of the Top One Hundred people in your practice and look for the niche market, the values of those for whom you chose to care.

Listen carefully when the words "vertical integration" come at you. They may seem to be out of place when caring for someone with an illness or malady or caring for someone who's whole and

wants to stay well, which is a remarkably different model of thought than the sickness model.

Yet, this concept of vertical integration will become quite familiar to all of us in the United States. People outside of medicine are telling us that medical care should not be a hospital-centered procedure, but should be a continuum of care from the doctor's office to the hospital to the extended care facility to home care, managed by a medical care corporation (whatever that is).

There has never been a time when developing a strongly educated professional leadership position has been so important to all of us.

It's up to each of us to do our homework.

National health care policy. . . What does the buyer, obviously the employer in this case, really want?

Employers are looking for value in health care blended with quality with the lowest justifiable cost. They would like to have data available to help them make intelligent decisions regarding which plans provide this particular panacea. These employers will scrutinize all the plans in order to better serve their employees as consumers and themselves as providers. Employers are concerned with the health of the community that provides them with a productive work force.

No one here is mentioning that providing this care motivates the worker to provide greater quality or more "on the job" attention. That's long-since been abandoned.

The concept of *managed competition* endorses limiting the amount of tax insurance that is either deductible by employers on behalf of their employees, or excludable by those employees from their taxable income. This will force people to think about the cost of their health care plans, proverbially.



This tax change (again being governed by taxes, behaviorally. . . wow, Tea Party time) would push providers and insurers to form accountable health partnerships (AHPs) offering a standard benefit package. There would be no more competition on the basis of what kind of benefits are offered because the package would be defined by a national board. (All the pigs in the barnyard are equal, it's just that some are more equal than others.)

Managed competition includes fundamental insurance reform as well. Large employers would be allowed to set up their own closed AHPs meeting the requirements of the standard benefits package established by this national board. However, they would not be required to offer open enrollment to family members or non-employees.

Health Insurance Purchasing Corporations (HIPCs) would be created for small businesses and individuals, pooling them together in large purchasing groups. This would allow individuals and small businesses to purchase health care from the AHPs at an affordable price.

There are four basic assumptions in regard to all of this.

The first is the physician and the hospital will be forced to intertwine their businesses to meet market demands that will be higher than ever before.

The second is the traditional health care legal governance and management structure won't stand the test of the organizing marketplace.

Third, integrating service networks will become the preferred vendor for sophisticated large scale buyers.

Fourth, many of the more popular provider response strategies will be leap-frogged because they are inadequate for the market.

It's an interesting phenomenon. In the last five years, primary care groups have begun to leap-frog the sub-specialists and jump in line with hospital systems.

Hospitals are practicing medicine, not physicians.

Where would you go today to find a private care personal physician who would receive cash from you for caring for you in a private personal way? Probably in a small town in an outlying community with no major employer.

All of this is premised on the basis that there will be plenty of cash to take care of all these middlemen as they arrange all these sophisticated packages for us and still pay the hospital, physician, etc.

It's probable that the employers will consolidate, organize and exercise buying leverage and will seek an Integrated Service Network (ISN) for its ability to align financial incentives and share risks. Sounds like insurance company talk, doesn't it?

The common thread running through the Clinton Plan is the ISNs, the service networks. Sort of reminds me of the Arizona Lottery. . .when it came to fruition and the money started flowing, all of a sudden eleven million dollars disappeared and no one knew where it went. (That would never, of course, happen with any of these networks, I'm sure.)

I'm certain that most of the people insured would be covered by some form of *managed care*. Revenue centers under managed care models will become cost centers. This is important to



hospitals since they are in competitive and merging managed care markets.

As these markets mature, they move from discount models to quality and cost accountable models. Physicians will seek larger integrated models as preferred employment platforms.

How many groups can you sign up with and still make it, I wonder.

Sophisticated health service buyers, mainly employer groups and insurers, are beginning to employ regional and national buying strategies and untraditional partnerships are being formed.

The ability to cost-shift becomes eliminated in the new markets and exclusive alliances are forming. Smaller community providers are partnering with urban centers and physicians are consolidating with hospitals at a rapid rate.

Well, all this *word salad* sounds to me like it's not only a time for change, but that the time is long since past.

This newsletter is designed to accelerate your thinking and to sensitize you to the concerns that are happening. . . and all one needs to do is clearly move toward the Wall Street Journal, Christian Science Monitor, the ADA Journal. . . and listen to your local physician as he sweats out his future.

America is still the grandest place in the world, and physicians and dentists from all over the world are still trying to get through our borders and practice in our country.

America is the place to be. . . Land of the free and home of the brave.

For each of us, it's important to realize that values and money are inseparable in that **money is used to express values.** . . yours and others.

I believe, strongly that the *word salad* of this newsletter will be irritatingly stimulative to your thought process in sufficient quantity to poke your nose up into the wind and for you to, sort of. . . "get with it."

Let's hope that's true (that we "get with it") and that we, as dentists, thank the Lord for our autonomy, for our cloistered monastic mentality and for our freedom to dialogue individually with people in regard to their care as they choose it, and value it.

We enjoyed being with Mitch and CC Moore, Tina Lankford, Debby Garrett, Jill Raubenstine, Mary Lou Klipp, Marie Brickley, Jim and Pam Thomas, Herb Hudson, Josef and Magda Bartos, Vince Linz, Frank and Minnie Ikuta, Teresa Mathern, Renee Welle, Wes and Gay Zboril, Tony Seamons, Kelie Machala, Susanne Shupak, Patricia Bissias, Beverly Howell, Karl Wirtz, Joyce Johnson, Dee Cruz, Anna Benson, Lisa Chaira and Joli Armstrong at the recent *old fashioned* format of Napili 5 - Micro-teaching Experience in Case Presentation. Wow!

A "will call" list is available if you'd like to hear *if* and *when* another Napili 5 is scheduled.

Conflict Resolution has implications for doctor, team, family, and persons coming for care. This small workshop is a new format which supplants, enhances, goes beyond *team building*. A summer seminar at the Hyatt Gainey Ranch with a one price for all (\$80) and a great kids program. AGD approved, \$1270/doctor and spouse. July 30-31.

Come, join us for this weekend getaway in the heat of the desert!

Another new format is in the making with a focus on technique and technical. Watch your mailbox for confirmed information.

WE WELCOME ALL "TIPS" AND GRATUITIES

Such as:

Compliments for things well done.

**"Hot Tips" on ways to improve
our service to you.**

**Referral of your friends and
family is the best compliment you
can give us.**

REED'S INTERNATIONAL LETTER

2999 North 44th Street ♦ Suite 650 ♦ Phoenix ♦ Arizona ♦ 85018 ♦ 602/852-0956

A lot of the previous "paramedical" procedures that have surfaced in the past in dentistry, such as kinesiology, acupuncture, tactile hands on healing to open lymphatics, the screening for blocks of energy flow in the body, the identification of the emotional components through "A.K." (applied kinesiology) chiropractic procedures are "re-arriving" with new students curious for new

BIOLOGICAL DENTISTRY

"truths." Work-ups on people coming to this focus include identification of biological and bacteriological problems with teeth.

Some practitioners recommend the surgical removal of these teeth because of the bacterial identification, identified with either the manual screening and cross-referencing or the work of the electronic screening done by the Computron, which grids the body's electronic system and picks up blocks by reading the body's electro-dermal response to stimuli.

It is generally recommended that all teeth with root canals be removed (in this philosophy) and that teeth with bacteriological contamination which can be identified either with the screening tactilely or with the Computron to have various individual teeth with bacteriological components such as cholera.

The biological dentistry has a checklist of materials that are incompatible with the body. Most practitioners are moving toward the porcelain inlays and non-metal porcelain crowns for restoring teeth, prosthetically, and are cautious as to

which bonding material they select for biological compatibility.

Lasers are used primarily to avoid cavitation, which is a term used to describe what happens when a socket heals poorly or improperly, which is apparently found to be quite common.

The proper sterilization with the laser after the tooth is removed and curettage of the entire periodontal ligament and any other debris and garbage must be accomplished and then the tooth socket is packed with gel foam and sutured.

This avoids the body having a reservoir or a void that is biologically unsound and also bacteriologically, apparently, a "silent block".

Approximately 1mm of bone is also removed to improve the integrity of the remaining bone and to encourage proper healing as that first millimeter of bone around the tooth does not provide proper healing once the tooth is removed.

Names from the past, such as Hal Huggins, emerge as well as words like *kinesiology* and trainers around the country are being recognized as teachers in this non-conventional medical game.

Asymptomatic teeth that are non-vital are picked up either by skilled tactile people in the chiropractic world and/or by the Computron, which electronically senses the body's grid and is able to do so.

A text called **Vibrational Medicine** is being used by many of the interested students and the



screening devices and philosophy are slowly, but surely, being studied.

Apparently the learning curve is fierce and since it is outside the paradigm of current scientific method, it is approached with great caution and not being other than provided for people who are already interested in this particular whole body response to this way of thinking.

Acupuncture, acupressure points, the organs themselves (the liver seems to play a major part in the entire game) the meridians and the balance of the electronic impulses along the meridians are important.

Dentistry seems to have certain missionaries who have enjoyed a wide pendulum swing that includes some remarkable surgical removal of many teeth in order to eliminate the blocks that are causing major systemic disturbances unknown the persons to whom they apply.

Obviously, as you read this, you will find all sorts of interesting responses taking place within you, depending upon your position.

Traditional medicine, traditional dentistry immediately discards the entire package as being akin to witchcraft.

Native medicines and the other paramedical functions that are emerging in today's scene are not uncommon.

The purpose of this newsletter is not to encourage or discourage but to create an awareness for the readership primarily because a number of the people in this circle of interest are participating interestedly in what is now emerging as the practice of biological dentistry.

It would be interesting for you to ask questions and to look for *biological dentistry* as you may find it being considered by some close to you.

I find it difficult to precipitate discussion on the issue unless the person feels he is with a close friend and is relatively safe.

This is not uncommon in the lives of those who have chosen to be paradigm pioneers.

Right or wrong, it's still an obvious shift from the center line of lifestyling and, in this case, in the dental profession.

One of the AK chiropractors (who is deeply respected) has uncovered, with his tactile screening, in my close friend, Dr. A, an issue of historical significance in the life of a dentist.

This particular person (Dr. A) was found to have had an upbringing problem in grade two where the teacher had been able to instill in him the fear of money, this was picked up manually.

Fear of success has been well-known as an inhibitor and has been written up in the psychological and psychiatric journals and I have alluded to it in the past in the newsletter.

It is certainly one of the paradigm paralysis situations that besets dentists and dentistry.

It is likely that this particular practitioner could also confirm this incident in cross-reference with the Computron in some way.

Crowns recently done on Dr. A have been found to be an allergic problem for him in regard to the metal in the crowns.



This is, of course, not unreasonable or unknown, however rare.

We find this to be true in current traditional medicine.

However, this was picked up manually by the tactile referencing that was done and the energy loss and the muscle testing that went with it.

Possibly, my friend will be encouraged to have his crowns replaced with an all-ceramic model.

This is, perhaps, the Age of the Micro-Milling Machine after all, and/or the "cast glass" of our prosthetic world.

This "energy work" world of biological dentistry is of serious interest to highly successful, scientifically correct, articulate. . . and bright, serious minded (and, I might add, God-fearing) friends; thence cometh the historical commentary that is the basis for this newsletter.

One of the dentists currently studying this picked up, on one of his team persons, an upper left cuspid (asymptomatic and unknown to her) as a non-vital tooth.

It was quickly picked up as the energy meridian revealed it as a block that was later confirmed with traditional periapical, radiovisiography and vitality tests.

Another assistant had a "cavitation" intercepted or repaired following it's having been found "biologically."

She reports that a re-flap could be done to confirm osseous repair being properly completed.

I pushed for when she planned this confirmation and was told "when pigs fly."

She's light-hearted!

These screening devices and "diagnostic" aids electro-dermally report the body's response to stimulation and apparently have impressed several of my intellectual friends with the predictability of, and value in, diagnostic procedure.

Let's take a look at it. . . and if it *floats your boat*. . . go for it.

Conflict Resolution has become a very popular phrase these days. Remember, you saw it here first! This workshop is an extremely important supplement to the old words, *team building* and, as with team building, it is a meaningful dialogue regarding every facet of relationship building. . . marriage, parenting, doctor/team, doctor/person coming for care. Attending the Napili inaugural CR workshop (July 30-31) were Irma Smith, Wick Culbert, Neal Van Zutphen, Lou McGuire, Paul Podulka, Linda and Kelly Reed, Kevin Reed, Minnie and Frank Ikuta, Elaine and Phil Opperman, Elena Montemayor, Mardelle Surabian, Alice Cantu, Margie McNulty, Andy and Mervyn Druian, Lois Parento, Mary Richardson and Julia Zajonc. WOW!

Bora Bora: August 20-27. Sorry we can only take ten couples as a special event will occur. Tony Cigno and Kathy Zimmer are going to be married while there! Model-building indeed!

Coming Events: (1) **The Tactics and Strategies** of Implementing Quality and Esthetics in your Restorative Dentistry (featuring Bill Dickerson); (2) **Benefit Your Practice by Investing in Your Best Resource (Collegium 102)**, **October 14 - 16**, Phoenix; and (3) **People Without Perio**, **November 11 - 13**.

COME, JOIN US!

HOLD FAST. . . THERE IS MORE!

Dear Omer, Marci and Napili/Pentegra team:

All afternoon I have reflected upon what an inspiration these past three days have been. Omer, your teaching ability is surpassed only by yours and Marci's generosity and hospitality. I look forward to becoming a more knowledgeable team member and putting the case presentation information to work. How lucky I am to have begun with this wonderful experience!

I want to tell you that while viewing the mural painted on the domed ceiling, my eyes filled with tears. I can understand why the Indians still come there for a spiritual experience. And the painting of Christ . . . thank you for the print. I wonder, do you find your art, or does *it* find you? It will be a treasure in our home. And last, but not least, thank you for the evenings at Julio's and in your home. The food was delicious and you were most gracious as host and hostess.

Please accept this tape of cowboy poetry as a small token of my appreciation. It was a family project, and our first effort. Please enjoy it during a quiet moment.

Again, thank you for sharing the love and positive energy surrounding your work, home and family. I feel truly fortunate to have been a part of the Napili 5 experience.

Hoka Hey!

Debby G

(As I understand, "Hoke Hey" comes from the Lakota Indian language and is translated to mean "Hold fast. . . there is more!")

We love these kinds of letters! Thanks, Debby. . . the tape is a indeed right for a quiet moment!

REED'S INTERNATIONAL LETTER

2999 North 44th Street ♦ Suite 650 ♦ Phoenix ♦ Arizona ♦ 85018 ♦ 602/852-0956

This newsletter has as its addenda several very interesting public documents sent by insurance-oriented marketing people to the health-care professions.

I believe that the inter-relationship to the corpus of this letter is obvious.

BUSINESS. . . OR BUSYNESS? a QUESTION FROM THE PROFIT PROPHET

If anyone has a problem connecting them, please call.

The newsletter itself will be primarily made up of questions. . . questions that will (I hope) introduce you to new thoughts, new concepts, new *wind chill* factors in monitoring and/or questions that you can answer at the snap of a finger.

1. What is the spread between your cost and your gross?
 2. What is your performance as compared to budget?
 3. What changes have you made in budget and/or performance to maintain the percentage or dollar spread that exists between cost and gross in the last quarter?
 4. What is the scheduled change in your net worth (percentage or dollars) and what is the actual position, year to date, against schedule with that net worth?
 5. What is the ratio of "paper net" to "liquid" (invested cash) in your actual net worth?
- We are in a "margin" business, as you've noted by these questions.
6. What is the ratio (percentage) of profit to cost for each product/service rendered? (margin)?
 7. Can you be a low-cost producer of quality and excellence? (Answer best be *yes*)
 8. Have you identified why a new "class one" person comes into your practice and do you have an exit interview for each person in class one that leaves your practice?
 9. Do you prefer *revolution* in change. . . (surgery) or *evolution*? (How do you cut off a dog's tail?)
 10. What "direction" (and at what rate) are your "core business/service/products" moving?
 11. Since outside capital (in our market, in the summer of '93, particularly in the hot, dry air of the Arizona desert) seeks



a return of 15% after tax on equity, what is your invested capital position in the practice, in dollars?

12. What has been the percentage OF return (dollar return) per year of that capital?

13. What has been the percentage ON return (dollar return) per year of that capital?

14. Does your invested capital return earnings to you equal to government bonds' earnings?

15. Have you modeled the income/profit stream of your practice for the next ten years?

16. Does your practice have a growth/profit matrix?

17. Return OF and return ON per year is known for your business, what is the ten-year maximum?

18. Profit standards must be set for each product/service rendered as it may vary with each. What is the profit standard you've established in percentages and/or ratio against gross for crown and bridge, perio, hygiene/recare, operative (non lab related), inlays/onlays, esthetics (non-operative), etc.?

One of the focused issues in dentistry is the selection cultural exchange, governance, spirit-building strategy and structure . . . and the reward system of the team.

I have some questions about the reward system and the team's interest in a portion of their reward system being what is commonly called "at risk" compensation.

1. Does the support being provided by the team relate to the desired outcome of your system?

2. Do they understand and support the cost + profit = fee concept?

3. Have you based each compensation with no "at risk" salary? (Performance/reward)

People at the bottom of the wage scale and at the maturity scale have little understand/patience with deferred gratification.

Usually also demand base cash compensation with no "at risk" salary.

Stretch objectives (radical change, model-built) are for the mature, unconditionally committed.

Fixed profitability thresholds must be reached prior to distribution to employees of "at risk" compensation.

Stockholders are distributed the return OF and return ON invested capital out of profit, prior to distribution to the "at risk" compensation.

A gain to the organization must be conceived and achieved parallel to the distribution to employees beyond base salary and the company is a participator in the at risk distribution as if it were an employee.



Team retention can be accelerated if the distribution is paid out over three years as one initiates one of the shared income systems. Nothing is distributed during the first year.

If the person leaves, s/he takes nothing with her/him.

The second year is a partial distribution and the third year is the full first year of participation, much like vesting a qualified plan.

This levels the good and the bad years. We celebrate the good years at year's end, celebrate and support by smear distribution when a bad year comes along.

And this motivates us to achieve good years!!

It is also possible that an optional deferred lump sum distribution can be allowed to grow tax free and be borrow-able at the terminus, thus modifying the tax position for the team person.

Many of the most successful plans that are designed by the team as reward systems, after the game is played for some years, are amended to pay out on demand after significant deferral (and/or be available as loans).

Now, study the addenda and "feel" where our world is moving.

A MESSAGE FROM THE DEAN

It would be great to have a name for **Conflict Resolution** or for **Team-building** that was less used, less vague, more unique, more *telling*. . . **Peace of Mind** is probably too ambiguous as well; though it **is** a result of resolving conflict (disagreeing without being disagreeable. . . managing things, not people. . . understanding the difference in communication with the opposite sex) and certainly leads to a more *cooperative or coordinated effort by a group of persons acting together as team or for a common cause*. . . **Join us and our special guest, John Crawford, Ph.D from Arizona State University** for a **Peace of Mind** workshop at Scottsdale Plaza, **September 10-11**.

Don't miss the **Ohio Dental Association** meeting in Columbus at the Ohio Convention Center, **September 16-19**. Call 614-486-2700 to register.

Three Rivers Dental Conference in Pittsburgh, **September 28-30** also has a prestigious roster of speakers. . . another opportunity for change, growth and learning. To register: 412-321-481.0

Don't forget: Tactics and Strategies of Implementing Quality and Esthetics: **Bill Dickerson** and Omer Reed, **October 1-2**.

October 14-16. Benefit Your Practice by Investing in Your Best Resource (Team) Phoenix.

Welcome to you and/or team.

"As my tenure as dean comes to a close, it seems important to reflect . . . on the significance of medicine. . . Medicine (*dentistry*) is dedicated to human beings in every sense, physically and metaphysically. As a profession, it is unique in its integration of academic achievement with personal dedication to the sacrosanct physician-patient (*-person coming for care*) relationship.

"Physicians (*dentists*) appreciate how scientific knowledge is necessary to diagnose and treat disease. But we also know that health is more than merely physical. Human beings seek not only length of life, but depth as well. We wish our lives to have meaning. We desire mental peace and equanimity. We need love. When we entrust physicians (*dentists*) with responsibility for our physical lives, we also expect them to understand the importance of these human values. To earn that trust, physicians (*dentists*) must provide each patient (*person coming for care*) with an exquisite combination of scientific knowledge and human respect. . .

"In my view, a medical (*dental*) school must expect its students and faculty to be both rigorous scientists and principled humanitarians. . . insisting that graduates be committed to the human side of medicine (*dentistry*). We require an extensive background in the humanities, even more than in science. Our emphasis on the humanities is critical, not just in the abstract, but because we believe that as a medical (*dental*) school we are accountable, not just for our students' scientific and diagnostic skills, but for their performance as trustees of human life.

"I have often thought what a pleasure it is to fill my mind with the wonders of science and medicine, and I have undertaken that journey with awe, with pleasure, and with humility. What a wonderful adventure. . . "

David M. Brown, M.D.,
Dean of the Medical School
University of Minnesota

REED'S INTERNATIONAL LETTER

2999 North 44th Street ♦ Suite 650 ♦ Phoenix ♦ Arizona ♦ 85018 ♦ 602/852-0956

It can be safely reported that no person of either sex has ever lived entirely free of stress, suffering and tribulation. Nor has there ever been a period in human history that did not have its full share of paradigm shift. . . turmoil, ruin, and misery. A million pages of history and miles of documentary film are there to tell us that human life is punctuated by adversity. Strange, then, that surges of trouble that are so "expected" catch so many of us off guard.

WHEN DOES BAD NEWS BECOME GOOD NEWS? . . . INVENTORY TIME.

Like powerful storms, reversals of fortune create the most havoc when men and women have failed to prepare for them.

Most basic common sense tells us that we could always suffer accidents or that our health could fail; therefore, we should not act in ways that invite or aggravate ailments. And unless we are among a very lucky few, we could all face financial reversals. We know full well that when times are good, we should build up assets against the possibility of their turning bad.

It's amazing how few of us have taken the fundamental precautions to cushion the impact! However, considering human nature, perhaps it is not so amazing after all. Our instincts lead us to believe that serious trouble can never come to us. . . and to try to dodge it when it does.

This attitude is especially pervasive in modern western societies. Whole generations have grown

up with a vague notion that it might just be possible to stay out of harm's way. The notion is not without its own supporting evidence. Thanks to advances in medical knowledge and science, a person's good health can be maintained pretty well indefinitely; and up until recently, steady economic growth presented those in the social mainstream, if prudent, with a reasonable prospect of lifelong financial security.

The economic events of the past few years may have had a sobering effect on mass expectations, but not on mass media. Though filled with stories of other people's woes, tragedy and strife, the media nevertheless continues to convey the impression that human beings actually can live a virtually trouble-free life.

In advertising on television and in glossy magazines, we rarely see anyone who is not basking in such bliss that his/her biggest problem is something like having bad breath or dandruff. Between commercials, televised sit-coms take us into a realm in which happiness is depicted as a standard state of affairs, with only enough inconsequential difficulty to make life interesting.

The fictional inhabitants of television-land are nearly always financially well-fixed, with rewarding jobs, exuding good health, are physically attractive, and fall easily into loving relationships. Their conflicts seldom amount to much more than a source of benign fun.

The underlying message is that if you're not happy, healthy and relatively prosperous, your life is not measuring up to the norms of society.

The danger is in being persuaded, subliminally, that sitcoms really do illustrate a feasible way of life,



and that an aberration of fate has deprived you of the continual contentment that is everybody's birthright.

The saturation, mentally, is so complete as to drive this vision of reality into the subconscious so deeply that it becomes a guiding synapse.

It cannot be denied that there *is* plenty of happiness among actual human beings, but it isn't constant or universal. The misapprehension that contentment is a standard condition may explain why young people who have been raised watching television seem to be particularly susceptible to deep depressions when they encounter set-backs which earlier generations took more in stride.

In the real world, outside of television, the climate is treacherously changeable. Real people get swept up in general social, political, and economic disruptions; their personal relationships turn hostile and bitter; they are felled by illness and robbed by bereavement. In the real world, they lose money and jobs.

Since such *challenges/opportunities* cannot be avoided or denied, the only choice they offer is to let them grind us down. . . or predict, isolate and remove these resistors. We must brace ourselves physically and financially. . . and psychologically.

"Nola Bastardum Carborundum!!"

"No life is so hard that you can't make it easier by the way you take it. . . and a prerequisite to learning how to take it philosophically is to avoid the "why me?" syndrome, a feeling that you've been singled out for a special dose of misery.

Everyone has problems, and some, comparably, make yours look insignificant. (Remember the tale

about the man who was in despair because he had no shoes. . . until he met a man who had no feet.)

Many are unhappy because they conclude from surface impressions that others are better off than they are. "If we were all to bring our misfortunes into a common store, so that each person should receive an equal share. . . the majority would be glad to take up their own and depart," Socrates said.

Putting things in perspective is essential to making the best of a bad situation. Perspective provides us with the strongest of all defenses against the destructive forces of self-pity; the ability to laugh at our woes and not take them too seriously.

As a rule, we tend to view negative facts through the distorted prism of pessimism. The brighter side must be given its due. The "I don't have time" syndrome must be set aside. Frankl's book, **Man's Search for Meaning**, when read, will provide tools such as *choice* and *humor*.

A contrary turn of events might be an automatic signal for a searching assessment of our personal responsibility for it so we can get to work on rectifying the faults and attitudes that may have contributed to it.

If we do not want to repeat our mistakes, we should not lightly excuse ourselves as victims of misfortune. Being a victim is an attitudinal choice.

We can, of course, be subject to adversity that is not of our own making; ***bad things do happen to good people.***

In fact, much unnecessary grief may flow from individuals blaming themselves when something happens which is beyond their control. It is not unusual for parents to feel unnecessarily responsible



for their children's failures, or for survivors to feel guilty about the deaths of family members.

It is, however, far more usual for people to blame problems on others than to blame themselves. When things go wrong, it is "natural" to look around for scapegoats.

God is **not** the only force in the world (albeit the victorious force). . . the enemy comes.

Cursing these convenient creatures (politicians, the person coming for care, the team member) may bring some fleeting psychological relief, but it serves no lasting purposes. You are in trouble no matter what the cause. The energy spent in blaming others, denying responsibility for your own lot in life, would be better used in trying to dig oneself out of one's own predicament.

Losers always say that they have rotten luck or that they are in the wrong place at the wrong time. The theory that one's fate is beyond one's control provides good excuses for inaction and indolence. Since trouble has a way of regenerating itself, the chief effect of a fatalistic attitude is to open the door to more trouble.

When, in the Book of Job, this upright rich man, Job, suffers terrible losses and ills, he does not immediately conclude that he is the helpless pawn of unseen forces. Instead, Job searches for faults within himself that might have brought on his afflictions, and debates his case with his associates, and obviously goes outside of self for the necessary strength, spiritually.

Though he comes close to losing his faith, he adopts an even-handed attitude towards adversity. The perception that the burdens of human existence are imposed to test one's faith lends true believers the spiritual strength to endure pain and hardship.

There is a large group of "true believers" who do not see this testing as other than. . . "an enemy came."

It is only when people see their trials as meaningless and gratuitous that they become seemingly impossible to bear. Some theologians believe that without a certain tension between the good and the bad, the whole divine scheme of things would fly apart.

The English philosopher, Richard Cumberland, proposed a theory of universal benevolence which incorporates an admixture of evil. "I do not wish to expose my ideas to ingenious ridicule by maintaining that everything that happens to every man is for the best; but I will contend that he who makes the best of it fulfills the part of a wise and good man."

Most of us feel no need to seek out adversity; we are grimly confident that it will come to us without invitation!

When it does come, we might ask ourselves why monks, nuns, pilgrims, Peace Corps workers, Red Cross emergency crews, etc. deliberately cultivate hardship.

The reason is simple: It is that living with adversity makes people into better human beings. An ancient Chinese proverb says it memorably: "*The gem cannot be polished without friction, nor men without trials.*"

The reverse is, of course, also true; the grinding process brings out flaws in a stone that cause it to shatter. Adversity brings out flaws in character that are usually the result of past indulgences.

Some people do let their problems beat them; in extreme cases, they let their problems beat them to death.



Their suicide may be quick. . . or dragged out over a long agonizing period, self-destructive behavior, which often flows from self-pity.

People who feel sorry for themselves are prone to pursue habits which temporarily blot out reality, but in the end undermine their physical and mental health.

It must be said that the human response to adversity is more likely to be marked by courage than by cowardice. Neighbors never treat one another with more consideration than when they face hardship together. In times of crisis, ordinary individuals often surprise themselves by proving braver and more resilient than they thought possible. It is out of adversity that heroes are made.

If the human spirit is at its best when it has to rise to a difficult occasion, the reverse is also true; people show their worst side when there is nothing to stand in the way of indulging their desires.

The gossip columns of today support the point. We read of the famous actress on her fourth or fifth empty marriage, the rock star addicted to cocaine, the playboy embroiled in a sex scandal.

At the same time, adversity reveals some of the most admirable figures in our society; the handicapped person who has scaled every obstacle to accomplish marvelous deeds, the impoverished mother who deprives herself so her children can have an education, the athlete who triumphs in spite of a terrible injury.

When you think of it, adversity if not only useful, it is essential to all progress. From the seven wonders of the ancient world to the latest breakthroughs in the science of healing, no great work in any field was ever accomplished without frustration and toil.

Its often the third owner of our magnificent landmark buildings that experiences the economic "break even point."

Adverse circumstances provide the resistance necessary to generate creative tension. When everything is going smoothly, there is little incentive to improve conditions, or to right wrongs.

Thus adversity provides an impetus to the thrust towards a more just, equitable, and well-governed society. In this respect, societies react like individuals. . . those that experience too little resistance to their aims are prone to a complacent attitude that masks weaknesses, and promotes arrogance and vanity.

Adversity is what keeps us from "going soft" whether in societies or as individuals. When muscles are not exercised, they become slack and weak. All the exercises that keep people physically fit entail striving against some form of resistance. By toughening our bodily fibers, we gain the strength and stamina we need to resist physical ills when they strike.

As fitness trainers like to say, "no pain, no gain." We all need challenges to push us towards our best performance. Competitive sports add an extra element by pitting players against human adversaries. Here we have not only a test of physical strength, but of strength of character.

"Love your opponent, " a football coach told his players. "He's the guy who makes you as good as you can be."

Sports show up the need for adversity. In many cases, the person who plays a game "just for fun" is someone who feels a lack of challenge in his/her everyday life. These people make up for the shortfall by adopting pastimes which test them both



physically and psychologically. The rules of sports deliberately add difficulty to tasks which might otherwise be too easy. Sports teach us lessons in living. In golf. . . the "real test as in life is not in keeping out of the rough, but in getting out after we are in."

In the working world, the rough patches in peoples' economic fortunes can galvanize their abilities. While good times tend to lull the mind, bad times will boost it to full capacity. Adverse developments serve as a spur to enterprise and creativity, eliciting talents people might never have known they had. The annals of business success are full of stories about people who were fired from jobs and went on to make a fortune elsewhere. What seemed at the time to be the worst break they ever had, turned out to be the best break over the long term.

By successfully handling adversity, a person is likely to be better equipped to handle prosperity when things turn up again. If you can fight off despair when everything looks dark, you can resist the temptation to slacken off or indulge in excesses when everything looks bright.

An experience of life's ups and downs helps to develop a constructive sense of one's strengths and weaknesses. To have such a vision is to enjoy its energy. It's your alarm clock at four a.m. and your caffeine at eight p.m.

If tribulation brings a better sense of who you are, it also shows you who your real friends are. Adversity has a beneficial purgative effect on the inessential things of life, including the inessential relationships we develop when all is going well. Insincere "love" relationships are unlikely to pass the acid test of suffering. When two people really love each other, their suffering is shared.

To love all mankind, a cheerful state of being is required; but to see into mankind, into life, and still more into ourselves, suffering is a requisite," wrote the German humorist-philosopher Jean Paul Richter.

A man or woman who has failed and recovered, who has persevered through successive hardship and ills, is in an excellent position to understand the feelings of others in this hard and sometimes terrible world. Adversity helps to develop a view of life characterized by empathy and charity.

People returning after having left the practice value far more than prior to departure.

The cultivation of humane and sensitive persons willing to act with love and compassion towards their fellow creatures is undoubtedly the greatest of all the uses of adversity.

Having so spoken in an admittedly generic sense about the positive use of "dynamic tension," perhaps priming the emotional pump of your thought process. . . a "what if" is in order.

Hilary proposes health care reform. . . "systems thinking" when used in exploring the future model (vision), it is clear that managed competition potentially will alter the system of private care dentistry.

I believe there are many choices, for me, after careful thought and much model construction, time and numbers runs. An obvious answer emerges. This newsletter will, I believe, provide fodder for your mental rumination.

What are you thinking?

I wish I had been more clear and more encouraging to your attendance at the Second Annual **Deconet** meeting in Austin, Texas in mid-September. Dr. Ed O'Neil (who is Director of the Pew Health Professions Commission and *very, very* knowledgeable about the Clinton's Health Care Reform program) his discussion and the ensuing dialogue with/for and about dentists and dentistry was stimulating, invigorating, challenging and provocative. Sorry if you missed it. (As did I . . . and I can't seem to be in possession of the audio tapes.)

Pentegra's Fall Symposium was archetypical of Deconet's objective. . . that of Dental Economic **Networking**. And, of course, economics was not the only topic that was networked.

Coming up: The People Without Perio program on the 11th of November, in Phoenix (we'll be presenting the program in London and Newcastle in mid-October).

2-4 December: The Radisson in the Grand Cayman's - Economic Core of Model-Building. Taxes and Health Reform as affects dentistry. Welcome!

IMPORTANT NOTICE

It is our understanding that many dentists have been contacted by Delta Dental concerning the Dentist's participation in other Plans.

It appears that they are stating that you must provide them with a fee schedule equal to the fees shown in any other plan in which you are a participant to avoid a conflict with the Delta Dental agreement.

A formal complaint has been filed with at least one State Attorney General's office concerning this practice.

Please note that the practice of mandating uniformity of Fee Schedules as a condition of your participation in any plan may be a violation of anti-trust legislation and may be considered an act of collusion.

As an independent businessman you are entitled to make individual judgement decisions concerning your participation in any Plan without being subjected to a penalty based on your decision to participate in multiple programs that are beneficial to your patients and your business.

(A mailing received 1 September 93 - - F.Y.I.)

REED'S INTERNATIONAL LETTER

2999 North 44th Street ♦ Suite 650 ♦ Phoenix ♦ Arizona ♦ 85018 ♦ 602/852-0956

In the late 60s, early 70s, the American Society for Preventive Dentistry made a major impact on the profession with the information started in 1817 by Parmlee, supported by C. C. Bass with his microscopy, Sumter Arnim in the 40s with Helmut Zander, and on into the 50s with Jones out of Oklahoma with his unwaxed floss and proper toothbrush

IN MY OPINION. . .

design, and carried forth by academia, the American Academy of Periodontology, and in recent years by Herman Corn, Perry Ratcliff, Dick Oliver and a host of others well-known for their logical concern for the interception of etiology prior to its treatment.

Jan H. N. Pameijer, writing on post-perio rehabilitation and occlusal challenges has 15 pages on plaque control in his clinical text, **Periodontal and Occlusal Factors in Crown and Bridge Procedures**. The recurrent theme is overwhelming.

Bob Barkley pioneered the morality of not treating the effects of the disease until we had a co-therapist on the part of the person coming for care, fully realizing that the dentist can't overcome, on a daily basis, what a person will not, or cannot, do for himself.

In hard data research Jan Lindhe (internationally known for his dean-ship at Pennsylvania as well as for his research in Sweden) has published studies showing that people who keep the plaque off, daily, and who are coronally polished six times a year with sulcular irrigation with a bactericide have no

apical recession of their gingival tissue in their lifetime.

The accumulation of the toxins from bacterial plaque after the 42nd day, according to Lindhe's study, only then having to be dealt with by the immune system till the 60th day rather than the *Amos and Andy/Bob Hope* six-month 1940s criterion for "Brush your teeth twice a day and see your dentist twice a year."

Certainly those of us in dentistry who are exposed to the literature fully realize that it takes plaque 24-36 hours to re-organize and that if it is properly removed by its "owner" once a day, the chances of ammonia, hyaluronidase, collagenase and the other breakdown products from digesting the tissue cells and the glue that holds us together is irradiated.

The *seed and the soil* theory is clearly understood. If you can remove the seed from the soil, the crop is not likely to grow, is it? We know a lot of people with a lot of bacteria with no disease, but we know of no person with no bacteria with dental disease. So, it's indeed important that we have an approach to plaque control that is reasonable.

In the current jargon of interception, we encourage our people to have no more than 10% of the available surfaces with any plaque and they are plaque-scored on each and every visit, simply because "if winning doesn't matter, why keep score?" These people have a focus on wellness that is enhanced and monitored by self rather than the co-dependency with either the dentist or the hygienist. Our current view of interdependence rather than creating a dependency is "politically correct."

And so, with this thumbnail sketch of our interceptive game. . . can we talk?



When Deming went to Japan, having been turned down by Americans in regard to his quest for quality and search for excellence, many years ago, he carried with him a remarkable rule. He simply said, in his own words, "In God we trust. Everyone else has to have data."

If someone approaches you with something that's almost too good to be true, it probably is.

A simple statement, "Please provide me with the data that supports your claims" is all that's necessary in truly professional circles to continue the dialogue.

When a major approach to care is being provided by the claims of a billion dollar distribution system and there is no data, and claims such as "FDA approval" accompany the market thrust, those who have invested years of our lives running parallel to and dealing with the FDA are quickly attentive.

(There is no FDA approval.)

The now-published studies by the American Academy of Periodontology on PLAX mouthwash stating that, at the time of its testing, it is less effective for its claims than distilled water creates a moral issue, in my opinion. That does not mean that PLAX won't sell for 120 million dollars to Pfizer and 105 million dollars to Colgate for its international distribution rights because, as a cosmetic, there's no rule that says it can't.

Let the buyer beware.

Spraying a product on a frying pan to keep an egg from sticking may well be experimentally documentable but to claim that including it in toothpaste, mouth rinse, dental floss and mouth spray will reduce plaque by 40%, in fact, in several telephone conversations, totally prevent plaque from forming

for 24 hours (word of mouth) is truly exciting. When asked, "May I have the data that supports the claims?" and admittedly there is none, and/or a proprietary study of "great value and great economic cost is being done, but it will not be released because of its proprietary nature" I find that the science I professionally adhere to shudders.

"Atlas Shrugged" and so did Ayn Rand.

It is, in my opinion, that any distribution system that has two or more levels where the participants take out promised sizable amounts of money for their economic independence without providing goods or services or being *at risk* with capital or any of the other free enterprise responsibilities creates a system of distribution that is, in my opinion, unAmerican.

It is my opinion.

Recruit. Recruit. Recruit.

If I'm a middle recruit with no responsibility for delivery or service, goods or product, and I'm not capitally involved, what is my investment in the American system? Philosophers, theologians, psychologists, psychiatrists, sociologists. . . the scientists of human behavior have boiled man's driving change agents down to two simple forces: fear and greed.

Those aren't pleasant words for some, but the traditions of the behavioral scientists tell us that these are well-accepted and that significant emotional events that are related to these two forces are essential for man to change his values or his behavior. It is my opinion that it is also amoral that fear and greed be the approach emotions for joining forces with the distribution system without data to support its claims. If, truly, the profession is unable to provide a livelihood for its professionals, then it's



time for those professionals with the capacity they had to survive curriculum to move on to other forces that will provide for their family and their future.

Certainly, in a free enterprise system, the multi-level companies exist and they are a choice.

When principal professionals in the game I play move across the line and make unsubstantiated claims in order to attract me to join them for economic reasons because of the fear, or greed, I have in my own game, I believe it's time to approach the church of my choice for meditation prior to the decision.

I've personally spoken with over two dozen of my personal friends who have made the decision to move in this direction. A number of them have decided not to when this discussion occurs. Others have said, "I've seriously considered it and have decided to proceed anyway." It's wonderful to live in a world of free enterprise and freedom of choice.

Think carefully about the person coming to you for care and the substantiation of the claim you make in regard to the process in which you ask them to invest. Clinton's new Health Care Reform is going to demand two new things of our profession. . . the substantial documentation of efficacy for the care we provide, and a cost accounting system that explains the fee we ask people to pay. Neither of these are authenticated by any software system currently provided for us commercially and will exhaust our energies if we are immediately forced to document whether what we do works or not and/or whether the piecemeal fee we have is related to the cost of producing the goods or services.

Dentistry is in for many good changes. We know, and can document, that there are safe bactericidal agents that when properly activated and stabilized

are totally harmless to human tissue and to human function and the toxicology tests provided for the process to the FDA show pint lots being consumed, on a daily basis, for three months by 50 individuals properly tested with no toxicity at all; agents that completely control *candida*, the volatile sulphur compounds which any self-respecting student of our profession knows (within the last 12 months) are primary etiological agents previously unrecognized and not associated directly with plaque that must be dealt with and that there are substantiated data bases for claims made that are exciting and useful. One can look in the eye of the person coming for care and share that these products and services are being used properly by the people on the team, with efficacy, and that we can provide health in the face of disease and move toward wellness in an economically sound way, with free enterprise responsibility in proper place.

And then the claim that the balance of bacteria in the mouth will not be altered by these products, as if the bacteria were of benefit. . . all organisms (yeasts, fungi, bacteria, etc.) . . . if gone, totally, would enhance man's oral condition.

I find it difficult to draw the line, but find it necessary when a fellow professional chooses to proceed, in the face of data-less claims that are unsubstantiated, because of the "enthusiasm" (fear, greed) of money.

It is my strong opinion that it is morally appropriate that we think through our values, carefully, and do a "Ben Franklin Balance Sheet" (for the price we pay) on the decision we make and that we substantiate in a responsible, scientific way the procedures and the products (and indeed the services), as health care professionals, that we make available to those coming to us for care.

We've just returned from the Caymans and great dialogue with the Napili 3/4 format of long range/strategic planning (personally, professionally and economically). Roger and Sunny Kay with baby North (10 weeks), David and Barbara Maddy were there with baby Tricia (16 weeks). John Hajdu joined us, presenting a technical session in regard to implants. Jim and Darlean Kallas were there, giving spiritual substance. . . to Omer and me, and to Bill, Dixie and Bill Mauthe, Diane and Jack White, Bill and Gary Carlson, Kitty and Tom Mullooly, Georgia and Michael Razzano.

The Post Perio Rehab course, which includes hands on inlay prepping, will be presented in Phoenix, January 21-22.. Omer is offering a complimentary day prior to that which will include "Marketing to the Boomers and Beyond". This technical workshop fulfills requirements in all states for Continuing Education and is AGD approved as well.

Omer will be a guest speaker for Lord's Dental Lab in Green Bay, Wisconsin on January 28.

Are you a **File Cabinet Millionaire?** Napili is presenting the premier Case Presentation workshop in February (10-11-12) in Phoenix.. Come, Soar in the Sun.

Let the telephones ring along with the Jingle Bells. . .we enjoy hearing from you, and look forward to seeing you soon.

EXTERNAL MARKETING. . .

A request to an Auckland dentist for the office brochure and other information prompted this reply to her New Zealand colleague:

"Dear Ray. . . Many thanks for your positive feedback on my brochure. I'm amazed these things travel so far and wide.

"I've found that it has been effective, but it is too early to accurately measure its cost effectiveness. My team delivered it in person to businesses in Newmarket and last week we carried out a residential mail drop to Remuera households. Several people called to say how nice it was. . . others phoned for appointments as soon as it reached their letterbox.

"The persons who have responded to date have come from all backgrounds; i.e., they are not all wealthy people or from professional backgrounds. *They are all people who value the concept of longevity, however, and who appreciate the thoroughness of a new patient examination and a formalized report concerning treatment.*

"I'm more than happy to send you a copy of my brochure. However, I am unable to disclose the contents of my Examination Report and Treatment Proposal. Just over a year ago I joined Pentegra. This required a large financial investment as well as a lot of personal commitment, energy and time. *Membership has brought privileges such as access to the kind of material and language that I include in the Report. There is no copyright covering this material, but I have paid a price to be different and I am sure you can understand my desire to protect this investment.*

"I would be delighted to share my thoughts on the benefits of being a Pentegra member, however, and I can send you some information concerning the many facets of support that Pentegra offers to its members. I feel that the style and quality of my brochure reflects the influence that Pentegra has had in my approach to care, as well as my personal creativity.

Kind regards, A. H. S."

MEMO: My friends. . . (This is a *personal* memo. . . timing is critical)

FROM: Omer K. Reed

DATE: December 15, 1993

Recent changes make this personal memo to you mandatory.

Change news on health care reform programs, the dental marketplace, changes in dental insurance programs and the financial position of aging American population create necessary change in our thinking, planning and behavior.

I propose a special symposium day invested in the art and science of marketing to the boomers and beyond.

The next decade will be an accelerated "re-do" re-cycle decade. ADA reports 90% of restorative dentistry is re-doing previously accomplished restorations.

This window of opportunity is moving through time. By 2005, the 40-50 year-old person will have remarkably less dental repair to "re-do" and wellness will be a desired model.

The next decade's opportunity is linked to the marketing of definitive **post-perio** rehab to the baby boomers. . . who now approach age 50. . . and the "graying of Americans" beyond the "boomers."

Our January seminar has been stretched to include an extra day at no additional tuition to deal with the new person experience. . . baseline examination technique, standard of care documentation and the values-led case presentation necessary for this niche market.

This day will be cast against Clinton's health care reform (audio tapes included). the documentation and efficacy of care, cost related fees and consumer satisfaction being a must when paralleled with etiology changes, current and predictive, which must be carefully reviewed, understood and applied to our future planning.

This entire package of change will be discussed in light of the value of selling your practice within or by the end of the next decade.

Are you aware of Bill #1178 recently passed in Minnesota?

To capitalize on all this, this seminar is one of a kind, designed as a "stand alone" because of the appropriate and necessary changes required to thrive and survive in the next decade.

The Governor of Minnesota signed Bill #1178, committee and process were set up prior to the bill being introduced. It passed with record speed.

THIS BILL OUTLAWS PRIVATE FEE FOR SERVICE PRACTICE IN MINNESOTA AS OF JUNE 1994 AND HAS FROZEN ALL PRACTICE SALES AS MARKET NO LONGER EXISTS FOR PRACTICE PURCHASE.

The law, if not changed, provides two (and two only) choices for dentists in Minnesota:

- 1) The "internal service network" where the negotiations for fee will be accomplished with business purchasers thereby capping out all fees.
- 2) The "all-payer network" where all fees are set and capped by the State.

These two choices, in essence, close all doors for fee-for-service private care.

I'll keep you posted. You're on a special list for this subject.

REGISTRATION FORM — Dr. Omer Reed — Discover the Components of Success

Name _____

Address _____

City/State/Zip _____ Phone _____

Due to limited seating capacity, return registration by Jan. 7th.

Your check will confirm your reservations.

Please make checks payable to:
Lord's Dental Studio, Inc.

Doctor \$245.00
 Auxiliary \$ 50.00 _____ Number

Names _____

These fees include course registration, materials, continental breakfast, lunch and breaks.

** Fees are refundable as follows:
Up to 5 days 100%, 5 days to one day 50%.
24 hours or less 0%

Continuing Education Credit

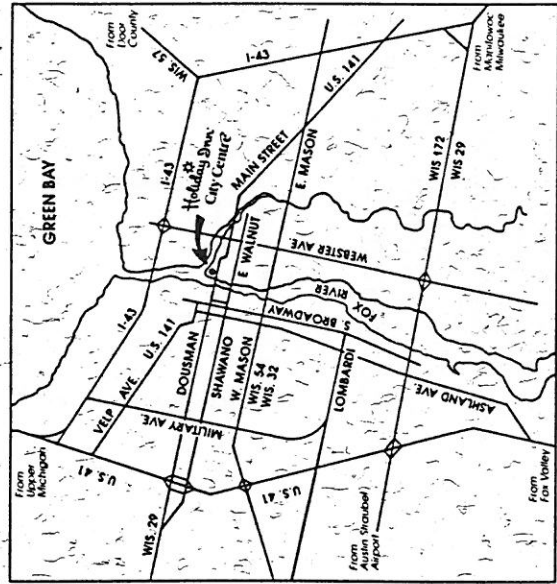
This course is approved for 11 hours of credit for the AGD.

Registration

Continental breakfast, soft drinks and lunch are included to make this a pleasurable learning experience. Registrations must be received by January 7th and will be processed in the order received. Registration fees of \$245 per dentist and \$50 per auxiliary must accompany the registration form.

Registration/continental breakfast on Friday, January 28th will begin at 8:00 a.m. with the course beginning promptly at 9:00 a.m. and ending at 5:00 p.m. Lunch will be provided from 12:30-1:30 p.m.

On Saturday, January 29th a continental breakfast will be available at 7:30 a.m. with the course beginning promptly at 8:00 a.m. and ending at 12:00 noon.



Seminar Location
Holiday Inn City Centre
Green Bay, Wisconsin

For over 30 years Dr. Reed has been an inspiration to thousands of dentists facing a new era of professional and personal challenges.

As a practicing dentist and health care management leader his Napili/Pentegra team counsels practitioners on how to open fresh horizons of opportunity for personal, professional and economic enrichment.

Now you can discover the pioneering concepts that have revolutionized the dental profession. Learn the concepts or enhance the skills that will guarantee your future success.

PROGRAM AGENDA

This 11 hour program will be packed with "gems" and "pearls" of Dr. Reed's vast, successful management and clinical skills. You and your staff will bring home priceless ideas to help your own practice thrive and prosper in the future.

The agenda will include:

- Happiness in Dentistry ... The "BIG FIVE"
- The Future of Dentistry (It is Bright!)
- "Guerrilla Marketing" — Up the Down Escalator
- Needs, Wants and Values in the New Patient Experience
- Case Presentation and Practice Pricing/Profitability
- Motivating our Patients to Act
- Scheduling Productivity, Profitability
- Recare — The Perio Program "By the Numbers"
- Vital Signs of a Highly Successful Practice
- File Cabinet Millionaires and What to Do About Them
- Cost + Profit = Fee ... rather than Fee — Cost = Profit
- Team Building
- People as Persons in Dentistry ... Leadership or Management?



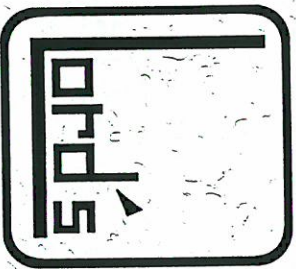
Omer K. Reed, D.D.S.

Omer K. Reed, D.D.S., is the originator and principal of NAPILI seminars, workshops on success in dentistry, socioeconomically, intellectually, and technically. Through this medium Dr. Reed interfaces with the top 1% of the highest producers in private practice and continues to be exposed to the extra-dental sources in current information in the dental profession.

Dr. Reed is also the originator of PENTTEGRA, a consulting firm for health care professionals in regard to personal and practice development and enhancement, pre-sale mergers, equity associations, crisis management, wealth accumulation and asset protection.

He has served as an Associate Professor of Ecological Dentistry at the University of North Carolina at Chapel Hill. He is the recipient of the Distinguished Alumnus Award and is an Adjunct Professor in the School of Dentistry at the University of Minnesota, his alma mater. He has served continuing education departments of more than 30 dental schools, and all of the nationally recognized dental meetings, as well as dental societies and schools in Kenya, South Africa, Austria, France, Egypt, United Kingdom, Sweden, Germany, New Zealand and Australia.

Dr. Reed maintains a thriving private practice in Phoenix, Arizona.



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9:00 a.m. - 5:00 p.m.

Saturday, January 29, 1994

8:00 a.m. - 12:00 p.m.

at **Holiday Inn City Centre**

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