ENTERPRISE DENTAL CONNECT

GROWTH IS A BEHAVIOR PROBLEM

What DSO leaders are actually saying about driving sustainable same-site growth

The Growth Conversation Has Changed

For much of the last decade, growth in the DSO market was synonymous with scale: acquire another practice, enter another market, add more locations and allow rising valuation multiples to do part of the work. That equation has become harder.

As financing conditions tightened and multiple expansion became less dependable, operators have been forced back to a more fundamental question: how do you create more value from the practices you already have?

At Enterprise Dental Connect 2026, Dr. Greg White of PepperPointe Partnerships, Jeremy Bahar of Canadian Dental Services and Dr. Arun Garg joined Dandy CRO Joe Lynch to unpack what sustainable organic growth actually requires.

The conversation repeatedly came back to the same conclusion.

Growth is not simply a question of adding more technology, more services or more corporate infrastructure. It depends on whether the people inside each practice understand what great looks like, believe in the change being asked of them and can execute it consistently.

For White, sustainable growth starts with three things: retaining patients, expanding services and executing consistently. More importantly, it happens locally. A 100-location DSO should not think of itself as one business with 100 sites, but as 100 individual practices that each need to perform.

"All growth is local"

Dr. Greg White
PepperPointe Partnerships

Scale Culture Before You Scale Complexity

One of the clearest tensions in the discussion was that the very process of scaling a DSO can weaken the conditions required for organic growth.

White's starting point was culture. Employees are not motivated by enterprise EBITDA targets in isolation. They care about their own goals, working environment, development and financial outcomes. If the organization cannot connect its objectives to those individual motivations, corporate targets will struggle to change behaviour.

Bahar approached the same problem through clarity.

As an organization adds practices, doctors and team members, there is a natural increase in variation. His response has been to make one question explicit across every role:

What does great look like?

- *What does great look like at the front desk?*
- *What does great look like for a dental assistant?*
- *What does great look like for a doctor?*

Technical qualification alone does not answer those questions. Organizations have to define the behaviours and expectations that make somebody successful inside that particular DSO.

FOCUS ON

Defining observable behaviours for every role, not just enterprise KPIs.

AVOID

Assuming technically qualified people automatically know how you want the patient experience, workflow or culture to operate.



Standardization Does Not Have to Mean Losing Clinical Autonomy

A recurring objection to enterprise standardization is that clinicians need autonomy. Garg's argument was more nuanced: autonomy and standardization can coexist.

Rather than allowing every clinician to independently decide how and when to adopt a new procedure, DSOs can create defined development pathways. A doctor may begin with lower-complexity "green light" cases, demonstrate proficiency against agreed clinical and patient metrics, and progressively move into more complex cases.

That creates a structure for expanding services without asking clinicians to jump from a two-day course directly into high-complexity procedures. The same logic can extend beyond clinical work.

The point is not to make every practice identical. It is to define the minimum standards that protect quality while giving people room to operate within them. Garg compared the approach to dental education itself, where clinical skills are taught progressively rather than through an unrestricted "choose your own adventure" model.

THE GROWTH EQUATION

1. Training
2. Proficiency
3. Expanded Capability
4. More care retained in-house

Most DSOs Do Not Need Another Initiative

White's warning was simple: organizations rarely struggle because there are not enough opportunities in front of them.

They struggle because they try to absorb too many of them at once. New technology. New services. New SOPs. New corporate programmes. New dashboards. New workflows.

Each may make sense individually. Together, they create complexity faster than teams can change behaviour.

"Most organizations do not die from starvation. They die from indigestion." *Dr. Greg White*

The answer is not simply better implementation. It is being more selective about what gets implemented in the first place.

White described asking leaders to effectively "autopsy their day": what did you spend time doing, why did you do it and how did it contribute to the outcomes the organization is trying to create?

One example was routine area-manager practice visits. If the same visit was happening every few weeks without a clear purpose or observable change, the answer was straightforward: change what happens during the visit or stop doing it.

Bottom Line:
Complexity is a growth tax.

Incentives Are the Glue. They Are Not the Engine.

The panel pushed back against the idea that compensation can solve weak adoption. Bahar's framework was essentially:

RIGHT PEOPLE + RIGHT BEHAVIOURS + RIGHT EXECUTION + INCENTIVES = SUSTAINABLE PERFORMANCE

A compensation plan cannot manufacture a patient-first mindset, fix unclear expectations or make somebody care about a behaviour they do not believe in.

That point becomes particularly important when growth requires clinicians to do something differently. The benefit has to be understandable at the level of the individual doctor or team member rather than framed entirely around enterprise economics.

And sometimes the biggest growth opportunity is not clinical at all. Bahar argued that dental groups should think of themselves partly as hospitality businesses. Patients may not be able to judge the technical quality of every piece of dentistry, but they absolutely judge how the practice made them feel when they arrived and when they left. That makes front-desk teams, communication and patient experience direct retention levers, not administrative support functions.

DO	DONT
Connect incentives to behaviours people already understand and believe matter.	Use compensation as a substitute for culture, clarity or leadership.

Technology Should Accelerate What Already Works

The panel's discussion of technology was notably different from the usual "digital transformation" conversation.

The question was not: What technology can we add?
It was: Is the organization ready for the technology we are adding?

White's concern was that the extraordinary number of available tools creates a buffet mentality: operators see dozens of attractive opportunities and try to take too much at once. Without the underlying behavioural readiness, technology simply adds another layer of complexity.

Garg offered the opposite adoption model. Instead of buying a tool and mandating adoption, he uses new technology himself first, demonstrates how it improves his own clinical workflow and then uses that proof to bring others with him.

And Bahar added another useful filter: Do not use technology to do bad things better. Use it to strengthen processes the organization already executes well, or work with partners thinking ahead to problems the DSO will face several years from now.

BEFORE YOU BUY THE NEXT TOOL, ASK:

1. What problem are we solving?
2. Is the underlying process already working?
3. Who has to change behaviour for this to succeed?
4. What is in it for them?
5. What are we stopping to create room for it?

ENTERPRISE DENTAL CONNECT – THE DSO THINKTANK

Six Rules for Sustainable Growth

DO THIS

1. Grow inside the four walls first. Improve retention, execution and service capability at practice level.
2. Define what great looks like. Translate strategy into clear behaviours for every role.
3. Standardize the pathway. Build progressive training and measurable proficiency into service expansion.
4. Remove before you add. Kill meetings, workflows and initiatives that are no longer producing value.
5. Use incentives as reinforcement. Get the right people and behaviours in place first.
6. Make the patient the decision filter. Let financial performance become the result of better care and experience.

NOT THAT

1. Assume another acquisition will compensate for weak local performance.
2. Give teams broad targets without explaining how their day should change.
3. Roll out new procedures simply because clinicians completed a course.
4. Stack new technology and programs on top of an already overloaded organization.
5. Expect compensation alone to create engagement or patient-first behaviour.
6. Optimize enterprise metrics at the expense of what happens inside the practice.



Looking Ahead

The next phase of DSO growth will not be won solely by the group that acquires fastest or buys the most technology.

It will be won by the organizations that can repeatedly translate strategy into behaviour inside individual practices.

That means clearer expectations. Fewer competing priorities. More deliberate clinical development. Technology introduced at the speed people can actually absorb it. And growth models that make better patient care and stronger economics reinforce one another.

The panel ended on the simplest filter of all: make decisions in the best interest of the patient, and treat the financial results as the scoreboard. For an industry moving from hyper-growth toward disciplined, same-site performance, that may be the most important shift of all.

The challenge of turning strategy into repeatable performance, sits at the heart of Enterprise Dental Connect 2027, a curated C-suite think tank bringing DSO leaders together with the technology, service, capital and clinical partners helping them scale. Register your interest at ***EnterpriseDentalConnect.com***

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