

LIFE AS A PARTNER IN A DSO HAS BEEN A DISAPPOINTMENT ON ALMOST EVERY LEVEL



As Publisher in Chief at ROI Corporation, I certify this article to be true.

It was sent to me by a Canadian dentist.

The author's name is fictitious – the story is 100% legitimate!

Life as a dentist in a DSO has been a disappointment on every level.

What was sold to me as “support,” “relief from admin,” and “being part of a strong network” has turned into unkept promises, spin, and gross mismanagement.

The reality feels like a long, slow deception... and at some point, you just cannot unsee it anymore.

We were told the admin burden would go down with “efficient systems” and “corporate management.” In practice? Straight-up lie. There are more reports now. More dashboards. More checklists. More meetings. My front desk spends more time feeding big brother’s tracking systems than taking care of the humans standing in front of them.

That is not support. That is surveillance with extra steps.

The people I used to call my **team** have been reduced to anonymous “staff” under a logo.

Corporate slogans and off the shelf generic policies rule. Mostly written by people who have never had to calm an anxious patient in real life.

And then you look at the bonus structures: hygienists get “production bonuses,” while receptionists and assistants - the ones who make those numbers possible - get nothing!

But sure, they keep sending emails about “teamwork.”

They promised a proper team bonus system. Calls, discussions, assurances, and the ever constant “we’re working on it” is the mantra.



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Years later, nothing real. If I managed patient care the way they manage commitments to staff, I would be in front of the board for professional misconduct.

And then there is the contract I signed.

The Agreement clearly mentions that marketing expenses are not to be charged back to the clinic. They are supposed to be a head office expenditure. That keeps the EBITDA a little higher which impacts my shares.

Suddenly we are told we must pay for some mandatory “corporate marketing program” that we did not ask for, do not need, and never consented to. Legal has “reviewed it” and somehow this still lines up with my “marketing budget.” Magic words, I guess.

It takes a formal non-consent letter, multiple emails, and a lot of pushing just to get them to respect what they already signed. And then I still must spell it out in writing to them:

- We are out of current and future marketing plans unless we give explicit written consent
- You do not get to use our clinic, staff, or data as marketing props
- We are not to be pressured or penalized for saying **no**

That is not partnership. That is wrestling with your own “partner” just for the right to opt out of something you never agreed to in the first place.

The marketing story itself is a masterpiece of fiction. We get numbers claiming that we can secure a certain number of more new patients at a lower cost.

They claim to have research proving that a remarkably high percentage of new patients come from digital marketing, referrals, and exterior signage, all presented like gospel.

No real breakdown, no clinic-level proof, no independent verification — just pretty slides.

Meanwhile, at the clinic level, we see almost no local impact.

These centralized campaigns are one-size-fits-none. They do not reflect the community, the demographics, the real people we see every day. But inside the corporate bubble, they are treated like genius moves. A room full of corporate seals clapping on command for whatever the latest PowerPoint says.

The only people they are convincing are themselves - and of course, the precious investors.

And while they are busy posting selfies on LinkedIn touring newly acquired clinics and congratulating themselves on “growth,” the existing partner clinics, the ones that built the foundation, are still waiting on basic support.

We need real staffing solutions. Functional systems. A fair bonus structure. Competent, local help who can fix things. We are good enough for their numbers, but not their priorities.

Regional and sector managers are usually stuck in the middle. A lot of them are undertrained, overwhelmed, or completely out of touch with clinical reality. They repeat brand talking points about “alignment” and “initiatives,” while we are left patching daily problems with duct tape. You can launch a national marketing scheme, with a fee overnight, but simple clinic-level needs drag on forever.

That tells you everything about what really matters.

But a new corporate marketing fee, charged to all the clinics and paid to HQ now that flies through instantly. Priorities!

And beneath all this, there is the part nobody in corporate wants to talk about: **the moral and personal cost.**



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Corporate dentistry chips away at your professional identity. You do not just lose autonomy; you start losing the thing that made you proud to do this work in the first place.

You spent years building your name, your clinic, your standards, your relationships.

Then it all gets folded under a brand, and you become “a provider.” An interchangeable face behind a logo. Some tell jokes about “McDentistry” and big-box style dental delivery because it is not that far from reality.

Centralized decisions, chain-store mentality, policies over people.

Clinically and ethically, that is where it hurts.

I still care about each patient as a person. I still carry them home in my head. But I am working inside a machine that cares about KPIs, dashboards, and shareholder comfort.

That gap does not just disappear. It turns into frustration, fatigue, and quiet moral injury.

And at the core, it comes back to one simple conflict:

- A **corporation** exists to serve shareholders.
- A **dentist** exists to serve patients.

You can wrap it in pretty branding and buzzwords, but when those missions collide, the gravity always pulls toward the shareholder. That is baked into the structure.

So yes, life as a DSO dentist, from where I stand, has meant:

- More bureaucracy, not less
- More promises than delivery
- More control, less genuine support
- More growth for the network, more neglect for the clinics carrying it

They will keep telling the story of growth, acquisitions, and synergy.

But on the ground, it is simple:

1. The corporation will serve itself first.
2. The dentist will serve the patient first.

And the ones who lose in that gap are the caregivers.

Written by: Dr. X – a disappointed dentist, working and suffering within the system.

If you have a confidential story to share, published anonymously, send to:
mystory@roicorp.com

SAVE THE DATE:

iDSO meeting on Sunday January 11th, 2026 @ 11:15 am EST

Register here: [iDSO Member Meeting - Jan 11 2026 @ 11:15 am EST](#)

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