# Aesthetic Dentistry

TECHNOLOGY AND T & AESTHETICS • VOLUME 16 ISSUE 2 • SUMMER 2017

## Pursue Perfection

*A case analysis shows the advantages of multidisciplinary dentistry.*

## Eureka!

*6 reports that reveal your hidden potential.*

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*8 ways membership plans will benefit your practice.*

Hope Gordon, Elite Full Arch Reconstruction by Dr. Jim Downs, 2013.

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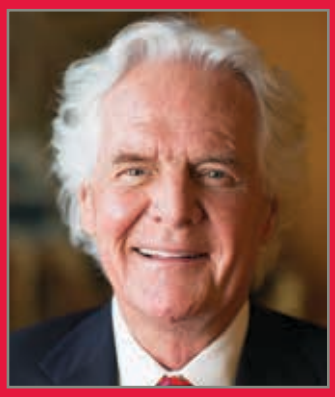

# Make Dentistry Great Again

## Practice the Best Dentistry for You and Your Patients.

In the last year, everyone has heard the phrase "Make America Great Again." Regardless of your personal political affiliations, that slogan forces each of us to ask a very basic question. Are we satisfied with the current state of affairs, and if not, what can we do about it?

This is an especially important question for today's dentists, who should ask themselves, 'Am I happy with the current state of my practice, and if not, what can I do about it?'

The last decade has seen huge changes in the dental industry. The emergence and growth of corporate dentistry is threatening the single practitioner/owner model that has defined dentistry for the past century.

In addition, legislative and insurance changes are complicating the regulatory environment in which dentists are forced to compete. New technologies and materials are expanding the scope and scale of treatment options for patients at a rapid pace. And finally, patient expectations and the Internet are changing the doctor–patient relationship in profound ways. With all this change it is easy to understand how some dentists might be wishing for the good ol' days.

One of the biggest stresses in dentistry is and has always been productivity. Too many dentists work a long day only to find a low production number at the end of it. The problem isn't really production, though—it's a problem of perspective. If dentists become locked into doing only what insurance companies will cover, or based on preconceived notions of what patients will pay for, they will struggle.

To make dentistry great again, dentists should be comprehensively diagnosing and presenting all the great solutions that dentistry can offer to patients. Implants, full arch reconstruction, splint therapy, sleep dentistry, and enhanced cosmetics are but a few of the options dentists can explore.

If you find that you are dissatisfied with your practice, I issue the following challenge: diagnose and present a full arch reconstruction case this week and every week thereafter to a patient who genuinely needs it. Learn to see it!

Don't prejudge patients on their ability to pay. Just present the case in terms of value and confidently quote the fee. You'll be surprised at how great dentistry becomes when you are doing the life-changing dentistry that makes each month more productive than the last, and patients are happier, too.

This issue of *Aesthetic Dentistry* magazine highlights a life-changing case by Dr. Thomas P. Shortell. His patient, Jack Peavey, underwent a full mouth reconstruction, and the results were more than satisfying for both doctor and patient (see *the article "Tackling Jack's Smile" on page 14*).

Another common feature among those who are dissatisfied with dentistry is a daunting feeling of isolation. When you're in a single provider practice, it can feel like it's just you against the world and the competition is everywhere.

Dentistry can only be great, however, when you have the right support structure. If you don't currently have a mentor, find one. Being able to talk with someone who knows your struggles and has found answers is key to being able to navigate the challenges that we all encounter. Bring your staff on board by sharing with them your philosophy of always doing your best.

In this issue, Dr. Jason P. White discusses the challenges he faced before finding a group of mentors in the story, "Cheering You On" (see *page 10*). Now Dr. White's practice is transformed, he has a zest for dentistry, and his patients are benefitting from the change in philosophy of doing only his best.

**New technologies and materials are expanding the scope and scale of treatment options for patients at a rapid pace.**

Finally, making dentistry great means providing a great product for your patients. If you constantly look for the cheapest and fastest way to do things, you're operating solely on a price-driven strategy. Following the lowest price may mean that you are busy, but not necessarily productive, and certainly not satisfied—nor is your staff happy with low wages.

Dr. Jim Downs offers a membership plan for patients who want to receive the highest quality care, regardless of their insurance plan—or lack thereof. To read Dr. Downs's story, see "Join the Dental Membership Club!" on page 22.

Dentistry becomes great when it is value-driven. I recommend using the formula "Value = Benefits – Cost." The key to the formula is making sure that the benefits outweigh the costs. If so, then the treatment has value for the patient.

Seek to become a dentist who offers the results that patients just can't get anywhere else. That means offering the best techniques and the best materials for the best outcomes. Then you'll become the go-to dentist for life-changing dentistry. And dentistry will become great again for you and for your patients. ■

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# Hitting the Mark

## A Full Arch Makeover Corrects a Childhood Injury.

Getting hit in the face with a baseball bat will ruin your day, but it doesn't have to ruin your life. I'm proof of that. As a child, I suffered a bruising blow to my teeth during a Little League® baseball game. I didn't realize it at the time, but my problems weren't over when I was out of pain. It took me more than 23 years to do something about the dental issues that plagued me during that time. In 2016, I reached out to Arrowhead Dental Laboratory in Sandy, UT, to ensure that one traumatic Saturday morning in my childhood wouldn't cripple my smile forever.

As a kid, I loved playing baseball. I was just 12 years old when the accident happened. When I leaned in to toss a ball back to the umpire, I didn't notice that my teammate was practicing his swing with a bat. One of his practice swings landed squarely on my mouth. He just about hit my four front teeth out of the park! Though my teeth weren't knocked all the way out, they were left dangling. And it was excruciatingly painful.

Though my teeth weren't knocked all the way out, they were left dangling. And it was excruciatingly painful.

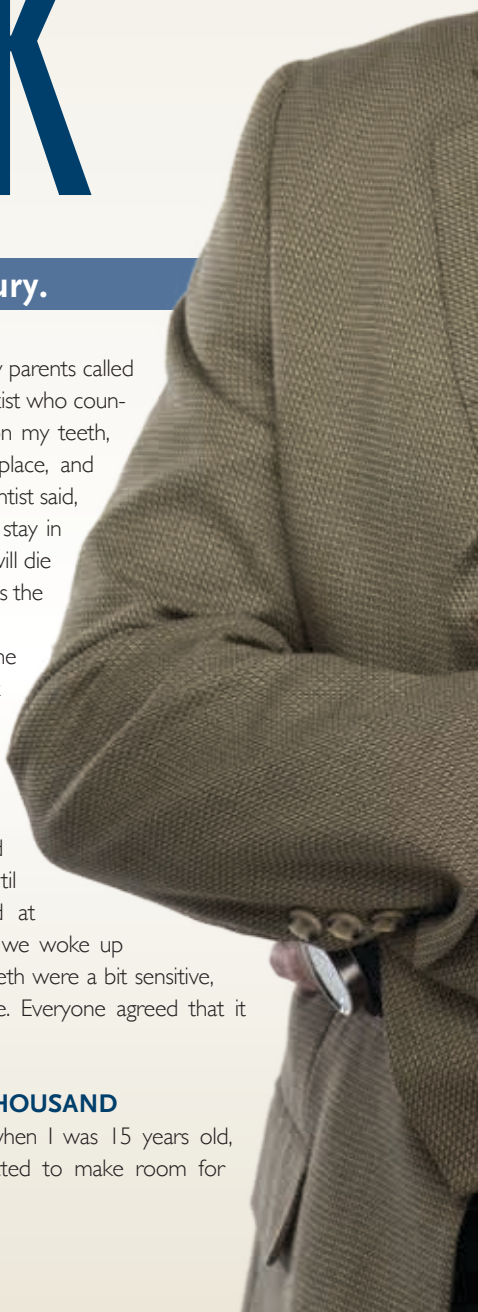
### A PAINFUL INNING

I have wonderful parents but when I was growing up, we didn't have dental coverage or extra funds for dental surgery or implants. So after the accident, my parents called around and found a dentist who counseled them to put ice on my teeth, shove them back into place, and hold them there. The dentist said, "Those teeth will either stay in place and hold, or they will die and you'll have to address the problem."

For the rest of the day, my parents sat next to me as I lay on the couch and held my teeth in place with a wet rag. They took shifts helping me hold them in all day long until everyone went to bed at about 9:00 p.m. When we woke up the next morning my teeth were a bit sensitive, but they stayed in place. Everyone agreed that it seemed like a miracle!

### NOT BATTING A THOUSAND

Three years later, when I was 15 years old, I had four teeth extracted to make room for




*(Above, left) Jordan Nelson, age 12, poses for a Little League® portrait alone, and with his team (above, right). An unfortunate accident on the field left Jordan with serious dental problems.*

the movement of my teeth while I got braces. The orthodontist said, "Because of the traumatic injury to your front teeth, there is going to be some movement and who knows how it will end up?" Luckily, everything progressed normally and I wore braces for two years.

Unfortunately when I was 20 years old, I started noticing some discoloration in my right front tooth (tooth number 9). My dentist confirmed the tooth was dying. I had no money for a new tooth so I just went on with my life and left the tooth untreated.

Two years later, I married my wife, Kristin, and eventually we had four children. But even in our wedding photos, the problems with my teeth were visible. I was unhappy with my teeth, and over time they bothered me more and more.

Even in our wedding photos, the problems with my teeth were visible. I was unhappy with my teeth, and over time they bothered me more and more.

About eight years after the wedding I had my two front teeth replaced with two crowns. Though it was an improvement, I chose the "bargain basement deal." I think I spent about $500 on both crowns, which, not surprisingly, didn't allow me much control over the end product. Two years and four root canals later (including both crowns), the problems with my teeth just seemed to be multiplying.

When I visited another dentist for a second opinion, I discovered that the two crowns apparently hadn't been installed properly and that my ›

# Aesthetic Dentistry

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gums had relaxed. For years I bled every morning when I flossed. It was terrible! Every time I went in for cleanings, I would have to remind the dental hygienist to take it easy.

### STEPPING UP TO THE PLATE

The downward spiral of my teeth might have continued if my sister-in-law, Peggy Nelson, hadn't offered me some hope. Peggy is the Director of Business Development for Arrowhead. One day, she mentioned that Arrowhead occasionally needs volunteers for continuing education courses. She was trying to find a volunteer for an upcoming Full Arch Reconstruction course, and she asked if I might be interested.

Initially, there were some questions as to whether I would qualify, given my less-than-virgin teeth. When Peggy confirmed that I could be a patient, I thought, 'I would love that! What a difference it would make!' Nevertheless I was still a little nervous about the commitment involved in removing all my front teeth. I knew there would be no turning back!

### TRUSTING THE COACHES

I'm currently the Director of Operations for Rockville Debt-Free Properties, a small commercial real estate investment company in Sandy, UT, that I helped start ten years ago. Part of my job responsibilities involves meeting daily with clients, and I manage the entire process for completing their transactions.

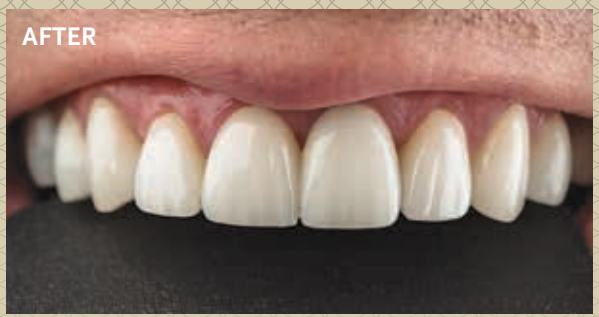
Clients notice my teeth immediately because I smile a lot. When deciding whether or not to get my smile redone, I decided to take the leap largely so that I could project the best possible image at work.

After making the decision to proceed, I worked with Dr. Jim Downs of Denver, CO, to design a smile. Before the treatment, we discussed my ideal smile in detail. I asked Dr. Downs to build a smile that would be similar to


When deciding whether or not to get my smile redone, I decided to take the leap largely so that I could project the best possible image at work.


my natural smile. I didn't want to tinker with the shape too much and it was important for me to maintain a natural color. It was a tall order because I wanted compliments on my smile, but I didn't want anyone to notice I had done anything.

Still, I deferred to his judgment and expertise. We decided to do a full upper arch reconstruction—all fourteen upper teeth—leaving the back molars in place. I trusted Dr. Downs completely and hoped for the best.




*(Above) Close-up of Jordan Nelson's full arch reconstruction. The rehabilitation work included fourteen of Jordan's upper teeth.*

## THE PROCESS

Because of my traumatic injury and complicated dental history, I presented as an atypical patient. But apparently my history only made for a more interesting experience for Dr. Downs and the other dentists who observed the procedure.

I didn't know exactly what to expect during the first visit, but the procedure went much faster than I anticipated—I think it was less than three or four hours. It didn't bother me much to have a group of dentists looking at me during the procedure, either.

> It was a tall order because I wanted compliments on my smile, but I didn't want anyone to notice I had done anything.

Normally I don't like being the center of attention, but I tuned it out because I wore goggles and listened to music the entire time. Prior to my appointment, I was a little apprehensive, but my anxiety was not warranted.

Throughout the process the staff was very attentive to my needs. Dr. Downs massaged my jaw and checked several times to make sure that I was okay. His assistant, Ciara Halbleib, was great. She was very kind throughout the process—she even applied ChapStick® to my lips to keep me comfortable.

Once, toward the end of the appointment, the numbing agent began to wear off. When members of the team saw me wincing a little, they immediately added a bit more of the numbing agent. Dr. Downs explained that they try to apply just enough of it to last throughout the procedure so the patient can talk and eat for the rest of the day.

## ROUNDING HOME

During the prep appointment, Dr. Downs removed the existing crowns in pieces. He was able to preserve the majority of what was left of my two front teeth. He prepped four of the back teeth on a Thursday, then the rest of the teeth the next day in order to make the process more manageable while the entire group observed.

From the moment he put the temporaries on, I felt such a difference. It was a wonderful feeling—especially the removal of the front crowns that had been such disasters.

A couple months later, Dr. Downs placed my permanent crowns during another seminar. Seating the permanent crowns was a good experience and required less endurance than the prep appointments because it didn't take quite as long. When the final crowns were installed, everyone standing around me clapped in celebration!

Dr. Downs explained that some patients have speech issues after the temporaries or permanent teeth are installed, but I didn't notice any problems. Nor do I recall any bleeding from the gums when the final crowns were placed. While I was in temporaries, I took my home-care routine very seriously—consistently brushing and using the Waterpik® morning and night. Dr. Downs educated me on the complications that could result from neglected home care and it scared me a little, so I made sure I was practicing good oral hygiene.

## THE NATURAL

As I mentioned, I wasn't looking for a drastic change in my smile. I didn't want bright white teeth, and I didn't want the shape of my smile to be noticeably different. My goal was for all my teeth to match, and to adjust the shapes of the two front crowns that had always bothered me.

Fortunately, the shape of my completed arch conformed nicely with my original smile lines. My orthodontist had already done a good job with the shape of my mouth. *(continued on page 37)*

*(Above) Jordan Nelson with his son before his full arch reconstruction.*

# Cheering You On

## Why Mentors Are Critical to Success.

The statistics don't lie. If you want your dental practice to flourish, you need to utilize some type of mentorship. A 2014 study conducted by The UPS Store showed that 70 percent of small businesses that succeeded for at least five years or longer had received some type of mentorship.

Successful people in all industries know the value of mentorship. Denzel Washington, an Academy Award-winning actor, summed it up this way: "Show me a successful individual and I'll show you someone who had real positive influences in his or her life. I don't care what you do for a living—if you do it well I'm sure that someone was cheering you on or showing you the way. A mentor."

Dr. Jason White of Lubbock, TX, knows the value of mentorship all too well—he has experience in running a dental business from both sides of the equation. He knows what it's like to start out in the dental field *without* a mentor and the struggles that go along with that. He also knows what it's like to have a team of mentors who can provide him with the answers, expertise, and guidance to make his practice grow. Because of his contrasting experiences, Dr. White knows firsthand why pulling together a

I don't care what you do for a living—if you do it well, I'm sure that someone was cheering you on or showing the way. A mentor.

*(Above, left to right) Dr. Jim Downs, Dr. Jason White, MaryFran Bixler (patient and treatment coordinator), and Misty Gregorio (dental assistant).*

*(Above) The team members of Jason White Dentistry in Lubbock, TX, including Nelli, a therapy dog.*

team of mentors is one of the best things you can do for your dental practice.

## A CHANGE OF PLANS

When Dr. White graduated from dental school, he was fortunate enough to be offered an associate position with an established dentist, Dr. Paul Johnson. During Dr. White's undergraduate years in college, he had worked with Dr. Johnson and had grown to respect his keen business sense, entrepreneurial skills, and progressive clinical work in implant dentistry. Dr. White was eager to join the practice, knowing that Dr. Johnson would not only make a great partner in the dental field but also a perfect mentor.

However, three days after Dr. White signed a business agreement with Dr. Johnson, tragedy struck. Dr. Johnson and his wife were both killed in a small plane crash, in a plane that Dr. Johnson was piloting. Dr. White said, "At the moment of receiving this devastating news, my world felt like it had been flipped upside down." Not only had he lost a good friend in the crash, but Dr. White had also lost the future that he had envisioned in working with Dr. Johnson.

Since the papers were already signed, Dr. White could essentially step into the practice immediately as the lead dentist. However, he wasn't sure he wanted to just to take over someone's practice so soon after graduating from dental school.

What had made Dr. Johnson's offer so enticing was the fact that Dr. White was going to be able to work alongside a trusted advisor. "So, I immediately started looking around for other options," Dr. White explained. Yet after about six weeks, he felt that he needed to assume the responsibilities of Dr. Johnson's practice, even if he had to go at it solo.

Dr. White explained, "I was green around the ears and essentially thrown into the swimming pool with no water! I was 26 years old and I was on my own. Even though I knew it would be challenging, as is the case with everything I do in life, I dove in headfirst. I was determined to really give it a go."

It wasn't long into running the practice that Dr. White discovered a truth that most new dentists eventually figure out. He learned that dental school had merely provided him with the clinical foundation on which to build a practice, but he still had a lot left to learn about being a dentist and running a business. "You really learn dentistry when you get into a practice, not in dental school," he explained.

> You really learn dentistry when you get into a practice, not in dental school.

Not only did he long for a mentor in the clinical area of his practice, but also in the business end. He had a myriad of questions and no one to help provide the answers. *How should he handle the day-to-day operations of the business? What is the most effective way to manage employees? What is the best way to run a practice smoothly and efficiently? How could he make sure he was making a profit?* ›

Dr. White tried to reach out to his local dental community to find a mentor, but was ultimately unsuccessful in his quest. He explained that it can be challenging to find a mentor among the competition. Furthermore, there seemed to be an underlying feeling that he was out of his league—that he had no business running an established practice straight out of dental school.

## DOWN AND OUT

When looking back on his first few years in practice, Dr. White said, "Initially, I made some great decisions. But I also made a lot of bad decisions. By the time I was about five years into my practice, I had really lost my interest in dentistry." He explained, "My practice was more insurance-driven than patient-driven, and as a result I had a very high turnover rate. The practice was going nowhere for me. I literally hated turning the key to my office and coming into work every morning." At the time, Dr. White began exploring other career options and seriously considered abandoning dentistry altogether.

My practice was more insurance-driven than patient-driven, and as a result I had a very high turnover rate.

It was while he was at a particularly low point in 2014 that Dr. White came across an advertisement for the Dr. Dick Barnes Group (DDBG) courses. Many of the offerings looked intriguing, but he was primarily drawn to the Full Mouth Reconstruction course. He immediately signed up for the next available course with Dr. Jim Downs as the instructor.

"When you're down and out and checked out of dentistry," Dr. White said, "there's no one better to help pull you out of the slump than Dr. Jim Downs." In the Over-the-Shoulder™ course that Dr. White attended, Dr. Downs demonstrated the step-by-step procedure for completing a full arch case by taking students through the process in an actual procedure. At the end of the course, Dr. White told Dr. Downs, "Thank you for showing me that there's a better way to do dentistry." And with that, Dr. White had finally found a mentor.

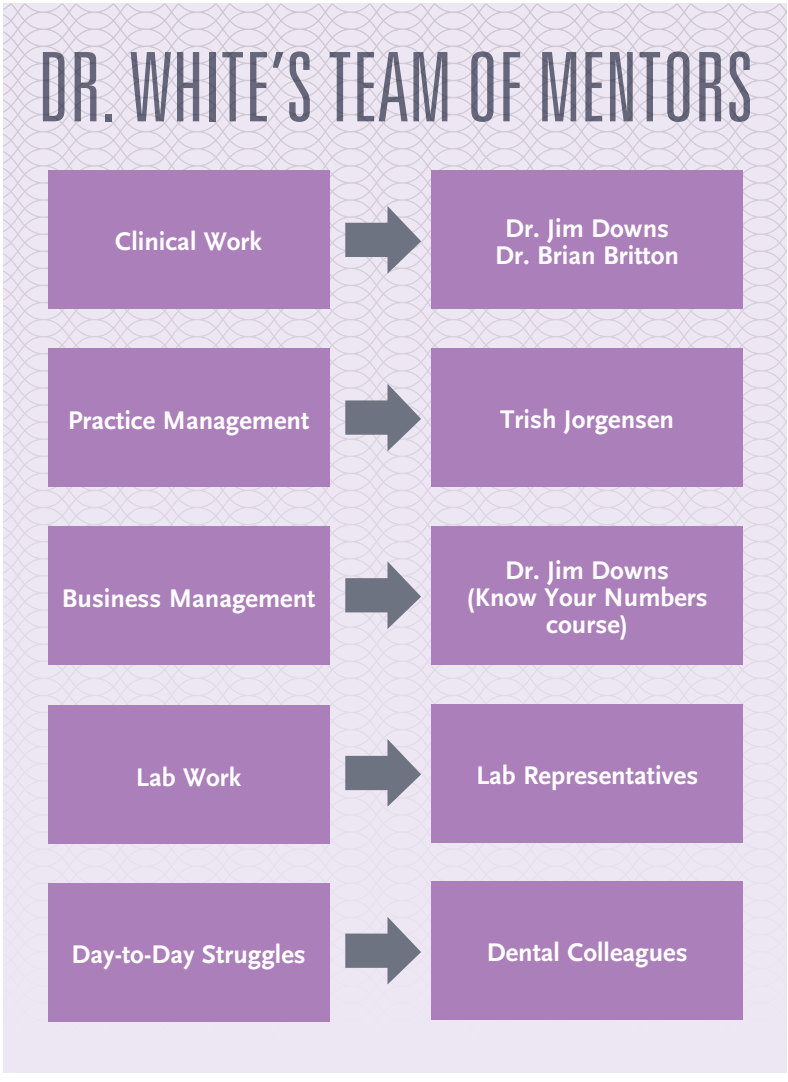
## BUILDING THE TEAM

Over the last three years, Dr. White has taken a string of other DDBG courses—each of which were taught by experts in the industry. At each course, he has been able to add additional members to his ever-growing team of mentors.

Today his team of mentors includes a variety of players. Some offer excellence in clinical procedures. Others bring expertise in the business side of the practice. The best part about the DDBG courses, according to Dr. White, is that the instructors aren't just experts who give a lecture and then disappear from your life. They build relationships with their students and help them with follow-up questions and guidance after everyone has returned to their practice.

Naturally, one thinks of an instructor as being a mentor. But what about your peers? Can colleagues also be mentors? Absolutely. Dr. White has found that the colleagues he met at the DDBG courses have become tremendous mentorship resources for him, too. "At the courses, you meet other colleagues who are having the same issues as you in their practice," Dr. White explained. "It's nice to be able to reach out to these colleagues and seek their advice for solutions."

Dr. White also discovered other mentors in a place where he least expected it: within the walls of the dental lab. "I talk to my lab representatives constantly," Dr. White explained, "especially when we're in the middle of a case." While the dentist is the expert on doing the clinical work, the lab reps are the experts on how the crowns and restorations are actually made. Since they've been involved in a plethora of cases with all of their other clients, they can provide guidance and tips on issues that the dentist may not have even thought of.




## PATHWAY TO SUCCESS

After Dr. White built a team of mentors, everything changed drastically for him and his practice. Not only has he found a zeal for dentistry again, he has also found success at running a profitable practice. He doesn't dread coming to work anymore.

Dr. White's pathway to success didn't just magically happen because he found people to mentor him. He had to find the *right* people. When searching for a mentor, it's important to find people who share your philosophies and understand your goals. Dr. White said that one of the reasons he was excited to work with Dr. Johnson was because he was doing the type of dentistry that he also wanted to be doing.

Once you've found the right team of mentors, the next step is implementing what you learn from them. You can receive all of the fantastic advice in the world, but if you don't act on it, it does you no good. Regardless of how long it takes you to make a new concept or skill your own, it's important to keep trying.

Dr. White found that in his own practice, once he and his team implemented what they learned, they began experiencing successes. As Dr. White's team started experiencing successes, their level of confidence grew, and more successes followed. Today, Dr. White notices a marked change in his practice. Not only does everything run more smoothly, but every member of the team is happier, too. "The morale of my practice is wonderful. Everyone is working to achieve the same goal," Dr. White explained.

Moreover, the practice has also achieved a dramatic increase in production since he started working with mentors. "In April 2017, I had the largest production month I have had in 11 years in business," Dr. White said. "When you implement proven ideas, there's a calming effect that comes over your dental team. That's the best starting point you can have when building a doctor-and-dental-team relationship with your patients. You want your practice to stand out above the rest."

## PASSING THE TORCH

Now that Dr. White has experienced a proven level of success, he hopes to someday share his experience with others. "Having a mentor earlier would have allowed me to become a better dentist earlier," Dr. White explained. "If I can help other dentists who are struggling, and help them turn around whatever it is they're doing, then I'll be able to pass this on," he said.

Dr. White wants to make sure the torch of mentoring is passed on to another generation of dentists. He said, "So many times a good thing doesn't continue because somewhere along the way, someone doesn't step up. Because I have benefitted from [mentoring] so much, I feel an obligation to help others so they, too, can reap the benefits of mentorship and a successful dental practice." ■

When you implement proven ideas, there's a calming effect that comes over your dental team.

*Dr. Jason White is a practicing dentist and avid entrepreneur. In 2002, he received a Bachelor of Science degree from Texas Tech University in Lubbock, and then went on to receive a D.D.S. degree from the Baylor College of Dentistry at Texas A&M University in 2006. Dr. White co-owns several businesses, including Alpha Sleep Labs, Accessory Depot, and Rhino Linings of Lubbock, among others. In addition to his business ventures, Dr. White is a member of the regional board of directors for Make-A-Wish® Foundation. He currently practices dentistry at Jason White Dentistry in Lubbock, where he and his team focus on high-quality cosmetic, restorative, and general dentistry.*

*Amie Jane Leavitt has been working as a professional writer and editor since 1999. During that time period, she has written and edited extensively for both online and print media. Leavitt has worked as a member of the* Aesthetic Dentistry *editorial team since 2013 as one of the magazine's main copywriters and editors.*

# Tackling Jack's Smile

## Multidisciplinary Dentistry for a Full Mouth Reconstruction.

I first met Jack at a football game at Butler Community College in El Dorado, Kansas. We were both watching the game and were chatting casually about football. Eventually the conversation turned away from the action on the field. Jack said, "I hear you're a dentist." He'd been to several dentists he wasn't happy with, so I told him to come and see me. And even though Jack lived more than 150 miles away from my practice in Mission, KS, he scheduled an appointment and actually showed up for the exam.

*(Above) Jack Peavey and Kelly Strowig (dental assistant) before treatment.*

During the initial exam, I was amazed at how little was left of Jack's natural dentition. He was a strong bruxer and had ground his teeth down tremendously. I knew we needed to salvage what was left of his teeth before they got even worse—and we needed to do something as soon as possible. Initially, Jack was somewhat dismissive of my sense of urgency, but I kept reiterating that if he continued to lose teeth, he would need dentures.

He was a strong bruxer and had ground his teeth down tremendously. I knew we needed to salvage what was left of his teeth.

In addition to losing his dentition, Jack was in constant pain. Furthermore, Jack said that he was so self-conscious about his teeth that he rarely smiled.

### COACHING THE PATIENT

Jack took a lot of convincing to address the problems in his mouth. He kept telling me just to "fix it." I finally said that I couldn't just "fix it" because it was like working on a flat tire. Jack's problems couldn't be resolved with superficial fixes. I explained that, like patching up a flat tire, making so-called "patches" over the problems in his mouth wouldn't resolve the overall problem. Avoiding the major issues in his mouth wasn't helping Jack live a healthy life, either.

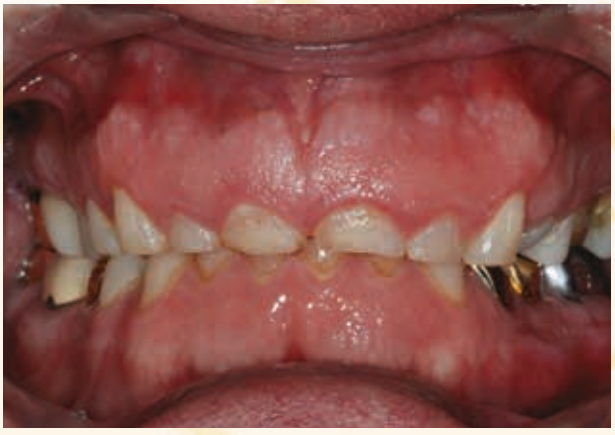
**BEFORE** **AFTER**

*(Above, left) Preoperative Full Face View; (Above, right) Postoperative Full Face View*

To finally convince Jack to get the work done, I explained it to him in football jargon. I told him that we needed to do a Hail Mary pass or it would soon be too late. I told Jack that he needed a full mouth reconstruction with additional complicated dentistry.

In October 2016 I was planning on going to a Clinical Hands-On course for full arch dentistry with the Dr. Dick Barnes Group in Sandy, UT. Because it was a Hands-On course, I needed to bring a patient to the course. I asked Jack to be my patient and told him that we could address the problems of his smile with a comprehensive treatment plan. I said that it was a rare opportunity but that I knew this would really help him out.

Jack still seemed reluctant to commit to treatment. So I finally framed my argument around the health concerns. I told Jack that I honestly believed it was advantageous to his overall health and longevity. I reminded him of the old saying, "If I had known I was going to live this long, I would have taken better care of myself." I explained that we needed to take care of his teeth so they would last for the rest of his life. I said that I've never heard a full mouth reconstruction patient say in hindsight, "I wish I hadn't done it," or, "I wish I had put this off a little longer."



*(Above) Preoperative View, Biting*

Jack has kids and is an active guy. I wanted him to be healthy and enjoy his life and his family for as long as possible. I also told Jack that improving his smile would likely help him out with his job. Jack works for Toshiba in medical sales. Having a new smile could transform his business.

Ultimately, I showed Jack what I saw when I looked in his mouth with the intraoral camera. And for Jack, seeing was believing. When Jack saw the myriad of problems that I saw, it started sinking in. He finally agreed to be my patient for a Clinical Hands-On course in full arch reconstruction in Denver, CO, with Dr. Jim Downs as the instructor.

## GAME DAY PREP

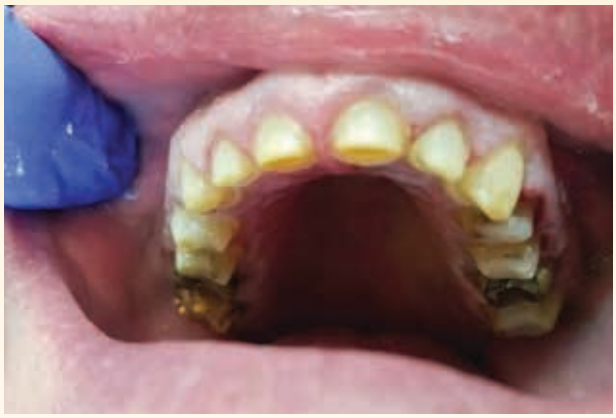
I started preparation for Jack's full mouth reconstruction last summer—in 2016. We got started as soon as possible because I knew I had to open his bite quite a bit. Jack had a Shimbashi (the vertical dimension of occlusion during closure) of around 12 mm, and eventually we opened it to about 17 mm.

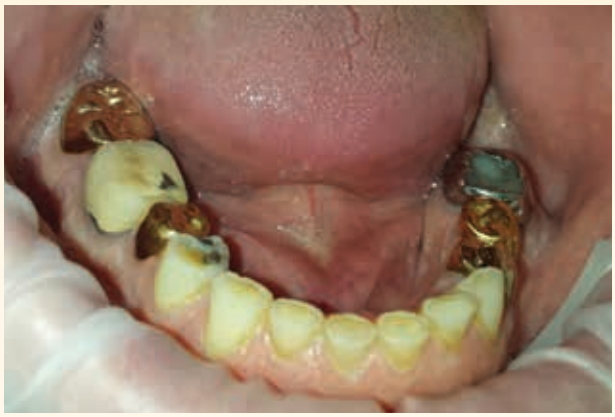
We had to have a big opening if Jack could tolerate it. But honestly, I think he could have tolerated just about anything—I could have put a pair of shoes in his mouth and he would have said, "This feels great doc"—because he's just one of those patients. But we had to put some protection on his teeth because he had such a strong bite, which is why he was wearing his teeth down.

Our first goal was to open the bite. So I took impressions, photos, and the bite relation and sent that information to Arrowhead Dental Laboratory.

To get Jack used to his new vertical, Arrowhead made him an orthotic that he wore all the time. While Jack was wearing it, I kept in frequent contact with him.

Soon after he started wearing the orthotic, Jack reported that he was sleeping better, his jaw felt great, and he was not having any discomfort. He wore the orthotic religiously. If Jack wasn't eating, he was wearing it. Being such a compliant patient really helped out. ›





*(Above, left) Preoperative View, Uppers; (Above, right) Preoperative View, Lowers*

It took two or three weeks to open up Jack's bite. Afterwards he mentioned that when he was chewing without the orthotic, it felt awkward to close his mouth. We had to retrain his mastication muscles to compensate for the new bite relation that we were trying to establish.

Because Jack was somewhat reluctant to agree to treatment, the Wax-Up was great because it showed him the possibilities for his smile.

Arrowhead also made a White Wax-Up to give Jack a great visual of what was possible with his smile. Because Jack was somewhat reluctant to agree to treatment, the Wax-Up was great because it showed him the possibilities for his smile. It was uncanny how perfect it fit. My assistant, Kelly Strowig, and I worked hard to communicate as clearly as possible with Arrowhead's lab and dial in everything for this case.

Arrowhead included a bite registration jig with the Wax-Up and all the things that helped the Wax-Up come to life.

## THE BIG GAME

Once Jack's bite was opened up, we flew to Denver for the course. On the first day of the seminar, I prepped Jack for treatment. The prep work involved using a soft tissue laser to re-contour Jack's smile and the gingival tissues.

We ended up increasing his vertical about six millimeters, and both Dr. Downs and I were amazed that it worked out so easily. We originally planned for four millimeters, but the extra two millimeters really made a huge difference in Jack's new smile.

I was comfortable using the soft tissue laser to contour because I've been using a soft tissue laser for about 15 years. I do a lot of lasering for general contouring. Often, after a patient does orthodontics, his or her teeth look great, but minimal tooth structure shows because of the hyperplastic growth of some of the young tissue (due to the irritation caused by moving the teeth). With the laser I can redesign the smile line and the gumline to help make the smile "pop."

I had to do quite a bit of gingival contouring on Jack. I was able to show the other participants at the course what I was doing. I knew we had plenty of gum tissue to work with, so we wouldn't violate the biological width—because once you violate that, your patient will get inflammation no matter how beautiful the crown is.

The most unique part of the treatment was having to perform some endodontics on Jack. He had one tooth with a gold crown on it that we were planning to remove. I discovered it was from an endodontic treatment from many years ago, and they had casted the coat and the crown together.

I thought I was going to be able to take the crown off and build a new crown back up, but I couldn't do that. I couldn't even get the old crown off! I therefore decided not to damage the tooth any more by trying to get it off. Dr. Downs and I decided to prep it like it was a tooth, take a little bit more time with the prep, and then put a crown over the top of it. It took a little while to get there, but it worked out fantastic.

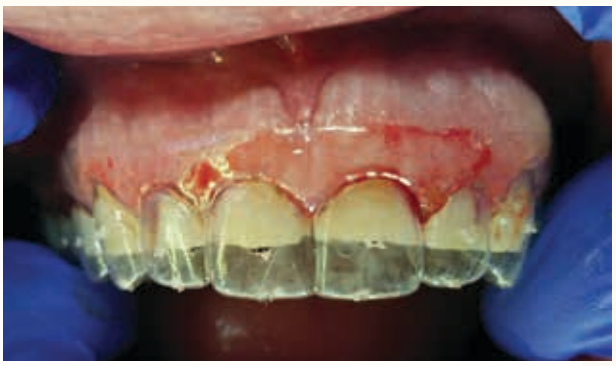
In 34 years of dentistry, I've never done anything like that. I prepped the gold crown by drilling down—and I got it to where I could get to some natural tooth margin.

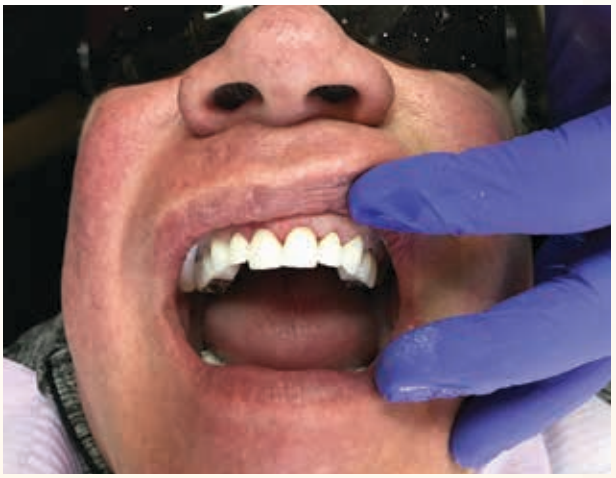
As a doctor, you've got to be flexible when you get into unexpected situations. No matter how much prep you do, surprises usually happen, and each patient is unique. That's why it's important as a general dentist to be able to perform multiple disciplines of dentistry. After the gingival re-contouring, I prepared the rest of the teeth.

The next step was making temporaries for Jack. I treated each tooth so they weren't sensitive, and then I placed a temporary crown mold on, trimmed up the temps, and adjusted the bite (although I didn't have to do much adjusting).

## IN THE END ZONE

Arrowhead fabricated all the crowns while Jack was in temporaries. In November, Jack and I flew back to Denver to seat the permanent restorations. For Jack, I did half bonding and half cementation—some of the crowns in the posterior had to be cemented, and all the anterior restorations were bonded.





*(Above, top to bottom) Preoperative View with Surgical Guide; Close-up View, Uppers*

At the seating appointment, I took the temps off and tried on each of the crowns. I like to check them individually and then bond everything at once. For each individual restoration, I made sure all the margins were perfect, and when Jack closed his mouth the contour looked good. So everything was fantastic before the bonding and cementation began.

> No matter how much prep you do, surprises usually happen. That's why it's important as a general dentist to be able to perform multiple disciplines of dentistry.

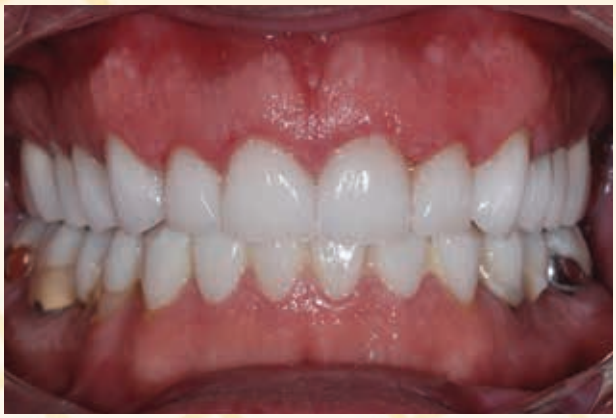
Next, I placed each crown. After placing all the crowns, I only had to adjust one little area between tooth number 6 and tooth number 7. That was it! And then I adjusted the margins and the contacts on either side, and those required only minor adjustments, too.

I cemented everything and cleaned him up, and then I reviewed everything and made a few tiny adjustments. I used the electronic bite registration program and could see where he was biting.

Today, Jack is still bruxing, so he wears a splint to protect his restorations. Jack is in Snowcap temporaries on his lower arch, and when I seat his lower arch, I plan to make him a more permanent orthotic.

## POSTGAME WRAP-UP

My favorite change is how often Jack smiles now. When he used to smile, it was almost like he was squinting. But by putting the facial muscles back to where they once were, Jack's body immediately responded—he went from a tight smile ›



*(Above) Postoperative Retracted View, Biting*

to a relaxed one. Restoring Jack to his normal vertical bite was almost like giving him a facelift. It really made a difference in the way he looks.

When I spoke with Jack recently, he mentioned that people ask him all the time why he's so happy! But it's no secret. He knows it's because of his new and improved smile. He remarked that he thinks his smile has helped to improve sales at his place of employment, too.

Because of the drastic changes we made to his bite, it took Jack at least a month to get completely comfortable with the new position of his bite. But now he says it's fantastic.

Jack mentioned that he doesn't even know how he could have functioned before. In addition, each of Jack's kids have called me and thanked me for helping their dad. It truly shows how life-changing dentistry can be. ■

*Thomas P. Shortell, D.D.S., has been practicing dentistry in Mission, KS, since 1984. He is a graduate of the University of Missouri—Kansas City School of Dentistry in Kansas City, KS, and Pittsburg State University in Pittsburg, KS. Dr. Shortell is a member of the Academy of Laser Dentistry and the International Congress of Oral Implantologists. He has practiced laser dentistry for more than 15 years. Dr. Shortell's practice provides comprehensive dentistry with an emphasis on advanced procedures. The practice believes in the philosophy, "Come in as a patient and leave feeling like family." He is a compassionate dentist with loyal and longtime staff members.*

# The Patient Perspective

**by Jack Peavey**

*My teeth were a problem and had been deteriorating for a long time. As a dad and provider, I put my family's needs before my own—particularly when it came to my dental health. I grind my teeth at night and I have soft teeth that, over the years, have required many fillings, root canals, and crowns. I worried about dentures because both my parents wore dentures.*

*When I met Dr. Shortell and learned he was a dentist, I asked him several questions about my dental health. He explained to me about the importance of dental health in relation to overall health and wellness. After speaking with Dr. Shortell, I knew I needed to start addressing the issues.*

*Prior to getting my teeth done, I had been self-conscious about them and was cautious when smiling in pictures. I learned how to grin and not reveal any teeth. I thought that if I ever found the right opportunity and finances, I was going to do something about it.*

*My first visit to Dr. Shortell was purely a check-up and included X-rays to learn how much damage I've done over the years. Dr. Shortell stated that I needed a comprehensive plan and not just one or two crowns a year to address the issues with my teeth and my bite.*

*Dr. Shortell said that if I committed to comprehensive treatment, he would strategize and build a reasonable plan. He took his time addressing every step of the process, and I learned about each and every procedure.*

*He asked me a lot of questions, listened to my concerns, and answered every question that I raised. I learned a lot through these office visits. I noticed that Dr. Shortell's team members and his patients all had a great rapport with him. As a patient of Dr. Shortell's, I understood that he really cared.*

*When designing a treatment plan, Dr. Shortell asked about the length of my teeth. He showed me the length of my teeth before treatment, showed me where he wanted to go, and suggested what length my teeth should be. I was shocked at the difference! I had really ground my teeth down. After I agreed to treatment, he gave me a mouthpiece to wear for night grinding and for opening up my bite.*

Prior to getting my teeth done, I had been self-conscious about my teeth and was cautious when smiling in pictures.

*On the next visit, Dr. Shortell checked to see how my mouth was progressing with the mouth guard. I was faithful and committed to wearing it, so the journey to fixing my mouth really began in earnest after that.*

*After the first prep appointments, I was wearing temporary crowns. My immediate reaction was, "Wow! Look at that smile!" I also noticed how strange the new bite felt with a mouth full of properly sized teeth! I had to train myself to chew again, and the training period was a bit difficult, but very short lived. It only took a week or so to feel comfortable chewing.*

*Two days before my permanent crowns were seated, I was eating pizza! I was totally comfortable with my bite and chewing but I forgot that it was only a temporary crown. I bit into the pizza, and when I pulled back to break off a bite, I pulled out three front teeth! I was mortified but then I just laughed! Thankfully, I was just a few days away from a permanent fix.*

After the first prep appointments, I was wearing temporary crowns. My immediate reaction was, "Wow! Look at that smile!"

*After getting each individual permanent crown seated, the bite was again a little different, but not as dramatic as it felt with the temporaries. After several long hours in the chair to seat my permanent teeth, my jaw was sore for a few days. But the finished permanent crowns and the results were spectacular! I was so happy with how they felt and looked in my mouth.*

*Today, my wife and kids constantly comment on the wonderful work Dr. Shortell and his helpful assistant, Kelly Strowig, did in creating my new smile. I wish I had done it many years earlier, but until I met someone with the patience and persistence to educate me, it was not going to happen.*

*I feel blessed with my new teeth. They just make me feel better as a person. And I've gotten back to smiling like I did when I was growing up! It could not have gone any better.* ■

*(Above) Jack Peavey and his family smile for the camera after he received his full mouth reconstruction.*

Q&A on

# Custom Orthotics

## Choosing an Orthotic That Suits Your Patient's Needs.

*When it comes to orthotics, one size doesn't fit all patients. A custom orthotic is beneficial because it is made specifically for an individual patient. With custom orthotics, dentists can choose flat or anatomical, hard acrylic or Astron (MMA-free), or even full coverage or just posterior coverage.* Aesthetic Dentistry *magazine recently spoke with LaMont Carpenter, Arrowhead's Technical Consultant, about the different options and how to choose the right one for your patient.*

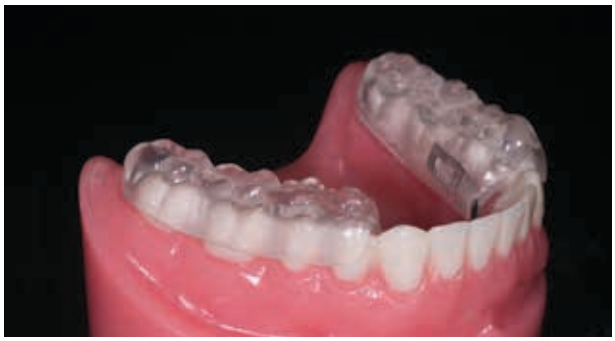
*LaMont has worked in the dental industry for more than 35 years. He is a CDT (Certified Dental Technician) examiner and is certified in four out of six dental specialties, including Crown & Bridge, Dentures, Partial Dentures, and Orthodontics.*

### *AD: WHAT ARE THE DIFFERENT TYPES OF ORTHOTICS AND THEIR PURPOSES?*

**LC:** A flat night guard made from hard acrylic is good for people who want something basic to protect their teeth. The Astron flat orthotic provides a good alternative for patients with certain allergies because it is made from a thermo-composite material that is MMA-free.

The anatomical orthotic is good because it gives the teeth someplace to rest the mandible. When a patient is grinding his or her teeth, the teeth are seeking a place to rest and the anatomical orthotic provides that place. The Gelb orthotic can do the same thing, but it only covers the posterior teeth and includes a lingual bar along the gingival and lingual surface of the anterior teeth. Patients can wear the Gelb all day and nobody will notice a thing. The Gelb appliance can be either flat or anatomical.

Customizing the orthotic for the patient's mouth and not just having a standard size is the most important thing.



*(Above) The Gelb anatomical appliance is made from hard acrylic or Astron and covers the lower posterior teeth only.*

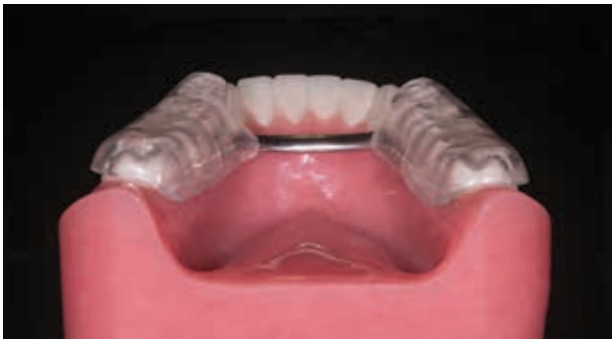
### *AD: BESIDES CUSTOMIZING AN ORTHOTIC FOR THE PATIENT'S MOUTH, WHAT CAN BE CUSTOMIZED ON AN ORTHOTIC?*

**LC:** Orthotics can be customized thick or thin, and for the amount of coverage you want for your patients. We can also customize the jaw position. But customizing the orthotic itself for the patient's mouth and not just having a standard size is the most important thing.

### *AD: ARE THERE ANY COMMON OBSTACLES YOU ENCOUNTER WHEN MAKING A CUSTOM ORTHOTIC?*

**LC:** It's not necessarily an obstacle, but doctors sometimes want thin orthotics for their patients because they are more comfortable in the patient's mouth. But thin orthotics don't last very long. If a patient is a bruxer, it's easy to crack right through them.

A thicker orthotic will last longer. More importantly, though, the doctor should take into account where he or she wants the patient's vertical to go. If the doctor wants to change the vertical



*(Above) The Gelb appliance can be worn during the day without being seen.*

for the patient, that's where bites come into play and it becomes important to adjust the orthotic to where the bite should be.

***AD: WHY ARE MOST DENTISTS USING ORTHOTICS FOR THEIR PATIENTS?***

**LC:** Most dentists use orthotics to protect the patient's teeth, new crowns, or veneers. They use them to keep patients from grinding their teeth or breaking veneers and crowns. But it's important to remember that orthotics have additional benefits. Orthotics can be used to establish a new vertical for the patient and to help resolve the underlying issue that is causing the patient to grind their teeth in the first place.

***AD: HOW DOES ONE GO ABOUT ORDERING AN ORTHOTIC TO ESTABLISH A NEW VERTICAL?***

**LC:** The doctor will establish the new vertical they want for the patient (or the new mandibular position they want). Then, he or she will take a bite at this position, and send models or impressions into the lab. An orthotic will be made for their specific requests. Depending on the doctor's requests and requirements, that type of orthotic will be made.

Orthotics can be very helpful for doctors trying to address issues of TMD for their patients. By changing the bite relationship in the mouth, it changes the position of the jaw joint. And that often gets patients out of the clicking and popping that they hear with TMD.

***AD: DO PATIENTS USING ORTHOTICS FOR TMD HAVE TO WEAR THE ORTHOTIC ALL THE TIME?***

**LC:** Most likely. Patients can eat and sleep and do everything in the orthotic. As I mentioned, the idea is to establish a new jaw relationship. Once patients are comfortable in a new position, the dentist can either reconstruct the mouth with a full arch or full mouth reconstruction, or do orthodontics.

The ultimate goal is to eventually get the patient out of the orthotic. After wearing an orthotic, patients will need a permanent solution. You don't want patients living permanently with a removable orthotic. If doctors are looking at a permanent solution for a patient with TMD issues, putting the patient in an orthotic is usually the first step.

***AD: WHAT DO YOU LIKE TO KNOW ABOUT THE PATIENT WHEN MAKING AN ORTHOTIC?***

**LC:** My first question to doctors is always, "What is your goal? "Why do you want the lab to make an orthotic?" It's helpful to know if doctors are addressing sleep issues or a TMJ problem, or what it is they are trying to accomplish with the orthotic.

An orthotic helps prevent further damage from bruxing. It helps patients to stop breaking and fracturing their teeth. But it's important to think about what the next steps are to address the underlying problem.

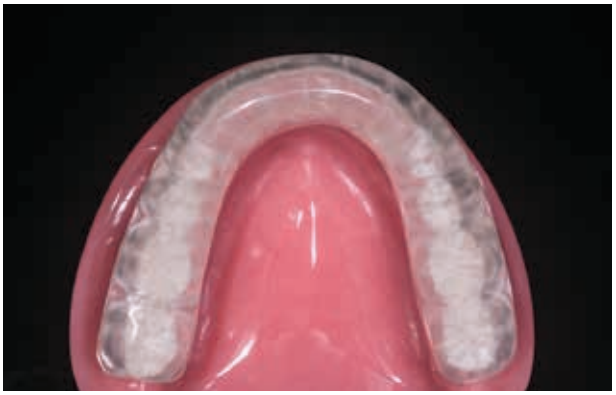
***AD: HOW SHOULD DENTISTS GO ABOUT ADDRESSING THE ISSUES OF FIXING THE UNDERLYING PROBLEM OFTEN TREATED BY AN ORTHOTIC?***

**LC:** Arrowhead can help dentists customize a strategy for the underlying problems associated with a patient's teeth. We have resources available to help dentists—whether it's restoring the teeth to a proper position, sleep, or TMD.

Using an orthotic to help a patient is the first step toward protecting the teeth and can really be a segue or stepping stone toward having a conversation with the patient about the larger issues that are going on.

Once patients are comfortable in a new position, the dentist can either reconstruct the mouth with a full arch or full mouth reconstruction, or do orthodontics.

Having a conversation with a patient about extensive dentistry is not always easy. But using an orthotic is a great way to help the patient understand that this is a temporary solution to help them get out of pain and stop bruxing. Any discussion involving an orthotic should be an indication that the doctor and patient should begin to address the larger issues associated with bruxing, too. ■



*(Above) A hard acrylic flat orthotic. This orthotic is used for grinding and for opening the bite to establish a new vertical.*

# Join the Dental Membership Club!

## The Advantages of Dental Membership Plans.


Not long ago, I received a call from a longtime patient. He explained that his daughter, "Amber" (who lived away at college), needed some dental treatments. Amber's dentist told her she needed to have five cavities filled. Amber agreed to have three cavities filled and went back to the dentist for treatment. Amber said that the dentist seemed in a rush to get the job done, and as a result, she was in a lot of pain. Amber's dad called me up and asked, "What can be done?" His daughter didn't have dental insurance anymore but needed treatment and wanted to get out of pain.

I knew immediately how to help. Three years ago, my practice, LêDowns Dentistry in Denver, CO, instituted an in-office dental membership plan. Now we offer the plan to everyone in our office. It's particularly beneficial for patients who aren't satisfied with their dental insurance or who are unable to get dental insurance. When Amber's dad heard that the dental membership plan would cost about $19.99 a month, he quickly said, "Sign her up!"

> It's particularly beneficial for patients who aren't satisfied with their dental insurance or who are unable to get dental insurance.

### MEMBERSHIP PLANS

LêDowns Dentistry implemented a dental membership plan after experiencing frustration with the limitations of dental insurance companies and disputations over payment. In many cases, insurance companies stall on payments, and dentists must take time to appeal payment for treatments that were initially denied.

Insurance debates are frustrating for patients as well as dentists because patients often assume they have good coverage,

but the plan's fine print may suggest otherwise. I've learned that insurance companies are not as concerned about their patients' health as much as they are concerned about collecting premiums.

Therefore, we started an in-office dental membership plan as a way to help our patients get quality dental care, and as an alternative to the frustrations of dental insurance.

Dental membership plans are sometimes called "In-Office" or "In-House Savings Plans." At LêDowns Dentistry, we simply call it The LêDowns Dental Plan. For our patients, it's a little bit like a warehouse club membership. To join, patients pay a membership fee. Ours costs $240 a year, which equates to a little over $19.99 a month. Payment is required in full, up front, and we don't accept monthly payments.

The membership fee includes two hygiene appointments, X-rays (including a Panorex, if needed), prophylactic exams, an oral cancer screening, and an additional cost savings off some additional treatments. With membership, patients can get preventative work done twice a year.

With our dental membership plan, the additional cost savings for patients is 15 percent off our usual and customary fee for fillings, crowns, root canals, and dentures. We don't call it a discount plan because doing so cheapens the work. Calling it a "cash savings" is an important distinction, and we're more than happy to reduce the normal fees by 15 percent because it's a better price than the 20 to 30 percent discount that dental insurance usually requires.

With our dental membership plan, the additional cost savings for patients is 15 percent off our usual and customary fee for fillings, crowns, root canals, and dentures.

We exempt some treatments from the 15 percent cost savings. For example, we don't extend the cost savings for implants, Invisalign®, or full arch and full mouth reconstructions. We exclude those treatments because a lot more work is involved in such complex cases. The exemptions are clearly defined for the patient before he or she signs up for membership.

*Note: To help defray the costs of full mouth rehabilitation cases, we always offer our patients the option to pre-pay, and by pre-paying they receive a 5 percent cash savings.* This cash savings is offered to all patients, regardless of membership in The LêDowns Dental Plan. We offer this for patients who choose complex dentistry because if we financed the treatment through third-party sources, we would pay the third-party company a 10 percent fee. I'd rather offer the patient a 5 percent savings and then he or she can go to third-party sources to figure out how to fit it into their budget.

If a patient changes his or her mind after signing up, we offer a 30-day time period for a refund. After 30 days, the patient is in our system and part of the plan. The membership benefits are clearly defined and written down so that patients know exactly what they get and they can refer to it later on.

If, for whatever reason, a patient leaves the plan and decides later on to return, we offer a reinstatement fee. It's a one-time fee of 50 percent of the original membership fee, just to get the patient back on the plan.

It's important to remember that The LêDowns Dental Plan is not an insurance plan—it's an in-office membership plan. Calling it an insurance plan makes it subject to different laws and regulations. Any dentist can establish a membership-type plan, although the laws and regulations can vary from state to state. In some states, an insurance commissioner may regulate the plan, but in other states it is categorized as a discount plan. In some areas, you are required to register your program with a state agency. It's important to check state and local regulations and consider asking an attorney to review the plan.

Fewer and fewer corporations are offering dental coverage as part of employee benefits.

Although we created our plan to help patients who don't have insurance, in many cases, it's a better deal than what patients receive from their dental insurance coverage. Dental insurance is generally very limiting. It typically only accommodates two cleanings, a couple of fillings, and maybe one crown a year—if it's "good" insurance. It usually doesn't cover anything for catastrophic problems.

In situations where people need comprehensive restorative work, they are limited by what the insurance is willing to cover. A dental membership plan is a great option to help patients manage costs and get the care they need without feeling completely overwhelmed by the cost.

## FEWER PATIENTS HAVE INSURANCE

Since offering The LêDowns Dental Plan nearly three years ago, we have registered close to 400 enrollees in the plan, and we keep getting more. Several of these patients work for companies that have eliminated dental insurance benefits, putting the financial responsibility for dental health entirely on the patients. Fewer and fewer corporations are offering dental coverage as part of employee benefits. ›

***In general, a good price point for a dental membership plan is at or under $300 per year. To determine pricing at your location, look at the income demographics in your area. The plan should be priced at a level that attracts new patients who do not have insurance.***

Other patients enrolled in the plan after they discovered that their insurance plan was devoid of any real benefits. Some insurance plans are quite restrictive; patients can only go to dentists or practices that are on an "approved" corporate or Medicaid list. Therefore, it's great for patients to have an alternative so that they can make their own choice regarding a dental provider and receive top-quality treatment.

I've received many calls about The LêDowns Dental Plan from patients who are retired and no longer have dental insurance, but want our practice to continue taking care of their dental health.


To accommodate the needs of all our patients, we offer The LêDowns Dental Plan to everyone, whether they have insurance coverage or not. We want everyone to know that if their dental insurance restricts their options, they can opt out of it in favor of our plan. However, we specify that patients can't utilize both their insurance plan and The LêDowns Dental Plan. Patients must opt out of insurance if they join our plan.

**In a dental practice, a typical goal is to collect 98 percent of what you produce in the practice. Last year, we collected 102 percent of our production!**

## PRICING STRUCTURE

In general, a good price point for a dental membership plan is at or under $300 per year. To determine pricing at your location, look at the income demographics in your area. The plan should be priced at a level that attracts new patients who do not have insurance.


It's always a good idea to look at the local competition and see what they are charging for similar programs, and then price your membership plan competitively. But before offering any cash savings off your usual and customary fees, it's a good idea to revisit your current fee structure. If you haven't increased your fees in three or four years, consider re-evaluating those fees before implementing the cost-savings offerings to ensure that the pricing structure makes sense.

We came up with a membership fee of $240 per year by analyzing the price of two hygiene visits, periodic exams, and X-rays every other year. This gives me and my team the opportunity to keep an eye on our patients and recommend treatments as necessary.

We also offer a volume discount to bundle the plan. The $240 fee is for an individual, but we also offer a price of $450 for a couple. In addition, we offer a family price of $895 for four family members to join the plan (dependents up to 18 years old can be included). If a patient would like to arrange for more children to be included on the plan, we can work with them on pricing.

Some dental practices offer tiered membership plans—including "basic," "plus," and "premium" membership plans with levels of treatment covered at various discounts. But at LêDowns Dentistry, we prefer to keep the plan simple and straightforward with the same benefits for anyone on the plan.

In terms of accounting, the revenue collected from the membership fees should show up in the doctor's revenue stream (not the hygienist's). The fees are a tally of how many patients have enrolled and submitted revenue for the year.

Our philosophy is always about how we can help patients keep their teeth for a lifetime. With our plan, we consistently see patients twice a year and can recommend treatment based on what the patient needs rather than what insurance will cover.

## EXECUTING THE PLAN

As mentioned previously, the rules and regulations vary from state to state, and some states have no regulations about membership. It's up to dentists to administer the plan fairly and make sure that patients are paying their membership fee on a yearly basis.

It takes a little bit of work to figure out how to manage the plan. We base our plan on the month the patient joins—if he or she joins in March, then their start day is March 1 and the following February we will send a notice reminding him or her that it's time to renew their membership. We make a note next to the patient's name so that when their name comes up in February, we send out a reminder to renew membership.

**As with any new product or program, it's important to invest some time and energy in marketing the plan to patients.**

*If we can stay consistent with a patient's dental care, our chances of helping him or her keep their teeth increases because we can intervene earlier when signs and symptoms of dental issues are detected.*

In our practice, the front office tracks the memberships and payments. We simply use an Excel spreadsheet to manage the plan. It keeps management of the plan easy. Dentists shouldn't need to outsource management of this system if they keep it simple and straightforward to execute.

As with any new product or program, it's important to invest some time and energy in marketing the plan to patients. We make sure that our membership plan is clearly identified on our dental practice website. We prefer to keep the information on our website fairly basic. It simply reads, "For patients without dental insurance, please contact our office and ask about The LêDowns Dental Plan." This message lets patients know that we offer options for those without insurance. When they call to ask about the plan, a member of our team can explain the benefits to them.

In addition to our website, we post information about the plan in our office reception area and put blurbs about the plan in all of our flyers. We want all of our patients to be aware that the membership plan is available to them.

It's important to train the staff on the benefits of the plan and the language to use when speaking with patients about the plan. At LêDowns Dentistry, we have a laminated sheet that highlights the details and benefits of the plan. Whenever a member of our front desk team is asked about the plan, they can show patients the sheet with the benefits of the plan clearly outlined.

It's not just the front office staff that needs to be trained about membership plans, dental assistants and hygienists should be trained, too. If a patient asks questions about the plan during cleanings or treatment, the dental assistant or hygienist should be fully prepared to respond.

## BENEFITS FOR DENTISTS

Since its inception, The LêDowns Dental Plan just keeps picking up steam! Now when patients come in and say they don't have insurance, the front office can offer patients an alternative by inviting them to join the dental membership plan. Dental membership plans offer a myriad of benefits for dental offices. Here's a list of some of the major benefits:

1. ***Patients schedule and keep hygiene visits.*** One of the biggest benefits of the plan is that it "locks" patients into the system for hygiene visits. Hygiene visits are a leading revenue generator in our practice because restorative work always comes out of hygiene visits. If the hygiene system is sputtering, then the dentist is not doing a lot of restorative work. The dental membership plan makes it easy for patients to come in for hygiene visits.
2. ***Patients schedule restorative care earlier.*** Having patients adhere to regular hygiene visits aligns with our philosophy of helping our patients keep their teeth for a lifetime. If we can stay consistent with a patient's dental care, our chances of helping him or her keep their teeth increases because we can intervene earlier when signs and symptoms of dental issues are detected.
3. ***Membership plans benefit the bottom line.*** The dental membership plan has been good for our accounting and bookkeeping. In a dental practice, a typical goal is to collect 98 percent of what you produce in the practice. Most of the doctors who I talk to and mentor in continuing education classes collect in the high 80s to low 90s. And in some particularly bad instances, it may even be in the low 80s. That means there's a lot of money that's not going to be recouped. By contrast, last year we collected 102 percent of our production!

With the membership plan, I consult with the patient, we agree on the proper treatment, and then we move forward with treatment.

4. ***There is no waiting for pre-authorizations from insurance carriers.*** As most dentists are aware, insurance carriers put a cap on how much work you can do on patients, and they also restrict how much you can charge. With membership plans, the dentist sets the usual and customary fee, without any restrictions or limitations. *(continued on page 36)*

# One Team, One Goal

## Creating Achievement-Oriented Teams.

When I first started working at Arrowhead Dental Laboratory about 11 years ago, a colleague invited me to go on a backpacking trip with him and three other friends. The first year, we spent a week in the Uintah Mountains in northeastern Utah and climbed Mount Agassiz, a mountain with an elevation of 12,433 feet.

That trip marked the beginning of a yearly tradition. At the time, I thought it would just be a nice getaway. We were a bunch of city slickers, and it seemed like a great way to sneak away from the concrete jungle for a few days.

But I didn't realize that the trip would be life-changing. Going backpacking helped me push myself beyond what I thought was possible. And when you accomplish something that you previously thought impossible, it's profoundly empowering.

*(Above) The team of hikers, including Rob Patane (third from left), on the Ruby Crest Trail in Nevada, 2016.*

Although I didn't necessarily realize it, before that first trip, I was in one of those life ruts. I was in a comfort zone, which wasn't necessarily a bad place to be, but I wasn't progressing personally. However, on the hikes I learned quickly that hard work and getting out of your comfort zone leads to personal development and growth. That feeling is what keeps me going back year after year.

Now the backpacking trip is an annual trip and it's where I find my place of Zen. We hike, build campfires, swim in the lakes, and spend time "off the grid."

Each year, our journey gets a little bit longer. The first hike was around 10 miles but now we hike almost 50 or 60 miles. In addition to the Uintah Mountains, we've hiked the Wind River Mountains in Wyoming and the Ruby Crest Trail in Nevada.

This September, we're planning to go to Idaho and hike in the Sawtooth Range in the Rocky Mountains.

We've climbed some of the tallest mountains in Utah and Idaho—which are in the 12,000- to 13,000-foot range—and now we're looking at climbing mountains in Colorado, where there are 14,000-foot peaks.

## TEAMWORK

Throughout our trips, the six backpackers have gotten to know each other very well. After 11 years of hiking together, we know each other's strengths and weaknesses. We don't see each other too often throughout the year, but we're able to meet up yearly and work as a team. We have a goal, and are able to achieve that goal because we have cohesiveness. Wouldn't it be great to come to work every day with that same enthusiasm?

In backpacking, in order to mitigate the amount of weight that each person has to carry, every hiker has certain assignments. One person brings a stove, another person brings a water purification kit, another person brings food supplies, etc. Rather than all of us carrying heavy equipment, it's a team effort. And we know each other's roles. If something happens to one of us, another person will pick up the slack.

I like Eastern philosophy, and particularly the Japanese proverb, "A single arrow is easily broken. A quiver of ten is not." The proverb means that when you work as a team, it's much more powerful than going at it alone. The principle of teamwork applies whether you're hiking in the mountains or working in a dental practice.

It takes hard work to achieve cohesion as a team. And in order to be successful, you have to have a leader. Teams need a leader who empowers the team and helps define everyone's jobs and responsibilities.

I particularly like the Japanese proverb, "A single arrow is easily broken. A quiver of ten is not."

In a dental practice, when your patients see teamwork, they want to "camp" with you. They understand that it's a place of camaraderie and positive outcomes, which will prompt them to return again and again.

## THE WORST-CASE SCENARIO

A few years ago, we spent a beautiful week near Middle Fork Lake in the Wind River Range in Wyoming. We had about 20 miles to hike out. We hiked all through the day, stopped, ate dinner, and hiked all through the night. We got to within five miles of the trailhead and decided to stop for a brief rest. ›

When I woke up, I knew something was off. My first thought was that somehow I must have consumed some contaminated water. We decided to hike out even though I wasn't feeling well. But my illness got progressively worse very quickly. I was feverish and throwing up.

We got within about two miles of our vehicle, and I physically could not continue any longer. One of my buddies ran the remaining two miles to the vehicle, dropped off his pack, returned, took my pack, and hiked an additional two miles with my pack to the car. When he took that burden from me, I was able to complete the hike.

We went to the hospital and learned that I had a perforated appendix. Twenty minutes after we got to the hospital, I was in surgery and my appendix was on its way out. When disaster struck, we were prepared and worked as a team. I learned an important lesson about teamwork that day.

We all have a journey, and we all take different roads. But before setting out, I recommend following a six-step process. These six principles are the same whether you're hiking a mountain or aiming for higher in-office production goals. First, set a goal. To stay on the right track, identify the goal before you start hiking, or actively moving towards your goal. Second, devise a plan of action and objectives (specific steps) that support the goal. Third, execute the plan. Fourth, identify the results and evaluate them. Fifth (if necessary), adjust the plan of action to reach the goal. Sixth, repeat the steps until you meet your goal.

## 6 Steps to Help You Reach Your Goals

1. **Set a goal**
2. **Devise a plan of action**
3. **Execute the plan**
4. **Evaluate the results**
5. **Adjust the plan (if necessary)**
6. **Repeat steps 1–5 until you accomplish your goal**

When disaster struck, we were prepared and worked as a team. I learned an important lesson about teamwork that day.

### THE GOAL

The first step in accomplishing any goal is identifying and defining that goal. In dentistry, your business is to provide patients with solutions to maintain their teeth or restore their teeth to good health. Dr. Dick Barnes has always said that his goal was to "help his patients keep their teeth for a lifetime." Remember your goal and don't let it get lost in the myriad of daily responsibilities. The morning huddle is a great time to remind everyone of the goal.

To stay on the trail, so to speak, towards your goal, you need a detailed plan for your team members. Doctors follow a detailed plan when they work clinically on patients, and team members need solid direction, too. Make sure the detailed plan supports the goal.

The first time I went backpacking I showed up with my brother's backpack from when he was a Boy Scout. The pack was so old that the shoulder straps literally ripped right off when I put it on. I had a goal but not a solid plan.

### A PLAN OF ACTION

Whether figurative or literal, a journey of any kind requires planning and preparation. You don't just get together, put on your backpacks, and take off. It takes months of preparation. And you have to plan for contingencies.

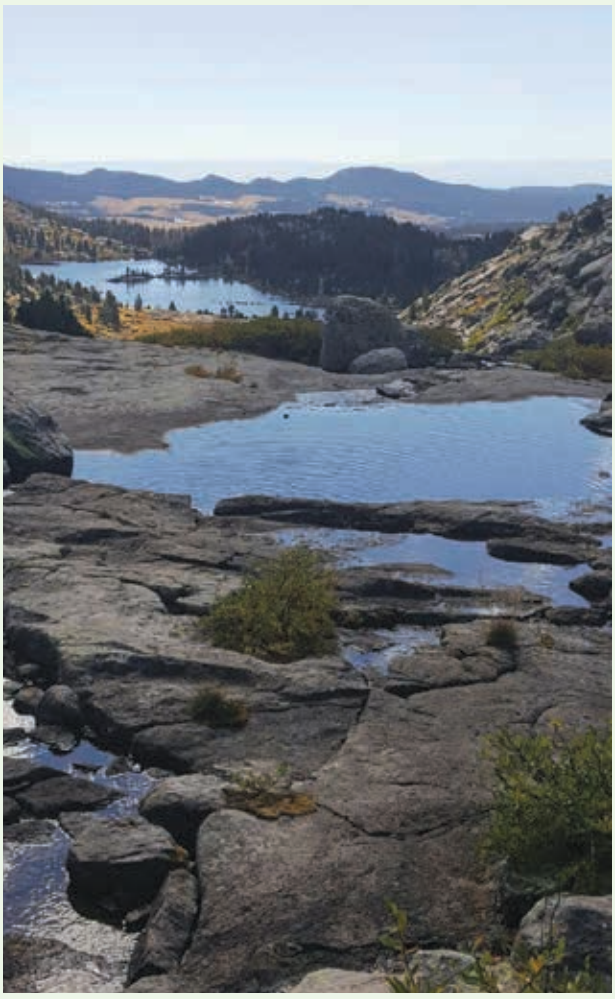
For our hiking trips, we meet in the spring to start planning our fall trip. We usually leave a car at one end of the mountain range and drive to the other end of the mountain range to park a second car. Then we spend all week hiking to the second car.

Part of our plan includes preparing for disaster. We have rain gear, snow gear, and light gear if it's hot. We plan for protection against bears and anything else that we might encounter.

While we are backpacking, we break up the hike into small daily tasks; otherwise it's easy to get distracted, and as my colleague Hernan Varas explains, "You're going to end up lollygagging in the river."

If you lollygag in the river, suddenly the day has passed you by, the sun is going down, and you aren't where you planned to be. Because of the misuse of time, you have to start hiking the next day at 6 a.m. instead of 8 a.m.

I see similar things happening in some dental practices. An insurance claim call can take half the morning and suddenly your



*(Above) A scenic view of Middle Fork Lake, located in the Wind River Range in Wyoming.*

team members realize that they didn't make any of their other important calls for the day.

Dr. Barnes has said, "You work backwards to have goals." That means the best way to reach a production goal is to break it down into smaller pieces—an annual production goal, a monthly production goal, a weekly production goal, daily production goals, and even hourly production goals.

## EXECUTE THE PLAN

To schedule your production goals on a calendar, start by assessing what you have in the near future. Look at the entire year, and then start by scheduling out how many days you are not going to work. Take out all the weekends, all the holidays, and all the vacation days. Then figure out how many days you have to work to break even—to turn on the lights in the morning, cool the building down, heat it up during the winter, and pay your entire team—*including the dentist*. An accurate calendar is a good start.

Keep in mind that every month is going to be different. Some months are going to have more work days than you think and other months will probably have fewer work days. But it doesn't work to have just a "rough estimate" as a goal. If the goal is defined and solid, then it becomes actionable.

To achieve a higher production goal, look at the business in your recall that can be converted into treatment. Make sure you follow up on recall patients to add them to your daily production goals. Your plan of action might be to call everybody that you haven't contacted for the last six months.

If you make goal setting a negative thing—suggesting punishment for those who don't make the goal—team members may feel pressured, which can cause it to backfire.

Instead, offer a positive reward or praise for those who reach the goal. Often a simple "thank you" from the doctor is enough to motivate team members to the next level. Positive feedback is usually a powerful motivator!

Objectives should always be defined, but you shouldn't be too rigid about them. Dr. Barnes says that it's good to be "firm in principle, flexible in procedure."

Try to be as transparent as possible about the goals for your team members. Using actual numbers, let team members know what their goals are and when they hit the mark. When your goals are vague, you'll get vague results. Dr. Barnes says, "Focus on one day, and that's today. At the end of today will be tomorrow."

## IDENTIFY AND EVALUATE RESULTS

The next step involves identifying and evaluating the results of your plan of action. You will notice these results immediately because they are reactions—what happened due to your actions. If, for example, patients didn't show up for their appointments and you therefore did not meet your goals, you can find out why by looking at the sequences of events that led up to the failure. Sometimes evaluation is positive—looking at what contributed to an extraordinary day.

The evaluation step is simply taking time to look at what the results were. A good time to evaluate the day is during the morning huddle. During the huddle, you and your team can discuss the previous day's accomplishments—where did you succeed and where did you fail? What do you need to work on? Where could you improve?

**If you have a goal, share the goal and let team members "own" their task. Then it becomes everyone's goal and it's personal.**

## MAKING ADJUSTMENTS

If you aren't seeing the results you want, you have to adjust the plan of action. As Dr. Jim Downs says, "You have to inspect what you expect." The adjustment phase is important so you don't keep failing to reach the goal.

Prior to working as a practice development rep, I was the assistant manager in the metal department at Arrowhead. Every day, we would get numbers indicating how many cases we had to remake. At one point, we decided to significantly get the remake numbers down. I started brainstorming with colleagues on how to reduce those numbers. *(continued on page 35)*

# Data Mining for Dentists

## Striking Gold with Your Practice Management Software.

"If we keep doing what we're doing, we're going to keep getting what we're getting." Steven R. Covey, educator and author of *The 7 Habits of Highly Effective People*, spent decades consulting with and advising people about reaching their goals. Covey's quote is true for both businesses and individuals, and applies directly to dental practices.

From my travels as a dental practice coach, I've seen firsthand many dental practices doing the same things day after day. Not surprisingly, their results are the same, too. For dental practices not content with the status quo, it's often difficult to know how to change or which direction to go.

Many dental offices are unaware that there are resources available at their fingertips! Dental software programs such as Dentrix, Eaglesoft, and others can yield a windfall of valuable data for your practice. However, most dental practices only use a few software reports (if any) and leave a lot of useful information unutilized. Instead of just using the software for simple scheduling and storing X-ray files, take some time to learn about several reports that can transform your practice.

Remember, data cannot be found if it was never entered in the first place.

### DATA IN, DATA OUT

Jim Bergeson, president and CEO of Bridgz Marketing Group in Minneapolis, MN, said, "Data will talk to you if you're willing to listen." Dentists can learn about the financial health of their practice by running a few reports. Dentists or assigned team members should regularly run these reports: End of Day Deposit, Month-to-Date Production, Accounts Receivable, and Unscheduled Lists.

Once you are regularly using these basic reports, how do you take your practice to the next level? The answer can be found with the help of your software. Most dental software offers a plethora of specialized reports that can help dentists understand their business better.

But the answer to transforming a dental practice is not found in the data alone. Making a measurable change in your practice means you are willing to act upon the information that you find. You can easily take your practice to the next level by acting on patterns of information in specialized dental software reports. With all reports, you should keep three main steps in mind:

**Step One: *Find the data.*** In order for data to be discoverable, you or your team members need to input data on a regular basis. If the data is undiscoverable, it won't be much help.

### 3 Main Steps for Data Mining:

1. **Find the data**
2. **Understand the data**
3. **Make the data actionable**

Therefore, it's important to be proficient at whatever software system you are using. Your team members should be trained on how to use the software so they understand how to enter pertinent data. Then dentists should implement oversight to ensure the data is entered on a consistent basis. Remember, data cannot be found if it was never entered in the first place.

**Step Two: *Understand the data.*** Once you find a report, how do you read it? What does it mean? The second step is understanding what the data means for your practice.

Both Dentrix and Eaglesoft show "benchmarks" in many reports. Benchmarks are industry averages, and they show dentists and team members how other dental practices are performing. But keep in mind that your practice is *not* average—you want your practice to be above average in every way.

**Step Three: *Make the data actionable.*** Once you can see patterns demonstrated by the data, and once you understand what those patterns mean for your practice, think about a strategy that will advance the goals of your practice, capitalizing on your findings.

Here are six essential reports that, if used correctly, can improve productivity for your practice and take your business to the next level.

## PRACTICE STATISTICS/PATIENT ANALYSIS REPORT

Knowing the median age of your patients can help you decide where to allocate your marketing budget. For example, patients who are 45 years and older are more apt to need dentistry redone—their fillings have likely outlived their usefulness, or they may now need implants. If a report shows that 60 percent of your patient base consists of young adults—between the ages of 20 to 40 years old—it's great because those patients will need a dentist for many years to come.

However, if a dentist has "young" patients and he or she decides to do implants, then the report is a good signal that the practice should look at possibly marketing to an older demographic, thereby attracting patients who are more apt to need implants in the near future.

Do you know the median age of your patient base? Running a Practice Statistics Report in Dentrix (see *Figure 1, right*), or a Patient Analysis Report in Eaglesoft on a quarterly basis will keep you informed and updated on your patient demographic. In both Dentrix and Eaglesoft, the reports show ages up to 100 years.

### In Dentrix:

To generate the Practice Statistics Report, from the Office Manager, go to Reports > Management > Practice Statistics Report. The report is sent directly to the batch processor.

### In Eaglesoft:

To generate the report, go to Reports > Patients > Patient Analysis Report.

Once you generate this report, you can develop strategies for marketing to your patients.

As an example, a dental practice launched a marketing plan for implants based on the data in the Practice Statistics Report. As part of the initiative, everyone in the office wore badges that read, "Ask Me About Implants!" Each team member was also trained to use specific verbiage when a patient asked about implants. It was a simple strategy to let patients know about the dentist's advanced skills, and it capitalized on the patients' needs.

If your dental practice has a median patient age that skews younger, make sure your team is active on social media. Post regularly to Facebook and Twitter and make sure that you have good online reviews. (*For more information on Internet marketing tips, read "Out of Site, Out of Mind,"* Aesthetic Dentistry, *Spring 2015, available at http://adentmag.com.*)

> Understanding where your referrals come from is important for every dental practice.

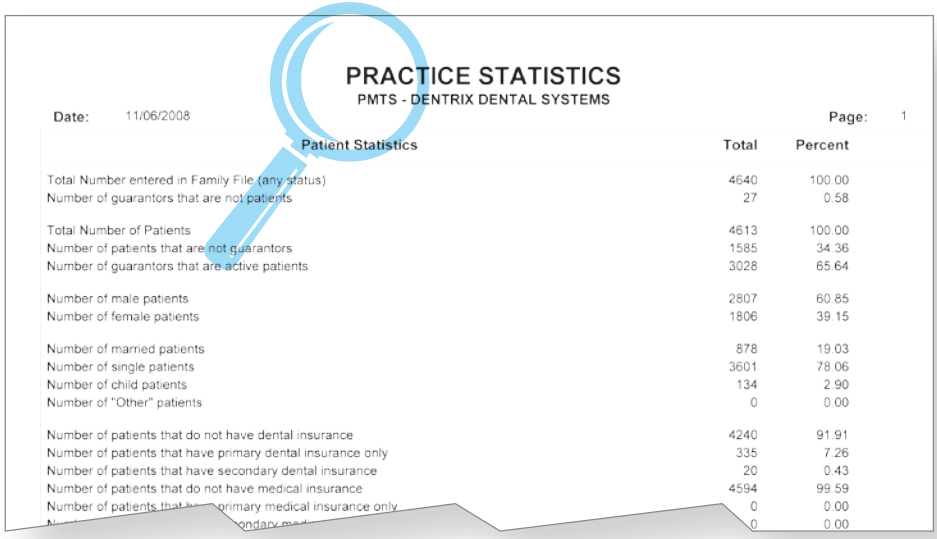
## THE REFERRAL ANALYSIS REPORT

Understanding where your referrals come from is important for every dental practice. The Referral Analysis Report (see *Figure 2, page 32*) lets you know how your new patients found out about you. It can also show you how much production was generated from each type of referral.

For example, if you want to know how much production was generated from a marketing campaign, ad, mailer, or a Google search, you can find such data using this report. This way, you can learn about the ROI (return on investment) from a particular marketing source.

The Referral Analysis Report offers information that can help dentists decide what is working in terms of marketing, what is not working in terms of marketing, and where to allocate the marketing budget.

As the name suggests, this report is where you find information about referrals (remember, your team must enter the appropriate data into the database in order for this report to ›



PRACTICE STATISTICS
PMTS - DENTRIX DENTAL SYSTEMS

Date: 11/06/2008 Page: 1

| Patient Statistics | Total | Percent |
|---|---|---|
| Total Number entered in Family File (any status) | 4640 | 100.00 |
| Number of guarantors that are not patients | 27 | 0.58 |
| Total Number of Patients | 4613 | 100.00 |
| Number of patients that are not guarantors | 1585 | 34.36 |
| Number of guarantors that are active patients | 3028 | 65.64 |
| Number of male patients | 2807 | 60.85 |
| Number of female patients | 1806 | 39.15 |
| Number of married patients | 878 | 19.03 |
| Number of single patients | 3601 | 78.06 |
| Number of child patients | 134 | 2.90 |
| Number of "Other" patients | 0 | 0.00 |
| Number of patients that do not have dental insurance | 4240 | 91.91 |
| Number of patients that have primary dental insurance only | 335 | 7.26 |
| Number of patients that have secondary dental insurance | 20 | 0.43 |
| Number of patients that do not have medical insurance | 4594 | 99.59 |
| Number of patients that [illegible] primary medical insurance only | 0 | 0.00 |
| [illegible] | 0 | 0.00 |

*(Above) Figure 1: A sample Practice Statistics Report in Dentrix (all reports are courtesy of Dentrix).*

yield useful information). A Referral Analysis Report shows which patients are sending the most business to your dental practice.

Another team I know implemented a "Thank you" (or reward) program for high-referral patients. On the first referral, they sent a handwritten thank-you note to the referring patient. On subsequent referrals, the practice would write a thank-you note and include movie tickets or a gift card for a favorite restaurant. Some dental offices send referring patients a bouquet of flowers with a thank-you note.

According to Deborah Engelhardt-Nash in *Dental Economics*, "Collections experts estimate the value of every dollar owed past 90 days is worth 10 cents."

It's up to you how you customize the program for your needs. If you find that such programs increase patient referrals, consider formalizing a marketing-reward program based on the number of referrals.

Some dental practices incentivize employees to increase referrals, too. Ask team members to hand out official practice business cards with their name on the back, and when a new patient brings it in, the employee gets a reward and the patient gets a free tube of whitening, or some other such reward. Dentists can be creative, based on what incentives bring in the most business.

When implementing reward programs, be sure to track the reward system in your software. Again, remember that this report will not be beneficial if the data entry is not done consistently and accurately. Run this report every two to three days in order to reward patients and team members in a timely fashion.

**In Dentrix:**

To generate the Referral Analysis Report: go to Office Manager tab> go to Reports > Management > Referred By Doctor/Other Report (Source of Referral).

**Referral Analysis**
**Referral Date 11/01/2011-12/08/2011**
**Production Date 11/01/2011-12/08/2011**

Date: 12/8/2011 Page: 1

| Referral Source | # of Referrals | Production Amount | Average Production | % of Total Production |
|---|---|---|---|---|
| Blood, DMD, Seymour | 1 | $ 350.00 | $ 350.00 | 0.68% |
| Brackett, DMD, Tweak | 9 | $ 12,540.00 | $ 12,540.00 | 24.33% |
| Cain, Winnie A. | 4 | $ 3,009.00 | $ 3,009.00 | 5.84% |
| Calabria, Eli R. | 5 | $ 23,044.00 | $ 23,044.00 | 44.72% |
| Canal, DDS, Rudy | 3 | $ 3,512.00 | $ 3,512.00 | 6.82% |
| Dontist, DDS, Perry O. | 1 | $ 765.00 | $ 765.00 | 1.48% |
| Fillem, DDS, Ken I. | 2 | $ 708.00 | $ 708.00 | 1.37% |
| Hale, DDS, Justin | 1 | $ 643.00 | $ 643.00 | 1.25% |
| Tecler, Royden M. | 5 | $ 3,390.00 | $ 3,390.00 | 6.58% |
| Waldon, Mallory L. | 3 | $ 3,570.00 | $ 3,570.00 | 6.93% |

| | |
|---|---|
| Total Referrals: | 34 |
| Total Production: | $ 51,531.43 |

*(Above) Figure 2: A sample Referral Analysis Report in Dentrix.*

For patient referrals: from the Office Manager > go to Reports > Management > Referred By Patient Report. For additional details about running this report, see Dentrix Help.

**In Eaglesoft:**

In Eaglesoft, "Referral Reports" contains a subset of 14 different reports, including Referred Patients, Referral Sources Master, plus many more. Go to Reports > Referral tab > Select Report > Process.

## CANCELLATION/NO SHOW RATES REPORT

A chief complaint among dental practices is the cancellation/no show rate. If the data in this report is acted upon, you can largely overcome this common problem. The cancellation/no show report should be run once or twice a month, unless there's a chronic problem with cancellations (in which case, team members should run the report weekly).

I recommend creating your own "dummy" codes in the system to track no-shows, cancelled and rescheduled day of appointments, failed confirmed appointments, and cancelled but not rescheduled day of appointments. These "fake" codes aren't actual American Dental Association codes, but they are helpful in understanding and documenting why there was a cancellation or no-show.

In Eaglesoft, dental teams have two choices to identify when an appointment is cancelled—"failed" or "rescheduled." It's helpful to drill down on more information (cancelled day of appointment, cancelled and rescheduled, cancelled and did not reschedule, etc.). The value of these different entries is vital to be able to pull a report for a specific time period, just like any procedure code, and to measure the type and frequency of these codes.

It is the responsibility of the team member who takes the call from the patient to document what happened in the patient's history, noting which code applies to that appointment and providing additional notes on that entry (including the team member's initials), if the software allows.

For example, if a patient calls on the day of the appointment to cancel and reschedule a recare appointment, the team member may learn that the patient's child needed to go to the hospital. Instead of just marking "cancellation/no show," it's important to put the reason for the cancellation in the notes.

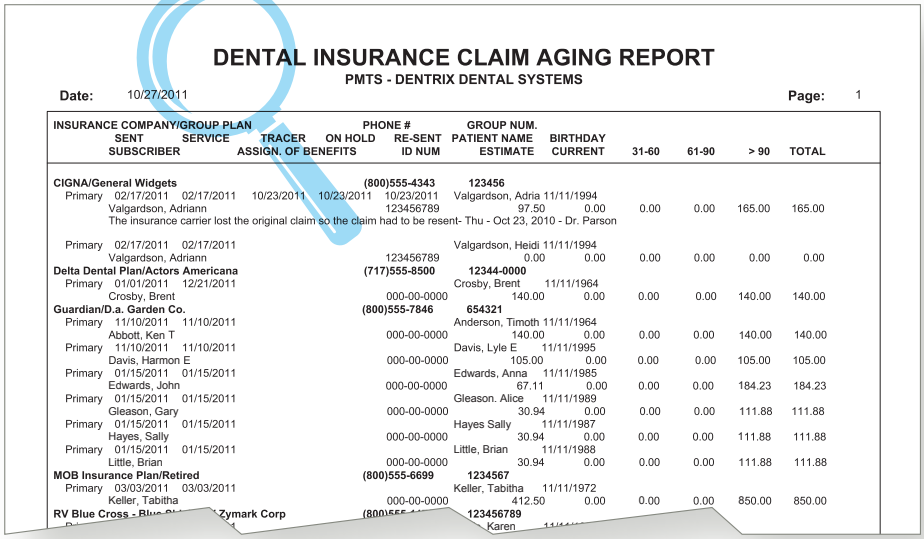
In such a scenario, use the code for cancel and reschedule day of appointment, along with the appropriate provider (hygienist or doctor) code, and then write a note in that entry explaining that the patient had an emergency. Why is that important? With the additional information, your team members can respond appropriately for each circumstance.

Patients who regularly cancel/no show tend not to keep their appointments because they do not see the value in them. Therefore, after seeing a pattern of cancellations among several patients, it's worthwhile to ask, "Are we creating value prior to their next scheduled appointment?"

Sometimes cancellations are a problem because the dental office simply responds to them with, "Oh that's okay," and immediately sets up another appointment for the canceller.

If that's the case, look at possibly retraining team members to help patients understand the value in keeping dental appointments. Instead of saying, "It's okay," say, "I thought I was busy but you are definitely a busy person! So let's do this, on a day when you know you are available, give me a call first thing in the morning, and we will see if we can get you in that day."

Many dental offices only have a vague idea of how many cancellations and no-shows are in their office. Make sure that you are regularly checking to see how many cancellations are in your practice—and always note the reasons why.



**DENTAL INSURANCE CLAIM AGING REPORT**

**PMTS - DENTRIX DENTAL SYSTEMS**

**Date:** 10/27/2011 **Page:** 1

| INSURANCE COMPANY/GROUP PLAN / SUBSCRIBER | SENT | SERVICE | TRACER / ASSIGN. OF BENEFITS | ON HOLD | PHONE # / RE-SENT ID NUM | GROUP NUM. / PATIENT NAME / ESTIMATE | BIRTHDAY / CURRENT | 31-60 | 61-90 | > 90 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **CIGNA/General Widgets** | | | | | (800)555-4343 | 123456 | | | | | |
| Primary | 02/17/2011 | 02/17/2011 | 10/23/2011 | 10/23/2011 | 10/23/2011 | Valgardson, Adria | 11/11/1994 | | | | |
| Valgardson, Adriann | | | | | 123456789 | 97.50 | 0.00 | 0.00 | 0.00 | 165.00 | 165.00 |
| The insurance carrier lost the original claim so the claim had to be resent- Thu - Oct 23, 2010 - Dr. Parson | | | | | | | | | | | |
| Primary | 02/17/2011 | 02/17/2011 | | | | Valgardson, Heidi | 11/11/1994 | | | | |
| Valgardson, Adriann | | | | | 123456789 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **Delta Dental Plan/Actors Americana** | | | | | (717)555-8500 | 12344-0000 | | | | | |
| Primary | 01/01/2011 | 12/21/2011 | | | | Crosby, Brent | 11/11/1964 | | | | |
| Crosby, Brent | | | | | 000-00-0000 | 140.00 | 0.00 | 0.00 | 0.00 | 140.00 | 140.00 |
| **Guardian/D.a. Garden Co.** | | | | | (800)555-7846 | 654321 | | | | | |
| Primary | 11/10/2011 | 11/10/2011 | | | | Anderson, Timoth | 11/11/1964 | | | | |
| Abbott, Ken T | | | | | 000-00-0000 | 140.00 | 0.00 | 0.00 | 0.00 | 140.00 | 140.00 |
| Primary | 11/10/2011 | 11/10/2011 | | | | Davis, Lyle E | 11/11/1995 | | | | |
| Davis, Harmon E | | | | | 000-00-0000 | 105.00 | 0.00 | 0.00 | 0.00 | 105.00 | 105.00 |
| Primary | 01/15/2011 | 01/15/2011 | | | | Edwards, Anna | 11/11/1985 | | | | |
| Edwards, John | | | | | 000-00-0000 | 67.11 | 0.00 | 0.00 | 0.00 | 184.23 | 184.23 |
| Primary | 01/15/2011 | 01/15/2011 | | | | Gleason. Alice | 11/11/1989 | | | | |
| Gleason, Gary | | | | | 000-00-0000 | 30.94 | 0.00 | 0.00 | 0.00 | 111.88 | 111.88 |
| Primary | 01/15/2011 | 01/15/2011 | | | | Hayes Sally | 11/11/1987 | | | | |
| Hayes, Sally | | | | | 000-00-0000 | 30.94 | 0.00 | 0.00 | 0.00 | 111.88 | 111.88 |
| Primary | 01/15/2011 | 01/15/2011 | | | | Little, Brian | 11/11/1988 | | | | |
| Little, Brian | | | | | 000-00-0000 | 30.94 | 0.00 | 0.00 | 0.00 | 111.88 | 111.88 |
| **MOB Insurance Plan/Retired** | | | | | (800)555-6699 | 1234567 | | | | | |
| Primary | 03/03/2011 | 03/03/2011 | | | | Keller, Tabitha | 11/11/1972 | | | | |
| Keller, Tabitha | | | | | 000-00-0000 | 412.50 | 0.00 | 0.00 | 0.00 | 850.00 | 850.00 |
| **RV Blue Cross - Blue Sh... Zymark Corp** | | | | | (800)555-... | 123456789 | | | | | |
| | | | | | | Karen | 11/11/... | | | | |

*(Above) Figure 3: A sample Dental Insurance Claim Aging Report in Dentrix.*

## INSURANCE AGING REPORT

When filing insurance claims for your dental practice, be proactive! Do not wait for insurance companies to send you notification of a claim that has been rejected. Outstanding money becomes less valuable as time goes by because of the time it takes to collect it. In *Dental Economics* Deborah Engelhardt-Nash wrote, "Collection experts estimate the value of every dollar owed past 90 days is worth 10 cents."

The Insurance Aging Report (see *Figure 3, above, right*) should be run by an assigned team member every week. Insurance companies have deadlines for submitting claims in order to be reimbursed—and these deadlines are getting shorter and shorter. Some insurance companies set deadlines of a year from the appointment, but more and more companies are setting deadlines at six months or less.

Electronic claims generate a time-stamp that is proof that the insurance company received the claim. Mailing the claim via snail mail does not necessarily guarantee that they received the claim.

Often, the insurance company will need more information, and rather than waiting for them to ask for it, be proactive to get the reimbursement in a timely fashion.

To access the Insurance Aging Report:

### In Dentrix:

From the Office Manager tab > go to Reports > Ledger > Insurance Aging Report. For additional details about running this report, see Dentrix Help.

### In Eaglesoft:

From the Practice Management or Clinical menu bar > go to Reports > Insurance > select the desired report.

Once you can see how many claims are due, set aside time to call the insurance companies and follow up on those claims. When calling an insurance company, review several claims at once. Try to review as many outstanding claims as possible on the call—although some insurance companies limit the number of claims per call. Be persistent and keep calling until all outstanding claims are paid.

If the number of insurance claims is overwhelming, start working on the oldest claims first. Call on claims that are 90 days past due, then 60 days past due, and so on. Schedule time to make these calls—don't leave it to chance or it probably won't get done. Offices that are caught up on insurance claims can schedule just a couple of days a month—on the 15th and the 30th of the month, for example—to call on outstanding insurance claims.

## PERIODONTAL THERAPY REPORT

According to recent findings from the Centers for Disease Control and Prevention (CDC), half of Americans aged 30 years or older have periodontitis, an advanced form of periodontal disease. In other words, approximately 64.7 million Americans have periodontitis. In adults aged 65 years and older, prevalence rates increase to 70.1 percent.

Run the production by procedure code report for a six-month period for all of your hygiene by codes from 4000 to 4999. Total all of those procedures done by your hygienist in that time period. In this same time period, total all of the production performed by your hygienist. Calculate the ratio of your periodontal procedures done against your hygiene total production. What is your percentage?

Once you have assessed your percentage of periodontal procedures, you can see how much business you should be doing based on the industry average or benchmark. *Remember that you want your practice to be above average!* Do you have a strong periodontal program to offer to patients?

With today's knowledge of the importance of periodontal health for your patients, and the liability that falls on the dentist, it's extremely important to have a periodontal program in your practice. This report should be run monthly, along with your other monthly reports.

### In Dentrix:

To run this report, from the Office Manager > Analysis > Practice > Reports > Summary Reports (make sure Production Summary is checked, *(continued on page 38)*

# "My practice is more successful than I could have imagined!"

Dr. Valerie Holleman, Broken Arrow, OK

Arrowhead Dental Lab and the Dr. Dick Barnes Group offer a CE plan specifically designed to make new dentists more successful. Dr. Valerie Holleman was in practice for about eight years before starting the New Dentist Program with Arrowhead. Dr. Holleman said, "My advice? Do it now! It's the best decision I ever made and the courses are life changing."

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- Implant EZ I: Reduce the number of patients you refer out and keep valuable revenue in your practice.
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One thing we tried was to post everybody's remakes on a bulletin board for everybody in the department to see. Technicians hated that other people in the lab could see their mistakes—however unintended they might be. It was embarrassing and morale dropped quickly.

I thought there had to be a better way. Many technicians were producing 100 perfect crowns and only one with a tiny problem. But we were focusing on the one with a minor mistake. So I created a chart that showed the percentage of perfect crowns for the team.

Everybody could see the percentage of perfect crowns, which started at 96 percent. It gradually moved up as everyone started achieving 96, 97, and then 98 percent. Morale was much better when the team was praised for having such a high percentage of perfect crowns.

Once again, if you have a goal, share the goal with the entire team and let team members "own" their task. Then it becomes everyone's goal.

## REPEAT

When you get to the evaluation step and everything is going great, you no longer need to make adjustments. You can simply repeat the actions that led to the positive outcome. To maintain motivation and enthusiasm, offer rewards and incentives for your team members.

When we're hiking, the reward at the end of the hike is burgers and beer at a nearby restaurant. And believe me, after eating dehydrated food on the trail for a week, a good meal is a strong motivator. You're going to have tough days, but the challenge for a leader is to keep cheering the team on. A positive mental attitude is a powerful tool.

It's important to find ways to keep your team going. On the trail, there's always one person who cheers the rest of us on.

*(Above) Rob Patane and his fellow hikers camped in tents along the Ruby Crest Trail in northeastern Nevada.*

Morale was much better when the team was praised for having such a high percentage of perfect crowns.

Along the way, one hiker or another is usually tired or depressed, but inevitably someone picks up the mantle of cheerleader to keep everyone motivated. The motivation is essential to making it toward to the goal. And believe me, the view from the summit is beautiful. Whatever your "summit" may be, you can make it. ■

*Rob Patane is a Practice Development Representative at Arrowhead Dental Laboratory in Sandy, Utah. Earlier in his career, Rob attended Weber State University in Ogden, UT, where he studied pre-dentistry and gained a passion for the industry.*

*While in college, Rob worked as an apprentice in a dental laboratory, learning every phase of the business on the production and management side. After 15 years in the lab, Rob recently moved his career into a supportive role in practice development at Arrowhead. While working on the production side, Rob developed an appreciation for quality, a value that translates easily to his new role. Today, Rob shares his appreciation for quality with the clients that he visits. As a business advisor, Rob brings value to his role with his clinical knowledge of lab work and his skills at relationship-building.*

## Join the Dental Membership Club! *(continued from page 25)*


5. ***Maximums, deductibles, and pre-existing conditions are eliminated.*** The plan eliminates maximum caps on payments, deductibles, and limits on pre-existing conditions. Best of all, dentists don't wait for insurance companies to approve payment for large treatments—which sometimes can take up to a year or more. With membership plans, dentists can do complex treatments when the patient is ready.
6. ***No rejected claims.*** With the dental membership plan, our office doesn't have insurance claims rejected due to the insurance company playing a "time game." Dental office team members sometimes have to submit a claim two or three times before receiving payment. With the membership plan, I consult with the patient, we agree on the proper treatment, and then we move forward with treatment. There's no back and forth about what will be paid and when.
7. ***Dental membership plans eliminate the insurance middleman.*** Membership plans are a win-win proposition for patients and dental practices because when the insurance middleman is eliminated from the process, both the dentist and patient save money.
8. ***Dentists can choose the best products and materials.*** Dental insurance companies tend to pay for the least expensive materials by downcoding your procedures. With The LêDowns Dental Plan, we can use premium equipment, premium supplies, and a premium lab. The patient has a choice, too, and can get the best care available. The plan gives patients freedom to choose what they want to do for their restorative work, and the doctor can choose premium products and provide the best possible care.

So join the club and consider offering a dental membership plan for your patients! They are a great way to increase revenue in your practice while providing affordable and quality care for your patients. ■

*Dr. Jim Downs received a D.M.D. degree at Tufts University School of Dental Medicine in Boston, MA. He is an expert in comprehensive restorative treatment and has completed numerous full mouth reconstruction cases. He maintains an aesthetic, family-oriented practice in Denver, CO. Dr. Downs is an instructor for several dental continuing education (CE) courses for the Dr. Dick Barnes Group, including Implant EZ, Full Arch Reconstruction, and more.*

## Hitting the Mark *(continued from page 9)*

I had no history of headaches or any issues with sleeping or snoring. This was something I was questioned about at length during the consultations prior to my procedure. The last thing I wanted was a negative outcome.

So far, the results have been seamless. Everything feels comfortable—my jaw, the way I chew—everything! I experienced some initial sensitivity to cold until Dr. Downs made a minor adjustment. Several months later, I am experiencing no problems whatsoever.

### A HOME RUN

My new smile really hit the mark. I was so excited to see the final results! As I mentioned, I was somewhat apprehensive at the beginning of the process. I thought, 'I just want to be careful. I don't want to do anything that will stand out.'

As the procedure progressed, I became more comfortable with the prospect of change. Once the temporaries were installed I thought, 'Boy, this looks great!' The final version of the permanent teeth was even better!

My wife was thrilled with my smile as well. So was my mother. But I hadn't told anyone else what I was doing. I didn't necessarily want the world to know what was happening, and I didn't want to be the center of attention. Still, I received compliments on my teeth from people who thought it was my natural smile. The final result was definitely a home run! The changes were subtle and natural enough to suit my personality and my lifestyle.

Patients considering a full arch reconstruction have no reason to fear this type of procedure. On the contrary, the results greatly exceeded my expectations! A bit of effort is required during the process, particularly with the home-care routine, but anything worthwhile takes some work.

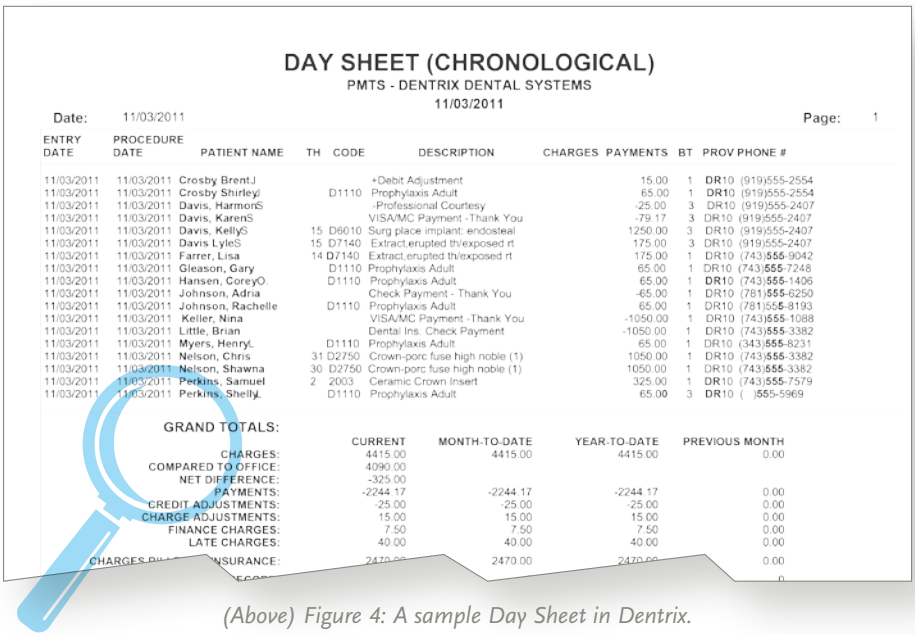
In the past, I might have looked at a family photo and been embarrassed about my teeth, but I love to see myself in photographs now. I feel completely confident when I smile, and I stand tall when I talk with others.

For the past ten years in real estate, I've been helping people make a nice return on an investment. Now I'm enjoying the returns from my own personal real estate investment—my new smile. ■

*Christine Fisher has been using her writing skills in various capacities for the past 30 years. She has written profile stories for Ingram Micro; crafted speeches, letters, and policy statements as a Capitol Hill staffer in Washington, D.C.; and drafted press releases for the media as a public relations associate in New York City, NY. Most recently, Christine has taught English to adult learners in California. She has a B.A. in English from Brigham Young University and can be reached at christiefisher9@gmail.com.*

### 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: ***Mary Ann Cruz-Horne,*** Salt Lake City, UT



DAY SHEET (CHRONOLOGICAL)
PMTS - DENTRIX DENTAL SYSTEMS
11/03/2011

Date: 11/03/2011 Page: 1

| ENTRY DATE | PROCEDURE DATE | PATIENT NAME | TH | CODE | DESCRIPTION | CHARGES | PAYMENTS | BT | PROV | PHONE # |
|---|---|---|---|---|---|---|---|---|---|---|
| 11/03/2011 | 11/03/2011 | Crosby,BrentJ | | | +Debit Adjustment | | 15.00 | 1 | DR10 | (919)555-2554 |
| 11/03/2011 | 11/03/2011 | Crosby,ShirleyJ | | D1110 | Prophylaxis Adult | | 65.00 | 1 | DR10 | (919)555-2554 |
| 11/03/2011 | 11/03/2011 | Davis, HarmonS | | | -Professional Courtesy | | -25.00 | 3 | DR10 | (919)555-2407 |
| 11/03/2011 | 11/03/2011 | Davis, KarenS | | | VISA/MC Payment -Thank You | | -79.17 | 3 | DR10 | (919)555-2407 |
| 11/03/2011 | 11/03/2011 | Davis, KellyS | 15 | D6010 | Surg place implant: endosteal | | 1250.00 | 3 | DR10 | (919)555-2407 |
| 11/03/2011 | 11/03/2011 | Davis,LyleS | 15 | D7140 | Extract,erupted th/exposed rt | | 175.00 | 3 | DR10 | (919)555-2407 |
| 11/03/2011 | 11/03/2011 | Farrer, Lisa | 14 | D7140 | Extract,erupted th/exposed rt | | 175.00 | 1 | DR10 | (743)555-9042 |
| 11/03/2011 | 11/03/2011 | Gleason, Gary | | D1110 | Prophylaxis Adult | | 65.00 | 1 | DR10 | (743)555-7248 |
| 11/03/2011 | 11/03/2011 | Hansen, CoreyO. | | D1110 | Prophylaxis Adult | | 65.00 | 1 | DR10 | (743)555-1406 |
| 11/03/2011 | 11/03/2011 | Johnson, Adria | | | Check Payment - Thank You | | -65.00 | 1 | DR10 | (781)555-6250 |
| 11/03/2011 | 11/03/2011 | Johnson, Rachelle | | D1110 | Prophylaxis Adult | | 65.00 | 1 | DR10 | (781)555-8193 |
| 11/03/2011 | 11/03/2011 | Keller, Nina | | | VISA/MC Payment -Thank You | | -1050.00 | 1 | DR10 | (743)555-1088 |
| 11/03/2011 | 11/03/2011 | Little, Brian | | | Dental Ins. Check Payment | | -1050.00 | 1 | DR10 | (743)555-3382 |
| 11/03/2011 | 11/03/2011 | Myers, HenryL | | D1110 | Prophylaxis Adult | | 65.00 | 1 | DR10 | (343)555-8231 |
| 11/03/2011 | 11/03/2011 | Nelson, Chris | 31 | D2750 | Crown-porc fuse high noble (1) | | 1050.00 | 1 | DR10 | (743)555-3382 |
| 11/03/2011 | 11/03/2011 | Nelson, Shawna | 30 | D2750 | Crown-porc fuse high noble (1) | | 1050.00 | 1 | DR10 | (743)555-3382 |
| 11/03/2011 | 11/03/2011 | Perkins, Samuel | 2 | 2003 | Ceramic Crown Insert | | 325.00 | 1 | DR10 | (743)555-7579 |
| 11/03/2011 | 11/03/2011 | Perkins, ShellyL | | D1110 | Prophylaxis Adult | | 65.00 | 3 | DR10 | ( )555-5969 |

GRAND TOTALS:

| | CURRENT | MONTH-TO-DATE | YEAR-TO-DATE | PREVIOUS MONTH |
|---|---|---|---|---|
| CHARGES: | 4415.00 | 4415.00 | 4415.00 | 0.00 |
| COMPARED TO OFFICE: | 4090.00 | | | |
| NET DIFFERENCE: | -325.00 | | | |
| PAYMENTS: | -2244.17 | -2244.17 | -2244.17 | 0.00 |
| CREDIT ADJUSTMENTS: | -25.00 | -25.00 | -25.00 | 0.00 |
| CHARGE ADJUSTMENTS: | 15.00 | 15.00 | 15.00 | 0.00 |
| FINANCE CHARGES: | 7.50 | 7.50 | 7.50 | 0.00 |
| LATE CHARGES: | 40.00 | 40.00 | 40.00 | 0.00 |
| CHARGES PU... NSURANCE: | 2470.00 | 2470.00 | 2470.00 | 0.00 |
| ...ECOR... | | | | 0 |

*(Above) Figure 4: A sample Day Sheet in Dentrix.*

but remove the check from By Category). Choose Procedure Code Range and run all 4000 codes by each hygienist, or all together.

As an alternative, check out the following YouTube video, which shows you step-by-step instructions for generating this report. *https://www.youtube.com/watch?v=ZNzAfISUpEc*

**In Eaglesoft:**
Go to Reports > Services > Service Type Productivity > Detailed.

If you don't have a strong periodontal program in your practice, look for continuing educational (CE) training opportunities. The American Academy of Periodontology (AAP) and other organizations offer CE courses specifically for periodontics.

## AUDIT TRAIL/END OF DAY

Finally, at the end of the day, review what has been done and make sure everything is correct. Performing a daily Audit Trail Report can help your practice avoid potential difficulties later on.

In most practices, the audit trail should be performed only by the dentist. If you have an extremely trusted employee, then *perhaps* he or she can run this report and share the information with the doctor.

The Audit Trail Report should be compared to the activities of the day so you can see whether or not your practice is balancing production, adjustments, and collections. The Audit Trail Report should be used with the End of Day Report.

To access this report, the user must have a password that is secure and confidential so that the software tracks employee activities. Due to the sensitive nature of the Audit Trail, contact Dentrix or Eaglesoft (or whatever software you use) support to learn how to properly and securely set up passwords and rights.

The End of Day Report or Day Sheet (see *Figure 4, at left*) should be run every day by your front desk team members. This report can be run either at the end of the business day or the following morning.

The report shows the procedures that were entered that day. It should be reviewed by the dentist to see if he or she notices any discrepancies. Dentists (or team members) should fix the report if it is missing bitewings, periapicals, panolipses, scans, or if the wrong teeth are marked, etc.

The dentist or team member should also look for errors in payments entered, adjustments entered, clinical notes entered, and new patient data. I cannot stress enough how important it is to check and correct this documentation.

**In Dentrix:**
From the Office Manager > go to Reports > Management > Day Sheet (Charges and Receipts). For additional instructions on how to run this report, see Dentrix Help.

**In Eaglesoft:**
Go to Reports. Find each individual report and filter by "range of end of days." Select the End of Day that you need to print reports for. Then select Preview Report.

Unfortunately, unintended mistakes happen in every office. And even worse, sometimes mistakes are intentional. By performing an audit trail regularly, the temptation to act dishonestly is removed from among your employees. Using the report regularly can help immediately flag any problems or discrepancies that should be addressed.

Don't neglect the capabilities in your dental software! By running these six reports in your practice on a regular basis, you can track your goals and steadily improve. The data found in these reports will help your practice to not just survive, but to thrive. ■

*Trish Jorgensen has been working in the dental industry for more than 35 years. In July 2017, she succeeded Tawana Coleman as a Practice Development Coach for the Total Team Training seminars with the Dr. Dick Barnes Group. She can be reached at tjorgensen@arrowheaddental.com.*

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