Finances Go BAM!
Taming your fiercest foe.

The Identify-Diagnose Approach
How to implement this production partnership.

Financial Coordinator
To the Rescue!
Help patients find the money to pay for treatment.

ADA Humanitarian Award winner shares his story and tips. pg. 36
EDITOR’S COMMENTARY ■ DR. DICK BARNES, D.D.S.

Use Them to Change Your Practice!

Emily Dickinson, the nineteenth-century American poet, reportedly once wrote, “I know nothing in the world that has as much power as a word.”

I am a big believer in the power of words, especially words that help patients understand the power of dentistry to change lives. Fortunately, early in my career I stumbled upon what I think are the three most powerful words that a dentist can use to engage patients during a case presentation. I have used these words to great effect in my own career and I have taught thousands of dentists how to use them in their practices, too.

So without any further ado, the three most powerful words in dentistry are... "Let’s do this."

Disappointed? Surprised? Confused? Don’t be. I’ll explain why these three words are so important. However, before I do, I want to make sure we’re on the same page as far as a key principle of dentistry is concerned—comprehensive dentistry. This term is often misunderstood and misquoted and it’s crucial to fully understand. Otherwise, the words, “let’s do this” lose their power.

Comprehensive Dentistry, Defined

Many dentists believe that they are offering comprehensive dentistry to their patients simply by offering the industry-accepted standard of care. The term comprehensive dentistry has become like the phrase cosmetic dentistry—brochure words that dentists utilize for advertising because that is how dentistry is marketed to the public. Most dentists say they offer “it.” Patients know that “it” is probably a good thing if insurance will cover “it.” But no one really knows what “it” is.

Such phrases have become clinical clichés that have no real meaning other than being part of the “white noise” of dental marketing. The tragedy is that these phrases (especially “comprehensive dentistry”) actually have a profound significance to doctors who seek to understand their deep meaning. Our colleagues in the medical field have done a far better job of making a comprehensive approach an essential part of their model of care. You will never hear a cardiovascular surgeon present a quadruple bypass in stages or a single stent, simply because the doctor assumes the patient can’t afford the whole procedure. The focus should be on the optimal outcome and presenting the best path to reaching that goal—finances are a secondary consideration that should not taint the initial interaction.

You may be thinking that the medical and dental fields are worlds apart, especially in terms of finances and that a comparison between the two professions is not applicable. There is a consensus among dental experts that this process will inevitably lead them to patients and cases that will enable them to answer my test question affirmatively.

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There are definitely some differences, but the imperative that any dentist must adhere to (whether medical or dental) is to restore the patient to the highest level of well-being possible.

Some dentists think that by offering a series of options, they are providing the patient with comprehensive care. The problem with this strategy is that by offering options without having first established the optimal path, you relegate your patient to decisions based on limited knowledge or worse, cost.

I always present the ideal comprehensive treatment in my diagnosis appointment. My approach is to start a case presentation with the words, “What I will be doing is . . .” and then tell the patient what is “important” for the optimal outcome. I don’t provide a series of options, or cater to different price points. I tell them what is required to be restored to optimal health.

As a dentist, I am not there to sell patients anything. My job is to advise them on the best possible course of action. An advisor isn’t someone who rehashes options; an advisor is a trusted individual who understands and provides the best possible course of action, regardless of what the patient wants to hear. A dentist should be just such a trusted advisor.

I challenge every dentist to consider why you initially present multiple options rather than just the optimal course of action? Is it due to a fear of confrontation? Is it to avoid a potentially uncomfortable conversation? Or have you already decided the patient probably can’t afford it, so you therefore create options that you assume correspond to the financial limitations?

Frankly, the patient makes the decision about his or her financial situation. Your job is not to do that for your patients by limiting their options to a buffet of choices that you think may be more palatable to their financial situation. You are the doctor. You create the vision and advise patients on the best course of action because that is what you have been trained for. To do anything less is to deny yourself and your patients the power of comprehensive dentistry. Who is the dentist? Is your job to advise them on the best possible course of action that turns your case presentation into a potent, two-way exploration of what your patient needs to achieve the optimal desired outcome.

Let’s do this . . .

Why are such seemingly insignificant words so powerful? First, when delivered properly, these words are very soothing to the patient. They communicate action and a sense that you have a solution. Second, they allow you to seamlessly transition from presentation to dialogue after the patient’s initial reaction. Third, the words create a feeling of purpose and authority that gently reasserts that this is a shared journey in which both patient and dentist are participants.

The manner in which you deliver the words is just as important as the words themselves. This statement is not intended to be an exhortation. “Let’s do this!” but rather a thoughtful response to your patient’s initial reaction to the comprehensive plan. Here’s an example: I am doing a case presentation for “Tim,” one of my patients, and I say,

“Tim, I have examined your X-rays and reviewed your case and what I will be doing [case presentation] and to do this it is going to be $37,953.”

Then I pause and allow the patient to respond. The reaction can run the gamut but suppose that Tim responds as follows:

“Dr. Barnes, I’m shocked! I had no idea it was going to cost so much. I don’t think this is going to be possible. I have three kids and one of them is going to start college next year. I just don’t have that kind of money!”

At this point, I respond in a number of ways. Most dentists get a “deer-in-the-headlights” look and start backpedaling by providing some less costly (and less effective) options. This is precisely where the power of the phrase, “let’s do this” is manifested. I typically respond as follows:

“I can certainly understand that, Tim, it is this type of dentistry you would like if you can work it into your budget!”

“Yeah—but I don’t think my budget will stretch that far.”

“Well Tim, let’s do this . . .”

You now have an option that allows you to transition into a meaningful dialogue about exploring ways to reach the optimal outcome in your case presentation. You can involve a financial coordinator who can help the patient explore various options to finance the dentistry. Tawana Coleman writes about this issue in great detail on page 26, in her article appropriately titled, “How Can I Possibly Pay For This?”

“WELL Tim, let’s do this . . .”

To register, call 1-877-502-2443
Full schedule at www.DrDickBarnesGroup.com
Second-Chance Smile

Getting the Smile of My Dreams.

I remember the day as if it were yesterday, despite the fact that it happened more than 13 years ago. After 16 long months of wearing braces, the metal brackets, spokes, bands and wires were finally coming off! I couldn’t wait to see my beautiful, shiny smile. My sister and brother both had gorgeous teeth—especially my sister—she had a model’s smile. On my way to the orthodontist office, I envisioned how great my smile was going to look when I saw it in the mirror. School photos were going to be awesome this year!

But I was surprised—almost looked like baby teeth! And even . . . so insignificant . . . so horrid about my smile as I did immediately after the braces were removed. People would often tell me that they loved my smile, so that helped. But it didn’t change my overall dissatisfaction. I mean, sure, I had great teeth as far as health was concerned; I never had any cavities and my teeth were straight. They weren’t yellow or discolored but rather a pearly, translucent white. My gums were healthy, too, but I just didn’t like my smile. At the end of the day, I knew that if anyone ever gave me the chance to improve my smile, I would.

Conflict of Advice

In February 2013, I was excited to start a new job at Arrowhead Dental Lab as a Doctor Relations Specialist. The moment I started working at Arrowhead, I made it known that I’d be interested in being considered as a patient for the Full Arch Reconstruction seminar. I knew some of my colleagues at Arrowhead had been lucky enough to be chosen for this procedure and I hoped that someday, the chance would also be mine.

Sure enough, in the fall of 2013, less than a year after I started working for the company, my chance came! One afternoon, my supervisor told me that a patient spot had opened up in one of the upcoming full arch courses, and he wanted to know if I would be interested.

Life is kind of funny. Generally, when something isn’t an option, you totally want it immediately—and you have no patience to wait. But as soon as the thing that you want so badly becomes an option, you suddenly feel unsure. That’s exactly what I felt the moment my supervisor approached me with the full arch opportunity.

“Can I think about it tonight and get back to you?” I sheepishly asked.

“Oh of course,” he responded.

Immediately, a bevy of thoughts came flooding into my mind:

Was this really necessary? Certainly, my smile was fine as it was; maybe I should just be grateful for it. But I had always dreamed of having the perfect smile. It is what I felt like my life was over.

The responses were unanimous: “Don’t do it!” “Your teeth look great as they are!” “You have a great smile; why would you want to change it?”

The most resistance came from my boyfriend, Justin. We had just started dating and he was (which every new boyfriend is bound to be) very happy with me the way I was. He didn’t think I needed to change a thing (he’s kind of great that way). “I love your smile the way it is,” Justin told me. “I’ve known lots of people who have done this kind of thing and haven’t been happy,” he added. “I don’t think you should do it.”

My mind was spinning. Everyone agreed that I shouldn’t do it. But I had always dreamed of having the perfect smile. It is what I had before I had braces. I wasn’t sure what to do.

The next morning, I talked to some of my colleagues at Arrowhead who had undergone the procedure, to get their opinions. It made sense to talk to people with firsthand knowledge about it, rather than people who were just giving me emotional responses based on fear.

A fellow Doctor Relations Specialist, Hope Gordon (who was featured on the cover story for Aesthetic Dentistry’s Winter 2013 issue) was one of the first people I approached. Hope was emphatic and enthusiastic with her advice. “Do it!” she told me. “It isn’t going to be as bad as you think. You won’t be sorry you did.”

“Okay, good,” I thought. Hope’s advice was exactly what I needed to hear—someone who had already done it was being my cheerleader. Maybe this was the right choice! But I needed more than just one person’s opinion, so I polled the rest of my Arrowhead colleagues.

Everyone else I talked to gave me similar advice. They all told me that I was going to love my new smile and that I should definitely do it.

But I was still very worried about one thing—the pain. I had never even had a cavity filled, so I was imagining how painful this procedure would be. Also, I hated needles. I cringed at the thought of it.

When I talked to Dr. Brian Britton, who helped prep me for the procedure, he totally put my fears at ease. Dr. Britton told me to not worry in the slightest. He had this “magic medicine” that he could put on my gums beforehand and I wouldn’t even feel the needle at all.

“Don’t worry about it,” Dr. Britton explained. “I’m good at what I do. I’ll make sure you don’t feel a thing.”

So that was it. All my concerns were addressed. I made my decision. I went to my supervisor and he asked me his answer. “I’ll do it!” I told him. (continued on page 10)

School photos (or any photos for that matter) were going to be a disaster. I certainly wasn’t going to stand next to my sister or my brother in family photos. No way! I wasn’t going to have my tiny teeth and my crummy smile compared to their glamorous Hollywood-esque pearly whites!

I was devastated. At the time, I was only 12 years old and it felt like my life was over...

The way I felt when my braces first came off may seem a little dramatic, but those feelings were definitely real. Over the years, I started becoming a bit more accepting of my smile, but not much. I still didn’t like it very much, but I didn’t feel as much horror about my smile as I did immediately after the braces were removed. People would often tell me that they loved my smile, so that helped. But it didn’t change my overall dissatisfaction. I mean, sure, I had great teeth as far as health was concerned; I never had any cavities and my teeth were straight. They weren’t yellow or discolored but rather a pearly, translucent white. My gums were healthy, too, but I just didn’t like my smile. At the end of the day, I knew that if anyone ever gave me the chance to improve my smile, I would.

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The Three Most Powerful Words (continued from page 4)

Or if the patient is absolutely opposed to any kind of financing options, you can use the words to transition into a discussion of other possibilities to reach the best possible outcome. Such a transition might sound like, “Well Tim, let’s do this...”

Then you can choose one of the following approaches:

- Discuss a segmental approach to the optimal outcome.
- Discuss the minimum work that needs to be done to keep the teeth from decaying further.
- Reaffirm the importance of the proposed treatment to long-term well-being and let “Tim” know it is imperative that he is aware of the situation (a “no” today does not mean a “no” tomorrow, since you never know when someone’s financial situation may change).
- Discuss other treatments that allow the patient to make some progress toward the optimal outcome you presented.

Remember that you are not changing the treatment; you always treat comprehensively. You are, however, changing how much of the plan you can implement at one time by how much the patient can work into his budget.

These three little words have the power to free you from the fear of “no” that has so many dentists basing their case presentations on assumptions. The words empower you to present comprehensively because you have a tool that allows you to engage patients in meaningful dialogue about obtaining the best outcome possible.

It seems almost unbelievable that three little words can make such a difference but I have firsthand knowledge that they are the most important words in dentistry. I have built a very productive and satisfying practice using them. Had I not experienced it myself, I probably would not believe it. If you still have some doubts about the power of the words, “let’s do this,” present comprehensively to at least five patients this month. Use these words and let me know how it goes. (You can e-mail me at letsdothis@adentmag.com.) I bet you’ll agree that they really are the three most important words in dentistry.
Do it! It’s not going to be as bad as you think. You won’t be sorry you did.

feeling quite nervous that day—mainly because a large group of doctors gathered around me, staring into my mouth. I remember thinking, “Please don’t find anything good!” Even though I felt nervous, I was super excited at the same time.

By the time my Shimbsashi was corrected, my morning headaches disappeared completely.

“The smile of my dreams is finally mine!

can speak with confidence, clarity, and authority on the subject. It’s true: I could have done these things without having undergone the procedure. However, since I have firsthand knowledge, I can help others feel more confident before undergoing the same procedure. I can tell them ways that they can speak with confidence, clarity, and authority on the subject.

the procedure was complete.

Talking about going through with it, I offer the same advice that Dr. Britton gave me: “Do it! It’s not going to be as bad as you think. You won’t be sorry you did.”

Ashley Monteer is currently employed full time as a technical consultant (Doctor Relations Specialist) with Arrowhead Dental Laboratory, Sandy, UT. Ashely has been working in the dental industry for five years. She would like to publicly thank Elite ceramist Roy Peterson and everyone who worked on her amazing restorations, giving her the smile of her dreams.

COVER STORY CREATIVE TEAM

AESTHETIC DENTISTRY: Dr. Jim Downs, Denver, CO
PORCELAIN RESTORATIONS: Roy Petersen, Arrowhead Dental Laboratory, Sandy, UT
PHOTOGRAPHY: Justin Grant, JustinGrantPhotography.com
HAIR AND MAKE UP: Melinda Johnson, Salt Lake City, UT

My heart felt like it would pop right out of my chest. And then it happened. I saw the results staring back at me.

The smile of my dreams is finally mine!

can help their patients feel more confident and less fearful. Yes, it’s true: I could have done these things without having undergone the procedure. However, since I have firsthand knowledge, I can help others feel more confident and less fearful.

To anyone who has considered this procedure, but is worried about going through with it, I offer the same advice that Dr. Gordan gave me: “Do it! It isn’t going to be as bad as you want. You won’t be sorry you did.”

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CASE MATERIALS

• Impregum impression material, soft and heavy.
• Regis 2x bite registration.
• Arrowhead White Wax-up, numbers 2–15.
• Arrowhead Radica™ Temporaries (snow-caps) numbers 19–31.
• Arrowhead Elite e-max press crowns, numbers 3–14.
• Arrowhead full gold crowns, numbers 2, 15.

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In every industry and profession, effective teams can and do make a difference. For example, in the construction industry, a very skilled man can build a house on his own. He can draw up the plans, purchase the supplies, hammer, glue, cut and assemble. However, even the most skilled worker realizes that having the help of other professionals makes the job easier and more productive. On a team, each person shares his or her insights and provides specific expertise for an outcome that transcends the confines of any single point of view and is truly extraordinary. Working in tandem with a team allows individuals to complete difficult tasks more efficiently without one person carrying the entire load. In the dental industry, this is especially evident with the process of dental diagnosing. While it’s true that a dentist can diagnose a patient’s conditions without assistance, it is much more efficient when a team assists the dentist through the process.

Such team members essentially become the ‘eyes and ears’ of the office and help the dentist identify problems with patients prior to the initial examination. One team member who is particularly important in this process is the hygienist. In an ideal dental office setting, the dentist and the hygienist work together using an identify-diagnose approach. This creates a powerful partnership that is key to increasing production and creating overall patient satisfaction.

Identify-Diagnose Approach

Essentially, the identify-diagnose approach involves a hygienist identifying problems in the patient’s mouth, informing the patient about the issues, and then briefing the dentist before the dentist comes into the room to diagnose the patient. Tawana Coleman, a well-known practice management instructor, is a proponent of teamwork within dental offices. Coleman confirms that the dentist-and-hygienist interactions in an identify-diagnose approach leads to more productive practices. “Whenever I ask attendees at my seminars what they hope to get from the experience, the most common response is [that] they want to be on the same page when it comes to running their dental practice,” Coleman explains. “An identify-diagnose approach allows dental teams to do just that because dentists and hygienists work together for a common goal. When we all agree . . . when we all see things the same way . . . we help more people change their lives through this world of dentistry.”

Fundamental Identification Tools

In the identify-diagnose approach, a hygienist can utilize many different tools. First, hygienists undergo years of training to identify any possible issues when cleaning a patient’s teeth. From the simplicity of our click-to-capture software and the comfort of our digital imaging procedure, to the time, space, and financial savings to be realized from a digitized workflow, iTero elevates your practice above the competition. Whether you’re inspired or intrigued by the latest technology, iTero is the intelligent choice. To schedule a demonstration go to www.iTero.com
Second, hygienists also have—or at least should have—a very specific piece of modern technology at their fingertips—an intraoral camera.

The intraoral camera is crucial because it allows the hygienist to bring the patients into the identifying process. With an intraoral camera, a hygienist shows patients key images and then explains to them what they are seeing. Bringing the patient on board is truly getting to know the patient’s mouth as well as deeper concerns. Dr. Reardon said, “Our hygienists are really good about identifying issues and talking to the patients about them prior to my exam. I have found that patients are more willing to accept treatment this way because they have heard about it from two people instead of just one.”

Dr. Guess is also a fan of the identify-diagnose approach. The number of comprehensive cases performed in his office increased dramatically after he implemented this method. “The system really gave us the confidence that what we are offering is something special,” Dr. Guess explained. “Prior to learning this approach, I didn’t want to mess with comprehensive dentistry. I would refer full mouth dental care to other dentists because I felt these procedures were too much of a hassle. But now, I have become more of the dentist that I want to be. I can present and treat comprehensively now unlike ever before. This approach has benefited the practice tremendously. We have increased our production greatly. We have also improved our presentation techniques so that the patients really understand the procedures we are recommending. We have a higher treatment-acceptance rate.”

The partnership between the hygienist and the dentist in the identify-diagnose approach transformed the practice of Dr. Jeff Miller. When Dr. Miller first learned about the approach, he and a few of the hygienists. However, he decided to take it seriously a few years later. Dr. Miller asked Tawana Coleman to visit his office for a joint consultation with his team and another office. Dr. Miller’s team took the training to heart, but the other team chose not to. According to Karly Alcorn, Dr. Miller’s dental assistant, “The team took the training to heart, but the other team chose not to. Afterward, our office started following what we had learned. We just kind of stuck with it. However, the other office chose not to follow the direction provided. Our office witnessed a tremendous change in productivity while the other office did not.” As Alcorn explained before Coleman’s consultation, Dr. Miller’s team “was stuck at a production number that we couldn’t seem to rise above. However, since learning this approach, we have doubled the amount of production—monthly and annually. We work a lot smarter now and not as hard as we did before and actually make more money.”

Dr. Miller believes that all dentists should not just consider adding the identify-diagnose approach to their practices, but they should actually DO IT! “They’d be fools not to,” he explained. “It has changed everything in my practice. It has changed what we can do for people. Instead of doing piecemeal dentistry, we do comprehensive dentistry. It keeps us happier because we do the kind of dentistry that we like. We don’t just respond to a hole in tooth number 9. Instead we respond to a problem that one of our patients has with their mouth. We don’t just fix teeth. We help the people we care about.”

Putting It Into Practice

The Identify-diagnose approach works best when fine-tuning over time. It might take a while for dentists and hygienists to really get into a ‘groove’ and work together in a systematic way. However, the key is to get started. Hygienists need a little training to get all the skills they need to properly perform their role as identifiers. Dentists might also need some training on how to improve their comprehensive treatment presentations.

Regardless of what skills need to be attained or refined, the most important thing to remember is the critical component of teamwork between the dentist and hygienist. When these two individuals work together effectively, they can produce remarkable results for the practice.

Remember the construction project analogy described at the beginning of this article? The man who was building the house had all kinds of tools at his disposal in order to complete the project. He was simply skilled in his technical abilities, too.
I was excited to read Dr. Bill Black’s article, “Making the Jump into Dental Implants” in the Spring 2014 issue of Aesthetic Dentistry. It felt like the general practitioner he was describing throughout the entire story was me! I personally made the jump into dental implants about eight years ago—only two years into my practice. Ever since that decision, my practice has reaped tremendous financial rewards.

Not On My Radar

When I first left dental school, dental implants were not on my radar. Yes, I learned about implants in school; however, they simply were not a subject that I had any interest in mastering at the time. The instructors didn’t seem too interested in having us master implants, either. Although the instructors didn’t say it outright, they indicated that this procedure would likely be something that we would refer out to specialists. So we focused on the basics and moved on. In our coursework, the only requirement was to take an impression of an implant abutment—just like a normal crown prep—and have a crown made. That was it!

The saying, “You don’t know what you don’t know,” definitely applied to my understanding of dental implants right out of dental school. At the time, I had no idea that this procedure could transform my practice from good to great. That misperception changed in 2004, when I met Dr. Dick Barnes while attending my first American Academy of Cosmetic Dentistry (AACD) conference in Nashville, Tennessee. I was so excited by the information in his lecture, that I had to meet him. After the presentation, I worked my way up to the front of the conference room and introduced myself. That day, Dr. Barnes challenged me to be more than just a normal, average dentist who only does fillings and crowns.

“Do you want to be an extraordinary dentist?” Dr. Barnes asked.

Of course, I wanted to be an extraordinary dentist! I had never wanted to be average at anything, which is partly why I studied dentistry. I replied enthusiastically, “Just tell me what I need to do to get there, and I will get there!”

Dr. Barnes immediately invited me to attend the next month’s Arrowhead Dental Aesthetic Symposium. I accepted the invitation. There, I learned about the courses offered by the Dr. Dick Barnes Group, specifically the Implant EZ I and II courses. I eventually completed both of these courses and many of the others offered. The implant courses—surprisingly enough—became some of my favorites.

Implants Always ‘Win’

In the implant courses, Dr. John Julian was my mentor. Because of the critical implant truths that I learned from him, my mindset completely changed. First, Dr. Julian helped me understand how incredibly important implants are in comparison to fixed bridges and how they can far exceed the life expectancy and function of the latter. Dr. Julian explained that the reason is simple physics. A bridge requires two teeth to support the weight of three or more teeth, which is contrary to what teeth are designed to do. Teeth are structured to take on their own weight and are strategically placed in specific areas of the mouth, based on their shape and strength. They are not intended to take on the weight of the teeth around them. This design flaw in partials and bridges ultimately leads to failure.

Now, don’t get me wrong; some bridges (when seated properly) can last a very long time before the abutment teeth fail. My father is an amazing dentist and I have observed many of his bridges still functioning well after more than 30 years! However, the problem with bridges is the bone loss that occurs because of the tooth loss. Without roots holding teeth to the bone, the bone begins to diminish, much like a paraplegic’s muscles atrophy due to disuse. When the jawbones do not get any stimulation, they eventually deteriorate and are lost.
I’ve seen many examples of bridges ultimately failing and the loss of an already missing tooth, as well as one or both abutment teeth. This can always be attributed to bone deterioration and loss. If you have the option of maintaining the bone in a patient’s face, then as a dentist, you have an obligation to do so. Because of that, when it comes to the superiority of bridges or implants, implants always ‘win.’

After Dr. Julian explained this to me, my preference became clear; I wanted the very best for my patients and clearly the best was no longer with partials and bridges. The most innovative solution in dentistry (where tooth loss is concerned) is dental implants. I didn’t want to offer my patients anything less than the best.

In the courses, I was taught systematic methods for placing implants, and more importantly, how to be confident and comfortable when placing implants in tough situations. Dr. Julian’s explanations were so clear and so straightforward (accompanied by neatly organized, diagrammed procedural steps), a 10-year-old could have easily followed. Well, maybe not a 10-year-old, but you know what I mean. At that moment, my journey into dental implants really began. I had made a giant leap off the side of the pool and jumped into the deep end of implants with a perfect swan dive.

When I completed my first implant case, I was (of course) a little nervous. Honestly, who wouldn’t be? I placed two implants on my first case and it was stressful. However, I’m proud to say that everything went smoothly and today, those implants are still performing and functioning as they should. Every implant case gets easier and my techniques increasingly improve, too. I can honestly say that the decision to do implants was one of the best decisions of my career thus far. I am often asked, “How have implants benefited my practice?” My answer is always one word, in all caps with two exclamation points at the end—TREMENDOUSLY!

Just eight years later, implants account for a quarter of my practice!

Implants Transformed My Practice

When I first started doing implants, I set a simple goal do at least one implant every month. Now, just eight years later, implants account for a quarter of my practice! Keep in mind, I don’t do every implant case that comes into my office. I agree with Dr. Black’s advice regarding case selection and I recommend the same advice to my fellow general practitioners. Only do the cases that are straightforward, “easy, breezy cases” and send the extremely challenging and time-consuming ones to specialists. Don’t worry that there won’t be enough work to do. I refer out a lot of cases, but remember, implants account for a quarter of my practice. There is enough work for everyone to ‘get a piece of the implant pie.’

Currently, out of all the general practitioners in my area, I am one of only a few who offers implants to patients. (continued on page 20)
You might think that specialists would be annoyed that I am taking away their business. On the contrary! Several specialists have told me that I refer more implant cases to them than any other dentist in the area. How can that possibly be when I do so many myself!

The answer is a combination of education, perception, and action. If you are not educated about a procedure, you won’t even see the possibilities. With regards to implants, if you are not educated on the ease and placement of implants, then when you look at someone’s mouth, you will only see the need for partials and bridges. The idea of an implant for a patient will never cross your mind. If all you know are partials and bridges, then those are the only possibilities you will see.

So when I became trained on implants, I started seeing them as a possibility for my patients. I therefore started doing more and also started referring more implants to specialists. Instead of giving my patient a partial or a bridge (as I would have done before), I gave the patient a superior restoration option by offering an implant.

When I made the jump into dental implants, one of the biggest obstacles I had was patient education. After dental school, I went into business with my dad and inherited a patient population that was much older than me. I was a young dentist, right out of dental school, with revolutionary and radical ideas. I was the ‘Christopher Columbus’ of our dental practice, and it was difficult to get anyone to buy into my idea that there was a proverbial better route to the Indies than with the old-school partials and bridges that we had been using!

At first, many of the patients were uncomfortable with my pioneering ways. They wanted to just continue with the dentistry that they already knew and were comfortable with. And to be honest, so was my staff. Initially, they weren’t so sure if they wanted to jump into the implant pool with me, either. I had to convince all of them to jump on in—the water was just fine! I did that by spending a great deal of effort on education. I worked on my presentation methods and eventually found a way to help both my patients and my staff understand the benefits of the implant procedure and feel comfortable with it as an option.

One method (which I still use) for patients who need dental implants is have a ‘show and tell’ demonstration with them. In the demonstration, I show what an implant looks like. I explain how it works. I show and explain how it is superior to the other available restoration options. By doing so, I raise the dental IQ of the patients and ultimately let them decide what is best for their situation.

With implants, the office must be particularly careful with its cross-contamination of the environment and instruments. I assign specific responsibilities to specific individuals. For example, one assistant is dedicated to the chair-side work while another assistant’s job is to get X-rays, adjust the light, and remember not to touch any instruments in the procedure. By giving everyone very specific assignments, we mitigate the chance of contamination.

My team is fantastic and is willing to learn and adapt to new situations. They know that I’m a continuing education fanatic! My passion is teaching my staff and educating my patients. Therefore, my team is always on board for the updates and trainings that I provide regarding ways to improve our dental implant procedures.

Making the jump
Because of my positive experiences, general practitioners should also consider jumping into this exciting field of dental implants. Remember what the famous astronaut Neil Armstrong said when he made his first revolutionary step onto the silvery surface of the moon more than 45 years ago on July 20, 1969: “That’s one small step for man, one giant leap for mankind.”

Adding dental implants to your practice may be a small step for you. But it will be a giant leap forward for your practice. If I transform your practice with a level of productivity that you never dreamed was possible. Your patients will also be transported to a world of better form and function because you offered them an innovative restoration procedure in your own office.

Now, I give you the same challenge that Dr. Barnes gave me at the lecture in Nashville years ago: “Do you want to become an extraordinary dentist?” I hope your answer is a resounding, “Yes!”

Dr. Ann E. Haggard has practiced general dentistry in a suburb of Houston since 2004, specializing in cosmetics, implants, lasers, and full mouth rehabilitation. After graduating Cum Laude with a B.S. in biology in 2000, she pursued her D.D.S. degree from Texas A&M-Baylor College of Dentistry. During that time, she belonged to the Delta Sigma Delta Professional Dental Fraternity and won an award for outstanding achievement in periodontics. In addition to general dentistry, Dr. Haggard specializes in placing implants utilizing the minimally invasive treatment with the DEKA laser. Dr. Haggard enjoys the pleasure of working with her father and mentor for more than eight years until his retirement.

Do you want to be an extraordinary dentist?

With Arrowhead I was doing full arch dentistry my first year.”

Dr. Cody Bauer, Mansfield, TX

And you can too!
Arrowhead Dental Lab and the Dr. Dick Barnes Group have developed a CE plan specifically designed to make new dentists more successful. Dr. Cody Bauer used this plan to more than double his income in his first three years of practice, and triple overall production in his office. Bauer says, “Arrowhead’s plan really works! It’s so easy; dentists don’t believe it!”

Get the skills and support you need for success and keep your patients coming back by providing the latest in dentistry. Sign up today for Arrowhead’s New Dentist CE Plan by visiting our website at www.ArrowheadDental.com or by calling 1-877-502-2443.

Arrowhead’s New Dentist Continuing Education (CE) Plan:
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- Full Arch Reconstruction: Be one of the 30% of dentists who can.
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- Total Team: Give your entire team the tools they need to help you build a more profitable practice.
- Know Your Numbers: Master business principles that will give you the competitive edge in dentistry.

Check out oral surgeon Dr. Bill Black’s article from our Spring 2014 issue by using this link or visit http://www.adentmag.com/making-the-jump-into-dental-implants/
The Metric That Makes a Friend of Your Finances

Decoding the BAM!

Once I’ve introduced the concept of the BAM, I then give a little more insight into how the number can be determined and applied to a dental practice. First, I explain that while the BAM is the lowest number possible that allows the business to stay afloat, this number doesn’t just mean that the practice should only break even every year without making a profit. Of course not. No business—and a dental practice is a business—should just break even. The point of having your own practice is to make a profit, right? You don’t have a dental practice just to work your guts out only to pay out all your hard-earned revenue simply to cover expenses.

Therefore, the BAM needs to be set at a level so that after all the expenses are paid, the practice makes a pre-determined amount of profit every year. Pre-determining the desired profit level is crucial. If you don’t do this, you will end up with what is left rather than what you expect. This concept is the beginning of ‘knowing the numbers’ about your practice.

Actually, there are two different ways of looking at the BAM; both of which dentists should consider when evaluating their practice: the long-term BAM and the short-term BAM. The long-term or annual BAM is the minimal amount of money that the practice needs to operate for an entire year. The short-term or daily BAM is the amount needed to operate the practice on a daily basis. Just as short-term goals help us to achieve long-term goals in other parts of our lives, daily BAMs allow dentists to achieve yearly BAMs in their practices.

In order to calculate the BAM, you need a variety of numbers at your fingertips. First, have a detailed record of your finances from the previous year. The BAM for the coming year is always based on the previous year’s figures. These figures include all office-related expenses. Include such things as your personal compensation (as the owner of the practice), employee expenses, lab expenses, facility expenses, dental supplies, promotion expenses, equipment, loans, etc. Once you have all your expenses accounted for from the previous year, add them together. The total represents what it costs to operate your business.

To know your numbers is to know your practice, and for that simple reason, you should grow to love them.
To generate revenue below this level would result in your practice showing a loss for the year, which is obviously not a good place to be.

With last year’s BAM calculated, you can calculate the BAM for the forthcoming year. Ask yourself some crucial questions about your goals for the next year. Do you want to make more money as the owner of your practice next year? Then that amount needs to be added to last year’s BAM. Do you want to make more of a profit next year for the practice overall? Then that number needs to be added to last year’s BAM too.

Last year’s BAM + desired increased income for this year = This year’s annual BAM

Once you have the annual BAM figure determined, figure out your daily BAMS for the coming year. Remember, it’s the daily BAMS that allow you to reach the overall BAM for the year, so these numbers are crucial to know and understand. To calculate the daily BAM, look at your upcoming year’s calendar.

How many days will the office be open? Be sure to deduct vacations, weekends, holidays, continuing education days, etc. Consider including a couple of snow days if you live in an area prone to such business interruptions. Once you have that number of annual, workable days totaled, divide the yearly BAM by that number. That gives you the amount of money per day that you must make in order to achieve the desired annual BAM.

This year’s desired annual BAM ÷ total workable days = daily BAM

Make sense? It’s all pretty straightforward. However, calculating the initial BAM can be a complex task with a series of detailed worksheets and the scrutiny of last year’s books. That’s why the “Know Your Numbers” course is so beneficial because I walk you through the process step by step. However, as promised, here are some overall tips that you can refer to immediately to evaluate the numbers of your practice.

Focus on the Percentages

I’ve spent a lot of time writing about numbers in this article. However, when you’re looking over and evaluating your numbers, it’s crucial that you calculate the figures for each category as percentages. Why? There are two, main reasons first, looking at numbers as percentages removes the reactionary emotion that everyone feels when they see a large dollar amount. Second, knowing the percentages for each category is essential to truly understanding how all the constituent numbers in your BAM interrelate. Here’s an example. First, consider the employee compensation category. Look at the total amount that it costs to pay the employees in your practice including staff salaries, fringe benefits, and payroll taxes. Divide this total number by your total revenue for the year. This calculation reveals the percentage that the employee cost category consumes of your total revenue. (See Hypothetical Example sidebar, left.)

Do a similar calculation for each of the following categories: discretionary expenses, owner compensation, facility expenses, laboratory costs, and minor office operations. When you’re done calculating, you will have a good understanding of how your various types of expenses are related. The following are some ideal ranges (by expense type), based on general industry numbers that may help provide a baseline for your practice. I use these figures in a slide presentation during my seminars.

Employee Costs: 19 to 26%  
Discretionary Expenses: no more than 10%  
Owner Compensation: 22%  
Facility Expenses: 5 to 7%  
Laboratory Costs: 12 to 16%  
Minor Office Operations: 10%

When totaled, these percentages average between 78 and 91 percent. This leaves between 9 and 22 percent of available profit for the practice every year. This is the ideal. It can’t always be achieved, but it is definitely the goal to aim for.

The main reason that I suggest looking at numbers as percentages is because you will see the office’s components as a large pie graph. As with any pie graph, the pie can never go above 100 percent. So each of the categories (pieces of the pie) must fit together cohesively to equal the grand total. If you exceed in one area, you must deduct from another area. The pie graph model is an essential way to look at the practice because everyone on the team can see that each category is part of a unified whole and not an isolated piece.

During my seminar, I strongly recommend that dentists share the numbers of the dental practice with their team. This is a crucial understanding and appreciation of the goals, needs, and requirements of the practice. Many times, employees will have very little clue (like most dentists) about how much money it takes to run a practice. Sometimes, employees see the number of patients coming in for appointments and the fees that are charged to the patients and think, “Hey, this dentist is making a fortune!” By showing the employees the numbers, they then can understand the reality of what it costs to run a dental practice. Usually, employees are surprised to find out how much everything costs. Their eyes are opened and they see things as they really are.

Show your team the breakdown of the percentages within the BAM framework, they can also see how each category fits together like pieces in the overall pie. This is beneficial for several reasons. If employees know that employee compensation should always be between 19 to 26 percent of the total revenue of the practice, then they will also know that if the practice is more successful and makes more money, the dollar amount that is involved in that percentage will also increase. For example, 19 to 26 percent of two million dollars is much greater dollar amount than 19 to 26 percent of $500,000. So the employees naturally ‘win’ by helping increase the overall income for the office. Get my point? This percentage perspective provides a natural incentive for teams to work harder, cut expenses in other unnecessary areas, and try to increase the amount of revenue that flows into the office. The team will thereby work harder on a daily basis to try to meet the daily BAMS because they will see a personal benefit to themselves and to the office as a whole. They know and understand the numbers because you’ve taken the time to explain them.

Another benefit involves the role that discretionary spending can play on the bottom line of a practice. In “The Real Cost of In-Office Milling,” in the Spring 2014 issue of Aesthetic Dentistry, I discussed the necessity of looking at and carefully evaluating the numbers of your practice before making any large equipment purchases for your office. This applies directly to what I’ve just described with the pie chart.

Equipment purchases fall into the category of discretionary spending. As you can see from the pie chart, discretionary spending should never be more than 10 percent. Never! So if you look at the numbers for your practice, you can easily determine if you can afford that big—and potentially expensive—piece of equipment as soon as the product is pitched by a salesperson.

When you understand the BAM percentages, you can do a few simple calculations and know immediately if that piece of equipment falls under the necessary 10-percent range. If by purchasing that item, your discretionary spending rises above 10 percent, you know immediately that you can’t afford to make such an investment. By taking the BAM percentages into consideration, the office expense spending becomes based on logic, rather than emotion. Taking emotions out of the finances is the best thing you can do for your practice (and your life in general for that matter).

My seminar is on the road this week and next, so I strongly encourage you to make the commitment to change your thinking about your dental practice. You must become friends with the finances. When the BAM! light bulb goes on, they suddenly realize that this concept is something that will change their careers and their practices forever.

Dentists must become friends with the finances. When the BAM! light bulb goes on, they suddenly realize that this concept is something that will change their careers and their practices forever.
How Can I Possibly Pay for This?

Answering Key Financial Questions.

When it comes to comprehensive dentistry, most patients inevitably ask two key questions immediately after they are presented with a dentist’s treatment recommendations:

1. How much is this treatment going to cost?
2. How can I possibly pay for this?

The cost factor associated with comprehensive dentistry is a dilemma for dentists as well as patients. When it comes to offering extensive treatment options, dentists generally ask themselves these questions:

1. Will my patients really pay this much for comprehensive dentistry?
2. Can my patients pay for it?

Unfortunately, often (after asking these questions), many dentists assume that the answer to both questions is “no.” And because of that, they avoid diagnosing comprehensively and stick to tooth-by-tooth dentistry.

Not long ago, I spoke with a dentist regarding the comprehensive treatment options in his office. He rarely, if ever, presented comprehensively to his patients. When I queried the dentist about why this was the case, he emphatically responded, “My staff has convinced me that the people in our area just simply can’t and won’t pay for such extensive procedures, so I don’t even offer them anymore.” His situation is not unique. I can’t and won’t pay for that kind of money to spend on dentistry.”

Well, sure, that’s true—comprehensive treatment costs a lot more upfront in comparison to tooth-by-tooth dentistry. Many patients probably don’t have access to a lump sum of money to pay for treatment out of their own pockets. But that doesn’t mean that they don’t have access to resources. There are many different ways that patients can find money to pay for treatments. And it’s the job of the dental office to help patients navigate through these options and find the best ones.

Insurance Is a Jumping-Off Point

Dental insurance is the main avenue that many dental practices focus on for payment. While insurance may be fine and good as a starting point, it can’t be the only method of payment. The reason for that is simple. As Dr. Dick Barnes explained in his article titled, “The Dental Insurance Conundrum” in the Spring 2014 issue of Aesthetic Dentistry, insurance simply does not pay enough to cover the kinds of treatment that most patients require. Insurance should not be considered the only way that people pay for treatment. Instead, insurance should be used to help patients pay for treatment (the key word in this sentence is “help”).

Many offices have about 85 percent of their income generated from other funds. This is not an ideal ratio. When I started working as an office manager at a dental practice in Arkansas, that ratio described the situation in our office. After attending a workshop on this topic, I knew that we were not running our practice productively and we had become an insurance-driven office instead of a care-driven one. I started setting goals for our office to decrease the percentage of money we generated from insurance and increase the percentage of income we generated from other funds. Slowly, we were able to change until eventually we were generating only 15 percent of our income from insurance and 85 percent from other funds. This is the ideal scenario for every practice to shoot for. This ratio benefits not only the dental practice but also the patients.

Most patients with dental needs cannot wait years to have their dental treatment completed. Unfortunately, that is what often happens if they rely solely on insurance payments. If patients wait years, there could be significant consequences to their dental health. For example, if a patient comes into the office and has five teeth that need to be crowned, his or her insurance benefits are typically only enough for one crown. So if the patient only uses insurance benefits for treatment,
The worst thing a practice can do is to present treatment to patients, tell them the total amount that it will cost, and send them away to figure out how to pay for treatment on their own. Absolutely the least productive way to run a practice. Let’s look a little farther away.

Recently, I heard about a man who had a genetic gum tissue degeneration. He had already undergone a gum tissue transplant when he was a young child but now he was likely in need of another. One of the choices he offered him was financial assistance. He had made an appointment with a periodontist to get his gums analyzed. The dentist determined that the man had to have tissue grafts on both sides of his upper mouth, which would result in a cost of $3,000 per side or a total cost of $6,000. However, the patient’s dental insurance only paid $1,500 maximum per year, and unfortunately, he didn’t have any funds to pay for the remainder of the $4,500.

The dental office simply gave the patient the information and he left. The office staff didn’t give the patient any options for ways that he might pay the balance. As expected, when the man walked out of the office that day, he felt very discouraged and disappointed. He really wanted and needed the treatment— he felt that it was a critical procedure to get done or he might lose his teeth. However, the patient just didn’t have money in a “just in case” account. He didn’t have extra funds for dental emergencies.

The key to this formula is to make sure that the benefits outweigh the cost. The key to this formula is to make sure that the benefits outweigh the cost. The key to this formula is to make sure that the benefits outweigh the cost. The key to this formula is to make sure that the benefits outweigh the cost. The key to this formula is to make sure that the benefits outweigh the cost. Help patients see past the dollar signs and focus on the benefits of the plan.

Let’s imagine that the patient takes advantage of dental insurance. He qualified for certain qualified benefits. The plan suggested the idea of a home equity loan. The family agreed to this loan and eventually got a girlfriend. He believed both goals were possible if his teeth were repaired. We tried every financing option available to this family and nothing worked. Finally, we suggested the idea of a home equity loan. The family agreed to try and they were approved for the exact amount of money needed for the treatment.

This particular young man was a member of my community. I cared about him and wanted the very best for him—so did the dentist and his family. We all worked together in a mode of cooperation to help change his life. And I’m proud to say, it worked. The patient had the treatment he needed. He kept his choices, his teeth were all but destroyed. At only age 18, the young man had his whole life ahead of him. When we discussed his treatment goals, he expressed two simple wishes: he wanted to be able to smile in his senior class photos and he wanted to eventually get a girlfriend. He believed both goals were possible if his teeth were repaired. We tried every financing option available to this family and nothing worked. Finally, we suggested the idea of a home equity loan. The family agreed to try and they were approved for the exact amount of money needed for the treatment.

Help patients see past the dollar signs and focus on the benefits of the plan.

Let them know how fantastic you think the dentist’s treatment program is. Help patients see past the dollar signs and focus on the benefits of the plan.

A good way to help is by getting to know the patients before discussing financing. That way, you can legitimately say (for example), “Rutina, this treatment that Dr. Roberts has suggested is going to give you the smile you’ve always dreamed of! I’m so excited for you.” You know that having a great smile is something that is important because he or she told you in the initial conversation. Because of that knowledge, you can remind the patient when you’re talking to him or her about the treatment plan I emphasize again (as in the beginning) make sure to build a relationship with the patients who come into the office. This is so crucial. Really listen to what they have to say. Find out what is important to them. Find out what inspired them to make the appointment. Find out what they hope to achieve.

I remember one of the few times that someone got upset after the doctor presented his comprehensive plan. The patient wasn’t upset about the price. No, he was upset about the fact that the plan didn’t include one of his key issues. He said, “I told them this was what I wanted.” I asked everyone what was going on. He told me that he was an avid baseball fan. Later in the meeting, he showed me a picture of a baseball player and he asked me to include that in his plan. Had we fully listened to the patient from the beginning, we would have addressed his needs and given him the benefits he desired.

As I mentioned, one of the first goals when helping patients find financing is to get them to stop thinking about the treatment only in terms of dollar signs. The best way to achieve this is by using a formula I learned. It’s pretty simple and it involves value, benefits and cost.

Value = Benefits – Cost

The key to this formula is to make sure that the benefits outweigh the cost. The real treatment has value for patients if it fits the criteria of the plan and the benefits outweigh the cost. If the other way around (the cost appears to outweigh the benefits), and I wanted them fixed. Why didn’t the dentist include that in my plan? Had we fully listened to the patient from the beginning, we would have addressed his needs and given him the benefits he deserved.

In my opinion, the very worst thing that a dental practice can do is to present treatment, tell them the total amount that it will cost, and send them away to figure out how to pay for treatment on their own. Absolutely the least productive way to run a practice. Let’s look a little farther away.

Help Patients Find Funding

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Some people just want to be able to smile in photos without feeling embarrassed. Other people want to have more confidence for job interviews. Still others are in pain and don’t want to hurt any more.

Such benefits should all be discovered in the initial dialogue with the patient. Pay attention to what is really important to them. That way, when a plan is presented and the dollar signs are mentioned, you can redirect the attention to the benefits of the plan instead of the cost.

Every patient hopes to have a financial coordinator superhero! The financial coordinator is the person who goes to bat for patients and helps them find a way to get the benefits that patients really desire.

Here is a step-by-step guide for financial coordinators to achieve superhero status:

1. **Relax the Patient.** When discussing finances, always meet in a quiet, private room. Smile and be enthusiastic with your tone of voice. During your conversation, really listen to what the patient has to say. Listen to his or her fears and be proactive in ways to help solve the problems that arise.

2. **Ask a Leading Question and Prepare to Respond.** Memorize the following question to ask the patient after the dentist presents the treatment plan and leaves the room: “Nancy, tell me, how do you feel about the treatment that Dr. Roberts just presented to you?” Notice, I did not say, “What do you think?” I chose my words intentionally. I want the decision to be about their emotions, so that is why I ask them how they feel. I focus on feelings because the are tied directly to emotions.

3. **Quote the Fee and Respond.** Now that the patient understands the treatment plan and has expressed his or her feelings about it, then I quote the cost of the plan. I do this in a very specific way. For example, “Nancy, if you had an appointment today to get this treatment done, (you don’t but if you did,) it would be $17,740.” After I quote the fee, I always wait three seconds without saying anything. If the patient doesn’t respond, then I ask this question: “Did this surprise you, Nancy?” Generally, the answer to this question will be “yes.” If so then I ask, “Is the treatment that surprises you?” The patient will often (about 499 times out of 500) reply with, “Oh no, it’s the money.” Then I respond, “You’re saying that this is something that you’d like to have?” Tawana! I want this so badly.

4. **Explore Payment Options.** At this point, run through the list of payment options with the patient. You should always start with the third-party financing options as described above and move down the list from there.

5. **Listen with Your Heart and Patients Will Know You Care.** Whenever I’m working with patients, I always listen with my heart and my head. This helps the patient know that they have an ally that it’s not you against them and that you’re not trying to take their money. You’re trying to help them change their life with an amazing comprehensive dental plan. The patient always needs to know that you care. Everyone wants to have a superhero—someone who can rescue him or her from difficult situations. The financial coordinator can truly become that superhero for the patients as together they discover ways to make this treatment plan financially feasible.

6. **Always Give the Patients Hope.** As a good financial coordinator, you always want your patients to leave your dental office with hope. Even if you have gone through every possible scenario with them and there is still no way to find funding for the comprehensive treatment, you still want them to know that you care about them and you believe in them. When I find patients in this predicament—they have exhausted all resources and have not been able to find funding—I tell them, “Don’t give up hope. We’ll get there. It might take longer than we might want it to, but we’ll get there. Just remember, you NEVER know when your circumstances are going to change.” No matter what happens, always keep such patients in your recall system and have hope that someday they’ll be able to get the treatment that they both need and want.

**Answering Financial Questions**

Helping patients figure out the answer to the question, “How can I possibly pay for this?” doesn’t have to be a mystery or a challenging process. With proper training, the financial coordinator can use a variety of methods to help patients find the funding that they need. This crucial member of the dental team can make sure that every patient who leaves the dental office feels hope that a bright dental future is on the horizon. It’s possible to do this for each and every one of the patients who come into your office. It really is!

Tawana Coleman has been a practice development trainer with the Dr. Dick Barnes Group for more than 20 years. She has worked with thousands of dental practices. The structure that she teaches has empowered dental practices across the country to dramatically increase production. Contact Tawana toll free at 866-364-8657 or email rtc@cox.net.

You spend your days fixing teeth and improving smiles. You run the office, stay current with new technologies, and communicate with patients. How do you spend your days fixing teeth and improving smiles. You run the office, stay current with new technologies, and communicate with patients. How do you find the time to market your practice?

The fact is that people are already searching for you online. The most important question is: what will they find when they look?

Our marketing services will help you maintain a positive and professional reputation online, and we can help get those potential customers in your area find their way to your office.
On the Same Page

Improving Communication with Your Dental Lab.

Every human relationship depends upon open, honest communica
tion in order to thrive. The relationships between dental labs and dentists are no different. In order to achieve the best results for your patients’ cases, an open line of communication with your dental lab is of the utmost importance.

Recently, the editors at Aesthetic Dentistry spoke with two technical support representatives at Arrowhead Dental Laboratory about ways that dental practices can best keep the lines of communication open. We spoke with Robert Shunn, a technical support representative in the Doctor Relations Department and Suzy Greenwood Fox, a technical support representative in the Implant Department. Shunn and Fox have a combined 17-plus years of experience with Arrowhead Dental Labs. Here’s a little of what these lab experts had to say.

AD: What are the characteristics of good communica
tion between a dental practice and a lab?

RS: Empathy, respect and a willingness to work together to solve problems are extremely important in a lab/dentist relationship. This can sometimes be difficult to achieve in stressful situations, such as when a case doesn’t turn out the way a doctor envisioned. However, it’s important to remember that after the frustration and disappointment are over, we still have a problem to solve. So, why not work together? Lab technicians and dentists are on the same team. We are all working for the same goal—to create an amazing smile for the patients! Your success is our success.

SGF: The best type of communication (especially related to implant cases) comes from doctors who clearly communicate exactly what they want for each and every case. We want to do the best job for you and to achieve that, we need to have all the specifics about your cases. Over the years, I’ve learned one very crucial fact: a lab can never have too many details on a case. More details are definitely better than not enough.

AD: What can dentists start doing today to improve the quality of the communication with the lab?

RS: A simple start is for dentists to completely fill out the Rx—and make sure it’s detailed. Write in full, Standard English and not abbreviated, text-messaging language. Also, make sure the prescriptions are legible. When the lab is forced to guess, the chances of making a mistake dramatically increase. Lastly, I tell all the dentists I work with that if any kind of question or problem arises, don’t hesitate to pick up the phone and call me. The sooner the better! That way we can resolve any issues immediately.

SGF: When you package the cases to send us, make sure everything is properly labeled—this is especially important with implant cases. Tell us which size goes to which tooth number. If you have similar things in the box (like two blue transfers, for instance), then let us know what goes where. Proper packaging is something simple that greatly helps us on implant cases. It also ensures that we get everything we need. This small investment in time at the beginning of a case pays off in shorter production times for cases and decreases the possibility of problems.

AD: Are there common practices or processes that complicate communication? If so, what are they and how might they be improved?

RS: Yes. Often, dentists will assign the task of communicating with the lab to their assistants. We understand that dentists have very busy schedules, but keep in mind that if the assistants aren’t totally ‘up to speed’ on the cases, it can complicate communica
tion with the lab. In these scenarios, a lot of phone calls usually go back and forth and crucial information can get lost along the way. If the dental lab is unsure about how to proceed, the case gets put on hold until we can get the issues resolved. On large or complicated cases it is generally much faster for dentists to speak to the lab directly.

SGF: If doctors would consider educating their front office on how to read basic chart information, it would be extremely helpful. When we call an office, sometimes we need some very basic information and don’t want to bother the dentist. However, the person on the phone may not know how to read a chart and sometimes can’t read us the notes we need.

The practices that have the best lab communication are ones in which a doctor has used an occasional staff meeting to teach staff members some of these basic skills.

AD: What are the most important pieces of information that a dental lab needs from a doctor in order to fabricate a dental restoration? How does that change as the complexity of the case increases?

RS: There are five important pieces of information for a case, which include: the material to be used, the shade, the stump, shade, high-resolution photos and a quick explanation of the patient’s expectations. Also, consider filling us in on a patient’s likes and dislikes. Maybe one patient wants something ultra strong while another patient is an 18-year-old beauty queen, who is mostly concerned about aesthetics. It’s helpful to know what a patient likes about his or her current teeth, so that can be taken into consideration with the design of the crowns. As far as complexity and communication, remember, the bigger the case, the greater the amount of communication that is needed.

SGF: The five most critical points when it comes to implants are: material, size and system, any special design requests, any ‘red flag’ that we should know about and any details specific to the patient. When you package the cases to send us, make sure everything is properly labeled—this is especially important with implant cases. Tell us which size goes to which tooth number. If you have similar things in the box (like two blue transfers, for instance), then let us know what goes where. Proper packaging is something simple that greatly helps us on implant cases. It also ensures that we get everything we need. This small investment in time at the beginning of a case pays off in shorter production times for cases and decreases the possibility of problems.

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Aesthetic Dentistry Fall 2014

AD: What is the most common communication failure and how does that affect the production of a case?

RS: The most common communication error I see is in relation to bites. Often, we have no registrations, no stick bites and no photos of any kind. Other errors are bridges in the posterior that have been taken with quadrant trays instead of full arch trays. Therefore, the smile has been pieced together. With this latter example, our production is affected because we’ll sometimes get three or four units with teeth to articulate to and we don’t know if the bite is over-closed or what is happening on the contralateral side. We don’t know how to design the teeth or how they’re functioning.

As an industry, we generally use the quadrant trays—mainly for convenience. If more full arch trays were used, we’d start with a much better impression. Digital impressions are also a better choice than the quadrant trays on large cases.

SGF: Poor communication may hinder the production of a case. If we run into questions about design or other related specs, we will definitely be delayed. Also, implant cases are not as straightforward as restorative cases. Because of that, additional communication is often needed. We need good impressions. We need a bite registration. We want to leave the guesswork out of every case. Whenever there is room to guess, there is room to err. Our goal is to ensure that your patients get the best possible outcome the first time and that dentists can maximize the production potential.

AD: When it comes to cases that need to be remade, are communication failures typically to blame?

RS: Most commonly, when a case needs to be remade, it generally stems from substandard impressions or inappropriate material selection. As a technical support technician, my sole purpose is to act as an advisor to the dentist. Today there are more materials and options than a busy dentist can be expected to fully understand. Remember, we do thousands of cases every year, so we are able to offer you a unique perspective when it comes to these common issues. The most successful cases come from dentists who take advantage of the lab’s expertise.

SGF: I agree with Robert. Almost all of the remake cases I see are because of impression errors. In addition, another remake error is because of bites being off. For implant cases, doctors tend to do quadrant impressions and triple trays. However, for any implant case, what I highly recommend is that the dentists do full arch impressions, single tract trays and a bite registration. By doing this, it significantly lowers the possibility of a case needing to be remade.

AD: What data is most often left off the Rx? How does an incomplete Rx affect the case?

RS: The two most common details left off the Rx are material and shade. Sometimes I get an Rx with nothing checked and other times I get an Rx where conflicting materials have been selected. This delays the case and everything is put on hold until we have the correct information. Putting things on hold creates issues for everyone: (dentist, patient, and lab). So it’s best to keep the cases moving forward. The only way to achieve this is if the Rx is completed and that conflicting information is avoided.

SGF: Sometimes dentists will leave off the material shade, and overall design specs from the Rx. If we don’t have this information, we cannot complete the case. As Robert said, it will be placed on hold and we’ll have to work on other cases until we can get the requisite information. Having the key information allows the case to immediately go into production and avoid the dreaded ‘hold shelf.’

AD: Given the vast array of materials on the market, what can a dentist communicate to the lab that will help make sure the appropriate materials are used? What if the dentist is unsure about the material requirements?

RS: Ask to be contacted once the case comes in and we can help you decide what types of materials will be best. Many different materials are available for all kinds of situations and we are happy to help you navigate through that process. Just remember, you can’t be expected to know about all of the various options—it’s our job as technical support to know this and help you make choices. Matching the right materials to the patient is one of the most important ways to ensure the longevity of the dental restorations. We don’t want a patient going back to the dentist because a new crown fails.

SGF: To help make sure the appropriate materials are used, include pertinent details about the patient. Is this patient a bruxer? Does this patient want the strongest material possible or is he or she wanting a specific aesthetic look? Dentists don’t have to know exactly which materials to choose. One of the key advantages of a lab is having a staff that is dedicated to helping the doctor design and plan the case. The more information we get at the outset, the faster and more accurate that case plan will be and the faster the case can be completed.

AD: With a remake case, what is the most important thing for a dentist to communicate to technical support in order to resolve a problem?

RS: First, call the lab ASAP! If a case has to be remade for any reason, time is of the essence. Please don’t send it back in the mail with a note that says, ‘remake.’ If you call us immediately, we can figure out the problem and in some cases, the problem can be resolved immediately. With remakes, we want to avoid repeating the initial error, so if we are given details as to the original problem, we can make sure that it does not recur.

Second, check the crown on the model to see if we sent it moving forward. The only way to achieve this is if the Rx is completed and that conflicting information is avoided.

Fourth, fill out the comment card that is mailed with your cases. This is an important way of communicating that allows us to track things and make sure that we are producing your cases to your preferences.

Fifth, help us to help you! It’s easiest to solve problems as a team, so just remember that we’re on your side and want to help make this the best case it can be for your patient.

SGF: Post-op communication is important to us. It’s very helpful to hear things like, “This case went beautifully! I want every care to be like this one!” When we get this type of feedback, we add it to the doctor’s preference sheet. Then we can see what worked well and know how to make the dentist happy in the future. If the feedback after a case is negative, we want to hear that, too. Everything helps us to improve the next time. Our goal with every case is to make a restoration that goes in without a problem so that every doctor gets a custom restoration made exactly how he or she wants it.

AD: Are there some simple rules from the lab perspective, that, if dentists followed them, could reduce the number of case calls from the lab?

RS: Yes. If you want to reduce the amount of calls you get from the lab, make sure you complete the Rx and provide clear direction on what you want, especially if the case has specific considerations or unusual requirements.

SGF: It certainly can be said that when dental teams and their labs help promote greater service and efficiency with cases. Because of that, at Aesthetic Dentistry, we recommend that dentists make a commitment with their teams to take the steps necessary to improve this communication. Two easy things dental teams can do is to remember to write or type prescriptions clearly and call immediately if they have any questions regarding materials or processes. A little extra time and effort will definitely pay off with results that everyone is happy with.

It certainly can be said that when dental teams and their labs are on the same page, each and every case will turn out to be one for the book! n
Dr. Sherwin Shinn of Seattle, Washington, has spent the past 24 years dedicating a large portion of his life to humanitarian dentistry. Subsequently, he has traveled to more than 40 countries on 70-plus outreach trips, averaging about four trips per year. Because of his philanthropic efforts, Shinn has been recognized with such accolades as the Washington State Dental Association Citizen of the Year Award (2003), the National Jefferson Award (2007) Advancing Global Health Award, and most recently, the 2013 American Dental Association (ADA) Humanitarian Award.

When Dr. Shinn talks about his humanitarian work, he often describes it as a true “turning point” in his life. That’s because after he embarked down this philanthropic road, his life was never the same again. It all started in 1989, when Dr. Shinn was approaching his milestone 40th birthday. As his birthday drew closer, Dr. Shinn found himself questioning his life’s purpose. Until then, Dr. Shinn had worked hard to establish a life that he had always envisioned: he had a viable dentistry practice, a wonderful family, a beautiful home with all the ‘toys’ he could possibly imagine. He really did have everything. Yet, something nagged at him. Should he be doing more with his life?

During that time of reflection, Dr. Shinn recalled the dreams of his childhood. Sure, he always wanted to be a dentist—he wanted to help raise people’s self-esteem by giving them smiles to be proud of, just like his dentist had done. However, Dr. Shinn also wanted a life of adventure. Growing up, Shinn’s next-door neighbor was the legendary James (Jim) W. Whittaker—the famed mountaineer who was the first American to scale the treacherous cliffs of Mount Everest and reach the summit. As a teenager, Dr. Shinn did all sorts of jobs and chores for Whittaker just to hear about his Himalayan experiences. “I just fell in love with his sense of adventure,” Dr. Shinn explained. “I always wanted to be like Jim Whittaker.”

So, at the age of 40 years old, Dr. Shinn decided to do just that. He enlisted a group of like-minded climbing friends and started to plan an adventure of a lifetime to the Himalayas. At first, everyone was excited, but then (as things often go), the departure date neared and everyone else backed out for one reason or another. Dr. Shinn was not about to let this opportunity pass him by, so he decided to go to Nepal solo. “I just wanted to do it so badly,” Dr. Shinn explained. “I wasn’t going to let anything stand in my way.”

Six Weeks in Nepal

In 1990, Dr. Shinn embarked on his adventure. He caught a plane to Nepal—the “roof of the world” where eight of the world’s tallest mountains are located—and spent a total of six weeks hiking, climbing, and living amongst the region’s native people, the Sherpas. While there, Shinn was transported to another realm and totally forgot about his life at home—he was now Sherwin Shinn the adventurer and mountaineer! When you unconditionally serve others, you get all the things that money can’t buy.
more of a challenge since he was carrying the sick child. “I was of the discomfort.”

maybe the doctors could do something to at least relieve some going to the hospital anyway, so why not let me take her and duty as a medical professional. I explained to them that I wasality or anything. I just wanted to help this child. I felt it was my grandfather was an evil man and so she was doomed to have and said that the girl’s condition was due to bad karma—her

As Dr. Shinn neared the bed, he saw the room, was a little girl. The adults in the room stood over children cried or fussed. So, I knew instantly that something must be seriously wrong with this little one.”

I remember praying as I carried her, “Please don’t let this child die.”

completely swallen—from her temples, all the way down her, under her chin and into her armpits. She had a massive infection.” Shinn explained. “I knew right away that this was a serious problem. It was a systemic infection that was going to be lethal if something didn’t happen for this little girl—immediately.”

in his limited Nepal, Dr. Shinn tried to explain to the adults who had been tasked to bring the sick child to the field hospital and could take the child with him. At first, the adults shrugged him off and said that the girl’s condition was due to bad karma—her

However, even though the conditions were not ideal, he realized the power of dentistry to transform lives. What he

As Dr. Shinn hurried along the trail to keep up with the children’s needs, he made a commitment to himself on that day. I wanted to help more people who were in desperate need of basic dental care,” he explained. He knew that the little girl’s dire situation could have been easily prevented if she had access to basic dental care and supplies. Something as simple as a toothbrush would have likely prevented the abscess from occurring in the first place.

A Dental Destiny

Over the next several years, Dr. Shinn returned to Nepal to be around the people whom he had grown to love. With him, he brought suitcases of dental supplies. He met with local schools and instructed teachers on the basics of dental hygiene.

After four years of delivering supplies, Dr. Shinn decided it was time to help out further by building a permanent clinic in the area. He also assisted in setting up a system in the village to track the people and their dental care. He soon found that his desire to help was inspiring some of the local Nepalese people.

Several villagers took an interest in helping me. I gave them some basic training and they became my dental assistants,” Dr. Shinn explained. One profound experience was when one of the villagers who had been his dental assistant received a grant to go to dental school. This experience was particularly significant because the young woman was a relative of Sonam Chutin Sherpa, the girl whose life he had saved on his first trip (see photo, previous page). Life had truly come full circle and Dr. Shinn was pleased to have played a role in that cycle.

Today, more than twenty years later, Dr. Shinn still goes to Nepal and many other countries around the world doing humanitarian dental work. He frequently visits such locales as Costa Rica, Guatemala, Jamaica, Tibet, Uganda and the Cook Islands. In each place, he has established affordable field clinics with generators, air compressors, and the backup equipment required to do surgery, fillings, and other dental procedures. He also takes along volunteer groups who perform dental proce-

Dr. Shinn stated. “That’s precisely what I was hoping not to hear, especially when I looked inside the small shoebox-size container and saw a dozen or so broken and corroded instruments. He also handed me a tube with Chinese writing on it and told me it was Novocain. I only hoped it was. I had no way to know for sure. Suddenly, I found myself in a very sticky situation that I was now solely responsible for.”

However, even though the conditions were not ideal, he realized the power of dentistry to transform lives. What he
did that day really wasn’t too difficult for him. It was a simple procedure that took a matter of minutes—but it made a huge difference for this little girl. It truly saved her life.

He was out of pain and anxious to get home. Dr. Shinn said, “Fortunately, they had some penicillin at the clinic, so I took some back with me to give to the family.”

Once the procedure was finished, Dr. Shinn and his young companion started making their way back to the village. From the plateau, he could see the rooftops of her village, two thousand feet below. I remember looking down at the village and realizing how far we had to go. Instantly, I felt a surge of frustration. I wanted to take a photograph of the sunset over Everest and I was going to lose my chance, since it was already late in the afternoon. It was my last day in Nepal and I wouldn’t get the chance again. But as soon as I had those thoughts, a sudden wave of shame flooded over me. How could I be so selfish and think about a silly photograph when I just had the opportunity to use my professional expertise and skills to save a child’s life?” Dr. Shinn emotionally explained. As Dr. Shinn battled the feelings of the discomfort.”

but I felt it was my duty as a medical professional. I explained to them that I was going to the hospital anyway, so why not let me take her and the doctors could do something to at least relieve some of the discomfort.

Fortunately, the family agreed.

Scaling the Mountainside

Dr. Shinn stood outside looking up at the child and started towards the hospital. It was about a two-thousand-foot climb up a steep, rocky trail from the small village to the clinic. He was already at eleven thousand feet, so the two-thousand-foot climb was even more daunting. As he was carrying the sick child, I really

In his mind, the child wiggled out of his arms. She recognized her house in the sea of colorful rooftops and darted off down the trail towards her awaiting family.

As Dr. Shinn hurried along the path to keep up with the children’s needs, he made a commitment to himself on that day. I wanted to help more people who were in desperate need of basic dental care,” he explained. He knew that the little girl’s dire situation could have been easily prevented if she had access to basic dental care and supplies. Something as simple as a toothbrush would have likely prevented the abscess from occurring in the first place.

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During eight weeks in Jamaica, they see between eighteen and twenty thousand patients. This is an absolutely amazing number!” Dr. Shinn stated.

How to Get Involved

One of the greatest things that Dr. Shinn learned from his first experience in Nepal was that dreams and goals can come true if you’re willing to work hard to make them happen. “This is especially true in regards to humanitarian dentistry,” he explains. “If you have an inner drive or inner urge to do that kind of thing, if you have the confidence and the knowledge, you can make it happen.” However, while many people may have the desire to get involved, Dr. Shinn knows that many dentists often feel apprehensive for a variety of reasons. They might not know exactly where to start. They might not know which organizations are best suited for this type of work. They might fear that being away from the office for too long will negatively affect their business. For such hesitant peers, Dr. Shinn has some specific recommendations:

1. Choose a location. Dr. Shinn suggests, “First, decide where you want to go. Maybe there is a country you’ve always wanted to visit. I can guarantee that any place you go will have people who have problems with their teeth and will welcome your help.” You don’t have to go to war-torn locations to do humanitarian work, either. “Places like Hawaii and Fiji have people who could benefit from your services, too.”

2. Find groups that align with your goals. The next suggestion is for dentists to research humanitarian groups with programs that ring true to their personal goals. “The ADA has a great list on their website that provides dentists with a wide variety of options for organizations that do this type of work around the world” (see sidebar on page 43). Find out where the groups go and what their schedules are like. Dr. Shinn states, “Make some calls to these organizations. Ask questions. Then, make your decision on which group to sign up with or if you want to plan something on your own.”

3. Plan ahead. The third suggestion involves handling the time that dentists will spend away from the office doing humanitarian work. “Most dental practices are on a six-month recall timeframe,” Dr. Shinn explained. “So, look ahead six months and block out the time period that you want to go. It’s easier to block out a week or two in six months because you’re not booked out that far. Once you’ve booked the trip, don’t let anything interfere. Make a commitment and stick to it.”

When dentists book six months in advance, they will have plenty of time to prepare for the trip. “You have to consider the financial situation of not only your personal life but also of your employees. Exactly how are they going to get paid during that time period? Perhaps everyone can take vacation all at once. Or work extra days over the next six months to compensate for the lost time. If you’re on a four-day work week, then add extra Friday or Saturday appointments to make up for lost hours.”

4. Consider temporary help. Another tip that Dr. Shinn gives (one that many dentists might not have considered) is not to close the practice while they’re gone on trips. Exactly how is this possible? Use professional temporary agencies to find dentists who are willing to provide short-term help for your practice. “Bring them in six months in advance. Have them work with you for a couple of days. See if they have your same professional belief system and philosophy. See how well they work with your team and your patients. Once you have built a relationship with the dentist, you will be in a position to take a few weeks off once or twice (or maybe even several times) a year for humanitarian work. That way, you don’t have to close your practice.”

Some dentists may fear that their patients may not want a different dentist to work on them, a
More Tips for Getting Involved
by the Aesthetic Dentistry Editors

1. Find A Service Opportunity and Organization.

Dentists who are interested in getting involved in humanitarian service work have a plethora of resources at their disposal. The best place to search for opportunities and organizations is the “Shared Global Resources” section of the American Dental Association’s website (www.internationalvolunteer.ada.org). There, dentists can use search fields to look for various organizations (ones that have officially registered with ADA), peruse upcoming service trips to countries all over the world, and find various ways to serve (going on excursions to deliver care, provide instruction and clinical training in-country, and donate funds, supplies or equipment). The site also allows dentists to search for opportunities based on religious affiliation, if preferred.

Another way to find organizations and dental service opportunities is to conduct a Google search using such phrases as “dental service trips,” “dentistry humanitarian trips,” or “dentists global service.” Networking is also a good way to find dental service opportunities. Ask friends and colleagues if they have been on such a trip or “dentists global service.”

2. Properly Vet the Organizations.

Since not all non-profits are created equal, be sure to properly vet any organization before you get involved. Ask how money and supplies are always needed for such trips and are used for administrative costs. Also, talk to people who have participated firsthand in the organization’s service trips.

3. Research Your Location.

Be sure to do your homework about the places you consider traveling to. Some places require specific vaccinations. Some places require certain visas. Some places have restrictions on the types of supplies and equipment you can take into the country, regardless of the type of work you’re doing. You’ll also want to make sure you fully understand the types of food you should eat and water you should (or shouldn’t) drink while visiting the country. You won’t do your patients any good if you spend your entire trip sick with an intestinal parasite, or worse.

Remember that just because your heart is in the right place, doesn’t mean you can be foolish about your choices. You can’t assume that you’ll have the same level of safety and security as you do in the United States. As the saying goes, “You’re not in Kansas anymore.” Every country will have its own laws, customs, and issues regarding health, safety and security. Specifics can be found on the U.S. Passports & International Travel website (www.travelstate.gov). Check out this website well in advance of any service trip. The site is forthright about the reality of the conditions around the world. Make sure you feel comfortable with the countries you plan to visit before you embark on any travel.

4. Don’t Forget Local Opportunities.

Going out of the country for service trips isn’t for everyone. And if you decide it isn’t for you, there are other ways to serve. You don’t have to leave the United States to have a meaningful dental service experience. There are many opportunities in local communities and states. Start by helping the underprivileged children and adults in your community. Consider offering dental services to the homeless population. Teach basic hygiene principles in elementary school assemblies. Opportunities are everywhere for people who want to give back and help the world become a kinder, healthier place.

You can also help fund service trips for other dentists. Both money and supplies are always needed for such trips and are greatly appreciated. In addition to dental supplies, many teams also take clothing, toys, personal hygiene kits, blankets, and newborn kits. Putting together these types of supplies is a great way for your entire dental team to get involved. Contact the organizations to find out if they have a preferred organization to which you can donate. The organizations can then forward the donations to the country of your choice.

Dr. Shinn simply can’t imagine a better life. It started with some extreme dental experiences in his young years, including toothache, (ones that have officially registered with ADA), peruse upcoming service trips to countries all over the world, and find various ways to serve (going on excursions to deliver care, provide instruction and clinical training in-country, and donate funds, supplies or equipment). The site also allows dentists to search for opportunities based on religious affiliation, if preferred.

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