



**ONLINE
NEWSLETTER**

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Over 35 years of serving the profession

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THEMES FOR THIS NEWSLETTER:

- 1. IMPROVING PRACTICES FOR YOUNG, OLD AND IN-BETWEEN**
- 2. PRACTICE TRANSITIONS**

During the last several months I have had the opportunity to read a number of articles in various dental Journals ranging from JADA to Dental Economics. There have been several articles about improving dental practices, particularly for young dentists just starting out and contemplating buying practices and for older dentists getting ready to retire or getting into a frame of mind where they want to sell their practices. You may wonder what these topics have to do with malpractice. They are very relevant for the following reasons:

- 1. If a practice is managed well, patients are generally happy with the attention they receive along with quality treatment. If the priorities are mixed up; if staff prevents dentists from knowing about complications or problems with patients, if billing practices create problems, there is more likelihood that the dentist will need to report problems or even report a claim to PIE.
- 2. Unfortunately many practice sales or associateships do not work out and legal wrangling results.
- 3. In some situations the associate does not perform procedures that meet or exceed the standard of care and the practice owner has to deal with the ramifications.
- 4. In other situations the seller has done some dentistry at the end that does not meet or exceed the standard of care and the buyer must deal with a disgruntled patient or must re-do the procedure which takes time and resources and hard feelings ensue.

Hopefully after reading this Newsletter you will all learn a few things that will help you improve your practices as well as help younger dentists succeed as well as help older dentists have a better understanding of options and things to have in place at the time a practice transition will occur. We start off with an article about staffing issues since that is important to any dentist and any level of practice and we finish with statistics from last year so you can see what is happening in Utah as far as dentists coming and going.

--RCE

**IS YOUR STAFF AN ASSET OR
DETRIMENT TO YOUR PRACTICE?**

This article may raise some eyebrows, especially among staff members who do not like what they read. Other staff members will like what is contained in the article and will encourage you to take action. The gist of this article is taken from information written about suggestions from a psychiatrist. The article was titled, "What to Do with Impossible Employees."

The author states that the answer to this question is: Clean House! Dr. Mark Goulston, a psychiatrist, asked several successful CEOs to name the single most important key to their success. Based on current trends, he expected them to refer to their company's "vision" or their "mission." But, independent of one another, the CEOs opined, "Recognize destructive "no-win people inside and outside your workplace early. Then cut your losses., eliminate these people and move on!"

Furthermore, Dr. Goulston reported that according to the CEOs, "lean and clean" is more productive than "lean and mean." Toward this end, Dr. Goulston started urging employers to perform a "corporate housecleaning" every six months. On the other hand, he stressed the need to make time to personally praise good and outstanding employees as positive reinforcement is very important.

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Dr. Goulston explains that cleaning house means "cutting out the bad wood." This means you, the dentist, should prepare for housecleaning with an inventory of employees, placing each worker in one of four categories: Impossible, Difficult, Easy and Extraordinary. Dr. Goulston defined the four categories as follows:

1. Impossible employees are the ones who "keep you up at night." They are not just rebels without a cause. They are rebels without a clue. They are the "know-it-alls" who don't know what they're talking about. When you cross them, they can become verbally combative or abusive. You dread having to see or deal with them. You appease or avoid them because they infuriate you. They contaminate your organization as more worthy and conscientious employees see superiors "greasing these squeaky wheels."
2. Difficult employees don't keep you up at night. Instead, they keep other people in your workplace awake. They are arrogant and talk down to other employees. As contrary as they are, you keep them because you think you need their talents or abilities. You have to weigh the value they bring to your organization against the problems they create.
3. Easy employees are your foot soldiers. They are cooperative, "salt of the earth," and great team players. They do their jobs without creating problems for you. Regardless of the chaos going on in your organization, they do a good job because they're responsible and grown up.
4. Extraordinary employees are your stars and the future of your organization because of their talent and commitment. They'll stay late at night trying to figure out a better way to do something for your organization. They will tout your skills outside the office. They're the ones who enable you to get a good night's sleep because you feel (and see) how dedicated they are to your organization.

So how do you avoid being plagued by impossible and difficult employees? "Hire more shrewdly next time," said Dr. Goulston. He recommends that you use a number of guidelines and descriptions to help you evaluate your employees. A summary sentence you write on the page about the attitude of an employee might state: "I can rely on this person to do the bare necessities of the job if he is not annoyed about something." Or: "I can't rely on her to do a task without making mistakes, then blaming others or making excuses." Other summaries might state: "She can rely on me to give her a warning and a chance to improve her work" or "he can't rely on me to endlessly tolerate his sloppy work and negative attitude." "This tool will help you to [clarify] to employees and yourself what needs to improve in order for the difficult and impossible to keep their jobs." said Dr. Goulston. If this introductory article quoting Dr. Goulston stimulates interest, you can look for a book he has written titled: [Get Out of Your Own Way: Overcoming Self-Defeating Behavior.](#)

He goes on to describe dealing with the various categories listed previously. Difficult people may be arrogant, but they're not stupid. They want to get results, but they have big egos. Their intimidating, condescending attitude frequently makes people afraid to tell them when things go wrong. If they don't find out about problems, they can't correct them. If you can't find a way to keep employees from upsetting people around them, then give them their own space and skilled, thick-skinned assistants to insulate them from the rest of the workplace. Employers, managers and supervisors often take easy and extraordinary employees for granted while their concerns are tied up with other combative and contrary people. You can usually get away with ignoring easy and extraordinary staff members, but it's wrong to do so, Dr. Goulston said. One of the most common pitfalls of less than great leaders is letting the people who don't care about a workplace such as a dental practice distract them from expressing gratitude toward people who do care. Dr. Goulston also polled his CEO clients on their opinions about the second most important key to success. The CEOs replied that next to cutting the impossible people out of their lives early, the most important key is to recognize and value the good people so they could keep them in their lives longer.

On this topic, Scott Manning, MBA, a dental practice management consultant/coach, suggests that one of the problems with dental practices is the inability to focus on your best team members and have the attitude that you want to create motivation to turn their "job" into a "career" where they are committed and motivated to your practice and helping it to grow and even prosper. Such an approach requires incentives, performance based accountability and reward, and improving communication and training protocols.

The bottom line: For your practice to grow and for you to enjoy going to work every day you need to weed out the impossible and difficult employees and encourage and support the easy and extraordinary ones!

--RCE

FOR NEW DENTISTS: WHAT DO YOU WISH YOU HAD KNOWN BEFORE YOU STARTED?

In a recent article in [AGD Impact](#) Courtney L. Brady, DMD shared insights into what she has learned after five years of practice. Many of her ideas are food for thought that will hopefully help our younger dentists not only survive but prosper in the Utah dental environment.

1. Take advantage of mentors every chance you get. New dentists should always be learning, and there are many "teachers" out there which include fellow dentists, staff members, patients and anyone who can approach you with a lesson to be learned. Certain dentists will seem to be more interested in helping you to succeed and you should look to them as mentors. Don't be afraid to ask them questions and be grateful to them for helping you. Mentors may even be willing to have you look over their shoulder to learn a new technique or provide oral

sedation, for example, if you plan to start doing something like that but wish to see how it is done by an expert before you try it yourself. Many PIE insured had mentors when they started and many of you are willing and able to take a new dentist under your wing and teach them how to do things better, more efficiently and more successfully.

2. Don't worry if you don't figure everything out all at once. Once you graduate you no longer have a syllabus to follow. You have several options and it may be wise to sit down and write out what you want to do and your vision for the future and then work toward these goals.
3. Realize that debt will likely be a part of life, albeit manageable. For most if not all new graduates, debt is a part of life. The debt may be substantial. However there are ways to make it better. You can refinance through the ADA or other organizations such that you can be paying a better interest rate so the first few years you make payments are not devoted to merely chipping away at the interest. There are several articles and resources out there to help manage the debt. Dr. Brady emphasizes in the article that you should not let the debt be the sole determinant on your career choices.
4. Enjoy the ride. Dr. Brady quotes the following: "Most people get up and go to work; some are able to turn that work into a career and the lucky few consider their occupation their calling." Hopefully you can be able to look back after thirty years and feel that way about your dental practice.
5. Dr. Brady had a number of other suggestions:
 - A. Strive for a work-life balance.
 - B. Remember that your schedule is full of people, not procedures.
 - C. Surround yourself with people who love what they do (as mentioned in the prior article)
 - D. Try to learn from everyone around you.
 - E. Remember that your first job might not be your only job. It is acceptable to try out a few positions and places before you figure out what works best for you.
 - F. Don't compromise yourself simply because you are a new graduate. Never undermine your own ethics for someone whose philosophies do not match your own.
 - G. Some patients will not be satisfied no matter what you do!
 - H. Get involved in organized dentistry. The ADA, AGD or your specialty organization is a great place to start.

In summaries, various articles have been published which still put dentistry at the top of the various occupations or professions. Although it may be hard for a new debt-ridden dentist to see it that way, especially when the bills are due, many veteran PIE insured can surely vouch that they have enjoyed the flexibility and rewards that dentistry can offer and would not have had it any other way.

There were more suggestions for new dentists that were published in the June 2016 issue of AGD Impact cited earlier. Dr. Donald R. Murray III reminded new dentists that you are not just a dentist. You are a business owner, a presenter, a leader, a doctor, a negotiator, a marketer, a thinker, a psychologist, a friend. Enjoy it! Don't get stuck on the nuances that can make dentistry stressful. Don't forget that it is an honor and privilege to care for your patients and be a part of a team every day.

DR. Andy G. Alas gives some advice that falls right in line with what PIE tries to teach you: "Despite your best efforts, you will have failures. Learn early on how to deal with such failures, not technically but emotionally. Our confidence takes a beating when a restoration fails or a crown we placed just falls out. Make friends with dentists with whom you can speak with honestly, those who are willing to share stories of their failures, too. You will learn that the patient will ultimately be fine and 'this too shall pass.'" Of course this kind of dentist is a mentor. And, as a PIE insured, you have the opportunity to call PIE and talk to us about how you can solve what seems to be a difficult problem.

Dr. Pamela Marzban suggested that no matter how smart a new dentist thinks they are and how great their clinical skills may be, it is most important to have excellent communication skills to be successful. Dr. Marzban suggests that you take classes on effective communication so you can be an effective leader for your team and effective doctor or teacher for your patients.

--RCE

WHEN IS THE RIGHT TIME TO ADD AN ASSOCIATE?

Many PIE insured get to the point where they wonder if they are to the point in their practices where they should bring on an associate. In the July 2015 ADA Journal Dr. Roger Levin covered this topic and had some interesting and hopefully useful suggestions that may help both the dentist planning on bringing in an associate and the young dentist seeing if that practice is ready for an associate.

Dr. Levin suggests that deliberate and thoughtful planning is essential in making such a major decision. The priority of the practice should be maintaining and even improving the quality of patient care that can be delivered. The associateship must be financially viable as well. Long term increases in the volume of patients and cases are more significant than a sudden surge that may not last. Dr. Levin suggest the following considerations in determining whether you are at the proper time to push the button to begin the associateship process:

1. How much production and collections revenue will be needed to justify hiring an associate?
2. Will the associate be expected to take on an existing caseload or actively grow the practice. If the associate does not have local roots, this expectation could be difficult.
3. Is one goal to increase owner income from the practice?
4. Will there be a trial period? How will the dentist determine that the associateship is working out well or not?

5. If the associateship is to be part of a transition strategy for the owner dentist, when will the practice be ready to bring in the associate/potential buyer based on the overall timetable and retirement plans of the owner dentist?
6. What level of compensation, including salary and benefits, will be needed to attract good associateship candidates?

One of the major considerations must be the attitude of the staff as far as bringing in another dentist. Will they embrace the idea or rebel? Again Dr. Levin has several suggestions to prime the pump:

1. Well in advance of the wheels going into motion, and once the decision has been made to bring in an associate, the owner dentist should use a regular or special staff meeting to announce the decision to bring in an associate.
2. The dentist should explain why the decision was made, what it is expected to accomplish, and how it will help the practice to improve or achieve its vision.

Once candidates have been interviewed and one is selected, the dentist should:

1. Describe the candidate to the staff, review his/her credentials, and explain why the candidate will be a good fit.
2. Review specific protocols that will be introduced to make the new arrangement successful.
3. Strongly urge the staff members to make the new dentist feel welcome.
4. Remind the team members that the associate deserves the same levels of attention and respect as the owner dentist.
5. Ask the staff to provide their own ideas how the practice can help the associate become fully functional quickly.
6. Arrange for a time that the associate can be introduced to the staff at a luncheon or other social event.

Finally, Dr. Levin recommends that before the associate starts, business systems must be updated and already working smoothly. This means that billing and payroll systems must be up to speed and the records system must also be well understood by everyone.

Something not mentioned in the article but important to do nonetheless is to get the associate registered with insurance panels with which the practice participates. If the practice deals regularly with representatives of the various panels, it may be worthwhile to contact the representative to determine the best way to get the new associate signed up quickly and efficiently. A mechanism must be in place to handle billing by the practice if there will be a period where the associate is working before he/she is officially signed up with the panel. Steps must be taken to ensure that there is no potential for anything to be done that could be construed as insurance fraud and any concessions made by an insurance carrier in the interim before the associate is a fully approved provider should be documented in writing.

Another issue you may have to deal with is the spectre of remedial work needing to be done after you determine that an associateship has not worked out and the associate has left the state. We have

dealt with this scenario more than once. We recommend that a clause be built into the Associate Agreement where a specified amount of money is held for a period such as two years, that the associate would normally be paid, in an escrow account to cover what would have been the associate's percentage. In this manner the owner is not burned for problem dentistry that has to be redone. The contract can specify that any issues will be reviewed by a third party such as PIE and if there are no problems after the two year period, the associate gets a check for the held amount..

--RCE

SELLING YOUR PRACTICE? SOME POINTS TO CONSIDER

Many of you have worked hard and long to have a successful practice. Although the sale of your practice is no longer a way to totally fund your retirement, it is nevertheless a significant asset as part of your net worth and you want to maximize your sale proceeds. What are some considerations when the time comes to begin the process?

It is beyond the scope of this article to describe specifically how you should go about selling your practice. However, there are several things that you should start doing now, even years before the sale is consummated, to help you complete the transition in the best way possible.

1. You should always have records of your annual production and collections and the actual value of your practice as close as you can estimate or determine so that if something happened to you, everything would be in place for your spouse to be able to find a buyer and get the practice sold as the value will dwindle rapidly the minute you are no longer to practice as many patients will bail.
2. There are many consultants and companies available to help you evaluate the value of your practice at any time and it is also important to obtain good legal counsel to help you customize a sales contract to fit your particular situation. Most companies that help with practice sales have standard "boilerplate" documents but you should still have the documents reviewed by a competent lawyer. PIE can make recommendations when the time comes that will help you avoid problems and pitfalls that can occur if such a document is not properly written legally.
3. Your negotiations should revolve around obtaining as much up front as closing as possible. In other words, you should negotiate a non-recourse sale where most of the money will come from the bank up front and any amount the seller pays you directly is minimized. Otherwise if the buyer has problems for various reasons the practice could fall right back in your lap.
4. You must obtain advice from an accountant so you are aware of the tax ramifications. There are asset sales and equity sales and you will get advice that describes the pros and cons of each.

5. There may also need to be escrows and holdbacks. For example, we at PIE recommend that the buyer negotiate a certain amount to be held as a "holdback" to the sale in the event that work such as a defective crown performed by the seller has to be replaced by the buyer. It is unfair for the buyer to have to "eat" the entire cost of the remake; instead any funds necessary to cover the remedial costs are either deducted from the remaining balance or paid to the buyer from the holdback account. This amount can be determined by mutual agreement and any questions about need for the redo can be adjudicated by a third party such as PIE.
6. If your equipment is old, is it possible to just sell the patient charts and have the new dentist also hire your old staff? The answer is "Yes." In practice sales, there are tangible assets and intangible assets. Patient charts are considered to be an intangible asset and there are methods to consider values such as the most recent year's gross receipts and collections, number of active charts, etc. A goodwill ratio is determined that is a percentage of the most recent year's receipts. If the staff is part of the deal that may help to ensure better patient retention and mitigate some of the financial risk for the buyer. Some consultants recommend in this situation that the equipment is maintained as part of the deal and the seller agrees to say on for a short time as an associate to help ensure that the patients would transition to the buyer even if he/she moves the practice location to a site with new equipment, etc. The seller makes the concession to practice a little longer and the buyer gets a tax benefit for the portion allocated to the equipment.
7. Are there any considerations that should be factored in if you plan to sell your practice to a relative? Such sales occur often in dentistry and the familial connection will help the buyer keep the patients in the practice but there are also tax consequences that must be considered and there is also the specter of possible disgruntled other relatives! The IRS has rules involving the sale of a business such as a dental practice to a relative. To keep siblings happy, a fair market value of the practice must be determined and the overall estate plan of the owner must be considered. Accommodations should be made for the non-dentist siblings in the estate so they are not short-changed in terms of overall inheritance, etc. there must be a legal transfer as any informal arrangement will become null and void at the death of the seller. In summary, it is essential to obtain sound tax advice from a lawyer with experience in real estate planning and business sales to a relative.
8. Are there advantages or disadvantages in including the Accounts Receivable in the practice sale? The biggest disadvantage of the buyer taking over is that the hard core deadbeats will decide that they now have a free pass and will have even less conscience or sense of responsibility as far as their debt. The best thing for the seller to do is to retain the accounts receivable but make a concerted effort to collect any remaining balances as

much as possible before the sale is consummated. It is possible to still collect and most patients will feel obligated to pay. Of course PIE recommends that you keep a solid rein on the amount of your accounts receivable and keep it as low as possible since many of our claims have an element of money being owed which contributes to patient claims of dissatisfaction. There is also the disadvantage to the seller of a deadbeat deciding to sue for malpractice after retirement if the seller exerts too much pressure in an effort to collect the debt, particularly if the treatment did not turn out ideally or well.

--RCE

WHICH PRACTICE SETTING IS RIGHT FOR YOU?

In a recent issue of Dental Abstracts (January/February 2016) an article written by LoSasso, Starkel and Warren et al described a survey distributed in 2015 to dentists working in large group, small group and solo practice settings, with over 2,000 dentists responding. Some interesting facts emerged:

1. More women were involved in large group practices.
2. Dentists in large group practices were likely to be younger than 40 years old.
3. 60% of those dentists in large group practices had been working for 5 years or less.
4. Income levels were less than \$150,000 for 45% of large group practice dentists, 21% for dentists in small group practices and 31% for solo practice dentists. But those in large group practices were less likely to make more than \$300,000 than those in other practice settings.
5. Mean satisfaction was lower for dentists in large group practices and highest for those in small group practices. Dentists in small group practice settings had higher levels of satisfaction with income and benefits compared to those dentists in the other categories.
6. Advantages for dentists in large group settings were higher levels of satisfaction with benefits, family leave and income. Disadvantages of these same dentists included less flexibility in scheduling and less control over weekend hours.
7. An unfortunate caveat was less motivation for dentists in large group practices to produce high quality clinical work as compared to their colleagues in small group or solo settings.
8. Dentists in large group practices spent an average of more time working compared to other forms of practice.

Hopefully this gives you a snapshot of what to expect if you have a choice to work in various practice environments. There are obviously advantages and disadvantages with each situation.

-- RCE

2015 STATISTICS DENTISTS COMING AND GOING

On pages 7 and 8 of this Newsletter you can see our statistics for 2015 as far as policies written and canceled by PIE. The number

of new policies written has averaged 57, which is right where we were last year. The number of cancellations was higher than we have had for many years but this number was inflated by a large number of temporary coverage policies that were obtained for dentists needing coverage for working interviews or for dentists requiring coverage for a one-time CE course in Utah. Our offering these temporary policies helps mostly new dentists to form a very positive opinion about PIE and the services we can render and a third of these dentists obtained regular policies once they decided that they wanted to stay in Utah.

The number of dentists retiring has stayed at around twenty per year for the past several years. The average retirement age is 69 years old. We are seeing the number of dentists leaving the state each year or establishing satellite practices in nearby states staying in the low twenties. The number of new graduates coming in is matching the number retiring each year at about 20 since 2012. This number was much higher in 2009 when we signed up almost fifty new graduates. Obviously, there are not enough places for that many new dentists to land and succeed each year in Utah but the smaller number is working out better. We also had a slight influx of dentists switching carriers due to dissatisfaction with their prior malpractice carrier. We hope that our service and claims handling is such that few if any of you want to switch to one of our competitors unless you have to move away or are ready to retire!

PIE is the only entity in the state that compiles these statistics and we plan to continue to do so in the future. We often get requests for copies of these statistics and are happy to share them.

--RCE

GUEST COMMENTARY

- **By Chris R. Simonsen, DDS**
- **Member, PIE Board of Directors**

Things I have learned over the past 47 years in Dentistry.

1. The Doctor Patient relationship should be foremost in your successful practice.
2. Take the time to understand your patients expectations and desires. This time spent between Doctor and Patient will bond the patient to your practice. Make notes about their hobbies, sports teams, dreams, etc.
3. Hire for the long term, training new staff reduces productivity and sends a negative message to your patients. Patients like to see familiar staff members when they visit the practice.
4. Harmony among staff members shows your patients a happy productive work place.
5. Involve your family in the practice by inventorying supplies and ordering, cleaning the office, dental assisting, trimming models, filing records, sending out

statements and Thank You notes, etc. so they can see first hand the world of dentistry and who knows, you may have another dentist in the family.

6. Never, Never be alone with a patient or staff member, accusations can happen that can destroy a practice and your reputation.
7. Control your overhead by looking for areas where you can reduce overhead without reducing the quality of the practice. Always remember you are running a business.
8. Fee for service is still the best but if you must be a provider only participate with insurance companies which pay a fair price for your service to "Their" patients. Full chairs may be hurting your bottom line.
9. The 80/20 rule is true. 80% of your problems come from 20% of your staff or patients. Reduce the 20%.
10. Have an accountant, lawyer, banker, insurance company (PIE) that you know personally and will have your back when concerns surface.
11. Remember you are running a business. Evaluate your practice quarterly as to goals, staff, overhead costs, fee schedule, insurance companies you provide services too as to costs versus profitability.
12. When you are in your office focus on your practice and when the day is over, leave it at the door and focus on the rest of your life. An exception is a call at night to a patient that had a difficult procedure.
13. Enjoy your practice everyday. Be upbeat, happy and excited to be a dentist!! Your enthusiasm will be infectious to patients and staff.
14. Your time practicing dentistry will be over and behind you before you know it.
15. Have no regrets and enjoy the ride.

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P.I.E. STATISTICAL DATA - 2015

New Insured

New Policies Written	57
New Graduates (Never Practiced Before, Anywhere) 22 Specialists: 2 (Pedo 1; Ortho 1; Oral Radiologist 1)	
Moved from other states (CA 1; CO 1; GA 1; ID 1, ME 1; TX 1; VA 1)	7
Finished Military Obligation & Moved To Utah	2
Switched to PIE from other carrier; Already practicing in Utah	5
Switched to PIE as previously covered by Entity offering own coverage	2
Came out of Retirement, returned from Mission service, etc.	3
Finished Maternity Leave	1
Temporary Coverage Only (Led to reg. cov.: 5)	15
<hr/>	
TOTAL INSURED DENTISTS, YEAR END:	1,303

Net PIE Decrease, 2015: 24 dentists

P.I.E. STATISTICAL DATA - 2015

Cancellations

Total Policy Cancellations	81
Retirement	31
Retire	20
Retire to teach only	7
Retire to serve Mission	4
Specialists retiring: 3 (2 ortho, 1 pedo.)	
Retire early due to disability (pneumonia)	1
Maternity Leave	1
Die	3
Move from Utah to practice elsewhere or establish out of state satellite	19
Return to school for specialty training	1
Enter Military	1
Switch Carriers	5
Entity that provides own coverage	2
Bait and Switch	3
Temporary Coverage Only	15
Non-Payment of Premium	1
Teach Full Time	2
DOPL Suspension	1
<hr/>	
Average Age at Retirement:	69.39
Youngest: 61 Oldest: 83	

DETAILS WITH 2015 DATA

STATES DENTISTS MOVED TO or SATELLITE ESTABLISHED:

Arizona:	3
Alaska	2
Colorado	2
Kansas	1
North Carolina	1
North Dakota	2
Oregon	1
Pennsylvania	1
Texas	2
Washington	2
West Virginia	1
Unspecified	1

19

Number establishing satellites:	4
Number moving out of state	15

AGES AT RETIREMENT:

65, 62, 73, 70, 61, 70, 64, 83, 79, 62, 71, 69, 69, 75,
73, 72, 64, 64, 77, 74, 69, 82, 67, 64, 67, 72, 65, 65,
68, 66, 69

AGES AT TIME OF MISSION SERVICE:

62, 73, 61, 69

AGE AT RETIREMENT TO TEACH:

70, 79, 75, 77, 74, 72, 65,

AGES AT DEATH:

70 (Aneurysm);
70 (heart attack);
54 (cancer)

AGES AT DISABILITY:

41 (pneumonia which ultimately led to death)

SWITCHING CARRIERS:

1. Some dentists became employed by various entities that provided coverage as long as the dentist stayed within that network to work so PIE coverage was no longer necessary as no "moonlighting" was planned.
2. Some practices were sold to large, out-of-state corporations that had arrangements with national carriers to provide malpractice coverage at set rates and the decision was made for all dentists in the corporation to change their coverage to the national carrier.
3. Employer mandates: Some non-PIE insured practice owners wanted all associates, etc. to be covered by the same carrier.
4. Bait and switch: Some dentists were enticed by a relative or patient to bundle all of their insurance coverages, including malpractice, for a better rate initially. But who will they call when they have a problem, and what dentist is available to give them advice?