GROUP PRACTICE/DSO STRATEGY RESEARCH PROJECT

Summary Findings, Insights, and Recommendations

September 2023
For internal use by the ADA Tripartite

ADA | SEQUENCE℠ ASSOCIATION GROWTH EXPERTS

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GROUP MEMBERSHIP STRATEGY

PROJECT OVERVIEW

GROUP MEMBERSHIP STRATEGY

PROJECT OBJECTIVES

Create a winning strategy for group membership, including the proper structure, value proposition, branding, and messaging, and a rollout plan to maximize success and minimize risk.

Key Considerations:

- How to collaborate with state and national leadership through the change
- The best way to work with states in a national pilot and rollout
- The B2B value proposition for the leadership of multi-site group practices
- The “sweet spot” in terms of practice size to target
- The ideal value proposition and pricing model
- How to maintain equity with small practice dentists
- The business case and financial implications

GROUP MEMBERSHIP STRATEGY

PROJECT APPROACH

A. Discovery & Insights

B. Qualitative Research

C. Best Practice Research

D. Value Proposition

E. Group Membership Strategy & Design

F. Socialization Approach

Collaborate and include State Executive Directors throughout the process.

FINDINGS & INSIGHTS

STAKEHOLDER INTERVIEWS

STAKEHOLDER INTERVIEWS

WHO WE INTERVIEWED

NAME	TITLE/ORGANIZATION
Dr. Ray Cohlmia	ADA Executive Director
Robert Quashie	COO
Jim Goodman	Chief Business Strategy & Product Portfolio Officer
Tony Frankos	VP, Sales Strategy & Product Development
Chris Tampio	Director of Congressional Affairs
Chad Olson	Director of State Government Affairs
Dr. Dave Preble	Chief Strategy Officer & Senior VP, Practice Institute
Marko Vujicic	Chief Economist and VP, ADA Health Policy Institute
Dr. Krishna Aravamudhan	VP Practice Institute
Dr. Hana Alberti	Senior Director, Center for Dental Practice Policy
Stephanie Moritz	Chief Customer Innovation Officer
Pamela Von Lehmden	VP Integrated Marketing & Brand Experience
Catherine Mills	VP Conferences & Continuing Education
Dr. George Shepley	ADA President
Dr. Linda Edgar	ADA President-Elect
Dr. Chad Leighty	DSO Task Force Chair
Dr. Nipa Thakkar	Council on Membership Chair
Dr. Kerri Simpson	Council on Membership Subcommittee Chair and DSO Task Force Member
Dr. Kelley Ryals	New Mexico Dental Society President & DSO Task Force Member
Michele Reeder	Nevada Dental Society, Executive Director
Linda Brady	Texas Dental Association, Executive Director
Greg Buckler	Maryland Dental Association, Executive Director
David Owsiany	Ohio Dental Association, Executive Director
Vicki Wilbers	Missouri Dental Association, Executive Director
Peter DuBois	California Dental Association, Executive Director

OVERALL KEY TAKEAWAYS

Historically, the ADA/DSO relationship has been fraught with missteps and has not gained much traction.

- Everyone understands that the situation is dire and that finding a solution is urgent.
- Successfully changing the model with our tripartite structure requires bringing everyone along.

The needs of the DSOs vary greatly based on practice size, geographic location, and the DSO's infrastructure.

- Preliminary thinking is that mid-size to small group practices may represent the best opportunity for ADA.
- Simplicity in approach is important.

The internal perception is that the following might be prime opportunities for the ADA:

- Provide more support for the business operations of small to mid-sized groups, e.g., insurance, marketing, and other business services. Essentially, be the "DSO" for practices lacking those resources.
- These practices have high rates of turnover and struggle to retain dentists. Products addressing burnout, mentoring for dentists outside their practices, leadership, training, and student debt relief would all be extremely valuable.
- Imagine if the ADA could take their online library of CE, work with a group practice, create custom content with training modules catered to the group, and then apply that to their online learning needs. This could drive significant revenue.

The next step is to research multi-site practice dentists further to probe their unmet needs and sentiments towards ADA to help inform the strategic direction.

GROUP MEMBERSHIP STRATEGY

QUALITATIVE RESEARCH

QUALITATIVE RESEARCH METHODOLOGY

Objective: Through twelve in-depth interviews and six focus groups, uncover insights into what supported DSO dentists and DSO practice organizations want and need.

The focus was on the following:

- DSO strengths and weaknesses
- Impressions of the ADA
- Future of dental associations

We worked in partnership with the leading market research company, TSQ Research.

In-Depth Interviews and Focus Groups were conducted from April 28 – May 15.

WHO WE INTERVIEWED

We spoke with an array of DSO-supported dentists and DSO Practice Leaders (Founders, CEOs, Chief Clinical Officers and Practice Owners) from small, medium, and large DSOs.

SMALL DSO ORGANIZATIONS	MEDIUM DSO ORGANIZATIONS	LARGE DSO ORANIZATIONS
Grand Dental Group	Hill Dental Studio	Brident Dental (Western Dental)
Tend Dental	42 North Dental	Great Expressions Dental Centers
West 10th Dental Group	Select Dental Management	Benevis
Stonehaven Dental	Gentle Dental	Heartland / Penn Premier Dental
P1 Dental Partners	Gen4 Dental Partners	The Dental Specialists
Bright Directions Dental	United Dental Partners	The Aspen Group
Roosevelt Family Dental	DECA Dental	Pacific Dental Services
Dental Associates of Connecticut	PepperPointe	MB2 Dental
Maya Dental	Rodeo Dental	
Westwind Integrated Health	DecisionOne Dental	
Optimize Practice Services		

KEY FINDINGS & INSIGHTS

QUALITATIVE RESEARCH

DSO PRACTICE LEADERS

KEY FINDINGS AND INSIGHTS

DSO ORGANIZATIONS' Point of View *(1 of 2)*

I have a deep respect for the ADA. The ADA is the most powerful voice of advocacy for the dental profession and the most recognized and trusted brand. A strong ADA is vital to the profession.

Dues are not the main barrier to DSOs participating in the ADA. The barriers are:

- Lack of acceptance of dentists practicing in DSOs.
- Not seeing DSOs in the leadership of the ADA.
- Expecting ADA to be a more powerful voice for all dentists.

ADA efforts of greatest importance to me:

- Advocacy especially around payer issues.
- Clinical standards and quality metrics.

What I want from the ADA:

- More engagement with ADA advocacy – ***invite us to help you.***
- More support for the business of dentistry and vocal support for all practice modalities.
- Inclusion and respect of DSO-supported dentists in the ADA.

DSO ORGANIZATIONS' Point of View *(2 of 2)*

What I want from the ADA *(continued)*:

- Better education for the profession about various dental practice models
- Clinical pathways to help better mentor and train doctors, including new dentist practice readiness/onboarding
- Evidence-based clinical guidelines
- A public oral health awareness campaign

As a small / medium DSO practice leader, I also want the ADA's help with:

- Recruiting dentists
- Recruiting & retaining support staff
- Technology awareness & decision support
- Practice workflows
- Office automation and general system checks
- Hands-on CE programs
- Marketing support
- Access to (affordable) systems that measure quality of care and patient outcomes
- Managing career expectations for younger dentists

DSO-SUPPORTED DENTISTS

KEY FINDINGS AND INSIGHTS

DSO-SUPPORTED DENTISTS' Point of View *(1 of 2)*

I want a strong ADA that delivers on advocacy (insurance reimbursement, workforce, regulatory issues) and promotes oral health, including around access to care and Medicaid reimbursement.

I want to see myself reflected in the ADA. The ADA should be more welcoming and inclusive and respect my clinical skills.

I need a better understanding of what ADA can do for me.

"I think there's a little scar tissue from the past, where we felt not engaged, not included, a little bit shoved away..."

"Tailor the ADA to things that a younger generation wants: more diversity…more inclusivity. Have it be engaging for those things that matter a lot to us."

"There's still this connotation, especially with older dentists, of the DSO being the bad guy, or somehow DSOs are not doing quality work. When we as a DSO think it's the complete opposite."

DSO-SUPPORTED DENTISTS' Point of View *(2 of 2)*

Benefits I want from the ADA include:

- Information on career options, contract negotiations, and evaluating job offers.
- More robust CE than my DSO offers, including new dentist practice readiness, with the opportunity to network across the profession.
- A state-level mentorship program without discrimination.
- Mental health support services.
- Financial planning tools.
- A better student loan rate.

"Providing guidance to dentists at different stages of their life is important."

A more robust CE base would be something that I think would be appealing to all dentists"

"I think if the ADA gave a very detailed outline of what they're doing for us, you would find very big groups paying for 100% of their doctors to join."

DSOS AND THE CURRENT STATE OF DENTISTRY

This section summarizes insights from the discussions with both DSO practice leaders and DSO-supported dentists.

SEQUENCE Membership Marketing and Strategy

THE OPERATIONAL, BUSINESS SIDE OF DENTISTRY CAN BE TIME-CONSUMING & DISRUPTIVE TO GOOD PATIENT CARE

Frustration with insurance and reimbursements is mentioned by all DSO leadership and dental associates in this research.

- Reimbursements are not commensurate with the time and skill for procedures and dentists are also upset when patients have to choose a less expensive, less-optimal treatment or refuse treatment altogether due to financial constraints.

Other challenges that surface in the group discussions among associates but not as much in the leadership include keeping up with the relentless evolution of technology and advancements in dentistry and staff training needs as well as managing the HR aspects of the practice.

- Staffing shortages and difficulties finding qualified staff are a prevalent concern in the dental field.
    - Dentists say shortages in support staff (hygienists and assistants) were an issue before the pandemic but are even more acute now.

"It stinks how insurance works and reimbursements work. We look like we're money hungry, but we just have overhead and loans to pay. …If I could do everything for free, I would. …I wish there were a way that we can meet more halfway; increase the insurance reimbursement and decrease the patient's out-of-pocket expense so we can do better dentistry, more dentistry. …We get a bad rap because they think we're the reason they can't pay their bills." **– Large DSO**

"I think patient care is the rewarding part of my job. My stress is really not related to patient care. It's usually about handling...staffing issues and being constantly understaffed or from those people who need more training." **– Medium DSO**

"Things are changing at an exponential rate today relative to when we got into the practice, so just keeping up with the extraordinary rapid change that's occurring in our profession...is probably my overwhelming challenge." **– Small DSO**

"I've always considered myself a continuing education junkie, but I underestimated...how much effort it takes to keep on top of all the new developments and everything new that changes in dentistry. The commitment to lifelong learning is more than I thought it would be. It's a good thing and it's fun and exciting but I had the perception in dental school that you do 20 hours of classes a year and you're good to go for the rest of your career. That's definitely not the case. It's a lifelong learning and lifelong practice." **– Small DSO**

THE ECONOMIC STRUGGLES OF THE SOLO DENTAL MODEL HAVE FUELED THE GROWTH OF DSOS

Both leaders and dentists attribute the changing nature of dentistry –i.e., to the rise of DSOs as a direct response to the financial and business efficiency struggles of the traditional dental practice mode.

- Dentists referenced the staggering dental school debt they graduated with that made it impossible to secure the funding to launch their own practice. Even with resources or support to run their own practices, new dentists feel unprepared to manage all the aspects of running a practice on their own.
- DSO dentists can better focus on their patients by not having to split their attention between billing and other back-office tasks.

Lower prices on equipment, supplies, and services, such as lab fees, due to DSOs' ability to negotiate group pricing also enables DSO dentists to make the right treatment decisions for their patients without being constrained by costs.

- And DSOs also allow for practices to afford more state-of-the-art technology.
    - Having updated technology such as scanners and other equipment has improved the scope of services dentists offer their patients. All of these financial benefits underscore the motivations many dentists have when entering dentistry: improving patients' oral care.

"I feel like the days of private practitioners are dwindling. With the increase in costs of running a practice, we just can't do it on our own. There's more power in numbers." **– Medium DSO**

"A disadvantage that comes to mind is the economies of scale that are afforded to larger group practices. They…will make it more difficult for those who want the traditional dental dream of getting out of dental school and hanging up their shingle and starting out their own small family practice…a lot harder in the future." **– Small DSO**

"I came out with a huge amount of loans so that was one of my biggest reasons to join corporate. Also, as a new dentist you are wanting to pick up speed, you want to learn as much as you can. I thought it was really beneficial coming straight out of dental school and going to the corporate, because I got benefits. I was going to be able gain experience and have the backing of a whole office versus being by myself in a private office."**– Mid-size DSO**

"Technology-wise, it's the best it's ever been for patients. We have such awesome technology to replace a tooth with our implant technology. We can do guided surgery, get it into a near-perfect position to restore form and function." **– Large DSO**

DECIDING TO SELL ONE'S PRACTICE TO JOIN A DSO IS DIFFICULT

For some practice owners, giving up the practice they spent years building is a bittersweet decision requiring a lot of thought.

- Some worked in a practice started by a family member, so selling to a DSO felt like selling their legacy.
- Solo practitioners and even experienced non-dental practice owners recall being concerned about the potential loss of autonomy in working for a DSO.

And those who entered a DSO out of dental school talked about the stigma of working for a DSO expressed by their professors.

To learn more about the DSO structure and inform their decisions, dentists say they relied primarily on advice from colleagues familiar with DSOs.

- One dentist got advice from a practice management consultant.

"You lose control of certain business decisions: renovations, equipment upgrades. It's treated like a real business. Maximize profit, reduce expenses. If something's worn out and tired or just unsightly and it was your own space, you would upgrade it and manage it. When you start dealing with corporate money, VC capital…they're not going to change anything until profit is at risk." **– Large DSO**

"The hardest part of joining a DSO was just overcoming the societal expectations. I got my job offer in dental school and man, the amount of hate… No one shared in my success or excitement, so that sucked. I felt ashamed to tell people. ...That was frustrating because I loved my job opportunity, I loved the office, I loved the people that I was going to work with. I really liked everything they had to offer, the pathway to ownership. I'm the first person in my family to become a dentist, so I didn't really have connections. ...DSO's provide a pathway to help you achieve your goals faster, especially when you don't know...what to do because I don't have business background or those connections." **– Large DSO**

"I went to Baylor in Texas, and it was really ingrained into us not to join corporate, but I had friends who were older and got out before me and they had different experiences, so for me it was no brainer" **– Medium DSO**

"I have a practice management consultant I work with, and he has had other clients that started going in [the DSO] direction and had good experiences, so I started exploring all the different companies…and talking to people." **– Medium DSO**

DSOS FREE DENTISTS FROM ADMINISTRATIVE BURDENS

SEQUENCE Membership Marketing and Strategy

Joining (or starting) a DSO frees practitioners to focus on what they love.

- Dentists who started in a traditional solo practice found administrative duties became too cumbersome and time-consuming and took time away from actual dentistry, diminishing their enjoyment.
- The appeal of a DSO operation for these dentists was being able to focus on what they truly love about dentistry – practicing their craft and helping patients – while handing off the more cumbersome operational business tasks to someone else.
- For younger associates, working for a DSO has provided them with a soft landing in an environment where they can continue to learn and hone their skills without having to worry about focus as much on the business management aspects simultaneously.

The prospect of better work/life balance is also an enticement.

- In addition to cutting down on administrative work (something they may have relegated to their weekends to while still in solo practice), joining a DSO can provide a dentist with more scheduling flexibility.

"What led me to join the DSO...is the amount of work that's involved in managing several practices. ...We're looking to be compensated for what we're doing and looking for the best way to get compensated. ...When you're a sole practitioner, for you to grow you've got to add another practice or add another practitioner and that requires more time...to be able to do that. I've reached the point where I've felt that my quality of life was much more important than me doing that. So, partnering with a bigger group allowed me to achieve both. I'm able to do a lot less management...and still benefit from the investment opportunities in the group and the offices." **– Large DSO**

"When you're a member of a large group, besides learning from specialty and general dentists, you're never on your own. ...You have all these doctors you can draw from. ...And we can really make the dentists' life a lot easier. They do not have to acquire patients, that's done for them. They do not have to hire staff. They can interview them, but they don't have to worry about that. That's not a primary job of theirs. The scheduling is done for them. ...They don't have to refer out of network because we have a specialty. ...We do all insurance, all billing. The dentist doesn't have to worry about any of that so they can concentrate on actual outcomes and treatments." **– DSO Leader/Dentist**

MENTORING CAN BE A PROMINENT FEATURE OF DSOS

In response to what they like about working in a DSO model, dentists speak positively about having ready access to other staff to share ideas, ask questions and collaborate on difficult cases.

Mentoring, whether they're giving or receiving it, is another aspect that leads to high satisfaction among DSO dentists.

- Young associates value the guidance from seasoned colleagues that can smooth the transition from the academic environment to hands-on patient care.
- Many others, especially those later in their careers, appreciate and enjoy the opportunity to give back to their profession by mentoring younger associates and helping them grow into skilled, compassionate practitioners.
    - Dentists point out that while dental school prepares graduates with the technical knowledge they need, it does not give them real-world experience with actual patients. As a result, "on the job" training often falls to a new grad's first employer out of dental school.

"One of the biggest advantages, especially being young in my career, was the ability to get a lot of mentorships early on, in not only the business aspect of things, but also clinically. There's a lot of dentists that I could reach out to who are part of the organization in order to grow my skillset a lot quicker than it would've been if I was just a sole proprietor." **– Large DSO**

"When a new dentist is coming in, especially for their first job, the biggest person of influence is going to be the owner doctor or the mentor doctor working with them . They will make or break that experience. [My DSO]... especially within the past couple years has really focused in on ensuring that new dentists are supported and that's helping to achieve success very quickly overall. It's ensuring that they are personalizing and individualizing the development plan for that person as well." **– Large DSO**

"Mentorship goes hand in hand continuing education. If we see that somebody is struggling, we put them with one of our mentors who will sit with them and teach them. You're never on your own. You might be in an office by yourself, but you have all these doctors with which you can draw from. We can really make the doctor's life a lot easier ." **– DSO Leader/Dentist**

NOT ALL DSOS ARE CREATED EQUAL

While the dentists in these groups are satisfied with the DSOs they are currently associated with, they acknowledge that not all DSOs provide the same positive experience for practitioners and patients. Some of the inconsistencies may surface around:

- Bureaucracy and a lack of autonomy
  - Dentists from private practice can find it frustrating that they must now obtain multiple levels of approval for care decisions they used to make themselves.
  - Management that is production-oriented rather than patient care-oriented can prevent dentists from delivering the desired level of care to their patients.
- "Falling through the cracks"
  - In larger organizations, dentists and patients may be "just a number" and not get the support, attention, or care they need.

"Having worked for a couple other DSOs...some of the other DSOs don't do things as well. ...It's very easy for people to fall through the cracks in larger organizations. ...I have also seen some DSOs where there's been...a lot of hype in the beginning about reforming this organization, things are going great here, join our organization and they failed to deliver for the clinicians. They bring them in, they give them a very large bonus and they have all this promise of...clinical support, the CCEs...and some of them have failed to deliver on it. We see those doctors leaving those organizations and talking with us about their experiences." **– Large DSO**

"The quality can fall off if there's too much pressure to produce. Many times, when managed by companies who are just looking at metrics and not patient outcomes in terms of production metrics...quality of care has a risk of falling off. You end up taking people just out of school. I know people were talking about wanting to mentor young dentists and bringing them through that system, but if you take a system that doesn't have mentorship and doesn't have people maintaining a cultural attitude of good quality care, that can fall off." **– Small DSO**

ALL BELIEVE THE DSO FUTURE IS BRIGHT

Leadership and dentists in the study are very optimistic about the continued growth of DSOs as the dental practice model going forward. These perceptions are likely due to their own satisfaction with their current position and their experiencing the benefits of the DSO structure.

- While dentists feel that solo practices aren't going away entirely, most believe the trend toward DSOs will continue and may even accelerate.

As DSOs continue to evolve, some dentists would hope to achieve more integration between silos e.g., those dedicated dental health and those committed to physical health.

- Specific comments include wishes that dental health records be integrated with physical health charts in medical health records system.

"There are definitely advantages and disadvantages. One advantage…is in measuring qualities of care outpatient outcomes, standards of care. The larger practices have a distinct advantage of pooling data and tracking outcomes to increase the standard of care and better the profession. – **Small DSO**

"I was the biggest anti-consolidation dentist there was. Then I got consolidated kind of against my will, and I've fallen into a group that I highly respect and it's completely flipped my opinion just in the last 12 months. Early in the consolidation of dentistry, there were a lot of bad actors that didn't have it quite figured out. Now we're seeing this new wave...of thoughtful, patient-obsessed, doctor-driven consolidation, which is a much different thing. It's really the best of both worlds and if that continues, it will set the standard for how consolidation happens and what it really looks like, and how we do that responsibly...to benefit everybody during that process." **– Medium DSO**

"One of the biggest gaps in dentistry right now, especially with all the technology that is available, is the lack of integration with the medical field. Our dental technology systems and the medical technology systems are completely isolated, not integrated with each other. So, if I have a patient who has a very complicated medical history and I want to speak to the physicians to get clearance and talk to them and integrate things, it takes a lot." **– Small DSO**

PERCEPTIONS OF THE ADA

This section summarizes insights from the discussions with both audiences.

THE ADA HAS HISTORICALLY BEEN A FORCE FOR ADVOCACY AND EDUCATION

The organization is well-respected, with a long history and good track record of advocacy for the dental profession through their national lobbying efforts as well as public education.

- The ADA's size and long-standing presence gives it weight as a respected voice within the legislative and regulatory environment.
  - As a result, many feel advocacy is the most compelling strength of the ADA and something that no other organization – not even the largest DSO – can match.
- The ADA's stature with the general public is another strength.
  - The organization's leadership on issues like drinking water fluoridation as well as their mission to educate consumers about the importance of dental health are perceived as very important public benefits made possible by the ADA.

"They're lobbyists and their history of advocacy is so much stronger and carries so much more weight than the dental service organizations. ...The American Dental Association…is the name brand of advocacy." **– Large DSO**

"I think the ADA is the voice of dentistry. That's the strength." **– Medium DSO**

"They have a long history of supporting research. That's something they can always do extraordinarily well. No DSO is going to spend the kind of money for research that the ADA does." **– Small DSO**

"One of the strengths of the ADA is that we have a lot of numbers in membership behind us. That's what makes the lobbying beneficial." **– Small DSO**

ADA SHORTCOMINGS: ADVOCACY, COMMUNICATION & DIVERSITY

There is a sentiment expressed by both leaders and associates that the ADA has not been as consistent in advocating for the dental industry now as they have in the past.

- Examples include the organization's perceived hands-off response to COVID, lack of engagement in the fight with payers for fair reimbursements to dentists, and the lack of a public health campaign educating the general public on the importance of oral health.

"The classic ADA…is the champion of community water fluoridation. They were a leader in dentistry and the voice of dentistry historically and I think they need to retake the lead on the issues that dentistry really needs leadership on right now. Quality of care, standards of care. How do we measure patient outcomes? How are we going to integrate into the medical record? These are huge opportunities in dentistry right now, especially as dentistry continues to consolidate. Someone will set these standards of care and someone will set ways to measure quality. It should be open to the ADA doing that." **– Small DSO**

"The biggest frustration with the ADA over the years...comes back to the insurance thing. ...I feel like the insurance companies are working against us all the time. ...They are not shy about going after what helps them. I wish the ADA would be a stronger advocate, a stronger pushback against the insurance companies and what they do to us." **– Small DSO**

"One of the things dentists want the ADA to pay more attention would be insurance negotiations. Things have gotten really out of hand and dentists are feeling beat up.' **– Large DSO**

"One thing that was unbelievably frustrating...was the way COVID was handled by the ADA. It just didn't seem like there was any support...any type of guidance. It was basically 'Do whatever the hell you want. Here's our recommendations.' ...It was a great time for the different organizations to step up and actually do something. ...A couple weeks after COVID we didn't hear from the ADA for two weeks...not a peep. And when you did get something, it was generic, trying not to offend anyone." **– Small DSO**

ADA SHORTCOMINGS: ADVOCACY, COMMUNICATION & DIVERSITY (CONT'D.)

Participants also say the organization does a poor job communicating the benefits and value of membership, especially to early career dentists and new graduates.

- Illustrating this point, a number of younger participants say they chose not to renew their ADA membership after the introductory year expired because they didn't feel the benefits were worth the substantial membership fee.
- There is also a lack of awareness of lobbying efforts and advocacy work occurring in other states and at the national level.

The ADA's lack of representation and diversity is also concerning for many dentists.

- They note that the ADA, especially at the highest levels, is predominantly male, white and older.
- Some say this profile also applies at the local component level which can feel very alienating and unwelcoming to younger dentists, women and people of color and – importantly – those working for a DSO.

"Where it fails is making a connection with the younger dentists. ...There needs to be an effort put towards the associate dentist. ...The value is there for the group owner or maybe even the private practice owner but there isn't that much for the associate dentist, whether it's third-party, value added, like insurance...or from the clinical side, mentoring, training. ...To increase memberships for the associate, they need to see that value added which in turn would encourage us group owners to push our associate dentists to join and take advantage of those opportunities and benefits because it will take some of it off our plate." **– DSO Leader/Dentist**

"The ADA...doesn't reach the young dentists. We have a real problem reaching the students and the young dentists and getting them involved early and understanding how important it is to have a strong ADA. ...People have to understand what the ADA can do for them. ...The ADA really fails young dentists. I don't think they get it." **– DSO Leader/Dentist**

"The national ADA is dated and it's not diverse enough. A third of practicing dentists are Millennials; how many of the members of the ADA board are millennials? Proportionally we're not represented as younger dentists. And I think the lack of diversity and that just is not a good thing." **– Medium DSO**

"Tailor [the ADA] to things that a younger generation [wants]: more diversity…more inclusivity have it be engaging for those things that matter a lot to us." **– Large DSO**

THE ADA HAS BEEN SLOW TO ACCEPT DSOs

One strong thread throughout the discussions when the ADA is brought up is the belief that the ADA spent years focusing its efforts on solo practitioners while ignoring the rise of DSOs, "hoping they would go away."

- Dentists and leaders allude to the organization's open bias against DSOs, referencing instances of open hostility by ADA members toward DSO members at ADA meetings and functions.
- DSO leadership and the dentists feel the ADA has not tried to find ways to work with DSOs and involve them in their efforts to move dentistry forward.
  - They applaud ADA's effort to reach out, as evidenced in this research, and hope it is part of a genuine effort to embrace DSOs in their mission to speak for all dentists.

As DSOs have increased, there has been an accompanying increase in DSO-specific professional associations. With their economies of scale, these associations can provide their member practices and dentists with many of the services that the ADA used to offer, including:

- CE
- Equipment/technology recommendations
- The opportunity to network with others in the DSO field

"The ADAs has always been the gold standard, the governing body [of dentistry]. ...I think where we feel it got lost is we never heard the word 'DSO' related to the ADA. It almost was as if the DSO trend started to emerge and the ADA just didn't recognize it." **– Medium DSO**

"I don't have a very favorable impression of the American Dental Association. What's the famous Gandhi quote? 'First they ignore you, then they fight you, then they kind of someday realize, Oh crap, these guys are real.' That's my position on the ADA over 35 years." **– DSO Leader/Management**

"When you came from a world where you were individual practitioners and isolated, [the ADA] was your group. That was who you went to, to do these big things: the CE, the conferences. Now that those groups are within us, that role has to pivot because I don't necessarily seek out other dentists to interface with and advocate for things ..because I have that built in with the DSO. ...We have that group; we have that camaraderie that's going to bring us together. We don't necessarily need that anymore." **– Small DSO**

"They have clung to the solo dentist model hoping that groups and DSOs would go away. Now they're hiring people like you to try to figure out what that future's going to look like. I do think there's going to be a place for organized dentistry of multiple sorts. But the ADA is going to have to reimagine what that looks like and they're going to have to really partner with groups and DSOs and collaborate on the needs of the dentists rather than trying to stand apart from groups and DSOs." **– Small DSO**

PERCEPTIONS OF THE TRIPARTITE ARE INCONSISTENT

Perceptions of the national organization typically center on the ADA's advocacy and lobbying efforts at the federal level to enact changes that will benefit the entire profession.

- As mentioned earlier, some describe national leadership as primarily older, white, solo practitioners. They feel they are out of touch with the current state of the industry and the needs of members at the state and local levels.

Impressions of the state-level associations also reflect a mix of opinions.

- Some dentists are involved in their state leadership and speak favorably about their organization, describing it as well-run and welcoming; others have little or no familiarity with their state organization's activities or operations.

Perceptions of the local level components tend to be the most polarized.

- Some feel the most connected and engaged with the organization at a local level. They especially appreciate the collegiality and opportunities to network with local colleagues.
- But others describe local components that are extremely dysfunctional, poorly run "boy's clubs."

"I currently serve as a delegate for my state association, and I have a great relationship at the national level. I'm an American Dental Association Success speaker. I've participated in other programs at the national level, met great people in my state at the national level. But when it comes to the local level and the state level, there needs to be better censorship, better monitoring as to what is going on on those levels. ...When I go to my local meetings they're not run properly. There's no voting. There's no minutes. There's just one person in charge who picks on people to do what he wants them to do. ...There needs to be better monitoring...at the local and state level because they're not representing the ADA very well." **– Large DSO**

"I believe in the ADA. I'm kind of an ADA diehard. I serve on our state political action committee. ...But the component societies just don't have it together. ...I work with our state association pretty regularly, but I don't do anything with our local component because there's no leadership there. It's just random people that sit around and have this sort of 'boys' club' meeting where they talk crap about people that do dentistry a little bit different than the old guard. I feel like the ADA has it together at the higher levels and I don't know what the answer is to get it to trickle down to the component, but that's where the big disconnect is. For me, the national is great, the state is great, and the component is just all over the place." **– Large DSO**

ANOTHER FAULT LINE IS THE DISCONNECTION AMONG THE TRIPARTITE

Participants feel there is a lack of communication and coordination between the national, state and local levels of the ADA.

- At least one feels the national organization should be taking a greater interest in monitoring the activities at the lower levels and making corrections and adjustments where necessary to curb the bad behavior occurring in these organizations.
- Some also express the desire for a more coordinated approach to issues and outreach between the three levels; specifically, that activities and priorities at the state and local levels be better aligned with the priorities of the national organization.

"When I look at the A[rizona]S[tate]DA, they do a lot of good work, but I don't see a lot of participation from non-owners. Or from associate dentists, and that's the biggest, fastest growing group practicing dentistry. I don't see a focus there at all. ...It just seems like there's a little bit of disconnect from the local to the national level. Nothing that impactful...but I don't see the continuity of membership between the local to the national level." **– DSO Leader/Dentist**

"It's too fragmented. I really, really like the leadership in Michigan and Florida from the state perspective. But...the local [component] doesn't always espouse what the national is trying to do. ...Although we've made great strides, I would love to see more of a common theme. ...I'd like to see everybody more on the same page because there are pockets where it's just impossible." **– DSO Leader/Dentist**

NON-MEMBERS ARE UNCERTAIN OF MEMBERSHIP BENEFITS

Lapsed and non-members struggle with the benefits and value of an ADA membership.

- One dentist recounted her decision to renew after her dental school ADA membership expired. While in school and for the first year following graduation the ADA never communicated or demonstrated the benefits of membership. When it came time to renew, she decided to drop her membership rationalizing that any benefits were not worth the substantial annual membership fee.

DSO dentists question if the ADA will adequately represent the DSO interests considering the hostility and poor treatment, they may have experienced at ADA events.

And there is a feeling for some that they get more value from DSO-oriented organizations like ADSO (Association of Dental Support Organizations), AADGP (American Academy of Dental Group Practice) and DEO (Dentist Entrepreneur Organization).

- In particular, they appreciate that these organizations offer content, services and activities specifically oriented to helping DSOs grow and thrive.

The poor reception that DSO members receive from fellow ADA members is attributed, at least in part, to the predominant presence of older solo practice owners within the organization and especially in leadership positions.

- These dentists' strong bias against DSOs as well as their substantial influence on the organization owing to their presence within leadership has contributed to a hostile atmosphere that many of the associate dentists say has turned them off of membership entirely.

"There's still a connotation...especially with older dentists...of the DSO being the bad guy or that somehow DSOs are not doing quality work when we as a DSO think it's completely the opposite...I know that some DSO owners have shied away from the ADA because of the feedback we get from existing dentists. ...That's one reason why I see DSO members not necessarily finding a need to join." – **DSO Leader/Dentist**

"[DSOs] have this weird pariah stigma. I went to one local [dental] society meeting and someone told me that working for a DSO was 'ruining dentistry' so I've never gone back." – **Large DSO**

DESPITE CONCERNS, THE ADA IS STILL PERCEIVED AS CRITICAL

They strongly believe that the ADA must continue to exist and advocate for the profession by advancing standards, lobbing the government and championing the profession to the public.

Participants see an opportunity for the ADA and DSOs to unify and work together.

- They feel that the goals and needs of both entities are the same and that by finding ways to collaborate and coordinate their efforts, they can serve all dentists at all levels and practice types.

These dentists feel DSOs and the ADA frequently overlap in what they offer to their members.

- And feel efforts should be made to reduce the duplication of effort in order to free up both DSOs and the ADA to do what each does best. For the ADA, this means focusing the bulk of its efforts on advocacy.

"It depends on the DSO, but there is a feeling of camaraderie that comes form being a larger group practice and having other dentists employed in that environment. They also have their own CE events, sometimes even their own conferences, so the camaraderie and CE is provided. The value that the ADA can offer a DSO dentist beyond legislative action and victory cannot ride solely on continuing education or a feeling of camaraderie. Those are important things, but those are things that many DSOs are able to provide." **– DSO Leader/Dentist**

"I think the American Dental Association, especially with the leadership now in place, is the ideal platform to promote dentistry within the community, within the country or within the world. It is extremely important for the ADA to have a strong membership so they can carry the weight and their message is heard." **– DSO Leader/Dentist**

"[DSOs and the ADA] share same goals. We want favorable outcomes with government, favorable outcomes with payers. We want to make it easier for dentists to practice and get remunerated. We share the same goals and desired outcomes. All those things the ADA espouses just reinforce what we're trying to do." **– DSO Leader/Dentist**

I'm a proud ADA member and...what I think the ADA does very well...is advocacy, having legislative contacts and being able to, throughout the tripartite, galvanize dentists around a particular issue. I think of the recent victory in...Massachusetts. There are legislative gains and successes...that DSOs certainly cannot do. ...These are the nice victories that can drive membership and are inspiring, and that's stuff that other groups can't do, and certainly solo practitioners can't do." **– DSO Leader/Dentist**

VALUE PROPOSITION STATEMENTS

WHERE WE LANDED

Value Propositions – Advocacy is a key component for all

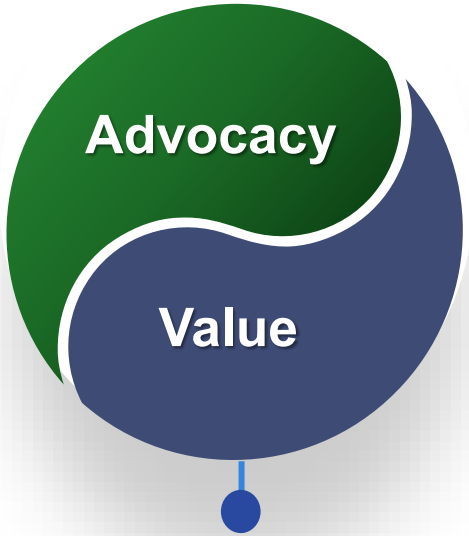
Large DSOs

ADA advocates powerfully for the profession of dentistry, inclusive of all practice modalities.

By uniting the profession to speak with one voice at the national, state, and local level and to promote oral health to the public.

Leveraging our trusted brand, network, and powerful voice.

Small-Medium DSOs/LGPs



ADA supports multi-site dental practices and the success of their dentists.

By providing essential clinical and professional resources for dentists, and best practices that improve dental care.

Leveraging our trusted brand and clinical expertise.

DSO Supported Dentists

ADA lifts the profession together and supports all dentists in their practice and career spanning across all practice modes.

By welcoming all dentists, speaking with one voice, and providing clinical and career-focused resources and opportunities.

Leveraging our trusted brand, powerful voice, and exclusive expertise in the field.

OPPORTUNITIES……AND NEXT STEPS

- Explore CE topics and speakers that appeal to large group practice dentists
- Provide mentorship/career support resources
- Leverage the new Member-Get-A-Member campaign (launching Jan 1) to encourage leaders and members to recruit and welcome large group practice dentists
- The ADA Large Group/Multi-Site Practice Engagement Task Force will continue to study the relationship, strategy and potential for expansion of the engagement between management, employee dentists and the ADA.
- The Membership Model Taskforce is exploring group practice models
- Additional tools and resources to support you are in development

GROUP MEMBERSHIP STRATEGY

APPENDIX

- Detailed Research Findings
  - Stakeholders
  - DSO Leaders
  - DSO-Supported Dentists

FINDINGS & INSIGHTS

STAKEHOLDER INTERVIEWS

KEY TAKEAWAYS

ADA LEADERSHIP

What We Heard:

- **The ADA is struggling to grow membership**, partly because market share has declined in individual dentist practitioners as younger dentists join DSOs at a higher rate and partly because of the stigma around being a part of a DSO.
- **Leadership has work to do to mend the relationship between DSOs and the ADA.** There must be acknowledgement that the initial disdain or miscommunication about dentists in the DSO setting started with the leaders.
- **Right now, the ADA sees DSOs as big organizations**, but they come in all shapes and sizes – the large national organizations are in a class of their own. But most DSOs are not that large and do not have the same resources. This is an opportunity for the ADA because it allows them to meet the unserved needs of all of those DSOs.
- **The ADA should be changing priorities based on the DSOs**, not the other way around. More products need to be made to support the DSOs. For example, burnout prevention, employee retention, business insurance, and other resources, etc.
- **A one-size fits all solution is not the answer.** That is not going to exist or be productive to solve problems in the ADA.

KEY TAKEAWAYS

ADA LEADERSHIP

- **ADA needs a team focused on selling** – not just a team that convinces them to buy things, but rather a team that gets to know the DSOs and creates strong partnerships to make that happen. The ADA needs to be willing to provide resources for that.
- **The ADA should focus on the commonalities with group practices rather than the differences.** Everyone believes in providing quality oral healthcare, the patient's well-being, fair reimbursement, self-government, continuing diversity, and being on the leading edge – PR campaigns focusing on this could be the route to success.
- **Resources must be put towards PR campaigns.** These would show how DSOs and group practice dentists are more similar than people might think.
- **The divide between DSOs and solo practitioners is not necessarily founded.** The ADA needs to see that it is the business models that differentiate DSOs and individual dentists, not ideas about dentistry itself.
- **The ADA declaring publicly that they support the DSO model would be a crucial first step.** What would count as a public declaration depends on who you talk to, from a formal Resolution by the House to positive coverage in ADA communications.

KEY TAKEAWAYS

BOARD MEMBERS & VOLUNTEER LEADERS

- **DSOs have different needs based on their sizes.** Strategies to meet those needs will be different, and the products and services within the ADA right now do not meet any of those needs.
- **Focusing on what DSOs want and need will be imperative.** This will help them understand the value proposition and eventually become members.
- **Right now, the DSOs are developing superior CE than the ADA.** It is more focused on what their dentists need and is seen as better than what the ADA can offer.
- **Due to the ADA's tripartite structure, they move slower than private equity DSO leaders.** The ADA is getting left in the dust. The dentistry trend is becoming more business and customer-service-oriented – the ADA is failing to acknowledge this shift.
- **The ADA is threatened by the change that DSOs bring to the present business model.** This fear of the unknown is a large roadblock, and the ADA must learn to embrace this change if they want to remain relevant.
- **The complexity of the tripartite system must be acknowledged.** It can be seen as the ADA’s biggest strength and their biggest weakness.
- **ADA needs to make a visible effort to go out and talk to/learn about the people working and existing within the DSOs.** This would help change some of the negative stereotypes and stigmas.
- **Change cannot be made until DSOs stop feeling demonized.** Thus, engagement and relationship-building with DSOs is crucial for future growth.

KEY TAKEAWAYS

BOARD MEMBERS & VOLUNTEER LEADERS

- **A large portion of students coming out of dental schools go directly to DSOs.** The people building relationships with young dentists are DSOs and not the ADA.
- **The best opportunity for the ADA is with mid-size DSOs.** They don't have as much to offer their employees as large DSOs, creating an opportunity for ADA to meet those needs.
- **Too many ADA groups are involved in solving the problems.** How do we arrive at one solution? Timing is of the essence.
- **It is easy to get caught up in doing too much.** The ADA, traditionally, has tried to do too many things for too many groups. Because of that, they have not made the biggest possible impacts.
- **There is a perception that there are too many cooks in the kitchen.** This creates non-targeted approaches to tackling problems affecting DSOs, and the solutions created are not as effective.
- **Some specific opportunities:**
  - Tangible mental health and burnout resources.
  - Legal advice and contract advice.
  - Networking and rewarding mentorship opportunities.
  - Turnover is the biggest issue for DSOs, so retention and replacement are ample opportunities for the ADA.
  - Creating guidelines specifically for DSOs and advocating for dentists in the DSO practice setting – right now, no one is doing that.
  - Customizing CE for mid-size organizations that do not have their own resources for that.

KEY TAKEAWAYS

STATE EXECUTIVE STAFF

- **The ADA has to act fast regarding opportunities because various member organizations are already trying to fill the gaps.** ADSO, Women in DSO, etc., will take over if the ADA does not collaborate and find a way to include DSO dentists and practices.
  - The ADA must recognize that large group and multi-site practices are beneficial – people can work together, share overhead, and learn from each other.
  - The ADA must work fast and capitalize on the opportunity that they have right now – if they don't do this, they will lose out on solving the DSO problem.
- **More ADA Volunteer Leadership must come from DSO dentists in all practice sizes.** This reinforces to younger dentists that the ADA is a place for them.
  - Many DSOs are multi-state practices. Serving those practices at a state level is a challenge.
  - There must be a push to make sure that representation is equitable and fair. Fostering this type of inclusion is the responsibility of the ADA.
  - It must be emphasized that organized dentistry is for all dentists, not just a select group.
- **Student debt relief and contract negotiations are a huge opportunity.** Students need support evaluating job offers and contract components to make good decisions.
- **The ADA needs to provide more of a focus on the business of dentistry.** The ADA does well speaking on the clinical aspects of dentistry but has an opportunity to dive more into the business side.

KEY TAKEAWAYS

STATE EXECUTIVE STAFF

- **The way that the ADA needs to address the dues issue cannot be piecemeal.** Because the tripartite model is complicated, the best way to do it will be all at once rather than looking at DSOs separately.
  - We can't treat DSOs like second-class citizens.
  - Solutions must be oriented towards looking at things all at once. Not doing this could lead to only addressing partial issues and solving problems for some while creating problems for others.
- **Employee dentists and dentists who own DSO practices have different needs that must be addressed.** Very few things that the ADA offers are attractive to young dentists.
- **DSOs do not see the ADA's value proposition.** Right now, there is no value proposition for a DSO, and that must change.
- **The ADA will have to build out their value proposition.** They will need to prove that they have resources for leaders and dentists that DSOs cannot necessarily provide.
- **We heard from some State leaders that they feel they are not a part of the ADA and don't need ADA to be successful.** They have built many resources for dentists on their own.
  - There is a disparity of resources between states. Some don't feel like they have anything to offer DSO dentists.
  - Many believe that they were never properly welcomed at their state or local level.
  - There is a perception that States need the most help – they need to be the focus.

KEY TAKEAWAYS

STATE EXECUTIVE STAFF

- **Offerings need to be attractive to employee dentists and DSOs.** There is an opportunity for practice-based membership rather than individual membership.
  - The current membership categories in the ADA need to be demolished – people don't see the value in these options because there are too many.
- **ADA has strengths in policy, research, and advocacy.** We need to communicate these efforts more clearly to all dentists.
- **Marketing to dentists in different demographic groups and generations with the same techniques will not work.** Each group's value proposition will be different and must be recognized.
- **Different generations need different value propositions.** Proper resources to build out value propositions for each group will be important.
- **The ADA needs to build out its affinity groups.** If ADA cannot provide that for members, women and other affinity groups will go elsewhere.
- **The DSOs often promise mentoring but never deliver it** – ADA has an opportunity here.
- **The ADA must build out our mental health resources** so that we can refer dentists to providers (think Employee Assistance Programs).
- **Due to burnout, can we create more content and opportunities to learn how to earn passive income?**
- **Not every dentist that joins a DSO decides to stay.** Create that career support for dentists to learn how to move to other practice modalities.

DSO LEADERS

What they Said

THERE IS NO "TYPICAL" DSO

The organizations these individuals represent, while all fitting the general definition of a DSO, vary in structure.

Many leaders have created their version of a DSO that solves for the shortcomings they have observed in earlier iterations of the model.

As a result, while all of these organizations can be considered DSOs under the most general definition of the term, each is unique and different enough that there is no one-size-fits-all DSO and, correspondingly, no one-size-fits-all list of challenges, needs or solutions that will work for every organization.

- For instance, they might differ by leadership type (e.g. whether the DSO is doctor- or investor-owned) or financial structure (e.g. dentists may earn or purchase equity or be hired on as associates with no financial stake).

"If you've seen one DSO, you've seen one DSO. They have many different configurations of ownership and other things. So to say it's a DSO is an umbrella statement. In our particular DSO, we own all of the offices. In many DSOs, there's a partnership where the dentist owns a percentage, the DSO owns something else." **– DSO Leader/Dentist**

"None of our associates are...financial partners. They are associate dentists. ...We market each location separately depending on the dentists and their team's expertise and knowledge in a certain field, so that differentiates it." **– DSO Leader/Dentist**

"Me and my partners and the other doctors in the area [decided] we didn't need that four-year cash advance. We felt like it was more important to preserve the legacy…and doctor ownership so we created a model that was self-consolidation. We went to all the other orthodontists and pediatric dentists in the area and said, why don't we join together so we can have the same back-office support that DSOs provide? We can have the same negotiating power with third-party payers and vendors so we can be competitive from a profitability standpoint, but nobody takes any money for bringing everybody together and everybody still maintains their own identity and their own offices." **- DSO Leader/Dentist**

DSO LEADERS IDENTIFY STRENGTHS & WEAKNESSES OF DSOS

Leaders decided to build or manage a DSO because they strongly believe in the value of a practice structure that allows dentists to focus on their craft by removing the administrative burdens of practice ownership.

Some also recognized the profit potential in a model that can leverage economies of scale through bulk buying and negotiations with equipment manufacturers and lab service providers.

Many feel the mentorship they provide to associates is a key benefit of their organization.

- In many cases, they have created formal mentorship/training structures that ensure that all associates receive consistent, high-quality training.

Overall, these leaders generally don't have a strong sense of the weaknesses of their DSO organization.

- Part of the reason maybe their entrepreneurial mindset and the confidence that goes with it.
- The other likely explanation for this blind spot is that the DSO industry is still in a robust growth phase, so as far as these leaders are concerned, everything is working well.

The organizational shortcomings they are able to identify include:

- Ability to find, hire and retain qualified staff
- A more robust onboarding and mentorship program
- More efficient practice management system

"We put a lot of emphasis on clinical growth for our associate dentists; we do a lot of mentoring and training. That's something that differentiates us from other groups that are expecting the dentists to just come in and do a certain level of work." **– DSO Leader/Dentist**

"Mentorship is a selling point. If you want to become proficient in some aspect of dentistry, we have the ability to provide mentors that will guide you in a certain career path. …You may elect to see only children or perform root canals. You can identify a certain aspect of practice and stay with it. There are some dentists who like to go into leadership roles...and there's a path to do that." **– DSO Leader/Dentist**

DSO LEADERS ARE OPEN TO A TIERED DUES APPROACH

The general idea of a tiered dues structure tailored for DSOs that would encourage greater dentist participation in ADA is generally well-received by DSO leaders.

- Many currently pay their dentists' ADA membership fees, which can be a significant expense, especially for larger organizations. Some think of covering this expense for their associates as an employment perk that becomes part of the package of benefits they offer dentists.

Pricing that brings the same economies of scale to ADA membership that DSOs already enjoy for other resources is a logical, appealing idea.

- Several leaders suggest that the ADA charge one fee for the DSO itself, coupled with a per-associate rate that would scale depending on the size of the DSO.

This approach to membership is consistent with their inherent approach to business as DSO leaders – everything is a negotiation.

- For them, an ADA membership pricing option tailored to DSOs would be based on the principle of bulk purchasing and economies of scale, with a price break that will incentivize – rather than penalize – those who bring in more members to the organization.

"If I can have a price point for membership that I can afford to pay for …every one of my members, that's a great benefit for them. So when we're recruiting, we can say 'We take care of all your ADA dues…and we're going to put you on these pathways of learning and…give you opportunities to communicate and collaborate with your peers across the nation.' That's super powerful. …You can make the biggest impact by...pricing membership so that DSOs can provide that for [our associates]. It will be a win-win for everybody." **– DSO Leader/Dentist**

"I think a lot of DSOs are looking for a simplified dues approach. In other words, not by dentists, not saying 'I'll pay half of it.' But an organizational approach to dues." **– DSO Leader/Dentist**

"It'd be interesting if there was a tiered approach based off of what packages they chose. Because we take care of a lot of their dues, it would be great to figure out a cost-efficient way for us to be able to get more people in. ...If you did this right, you call one person [at a DSO] and it's going to connect 150 [members to the ADA]. ...I honestly believe a consolidation approached correctly by the ADA could actually make it so membership could bounce back up." **– DSO Leader/Dentist**

"We're open. But I feel like it's less a per-doctor model and more like an organizational hurdle, plus per doctor. We have one engagement with the ADA and then a separate structure for each incremental doctor." **– DSO Leader/Management**

SEQUENCE Membership Marketing and Strategy

DSO LEADERS ARE WILLING TO SUPPORT THE ADA – FOR NOW

DSO leaders have strong respect for the ADA due to its long history of advocacy for the dental profession.

- They feel it is critical for the organization to continue to survive and thrive now and into the future.
- However, they also agree that the organization will need to evolve in response to the changing face of the industry in order to effectively serve all dental professionals.

Because they believe in the ADA, many leaders are open to supporting the organization by paying for their associates' ADA membership.

- Helping to bolster ADA membership by enrolling DSO dentists is intended as a show of support.
- Leaders feel this will help ensure that the ADA continues to exist and work on behalf of the dental industry as it moves into the future.

But their willingness to continue to invest without a corresponding shift in the ADA's focus and priorities is not a guarantee.

- DSO leaders participation for an organization that does not welcome them as equal members or support their unique needs and interests may not last forever.
- Leaders say it will be important for the ADA to make meaningful, significant changes in the organization's structure and engagement with DSOs in order to create genuine value for DSO members. With greater value for DSOs, these leaders will be able to continue to position paid-for ADA membership as one of the benefits they can offer to employees.
- Without this improved value, the cost of covering ADA memberships becomes a financial burden to DSOs that they may not want to continue bearing over time.

"I just don't think [DSO associates] see anything [in ADA membership] that benefits them. That's what I hear. It's just a 'What are they doing for me?'" type of deal." – **DSO Leader/Dentist**

"I don't think they get across to...doctors, 'This is why the ADA is a benefit.' …[Young doctors are] coming to me and saying, 'Do I need to join the ADA? I am with this [DSO], what do I need them for?" – **DSO Leader/Dentist**

DSO STRENGTHS

What strengths do you feel your organization provides in supporting the dentists participating in your DSO?

- "**Our real strength is in clinical protocol and creating efficiency for our doctors** – all based on either ADA guidelines or our various specialty guidelines." – Large DSO Practice Leader
- "**Most large DSOs provide their own continuing education**. You don't have to go to the ADA. You don't have to go to the yearly meetings. You can find it anywhere and everywhere. The really good stuff, the hands-on training, the DSOs provide the same or same high-end kinds of continuing education that the ADA always has in the annual meetings and so forth." – Large DSO Practice Leader
- "**We offer a partnership model in which the doctors get to focus on their existing strengths** and what kind of makes them who they are." – Small DSO Practice Leader
- "**We have very strong relationships with our docs.** I'm always available to help mentor virtually." – Small DSO Practice Leader
- "**We've implemented something called a New Dentist Executive Leadership Program** that teaches conflict resolution skills and how to deal with difficult patients. It's become a part of our clinical architecture, and we've worked with some outside consultants that are psychologists and business coaches to put together this program, and it's been phenomenal." – Medium DSO Practice Leader

DSO WEAKNESSES

What would you say are your organization's weaker areas or areas you'd like to improve?

- "**Insurance verification, which is a huge, huge undertaking** now in how many patients people are seeing and verifying, and those problems compound later on down the line." – Medium DSO Practice Leader
- "**I would say our weakness right now… is onboarding.** Helping someone to go through those first few months of the transition… onboarding people into this world of consolidation and collaboration, it's super complex." – Medium DSO Practice Owner
- "**Automation is someplace where we need to do a lot better job because there's a lot of little errors,** clerical errors, if you click the wrong fee schedule or if somebody doesn't fill out their medical history form, there should be a stop and like a red light almost that's on there." – Medium DSO Practice Leader
- " **I think we're still very behind when it comes to technology,** and being able to leverage that and deploy that and make sure our teams and our doctors and others are really using that well, is where we still have a weakness." – Small DSO Practice Leader

GENERAL IMPRESSIONS OF THE ADA

What are your impressions of the ADA? What do they do well? What do they not do so well?

- "**The general impression among the younger docs is, what does the ADA do?** I've had very frank discussions with many people there saying ADA should be using a megaphone, talking about all the value ads it's doing for the profession. " – Medium DSO Practice Leader

- "**The ADA needs to tell stories of victories** of things that they're working on in terms of organized dentistry and the how they're helping to better the profession." - Medium DSO Practice Leader

- "**I think that the American Dental Association is the ideal platform to promote dentistry within the community and within the country or within the world.** I think that it is extremely important for the ADA to have a strong membership so that they can carry the weight and their message is heard. I really am impressed with the leadership in the ADA." – Large DSO Practice Leader

- "**I call them the American Dentist Association** because I don't think they represent all dental in the United States, and that's my opinion." – Large DSO Practice Leader

GENERAL IMPRESSIONS OF THE ADA

- "**I don't have a very favorable impression of the American Dental Association.** What's a famous Gandhi quote? First, they ignore you; then they fight you, then they kind of someday realize, oh crap, these guys are real." – Large DSO Practice Leader

- "**A confused organization**. That's my impression right now." – Medium DSO Practice Leader

- "**The ADSO is a hundred acts better at supporting us than ADA for sure**… so whether it's the lobbying in the states or whether it's the credentialing issues, or whether it's the licensure issues, most of that is being led by the ADSO." – Large DSO Practice Leader

- **"I don't get why they don't jump in the oral health awareness program in the United States.** I think they've come to realize that group practice is here and it's here to stay, and it's the growth sector of dentistry in the United States, and that they have to do something. Private practice is shrinking real quick, and so they've got to find a way to engage the groups." – Large DSO Practice Leader

- "**Where they fail is making that connection with the younger dentist.** As you know, the industry is changing quite a bit and has been for the last few years. I think there needs to be an effort put towards the associate dentist." – Small DSO Practice Leader

ADA ADVOCACY IMPRESSIONS

- "**What I think the ADA does very well is advocacy,** having legislative contacts, and being able to, throughout the tripartite, galvanize dentists around a particular issue." – Small DSO Practice Leader
- "**What is done in Washington is what we view as one of the most valuable things.** And we really want to understand how to better support it. Just ask us for more. Like we want to give you more. So ask us for more." – Medium DSO Practice Leader
- " **We don't need anything from you right now. We need you to learn how to be in this new world so you can protect us**." Because we all know that the ones that are really into dental association world understand that one of our biggest things that we need to have that works is the ability to lobby." – Medium DSO Practice Leader
- "**The one frustration with the ADA that we've always had…is the lack of leadership on the insurance front**. We don't have an advocate on our side, meaning the ADA. And we just need a better advocate and leader that way." – Medium DSO Practice Leader
- "**I think that they are tremendous advocates for equitable reimbursement**." – Large DSO Practice Leader

LOCAL, STATE, AND NATIONAL IMPRESSIONS

- "**You could have a great national brand reputation, as I believe the ADA does.** And maybe there's a gap in it for a dentist to know what their state dental association does; they're just not aware. And then at the local level, maybe it's a bit of an old boys' club, and there isn't a lot of welcoming to younger dentists." – Small DSO Practice Leader
- "**I think the ADA really fails young dentists.** I don't think they get it. They fail young dentists at all three levels." – Large DSO Practice Leader
- "**There needs to be more of a streamlined, collaborative marketing piece** that pushes the idea that we as states are connected to the national level. We're all on the same page as far as what we're trying to accomplish." – Small DSO Practice Leader
- "**There's still a stigma for DSOs that is often felt at the state but more so at the local level**." – Small DSO Practice Leader
- "**I don't see a lot of participation from non-owners**. And not from associate dentists, the biggest, fastest-growing group of practicing dentists. So I don't see a focus there at all. It just seems sometimes there's a little bit of disconnect from the local to the national level." – Small DSO Practice Leader

ADA VALUE PROPOSITION

Does the ADA provide meaningful value to DSO-supported dentists today?

- "So look on the clinical side, **there's definitely value in quality measures, quality alliance that ADA has**." – Small DSO Practice Leader
- "**I think their division of science, certainly, their research is better. T**he things that the ADA does are done at a more professional level than even a large DSO can do." – Large DSO Practice Leader
- "**I would have no idea how they provide anything uniquely specific to DSOs**. I have not, beyond a couple of conversations we've had with the ADA about the shifting climate, it seems to me that the ADA is trying to catch up very quickly with what's really occurring in the market." – Medium DSO Practice Leader

ENGAGEMENT WITH ADA

What are some reasons why DSO and DSO-supported dentists might not want to engage with ADA?

- "**I think a little scar tissue from the past,** where they felt not engaged, not included, a little bit shoved away is part of it." – Medium DSO Practice Leader
- "**Younger dentists and younger dentists in groups might not engage because I don't think ADA articulates the benefit to them while they're in school**." – Large DSO Practice Leader
- "**I don't think they see any value in it because they no longer have any voice**. They work for a company; they're working under a contract, and they really don't care how well the company does as long as they're getting paid. And if they stop getting paid, they'll jump ship and go to another one. I don't think there is any connection at all between the ADA and the employee of the DSO." – Medium DSO Practice Leader
- "**At the highest level, DSOs provide a lot of the same services that the ADA provides**." – Large DSO Practice Leader
- "There's still this connotation, especially with older dentists, of the DSO, being the bad guy or somehow DSOs are not doing quality work. **When we as a DSO think it's the complete opposite**." – Small DSO Practice Leader

ADA SERVICES AND SUPPORT

In what ways could the ADA better serve or support your DSO organization and the dentists you support?

- "**When you have a national body that frankly the public trusts...**(the ADA could provide) outreach and education to help lift up dentists and trust in dentists and the dental profession. Dentists used to be the number one trusted profession. – Medium DSO Practice Leader
- "**Being able to understand and adapt to state board regulations.** We want to be in compliance, and interpreting local and state board of dentistry guidelines can be the mystic arts sometimes. And so partnering together and leveraging their expertise on the law, on compliance is certainly something that would be helpful." – Small DSO Practice Leader
- "**I'd love to see support in the legislative piece advocating for dentists and dentistry.** I see now the common enemy that we all have is the disease." – Medium DSO Practice Leader
- "**We had this massive inflation across the United States.** Our fees didn't change. There's got to be some a big organization like the ADA that could get involved and help out their whole industry in those times." – Large DSO Practice Leader

ADA SERVICES AND SUPPORT

- "**If the ADA were to have some success with insurance, everybody would back them** because it's the most obvious thing that is completely defunct right now. And you just hear everybody talk about insurance." – Medium DSO Practice Leader
- "**I really think they need to lead the United States in oral health awareness**. I think that's what they miss. You see the little ADA stamp of approval on a toothpaste or whatever, but where was the last time you saw some big campaign, like the got milk campaign or something that says oral health matters? Why aren't they taking the lead there?" – Large DSO Practice Leader
- "**All the regulatory stuff, for sure. That should be their job.** They should be purely focused on the things that govern our practices. Trying to add value and compete in areas where other services are, I think they're going to burn cash that could be used for other things." – Medium DSO Practice Leader
- "**We need an unbiased opportunity to learn from each other, to engage with one another across the industry.** That's where real knowledge share happens. I feel like that's the unlocked opportunity that still exists, which the ADA has an opportunity to then re-engage with all their members." – Small DSO Practice Leader

ADA SERVICES AND SUPPORT

- "**Expose other options of consolidation other than the one that is leading the charge right now.** The ones that are leading the charge are leading the ADA to a path that will ultimately provide in very low participation of the doctors being in it because they have no reason to be in it. So it's leading itself to its own demise, in my opinion, if it is in full support of the private equity-backed DSO takeover of dentistry." – Medium DSO Practice Leader
- "**Anything that has to do with reimbursement rates with insurance companies,** especially on the Medicaid side, expansion of Medicaid services, getting involved, not just at the national level, but trying to get involved at the state level." – Medium DSO Practice Leader
- "**I think if we have clinical pathways that can help us better mentor, better train our docs.** Whether hands-on or virtually, that would be great. Because that would help us. And it has to be affordable." – Small DSO Practice Leader

ADA MEMBERSHIP DUES STRUCTURE

What type of ADA membership dues approach would make you feel that you would support ADA membership for your dentists?

- "**If I saw the ADA stepping up to drive oral health awareness in the United States, that would prompt me to take a much harder look at being supportive, of membership**." – Large DSO Practice Leader
- "**I believe there's tremendous value in membership, but I also want to make sure if we're going to pay for dentist membership, that they still would find the value in it.** That it's not just this passive perk in the background, but I can then bring them to local and state dental meetings and know that they'll be welcomed, and not that there's no stigma in the air and how we get to work together." – Small DSO Practice Leader
- "**I think having options would be very important…I think when you empower people and give people the options, you'll get more buy-in**." – Medium DSO Practice Leader
- "**I think a lot of DSOs are looking for a simplified dues approach…an organizational approach to dues**." – Large DSO Practice Leader
- "**If they had a due structure to where it was, hey, you're paying for our legislative initiatives in order to fight ding, ding, ding, whatever those things are.** And by the way, it's $1,000 this year. Great, I would be more than supportive of that." – Medium DSO Practice Leader
- "**They should take a tiered approach to membership dues. Where you can select what you want for your DSO group, what types of ADA services, resources, etc**." – Medium DSO Practice Leader

DSO-SUPPORTED DENTISTS

What they Said

DSO STRENGTHS

What strengths do you feel your organization provides in supporting the dentists that are participating in your DSO?

- "**The ability to focus solely on patient care, for the doctors not having to worry about as much of the administrative paperwork.** Being able to collaborate with other professionals on difficult cases, cases you're not sure about…
  - The barrier to entry is much cheaper. A lot of people have a lot of student loan debt, and not everyone can just afford to go start a practice and invest in buying a practice right away. With a DSO, a young doc or an associate doc can be up and going very quickly with a very small financial commitment or no financial commitment and make a good income." DSO-Supported Dentists with similar responses: 7 small, 2 medium, and 3 large.
- "**I have access to anything and everything I need at any time**. If I have an HR issue, I have a professional there that can help me with this. Advertising, I have someone that can help me with that, legal, etc. It hasn't changed what we do as dentists, it has made us stronger and more efficient." DSO-Supported Dentists with similar responses: 7 small, 8 medium, and 4 large.

DSO WEAKNESSES

What are the downsides of DSOs from your perspective?

- "**You potentially can lose the mom-and-pop feel in the community**. We really focus on being out in the community and trying not to let that happen. But again, as you grow faster and faster and you start losing the cores that you've put in place, it just takes a lot of time to instill into your new people." DSO-Supported Dentists with similar responses: 7 small and 5 large.
- "**You lose a little bit of your autonomy**." DSO-Supported Dentists with similar responses: 7 small, 4 medium, and 3 large.

DSO SERVICES AND SUPPORT

Thinking about the services and support areas, what are you relying on your DSO to provide?

- "**As a new doctor out of school, DSOs are very intriguing**. And so yeah, we do their marketing for them, we do all their credentialing for them, we hold their hands, we give them senior doctors that mentor them. So, I think it's intriguing" DSO-Supported Dentists with similar responses: 7 small, 6 medium, and 4 large.

What service and support areas do you need that your DSO is not offering?

- "**It's a DSO problem, but it's everybody's problem…the integration of all the data that we have available**. One thing I think that the DSO can do and should do is good analytics of the data available. I see some real value there on the analytics side, but what we don't really have in dentistry is integration at all." DSO-Supported Dentists with similar responses: 10 small, 5 medium, and 3 large.

- "**The biggest issue in my office has been simply being understaffed**." DSO-Supported Dentists with similar responses: 12 small, 6 medium, and 4 large.

THE FUTURE OF PROFESSIONAL ORGANIZATIONS

Thinking about the role of professional organizations and the growth of DSOs, has the need for and even the role of professional dental organizations changed? Are they still relevant?

- "**I would tend to talk about their role rather than relevancy.** I think that they are relevant for sure. But I do think that there has to be some different roles that they play. But just like everything else in life, things change, and they need to change and pivot too." DSO-Supported Dentists with similar responses: 4 small, 4 medium, and 5 large.
- "In terms of the relevance of the advocacy groups and CE and all those things that are encapsulated within the ADA and other groups, is when you came from a world where you were individual practitioners, and you were isolated, that was your group, that was whom you went to do these big things, the CE, the conferences, all those kinds of things. **Now those groups are within us**." DSO-Supported Dentists with similar responses: 5 small, 5 medium, and 4 large.
- "**I think that organizations and the ADA specifically are at risk of becoming less relevant** just because the things that we rely on our DSO or group practices for are things that probably individual practices used to reach out to the American Dental Association or groups like that for. I think there's a potential for less and less relevance." DSO-Supported Dentists with similar responses: 7 small, 5 medium, and 7 large.
- "**There are other organizations like the ADSO and associations that are more geared towards DSOs in group practice** to provide those extra levels of support. So I think that's another risk to the relevancy of the ADA." DSO-Supported Dentists with similar responses: 7 small, 4 medium, and 6 large.

GENERAL IMPRESSIONS OF THE ADA

What are your impressions of the ADA? What do they do well? Where do they fall short?

- "**I don't have the best perception of the ADA…I think the ADA had a chance to step up and help protect our profession with all the closures [due to COVID]. And I feel like they could have done more.** And I did look to other resources and other groups, and I think that's where a lot of the bigger groups and the DSOs were stepping up, and a lot of the messaging, the more practical messaging I found from the larger groups, other than referring to what the ADA had to say." DSO-Supported Dentists with similar responses: 6 small, 4 medium, and 4 large.

- "**I think the ADA is the voice of dentistry. That's the strength. The downfall is they don't toot their own horn loudly enough. They don't communicate what they do**." DSO-Supported Dentists with similar responses: 3 small, 7 medium, and 8 large.

- "**They have clung to the solo dentist model hoping that groups and DSOs would go away, and now they're hiring people like you to try to figure out what that future's going to look like.** I do think there's going to be a place for organized dentistry of multiple sorts. ADA's going to have to reimagine what that looks like, and they're going to have to really partner with groups and DSOs and collaborate on the need of the dentists rather than trying to stand apart from groups and DSOs." DSO-Supported Dentists with similar responses: 6 small, 8 medium, and 5 large.

GENERAL IMPRESSIONS OF THE ADA

- "**I think one of the strengths of the ADA is we have a lot of numbers in membership behind us, so that's what makes the lobbying beneficial.** But when we don't feel the benefits of that lobby directly, that's when things get tough." DSO-Supported Dentists with similar responses: 7 small, 4 medium, and 5 large.

- "**We just never heard ADA mention anything about DSOs; they didn't acknowledge our existence.** So why would we advocate for them if they haven't been advocating for us? Recently we've seen a change, and we appreciate it, it's just a little late. Can there be a DSO membership? Similar to the ADSO – this would be interesting for us." DSO-Supported Dentists with similar responses: 4 small, 9 medium, and 7 large.

- "**The ADA has historically supported private practice dentists. They need to be more vocal about their support of DSOs and partnering with DSOs**. It's hard to capture the younger dentists right now. There are so many different ways that the ADA can partner with DSOs to increase membership for the ADA." DSO-Supported Dentists with similar responses: 8 small, 8 medium, and 6 large.

- "**The benefits I've seen from ADA are all that I already get from my DSO. What about benefits, especially for DSOs?** DSO-Supported Dentists with similar responses: 4 small, 5 medium, and 7 large.

LOCAL, STATE, AND NATIONAL IMPRESSIONS

- "**The work happening at the state level is not getting translated to other states.** So, they're not saying, here's the framework, go and do this in your state. That sharing between state dental societies is important." DSO-Supported Dentists with similar responses: 7 small, 8 medium, and 8 large.

- "They're definitely more engaged in what's going on in our practices and at the same time, keeping us informed on what's going on at a national level. Which is a big deal**. I feel like the local component has been falling apart…attendance is down, membership is down**." DSO-Supported Dentists with similar responses: 6 small, 4 medium, and 4 large.

- "At the National level, it seems like its government work, and nothing happens – it seems ineffective. At a local level, it's weakening and slowly dying – when I go, it seems like it's just a bunch of specialists in the room trying to remind me that they exist. **The younger dentists don't see the value in the ADA – they see it as an old and dying entity."** DSO-Supported Dentists with similar responses: 6 small, 4 medium, and 2 large.

THE FUTURE OF THE ADA

How do you see the ADA going forward? Are there areas where the ADA must change or advance to be more relevant/meaningful for DSOs and other large group practices?

- "**They were a leader in dentistry and the voice of dentistry historically, and I think they need to retake the lead on the issues that dentistry really needs leadership on right now.** For example, quality of care, standards of care, how do we measure patient outcomes? How are we going to integrate into the medical record? I think that these are huge opportunities in dentistry right now, and especially as dentistry continues to consolidate." DSO-Supported Dentists with similar responses: 6 small, 4 medium, and 7 large.
- "**If there was a group that could provide strong advocacy with payers, I think everybody would love that**. As dentists, for the most part, we feel pretty bullied as a profession by the insurance industry, and I think that's an opportunity. I don't think that's a unique feeling, I think it's pretty shared." DSO-Supported Dentists with similar responses: 7 small, 4 medium, and 7 large.
- "**Providing guidance to dentists at different stages of their life is important**. And right now, with the changes that are happening, I think it'd be important for the ADA to continue to focus on what those changes are, or what the most important thing is for those dentists." DSO-Supported Dentists with similar responses: 4 small, 6 medium, and 7 large.
- "**A more robust CE base would be something that** - I think would be appealing to all dentists, DSOs or otherwise, and would be one of those real value adds. That would be tangible, this is why I joined the ADA." DSO-Supported Dentists with similar responses: 6 small, 5 medium, and 7 large.
- "**I think if they gave a very detailed outline of what they're doing for us, you would find very big groups paying for 100% of their doctors to join."** DSO-Supported Dentists with similar responses: 7 small, 5 medium, and 4 large.