

70 | 10 DAILY PRACTICE STATISTICS
EVERY DENTIST SHOULD REVIEW

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THE LEADING BUSINESS JOURNAL FOR THE DENTAL PROFESSION

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**ENVY, JEALOUSY,
AND IGNORANCE
IN DENTISTRY...
THE SEVEN LIES
ABOUT SUCCESS**

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**MY AMAZING YEAR
WITH CAD/CAM**

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THE BEGINNING

Greetings and welcome to the first issue of **Dental Economics Arabia (DE Arabia)**, available in print, online, and via our Apple and Android apps. We strongly believe DE Arabia will become an essential part of your professional life, a resource that you and your staff will depend on to keep abreast with the current trends in the economic, business, and management aspects of Dentistry.

DE Arabia will feature articles selected according to their relevance, practice, proven value, and in providing solutions to the problems faced by dental professionals and dental practices throughout the Middle East and North Africa (MENA).

We strive to create a balanced journal that appeals to the practicing dentist, dental hygienist, dental technician, dental industry, and dental faculties and students throughout MENA.

Dental economics is an integral part of healthcare economics, therefore we search for new, useful, innovative, and practical ideas to enrich your knowledge and contribute to the development of your career.

Our partner in this publication is Dental Economics – USA, the leading Journal in the Business of Dentistry since 1907, with

a circulation to more than 100,000 Dental professionals.

DE Arabia will offer high impact content of new ideas, techniques, skills and best practices that are beneficial to dental professionals intending to launch their own dental practice.

To review this issue, I suggest you read the *Crème De La Crème* column which includes a collection of selected extracts from the various articles inside this issue. They include interesting thoughts and best practices that we like to share with you.

"Envy, Jealousy and Ignorance, the Seven Lies About Success in Dentistry" is a telling feature article written by **Griffin**. The article discusses a phenomenon that many of us can relate to. While Griffin is discussing the "lies" of unsuccessful Dentists, he eloquently delineates many "truths" about how to become a successful Dentist.

The contributions of **Roger Levine** to field of the Dentistry business are many. For this issue, we have selected "The Business of Dentistry". Levine believes that the segments of operations, finance, manpower and marketing should be administered through data-driven systems that gradually integrate these segments to avoid any sudden, or negative, change effects.

This issue includes four articles to monitor operations and production. **Schumann** provides "Ten Daily Practice Statistics that Every Dentist Should Review". These 10 statistics will not only provide the dentist and staff with a "daily grade card" of their collective and individual performance, but also provides the peace of mind and satisfaction of a job well done after a long day of work. It also alerts the practice owner to problems or issues that demand attention or change.

The building and sustaining of a successful practice through attracting and keeping patients is a key element of the dental practice operations. **Gillaspie's** "I Am Your Patient, Serve Me" and **Glenn Christensen's** "Six Reasons Why Patients are Dissatisfied", are both articles that provide a listing of "do's" and "don'ts" that will help all dental professionals in understanding and relating to their patients' needs, expectations, and satisfaction.

Jameson maintains that if you are "too busy", it means you are doing things right. Jameson's "Seven points to deal with the problem of busyness" lists the areas that we should focus on to control the growth of the practice and to avoid stress and professional burn out.

In the context of finances, "Four Ways to Increase Revenue", by **Kesner**, suggests focusing on increasing the ratio of patient acceptance to the proposed treatment, and performing more dentistry, especially the high fee procedures, to

patients that are in the current patient base. While marketing to attract new patients, **Kesner** cautions against cutting expenses as a way to increase revenue.

McCann's, "My Amazing Year with CAD/CAM" expresses how the recent advances in Biotechnology can be integrated into the dental practice to increase productivity and revenue. Through using CAD/CAM technology, she was able to produce more "same day restorations" while simultaneously providing quality care to patients.

In the context of manpower, **Blatchford** argues that training your staff in accountability and communication skills will not only maintain your staff, but will also "make or break" a practice. **Blatchford** discusses that subgrouping is one of the most dangerous factors that could destroy a practice's productivity, peace, and tranquility. Therefore, should not be allowed or tolerated by a practice's owner.

Hamric's "Better leadership = Better teams" offers many interesting and powerful thoughts in the context of manpower. The profound one-liners Hamric throws such as "A great staff makes a great practice", "You can't hire a duck and expect an eagle" and "eagles will demand higher pay and will be worth every penny", serve as a good philosophy for the hiring of the dental practice team.

As dental marketing nowadays is heavily dependent on the internet, **Lombardi and Nation** believe that the

practice reputation could become a target to harmful reviews, blogs, etc. **Nation** believes that such negativity is an opportunity for the practice owner to show genuine concern about what is being said about them, while proactively directing the conversation by offering help or apologizing when necessary.

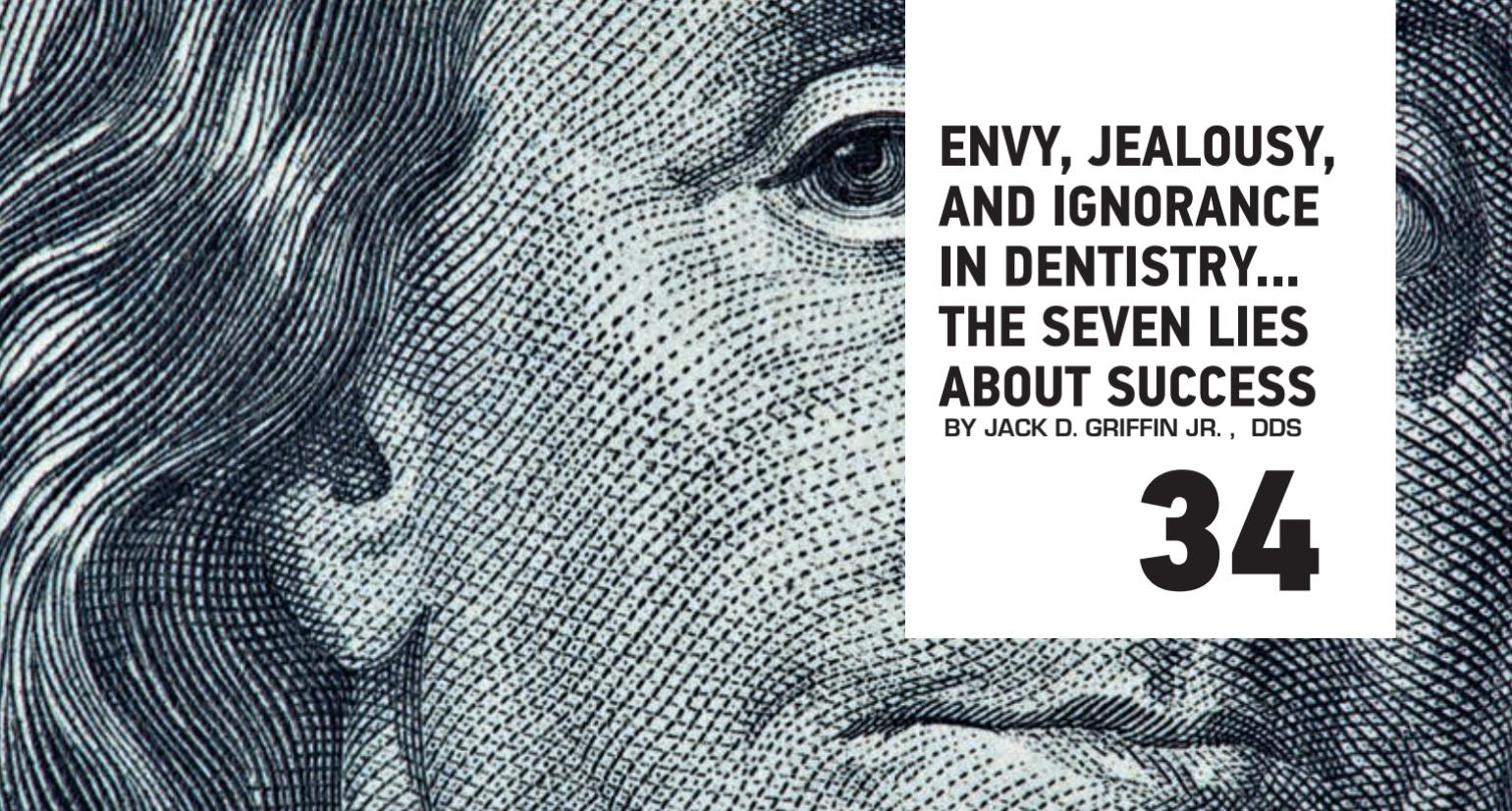
The clinical column is designated to focus on clinical issues and topics that may have an economic, social or legal impact on the dental practice. Professor **Gordon Christensen's** article deals with a common problem that every dental practice may face, which is "How to manage the dental problems of patients with limited finances."

My article on "Computer-Aided Periodontal Disease Probing, The Florida Probe Protocol" is a useful clinical review about the very important, and unfortunately neglected, procedure-Whole Mouth Probing. The article discusses why and how this important technological innovation can be incorporated into the dental practice as a state of the art dental hygiene and comprehensive diagnostic service.

I am confident you will enjoy this issue and looking forward to hear from you.

Marwan Abou Rass
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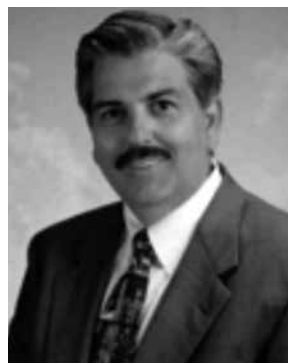
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CREME de le CREME

THIS COLUMN INCLUDES A COLLECTION OF SELECTIVE STATEMENTS AND QUOTES EXTRACTED FROM THE VARIOUS ARTICLES PUBLISHED IN EACH ISSUE. THEY INCLUDE IMPORTANT AND INTERESTING THOUGHTS AND BEST PRACTICES. PLEASE CONTINUE TO THE MAIN ARTICLE FOR MORE.

FOUR STAFF RULES

Page #28

- Allow no subgrouping, which is the official name for gossiping or speaking poorly of others when they are not present. Subgrouping drains productivity.
- If your new patient flow is under 10 a month, what is your reputation in the community that is keeping people away? How can you change that image?
- If you make a mistake with a patient, be accountable and create an action plan to ensure the mistake will not be repeated. Accountability means stepping up your focus and energy at work.

SOCIAL MEDIA AND

NEGATIVITY | Page #56

- You cannot control what people post about you on the Internet.
- Negativity happens since you cannot please 100% of the people 100% of the time.
- Negativity can be a positive if you handle it in a positive manner.
- Social media can be one of the most powerful tools for brand promotion and reputation management at your disposal.
- Social media is a conversation. If you do not participate, you cannot direct the conversation.

THE PROBLEM WITH

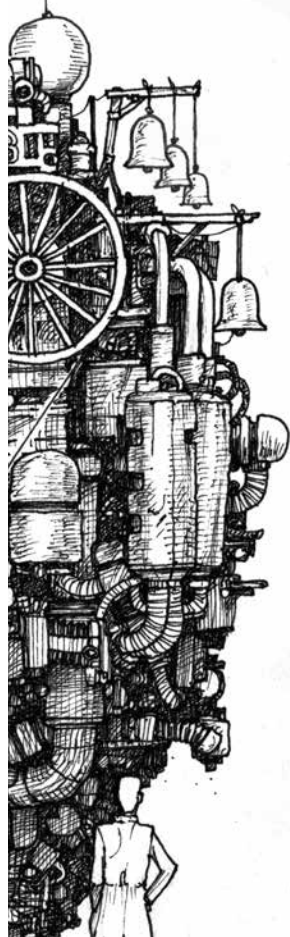
BUSYNESS | PAGE #30

- The law of supply and demand may indicate that raising your fees is appropriate. Even if you lose some people from your practice, you will have better quality time with patients who remain. You will have more time to do great new patient experiences and consultations as well as quadrant, half-mouth, arch or full-mouth cases, whether restorative or cosmetic. Your higher fees will offset any losses of patients.

THE BUSINESS OF DENTISTRY | PAGE #16

▪ Data-driven systems are critical to building the best models, but many practices incur problems when they change policies or procedures without analyzing how those changes will affect their practices' current systems.

▪ Dentists are typically successful at remaining in practice, but not because they are well-trained and knowledgeable business people. In fact, they receive little business training in dental school or residency programs. Fortunately, demand for dental services has been and continues to be sufficient to allow most dentists to be successful.



MY AMAZING YEAR WITH CAD/CAM | PAGE #48

▪ Just more than a year ago, I envisioned my first year out of dental school to be a challenging one. I was excited to join a private practice, apprentice under a established private practitioner, and begin to master those treatments I learned in dental school - PFM and FGC, amalgams and the occasional class II composite.

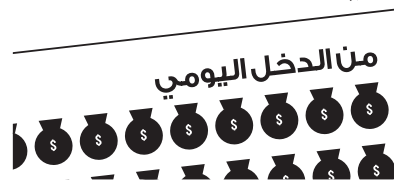
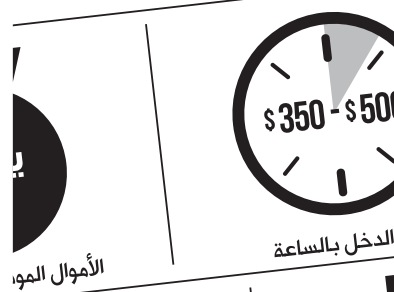
▪ I had never envisioned that I'd be a top-producing CAD/CAM doctor performing treatments I had only read about in dental magazines. Within one year, I have delivered more than 700 CEREC units, grown my practice to more than \$2 million, and expanded my skill set.

▪ If a dentist is going to use CAD/CAM, he or she must adopt a same-day mentality; otherwise, the purpose and profitability are lost. This means that if a patient accepts treatment of a CAD/CAM restoration (inlay/onlay/crown), it must be completed the same day.



TEN 10 DAILY PRACTICE STATISTICS EVERY DENTIST SHOULD REVIEW

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**I AM YOUR PATIENT.
SERVE ME! | PAGE #46**

- “I want to feel welcome!” If I don’t feel welcome, I will feel left out!

- A warm voice and smile, eye contact, use of the patient’s name.

- “I want to feel respected!” If I don’t feel respected, I will feel like you are unresponsive!

- Open-ended questions, attention to the answers, nonjudgmental attitude.

- “I want to feel benefited!” If I don’t feel benefited, I will feel like you offered me only the bare minimum!

- Attention to details, willingness to go above and beyond, willingness to find patient-oriented solutions.

- “I want to feel important!” If I don’t feel important, I will feel like just one of many faceless patients!

- Interest in patients as unique individuals; inviting them to share the things that are important to them. Keep conversation about yourself to a minimum.

**ENVY, JEALOUSY, AND
IGNORANCE IN DENTISTRY..
THE SEVEN LIES ABOUT
SUCCESS | Page #34**

- The reason some dentists are more successful at gaining patient acceptance than others is because they are technically superior, more confident, more articulate, or they have a better trained staff that excels in presenting treatment.

- Slowness doesn’t mean quality in and of itself. It just may mean that the practitioner lacks confidence, does not have enough experience in doing a procedure, the staff is inefficient, or the equipment is faulty.

- The real quality patients in a healthy practice come from patient referrals. No TV, radio, billboard, direct mailers, phone book, or banners behind airplanes can substitute for a happy patient who refers a few friends.

- Patients don’t know how good your margins are or how good at secondary anatomy your carvings are. They know how comfortable you make them feel, if it looks bad, how much it costs, and if it fails quickly or hurts.

- Talking negatively about others doesn’t fix your own poor planning.

**BETTER LEADERSHIP =
BETTER TEAMS! | Page #22**

- The only thing worse than training your people and having them leave is not training your people and having them stay.

- Have you ever called another office and wondered how on earth the snarly, unprofessional person on the other line stays employed? Patients think that way too. I would honestly prefer for people to believe we are out of the office than to think we are stupid or unprofessional.

- You are only as good as your collections. Production is important, but if you don’t collect it, you have nothing. I have seen doctors who pay everyone but themselves.

- Just because you’re the doctor doesn’t mean you’re the only person allowed to think. If you continue to do what you have always done, you will continue to get what you always got, and you will get left behind in today’s marketplace.

- The 80/20 rule states that you receive 80 percent of your results from 20 percent of your activities. Identify those productive areas and make sure they are addressed first.

- Eighty percent of your problems also are generated by 20 percent of your patients. Identify who these problem patients are and dismiss them from your practice.

Common sense is not so common.



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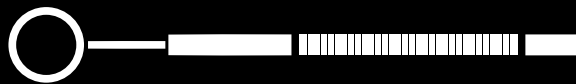
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UNDERSTANDING THE BUSINESS OF DENTISTRY

ROGER P. LEVIN, DDS, MBA



I am delighted to introduce this article for Dental Economics on the subject of dental business management. Practices that use data-driven systems reach the highest levels of success. The benefits of a well-run dental practice include excellence in efficiency, an increased ability to focus on quality, financial success allowing the dentist to reinvest in the practice, and profit for the doctor who has invested so much of his or her life in education and practice development. According to Levin Group research, dentists can increase their incomes by \$200,000 or more a year when the right data-driven systems are implemented. Unfortunately, many dentists are operating under a set of business premises that do not necessarily lead to the best practice models.

The business world has spent billions of dollars on improving business practices. Universities such as the Harvard Business School or the Wharton School of Business have thick catalogs of course offerings dedicated to the development and retraining of executives. These courses typically run thousands of dollars for a few days, but offer little regarding the operation of a dental practice.

Dentistry overlaps little with other business industries. For example, the car manufacturer would have similar business and operational practices as a refrigerator manufacturer such as factory management, factory design, and purchasing systems. Dental practices, however, have a number of specific behaviors and operational issues that do not occur in most other fields.

THE MAJOR AREAS OF DENTAL-PRACTICE MANAGEMENT

In this article series, I will examine different areas of dental-practice management to help practices decide on the best models for achieving increased production, productivity, and profitability. Data-driven systems are critical to building the best models, but many practices incur problems when they change policies or procedures without analyzing how those changes will affect their practices' current systems. Many doctors simply adopt and implement one new idea. While that new idea might be excellent, it also must be integrated with other business systems in the practice or the likelihood of success is limited. For example, a dentist attending a seminar and returning to implement a change that results in increased time for a clinical procedure might find that such a change has a negative effect on scheduling, hygiene checks, and fees that should be charged. The point is that a change in management is rarely singular and unrelated to other areas of the practice. Unintended consequences can wreak havoc on other practice systems.

There are several broad categories of overall practice management.

“ SYSTEM WITHOUT A MEASURING MECHANISM IS LIKE A STOPWATCH WITHOUT A SECOND HAND ”

By segmenting these management disciplines, the dentist can focus on each of these and then gradually integrate them with other areas of the practice. The key categories of dental-practice management include:

OPERATIONAL AREAS

Refers to the daily running of the dental practice, which encompasses a range of activities and indicators, including the number of staff employed, length of procedures, protocols for filing dental insurance, time of day the charts are pulled or filed, closing out at the end of the day, and many other steps that occur during the normal workday. Operations play a significant role in determining whether a practice reaches its goal for improved production, decreased stress, and increased profitability. Operations

are a direct reflection of the level of efficiency in any given practice.

During the past 20 years, Levin Group has collected extensive data through its database of 8,000 clients, independent market research, and research conducted for numerous dental industry corporations and organizations through a subsidiary known as Levin Group Research Pathways. In addition to extensive data analysis, this effort has allowed us to create hundreds of case studies that reveal how some practices achieve success and how others do not. Comparing two practices that share similar characteristics - number of doctors, number of staff, number of days worked, number of patients, number of chairs, percentage of patients with dental insurance, socioeconomic background of patients, affluence of patients, region, and location - can provide valuable information on the successful implementation of dental-practice systems.

Even when practices are similar, differences occur. Levin Group has conducted case studies where two practices looked nearly identical, but one had doubled the production of another and more than doubled the profit.

Frequently, the reason for this difference is that one practice has

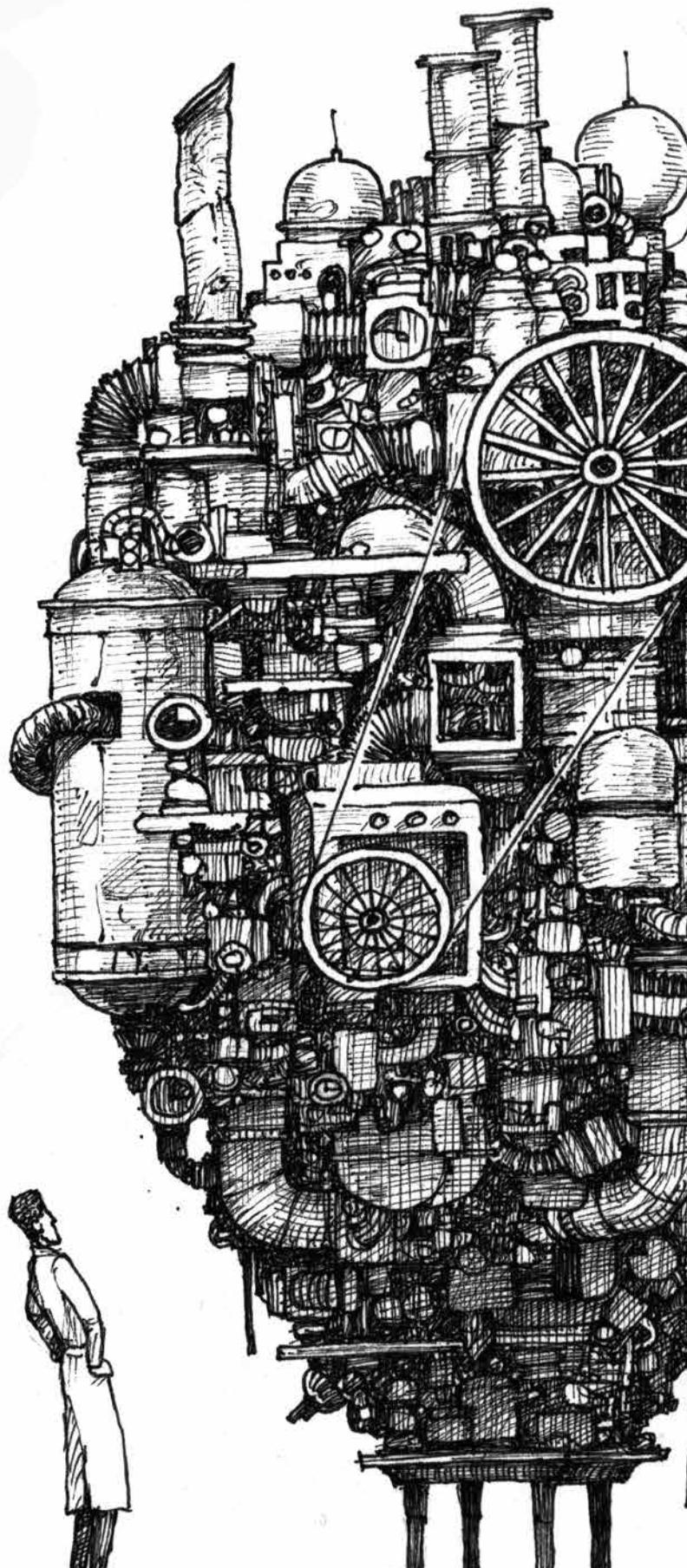
much better operational systems than another. Analyzing these practices reveals one practice has systems far more streamlined, efficient, and effective than a practice producing at half the rate.

To be effective, systems require measurement. As I state in my management seminars, "If you cannot measure what you do, then it's not a system." A system without a measuring mechanism is like a stopwatch without a second hand. If practices are not measuring their performances, then how can they improve?

In my experience, most practices have outgrown some or all of their systems and are being restricted in growth while believing they are operating at capacity. Levin Group has found that more than 90 percent of practices may increase scheduling capacity by 30 percent or more. For practices to reach potentials, they must replace or upgrade their systems to achieve higher levels of production while simultaneously reducing stress.

FINANCIAL MANAGEMENT

is critical. Nine out of 10 entrepreneurial companies go bankrupt within five years. Dentists are typically successful at remaining in practice, but not because they are well-trained and knowledgeable



business people. In fact, they receive little business training in dental school or residency programs. Fortunately, demand for dental services has been and continues to be sufficient to allow most dentists to be successful.

While the risk of bankruptcy in dental practices is relatively low, **most dentists must work seven to 10 years longer before achieving financial independence because of a lack of data-driven systems.**

Most dentists pay little attention to financial management beyond the subject of gross revenues. Many doctors are aware of their gross revenues throughout the year on a month-by-month basis and the level of overhead incurred. However, there is much more to financial management that allows practices to increase profitability relative to production and to better plan for their futures. Financial management includes areas such as accounts receivable and collections. Uncollectable fees have increased by 3 percent to 4 percent in the past four years because of changes in the economy.

Another concern for practices is that consumer spending is beginning to slow throughout the economy, and dentists are often the last to be

paid when money is owed. Why? Most practices, unlike credit card companies, do not charge interest on overdue accounts, nor do they have specific protocols for collection procedures. While many dentists believe they collect more than 98 -percent of all money owed, it usually is closer to 95 percent because dental practices carry debt much longer than other businesses. Overdue accounts are not reclassified as uncollectable until long after the original (and unpaid) service or procedures were performed.

Financial management examines all aspects of financial controls and provides information on changes that practices could make to improve performances. For example, in many practices, simply adding one more treatment room (assuming space allows) could make a difference of \$100,000 to \$200,000 per year. This change should be analyzed through financial protocols as well as considering a new operator's effect on other practice systems. Financial analysis must be performed when deciding whether to add personnel, move a practice, and purchase a new technology. For example, there are many new types of high-tech dental equipment, but many require a significant investment. The purchase of a technology should be

a well-thought-out decision based on improving clinical quality while achieving a return on investment.

Superior financial management allows dentists to achieve their practice potentials, and to fully fund retirement programs, accumulate savings, and enjoy comfortable lifestyles. This result gives doctors peace of mind to practice dentistry with visions toward building the type of practice each would like to have.

HUMAN RESOURCES

is a generalized approach to developing and maintaining an excellent staff and maximizing their contributions to the practice. Most doctors would like to treat their teams well, but working in a dental practice has limited income potential for most individual staff members. While team members are treated professionally and with respect in most offices, those who look forward to long-term careers in dental practices are motivated by more than money.

At the same time, many practices use short-term fixes such as bonuses or offers of trips if the practices reach certain goals. Dentists need to find ways to improve their teams individually and collectively while realizing they have little time to spend on team development. Few practices

have an office or business manager who spends time working on administrative and human resources issues that dentists are unable to advance effectively because of the busyness of the practice. This means that systems and protocols must be so well defined and understood by the team that simply following them allows for the practice to perform in a superior manner.

Building a high-powered team requires leadership, documented systems, and training. As the business owner, the dentist is viewed by the staff as the practice's leader. Successful leaders are guided by a vision to develop and empower their team members through structured -training, continuing education, coaching, and delegation. By helping staff members reach their potentials, the dentist has positioned the practice to reach the highest levels of success. Team development has a greater chance of success if the right data-driven systems are in place. Such an office environment allows team members to learn practice policies and procedures easily and effectively.

MARKETING

is the ability to communicate which services are available to current and potential customers and why

they would be beneficial. The three components of practice marketing are internal marketing, external marketing, and customer service.

Internal marketing includes the use of scripting, brochures, posters, collateral materials, and other techniques. External marketing includes Yellow Pages advertising, direct mail, Web site development, and other efforts. Levin Group has found that most external marketing efforts fail to generate the desired results for dentists while costing practices a great deal of time and money.

Customer service encompasses almost every area of the practice, ranging from phone calls to scheduling to case presentation. All practices engage in marketing - whether they do it consciously or not.

As more dentists incorporate elective, implant, and aesthetic procedures into their practices, internal marketing becomes increasingly important to practice success. Whitening, porcelain laminate veneers, dental implants, and even removable appliances are examples of services that many people desire but do not necessarily need. A practice focused on these types of value-added elective dental services can dramatically increase its production and profit by successfully

attracting the desired type of patients through superior customer service, internal marketing, and possibly external marketing.

Properly implemented, dental marketing allows the practice to identify and attract the desired patients through internal activities and referrals from existing patients. In addition, internal marketing helps the practice identify more treatment opportunities and increase treatment-plan acceptance rates for active patients.

” **MORE
THAN 90
PERCENT OF
PRACTICES
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SCHEDULING
CAPACITY BY
30 PERCENT
OR MORE.** “

BETTER LEADERSHIP



BETTER TEAMS!

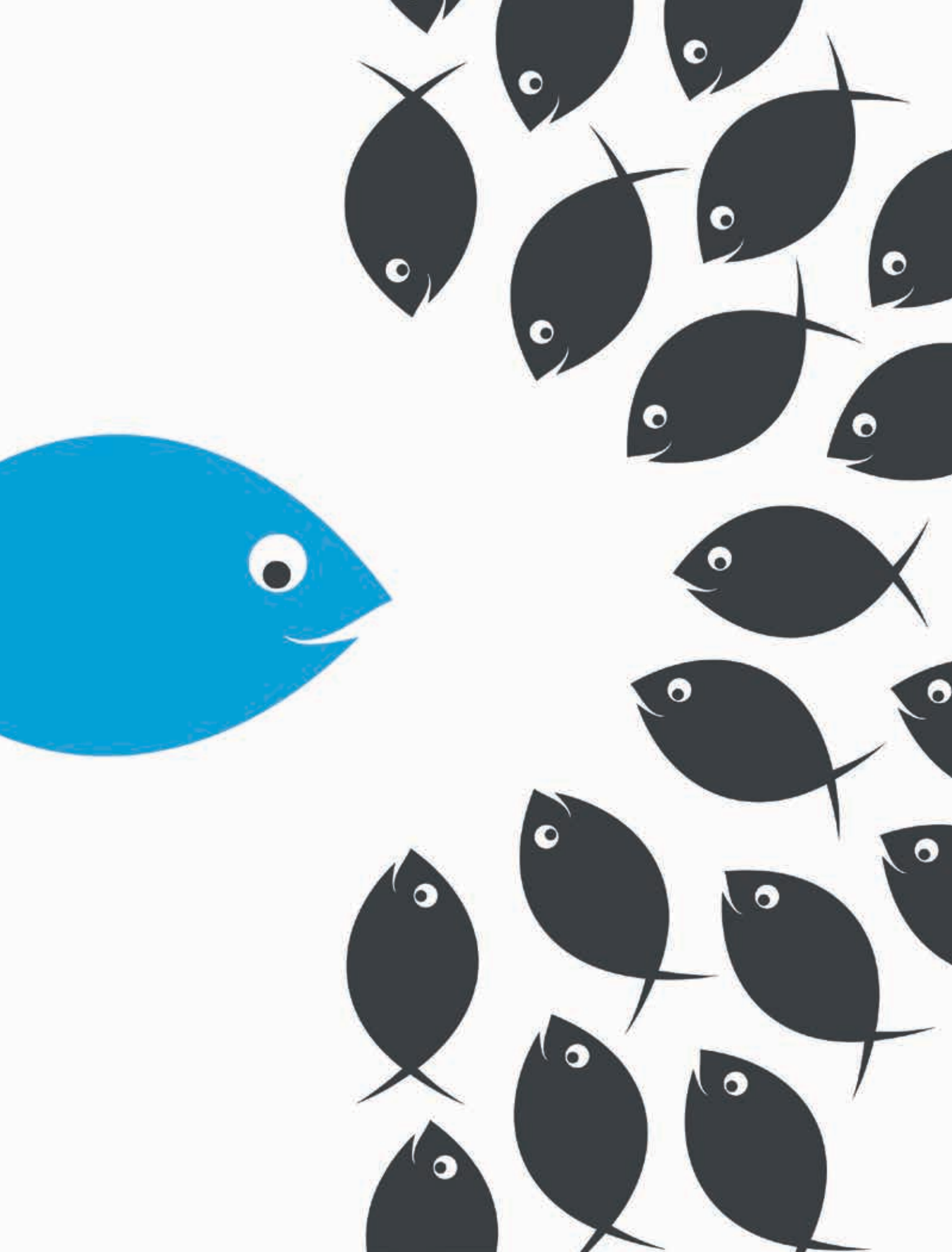
ROBERT E. HAMRIC, DMD

AS

a climate where everyone in the organization is happy and can reach his full potential. The difference between being merely successful and reaching full potential is staggering. When the doctor enters the office, it's showtime.

the practice leader, it's up to you to set the tone of your office every day. Your staff is looking to you for clues: What mood is he in today? As the leader, you must be positive, energetic, and happy to be in the office. Your job is to create





“ THE ONLY THING WORSE THAN TRAINING YOUR PEOPLE AND HAVING THEM LEAVE IS NOT TRAINING YOUR PEOPLE AND HAVING THEM STAY. ”

Seek people who are mature and who are looking for a career, not just an 8 to 5 job. Your practice should not be a stepping-stone to a better job. Don't hire a duck and expect an eagle. Eagles will demand higher pay and will be worth every penny. Don't ever doubt it - a great staff makes a great practice. A great staff is the result of thorough training and careful selection. Often great staff members may not be trained in dentistry. This can be a positive attribute because they won't have any bad habits to unlearn. The key in a good selection process is attitude. Look for a good, positive attitude and a great smile. You can teach technique and verbal skills to an energetic eagle, but it is hard to change a rotten, negative attitude. Eagle staff members also desire decent benefits, and today that is one way to find the best and keep them. People seeking careers want benefits and good pay. In the long run, good staff members are not an expense — they are an investment.

There are so many «average» or «below average» people in dentistry because there are so many average dental leaders. Training takes time, money, and commitment, but if you think training or coaching is expensive ... try ignorance. The only thing worse than training your people and having them leave is not training your people and having them

stay. Have you ever called another office and wondered how on earth the snarly, unprofessional person on the other line stays employed? Patients think that way too. I would honestly prefer for people to believe we are out of the office than to think we are stupid or unprofessional. Your practice is in the your staff's hands; they can make you or break you. Training with role-playing is essential. No business just turns people loose to do their own thing any way they want to ... except a dentist.

If you and your staff cannot get results, then there is no value added to the practice. If people don't get results after training, then you have the wrong people. Make changes! Get people better — or get better people. Example: Your hygiene department can be a profit center. Suppose you and your staff attend a class on detecting and correcting early periodontal disease. Upon your return, you have every intent of implementing the new program and upgrading your practice. You make a solid commitment. You go back to the office and hold a half-day training session on how you want to implement this new process. You script the program, role-play with the staff, yet nothing happens! You try again and again, but still no changes.

Do you just give up, or do you make a change? Perhaps this is the time to start looking for team members who will adapt to your agenda and practice philosophy and who will move the practice in a more positive direction. Change is inevitable, growth is optional. As Coach Bear Bryant said, «Be good or be gone».

Your departments include hygiene, business, clinical, and lab (if you have one!) As your practice grows, you can develop a department leader in each area. Don't expect your staff to be inspired or work harder if they are in a fog and working without direction. You must establish goals as a team. Goals must be realistic and challenging, yet possible to achieve. Nothing is more discouraging than never achieving your goals — and there is no better feeling than reaching your goals. Have a celebration! If the staff participates in goal-setting, they inherit a responsibility toward making things happen. Goals become a team effort. Clock watching stops, and patients become important. When your staff accomplishes a major goal, a reward is in order. Yes, I believe money motivates, and I believe in a bonus program. Only monkeys work for peanuts.

I recently spoke with a dentist who stated that he was so booked up and

behind that he needed extra help. The truth was that while he was busy, he was not productive. His scheduling was inefficient and he did not use his assistants properly to get more quality dentistry done in less time.

What's important is not how many people you can see in a day, but how productive your time is. You are only as good as your collections. Production is important, but if you don't collect it, you have nothing. I have seen doctors who pay everyone but themselves. The sooner you learn how to be business leader, the more profitable you will become. That difference can be measured in hundreds of thousands of dollars

Your staff members should not be afraid to express their opinions. Create an atmosphere that feels safe for your staff. That means you must listen with an open mind and take all suggestions into consideration. Just because you're the doctor doesn't mean you're the only person allowed to think. If you continue to do what you have always done, you will continue to get what you always got, and you will get left behind in today's marketplace. Don't fall for the theory that if something isn't broke just break it! If something is working well, polish it and make it better.

Ask yourself:

- » How much dentistry do I refer?
- » Is there some way I could receive additional training to stymie this trend?
- » Should I add more endo, ortho, and perio?
- » Maybe implants or more cosmetic training?
- » Do I have the equipment to be more relaxed and productive?
- » Am I completing procedures within my hourly goals?
- » When is it best to refer?
- » Do I need to delegate more to my assistants?
- » Do I have enough staff — or too much?
- » Why am I constantly behind schedule?
- » What causes the most stress around my office?
- » How can I alleviate stress and its causes?

USE THE 80/20 RULE

Walter Hailey reminded me in his «Boot Kamp» of the familiar 80/20 rule. (If you have not been to «Boot Kamp, I recommend attend as soon as possible. I saw a tremendous change in my attitude and practice after I attended.

” JUST BECAUSE YOU'RE THE DOCTOR DOESN'T MEAN YOU'RE THE ONLY PERSON ALLOWED TO THINK. “

The 80/20 rule states that you receive 80 percent of your results from 20 percent of your activities. Identify those productive areas and make sure they are addressed first.

DON'T JUST PRIORITIZE YOUR SCHEDULE , SCHEDULE YOUR PRIORITIES.

That's the philosophy behind block scheduling. Do big cases in the morning when you are fresh. Eighty percent of your problems also are generated by 20 percent of your patients. Identify who these problem patients are and dismiss them from your practice. Perhaps raising fees or dropping certain insurance plans will eliminate some headaches. Above all, accept that you can't be all things to all people.

EVALUATE NEW PATIENT PROCEDURES.

New-patient exams should be

comprehensive. There are two classifications of patients — those with discomfort and those without discomfort. Patients with discomfort should be seen immediately and their problems solved as soon as possible.

For patients who are not experiencing discomfort, begin with a thorough oral exam. Every patient deserves to have a proper exam, not a quickie “look and see”. Anything less is malpractice. Every patient deserves to know what dental problems they have and how they can solve those problems and prevent them from recurring.

DON'T FEAR FAILURE — FEAR STANDING STILL.

You learn more from failure than you do from success. The key is not to make the same mistake twice. What happens when you feel burnout? How can you keep from standing still? How much is enough? When do you become the rat in the rat race? I believe these questions lead us directly to **The Pankey Philosophy, which promotes four elements in life that must be balanced to maintain happiness: love, worship, work, and play.** In dentistry, we tend to become **overbalanced in the work area, which leads to stagnation, burnout, and boredom.**

TAKE TIME to enjoy watching your children grow up. Plan a cruise with your family. Go fishing; go hunting. Take your wife to Aruba for a surprise birthday. Life is too short not to enjoy the little things. Dentists need to work no more than four days a week, and they should take a week off every quarter for rest (play!). **Nowhere does the equation state that money gives us happiness.** In Covey's book, «Sharpen the Saw» is the 7th habit. This means take time for recreation. **When you are rested, you do better dentistry and enjoy the profession more. Making a living is not the same as making a life.** I like to see a practice with at least two doctors. You can use a facility and your investment to its fullest, and take alternate time off — not a bad arrangement.

REMEMBER, you're not comparing yourself to others - you're measuring yourself against your own God-given potential. No matter how good you think you are, there is always room for growth!

ENJOY the fruits of your labor. Be a leader, and be a winner, but most of all, enjoy your life. You only have one to live.

“ HAVE YOU EVER BEEN CALLED ANOTHER OFFICE AND WONDERED HOW ON EARTH THE SNARLY, UNPROFESSIONAL PERSON ON THE OTHER LINE STAYS EMPLOYED? PATIENTS THINK THAT WAY TOO. I WOULD HONESTLY PREFER FOR PEOPLE TO BELIEVE WE ARE OUT OF THE OFFICE THAN TO THINK WE ARE STUPID OR UNPROFESSIONAL “

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FOUR STAFF RULES

BILL BLATCHFORD DDS

Finding and keeping the right staff is key to your dental success. Staff can make or break a practice. An OK staff will have OK results, while a superior staff will help you achieve superior results. Because an excellent staff is such an important key, establish rules to ensure success. As a result, when transitions do occur, new staff members will walk into a successful environment. What follows are some simple and important rules that every staff member should agree to uphold:



1 ALLOW NO SUBGROUPING, WHICH IS THE OFFICIAL NAME FOR GOSSIPING

or speaking poorly of others when they are not present. Subgrouping drains productivity. When staff members talk about other staff, vendors, or patients, teamwork and trust are destroyed. The rule is, "Never initiate a conversation about someone that would stop if he or she walked into the room." Do not accept information that is destructive or trashy. Your staff should not have time to gossip. Business gurus say, "Work is never noisy."

2 BECOME 100% ACCOUNTABLE FOR YOUR ACTIONS.

This means knowing your office numbers and creating a different plan if the numbers are slipping. If your new patient flow is under 10 a month, what is your reputation in the community that is keeping people away? How can you change that image? If you are below the national average of 7 percent in laboratory work, what can you do to increase it? If you make a mistake with a patient, be accountable and create an action plan to ensure the mistake will not be repeated. Accountability means stepping up your focus and energy at work.

3 UPGRADE THE DRESS CODE.

Guests make quick judgments about your dentistry based on appearances. Bag the scrubs. Go with black pants and colorful blouses with long white lab coats. Successful staffs are now cross-trained and need to appear competent in both business and clinical areas.

Dress for the position. Matching sweaters or blazers with embroidered names and logos will catch a guest's attention in the office and that of other diners when you lunch as a team. Male doctors should wear bright long-sleeved laundered shirts and stunning ties, pressed pants, polished shoes, and a white doctor's jacket. Female dentists impress guests with good-looking pressed pants, bright tops, and long white lab coats. Another idea is for staff and doctor to wear matching sweaters.

4 LEARN THE IMPORTANT SKILLS OF LISTENING AND SPEAKING.

In sales, the person who truly listens with empathy and places himself or herself in the guest's shoes is the winner. The competition is constantly studying sales, upgrading their skills, and practicing. Join Toastmasters to learn to speak well and use proper grammar. Practice manners and protocol.

Doctors need to create an atmosphere of accountability and praise to encourage staff success. Together with the team, doctors should create no more than 10 covenants as guiding staff principles. If, after several months on the job, the doctor has doubts about a new team member, his or her gut instinct is probably right, and the sooner the leader acts upon it, the higher the team will reach. Brian Tracy, noted business motivator, said, "We hold onto staff about a year after we know the right decision."

THE PROBLEM WITH BUSYNESS

CATHY JAMESON, PHD

Being “too busy” is a compliment. It means you are doing things right and people are seeking your services. So, trust me, I know it’s a compliment. However, wouldn’t you agree with me that being too busy can be a problem?

You must control your growth, or your growth will control you. The result of being too busy can be overwhelming stress, which can lead to burnout and dropout, compromised patient care, and decreased profit. So, focus on controlling your practice’s growth so you can optimize efficiency and profitability.

THE SEVEN STEPS TO CONTROL PRACTICE GROWTH

1

MANAGE YOUR SCHEDULE

Two areas of potential stress in the area of scheduling are seeing too many patients per day, or being booked out too far. Organize your treatment plans to do a quadrant or a half-mouth per appointment. Try to treat patients in as few appointments as possible. Both you and the patient will win.





2

DELEGATE

Delegate when and where possible, according to the laws of your state. The doctor should do the things that only a doctor can do and delegate everything else.

3

PATIENT FINANCING PROGRAMS

Many patients ask for “one tooth at a time” dentistry, and many practices offer this kind of treatment because of the investment. In order to do more dentistry per patient on fewer patients per day and see patients for fewer visits, a patient financing program is a major asset. Being able to fit the payments for their dental care into a budget can pave the way for patients to not only accept treatment, but to go ahead with the timely scheduling that you recommend.

4

FEES

The law of supply and demand may indicate that raising your fees is appropriate. Even if you lose some people from your practice, you will have better quality time with the patients who remain. You will have more time to do great new patient experiences and consultations as well as quadrant, half-mouth, arch or full-mouth cases, whether restorative or cosmetic. Your higher fees will offset any losses of patients.



7

INSURANCE

If you are too busy, and if you are on any managed care programs, this may be the time to decide whether or not to remain a provider. List all of the programs you are part of, from the one that generates the most revenue to the one that generates the least revenue. As you build the fee-for-services part of your practice, eliminate the managed care programs starting with the least productive and going up from there.

Or, if you are totally fee-for-service, too busy and unable to focus as you wish, and you have done all of the things mentioned so far, then consider not accepting assignments of benefit of insurance any longer. This is not an easy decision, nor is it appropriate for all practices. You have to decide.

Please know that I am not telling you to drop assignment of benefits of insurance. I am simply noting that this is a way to reduce “busyness.” If you choose to drop insurance, let me strongly recommend that you do so with care and planning. If this step is executed poorly or without a strategic plan, the results can be disastrous. Done well, however, it can be successful. You must be clear on your vision and your goals. You must be confident. You must be an excellent manager and leader.

5

ASSOCIATES

If the first four suggestions have been met or exceeded, you may need to consider an associate. This is a major decision and needs much consideration, planning, and advice.

6

REFER

As a doctor/practice that is too busy, consider referring as much as possible. Focus your practice on the type of dentistry you love and refer everything else. You will replace the production of the referred dentistry with more carefully organized treatment planning and scheduling.

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ENVY

JEALOUSY, AND IGNORANCE IN DENTISTRY. THE SEVEN LIES ABOUT SUCCESS

JACK D. GRIFFIN JR., DDS





It's amazing how fast we come to a conclusion about someone we don't know. We see a person on television, and, in two minutes, we decide if we like or hate that person. We judge so quickly ... and with so little information!

Unfortunately, the same thing happens in dentistry. We slam those who we deem as being more successful or having more than we do. Maybe it's jealousy, envy, or just plain ignorance, but we go into the attack mode when someone has what we don't and try to find some "dirt" on that person. We come up with bogus reasons to justify our behavior, while trying to convince ourselves that we don't want the success that person has.

Why should we feel threatened by a dentist in another practice if we offer compassionate, current, and quality

care? If we would just worry more about making ourselves better, everything else would take care of itself.

Unity is something that is definitely missing in dentistry. Rivalries exist between dentists in the same city, conflict goes on between some of the specialists and general dentists, and even more bitterness is displayed by many practitioners toward organized dentistry. Perhaps some of the most absurd hostilities are the barbs thrown at the "high production" or "high fee" practices. The fees of these practices only have to be a little higher than others for misinformation and lies to spew forth. If the energy spent ripping each other was spent learning to be better dentists, we would have a better profession in which to practice. Never, ever, is our status raised when we try to lower that of others. Our integrity is compromised when we attack others. We must quit giving credence to the following seven lies:'

LIE #1

THEY DON'T CARE ABOUT THE PATIENT; THEY ONLY CARE ABOUT MONEY

We often deem those with more money than us as being greedy. These high-netting dentists only care about the quest for the almighty buck, we say.

They see dollar signs painted on each broken molar cusp.

They hear the cha-ching in their heads when a patient needs a crown.

When they get close to the pulp, money pulls that bur another millimeter into the \$1,000 promised land of endo treatment, post and core, and a crown. They tell the patient: "That tooth probably would have been sensitive anyway, so we did endodontics before it had a chance to have a problem.

"Some of these dentists will tell a patient that even teeth that need sealants ought to have porcelain onlays, since all bonding eventually will fail. The tooth then will need a composite, which also will fail from leakage and which eventually will cause sensitivity, leading to endo or even extraction. So, these practitioners will tell their patients, "We ought to do the onlay instead of the sealant to prevent all of this from happening. After all, this is the best treatment.

"There is no question that there are some unscrupulous practitioners. There also is no doubt that some dentists are greedy and may even recommend treatment just because they want to pad their retirement plan. I believe the number of dentists who would do what I have just described is very small in number and that they will have to answer to their maker for taking advantage of their patients. However, to assume that all "high production" practices are like this is equally ridiculous.

The majority of these dentists know that the way to financial freedom is to do compassionate treatment with as much care and quality as possible. Financial reward is highest not from the one-time, mega-treatment plan of \$4,000, but from providing continuing care to active patients over many years. In fact, happy patients are proud to send their friends in for the same great care. Every few years, your existing patients may require a crown or a few fillings. These needs are discovered as a result of an organized recare program, and that is the way most of these practices thrive. If the patients feel gouged and ripped off, they will leave the practice and stop referring their friends and family to you. Busy practices are busy for a reason - patients return because they feel they receive high-quality care. If they don't receive quality care, patients will leave a practice.

LIE #2

THE REASON HIGH-NETTING DENTISTS PRODUCE SO MUCH IS HIGH-PRESSURE SALES.

The picture is of a patient being locked into a small, dark dungeon, forced to watch “The Jerry Springer Show” until he or she agrees to an \$8,000 treatment plan. Does high-pressure sales happen in dentistry? Of course it does! But showing intraoral photos and videos and taking time for thorough explanations are not “high-pressure” activities. Perhaps the reason some dentists are more successful at gaining patient acceptance than others is because they are technically superior, more confident, more articulate, or they have a better trained staff that excels in presenting treatment. High-producing practices either have a high percentage of patients accepting needed treatment or they have a smaller number of patients agreeing to treatment that is perceived as higher quality at a premium fee. This kind of success starts with a dentist who is totally convinced of the need for treatment. Such a dentist has a quiet confidence that patients and staff sense. Secondly, these dentists have staff members who are equally as confident that their dentist can deliver the needed treatment in a quality way. The staff reinforces the doctor’s decisions; conversely, an untrained or unconfident staff can doom patient perception. Staff members need to see and understand the successes,

so that the failures are kept in their proper perspective. We all seem to remember 20 bad things for every one good thing. The staff is a critical element in influencing patients to commit to the dentistry they need. The reason for this is because staff members are often perceived by the patient as unbiased participants who don’t benefit directly from the fee the patient pays.

Assistants and hygienists should do the majority of treatment-plan presentations, so the doctor can focus his time on doing dentistry. Assistants and hygienists also are more qualified to explain treatment to the patient than are front-office staff members. Intraoral cameras make presentations a slam-dunk if money is an obstacle. The organization of the practice, confidence of the doctor, and motivation of the staff are what gets treatment plans accepted, not strong-arming patients.

LIE #3

IF A DENTIST IS FAST, THE WORK MUST BE BAD.

I know a dentist who really believes that quality crown preps cannot be done in 10 minutes. He feels that time spent on a procedure is in direct proportion to the quality of the dentistry. Remember your first crown or two in dental school? Are you telling me that because the diamond touched the tooth for a total of two hours and 45 minutes that the prep was better than what you can do now? If you hired an associate right out of school, how much longer

would it take Doctor Junior to do a quadrant of three-surface posterior composites than you? Again, do you think Dr. Junior’s quality would necessarily be higher than yours just because it took him double or triple the appointment time to do the same procedure? Fast work is not necessarily bad work; only bad work is bad work. The best way for you to take home more money is to work faster while performing work of the same high quality. Working this way will allow you to do more dentistry in shorter time periods, and that will lower your overhead. It’s easy – the more you produce per hour, the more dollars you take home! Next to raising your fees, your speed is the most important factor in having a higher profit. This may sound simplistic, but slowness doesn’t mean quality in and of itself. It just may mean that the practitioner lacks confidence, does not have enough experience in doing a procedure, the staff is inefficient, or the equipment is faulty. Lack of speed kills. If you were having a root canal done on yourself, would you want the slower dentist doing it, or would you want a dentist who could do the same quality job in half the time? You are not going to hear a patient say, “Please, Doc, can you file for 20 more minutes?” Patients want you to get the lead out and floor that accelerator – as long as the quality and care remain high! So, if the patients want it and you would make more money doing it, why don’t you focus more on your speed? Remember that sacrificing quality will rip into your profitability. Do great work the first time and in the shortest time possible and you will have a better practice. Often,

“ FAST WORK IS NOT NECESSARILY BAD WORK. ONLY BAD WORK IS BAD WORK. “

the more-productive doctors have a higher personal confidence level and are more organized in their thoughts. This makes for more efficiency in the practice.

LIE #4

IT'S THEIR LOCATION THAT MAKES THEM SO SUCCESSFUL

Everyone thinks if he had that “kick-butt” location in Beverly Hills that he would be able to afford the two Ferraris. Why does every other location look better than ours? Just as the grass is greener, the molars are always more broken on the other side. You hear the complainers say:

“My town isn’t growing as fast as yours.”

“You don’t have managed care like we do.”

“If I were only next to Mc Donald’s instead of Marty’s Mufflers, I’d get more new patients.”

“Your patients make more money than mine do.”

Location, patient status, and benefits are important, but don’t use them as the only reasons for a lack of new-patient flow or production. The real quality patients in a healthy practice come from patient referrals. No TV, radio, billboard, direct mailers, phone book, or banners behind airplanes can substitute for a happy patient who refers a few friends. Some dentists just think that the new-patient flow problem will be solved as soon as they can figure out in which direction to throw their advertising dollars. They just have to find the “right marketing consultant” to design the perfect ad for the best media. “The perfect infomercial is what I need to get that great practice,” these dentists will say.

There is no question that an effective ad in the right medium can attract many new patients; however, a poorly run practice will never keep the patients. Then money will have to be spent forever to fill the chairs.

Focus on making your patients as happy with you as possible. Then they will be honored to refer friends. Sit your patients up in the chair and look them straight in the eye when talking to them. If a patient feels pain

or doesn’t like something you did, say, “I’m sorry.” When the patient does speak, don’t interrupt. Little courtesies like these will make for fewer charts being put in the dormant-file dungeon. Keep current patients extremely happy and they will be the active referrers a healthy practice needs. Why do practices in the same town with the same basic patient pools have such differing success rates with recall and new-patient exams? The difference-makers in successful practices are: the practice’s philosophy, well-trained and dedicated staff, and a perception of compassion and quality by the practice’s patients. Location can help draw patients, but it won’t necessarily keep them. Location is not the key to the more successful practice; caring treatment is the key.

LIE #5

THEIR PRICES ARE TOO HIGH; THEY ARE GOUGING THE PATIENTS

A million-dollar practice is within our grasp. If we all charged \$5,000

“ WHEN PATIENTS SENSE THE QUALITY DOES NOT MATCH THE PRICE, THEY WILL NOT ACCEPT TREATMENT AND LEAVE THAT PRACTICE. ”

for each molar endo, I would only need to do 200. Or, maybe we could get \$10,000 for the 100 crowns I'll do this year - after all, they are the best all-porcelain crowns in the state! You can't charge too much for quality! If I raised my fees this much, I could produce a million dollars by September; take the next four months off; write my Pearls of a Million Dollar Practice book, and then go on the lecture circuit teaching other slacker dentists how to be rich like me.

Of course, there are a few dentists who really think like this. Thank God, they are few in number! Most dentists I know have a good heart. They practice what they consider to be quality dentistry and don't try to price-gouge their patients. Think about how we set our prices - it is usually haphazard at best! There are a million formulas that some management people give you as a guide, but we dentists usually have our own methods that fall somewhere between "Clueless in Seattle" and "Dumb and Dumber." The truth is that no matter our methods, we often hate the dentists who "rip off" the patients when they charge twice as much as we do for a crown

that was made by the same lab we use. Conversely, we crab about dentists who keep the UCR fees down by charging discount prices. We always can find something to complain about if we look hard enough!

We all have seen crowns that sold for \$300 that were a total failure and, at the same time, \$800 crowns that were awesome. On the other hand, we've had \$100 four-surface alloys hold up for 10 years when we've had the porcelain break on a \$500 crown in six months. Cost and value are not always equal. Value is determined by the test of time, function, and patient satisfaction. So what if another dentist charges \$2,000 per crown if the work is terrific? If patients perceive the value of the service to be outstanding, they will be happy to pay that fee. The dollars will chase fairness. When patients sense the quality does not match the price, they will not accept treatment and leave that practice. If I do a four-surface composite and it fails in two months, it has no real value. High fees in and of themselves don't rip patients off; poor work does.

LIE #6

**THAT DENTIST HAS A
GREAT PERSONALITY,
BUT HE HAS THE
HANDS OF A CARP...**

This lie can be used two different ways. If the other dentist does great work, we attack his or her personality - i.e., "He's not very nice to his patients," or "She's awful with kids," or "I'd never let her touch the teeth of someone I like," or "His margins are fantastic, but I've heard he's a womanizer and always is trying to get his hygienist in the dental chair."

If, on the other hand, a dentist has a warm, funny, friendly personality and an outstanding practice, we concentrate on tearing his dentistry apart. "His fillings look like he carved anatomy with a Weed-eater," or "You can get a tongue depressor in his crown margins," or "He leaves two root tips in for every one extraction that he does."

Why do we feel better by finding



“ WHY DO WE FEEL BETTER BY FINDING FAULT IN OTHERS? LET’S FIND THE GOOD TRAITS A SUCCESSFUL COLLEAGUE POSSESSES AND TRY TO COPY THOSE INSTEAD. “

fault in others? Let’s find the good traits a successful colleague possesses and try to copy those instead. Patients don’t know how good your margins are or how good at secondary anatomy your carvings are. They know how comfortable you make them feel, if it looks bad, how much it costs, and if it fails quickly or hurts. High-production practices are usually good at all of these things. Pain control before and after a procedure is paramount to successful dentists. They take time to pick accurate shades and use labs that know what they are doing. They explain treatment plans well and are clear on payment options. Don’t fool yourself - many dentists are able to blend a great personality with clinical excellence. We all can do this if we commit to improving ourselves. Quit being so negative!

LIE #7

SURE THAT DENTIST HAS MONEY, BUT IT WAS ALL GIVEN TO HIM

I’ve heard some say that well-off dentists only have “old money.” Since we struggle to make what the guy building cars makes, a dentist with a resort home and a boat must have had a rich uncle. However, reports say that 90 percent of millionaires are first-generation millionaires. That means only a small minority

of wealthy people had it handed to them. Everyone driving a Porsche 911 didn’t have an Uncle Ebenezer to bequeath millions when he died. Money magazine recently said that there are more than seven million households with a net worth of at least \$1 million! We have gone from roughly two million millionaires in this country in 1990 to over seven million in 2000.

Many dentists have had high-production practices, lived well within their means, and followed a savings and investment strategy. Others have collected a small mint, but spent above their means, had no coherent plan, constantly struggled to pay bills, and just couldn’t save for retirement. Successful dentists have a coherent, well-constructed financial plan. They have money because they saved and invested it well. Talking negatively about others doesn’t fix your own poor planning. If the 1960s and 1970s were the “golden age of dentistry,” then we now are in the “mega-platinum age of dentistry.” There is infinitely more potential today.

If we honestly look at successful practices, we can learn a great deal from them. There is much we can teach each other if we would just stop putting up walls of jealousy, quit complaining, and not waste our time creating lies about our colleagues. The lies we tell about one another just get in the way of us reaching our own potential.

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4 WAYS TO INCREASE REVENUE

MICHAEL KESNER, DDS

You will never substantially increase revenue by reducing expenses. Overhead control is important but not nearly as important as increasing revenue. In fact, the best way to decrease overhead is to increase revenue. If you implement the following four guidelines, the increase in revenue will far exceed the increase in overhead. This, in turn, equates to profit.

Most of the time it is important that these guidelines be addressed in the order listed:

1 INCREASE YOUR CASE ACCEPTANCE RATE

Most dentists have a case acceptance rate of 20% to 30%. If you increased case acceptance rate to 60% to 70%, then you would double revenue on the same number of new patients. This means that seven to eight out of 10 new patients each month are walking out the door without doing the dental treatment that was needed and recommended.

How do you accomplish this? By making case presentation a “team event” as opposed to solely the doctor’s responsibility. This method works better to inspire the patient to want the needed treatment. People will always find a way to pay for what they want, but not necessarily what they need.

Your case presentation should not be based upon teaching the patient dentistry. Patients decide to do dental treatment based on emotion, not education.

2 INCREASE YOUR CAPACITY TO DO MORE DENTISTRY

The more dentistry you do per hour, the more revenue you will generate per hour. Increasing your capacity may include adding another treatment room, adding another hygiene room, adding more staff, or adding another dentist or hygienist.

You can also increase capacity to do more dentistry by increasing efficiency. By improving systems, you can create more time to do more dentistry. Examples include shortening room setup time, streamlining the sterilization process, or gaining speed on dental procedures through organization.

3 INCREASE YOUR NUMBER OF HIGH PROFIT PROCEDURES

Porcelain veneers, implants, endodontics, and crown and bridge are examples of procedures that typically have a higher profit margin. If you do not offer any of these services, you can get the necessary education to add these to your practice.

Remember that just because a service has a higher fee does not necessarily mean that it is profitable. If a procedure takes too much time and/or has too high of a cost to provide that service relative to the fee charged, then it is not profitable. For example, a root canal that takes you three hours to complete is probably not a profitable procedure.

4 INCREASE YOUR NUMBER OF NEW PATIENTS

You can increase the number of new patients by doing more internal and external marketing. It is important that you do the “right” kind of marketing. I find that many dentists have ineffective marketing, thereby decreasing effectiveness and ROI.

Increasing the number of new patients is usually the first step most dentists want to take when their revenue is down. Doesn't it make more sense to fix the previous three categories first?

If you increased case acceptance rate first, then you would have more money to spend on marketing. This would also, in effect, decrease the marketing costs by increasing ROI.

By increasing capacity first, you could process and treat the increased number of new patients in a shorter amount of time. For instance, if your schedule feels fairly full with 25 new patients a month, then how are you going to handle 75 new patients a month?

Also, by increasing the number of high-profit procedures before increasing the number of new patients, you increase the amount of revenue generated per new patient.

WHAT

WOULD HAPPEN IF YOU ONLY BECAME 20% BETTER IN EACH OF THESE FOUR CATEGORIES?

YOUR

REVENUE WOULD DOUBLE! THIS IS DUE TO THE “RULE OF 72.” SINCE THESE FOUR CATEGORIES ARE INTER-RELATED, THERE IS A COMPOUNDING, SYNERGISTIC EFFECT IN WHICH THE TOTAL IS GREATER THAN THE SUM OF THE PARTS. THIS IS HOW PRACTICES TRIPLE AND QUADRUPLE REVENUE IN A FAIRLY SHORT PERIOD OF TIME.

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I'M YOUR PATIENT SERVE ME

DIXIE D. GILLASPIE

“I WANT TO FEEL WELCOME!”

**If I don't feel welcome,
I will feel left out!**

Whether the patient is on the phone or in your office, each wants to feel as if she or he is your guest of honor. Make sure your greeting is more “How are you?” than “Who are you?” Use the patient's name frequently in the conversation. Avoid distractions when interacting with a patient so you can stay focused on your conversation.

Avoiding interruptions in a dental office can be difficult, but how you handle the interruptions can make all the difference. If you must change your focus to something other than the patient, smile and excuse yourself. Return as soon as possible and thank the patient for his or her patience. Be sensitive about distracting team members when they are focused on a patient — apologize, and keep it brief. When the time comes for your conversation to end, never make the patient feel rushed to leave or like he or she has stayed too long.

VITAL ELEMENTS:

A warm voice and smile, eye contact, use of the patient's name.

“I WANT TO FEEL RESPECTED!”

**If I don't feel respected, I will feel
like you are unresponsive!**

You are not here to sell or deliver dental services. You are here to help your patients enjoy the benefits of the services you provide. Even after patients have made a decision to accept the treatment you offer, they only will truly enjoy the benefit of that care if they feel that their values, desires, and needs were respected when these choices were offered. To show respect for the patients' values, desires, and needs, you must first know what they are. The best way to find out is to ask.

How well you listen to the answers your patients give you also indicates how much respect you have for them. Patients want you to listen, not only to what they say, but to how they feel. Listen to their words and their tone of voice. Pay attention to the body language and the facial expressions. Respond, but do not judge. You may be able to persuade patients to change how they think and feel, but only if they know you respect where they are coming from!

VITAL ELEMENTS:

Open-ended questions, attention to the answers, nonjudgmental attitude.

Who pays your salary? Patients do! That's right, if patients didn't pay for the services you and your staff provide, there would be no money to pay salaries. Since the only way to earn a salary is to serve the patient — and the only way to increase salaries is to better serve patients — it makes sense that any dentist or staff member who cares about their career should be asking, "What kind of service does the patient want?" While the needs of each individual patient varies, five universal factors contribute to offering superior service. Here's what patients expect from a service-oriented office:

"I WANT TO FEEL BENEFITED!"

If I don't feel benefited, I will feel like you offered me only the bare minimum!

Your patients want to feel that you have helped them solve a problem ... that their health and appearance are improved because of your services. They want to feel that their choices were validated and that they received value for their dollar. This means that you must not trivialize patient problems. Never underestimate the value of being taken seriously or having even a minor complaint handled in a caring, professional manner.

Offer extra value in the form of patient comfort, courtesies, and acknowledgements. This might include hand lotion and mouthwash in the restrooms, apologizing if you run behind and patients must wait, or a simple "thank you" for their trust.

VITAL ELEMENTS:

Attention to details, willingness to go above and beyond, willingness to find patient-oriented solutions.

"I WANT TO FEEL IMPORTANT!"

If I don't feel important, I will feel like just one of many faceless patients!

Patients do not want to feel as if they are important only because they pay your salary. They want to feel important because they are unique individuals who you like and care about. Find something about every patient to like. Encourage your patients to feel comfortable chatting with you and make a note of the things they talk about. Read the notes other staff members have written. Remember, you are here to get to know your patients; they are not here to get to know you.

VITAL ELEMENTS:

Interest in patients as unique individuals; inviting them to share the things that are important to them. Keep conversation about yourself to a minimum.



MY AMAZING YEAR WITH CAD/CAM

KATIE MCCANN ,DDS

Just more than a year ago, I envisioned my first year out of dental school to be a challenging one. I was excited to join a private practice, apprentice under an established private practitioner, and begin to master those treatments I learned in dental school — PFM and FGC, amalgams, and the occasional class II composite.

I had never envisioned that I'd be a top-producing CAD/CAM doctor performing treatments I had only read about in dental magazines. Within one year, I have delivered more than 700 CEREC units, grown my practice to more than \$2 million, and expanded my skill set.

Here is how I did it:

I WAS OPEN TO LEARNING

Being fresh out of school, I had not yet developed my trade. I did not have a defined clinical skill set or even know what procedures I liked best. With inexperience to my advantage, I decided to explore CAD/CAM. In school, I was taught to shy away from all-ceramic restorations in the posterior due to possible fractures and poor marginal adaptation; however, this did not keep me from being curious. I dreamed of being able to create a customized result of which I was in complete control in order to deliver the best care for patients. Thus, the total chairside control of CAD/CAM was appealing to me. I discovered that if I properly prepare a tooth to support an all-ceramic restoration, I have the ability to make a perfectly fitting restoration for the patient in less time. Being able to magnify my preparation on a computer screen allows me to see the clarity of margins, the depth of reduction, and the smoothness of prep. If I don't like something, I can change it at that time. Doctors do not have this ability if they send impressions to the laboratory. I

can then design a perfectly contoured restoration using the anatomy of adjacent and opposing teeth. I can try this restoration in the patient's mouth to verify fit. If it is not up to par, I can adjust the prep, images, or design. A lab technician would have to attempt all of this without having such access to the patient. Having total control over my patients' restorations is important to me. CAD/CAM has many training seminars, web videos, and conferences to help train doctors on the equipment. What is even better is that it is run by actual dentists.

SAME-DAY MENTALITY

If a dentist is going to use CAD/CAM, he or she must adopt a same-day mentality; otherwise, the purpose and profitability are lost. This means that if a patient accepts treatment of a CAD/CAM restoration (inlay/onlay/crown), it must be completed the same day. This is a commitment that is difficult for some dentists to make because they fear a failure of the technology. If a dentist is properly trained, these failures can be prevented and fixed.

SAME-DAY DELIVERY

Is better for patients. It allows them to take off less time from work, saves time from their personal lives, and decreases anxiety about coming to the dental office multiple times. Imagine a busy executive who travels out of state every week who breaks a tooth and has to return to the dental office many times because the crown has an open margin or open contact. This patient must return a third time for the same restoration, and now his temporary crown breaks. This does not equate to a happy patient. The benefits of CAD/CAM are obvious. I have had several new patients come to my office from a referral because they have broken a tooth and are leaving town on business that day. A root canal and crown can be completed in less than three hours, so the patient departs happy and restored to health.

PROFITABILITY

CAD/CAM restorations save the office money and increase profitability. Your office will save money by eliminating nonproductive appointments, such as crown deliveries, that use supplies, doctor time, assistant time, and chair time. One hour of my chair time is equivalent to more than \$800. I would much rather be cutting another crown and adding to production than doing a free appointment. Patients see this the same way. A top paid executive's time is worth even more, as is a stay-at-home mother's time who has to pay a babysitter to come to the dentist's office. Fewer appointments mean less people cost, less chair time, and less supplies.

WORK UNTIL THE LAST PATIENT IS TREATED

In order to commit to this same-day mentality, you must be committed to patients and create a clinical culture in your office that puts patients' needs first. If you do this, your patients will never forget and they will be more likely to refer others to your office. Putting your patients' needs first means doing whatever is necessary to complete the treatment the same day. This may mean cancelling a lunch date or an after-work massage. Sometimes, this results in my working 12-hour days. But I have made the commitment that if my office door is open for business I am there for patients. My staff has also embraced this culture. Staff members are more than willing, eager, and excited to start any treatment that a patient wants because they know we are satisfying the patients' needs and improving their health. It is less about the hours we work and more about the positive changes we create in patients' lives. The rewards of this hard work are plentiful. It leads to being able to work fewer days, take more vacations, and enjoy a great lifestyle. More importantly, it allows my staff and me to feel fulfilled because we are improving patients' lives. You will find the same fulfillment.

TRAIN YOUR STAFF

To fully use CAD/CAM and reap the benefits, you must have a completely trained staff. I could not have accomplished 700 units in one year by myself. I had tremendous help from my team. The team begins with my receptionist, who is educated, committed, and excited to tell patients about CAD/CAM. When a new patient calls with a broken tooth, my receptionist is the first to tell the person all of the details and benefits of same-day restorations. When patients come to the office, my assistants immediately begin telling them about the convenient technology we offer. By the time I meet a patient, he or she is committed and excited about the crown in a day. Sometimes, patients tell me horror stories about how their last crown took four weeks and their temporary would not stay on. Once I begin treatment, I need only 10 minutes to prepare a tooth. My assistants can then image and initially design the restoration while I do a quick hygiene check in another room. Once I approve the design, the restoration is milled to completion within eight minutes. We seat the restoration, take a radiograph to confirm marginal seal, make any necessary changes, and cement. That's it. My assistants do more than half of the work because they are properly trained. This allows me to be productive in other places rather than sitting with one patient.

One year ago, I would never have imagined being where I am today. I would never have thought I could do 700 CEREC restorations in one year as a new dentist. There's no secret to my success. Everyone can do it. You just have to be open, committed, and surrounded by a great team.

“ **ONE HOUR OF
MY CHAIR TIME IS
EQUIVALENT TO MORE
THAN \$800.** ”



SIX REASONS WHY PATIENTS ARE DISSATISFIED

GLENN CHRISTENSON DDS

Consumers have higher expectations than ever before. They want more value for the money they spend on services, whether it's going to a restaurant or a dental office. And if they feel they didn't receive the kind of value they expected, they probably won't come back.

In today's fast-paced, uncertain economy, people switch brand allegiances – whether it's a cell phone company, an internet provider, or dental office – much quicker than in the past.

In addition, with fewer people having dental insurance and out-of-pocket costs increasing for those who do, today's consumer is much more critical when it comes to paying for dental care.

This is no longer the insurance company's money or their employer's money – it is their money.

Patient retention is more challenging than ever. Patients have more options than in the past. In a recent survey conducted by the Patient Satisfaction Institute, here are the top six reasons why patients switch dental practices:



1 BAD EXPERIENCE AT THE FRONT DESK

Visiting the dentist isn't anybody's idea of fun. When patients aren't greeted by a warm hello and a smiling face, they will begin to doubt whether they chose the right practice. This is the beginning of the appointment and if it gets off to a bad start, the practice may have sabotaged the rest of the patient's visit.

2 LONG WAIT IN RECEPTION AREA

Time is important. When patients have to wait 10 minutes or longer, they will be upset and frustrated. If the practice is running behind, it's best to let patients know. If the practice is more than 20 minutes behind, give patients the option of rescheduling. At the very least, offer them a beverage. Patients will give you the benefit of the doubt, if you address the problem as soon as possible.

3 UNATTRACTIVE PRACTICE

Have you looked at your practice through the eyes of your patients? Does it have a warm and inviting look? Or does the decor look like a holdover from the 1990s or earlier? The look of your practice is a reflection of the care delivered, at least in the minds of patients. If your practice looks outdated or dingy, the patients will transfer that impression to the type of care they receive as well.



4 CAN'T GET A TIMELY APPOINTMENT

If new patients have to wait weeks before they get an appointment with your practice, they will go elsewhere. Why should they wait when five other practices can see them within 10 days or less? If you can't schedule new patients in your practice within seven days, you need to redesign your schedule – and fast!

5 DOESN'T ACCEPT THEIR DENTAL INSURANCE

People with dental insurance will choose a practice that accepts their insurance. They have an economic incentive to do so. Many practices add and drop different insurance coverages without performing any type of analysis. Before you do so, always consider the impact on your patients.

6 HYGIENIST WHO'S A STABBER

Do you monitor the work of your hygienists? Do you regularly survey patients about their experience? No one wants to go to a hygienist who turns a patient's gums into a pincushion. This type of hygiene appointment reinforces the old-time perception of a dental office as a place where pain is inflicted. You want your practice known for compassionate care – not as a source of unnecessary pain.

MARKETING YOUR PRACTICE IN A DIGITAL AGE: START WITH A WEB PRESENCE

GLENN LOMBARDI, BA

A strong online presence presents an incredible opportunity to market your practice through a variety of web-based mediums, including search engines, social networking, blogging, and patient reviews. With so many steps involved in building a successful website, how can a practice achieve its much needed online presence without exhausting time and resources?

When you work with an expert in dental websites and Internet marketing, you will find that launching an integrated, all-encompassing website and online marketing plan is both an easy and highly effective way to grow your practice.

IF YOU BUILD IT, CAN THEY FIND IT?

Once your website is up and running, make sure potential patients can actually find it when searching for dentists in your local area. One long-term strategy known as local search engine optimization (SEO) should be the cornerstone of any website's marketing plan.

SEO involves optimizing the internal elements of your website, implementing a strong link building campaign through article and press release distributions, submitting your practice to the top online directories, and verifying your Google Place Page. When combined, each of these steps plays a critical role in whether or not your dental practice earns a spot on the first page of major search engines.

Pay per click advertising is another way you can position your site on the search engines. This type of campaign allows you to market specific services/specialties — such as teeth whitening or Invisalign — to prospects outside of your practice's physical location, thus reaching patients in a five-, 10-, or even 50-mile radius of your office.

Through a bid and budget process, results are nearly instantaneous, placing your ad in the sponsored listings at the top and right side of the search engine search results page. Campaign performance can be measured at every step of the process for continual refinement and ROI tracking.

IT'S A SOCIAL WEB — START CONNECTING

Increasingly, popular social platforms such as Facebook and Twitter allow users to easily connect and share in a virtual space. It's a referral network, and with every contact you make via social media, your online presence is exposed exponentially across that individual's network of followers.

Many dental practices recognize the need for a social media presence, but when it comes time to execute a social strategy, the task can be overwhelming. A dental website provider can streamline the process, integrating your entire social network with your website for seamless maintenance.



Post to your blog at least every few weeks to not only keep your entire network fresh, but also to help boost your search ranking. If you don't have time to blog, designate a web-savvy staff member to manage your social media sites, or turn your campaign management over to your website provider. A social networking expert can handle your blog content creation, updating your blog regularly so you don't have to worry about it.

TAKE RESPONSIBILITY FOR YOUR REPUTATION

When it comes to the Internet, your digital footprint may be at risk for harmful reviews, whether you have a website or not. That's because patients are talking about you and your practice on major review sites and directories.

A dental marketing expert can help you implement a technologically advanced solution that allows patients to review you right from your office. Through the dentist's mobile-compatible website, patients have the ability to easily review their dentist from their mobile phone

without having to deal with cumbersome QR codes. With a simple click, patients can populate Google — the most important aggregator of reviews — with positive citations about their dentists.

For less tech-savvy patients, dentists can offer an out-of-office solution that includes simple step-by-step instruction cards that walk patients through the quick review process from their home computers. Generate five or 10 new positive reviews each month. Over the course of a year, you will generate enough positive patient reviews to negate any damaging reviews that will undoubtedly appear from time to time.

“ IF YOU DON'T HAVE TIME TO BLOG, DESIGNATE A WEB-SAVVY STAFF MEMBER TO MANAGE YOUR SOCIAL MEDIA SITES. ”

SOCIAL MEDIA AND NEGATIVITY

KRISTIE NATION

The pastime formerly known as brand bashing has hit the web and exploded, and the ability of anonymous individuals to trash a practice makes many dentists wary of dipping their toes in the social media pool. Unfortunately, ignoring the Internet does not make it go away. Chances are that your practice is already listed in many online directories that scrape data from various sources. People are probably already weighing in with their opinions.

There are four main truths you need to accept so you can turn social media into a tool instead of allowing it to be used as a weapon against you.

WHY NEGATIVITY CANNOT BE PREVENTED?

- ▶ **YOU CANNOT CONTROL WHAT PEOPLE POST ABOUT YOU ON THE INTERNET.**
- ▶ **NEGATIVITY HAPPENS SINCE YOU CANNOT PLEASE 100% OF THE PEOPLE 100% OF THE TIME.**
- ▶ **NEGATIVITY CAN BE A POSITIVE IF YOU HANDLE IT IN A POSITIVE MANNER.**
- ▶ **SOCIAL MEDIA CAN BE ONE OF THE MOST POWERFUL TOOLS FOR BRAND PROMOTION AND REPUTATION MANAGEMENT AT YOUR DISPOSAL.**

Not having an online presence is like having a blank credit report. If a potential lender does not know how you deal with debt, how does the lender know you are trustworthy?

If a potential patient does not know how you handle issues with patients, how does the patient know he or she will be treated well? A patient complaint on your Facebook or Twitter pages gives you the opportunity to show just how concerned you are with patient care

and satisfaction. There are four things you have to do when dealing with negativity online to turn such situations to your advantage.

HOW TO DEAL WITH NEGATIVITY?

- ▶ **DO NOT SPOUT OFF IN THE HEAT OF THE MOMENT, REACT IN ANGER OR WITH HURT FEELINGS, OR GO ON THE ATTACK.**
- ▶ **REACT AS SOON AS POSSIBLE AFTER YOU HAVE HAD A CHANCE TO REVIEW THE COMMENT AND COME TO A CALM, LOGICAL COURSE OF ACTION.**
- ▶ **APOLOGIZE. WHETHER OR NOT THE COMPLAINT IS LEGITIMATE, OFTEN ALL THE OTHER PERSON WANTS IS FOR HIS OR HER FRUSTRATION TO BE ACKNOWLEDGED.**
- ▶ **OFFER TO HELP IN ANY WAY YOU CAN, AND PRESENT THE PERSON WITH AN OPTION TO CONTACT YOU PRIVATELY.**



A public apology and offer to make everything right is the quickest way to defuse a negative situation. If all a patient wants is attention, you can easily give that to the person via personal message, email, or a phone call without a huge public display.

If the last post to the Facebook comment or reply to a Tweet is your calm, concerned offer of help, the public will view you as compassionate and willing to bend over backwards to make things right.

You should choose your battles carefully. If someone makes an offensive comment about your race, ethnicity, or gender, 99% of people reading the post will think the person is a bigot. In many cases, people will do the work for you by crying shame on the aggressor. You do not need to respond to posts such as this.

If your ethics or the professionalism of your practice is

called into question, a basic apology for whatever made the commenter upset, followed by a request for more information so you can rectify the issue, is a professional way to deal with and defuse the situation.

No one is perfect, and there may be times when you are at fault. If a patient has a specific complaint, respond quickly and decisively, and fix the problem. If you can satisfy the patient, he or she may be willing to update comments made and praise you for your quick action and attention to detail.

Social media is a conversation. If you do not participate, you cannot direct the conversation. This is what brand reputation is about. Your practice needs you to take a proactive stand, and allow members of the community to interact with you on a one-on-one basis.

Your base of patients, along with

their friends and families, are your best source of feedback and data about the practice. When you put yourself out there honestly and are not afraid to deal with occasional negativity, you will be afforded the opportunity to make a difference in the way the public perceives you. Don't miss out on the chance!

” **YOUR BASE OF PATIENTS, ALONG WITH THEIR FRIENDS AND FAMILIES, ARE YOUR BEST SOURCE OF FEEDBACK** “

A portrait of an older man with short, light-colored hair, smiling. He is wearing a blue button-down shirt and a red and blue striped tie. His arms are crossed, and he is wearing a gold watch on his left wrist and a gold ring on his right hand. The background is white.

ASK: THE PROFESSOR

GORDON J. CHRISTENSEN, DDS, MSD, PHD

TREATING PATIENTS
WHO HAVE MINIMAL
ABILITY TO PAY

Q

I HAVE MANY PATIENTS WHO BEFORE THE RECESSION

could afford to pay for crowns or other expensive dentistry, but they are now unable to do so. What can be done for these people, since we hope they will eventually be able to afford dental treatment again, and we do not want to extract their teeth?

A

The situation you described is always present, whether there's a recession or not. Some patients cannot afford a dental care, but they want to retain their teeth. I've always had many patients with financial challenges, as do most dentists. There are ways to help these patients. They are usually very grateful at the time of treatment, and many in my practice have become long-time, normal patients as they have become more financially stable.

The first and probably most important step is to take care of the emergency treatment as soon

as possible, removing obviously destroyed teeth, placing temporary restorations in salvageable teeth, and accomplishing whatever emergency periodontal treatment is necessary. If this preliminary treatment necessitates removal of teeth in esthetically sensitive locations, inexpensive removable partial dentures (flippers) should be placed to allow a patient to appear as normal as possible. At this point in the treatment, the patient's oral condition should not have any emergency needs, the person should not be in a painful state, and you should have provided the treatment as inexpensively as possible.

The second step, just as important as the first step, is to get the patient started on a preventive program that

will maintain the treatment as long as possible. The new preventive orientation will allow the person to recover from the financial challenge of the emergency treatment, and to save funds for future and longer-lasting treatment. What preventive treatment is desirable for such patients?

Most of these patients have not developed oral hygiene or dietary habits that are conducive to low dental caries rates. However, all of us know that changing the behavior of an adult is almost impossible. Preventive measures that do not require major behavior changes are the most successful. What does that mean?

Most people brush their teeth at least once a day using the most



FIG. 1 — The lesion, before any treatment, was questionably into the pulp. On completing the procedure, a pulp exposure was avoided.



FIG. 2 — Remove the peripheral carious tooth structure, leaving the deepest portion of caries and avoiding a pulp exposure.



FIG. 4 — Glutaraldehyde containing solution is placed on the remaining discolored, hardened, various tooth structure for two 1-minute applications. (Micro Prime G from Danville materials)



FIG. 3 — Some discolored, hardened, and carious material may remain in the tooth preparation.



FIG. 5 — A resinmodified glass ionomer liner (Vitrebond Plus, Fuji Lining LC, or other material) is placed over the deepest portions of the tooth preparation

popular and readily available toothpastes that contain about 1,000 ppm fluoride ions. These toothpastes are only moderately effective in reducing dental caries. Get patients to use more effective preventive toothpastes containing 5,000 ppm fluoride, which are proven to further reduce or even eliminate additional dental caries. Examples are PreviDent 5000 from Colgate, and ClinPro 5000 from 3M ESPE. These stronger toothpastes are a bit expensive, and in most countries require a prescription. I suggest that you buy the toothpastes in quantity and provide them to your high caries patients at your cost or a slight profit. Now, you have NOT changed their tooth brushing behavior, but you have provided more effective caries control for them at slightly more cost. Suggest that their most

important brushing time should be just before bedtime to allow the toothpaste residue to rest on their teeth during the night.

Of course, flossing should also be encouraged and demonstrated to patients. However, it's doubtful that flossing will be accepted by patients who were not flossing before.

I suggest that you also make some simple dietary recommendations that have been well proven over the past several decades. These should not require major behavior changes or patients will not follow them. Examples are:

- Reduce sticky, sugary foods.
- When eating sticky, sugary foods, eat them all at once, preferably at mealtime, rather than eating them over a prolonged period of time. Frequent eating of these high

caries promoting foods allows them to remain on the teeth longer and does not let the mouth recover from the sugar saturation.

- Clean the sticky food debris from the mouth immediately after eating it.

- When eating sugar-rich foods, do so at meals instead of between meals to reduce sugar saturation on the teeth.

- Reduce high sugary sodas or fruit juices.

- When drinking high sugary sodas or fruit juices, drink them

all at once rather than sipping them over a period of time.

- Use high fluoride toothpastes.

- Never skip brushing the teeth just before bedtime or any other times during the day that you normally brush. Debris that has been on teeth more than 24 hours has been proven to be destructive.

At this point in the treatment, patients should be able to begin a slow and relatively inexpensive way to restore the teeth that had provisional restorations placed in them. Although the carious lesions are large and would be better restored with crowns, consider the following procedure due to the patient's financial limitations. Use build-up techniques on the affected teeth with conventional esthetic restorative materials instead of the relatively unesthetic typical build-up resin-based composites. Most

patients have dental benefit plans. Bill these restorations as build-ups (code 2950), not as final restorations. When a patient has adequate financial ability, crowns should be done. The following images show a patient with limited finances but a strong desire to retain her teeth. The crowns present in the quadrant placed by a previous dentist show that the patient at one time had adequate finances for crowns. The technique for building up restorations to restore deep carious lesions follows:

You and I recognize that in this strained financial time many patients do not have the financial resources to proceed with expensive options. Recently we made a video showing how patients with limited financial resources could afford to have oral rehabilitation spread out over several years. I have done this hundreds of times to allow such people to have the benefits of modern dentistry in spite of their financial limitations.

To summarize my answer, there are well proven ways to treat patients with limited financial resources. I have provided my suggestions concerning how to accommodate such patients and still retain many of their teeth.

I strongly feel that there are more patients in this category than in the financially affluent category, and that it is our professional responsibility to offer affordable plans for them.

I wish you success in initiating this concept into your practice.

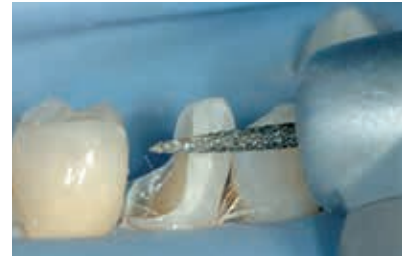


FIGURE 6: Written off by 1mm over the entire surface of the port.



FIGURE 7: Restoration after finishing it.



FIGURE 8: Restoration after eight years remained asymptomatic and remained acceptable appearance, can now receive his crown, if necessary, can also retain the same restoration, and here we find that, unfortunately, this patient still does not have adequate material resources to do so.

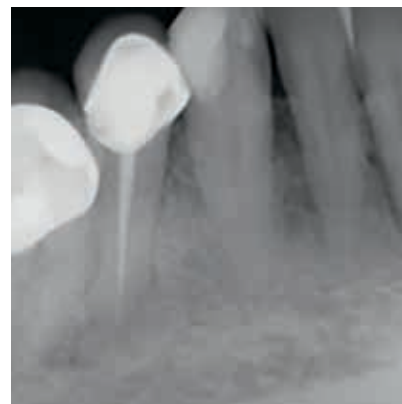


FIGURE 9 : 8 years after treatment.



COMPUTER-AIDED PERIODONTAL
DISEASE PROBING

THE FLORIDA PROBE PROTOCOL

MARWAN ABOU-RASS, DDS, MDS, PH.D

NEW TECHNOLOGIES

During the past two decades, the profession of dentistry has witnessed the introduction of many computer based technological innovations into patient care. In spite of financial and logistical costs of the acquisition, operation and maintenance of these technologies, the advantages outweigh the shortcomings.

Once the clinician and the dental team become well versed in the use of these technologies, one should expect the following benefits.

- Safe and predictable treatment results.
- Time-saving for both the dental practice and the patient.
- Facile performance.
- Reduction of treatment complications.
- Increased patient acceptance of treatment plans.
- Positioning the practice for better marketing, growth and development.
- Increased efficiency.
- Increased productivity.

A brief review of these new computer based innovations in clinical dentistry shows the following:

- Digital radiology and CBCT have replaced conventional radiology.
- Guided implant surgery has simplified and increased the safety and productivity of implant dentistry.
- CAD-CAM dentistry is becoming the gold standard of restorative and prosthetic dentistry and it is predicted that digital impression will replace traditional impressions in all fields of dentistry.
- In Orthodontics, the 3D ClinCheck has made the Invisalign system the "gold standard" in adult orthodontic treatment.
- In Endodontics, automated canal preparation has already replaced the "gold standard" manual canal preparation method.

This review will introduce the Florida Probe Protocol. One operator is only needed to operate the computer-aided periodontal probing system. The pre-programmed, standardized, automated, disposable headpiece probing-tips have replaced the need for conventional, manual periodontal probing. Periodontal disease pocket depth measurements are accurately, easily and safely obtained. The measurements are announced through automated voice technology and printed in the patient periodontal chart. With this technology, Whole Mouth Periodontal Probing could become a clinical routine in every dental practice.

NEW CLASSIFICATIONS

The Periodontium are the tissues that invest, or help to invest, and support the

teeth. It is comprised of the following tissues:

- The gingiva (free gingivae and attached gingivae)
- The periodontal ligament (PDL)
- The root cementum cellular and acellular
- The alveolar bone, the bundle bone (proper) and the alveolar process.

In this review, the term "Periodontal" is used synonymously with the term Periodontium.

The current classification for periodontal diseases was developed in 1999 at the International Workshop for Classification of Periodontal Diseases and Conditions⁽¹⁾. It is more clinically oriented and comprehensive than the traditional periodontal disease classification (Figure 1).

There are many advanced periodontal diagnostic methods available to periodontal researchers and clinicians, such as: Microbiologic analysis, Immunodiagnostic methods, Enzyme linked immunosorbent assay (EISA) and Molecular biology DNA & RNA. Clinically speaking however, 1- Full Mouth Periapical Radiographic Series; and 2- Whole Mouth Periodontal Probing of the patient dentition, remain the international standard for periodontal disease assessment in clinical dentistry.

1. FULL MOUTH PERIAPICAL RADIOGRAPHY SERIES (FMX)

An excellent quality FMX series is recommended for accurate radiographic assessment of the dentition prior to periodontal probing. Orthopantomography (OPG) is not recommended. Although

Figure 1

INTERNATIONAL WORKSHOP FOR CLASSIFICATION OF PERIODONTAL DISEASES AND CONDITIONS⁽³⁾

(ANON 1999)⁽¹⁾

GINGIVAL DISEASES

CHRONIC PERIODONTITIS

AGGRESSIVE PERIODONTITIS

PERIODONTITIS AS A MANIFESTATION OF SYSTEMIC DISEASES

NECROTIZING PERIODONTAL DISEASES

ABSCESSSES OF THE PERIODONTIUM

PERIODONTITIS ASSOCIATED WITH ENDODONTIC LESIONS

DEVELOPMENTAL OF ACQUIRED DEFORMITIES AND CONDITIONS

periapical radiography has many limitations in depicting the 3D size, extent, and location of the dento-alveolar pathology, it remains better than the OPG, for radiographic assessment of the minute changes in the cementum, dentine, periodontal ligament space and pulp cavities outlines. Special attention should be given to horizontal, angular and vertical osseous defects and alveolar bone changes. The availability of recent FMX in

¹ Anon (1999) 1999 International Workshop for a Classification of Periodontal Diseases and Conditions. eds. Caton, J.G. & Armitage, G.C. (Vol. 4), pp. 1-112. Oak Brook, Illinois: Annals of Periodontology

Figure 2

	MEAN MINIMUM PROBING FORCE (G FORCE)	MEAN MAXIMUM PROBING FORCE (G FORCE)	MEAN ABSOLUTE RANGE (G FORCE)
Periodontists	18.08 ± 1.84	55.00 ± 7.82	36.92 ± 6.90
General Dentists	19.33 ± 3.38	75.67 ± 9.17	56.34 ± 7.92
Dental Students	27.67 ± 3.51	66.33 ± 6.77	38.66 ± 4.29
Dental Hygienists	16.67 ± 1.05	59.33 ± 5.34	42.66 ± 5.04

Mean Minimum, Mean Maximum and Mean Absolute Rang of Probing Force (Maximum Force Minus Minimum Force) of the Four Clinician Groups

the patient treatment record is essential to assist the clinician in the probing process and make radiographic comparisons of periodontal disease progression or regression.

2. WHOLE MOUTH PERIODONTAL PROBING

The main criteria for periodontal disease involvement are:

- Formation of Periodontal pocket
- Periodontal attachment loss
- Bleeding on probing
- Tooth mobility
- Gingival recession
- Furcation involvement

Whole Mouth Periodontal probing protocol (WMP) is considered the gold standard ⁽²⁾ of all periodontal probing protocols. It is used for the assessment and measurement of these criteria.

WMP requires time, skill and patient cooperation. To reduce stress associated with WMP, researchers substituted WMP

with partial recording protocols (PRP), such as:

1. A sampling of teeth is used, such as Ramfjord Teeth: 16, 12, 24-36, 41, 44
2. Quadrant probing ⁽³⁾
3. Half mouth probing ⁽⁴⁾
4. Periodontal Screening and Recording index (PSR); A probing test recommended by the American Dental Association and the American Academy of Periodontology for the early detection of periodontal diseases and as a screening method for whole mouth probing.

Studies have shown that whole mouth probing protocols are still the gold standard as their results are more accurate, valid and less bias than partial recording protocol results. Furthermore, studies have also shown that PRP have resulted in a significant 19%-50% underestimation of periodontal disease prevalence.⁽⁵⁾ Some authors therefore recommend the addition of an inflation factor to the results of epidemiological studies that used partial recording protocols ⁽⁵⁾.

Manual periodontal probing itself has many shortcomings that may seriously influence the examination results and diagnosis. Some of these problems are inherent errors in the periodontal probe designs, while others in the method of probing itself. The human, or the examiner, factor is perhaps one of the most significant error factors. Studies have shown significant differences in the averages of probing forces used by different clinicians (figure 2) ⁽⁶⁾:

- Periodontists
36.92 ± 6.90 grams
- General Dentists
56.34 ± 7.92 grams
- Dental Students
38.66 ± 4.29 grams
- Dental Hygienists
42.66 ± 5.04 grams

According to Lang and Lindhe ⁽⁷⁾, there are other errors such as:

- Thickness of the probe tip

² Beck JD, Caplan DJ, Preisser JS, Moss K. *Reducing the bias of probing depth and attachment level estimates using random partial-mouth recording*. Community Dent Oral Epidemiol 2006; 34:1-10 @ Blackwell Munksgaard, 2006

³ Peres M.A., Peres K.G., Cascaes A.M., Correa M.B., Demarco F.F., Hallal P.C., Horta B.L., Gigante D.P. and Menezes A.B. *Validity of Partial Protocols to Assess the Prevalence of Periodontal Outcomes and Associated Sociodemographic and Behavior Factors in Adolescents and Young Adults*. J Periodontol 2012 Mar;83(3):369-78.

⁴ Owens JD, Dowsett SA, Eckert GJ, Zero DT, Kowolik MJ. *Partial-mouth assessment of periodontal disease in an adult population of the United States*. J Periodontol 2003 Aug;74(8):1206-13

⁵ Susin C., Kingman A., Albandar JM. *Effect of partial recording protocols on estimates of prevalence of periodontal disease*. J Periodontol 2005 Feb;76(2):262-7.

- Variance in the graduation scale
- Lack of instrument design standardization
- Lack of reproducibility of probing force, entry angulation and same site re-entry
- The examiner bias and tendencies
- The degree of inflammatory cell infiltration in the soft tissue and the accompanying loss of collagen.⁽⁷⁾

COMPUTER-AIDED PERIODONTAL PROBING DEVELOPMENT

To remedy these problems, many developments and changes have taken place on periodontal probing instruments design and procedures throughout the past 100 years⁽⁹⁾ including the utilizations of:

- Conventional probes
- Pressure sensitive probes
- Electronic or automated probes
- Three-dimensional probes
- Ultrasound waves probes

Clinically speaking, the most significant development occurred in 1979 when the National Institute of Dental and Craniofacial Research (NIDCR) issued a request for a proposal (Figure 3)⁽⁸⁾ to develop and clinically test an improved periodontal pocket depth-attachment level measurement system that had to meet the following criteria:

- A precision of +/-0.1mm
- A range of 10mm
- Constant probing force
- Non-invasive, light-weight for comfort over an extended period of time and easy to learn to use
- Able to access any location around all teeth
- A guidance system to ensure the measurement is taken from the same part of the sulcus each time (desirable , but not mandatory).
- Complete sterilization of all portions entering or near the mouth. Cold

sterilization is not acceptable.

- No biohazard from materials or electric shock.

- Digital output.

NEW PROBE

In 1988, after ten years of research and development in the Periodontal and Bioengineering research, the computer-aided periodontal probe became available for clinical use and testing.

All the criteria requested by NIDCR were met and incorporated into the Florida Probe design.⁽¹²⁾ During the past two decades, computerized probing has been heavily used in private practice clinics and supported by evidence-based research^(10, 11). The feedback obtained from periodontists, general dentists, dental hygienists and dental researchers whom heavily used the Florida Probe in patient care has confirmed all the benefits of the new technologies listed in the introduction of this review. Additionally, the feedback reported the following important advantages:

1. Constant point of reference for probe tip insertion. The free gingival

Figure 3

NATIONAL INSTITUTE FOR DENTAL AND CRANIOFACIAL RESEARCH (NIDCR) CRITERIA		
LIMITATION	CONVENTIONAL	NIDCR CRITERIA
Precision	mm 1	mm 0.1
Range	mm 12	mm 10
Probing Force	Nonstandardized	Constant
Applicability	Noninvasive	Noninvasive
Reach	Easy to access	Easy to access
Angulation	Subjective	Guidance system
Readout	Voice dictation and recording	Direct Electronic reading
Security	Easily sterilized	Complete sterilization

⁸ Freed HK, Gapper PL, Kalkwarf KL. *Evaluation of periodontal probing forces*. J Periodontol. 1983 Aug; 54(8):488-92.

⁷ Niklaus P. Lang and Jan Lindhe (Editors). *Clinical Periodontology and Implant Dentistry*. Fifth Edition 2. 2008 by Blackwell-Munksgaard. pp.577-580.



The disposable handpiece.

margins are used as a constant measurement reference for probe tip insertion instead of the hidden, difficult to locate, sub-gingival Cemento-Enamel Junction (CEJ).

2. Automated voice call-out of the measurement of the sulcus or pocket depth instead of the clinician attempting to locate, read and calculate the depth of the pocket on a conventional probe.

3. Once the probe tip is inserted in the sulcus/pocket and is at the gingival margin reference, and the system is activated, the numerical measurement is called out in English, appeared on the system screen and recorded on the periodontal chart.

4. The collected data of the examination and probing measurements are digitally stored, thus can be emailed to other doctors, insurance carriers, and patients. They provide the comprehensive, documented periodontal charts that become an essential part of the patient dental record. **This is very important if the practice required legal evidence of the practice's compliance with the current standards of care. The patient diagnosis sheet can also be used as a treatment consent form (Figure 5).**

5. The periodontal chart lists all the parameters of the periodontal disease

using specific color-coded elements, symbols and drawings such as: pocket depth, bleeding, suppuration, recession, hyperplasia, furcation, plaque, mobility, missing teeth, MGJ, attached gingival level, and risk factors (Figure 4).

6. Standardization of the probing force, (15 g) and accuracy (0.1 mm) make it possible for only one examiner to use the system. The constant 15-gram probing force provides consistent pocket-depth measurement results regardless of who is performing the probing procedure. Therefore, it is no longer necessary to have an assistant to record the numbers manually.

As to the shortcomings of the Florida Probe, one can cite the loss of tactile sensation. This can be remedied by the deactivation of the handpiece mechanism and using the handpiece tip as a probe. Another problem is the tendency to use the Florida Probe technology without proper training. It has been estimated that a full day of training or using the system on ten patients is necessary to develop the skills and gain proficiency in the system's use.

NEW PROTOCOL

The Florida Probe should not be considered a device or instrument for periodontal pocket depth measurement.

The Florida Probe is a complete patient examination, assessment, education and health promotion system. The high-impact, technologically advanced, examination environment offers the patient a new dental appointment experience that makes it possible to diagnose, educate, motivate and enhance patient acceptance and compliance with the proposed treatment. The patient should know that accurate and detailed diagnostic information must be collected in order to provide quality care. This information can only be obtained through a series of tests and data gathering procedures which must include the following:

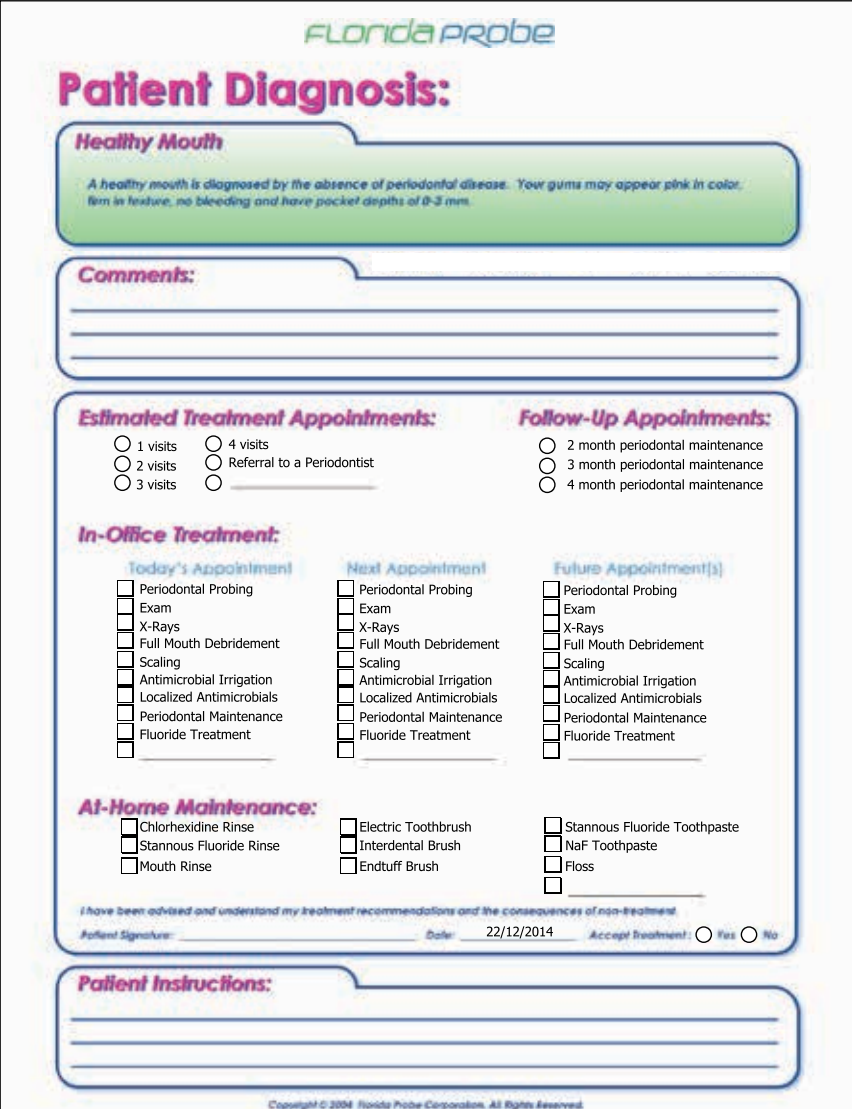
1. FMX periapical radiographs series.
2. Full mouth charting of the patient dentition condition.
3. Whole mouth periodontal probing documented in a periodontal chart
4. Treatment progress notes showing evidence of informing the patient of his/her dental problems, treatment options, prognosis, patient consent to the treatment, or refusal.

The American Academy of periodontology estimates that 73% of dental practices do not diagnose periodontal disease. The American Dental Association indicates that 50% of dental

⁸ Ramachandra SS, Mehta DS, Sandesh N, Baliga V, Amarnath J. *Periodontal Probing Systems: A review of available equipment*. Compendium March 2011, Volume 32, Issue 2.

⁹ Arthur F. Hefti. *Periodontal Probing*. Critical Reviews in Oral Biology & Medicine 1997;8:336-356.

Figure 5



FLORIDA PROBE

Patient Diagnosis:

Healthy Mouth

A healthy mouth is diagnosed by the absence of periodontal disease. Your gums may appear pink in color, firm in texture, no bleeding and have pocket depths of 0-3 mm.

Comments:

Estimated Treatment Appointments:

☐ 1 visits ☐ 4 visits
☐ 2 visits ☐ Referral to a Periodontist
☐ 3 visits ☐ _____

Follow-Up Appointments:

☐ 2 month periodontal maintenance
☐ 3 month periodontal maintenance
☐ 4 month periodontal maintenance

In-Office Treatment:

Today's Appointment	Next Appointment	Future Appointment(s)
<input type="checkbox"/> Periodontal Probing	<input type="checkbox"/> Periodontal Probing	<input type="checkbox"/> Periodontal Probing
<input type="checkbox"/> Exam	<input type="checkbox"/> Exam	<input type="checkbox"/> Exam
<input type="checkbox"/> X-Rays	<input type="checkbox"/> X-Rays	<input type="checkbox"/> X-Rays
<input type="checkbox"/> Full Mouth Debridement	<input type="checkbox"/> Full Mouth Debridement	<input type="checkbox"/> Full Mouth Debridement
<input type="checkbox"/> Scaling	<input type="checkbox"/> Scaling	<input type="checkbox"/> Scaling
<input type="checkbox"/> Antimicrobial Irrigation	<input type="checkbox"/> Antimicrobial Irrigation	<input type="checkbox"/> Antimicrobial Irrigation
<input type="checkbox"/> Localized Antimicrobials	<input type="checkbox"/> Localized Antimicrobials	<input type="checkbox"/> Localized Antimicrobials
<input type="checkbox"/> Periodontal Maintenance	<input type="checkbox"/> Periodontal Maintenance	<input type="checkbox"/> Periodontal Maintenance
<input type="checkbox"/> Fluoride Treatment	<input type="checkbox"/> Fluoride Treatment	<input type="checkbox"/> Fluoride Treatment

At-Home Maintenance:

<input type="checkbox"/> Chlorhexidine Rinse	<input type="checkbox"/> Electric Toothbrush	<input type="checkbox"/> Stannous Fluoride Toothpaste
<input type="checkbox"/> Stannous Fluoride Rinse	<input type="checkbox"/> Interdental Brush	<input type="checkbox"/> NaF Toothpaste
<input type="checkbox"/> Mouth Rinse	<input type="checkbox"/> Endtuff Brush	<input type="checkbox"/> Floss

I have been advised and understand my treatment recommendations and the consequences of non-treatment.

Patient Signature: _____ Date: 22/12/2014 Accept Treatment: ☐ Yes ☐ No

Patient Instructions:

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disease. Except for abscesses of the Periodontium; all periodontal disease classifications are painless. Patients do not seek periodontal treatment because they know dentistry only thru the toothache and/or aesthetic dentistry models.

The introduction of computer-aided periodontal probing in the general dental practice will reduce the time and stress that has been associated with traditional manual periodontal probing of the whole mouth. It will also change the patient attitude towards their oral/periodontal health.

Patients will become more involved in the examination of their mouth and teeth. Especially when they listen to the voice call-out and the verbal warning of deep pockets, bleeding, suppuration, etc. and receive a copy of their mouth periodontal chart to discuss with their family, they become more aware, involved and interested to follow-up treatment and comply with the clinician instructions and recommendations.

The Florida Probe protocol can be used to provide a new chargeable, comprehensive, preventive diagnostic service. This service can be offered to the patients as an independent separate fee service or in the preparation for comprehensive dental care cases.

Accurate whole mouth periodontal probing measurement could become a clinical routine in every dental practice. Thus, changing the attitudes of the patients about periodontal probing and help clinicians in fulfilling their professional, ethical and legal obligations in providing their patients with the optimal health care.

practices diagnosing periodontal disease do not probe on a regular basis.

Whole mouth periodontal probing protocols are not performed routinely in dental practices. Perhaps because of the time required to perform the probing procedure and the associated stress. In most dental practices, periodontal probing is performed either partially or when there is a periodontal related emergency. Spot

probing of a single tooth or a single root surface is a very common procedure in dentistry.

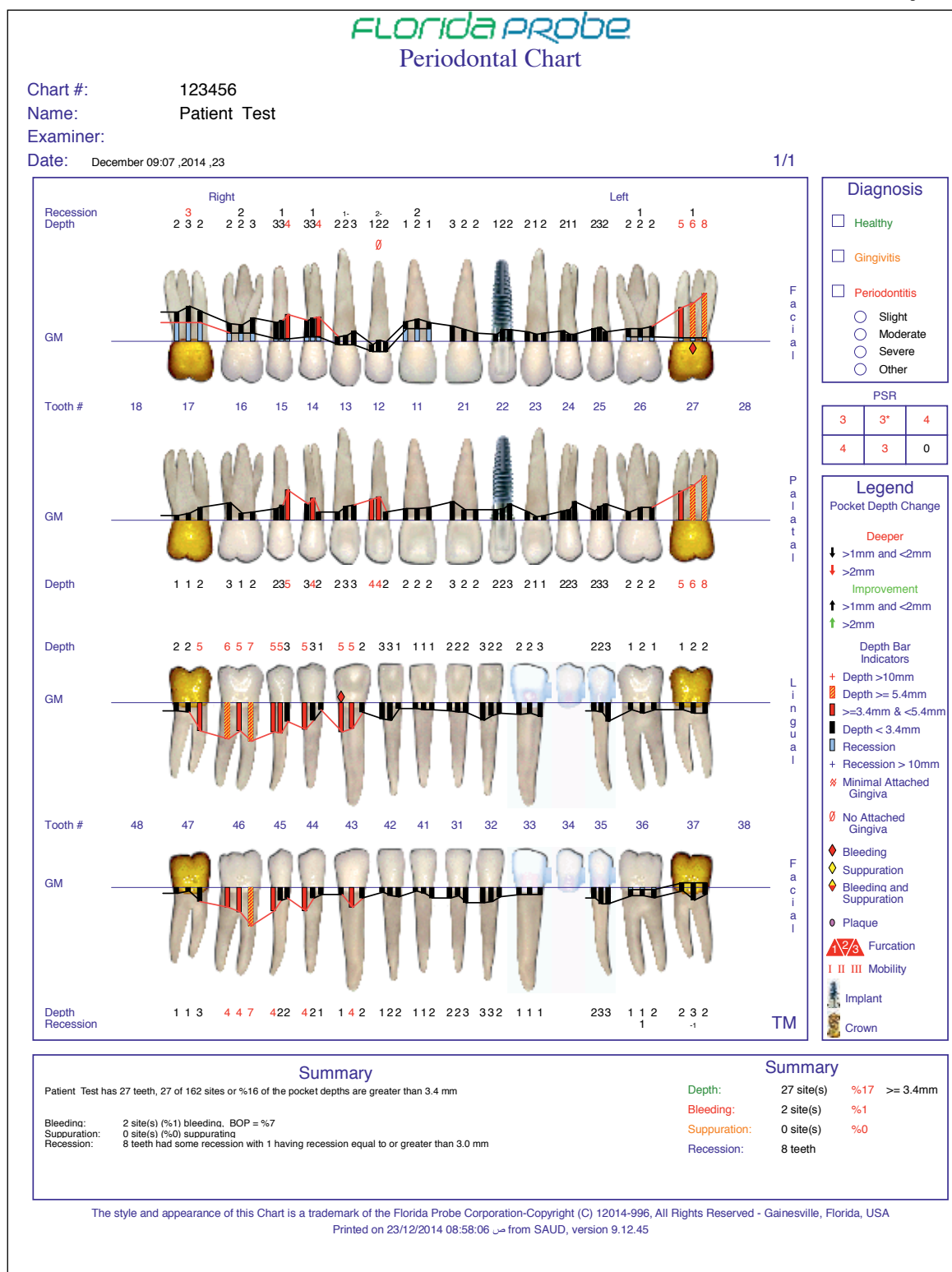
Dentists do not focus their examinations searching for periodontal disease as they do searching for dental caries or defective restorations margins. Another reason for not diagnosing and treating periodontal disease is the asymptomatic nature of periodontal

¹⁰ Marks RG, Low SB, Taylor M, Baggs R, Magnusson I, Clark WB. *Reproducibility of attachment level measurements with two models of the Florida Probe*. J Clin Periodontol. 1991 Nov; 18(10):780-4.

¹¹ Maj Nitin Gupta, Col S.K. Rath, Maj Parul Lohra. *Comparative evaluation of accuracy of periodontal probing depth and attachment levels using a Florida Probe versus traditional probes*. Medical Journal Armed Forces India. Published online 24 October 2012

¹² Gibbs CH, Hirschfeld JW, Lee JG, Low SB, Magnusson I, Thousand RR, Yerneni P and Clark WB. *Description and clinical evaluation of a new computerized periodontal probe - The Florida Probe*. J Clin Periodontol 1988; 15:137-144.

Figure 4



10

DAILY PRACTICE STATISTICS EVERY DENTIST SHOULD REVIEW

THEODORE C. SCHUMANN, CPA, CFP

While most dentists really enjoy the clinical side of their practice, many find the business side frustrating. I have long felt that dentists underestimate their ability to run their business effectively. We find the happiest and more successful dentists have learned to enjoy both the clinical and business parts of their practice.

Managing your business is much easier with good systems in place to monitor key areas. You can accomplish this by developing a daily flash report. Here are my recommendations for the 10 daily practice statistics:

1

OVER-THE-COUNTER COLLECTION PERCENTAGE

Over-the-counter collection percentage represents a good way to track how well your front desk collects the co-pays. Over-the-counter collections refer to the portion of your fee that you collect from today's patient today. This should be about 35% of the day's production.

3

NUMBER OF NEW PATIENTS SEEN

Statistics tell us that the average practice may lose as much as 10% of its patient base through normal attrition. We recommend that the practice set a goal of 15% growth in order to achieve actual growth. If your practice accepts any discount type of plans you should track the breakdown of those plans vs. fee-for-service.

2

NUMBER OF CANCELLATIONS OR NO-SHOWS

Many times we will hear from a dentist that they have a high no-show or cancellation rate. Often, upon investigation, we will find no real statistics but rather a feeling by doctor or staff. It is essential to track these numbers rather than guess.

4

RATIO OF TREATMENT PRESENTED VS. TREATMENT ACCEPTED

Perhaps one of the most important numbers you can track in your practice is the ratio between treatment presented and treatment accepted. By getting solid information on the amount of treatment accepted, we can identify whether doctor or staff needs to improve their treatment presentation skills. A good benchmark is an acceptance ratio of 70% to 90%.



BANK DEPOSITS



HOURLY REVENUE



EMPTY TIME



COLLECTIONS



TELEPHONE STATISTIC MONITORING

5

**DOCTOR AND HYGIENE
PRODUCTION PER HOUR**

One of the key numbers a doctor should track is his or her own production per hour. If your practice accepts discounted fee programs, it is a good idea to calculate both the gross production per hour and the net production per hour. The clients I work with average about \$375 per hour with about 20% achieving over \$500 per hour. In a typical practice, an increase of \$50 per hour for the doctor represents about a \$73,000 increase and additional profit of about \$60,000! Similarly, the doctor should monitor the hygiene production per hour. The average per hour we see is about \$100.

6

**NUMBER OF PATIENTS
SEEN EACH DAY**

The number of patients seen each day by both doctor and hygienist should be monitored. The ideal for the doctor is eight to 12 patients. It is also a good idea to monitor patients who left without scheduling their next appointment.

7

**RATIO OF UNSCHEDULED
UNITS FOR DOCTOR
AND HYGIENE TO
TOTAL AVAILABLE**

By tracking this statistic, we can determine how efficiently we are scheduled. In today's economy, many practices have surplus capacity resulting in an overstaffed practice.



NEW PATIENTS DAILY



NEW PATIENTS

PRODUCTION STATISTICS
RECORDING

0

CANCELLATIONS

70-90%

TREATMENT ACCEPTANCE RATE

8

PRODUCTION ADJUSTMENTS

The dentist should always have a handle on the amount and type of production adjustments made in the practice. You want to pay particular attention to the write-downs. Make it a habit to ask frequent questions of your front desk staff regarding adjustments.

9

NUMBER OF NEW-PATIENT PHONE INQUIRIES COMPARED TO APPOINTMENTS SET

One activity measure that tells a lot about the effectiveness of your advertising and marketing is tracking the number of new-patient phone inquiries compared to number appointed. We frequently see front desk staff using ineffective techniques, limiting the number of new patients appointed.

10

FUNDS DEPOSITED IN THE BANK COMPARED TO DAY SHEET

Tracking deposits is a good deterrent to embezzlement. Your staff should print off the day sheet for you to take home. This lets them know you are engaged in the finances of your practices.

These statistics, collected by your staff and reviewed by you in a matter of a few minutes, will put you in the habit of keeping a close eye on some very important key numbers.



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